

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-104-025 869
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-3-15

County of Idaho

City of White Bird

No. _____ St. _____

Registration District No. 104

File No. 74801

Hospital _____

Primary Registration District No. 2182

Registered No. _____

FULL NAME OF CHILD Jack Harlan Hardin

Sex of Child Male	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? Yes	Date of Birth <u>PA/Jan 4</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Jessie Lee Hardin</u> RESIDENCE <u>White Bird</u> COLOR <u>White</u> BIRTHPLACE <u>Washington</u> OCCUPATION <u>Stock Raising</u> AGE AT LAST BIRTHDAY <u>38</u> (Years)			MOTHER FULL MAIDEN NAME <u>Nettie Jane Harlan</u> RESIDENCE <u>White Bird</u> COLOR <u>White</u> BIRTHPLACE <u>Patah City</u> OCCUPATION <u>Housewife</u> AGE AT LAST BIRTHDAY <u>38</u> (Years)	
Number of child of this mother, including present birth <u>2</u>			Number of children of this mother now living, including present birth <u>2</u>	

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born Alive

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.A. Foskett

M.D.

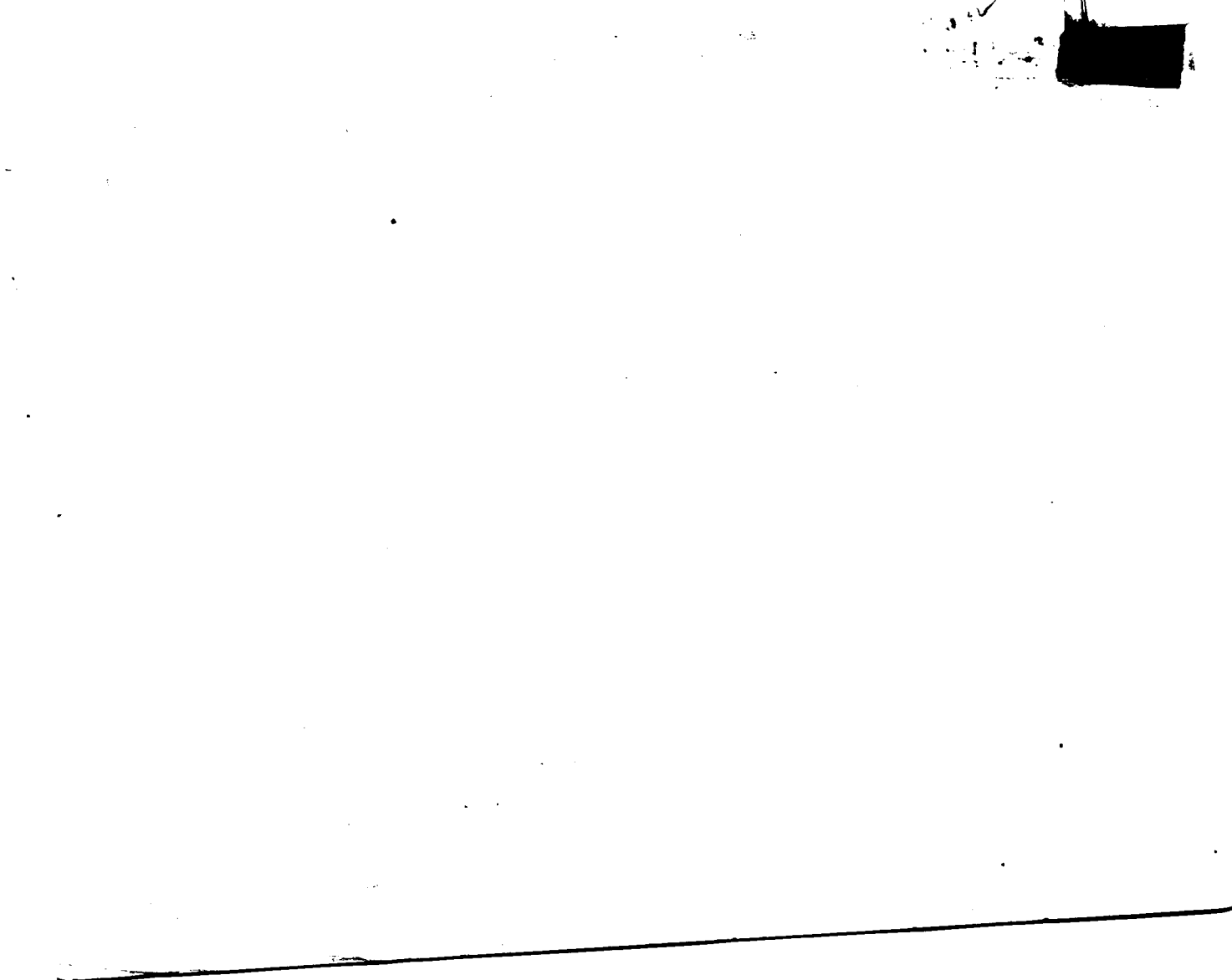
(Physician or midwife)

Given names added from a supplemental report.

Address White Bird

Filed Jan 1920

W.A. Foskett
Registrar



355-206-025-236

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of _____

City of White BirdRegistration District No. 104File No. 74803

No. _____ St. _____

Primary Registration District No. 2182

Registered No. _____

Hospital _____

FULL NAME OF CHILD Lucile Mildred Lee

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 6 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Leslie H. Lee</u>	FATHER
RESIDENCE <u>White Bird</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Grangeville Ida.</u>	
OCCUPATION <u>Stock Raising</u>	

FULL MAIDEN NAME <u>Mary Ellen Sloan</u>	MOTHER
RESIDENCE <u>White Bird</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Grangeville Ida.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3
Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born Alive, at 10 P M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address White Bird
Filed Jan 1920 W. A. Foskett
Registrar



386-105-009-245

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BennerCity of DevarRegistration District No. 28File No. 74839

No. _____ St.

Primary Registration District No. 2/21 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Sex of Child <u>Male</u>	<u>Male</u> Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	Date of Birth <u>Jan.</u> <u>5</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>Helge Tholberg</u>	FATHER
RESIDENCE <u>Devar, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Sweden</u>	
OCCUPATION <u>Mill-hand</u>	

FULL MAIDEN NAME <u>Ileen Bunglund</u>	MOTHER
RESIDENCE <u>Devar, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Sweden</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Page M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, IdahoFiled Jan 7 1920

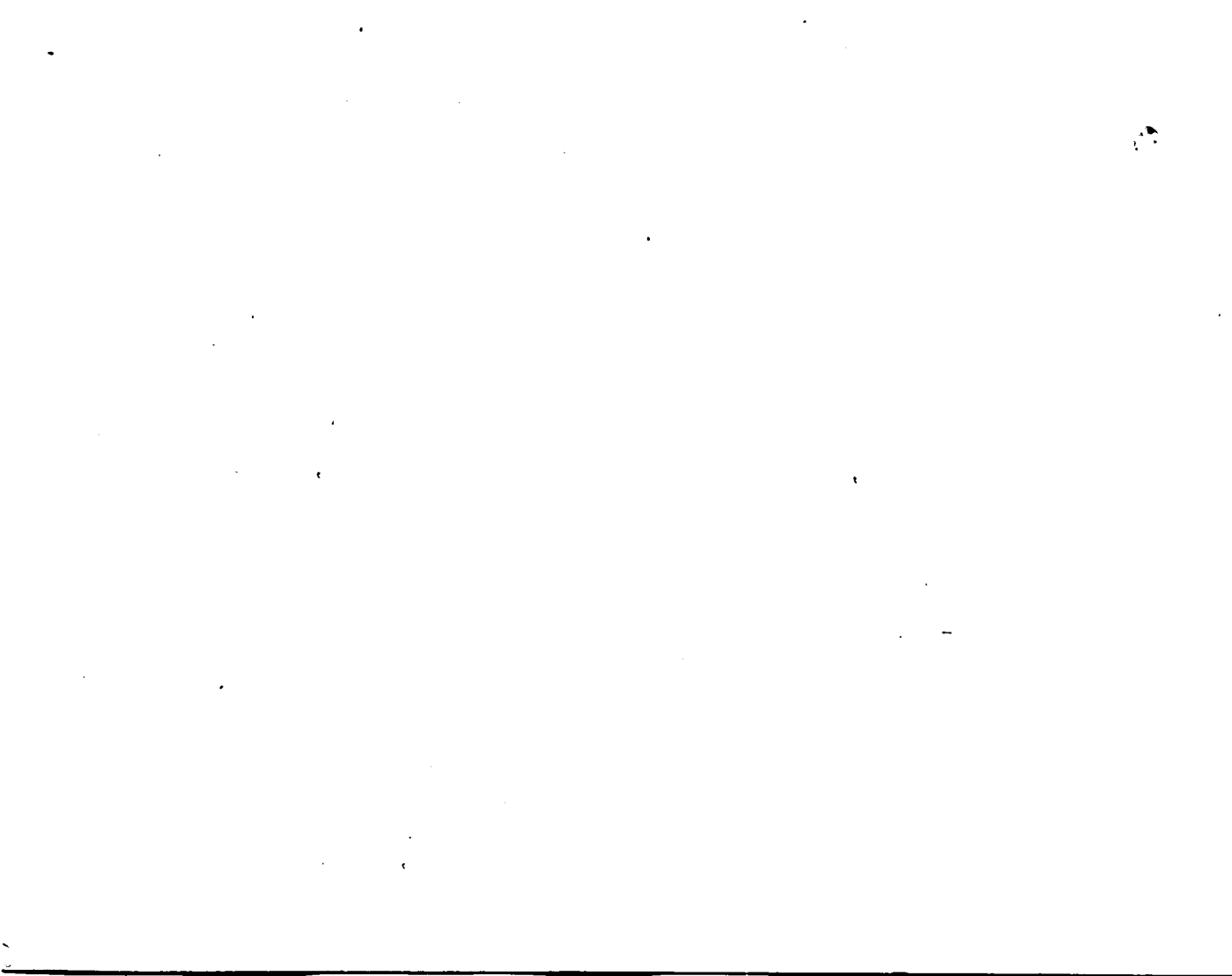
FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BlaineCity of SandpointNo. 314 St. Clair St.Registration District No. 78File No. 74840

Hospital _____

Primary Registration District No. 2154 Registered No. _____

FULL NAME OF CHILD

BEN KEITH La Fore

Sex of Child

M.Twin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?yes

Date of Birth

Jan 4 1920
(Month) (Day) (Year)

FULL NAME

John U. La Fore

FATHER

RESIDENCE

Cocolalla Idaho

COLOR

W.AGE AT LAST
BIRTHDAY45
(Years)

BIRTHPLACE

Fond Du Lac Wisc

OCCUPATION

Rancher

FULL MAIDEN NAME

Hell Judkins

MOTHER

RESIDENCE

Cocolalla Idaho

COLOR

W.AGE AT LAST
BIRTHDAY46
(Years)

BIRTHPLACE

Moscow Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 7:30 P. M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Floyd Wendle
Sandpoint Idaho
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed Jan 7 1920FLOYD G. WENDLE

Registrar

Registrar

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonner } ss. Certificate No. 74846
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or death)
for Ben Keith La Fore who Born on Jan. 4th. 1920
(Name on original certificate) (Was born or died) (Date of event)
in Sandpoint Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Baby book prepared on July 9th. 1920, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
<u>Name</u>	<u>Unnamed LaFore</u>	<u>Ben Keith LaFore</u>

Subscribed and sworn to before me this 26th.
day of November, 19 41

Notary Public, residing at _____

My commission expires _____
[SEAL]

✓ Signed Nell LaFore Mathey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1 - Wyo. - 24 Sandpoint Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonner } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th.
day of November, 19 41

Notary Public, residing at _____

My commission expires _____
[SEAL]

✓ Signed Alice Stidwell
(Signature of any credible person other than the previous affiant.)

Sandpoint Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

DEC 2 1947

849-205-009-791

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnerCity of SandpointRegistration District No. 70File No. 74841

No. _____ St. _____

Primary Registration District No. 2155 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Mary striped Quinn

Sex of Child <u>F</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth }	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 5 1920</u> (Month) (Day) (Year)
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FATHER
FULL NAME Joseph W. QuinnRESIDENCE North Bayview SandpointCOLOR W. AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE Armour S.D.OCCUPATION LaborerMOTHER
FULL MAIDEN NAME Striped BradyRESIDENCE North Bayview SandpointCOLOR W. AGE AT LAST BIRTHDAY 37
(Years)BIRTHPLACE Uckley IowaOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10-30 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle MD
Sandpoint Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint IdahoFiled Jan 7 1920 FLOYD G. WENDLE
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BONDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11

866-205-042-894
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. 2 Rev. 12-3-17

CERTIFICATE OF BIRTH

County of *Terre Haute*City of *Buhl*Registration District No. *39*File No. *74844*

No. St.

Primary Registration District No. *2087*

Registered No.

Hospital

FULL NAME OF CHILD *Maxine Luella Howard*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and (Number in order of birth)	Legitimate? <i>Yes</i>	Date of Birth <i>Jan 5 1920</i> (Month) (Day) (Year)
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FATHER
FULL NAME *Ernest Howard*
RESIDENCE *Buhl, Ida.*
COLOR *Wht* AGE AT LAST BIRTHDAY *25* (Years)
BIRTHPLACE *Oakdale, Wash.*
OCCUPATION *Farmer*

MOTHER
FULL MAIDEN NAME *Lula Zimmers*
RESIDENCE *Buhl, Ida.*
COLOR *Wht* AGE AT LAST BIRTHDAY *21* (Years)
BIRTHPLACE *Washington*
OCCUPATION *Housewife*

Number of child of this mother, including present birth. *3* Number of children of this mother now living, including present birth. *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *11 P.M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *George E. Jennings, M.D.*

Given names added from a supplemental report.

(Physician or midwife)

Address *Buhl, Ida.*Filed *JAN 11 1920*

Registrar

Registrar

8-11-41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho }
 County of Ada } ss.
 The undersigned does solemnly swear that certain facts on the certificate of birth
 for Maxine Luella Howard who was born on Dec. 6 - 1919
 (Name on original certificate) (Was born or died)
 in Buhl Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true
 (Place of event)
 facts as shown by prepared on are:
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
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Name to be added to record	no name given	Maxine Luella Howard
birthdate	Dec. 6, 1919	Jan. 5, 1920

Subscribed and sworn to before me this 9
 day of August 1941

Notary Public, residing at Bosse 37th
 My commission expires July 13 - 1941
 [SEAL]

Signed Luella Howard Humphreys
 (Signature of parent or attendant if correcting a birth record, of
 attendant, funeral director, informant if correcting a death
 record, or other credible person)
Mother
1420 - 8th Ave Seattle Wash
 (Street Address, City, State)

Supporting Affidavit of a Second Person

State of }
 County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
 day of 19.....

Notary Public, residing at
 My commission expires
 [SEAL]

Signed
 (Signature of any credible person other than the previous affiant)

 (Street Address, City, State)

Received for filing on by
 (Registrar's signature)

8-11-41

512-106-004-469

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

County of Bear LakeCity of Paris

No. _____ St. _____

Hospital _____

CERTIFICATE OF BIRTH

74914

Registration District No. 33File No. 414Primary Registration District No. 2139

Registered No. _____

FULL NAME OF CHILD

Grant Thornton Eastwood

Sex of
ChildMaleTwin
Triplet
or other?{ and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
Birth1-6-1920
(Month) (Day) (Year)FULL
NAME

FATHER

Albert Eastwood

RESIDENCE

Paris

COLOR

whiteAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

England

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Elva Morgan

RESIDENCE

Paris

COLOR

whiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Liberty

OCCUPATION

Housewife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive
(Born alive or stillborn)110 a. M.{ * When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth. }

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Paris, Idaho

Filed

1/101920

PLACE

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of..... } ss. B to 3 43 AM '77 Certificate No. 74914
County of..... } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... birth
for Unnamed Eastwood (Male) who was born on Jan 6, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Paris, Idaho (Bear Lake) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by..... prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name Unnamed Grant Thornton Eastwood

Subscribed and sworn to before me this..... day of
....., 19.....

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of

February 10th 1977

Signed Zula M Coon
(Signature of Any Credible Person)

Notary Public, residing at 524 West 41st St, Salt Lake
My commission expires 12-13-77
(Seal)

5214 West 41st St Salt Lake
(Street Address, City, State)

Certif of Baptism and Confirmation from the LDS Church-gives nameas Grant Thornton Eastwood son of Albert Eastwood and Elva Morgan. Born Jan 6, 1920 at Paris, Idaho. Baptized Mar 24,1928. viewef by V. S.

Certif of Ordination to the Holy Priesthood gives nameasGrant Thornton Eastwood born Jan 6, 1920. father's nameas Albert and mother's name as Elva Morgan. Baptized Mar 24,~~1922~~ 1928. dated Feb 16, 1932. viewed by V. S.

235-202-0041-818

PLACE OF BIRTH

County of Bear LakeCity of Bloomington

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

74915

Registration District No. 33File No. 413Primary Registration District No. 2132

Registered No. _____

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1-2</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Ermen Sterens</u>	FATHER
RESIDENCE <u>Bloomington</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Bloomington</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ella Hayward</u>	MOTHER
RESIDENCE <u>Bloomington</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Paris</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive at 12:30 a. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

2240

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Paris, IDFiled 1-10 1920R. J. Putton

Registrar

NOV 12 1968

316 -105-004-693

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

FULL NAME OF CHILD

Don

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

74918

Registration District No. 33

File No. #13-

Primary Registration District No. 2132

Registered No. _____

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legiti-mate? <u>Yes</u>	Date of Birth <u>1-8-1920</u> (Month) (Day) (Year)
FULL NAME <u>Ira Law</u>			FULL MAIDEN NAME <u>Annis Betrice Williamson</u>	
RESIDENCE <u>Paris</u>			RESIDENCE <u>Paris</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)		
BIRTHPLACE <u>Paris</u>			BIRTHPLACE <u>St. Charles</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive, at 10:30 P.M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

R. J. Lutton
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Paris, Idaho

Filed 1/10 19 20

R. J. Lutton
Registrar

APR 12 1951

APR 12 1951

859-207-044-242

PLACE OF BIRTH

County of WashingtonCity of Medvale

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-16-18

CERTIFICATE OF BIRTH

74924

Registration District No. 87

File No. _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child Irene Clara Heinrich

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1 7 20</u> (Month) (Day) (Year)
FULL NAME <u>John Heinrich</u>	FATHER		FULL MAIDEN NAME <u>Kate Subithans</u>	MOTHER
RESIDENCE <u>Medvale Idaho</u>	RESIDENCE		RESIDENCE <u>Medvale Idaho</u>	RESIDENCE
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR
BIRTHPLACE <u>Russia</u>	BIRTHPLACE	BIRTHPLACE <u>Russia</u>	BIRTHPLACE	BIRTHPLACE
OCCUPATION <u>Farmer</u>	OCCUPATION	OCCUPATION <u>House Wife</u>	OCCUPATION	OCCUPATION

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) FalahmedPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Medvale IdahoFiled 1-20-20

Registrar

Registrar

FEB 26 1977

219-206-044-319

PLACE OF BIRTH

County of WashingtonCity of Medvale

No. _____ St. _____

Hospital _____

Registration District No. 87

Primary Registration District No. _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-4-14-18

CERTIFICATE OF BIRTH

74925

File No. _____

Registered No. _____

Full Name of Child _____

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legiti- mate?	DATE OF BIRTH <u>1</u> <u>6</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Charles Barton</u>	FATHER			FULL MAIDEN NAME <u>Lenora Elizabeth Carpenter</u>
RESIDENCE <u>Medvale</u>	RESIDENCE			<u>Medvale Idaho</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>White</u>		
BIRTHPLACE <u>Oregon</u>	BIRTHPLACE			<u>Oregon</u>
OCCUPATION <u>Farm</u>	OCCUPATION			<u>House Wife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive 10 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. SchmidtPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Medvale IdahoFiled 1-10-1920 F. Schmidt

Registrar

Registrar

FEB 19 1970

MARGIN RESERVED FOR UNFADING INK THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-109-030-689

PLACE OF BIRTH

County of Lincoln

City of Salmon

No. St.

Hospital

FULL NAME OF CHILD King

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-9-8-17

Registration District No. 41

File No. 74960

Primary Registration District No. 2116

Registered No.

Sex of Child <u>Male</u>	Twin Triplet or other? <input type="checkbox"/>	and { Number in order of birth	Legitimate? <u>yes.</u>	Date of Birth <u>1-9-20</u> (Month) (Day) (Year)
FULL NAME <u>Frank L King</u>		FULL MAIDEN NAME <u>Irma Whitman</u>		
RESIDENCE <u>Salmon, Ida</u>		RESIDENCE <u>Salmon, Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	
BIRTHPLACE <u>Kansas</u>		BIRTHPLACE <u>Wisconsin</u>		
OCCUPATION <u>Ocean Pilot</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1030 H. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 4/10 1920 M. D. King Registrar

27

341-103-004-455

PLACE OF BIRTH

County of Bear LakeSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

CERTIFICATE OF BIRTH

City of MontpelierRegistration District No. 52File No. 74993

No. _____ St. _____

Primary Registration District No. 2+36

Registered No. _____

Hospital _____

Full Name of Child

Jack Crane

SEX OF CHILD

MaleTwin
Triplet
or other?{ and } Number
in order
of birthLegiti-
mate?yesDATE OF
BIRTHJan 31 20
(Month) (Day) (Year)FULL
NAMEM. B. Crane

FATHER

FULL
MAIDEN
NAME

MOTHER

Mabel Merrill

RESIDENCE

Bloomington Ida

RESIDENCE

Bloomington Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

WifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive6 56 P

(Born alive or stillborn)

at

M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. H. Roney
Physician

(Physician or midwife)

Given names added from a supplemental report

Address

Montpelier Idaho

Filed

1-4-20

19

Registrar

Registrar

266-104-014-625

Form V. S. No. 11-C-Max-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75081

County of CanyonCity of NampaNo. 11th 1st S. St.Registration District No. 7

File No. _____

Hospital _____

Primary Registration District No. 1006

Registered No. _____

FULL NAME OF CHILD Robert Sword

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan 4</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	------------------------	---

FATHER		MOTHER	
FULL NAME <u>Thomas J. Sword</u>	FULL MAIDEN NAME <u>Ada Stone</u>	FULL NAME <u>Thomas J. Sword</u>	FULL MAIDEN NAME <u>Ada Stone</u>
RESIDENCE <u>Nampa</u>	RESIDENCE <u>Nampa</u>	RESIDENCE <u>Nampa</u>	RESIDENCE <u>Nampa</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Kentucky</u>	BIRTHPLACE <u>Kansas</u>	BIRTHPLACE <u>Kansas</u>	BIRTHPLACE <u>Kansas</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. 4 Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:50 AM on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Proctor
(Physician or midwife)

Given names added from a supplemental report.

Address Jan 10 1920
Registrar Perle Dadds

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

100

UNIT NAME OF CHIEF

DATE

CHIEF

UNIT

NAME

UNIT

NAME

UNIT

NAME

UNIT

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UNIT

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. **JAN 6 1 29 PM '76**
Certificate No. **75081**
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for **Unnamed Sword (Male)** who was born on **Jan 4, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **Nampa, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by **Family Record Book** prepared on **12-20-75**, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name **Unnamed** **Robert Sword**

Subscribed and sworn to before me this **20th** day of
December, 19 **75**
M. Jeanne White
Notary Public, residing at **Nampa, Id**
My commission expires **11/17/79**
(Seal)

Signed **Robert Sword**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 3 Box 3306 Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of **Idaho** }
County of **Canyon** } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **20th** day of
December, 19 **75**
M. Jeanne White
Notary Public, residing at **Nampa, Id**
My commission expires **11/17/79**
(Seal)

Signed **Lillie Tackett**
(Signature of Any Credible Person)
223-7avo nampa Id
(Street Address, City, State)

JAN 1976

Family Record, original obviously old gives name as child as Robert Sword born January 4, 1920 to Thomas J. Sword.

Viewed by V.S.

Own child's birth certificate on file with Bureau of Vital Statistics, Boise, Idaho gives name of father as Robert Sword. Child born June 16, 1944 in Nampa, Idaho.

Father - Robert and Mother - Mary Trujillo. State file # 392208.

Viewed by V.S.

962-201-001-394

PLACE OF BIRTH

Form V. S. No. 11—25m-4-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of IdaCity of Boise

No. _____ St. _____

Registration District No. 2File No. **75684**Hospital St. Luke's Primary Registration District No. 1004Registered No. 17

Full Name of Child

Margaret Roseheim

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH... <u>1</u> <u>1</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Edward J. Roseheim</u>	FATHER		FULL MAIDEN NAME <u>Katherine J. Timin</u>	MOTHER
RESIDENCE <u>1505 N. 16</u>			RESIDENCE <u>1505 N. 16</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY... <u>41</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY... <u>31</u> (Years)
BIRTHPLACE <u>Baltimore</u>			BIRTHPLACE <u>Ill.</u>	
OCCUPATION <u>Sanitary</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth, two. Number of children of this mother now living, including present birth, two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed _____

1/17 1920 L. J. Gorman

Registrar

Registrar

DEC 17 1943

795-101-001-851

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 75685

No. _____ St. _____

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 18FULL NAME OF CHILD Thomas Leo GreenSex of Child M. Twin Triplet or other? _____ { and } Number in order of birth _____ Legiti mate? yes. Date of Birth Jan 1 - 1920
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER James B. GreenRESIDENCE 1611 N 8th StCOLOR White AGE AT LAST BIRTHDAY 24
(Years)BIRTHPLACE Mo.OCCUPATION mechanicFULL MAIDEN NAME MOTHER Loretta HealeanRESIDENCE 1611 N 8th StCOLOR White AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE neb.OCCUPATION House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

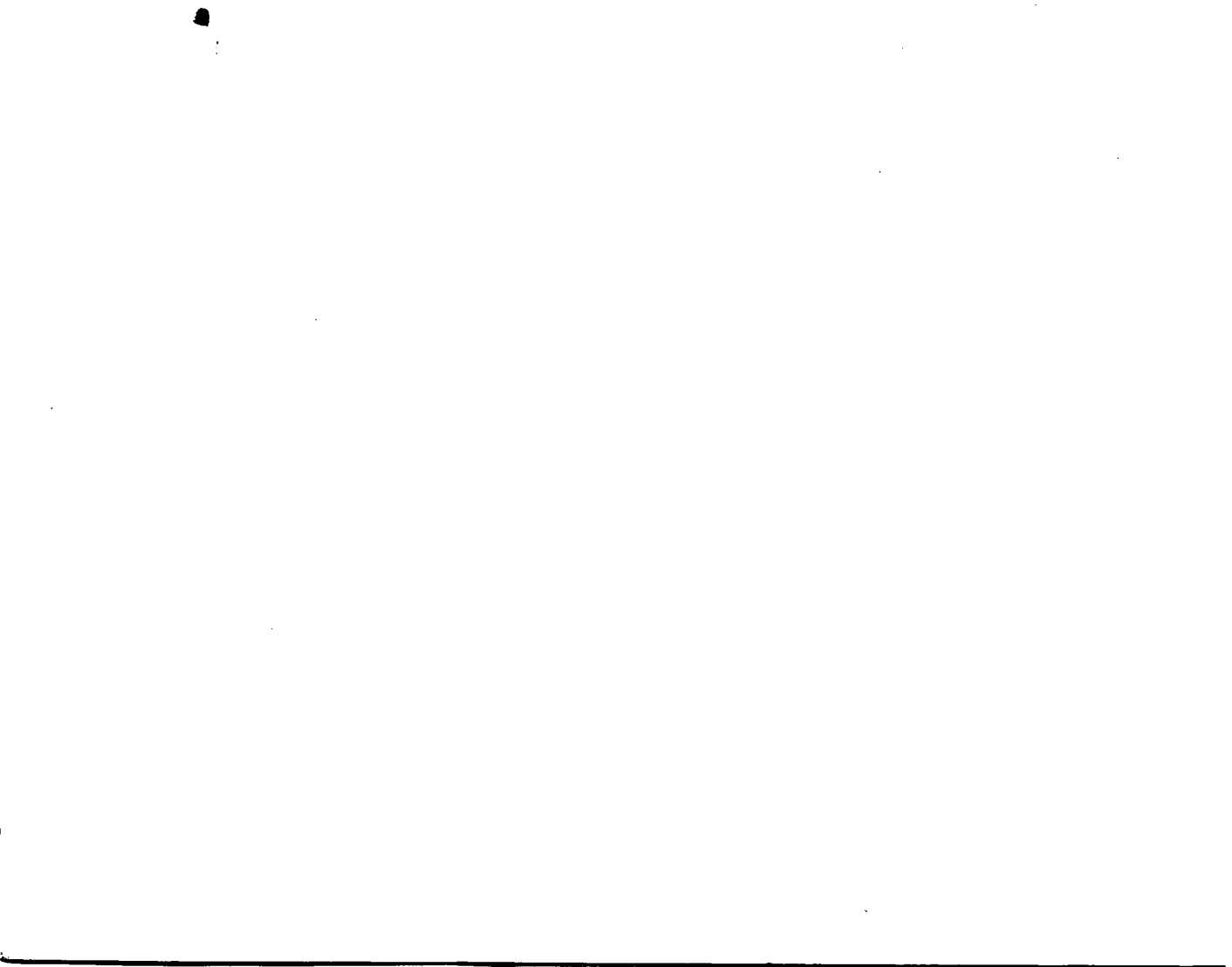
Address 303 M^{rs} Party Bldg
128 20 1920 Dr J. J. Jorman

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-102-001-133
PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St. _____

Hospital St. Lukes

Registration District No. 2

File No. **75686**

Primary Registration District No. 1004

Registered No. 19

Full Name of Child

Charles Allen Campbell

SEX OF CHILD

M

Twin
Triplet
or other?

and
Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes

DATE OF
BIRTH

1 2 1920
(Month) (Day) (Year)

FULL
NAME

FATHER
Rollie L. Campbell

FULL
MAIDEN
NAME

MOTHER

Marguerite Allen

RESIDENCE

New Meadows

RESIDENCE

New Meadows

COLOR

W.

AGE AT LAST
BIRTHDAY

25
(Years)

COLOR

W.

AGE AT LAST
BIRTHDAY

27
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Rancher

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

alive

(Born alive or stillborn)

at 10 P. M.

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Frederic A. Murphy
Orlando Bledge
(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

1/5 20

Registrar

Registrar

OCT 5 1942

12-15-44

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

418102.001.412

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 75687

No. _____ St.

Hospital St. Luke's

Primary Registration District No. 1004

Registered No. 20

FULL NAME OF CHILD

Robert Lloyd Day

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>1 - 2 - 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FATHER
FULL NAME Ernest G. Day
RESIDENCE 1710 Franklin, Boise
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE England
OCCUPATION Real Estate

MOTHER
FULL MAIDEN NAME Emma N. Makerly
RESIDENCE 1710 Franklin St., Boise
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Nebraska
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 125 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho
Filed 120 1920 [Signature]
Registrar

JUL 20 1942

OCT 15 1941

APR 1 1970

162-207-001-269

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-6-21-44-17

City of BoiseRegistration District No. 2File No. 75688No. 741 W. Shiga St.Primary Registration District No. 1004Registered No. 21

Hospital

FULL NAME OF CHILD

Sex of Child

femaleTwin
Triplet
or other?

and

Number
in order
of birth2Legiti-
mate?jaDate of
Birth1330

(Month)

(Day)

(Year)

FULL NAME

FATHER Joslin John W

RESIDENCE

741 W. Shiga St.

COLOR

WAGE AT LAST
BIRTHDAY43

(Years)

BIRTHPLACE

Weiser, Ida.

OCCUPATION

BarberFULL
MAIDEN
NAMEMOTHER Boice Maude

RESIDENCE

COLOR

WAGE AT LAST
BIRTHDAY300

(Years)

BIRTHPLACE

Colorado

OCCUPATION

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.840A

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

JAN 10 1958

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-107-001-512
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-2-3-17

County of Ada

City of Boise

Registration District No. 2

File No. 75689

No. St.

Primary Registration District No. 1004

Registered No. 22

Hospital St. Alphonsus

FULL NAME OF CHILD William S. Hansen

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1-3-1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Seymore Hansen</u>	FATHER
RESIDENCE <u>Horse Shoe Bend, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Virginia Eakin</u>	MOTHER
RESIDENCE <u>Horse shoe Bend, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Pa.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Higgins
M. W.
(Physician or midwife)

Given names added from a supplemental report.

Address 1677 Welch St. Boise
Filed 1/6 20 L. J. German
Registrar

APR 7 1947

DECEASED

146-104001-257
PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of ADACity of BOISE

No. _____ St.

Hospital _____

Registration District No. 2File No. 75690Primary Registration District No. 1004Registered No. 33

Full Name of Child _____

SEX OF CHILD <u>Male</u>	<u>Twin</u> <u>Triplet</u> or other? (To be answered only in event of plural births)	Number in order of birth <u>3</u>	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>1-4-1920</u> (Month) (Day) (Year)
FULL NAME <u>J. E. Amos</u>	FATHER	FULL MAIDEN NAME <u>Estella Seger</u>	MOTHER	
RESIDENCE <u>117 N 7th St</u>		RESIDENCE <u>117 N 7th St</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	
BIRTHPLACE <u>Wyoming</u>		BIRTHPLACE <u>Penn.</u>		
OCCUPATION <u>Restaurant</u>		OCCUPATION <u>Housekeeper</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 115 P M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) J. E. Kroon

(Physician or midwife)

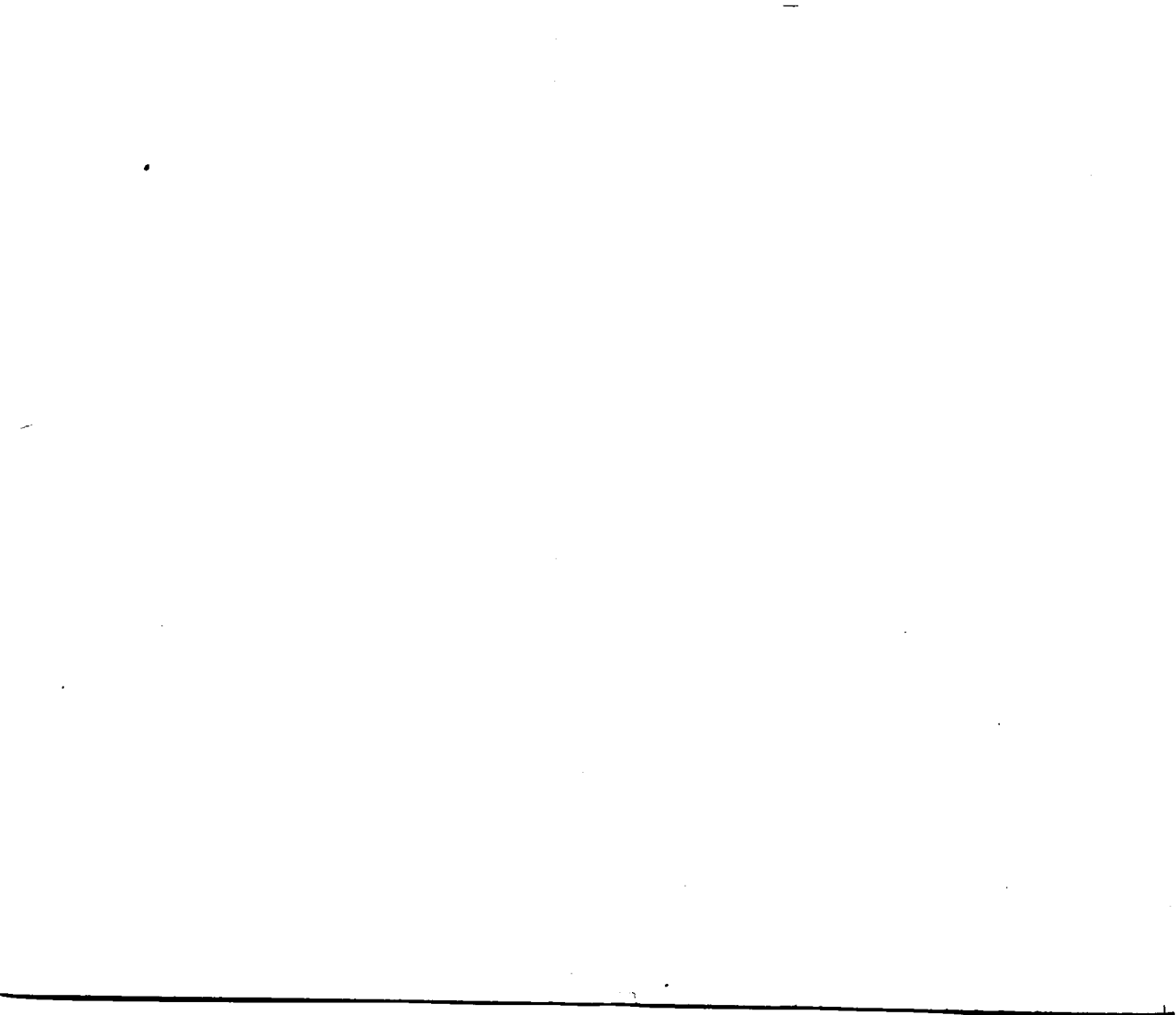
Given names added from a supplemental report

Address _____

Filed 1/6 19 20 J. E. Kroon

Registrar

Registrar



255-205-001-713
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of AdaCity of BoiseNo. 811 Franklin St.

Registration District No. _____

File No. 75691

Hospital _____

Primary Registration District No. 1204Registered No. 24

FULL NAME OF CHILD

Stella Adelaide Kennedy

Sex of Child

FTwin
Triplet
or other?\

and

Number
in order
of birth\Legiti-
mate?YesDate of
BirthJan 5 1920
(Month) (Day) (Year)FULL
NAMEClarence Kennedy

FATHER

FULL
MAIDEN
NAMEEthel Palmer

MOTHER

RESIDENCE

1417 E State

RESIDENCE

1417 E State

COLOR

WAGE AT LAST
BIRTHDAY26
(Years)

COLOR

WAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Calif

BIRTHPLACE

Iowa

OCCUPATION

City Fireman

OCCUPATION

Housewife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive730 A M.

(Born alive or stillborn)

* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J J Ford

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Boise
1/9 20 L J German

Registrar

NOV 5 1942

481-306.001-481

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-23a-8-17

CERTIFICATE OF BIRTH

County of Ada.....City of Boise.....Registration District No. 2.....File No. 75692.....No. 608 Idaho St.Primary Registration District No. 1004.....Registered No. 25.....

Hospital.....

FULL NAME OF CHILD Marie Miyasaka.....Sex of
Childf.Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthJan 6

(Month) (Day) (Year)

FULL
NAMEFATHER
Kanichi MiyasakaFULL
MAIDEN
NAMEMOTHER
Misao Miyasaka

RESIDENCE

608 Idaho

RESIDENCE

608 Idaho

COLOR

MalayAGE AT LAST
BIRTHDAY40

(Years)

COLOR

MalayAGE AT LAST
BIRTHDAY40

(Years)

BIRTHPLACE

China

BIRTHPLACE

China

OCCUPATION

Restaurant

OCCUPATION

House wifeNumber of child of this mother, including present birth..... Number of children of this mother now living, including present birth 2....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at..... M.
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature).....

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MIYASAKO
SASAKI

Dup of 1920-323518

249-208001-394

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of AdaCity of BoiseRegistration District No. _____ File No. 75693

No. _____ St. _____

Hospital St. Luke'sPrimary Registration District No. 1004 Registered No. 126

FULL NAME OF CHILD

Mary Margaret Smith

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
Birth1 - 8 - 1920
(Month) (Day) (Year)FULL
NAMEGeo. C. Smith

FATHER

FULL
MAIDEN
NAMEFlorence R. Liddiard

MOTHER

RESIDENCE

522 S. 12th Boise

RESIDENCE

522 S. 12th, Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY40
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Utah

OCCUPATION

Advertising Agent

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4³⁵ a. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

C. H. Taylor

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address

Boise, Idaho

Filed

1/20 1920

Registrar

Registrar

MAR 8 1967

MAR 6 1962

APR 2 1976

1961 0 2 700

469.110-001-258

PLACE OF BIRTH

County of AdaCity of Boise

No. St.

Hospital St. Albans

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-17

CERTIFICATE OF BIRTH

75694

Registration District No. 2

File No.

Primary Registration District No. 1004Registered No. 27Sex of
ChildmaleTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthJan 10 1910
(Month) (Day) (Year)FULL
NAMEOtis C. Morris

FATHER

FULL
MAIDEN
NAMEOlivia Beck

MOTHER

RESIDENCE

Warren Idaho

RESIDENCE

Warren Idaho

COLOR

white

AGE AT LAST

BIRTHDAY 34
(Years)

COLOR

white

AGE AT LAST

BIRTHDAY 15
(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Wisconsin

OCCUPATION

Electrician

OCCUPATION

Housewife

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Jan 10 1910, at Boise, Idaho, on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Joseph B. ...

(Physician or midwife)

Given names added from a supplemental report.

Address

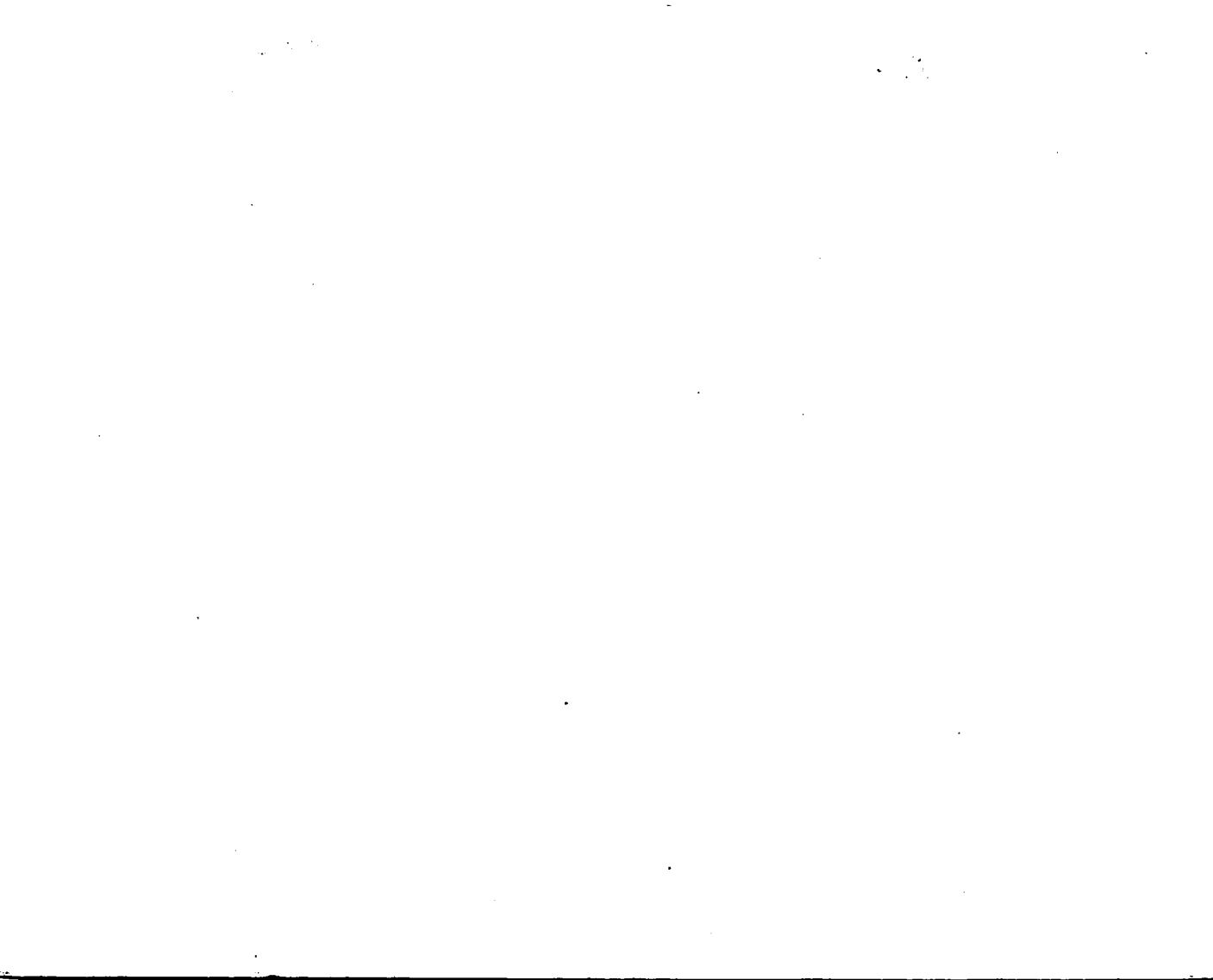
Boise Idaho

Filed

1-12-20

Registrar

Registrar



499-210-001-154

PLACE OF BIRTH

Form V. S. No. 11—25m-4-14-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Burien

No. _____ St. _____

Hospital St. Luke's

Registration District No. _____

File No. **75695**

Primary Registration District No. 1004

Registered No. 28

Full Name of Child BETTY LEE Anderson Dirks

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>No</u> (To be answered only in event of plural births)	Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>10</u> <u>10</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------	------------------------	---

FATHER
FULL NAME John T. Dirks
RESIDENCE 1509 N. 7.
COLOR White
BIRTHPLACE Idaho
OCCUPATION Chief Clerk of Highway Dept.
AGE AT LAST BIRTHDAY 32
(Years)

MOTHER
FULL MAIDEN NAME Ethna Anderson
RESIDENCE 1509 N. 7.
COLOR White
BIRTHPLACE Neb.
OCCUPATION Housewife
AGE AT LAST BIRTHDAY 24
(Years)

Number of child of this mother, including present birth. 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

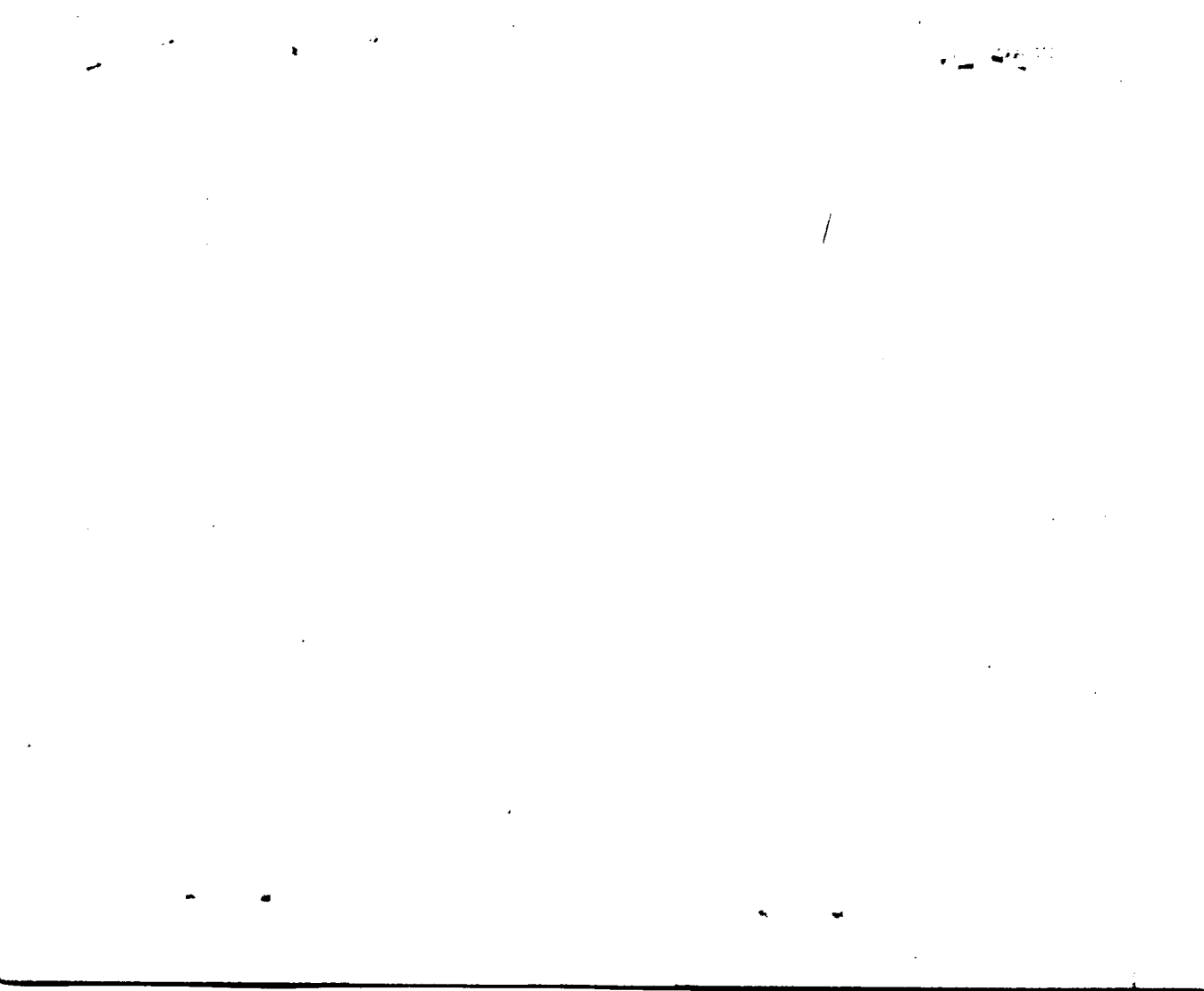
I hereby certify that I attended the birth of this child, who was Alma at 39 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed 1/17 1920 L. J. Hill
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.
Certificate No. 75695
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(BIRTH OR DEATH)
for _____ who _____ on _____
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM
(AS ON ORIGINAL)

TO
(THE CORRECT FACTS)

Name

Unnamed Dirks

Betty Lee Dirks

Subscribed and sworn to before me this 25th
day of April 19 42
Marion E. Orr

Signed

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Bain, Idaho
My commission expires 6-24-45
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of April 19 42
Marion E. Orr

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Bain, Idaho
My commission expires 6-24-45
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

APR 1 1969

11 11 11

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-110-001-993

PLACE OF BIRTH

Form V. S. No. 11-C-24m-33-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of Biose

No. Central Hotel St.

Registration District No. 2

File No. 75696

Primary Registration District No. 1004

Registered No. 29

Hospital

FULL NAME OF CHILD

Dotson Jack Junior

Sex of Child male

Twin
Triplet
or other?

and { Number
in order
of birth 1

Legitimate? yes

Date of Birth 1 10 20
(Month) (Day) (Year)

FULL NAME

FATHER

Dotson John G

FULL
MAIDEN
NAME

MOTHER

Riley Lucile

RESIDENCE

Central Hotel

RESIDENCE

COLOR

W

AGE AT LAST
BIRTHDAY

42
(Years)

COLOR

W

AGE AT LAST
BIRTHDAY

27
(Years)

BIRTHPLACE

Jane Lou W. Va.

BIRTHPLACE

Oregon

OCCUPATION

mechanic

OCCUPATION

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:45 P.M.
on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. V. Henry

(Physician or midwife)

Given names added from a supplemental report.

Address

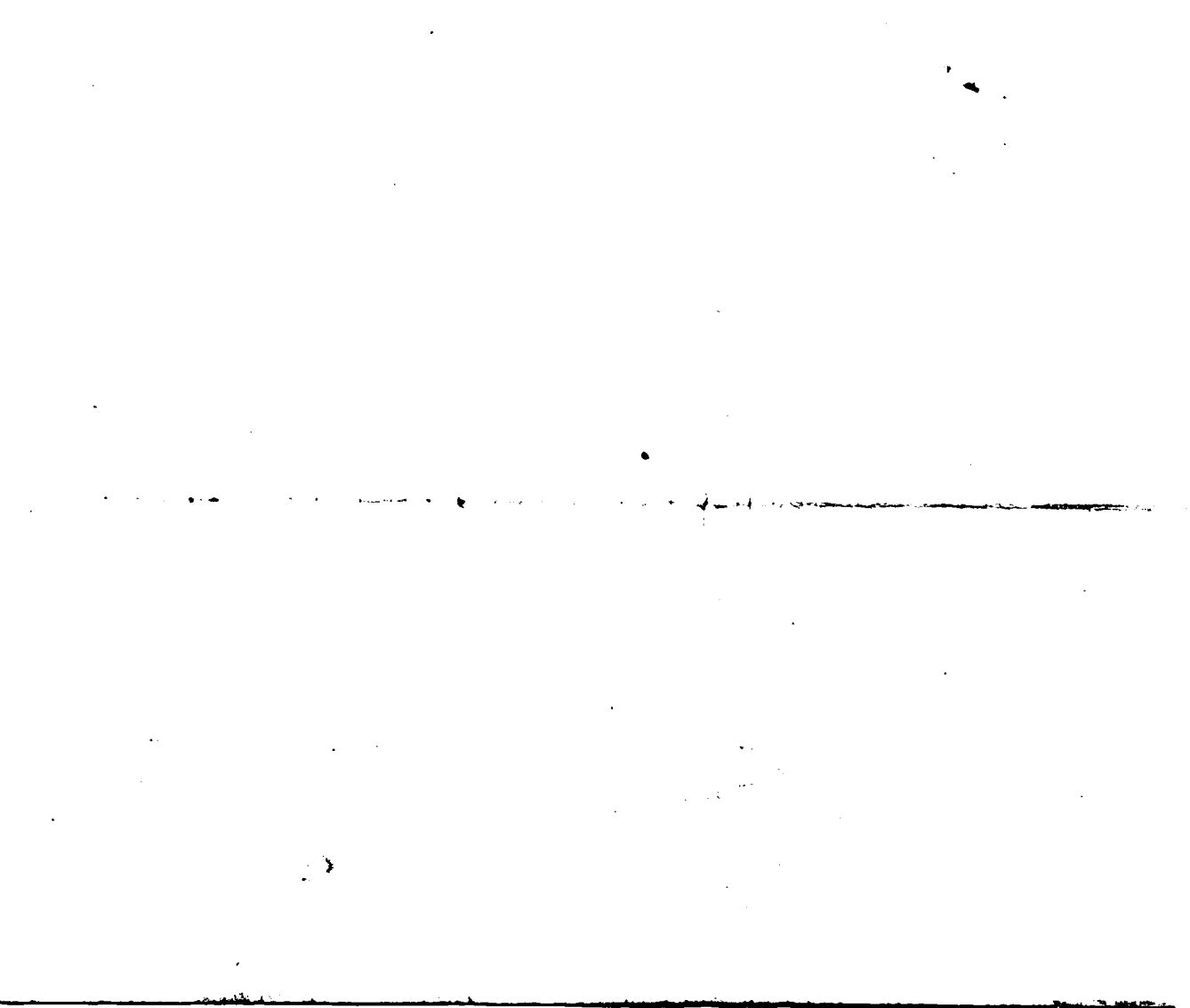
Orlando Bldg.

Filed

1/20 20 20

Registrar

Registrar



128-111-001-417

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-21a-03-17

CERTIFICATE OF BIRTH

75697

County of.....ADA.....

City of.....BOISE.....

Registration District No.....2.....

File No.....

No.....St.....

Primary Registration District No.....1004.....

Registered No.....20.....

Hospital.....

FULL NAME OF CHILD.....Ashley Paul Joseph.....

Sex of Child <i>male</i>	<input checked="" type="checkbox"/> Triplet or other?	and { Number in order of birth <i>3</i> }	Legitimate? <i>yo</i>	Date of Birth.....1.....11.....1920 (Month) (Day) (Year)
--------------------------	---	---	-----------------------	---

FULL NAME FATHER *Ashley Arthur E.*FULL MAIDEN NAME MOTHER *Mrs. Wm. Mabel*RESIDENCE *1815 N - 11th*

RESIDENCE

COLOR *W* AGE AT LAST BIRTHDAY.....35.....
(Years)COLOR *W* AGE AT LAST BIRTHDAY.....33.....
(Years)BIRTHPLACE *Conn*BIRTHPLACE *Big Spring Co. Minn*OCCUPATION *Sign Painter*

OCCUPATION

Number of child of this mother, including present birth.....2..... Number of children of this mother now living, including present birth.....5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....Born alive..... at.....A.....M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*Dr. J. J. Gentry*.....

(Physician or midwife)

Given names added from a supplemental report.

Address.....*Overland Park*.....

Filed.....1920.....

Registrar

Registrar

WRITE WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov. 25, 1940 L.B.

PLACE OF BIRTH

255-113-001-133

County of AdaSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 C-25m-9-8-27

CERTIFICATE OF BIRTH

City of BoiseRegistration District No. 2File No. 75698No. St.Primary Registration District No. 1004Registered No. 31Hospital St. AlphonsusFULL NAME OF CHILD Roy Neal Kennedy

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1-13-1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>O. A. Kennedy</u>	FATHER
RESIDENCE <u>302 Washington St. Boise, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Kearney</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lorella Allen</u>	MOTHER
RESIDENCE <u>Boise Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive..... at 3 A. p. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. H. Higgs
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address 1627 West St. Boise, Idaho
Filed 1/16-20 St. Alphonsus
Registrar

1-41

132-114-1001-919
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-31m-3-17

County of AdaCity of BoiseRegistration District No. 2File No. 75699No. StPrimary Registration District No. 1004Registered No. 32Hospital St. LukesFULL NAME OF CHILD Robert Albin Jerry Newton

Sex of Child <u>m</u>	Twin Triplet or other (To be answered only in event of plural births)	and in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 14</u> <u>1919</u> (Month) (Day) (Year)
-----------------------	--	--------------------------	-----------------------------	--

FULL NAME <u>Claude Albin</u>	FATHER
RESIDENCE <u>Ada-Ida</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)

FULL MAIDEN NAME <u>Ethel Marler</u>	MOTHER
RESIDENCE <u>Ada</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)

BIRTHPLACE <u>Kans.</u>
OCCUPATION <u>merchant</u>

BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Turner

(Physician or midwife)

Given names added from a supplemental report.

Address 19
 File 1/19 20 L. P. Herman
 Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho }
County of Ada } ss.

Certificate No.
Date Filed.

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Jeany Newton Albion who born on Jan. 14, 1920
(Name on original certificate) (Was born or died) (Birth or death) (Date of event)
in are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by prepared on are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Subscribed and sworn to before me this 11
day of July, 1945

Signed Ethel Albion
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death
record; or other credible person)

Notary Public, residing at Boise Idaho

My commission expires Nov. 29 - 1949
[SEAL]

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of }
County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19.....

Signed
(Signature of any credible person other than the previous affiant)

Notary Public, residing at

My commission expires
[SEAL]

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

7-12-41

55

PLACE OF BIRTH

County of AdaCity of BoiseNo. St.Hospital St. LukesFULL NAME OF CHILD Patricia Coffin Analia Coffin

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>24</u> <u>1940</u> (Month) (Day) (Year)
----------------------------	----------------------------------	---------------------------------------	------------------------	---

FULL NAME <u>Mrs. R. Coffin</u>	FATHER	FULL MAIDEN NAME <u>Snow Sziny</u>	MOTHER
RESIDENCE <u>Boise</u>		RESIDENCE <u>Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Id.</u>	
OCCUPATION <u>Coal Miner</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Jan. 18 - 1940 at 4 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Coffin

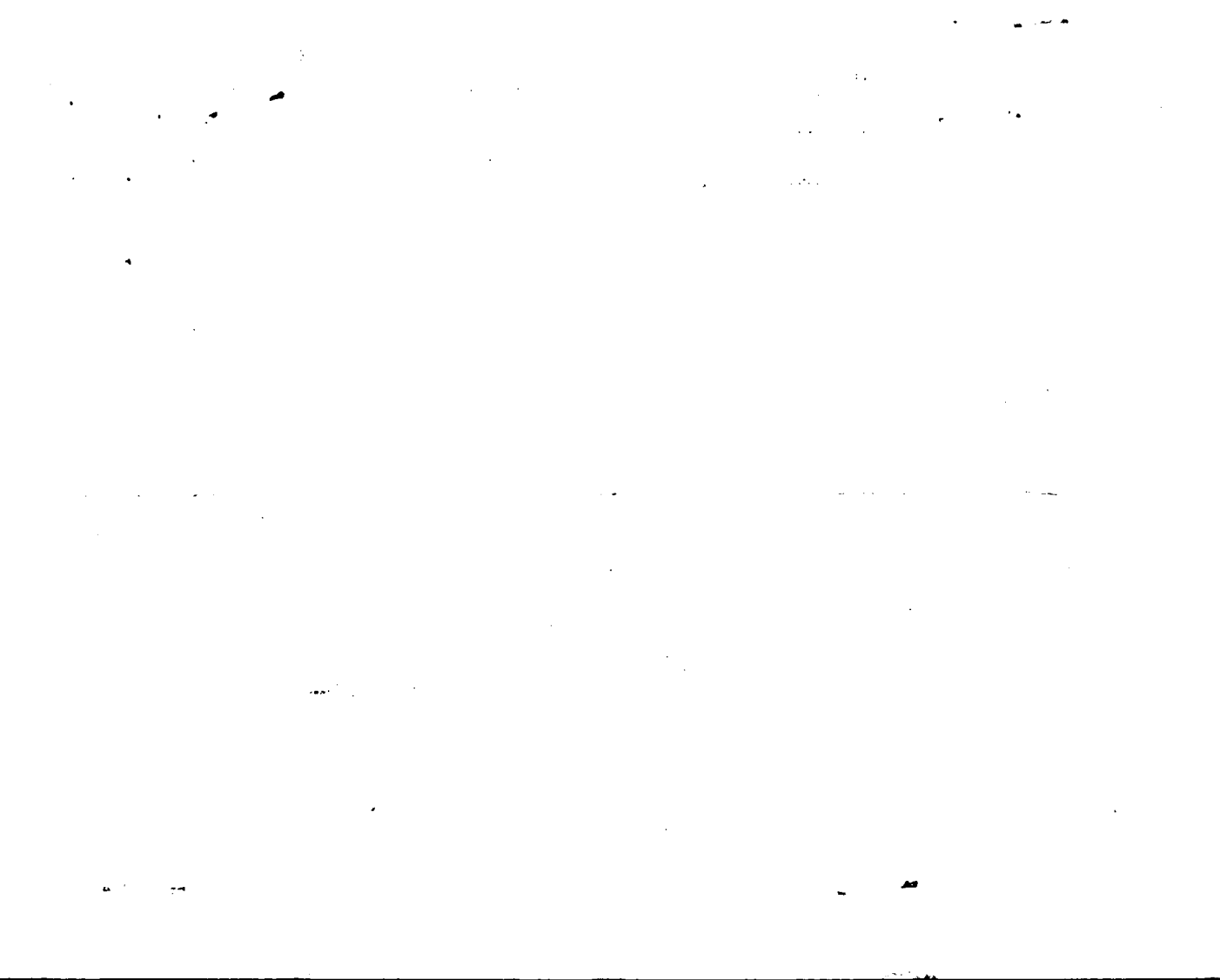
(Physician or midwife)

Given names added from a supplemental report.

Address BoiseFiled 1/17 1940 L. J. J. J.

Registrar

Registrar



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. Certificate No. **75700**
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of **Birth**
for **Unnamed Coffin** who **was born** on **Jan 15, 1920**
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in **Boise, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) **Registered Nurse's License No. 4221-State of Utah**
true facts are shown by **viewed by Vital Statistics** are:
(Bible Record, Insurance Policy, Etc.) prepared on **April 18, 1950**
Marriage License (Give Date)
FACTS TO BE CORRECTED FROM **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Name **Missing** **Patricia Amalia Coffin**

Subscribed and sworn to before me this **24** day of **August**, 19**56**
F. Louise M. Herard
Notary Public, residing at **Boise**
My commission expires **April 19, 1958**
(Seal)

Signed **Louise Coffin**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of **Idaho** }
County of **Ada** } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **19** day of **August**, 19**56**
F. Louise M. Herard
Notary Public, residing at **Boise**
My commission expires **April 19, 1958**
(Seal)

Signed **Juanita Harvey**
(Signature of Any Credible Person)
905 W 1st St. Meridian, Ida
(Street Address, City, State)

SEP 7 1956

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Boise Registration District No. 7 File No. 75701
No. 11 St. St. Alphonsus Primary Registration District No. 1004 Registered No. 34
Hospital St. Alphonsus
FULL NAME OF CHILD Davis, James Leroy
Sex of Child male Twin, Triplet or other? no and Number in order of birth 2 Legitimate? yes Date of Birth 1 16 1917
(Month) (Day) (Year)

FATHER
FULL NAME Warrs, Arthur R
RESIDENCE 1607 n-9th
COLOR W AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE Boise
OCCUPATION Policeman

MOTHER
FULL MAIDEN NAME Myers, Esther
RESIDENCE 7
COLOR W AGE AT LAST BIRTHDAY 25
(Years)
BIRTHPLACE Vale - Ore
OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. T. Senoump
(Physician or midwife)

Given names added from a supplemental report.

19 19
Registrar

Address Overly 1305
420 202
19 19
Registrar

CHARTERED STATE
BUREAU OF VITAL STATISTICS
BUREAU OF VITAL STATISTICS

JUL 27 1954

RD

239-2161001-664

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form 7, 2-22-11-0-12-24-27

CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 75702No. 143 14 St.Primary Registration District No. 1004Registered No. 35

Hospital

FULL NAME OF CHILD Louise June Stickney

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1-16-29</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Moses E. Stickney</u>	FATHER
RESIDENCE <u>613 S. 14th St. Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Veda L. Fowler</u>	MOTHER
RESIDENCE <u>613 S. 14th St.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:48 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. N. Gallivan

Given names added from a supplemental report.

Address 400 Idaho Bldg. BoiseFiled 126 20 L. German

Registrar

Registrar

MAR 4 1943

246-117-001-345

PLACE OF BIRTH

County of AdaCity of Boise

No. _____ St. _____

Hospital St. Luke's

FULL NAME OF CHILD

Registration District No. 2File No. 75703Primary Registration District No. 1004Registered No. 36Verdine Monroe Smock

Sex of Child <u>Male</u>	Twin, Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 17</u> 19 <u>22</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Carlyle H. Smock</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Cora Lundstrom</u>			
RESIDENCE <u>West of Fair Grounds</u> <u>Boise Idaho</u>	RESIDENCE <u>Boise Idaho</u>			
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	
BIRTHPLACE <u>Pennsylvania</u>	BIRTHPLACE <u>Missouri</u>			
OCCUPATION <u>Millman</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Edward J. Brown

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

NAME

DATE

TIME

PLACE

STATE

SEX

AGE

HEIGHT

WEIGHT

HAIR

EYES

TEETH

SKIN

COMPLEXION

SCARS

MARKS

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294-18001-314

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 75104

No. _____ St. _____

Hospital St Luke'sPrimary Registration District No. 1004Registered No. 37

FULL NAME OF CHILD

Fredrick Gardner BruceSex of Child maleTwin
Triplet
or other?
(To be answered only in event of plural births)and
Number
in order
of birthLegiti
mate?Date of
BirthJan 18
(Month) (Day) (Year) 1920FULL
NAME

FATHER

Edward Fred BruceFULL
MAIDEN
NAME

MOTHER

Plorence M Campbell

RESIDENCE

1216 E 8th St

RESIDENCE

1216 E 8th St

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Canada

BIRTHPLACE

Sheldon, Iowa

OCCUPATION

clothing merchant

OCCUPATION

House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Robin C. Kuwaki
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

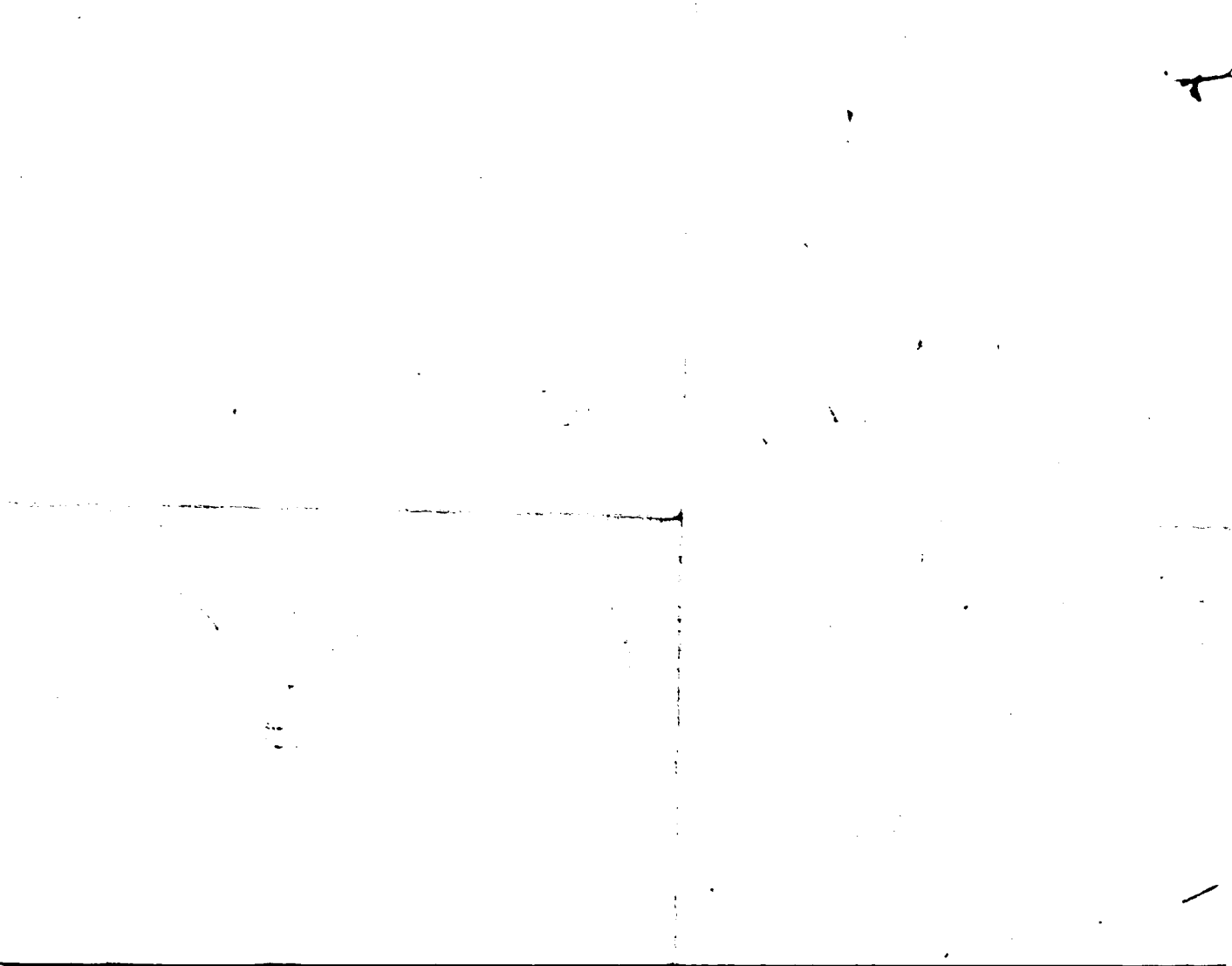
19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



8421191001-632

PLACE OF BIRTH

Form V. S. No. 11-254-230

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75706

County of AdaCity of Paris

No. _____ St. _____

Registration District No. 2

File No. _____

Hospital St. AlphonsusPrimary Registration District No. 1004Registered No. 39

Full Name of Child

Hughes

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{and} Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1 14 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FATHER	FULL NAME <u>Vernon Hughes</u>
--------	--------------------------------

RESIDENCE <u>2114 - N - 9</u>

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
--------------------	--

BIRTHPLACE <u>Idaho</u>

OCCUPATION <u>Laborer</u>

MOTHER	FULL MAIDEN NAME <u>Elva Olson</u>
--------	------------------------------------

RESIDENCE <u>2114 - N - 9</u>

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
--------------------	--

BIRTHPLACE <u>Utah</u>

OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth <u>1st</u>	Number of children of this mother now living, including present birth <u>1st</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alvin, at 3137 M
on the date above stated. (Born alive or embryo)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Earl Kelly

Given names added from a supplemental report.

(Physician or midwife)

Address _____

Filed 1/17 20 19 20

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1973

761-221-001-349
PLACE OF BIRTHCounty of IdahoCity of Boise

No. _____ St. _____

Hospital St. Luke's

Full Name of Child

Registration District No. 2

File No.

75707

Primary Registration District No. 1004Registered No. 40Baby Turner, Virginia Gayle

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>1</u> <u>21</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Virginia Gayle Turner</u>	FATHER <u>Samuel E. Turner</u>			MOTHER <u>Virginia Turner</u>	
RESIDENCE <u>917 E. Cannon</u>	RESIDENCE <u>917 E. Cannon</u>			RESIDENCE <u>917 E. Cannon</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)			COLOR <u>White</u>	
BIRTH <u>Indiana</u>	BIRTH <u>Indiana</u>			BIRTH <u>Indiana</u>	
OCCUPATION <u>Employee of Ida Electric</u>	OCCUPATION <u>House wife</u>			OCCUPATION <u>House wife</u>	
Number of child of this mother, including present birth			Number of children of this mother now living, including present birth		

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

at 7 9 A M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. Carl Hill
N. H.

(Physician or midwife)

Given names added from a supplemental report.

19

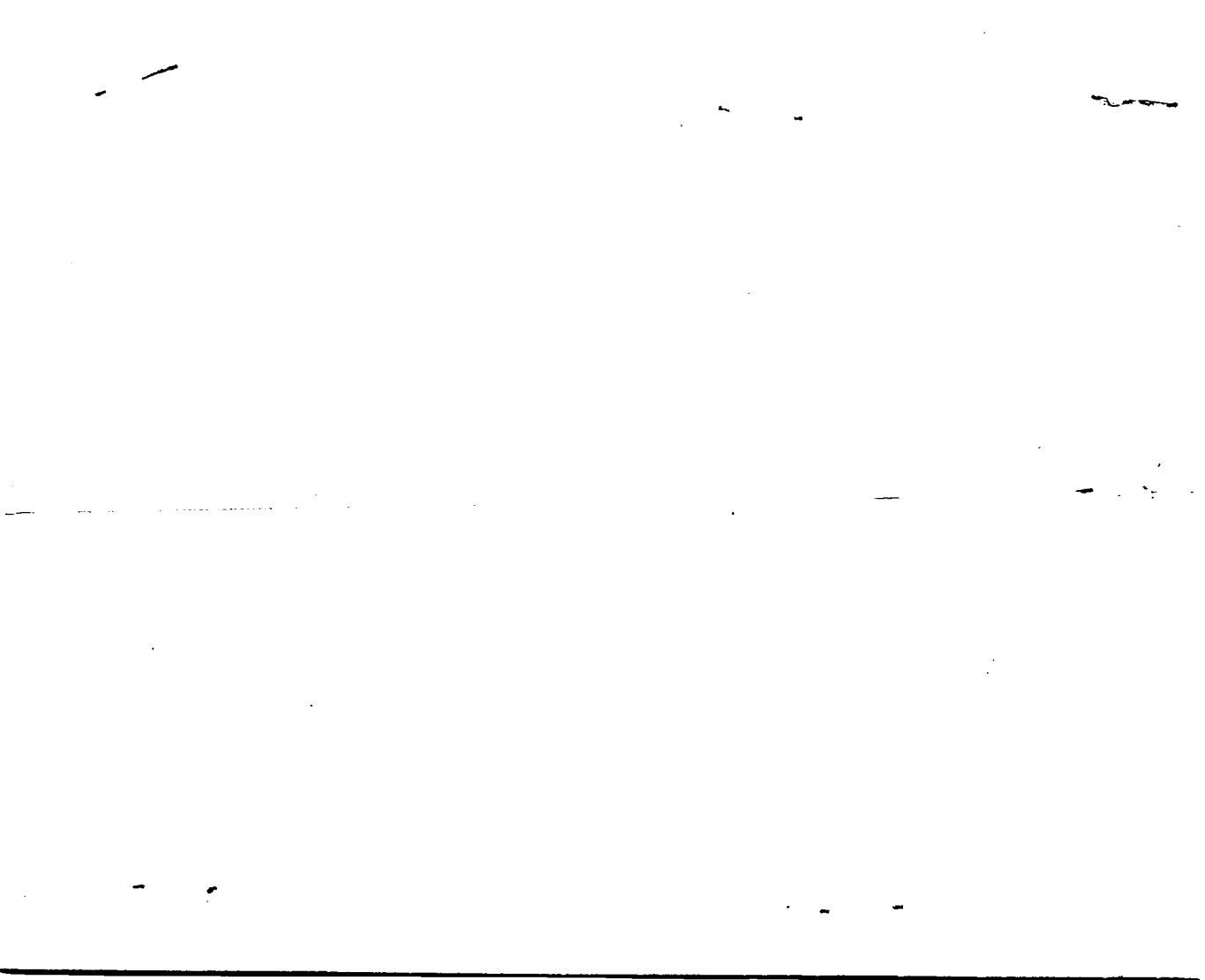
Address

Filed

19

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 75707

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)

for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Subscribed and sworn to before me this _____
day of _____, 19 43.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed Virginia T. Baird
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____.

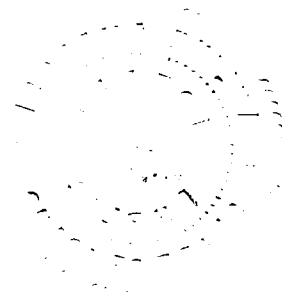
Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

AUG 16 1943



913-221-001-369

Form V. S. No. 11-0-22-1-1-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75708

County of AdaCity of BoiseRegistration District No. 2

File No.

No. St.

Primary Registration District No. 1004Registered No. 41Hospital St. Alphonsus

FULL NAME OF CHILD

Barbara May Ralphs

Sex of Child

FemaleTwin
Single
(To be answered only in event of plural births)and Number
in order
of birth1

Legitimate?

Yes

Date of Birth

Jan 21

(Month) (Day) (Year)

FULL NAME

FATHER
Jesse Clemons Ralphs

FULL MAIDEN NAME

MOTHER
Ethel Cary

RESIDENCE

904 Boise Idaho

RESIDENCE

904

COLOR

White

AGE AT LAST BIRTHDAY

30

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

27

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Kansas

OCCUPATION

Farmer

OCCUPATION

House wifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Jan 21 - 1920 at 5:30 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. R. Hansen

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise Idaho

Filed

1/27 19

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

DEC 21 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

913221+001-369

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. A. No. 14-0-22-4-17

County of Ada

City of Boise

No. 904 Foot St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 75709

Registered No. 42

FULL NAME OF CHILD Beatrice Fay Ralphs

Sex of Child <u>female</u>	Twin <u>no</u> (To be answered only in event of plural births)	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 21</u> <u>1930</u> (Month) (Day) (Year)
----------------------------	---	---------------------------------------	------------------------	---

FATHER
FULL NAME Jesse Clayton Ralphs
RESIDENCE 904 Foot St. Boise Idaho
COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Ethel Cary
RESIDENCE Boise Idaho
COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Kansas
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Jan 21 - 1930 at 5:45 A.M. on the date above stated. (Born alive or ~~dead~~)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Newman

Given names added from a supplemental report.

(Physician or midwife)

.....19.....

Address Boise Idaho

.....

Filed 1/27/30 1930

Registrar

Registrar

AUG 26 1975

JAN 7 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

852-123-00-175

PLACE OF BIRTH

County of IdahoCity of Boise

No. _____ St. _____

Hospital St. Luke'sRegistration District No. 2Primary Registration District No. 1004

Form V. S. No. 11-25m-4-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 75710Registered No. 43Full Name of Child James Agnew Healup

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>1</u> <u>23</u> <u>1922</u> (Month) (Day) (Year)
--------------------------	---	--	-----------------------------	---

FULL NAME <u>Tom J. Healup</u>	FATHER
RESIDENCE <u>Payette R. D. No. 3</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Charles's Agnew</u>	MOTHER
RESIDENCE <u>Payette R. D. No. 3</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2:19 M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

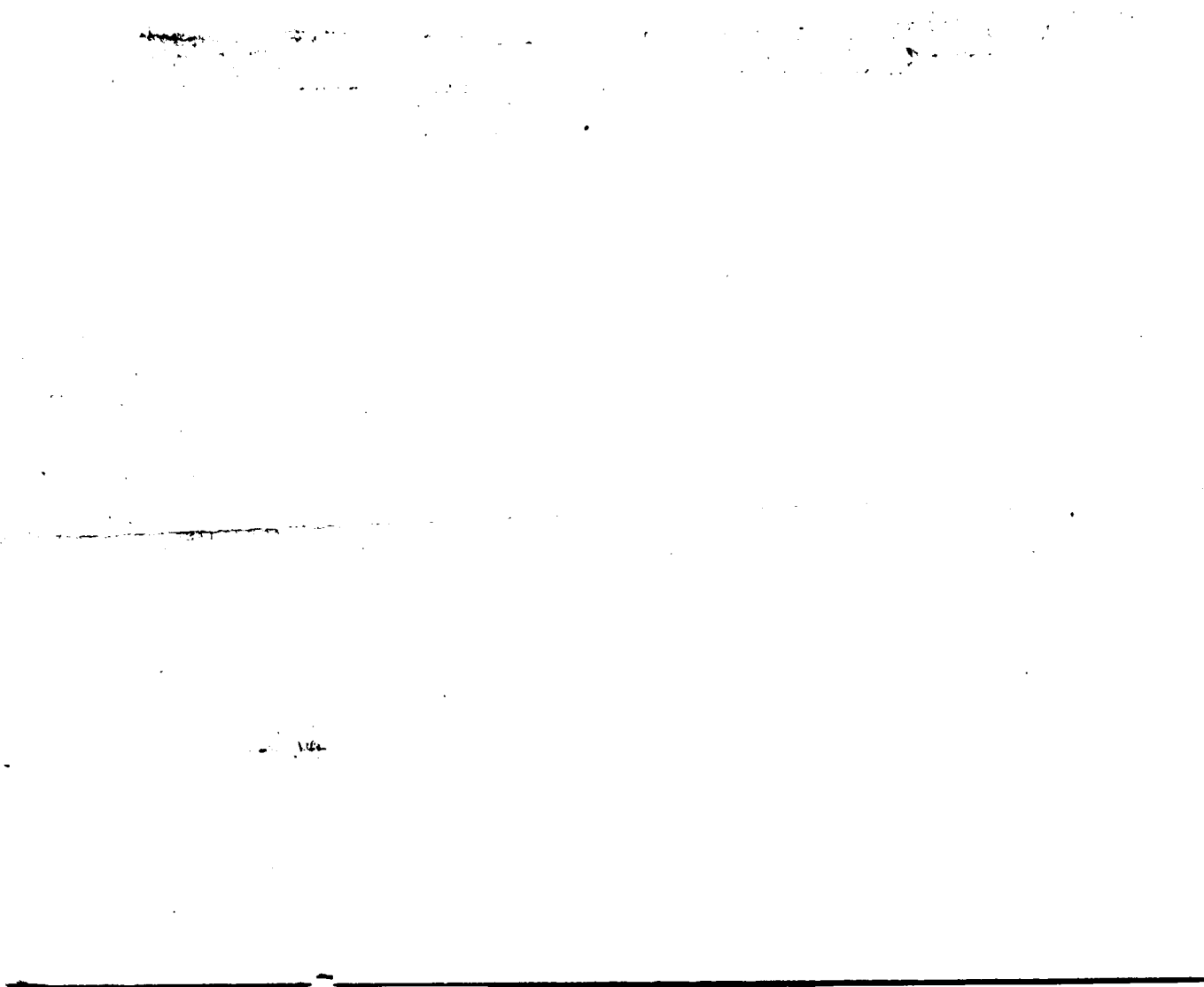
(Signature) Dr. J. Carl Hill
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed 1/26 19 20 Dr. J. Carl Hill
Registrar

Registrar

Registrar



764-103-814-799
PLACE OF BIRTHCounty of CanyonCity of Parma

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-25m-9-3-27

Registration District No. 2File No. 75717Primary Registration District No. 2007Registered No. 6

Sex of Child <u>male</u>	Twin Triplet or other? <u>X</u> } and { Number in order of birth <u>4th</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 9</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>Grand Goddard</u>	FATHER	FULL MAIDEN NAME <u>Lois Price</u>	MOTHER
RESIDENCE <u>Parma</u>		RESIDENCE <u>Parma</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Ill.</u>		BIRTHPLACE <u>Wis</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at Parma on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. } (Signature) A. M. Mitchell

Given names added from a supplemental report.

(Physician or midwife)

Address Parma Ida.Filed 2-10-20 Lulu Walcott

Registrar

Registrar

1944

1945

1946

819-1141014319
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-25m-4-2-27

County of CanyonCity of ParmaRegistration District No. 3File No. 75718

No. St.

Primary Registration District No. 2007Registered No. 7

Hospital

FULL NAME OF CHILD

Dale Carlyle Harrold

Sex of Child <u>Male</u>	Twin Triplet or other? <u>X</u> } and { Number in order of birth <u>6</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 14 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Dale Harrold</u>	FATHER <u>Harrold</u>	FULL MAIDEN NAME <u>Elizabeth Carlyle</u>	MOTHER <u>Carlyle</u>
RESIDENCE <u>Parma</u>		RESIDENCE <u>Parma</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Kan.</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 4 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

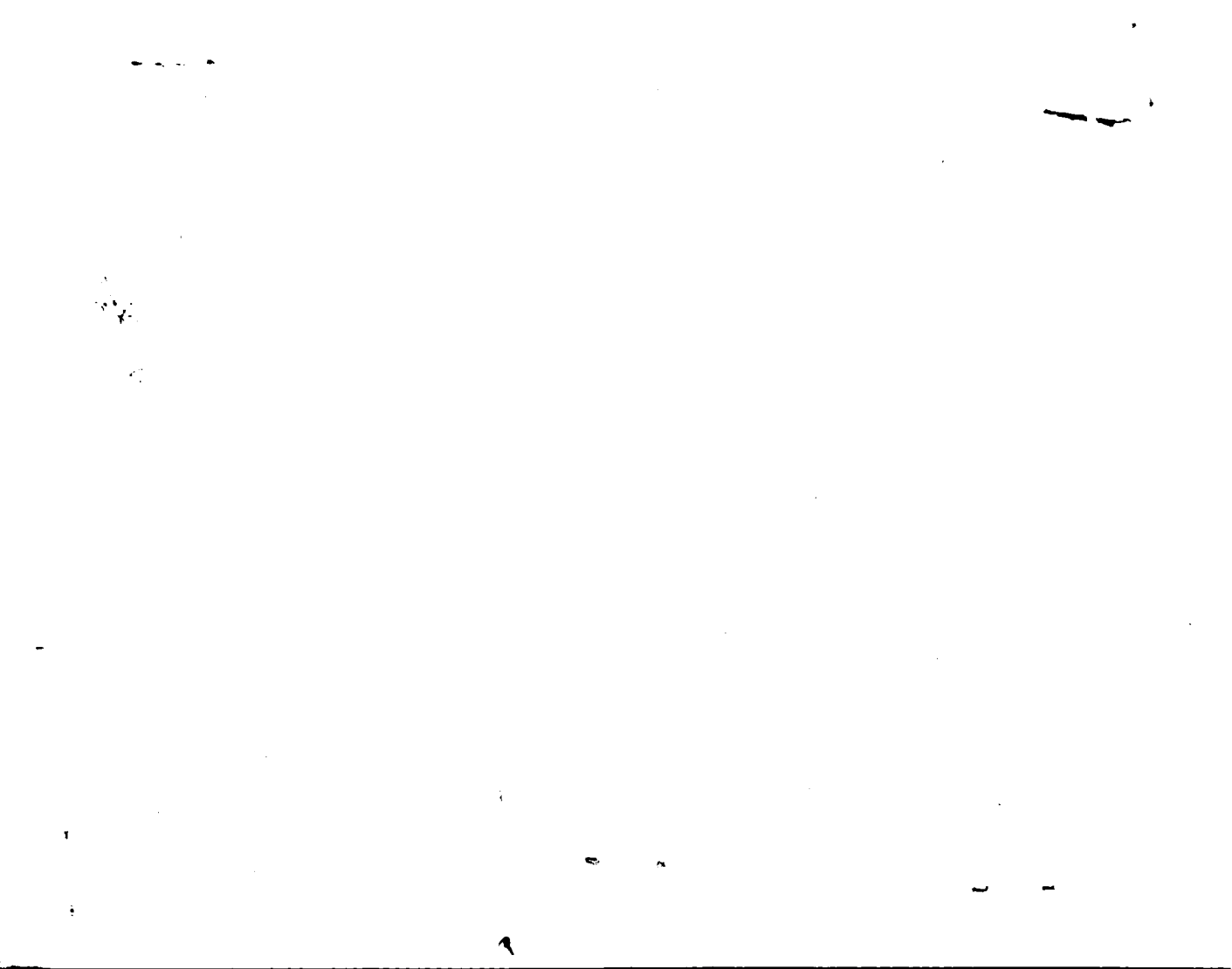
(Physician or midwife)

Given names added from a supplemental report.

Address Parma Ida.Filed 2/9 1920 Lulu Waldrop

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 75718

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Dale Carlyle Harrold who born on Birth (Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by prepared on (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name

none given

Dale Carlyle Harrold

Subscribed and sworn to before me this 28th

day of July, 1944

Notary Public, residing at Idaho

My commission expires May 1, 1944

(Seal)

Signed Mrs. Elizabeth C. Harrold

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

JUL 28 1942

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364,224,014-614

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25a-8-5-17

CERTIFICATE OF BIRTH

County of.....

City of.....

Registration District No. 9File No. 75719

No. St.

Primary Registration District No. 2007Registered No. 8

Hospital

FULL NAME OF CHILD

Mildred Ruth Combs

Sex of Child

FemaleTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

Jan 24 1920
(Month) (Day) (Year)

FULL NAME

Nicholas A. Combs

FATHER

FULL MAIDEN NAME

Maggie Waddell

MOTHER

RESIDENCE

Idaho

RESIDENCE

Idaho

COLOR

W

AGE AT LAST BIRTHDAY

31
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

33
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

N.C.

OCCUPATION

Farmer

OCCUPATION

H.V.Number of child of this mother, including present birth 3.... Number of children of this mother now living, including present birth 3....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2-30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. W. Waddell, M.D.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address.....

Registrar

Filed

2/1 1920

Registrar

MAY 25 1965

MAY 27 1965

294.227.016-632

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Blaine

City of _____

Registration District No. 2

File No.

75720

No. _____ St. _____

Primary Registration District No. 2007Registered No. 8

Hospital _____

FULL NAME OF CHILD

Josephine Esther BrushSex of Child FTwin
Triplet
or other?and
Number
in order
of birthLegiti-
mate? yes

Date of Birth

Jan 27, 1920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME

FATHER

Ed Babcock Brush

RESIDENCE

Parma IdaCOLOR W

AGE AT LAST BIRTHDAY

27

(Years)

BIRTHPLACE

Minneapolis, Minn

OCCUPATION

Stockman

FULL MAIDEN NAME

MOTHER

Esther Duggborg Olson

RESIDENCE

COLOR W

AGE AT LAST BIRTHDAY

25

(Years)

BIRTHPLACE

Chicago, Ill

OCCUPATION

H WNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive840 P. M.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Wm. S. Numbus
P. & S.

(Physician or midwife)

Given names added from a supplemental report.

Address

Parma Ida

Filed

2/10 1920

Registrar

Registrar

OCT 29 1957

FEB 10 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

625-3271014-238
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25-3-27

County of Canyon

City of Parma

Registration District No. 3

File No. 75721

No. 1

Primary Registration District No. 2007

Registered No. 18

Hospital MATILDA

FULL NAME OF CHILD Irma H. Chundorf

Sex of Child <u>Female</u>	Twins, Triplets or other? <u>and</u>	Number in order of birth <u>4</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1/24/20</u> (Month) (Day) (Year)
----------------------------	--------------------------------------	-----------------------------------	------------------------	--

FATHER
FULL NAME Paul H. Chundorf
RESIDENCE Parma
COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Ind.
OCCUPATION Farmer

MOTHER Schraub
FULL MAIDEN NAME Clara
RESIDENCE Parma
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ohio
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Parma, at 8 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

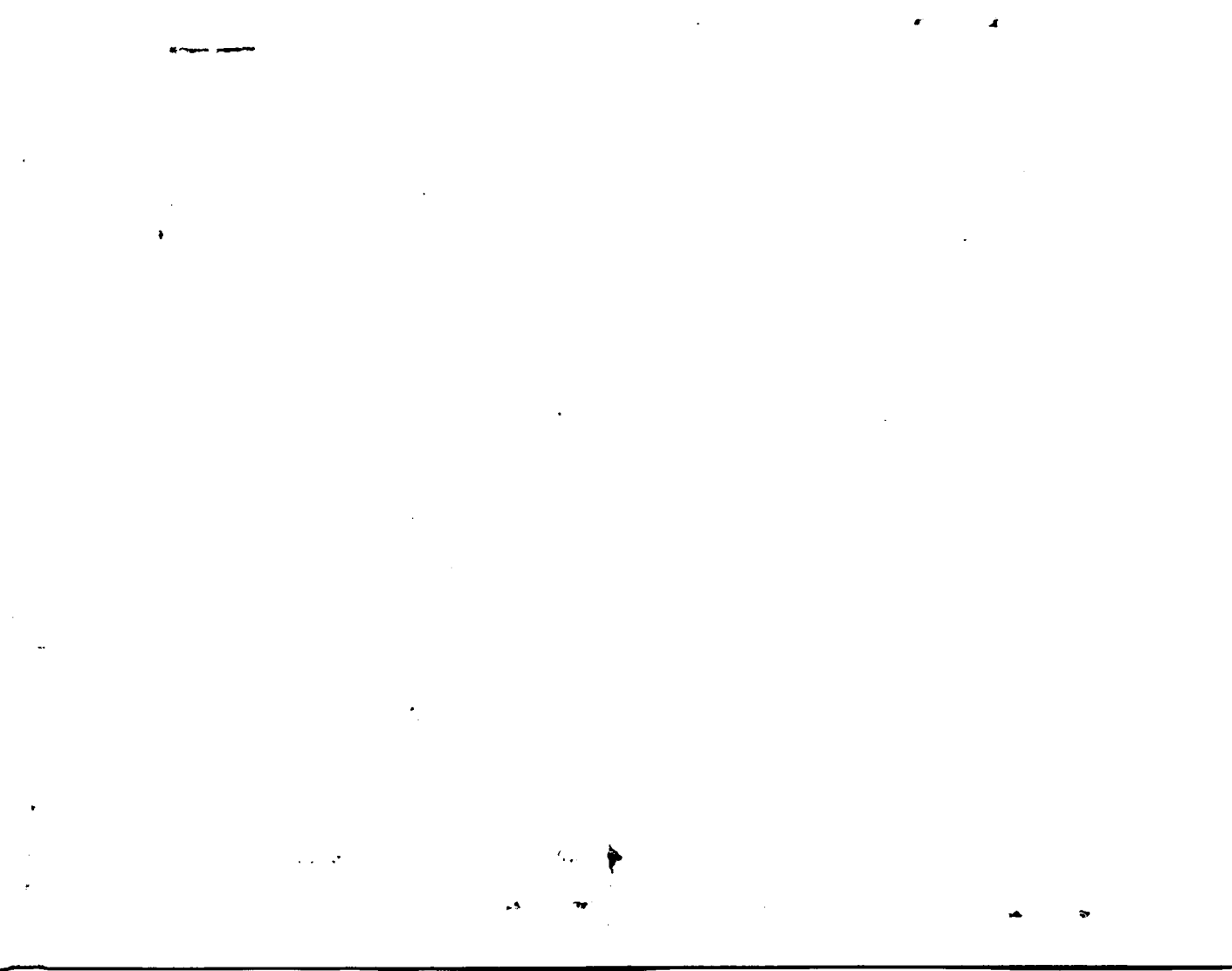
(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

Address Parma
Filed 2/2 1920
Registrar Hulu Waldrop

K



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss. Certificate No. 75721

The undersigned does solemnly swear that certain facts on the certificate of birth
for Irma Matilda Obendorf who born on Jan. 27, 1920
in Parma, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)
Paul Obendorf
Irma M. Obendorf
Clara Trout

TO
(The Correct Facts)
Paul H. Obendorf
Irma Matilda Obendorf
Clara Schraub Obendorf

Father's name
middle name
mother's name

Subscribed and sworn to before me this 26th
day of May, 1942

Notary Public, residing at Parma, Idaho
My commission expires Feb. 28th, 1944.
(Seal)

Signed Clara Schraub Obendorf
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. #1, Parma, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of May, 1942

Notary Public, residing at Parma, Idaho
My commission expires Feb. 28, 1944.
(Seal)

Signed Paul H. Obendorf
(Signature of Any Credible Person Other Than Previous Year)

R.F.D. #1, Parma, Idaho.
(Street Address, City, State)

JUN 2 1942

4 1942

385-128,014-369

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

County of CanyonCity of ParnumRegistration District No. 3File No. 75722

No. St.

Primary Registration District No. 1007Registered No. 11

Hospital

FULL NAME OF CHILD Robert Charles Synd

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan. 28</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FATHER
FULL NAME William E. SyndRESIDENCE ParnumCOLOR W AGE AT LAST BIRTHDAY 23
(Years)BIRTHPLACE IdahoOCCUPATION Grocery ClerkMOTHER
FULL MAIDEN NAME Blandie TwitchellRESIDENCE ParnumCOLOR W AGE AT LAST BIRTHDAY 20
(Years)BIRTHPLACE IdahoOCCUPATION H. W.Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth. 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4-30 P. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Mulder, M.D.

(Physician or midwife)

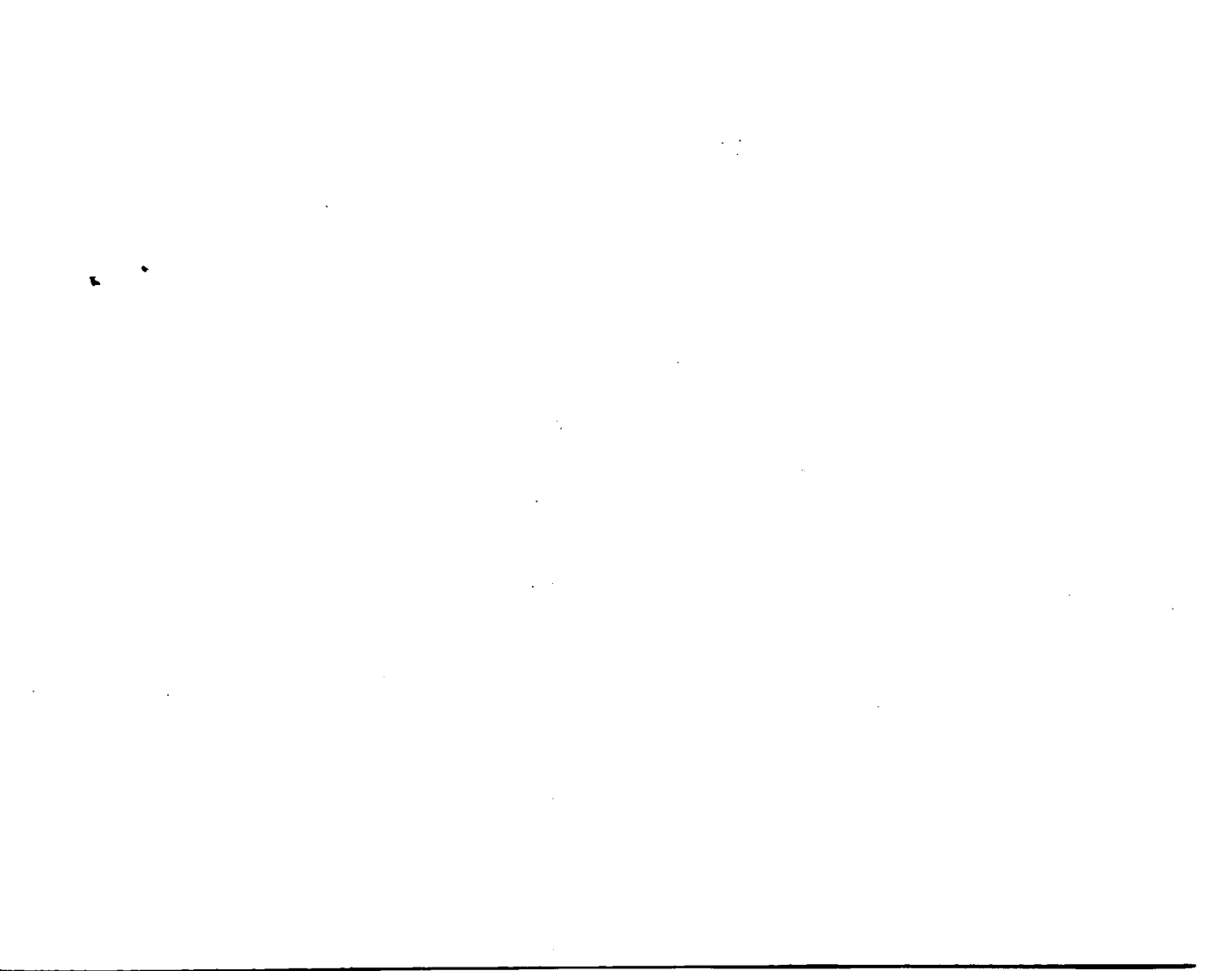
Given names added from a supplemental report.

Address.....

Filed 2/1 1920 W. S. Mulder

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

791-107-014959
County of Cassia

City of Caldwell Ida

No. R.D. #3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-9-4-17

Registration District No. 3

File No. 75723

Primary Registration District No. 2005

Registered No. 38

FULL NAME OF CHILD William Howard Grant, Jr.

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 7, 1905</u> (Month) (Day) (Year)
-------------------------	---	------------------------	---

FULL NAME <u>W. H. Grant</u>	FATHER
RESIDENCE <u>R.D. #3 Caldwell Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Alabama</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Edith Eric</u>	MOTHER
RESIDENCE <u>Caldwell Ida R.D. #3</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Texas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3..... Number of children of this mother now living, including present birth. 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 7:20 a. m.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

{ (Signature) F. M. Cole M.D. }
.....
(Physician or midwife)

Given names added from a supplemental report.

.....19..... Address.....
.....2-5-1920..... Filed John H. Meyer
Registrar Registrar

WATER 23 1942

WATER 23 1944

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH593-285-814-436
PLACE OF BIRTHCounty of CanyonCity of CaldwellNo. 5th & Albany St.Registration District No. 3File No. 75724Primary Registration District No. 1005Registered No. 32

Hospital

FULL NAME OF CHILD

Rose Victor

Sex of Child

FemaleTwin
Triplet
or other?1and { Number
in order
of birth-

Legitimate?

Yes

Date of Birth

Feb51922

(Month)

(Day)

(Year)

FULL NAME

Roy Victor

FATHER

RESIDENCE

Caldwell

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Joplin, Missouri

OCCUPATION

Farmer

FULL MAIDEN NAME

Myrtle M. Farlowe

MOTHER

RESIDENCE

Caldwell

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Kedalia, Missouri

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Rose Victor, at 8 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. J. Young
(Physician or midwife)

Given names added from a supplemental report.

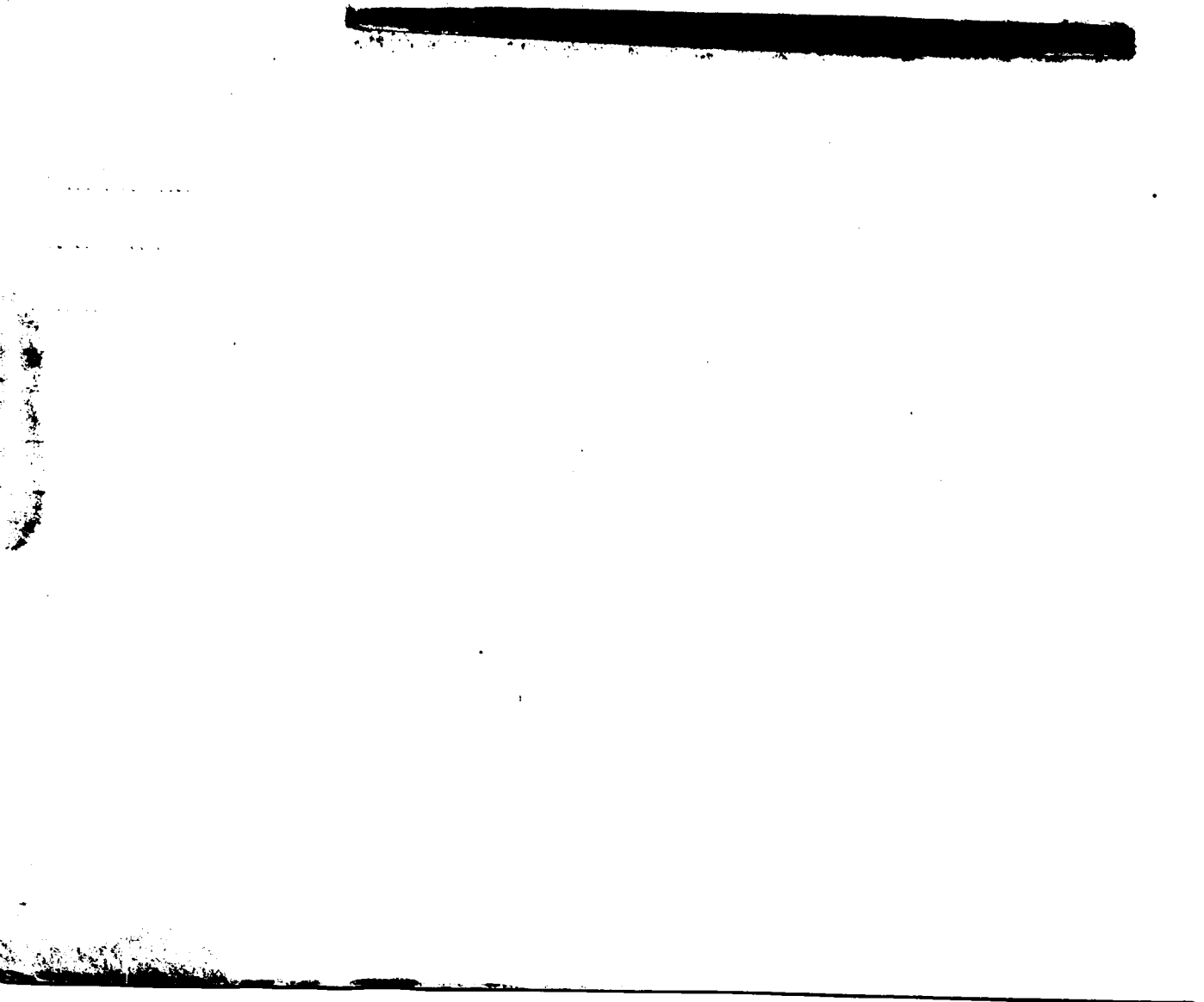
Address

Caldwell

Filed

2-9-1922John H. Meyer
Registrar

Registrar



381-205-014-381
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22m-48-17

County of... *Canyon*

City of... *Caldwell*

No. ... *Rural 3* St.

Hospital... *at home*

FULL NAME OF CHILD

Registration District No. *9*

File No. *75725*

Primary Registration District No. *2005*

Registered No. *31*

Lila Evelyn Charity

Sex of Child... *Female*

Twin Triplet or other? *and* Number in order of birth *1*
(To be answered only in event of plural births)

Legitimate? *Yes*

Date of Birth... *Feb. 5 - 20*

FULL NAME FATHER... *William M. Charity*

RESIDENCE... *Caldwell Idaho*

COLOR... *White* ... AGE AT LAST BIRTHDAY... *35*

BIRTHPLACE... *Iowa*

OCCUPATION... *Farming*

FULL MAIDEN NAME MOTHER... *Josie Ann Harriet Charity*

RESIDENCE... *Caldwell - Idaho*

COLOR... *White* ... AGE AT LAST BIRTHDAY... *22*

BIRTHPLACE... *Missouri*

OCCUPATION... *H. wife*

Number of child of this mother, including present birth... *2* ... Number of children of this mother now living, including present birth... *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... *alive* ... at... *9-P* ... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife (hon the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ... *John V. Meyers, M.D.*

Given names added from a supplemental report.

(Physician or midwife)

..... 19.....

Address... *Caldwell - Idaho*

..... 19.....

Filed... *2-7-1920*

Registrar

John V. Meyers
Registrar

MAR 17 1942

AUG 12 1970

955-201-014 735

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-3-8-17

CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellNo. Lindan St.Registration District No. 3File No. 75726Primary Registration District No. 2005Registered No. 30

Hospital

FULL NAME OF CHILD Aless Marguerite Querson

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb. 1st 20</u> (Month) (Day) (Year)
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FULL NAME <u>Henry T. Querson</u>	FATHER
RESIDENCE <u>Notus Idaho. Rus. T.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Pearl Glenn</u>	MOTHER
RESIDENCE <u>Notus Idaho. Rus. T.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>S. Dakota</u>	
OCCUPATION <u>H. wife</u>	

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 a on the date above stated. (Box alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Meyer MD.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell IdahoFiled 2-1-20

Registrar

Registrar

10 100 100

MAR 1 1972

281-101-01K-145

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-2-2-27

County of CanyonCity of Caldwell, Ida.Not Caldwell, Ida. Idaho IdahoHospital Caldwell, IdahoRegistration District No. 3File No. 75727Primary Registration District No. 1005Registered No. 29FULL NAME OF CHILD Robert Ames Sharer

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 1, 1929</u> (Month) (Day) (Year)
FULL NAME <u>David Max Sharer</u>	FATHER	FULL MAIDEN NAME <u>Doris Ames</u>	MOTHER
RESIDENCE <u>Caldwell Idaho</u>		RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Illinois</u>		BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Teacher</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Raley M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Caldwell, IdahoFiled 2-3-29 John H. Meyer

Registrar

Registrar

693-231-014-49
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Canyon

City of Rs Caldwell

Registration District No. 3

File No. 75728

No. St.

Primary Registration District No. 2005

Registered No. 28

Hospital

FULL NAME OF CHILD Ruth Virginia Fillmore

Sex of Child <u>F</u>	Twin Triplet or other? <u>9</u> } and (To be answered only in event of plural births)	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 31</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----------------------------------	------------------------	--

FATHER
FULL NAME Thomas Lloyd Fillmore
RESIDENCE Caldwell 20
COLOR W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Butter Co Kans
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Ethel P. Burbank
RESIDENCE Caldwell 20
COLOR W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Nebr
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, household-r, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Meyer

Given names added from a supplemental report.

.....19.....

Address Caldwell 20

.....19.....

Filed 2-10-1920

Registrar

(Physician or midwife)
John H. Meyer
Registrar

DEC 31 1951

318-130-014-413

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-5-22-33-17

County of... *Canyon*City of... *Caldwell*Registration District No. *3*File No. **75729**No. *PH* St.Primary Registration District No. *2005-*Registered No. *27*

Hospital

FULL NAME OF CHILD

Everett Matson Taylor

Sex of Child

*M*Twin
Triplet
or other?
(To be answered only in event of plural births)and (Number
in order
of birth)Legiti-
mate?*yes*

Date of Birth

Jan 30 1922
(Month) (Day) (Year)

FULL NAME

FATHER Chas Everett Taylor

FULL MAIDEN NAME

MOTHER Leona Bernice Matson

RESIDENCE

Caldwell PH

RESIDENCE

Caldwell PH

COLOR

white

AGE AT LAST BIRTHDAY

22
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

21
(Years)

BIRTHPLACE

West Plains Mo

BIRTHPLACE

Springville Utah

OCCUPATION

R Road agent

OCCUPATION

housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.*born alive* at *12:35 P.* M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. H. Montgomery

(Physician or midwife)

Given names added from a supplemental report.

Address

Caldwell Idaho

Filed

*2-6-1922**John H. Meyer*

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1942

DEC 17 1941

366 130-014-855

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-200-2-15-12

CERTIFICATE OF BIRTH

County of CanyonCity of Caldwell Ida.Registration District No. 9File No. 75730No. St. Primary Registration District No. 1005Registered No. 26Hospital FULL NAME OF CHILD WILLIAM JOSEPH COON

Sex of Child <u>Boy</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Jan</u> <u>30</u> <u>1910</u> (Month) (Day) (Year)
FULL NAME <u>FATHER Frank Coon</u>		FULL NAME <u>MOTHER Jessie Hanson</u>	
RESIDENCE <u>Caldwell Idaho</u>		RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Princeton, Missouri</u>		BIRTHPLACE <u>Goodwin Kansas</u>	
OCCUPATION <u>Mail carrier</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 P.M.
on the date above stated. (Born alive or stillborn)

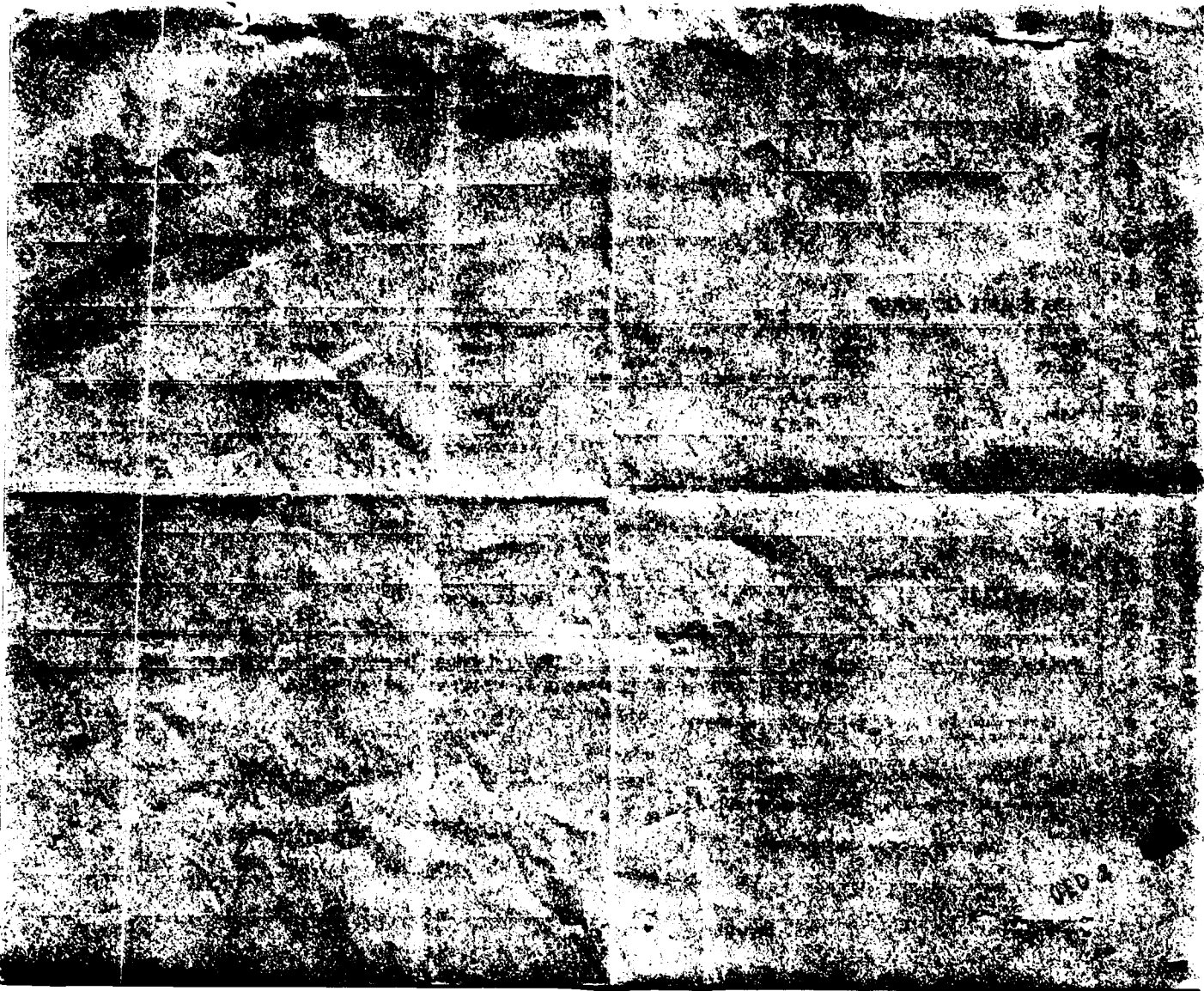
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. J. Skaden

(Physician or midwife)

Given names added from a supplemental report

Address Caldwell, IdahoFiled 2-2-1920 John H. Meyers
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss. Certificate No. 75730
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for William Joseph Coon who was born on Jan. 30, 1920 (Name on original certificate) (Was born or died) (Date of event)
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of event)
true facts as shown by parents stated Dec. 2, 1941 prepared on _____, are: (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED (“Name”, “birth date”, “cause of death”, etc.)	FROM (As on original)	TO (The correct facts)
Name _____	Unnamed _____	William Joseph Coon _____

Subscribed and sworn to before me this 2nd
day of December, 1941.

Notary Public, residing at Caldwell Ida.

My commission expires Nov 20 1943
[SEAL]

Signed Frank Coon father
Jessie Coon mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #3 Caldwell Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss. [This affidavit MUST also be executed.
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

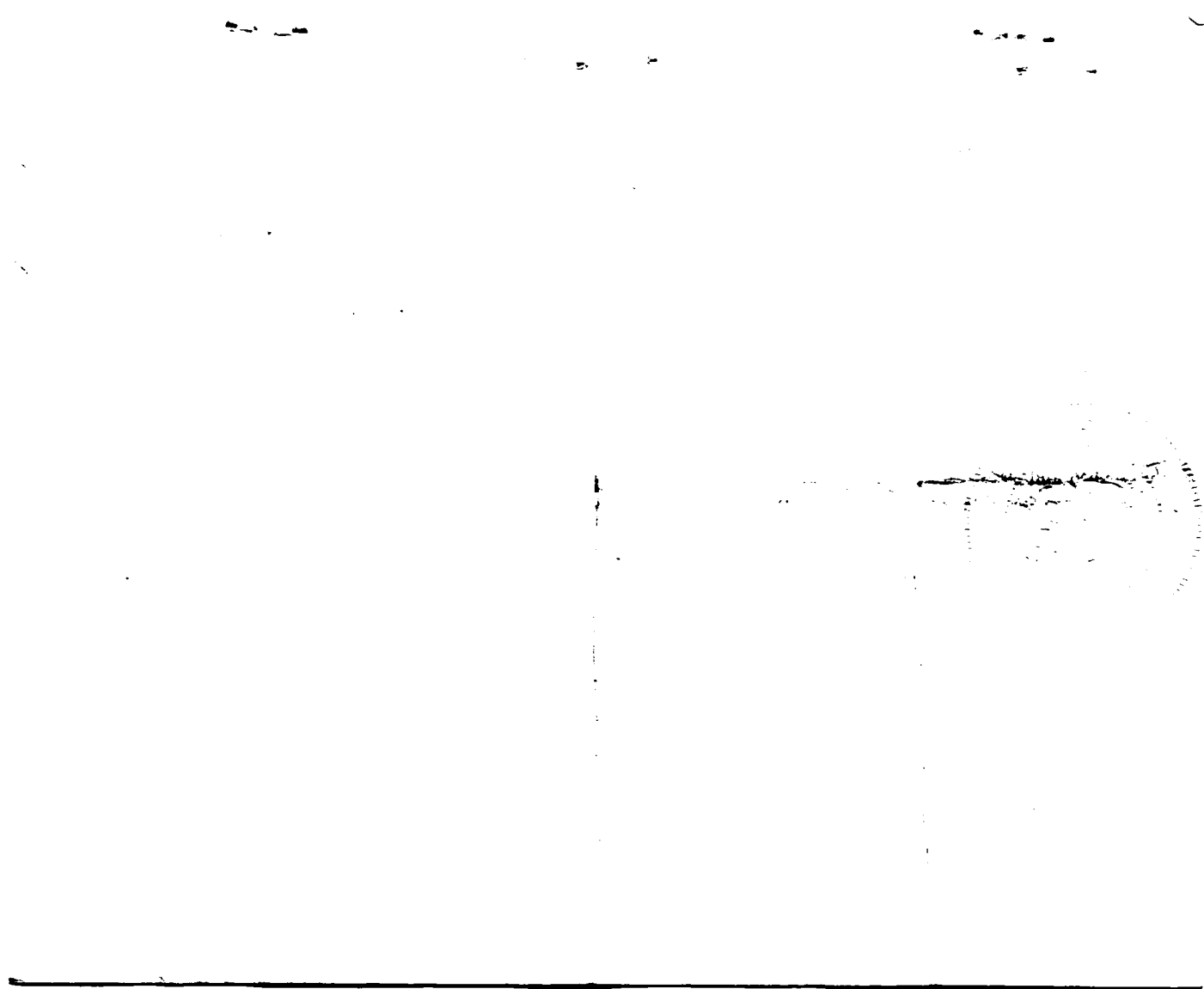
Subscribed and sworn to before me this _____
day of _____, 19____.

Signed _____
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at _____
My commission expires _____
[SEAL]

(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)



PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 11-C-25m-9-5-27

CERTIFICATE OF BIRTH

County of CanyonCity of Caldwell, Ida.No. 816230-014-967St. IdahoHospital Caldwell SanatoriumRegistration District No. 3File No. 75731Primary Registration District No. 2005Registered No. 25FULL NAME OF CHILD EVELYN MAE HAWORTH

Sex of Child <u>girl</u>	Twin Triplet or other? <u>and</u> { } Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 20 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Ralph L. Haworth</u>	FATHER
RESIDENCE <u>Parma Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ada Rogers</u>	MOTHER
RESIDENCE <u>Parma Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12 PM on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Haley, M.D.

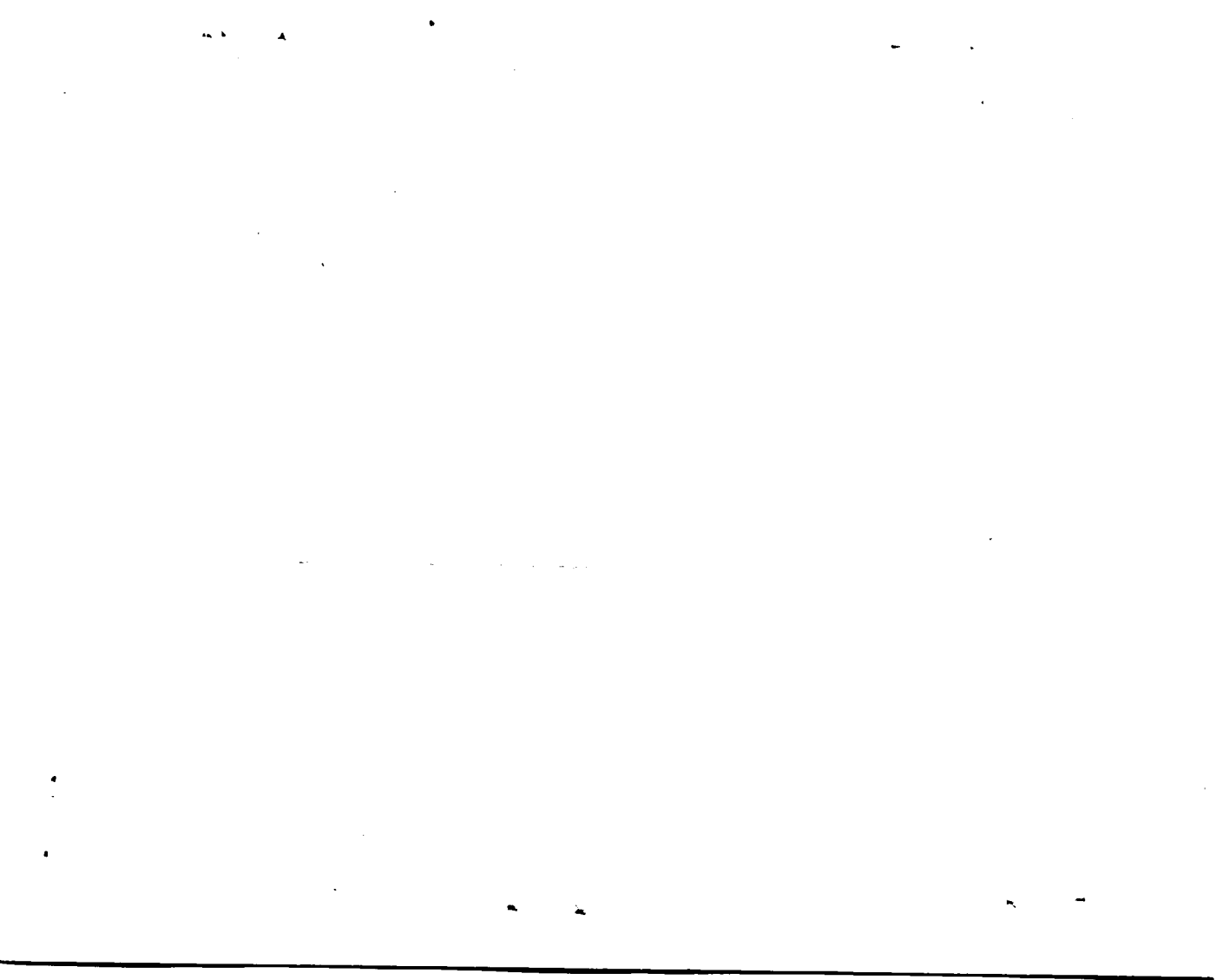
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell IdahoFiled 2-1-20 John S. Meyer

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } SS. JAN 26 1942 Certificate No. 75731

County of Canyon } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Haworth who was born on Jan. 30, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN ~~ON~~) (DATE OF EVENT)

in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)

true facts as shown by my own knowledge prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL)

Name Unnamed Haworth TO
Evelyn Mae Haworth (THE CORRECT FACTS)

Subscribed and sworn to before me this 23rd
day of January, 1942

Signed Ralph Lewis Haworth
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Caldwell, 2de
My commission expires 3/29/45
(SEAL)

Panna, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of January, 1942

Signed Arwa Watts
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Arwa, Idaho
My commission expires May 1, 1944
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By _____
(REGISTRAR'S SIGNATURE)

1977

1977

1977

1977

PLACE OF BIRTH

698-026014-613

County of CanyonCity of CaldwellNo. Rural No. 4 St.Hospital at homeSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-21m-0-8-17

CERTIFICATE OF BIRTH

Registration District No. 3File No. 75732Primary Registration District No. 2005Registered No. 24

FULL NAME OF CHILD

Robert Stevenson Fry

Sex of Child

MaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthoneLegiti-
mate?YesDate of
BirthJan. 26 - 20
(Month) (Day) (Year)FULL
NAMEArthur Fry

RESIDENCE

Caldwell - Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Emmie P. Malls

RESIDENCE

Caldwell - Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Kansas

OCCUPATION

H. wifeNumber of child of this mother, including present birth 6Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated.at 10:45 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John H. Ineyes, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Caldwell - Idaho

Filed

1-26-1920

Registrar

John H. Ineyes

Registrar

OCT 9 1962

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine
793-120-037-445
City of Clatonia

Registration District No. 3

File No. 75733

No. St.

Primary Registration District No. 205

Registered No. 93

Hospital

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin <u> </u> Triplet <u> </u> or other? <u> </u> } and { Number in order of birth <u> </u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 20</u> 19 <u>20</u> (Month) (Day)
FULL NAME <u>Andrew L. Pickman</u>		FULL MAIDEN NAME <u>Inez Durum</u>	
RESIDENCE <u>Clatonia Ida.</u>		RESIDENCE <u>Clatonia</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Gentian Co. Mo.</u>		BIRTHPLACE <u>Wayne Co. Neb.</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 11:00 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young
Saldwell Ida.
(Physician or midwife)

Given names added from a supplemental report.

19 2-1-1920
Registrar John H. Mayes Registrar



STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-2-27

231-226
014-438
County of Ada

City of CaldwellRegistration District No. 3File No. 75734

No. St.

Primary Registration District No. 1005Registered No. 22

Hospital

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 20 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Joseph R. Slavens</u> RESIDENCE <u>Cleeland Blvd. City</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>40</u> (Years) BIRTHPLACE <u>Missouri</u> OCCUPATION <u>Salesman</u>		MOTHER FULL MAIDEN NAME <u>Gertrude M. Caslin</u> RESIDENCE <u>Cleeland Blvd. City</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>36</u> (Years) BIRTHPLACE <u>Missouri</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 437 P on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. M. Kaley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 2-1-20 John H. Meyer

Registrar

Registrar



APR 15 1968

7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414.119.074-8/5
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

County of Benewah
City of Caldwell
No. R.F.D. 1 St.

Registration District No. 3 File No. 75735

Primary Registration District No. 2005 Registered No. 21

Hospital.....
FULL NAME OF CHILD Norman E. Ellsworth Madsen

Sex of Child <u>M</u>	Twin Triplet or other? <u>0</u> and { Number in order of birth <u>7</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 19 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>John Madsen</u> RESIDENCE <u>Caldwell R. 1</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>56</u> (Years)		MOTHER FULL MAIDEN NAME <u>Sine Hansen</u> RESIDENCE <u>Caldwell R. 1</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>37</u> (Years)	
BIRTHPLACE <u>Denmark</u>		BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.....7 Number of children of this mother now living, including present birth.....6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Madsen

Given names added from a supplemental report.

(Physician or midwife)
Caldwell
John Madsen
Registrar

Address.....
Filed 2-10-1920

Registrar

A F F I D V I T

Sine Hansen Madsen Larson, ~~MM~~ being duly sworn, deposes and says that she is the mother of Norman Ellsworth Madsen, and that he was born at Caldwell, Idaho, on January 19th, 1920, and that his name is as above written.

Signed Sine Hansen Madsen Larson

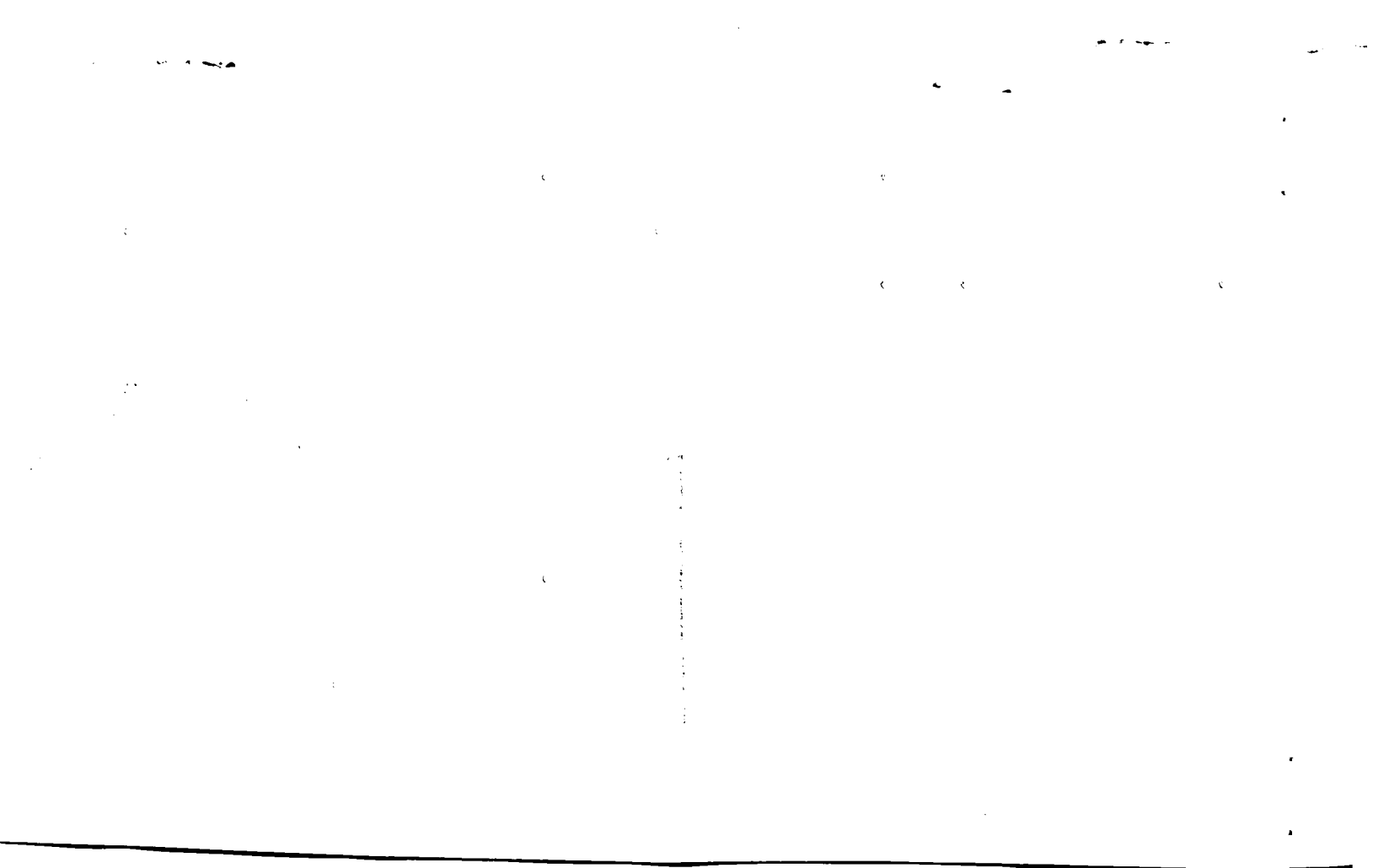
State of Idaho

County of Canyon

Sworn to and subscribed before me R.C. Sleeper a Notary Public residing at Notus Idaho. on this 10 day of April, 1941.

R C Sleeper

My commission expires in Sept, 1943.



281-1191014-613-
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CanyonCity of MiddletonNo. R #1 St.Registration District No. 3Primary Registration District No. 2005Registered No. 20

Hospital

FULL NAME OF CHILD Gerald James Shaffer

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 19 1920</u> (Month) (Day) (Year)
FULL NAME <u>Wm Shaffer</u>		FULL MAIDEN NAME <u>E. Eppel Jay Watt</u>	
RESIDENCE <u>Middleton Ida R1</u>		RESIDENCE <u>Middleton Ida R1</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Oklahoma</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 8:40 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. A. Young M.D.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address.....

.....19.....

Filed 1-22-1920 John B. Kreyes

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.
Certificate No. 75736
Date Feb 19 1920

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed who born on Feb 19 1920
in Middleton, Pa. are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT) (DATE OF EVENT)
true facts as shown by mother prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

name

omitted

Gerald James

Shaffer

Subscribed and sworn to before me this 21st
day of January 19 20

Signed

Giffel Shaffer

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Boise Idaho

My commission expires 6-24-25
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 120, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____

My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

JAN 24 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-219,014-235
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

U.S. No. 110-2-2227

County of Canyon

City of Caldwell

No. 115-12th St.

Hospital

Registration District No. 3

File No. 75737

Primary Registration District No. 1005

Registered No. 19

FULL NAME OF CHILD DALE PAULINE HICKS

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 19 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Jesse H. Hicks</u> RESIDENCE <u>115-10th St Caldwell</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>32</u> (Years) BIRTHPLACE <u>Nevada</u> OCCUPATION <u>Auto Mechanic</u>		MOTHER FULL MAIDEN NAME <u>Minnie Stevens</u> RESIDENCE <u>115-10th St Caldwell</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>26</u> (Years) BIRTHPLACE <u>Nevada</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

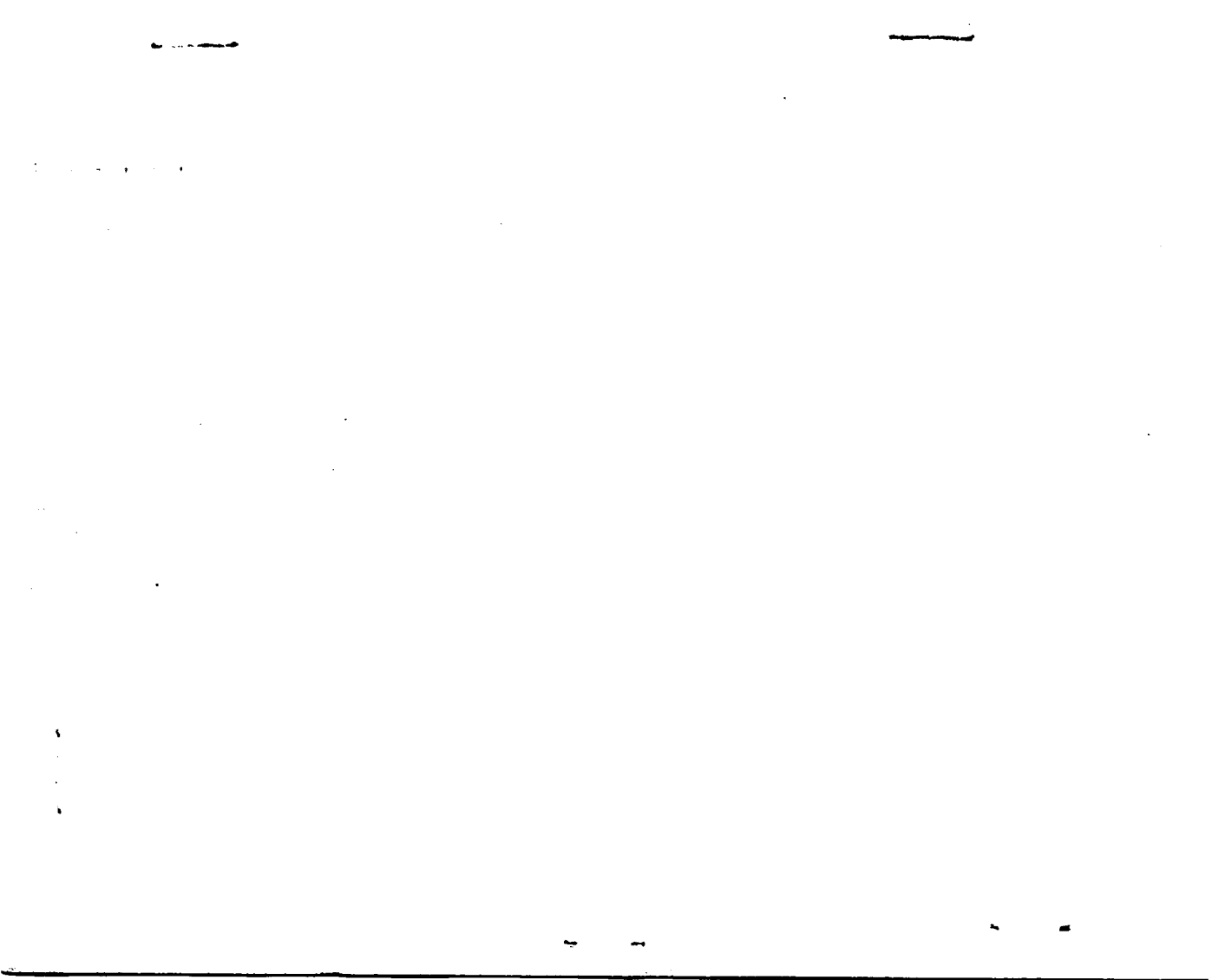
I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 9:30 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. M. Haley M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address 19
Filed 1-20-1920 John V. Meyers
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

75737

State of _____ }
County of _____ } ss.

Certificate No. _____

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Pauline Dale Hicks

DALE PAULINE

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed Minnie L. Hicks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Washington } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of June, 19 42
W. B. Burns, Clerk of Court

Signed J. M. Hicks
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Boise, Idaho
My commission expires By C. S. (Laughlin) Deputy
(Seal)

726 Spokane St.
(Street Address, City, State)

JUL 6 1942

JUL 7 1942

MAR 15 1951

619-216-01K-543

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-21m-8-8-17

CERTIFICATE OF BIRTH

County of Canyon.....City of Caldwell.....No. 4th + Hays.....St.Registration District No. 3.....File No. 75738.....Primary Registration District No. 1005.....Registered No. 18.....

Hospital.....

FULL NAME OF CHILD Minerva Ruth Warner.....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 16 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>Clarence Jennings Warner</u>	FATHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Shawnee, Pottawatomie County, Oklahoma</u>	
OCCUPATION <u>Well driller</u>	

FULL MAIDEN NAME <u>Lola Ruth</u>	MOTHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Juntura, Oregon</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 2..... Number of children of this mother now living, including present birth... 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive..... at F. S. P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. G. Young
.....
(Physician or midwife)

Given names added from a supplemental report.

.....19..... Address.....

..... Filed 1-18-20 John H. Meyer
Registrar Registrar

FEB 9 1960

268-2161014-954

PLACE OF BIRTH

County of CanyonCity of CaldwellNo. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

Registration District No. 3File No. 75739Primary Registration District No. 1005Registered No. 17

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>312</u> }	Legitimate? <u>yes</u>	Date of Birth <u>Jan 16 1920</u> (Month) (Day) (Year)
----------------------------	---	---	------------------------	--

FULL NAME <u>John Bohler</u>	FATHER
RESIDENCE <u>Caldwell, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Hannie Remington</u>	MOTHER
RESIDENCE <u>Caldwell, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE <u>Caldwell, Ida.</u>	
OCCUPATION <u>House Keeper</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

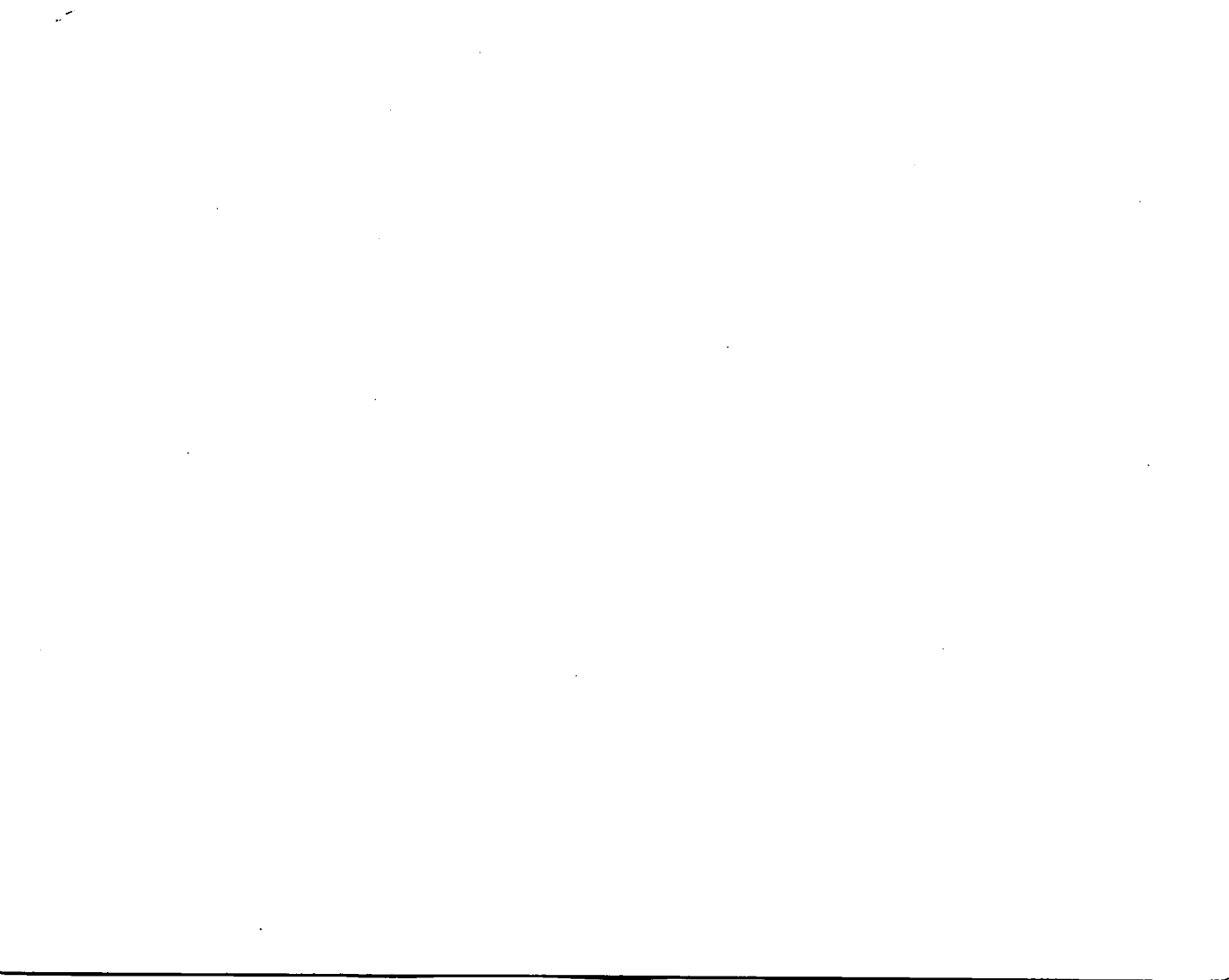
I hereby certify that I attended the birth of this child, who was Jan 16 at 8 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hunsy
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Ida.
 Filed 1-31-20
 Registrar John H. Meyer



PLACE OF BIRTH

281-103-014-688
County of SanyonCity of SaldwellNo. Rout. #1 St.

Amended 1/11/78

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3File No. 75740Primary Registration District No. 2005Registered No. 16FULL NAME OF CHILD Pat Ralph Shafer

Sex of Child <u>Male</u>	Twin Triplet or other? <u>X</u> and (Number in order of birth) <u>✓</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 13</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>John Shafer</u>	FATHER
RESIDENCE <u>Saldwell Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Hot Springs, So. Dakota</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Eleanor Friedrich</u>	MOTHER
RESIDENCE <u>Saldwell Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Appleton Wis.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

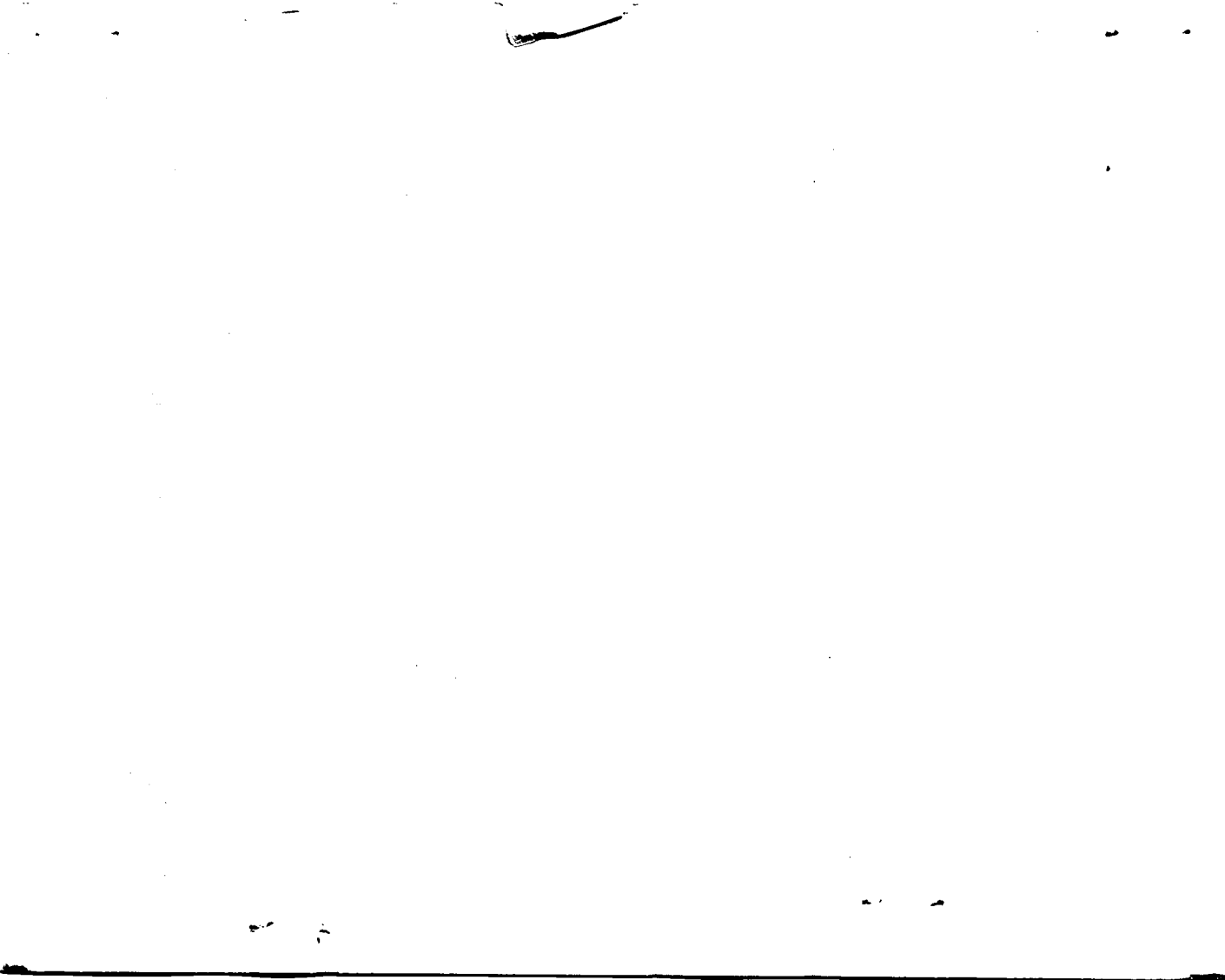
I hereby certify that I attended the birth of this child, who was at 9:00 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young, M.D.
Saldwell Ida.
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed 1-15-1920 John D. Meyer
Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. **AN 11 10 33 AM '78**
County of } Certificate No. 75740
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Shaffer (Male) who was born on Jan 13, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

mother's maiden name	<u>Elenora Fredrich</u>	<u>Eleanor Friedrich</u>
child's name	<u>Unnamed Shaffer</u>	<u>Pat Ralph Shafer</u>
father's name	<u>John Shaffer</u>	<u>John Shafer</u>

Subscribed and sworn to before me this 11th day of
January, 1978

Signed: John Shafer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Margaret D. Davis
My commission expires Lifetime
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

Record and report of separation issued by U.S. Government 10/28/45 lists name
as Pat R. Shafer. viewed by V.S.

JAN 14 1978

Caldwell High School Attendance record issued 1/13/20 lists pupils name as
Pat Shafer.

Child's birth certificate #380527 issued by State of Idaho 11/13/43 lists
parents as John Andrew Shafer and Eleanora Margaret Friedrich. (viewed by V.S.
(Brother)

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
813-14-014-925
County of Canyon

City of Caldwell

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

Registration District No. 3

File No. **75741**

Primary Registration District No. 1005

Registered No. 15

FULL NAME OF CHILD ... JACK, HAROLD, HATHAWAY

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 11 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Dell Munson Hathaway</u> RESIDENCE <u>Caldwell Idaho</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>26</u> (Years) BIRTHPLACE <u>Ohio</u> OCCUPATION <u>School teacher</u>			MOTHER FULL MAIDEN NAME <u>Fredia Maise Penkey</u> RESIDENCE <u>Caldwell Idaho</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>24</u> (Years) BIRTHPLACE <u>Oregon</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ... 2 ... Number of children of this mother now living, including present birth ... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... Born alive ... at ... 8:15 ... A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ... D. C. M. Kaley M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19

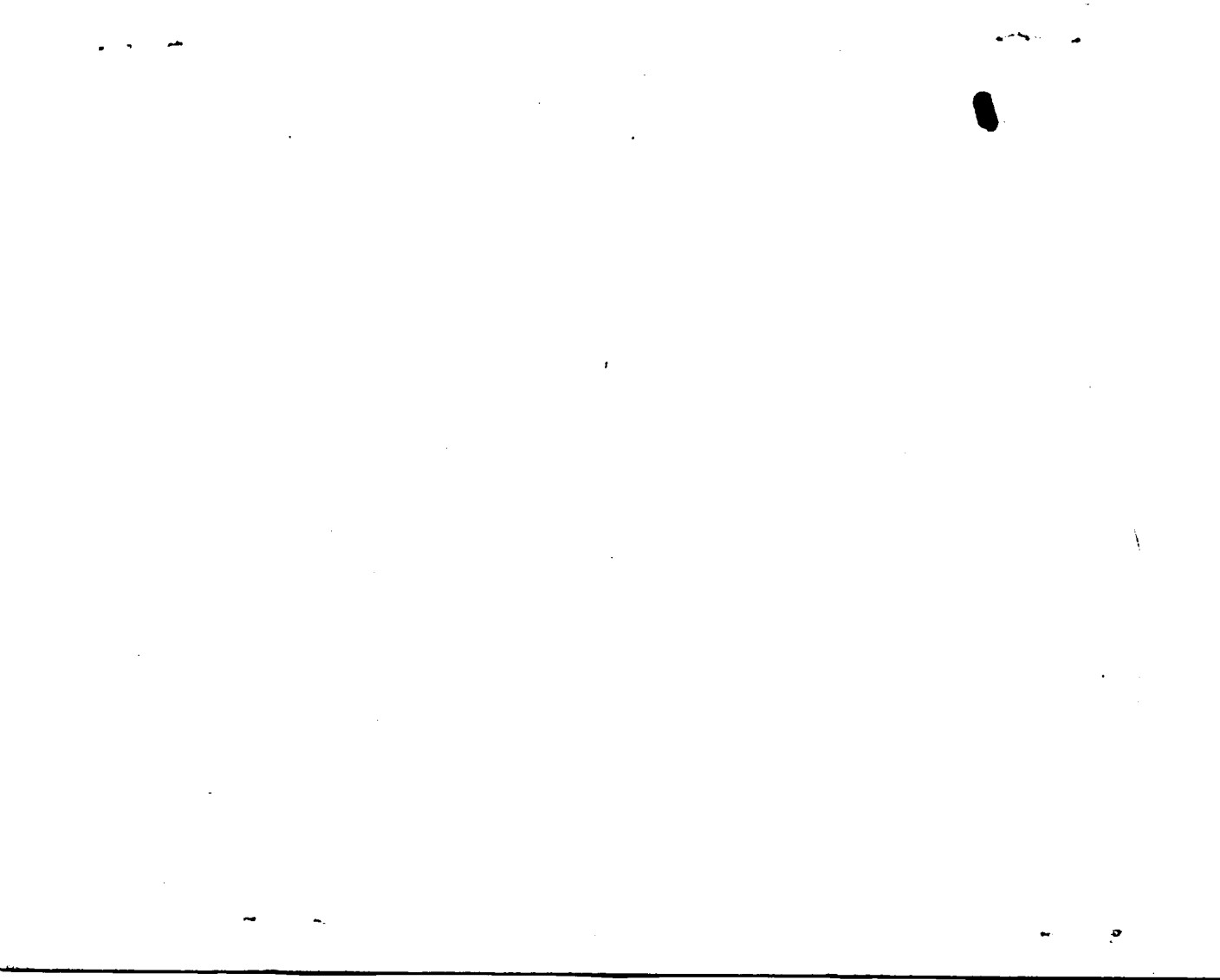
Address

..... 19

Filed 1-14-20 John H. Mayne

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 75741
County of Canyon }
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unknown who Born (Birth or Death)
in Caldwell, Ida. (Name on Original Certificate) on Jan. 11, 1920 (Date of Event)
(Place of Event)
true facts are shown by Mother are erroneous or were omitted; and that, to the best of his knowledge, the
(Bible Record, Insurance Policy, Etc.) prepared on _____, are:
(Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)
Omitted

TO
(The Correct Facts)
Jack Harold Hathaway

Subscribed and sworn to before me this _____
day of _____, 19____.

Signed M. J. M. D. C.
(Signature of person attending to correcting a birth record, or attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

JAN 20 1986

PLACE OF BIRTH

862-111-014-959
County of LaramieCity of NotusNo. R.F.D. #1 St.

Hospital

FULL NAME OF CHILD

Carl Robert Yost

Sex of Child

maleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

(Number
in order
of birth)Legiti-
mate?yesDate of
BirthJan 11 1922
(Month) (Day) (Year)FULL
NAME

FATHER

Carl A. Yost

RESIDENCE

Notus Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

West Virginia

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Mabel Reinemas

RESIDENCE

Notus Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Colorado

OCCUPATION

Housewife

Number of child of this mother, including present birth.....1.....

Number of children of this mother now living, including present birth.....1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....born alive.....
on the date above stated.

(Born alive or stillborn)

4:00 P.
..... at..... f. M.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature).....

D. J. A. Young M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address.....

.....19.....

Filed 1-14-1922

Registrar

John H. Meyer
Registrar

STATE OF IDAHO

Form V. S. No. 11-O-23m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.....

75742

Registration District No.....

3

Primary Registration District No.....

2005

Registered No.....

14

NOV 29 1973

FEB 11 1975

C.S. 5/31/41. W.H.

955-208-014-613

PLACE OF BIRTH

County of CanyonCity of CaldwellNo. 712 Freepats.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-4-17

CERTIFICATE OF BIRTH

Registration District No. 3File No. 75743Primary Registration District No. 1005Registered No. 13

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 8</u> 19 <u>27</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Ben F. Reed</u>	FATHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>3.0</u> (Years)
BIRTHPLACE <u>Vinita Oklahoma</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Cleo Walls</u>	MOTHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Guthrie Oklahoma</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.....1..... Number of children of this mother now living, including present birth.....1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6459 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. Young M.D.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

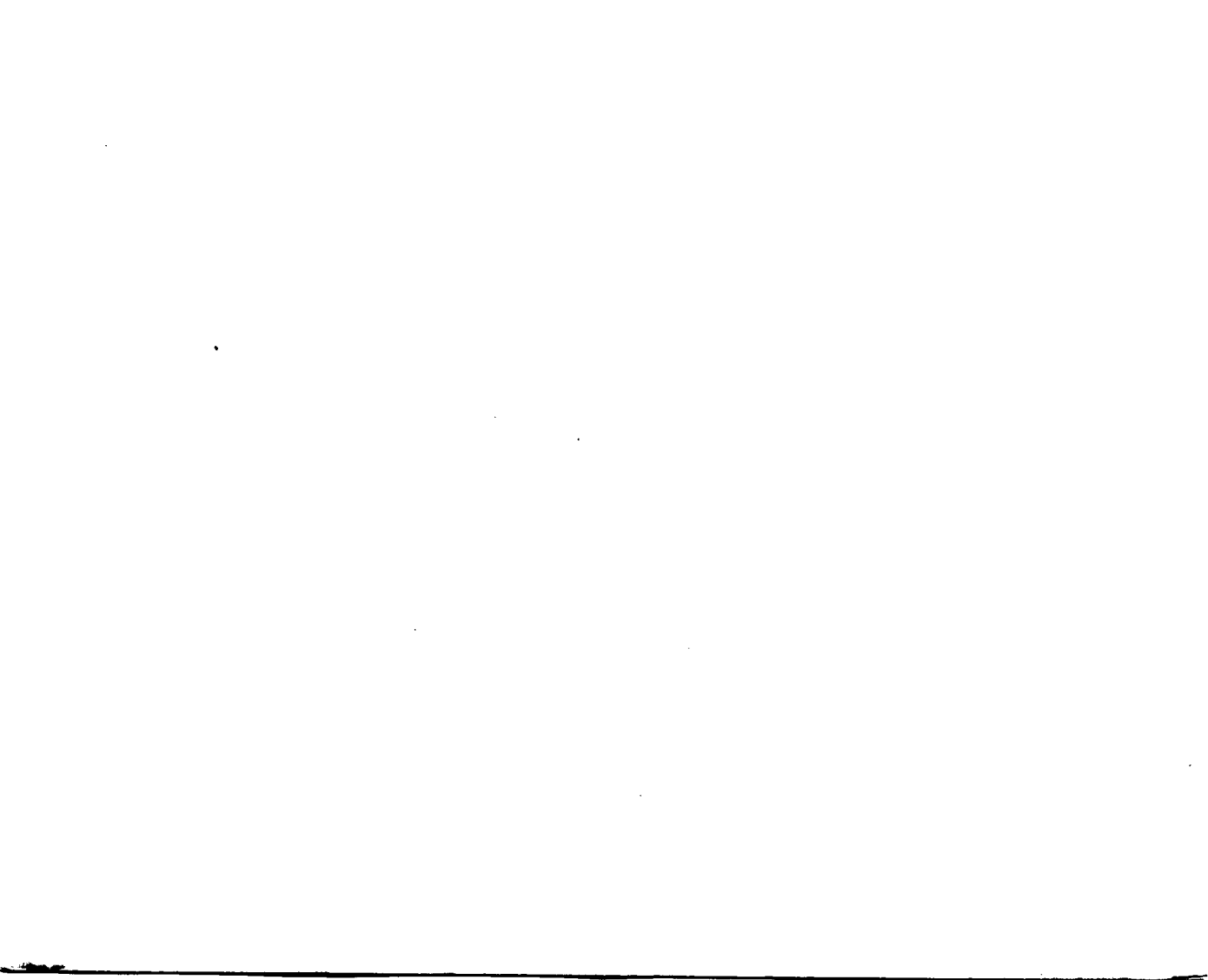
Address.....

.....

Filed 1-14-28 John D. Meyer Registrar

Registrar

Registrar



299-10710'V-259

PLACE OF BIRTH child's name amended

5/15/87

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County of Connelly

City of Hamper RFD

Registration District No. 3

File No. 75744

No. 2005

Primary Registration District No. 12

Registered No. 12

Hospital Bright

FULL NAME OF CHILD Donald Ralph

Sex of Child <u>boy</u>	Twin Triplet or other? <u>S</u> and (To be answered only in event of plural births)	(Number in order of birth) <u>6</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 7 1920</u> (Month) (Day) (Year)
-------------------------	---	-------------------------------------	------------------------	---

FATHER FULL NAME <u>Geo R Bright</u>	MOTHER FULL MAIDEN NAME <u>Hazel M Beizell</u>
RESIDENCE <u>Hamper RFD</u>	RESIDENCE <u>Hamper RFD</u>
COLOR <u>W</u>	COLOR <u>W</u>
AGE AT LAST BIRTHDAY <u>35</u> (Years)	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Meersdale Co Mich</u>	BIRTHPLACE <u>Boone Ia</u>
OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

FATHER FULL NAME <u>Geo R Bright</u>	MOTHER FULL MAIDEN NAME <u>Hazel M Beizell</u>
RESIDENCE <u>Hamper RFD</u>	RESIDENCE <u>Hamper RFD</u>
COLOR <u>W</u>	COLOR <u>W</u>
AGE AT LAST BIRTHDAY <u>35</u> (Years)	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Meersdale Co Mich</u>	BIRTHPLACE <u>Boone Ia</u>
OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

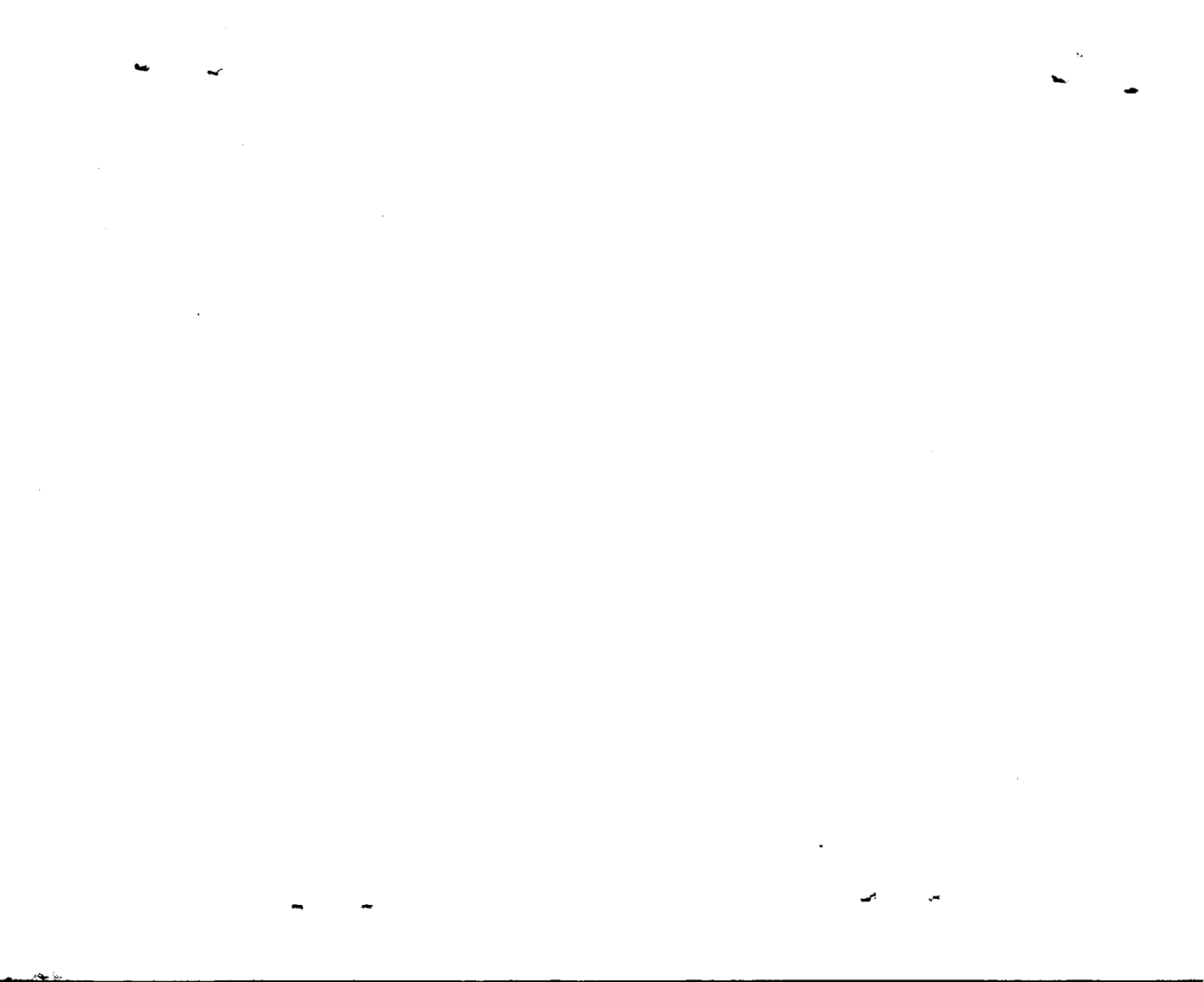
I hereby certify that I attended the birth of this child, who was alive at 5:20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Caldwell
(Physician or midwife)

Given names added from a supplemental report.

Address 1-2-20
Filed 1-2-20
Registrar John H. Mayes



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

MAY 15 2 43 PM '87

Certificate No. 75744

Date Filed _____

birth

The undersigned does solemnly swear that certain facts on the certificate of _____

for Unnamed Bright who was born on Jan 7, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Nampa are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's nameomittedDonald Ralph BrightSubscribed and sworn to before me this 15th day ofMay, 19 87Notary Public, Donald Ralph Bright

Residing at _____

My commission expires _____

(Seal)

Residing in Marsing, Owyhee County

My Commission Expires Aug. 20, 1988

Donald Ralph Bright

Signature of Applicant

Street Address, City, State

State of _____ }
County of _____ } ss.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)

(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day ofMay, 19 87Notary Public, Donald Ralph Bright

Residing at _____

My commission expires _____

(Seal)

Residing in Marsing, Owyhee County

My Commission Expires Aug. 20, 1988

Lillian E. Vaughn

Supporting Signature

Street Address, City, State

own daughter's birth certificate from State of Idaho 382511 born Nov.17,1943.
father's name given as Donald Ralph Bright and mother's name as Dorothy Mildred
Craig. Viewed by tlc

MAY 14 1987

Warranty Information on 1977 Car (Chevrolet) gives name as Don R. Bright
date of delivery 12/15/77. viewed by tlc

819-107-014 463
PLACE OF BIRTHCounty of CanyonCity of CaldwellNo. P. T. D. #5 St.

Registration District No.

File No. **75745**Primary Registration District No. 2005Registered No. 11

Hospital

FULL NAME OF CHILD Harry Edward Hazen

Sex of Child <u>boy</u>	Twin Triplet or other? <u>S</u> and (Number in order of birth) <u>3</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 7</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------	---	------------------------	---

FULL NAME <u>John W Hazen</u>	FATHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> Years
BIRTHPLACE <u>Clark Co Id</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Georgia E Doty</u>	MOTHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>93</u> Years
BIRTHPLACE <u>Closed Co Kans</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 7:10 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

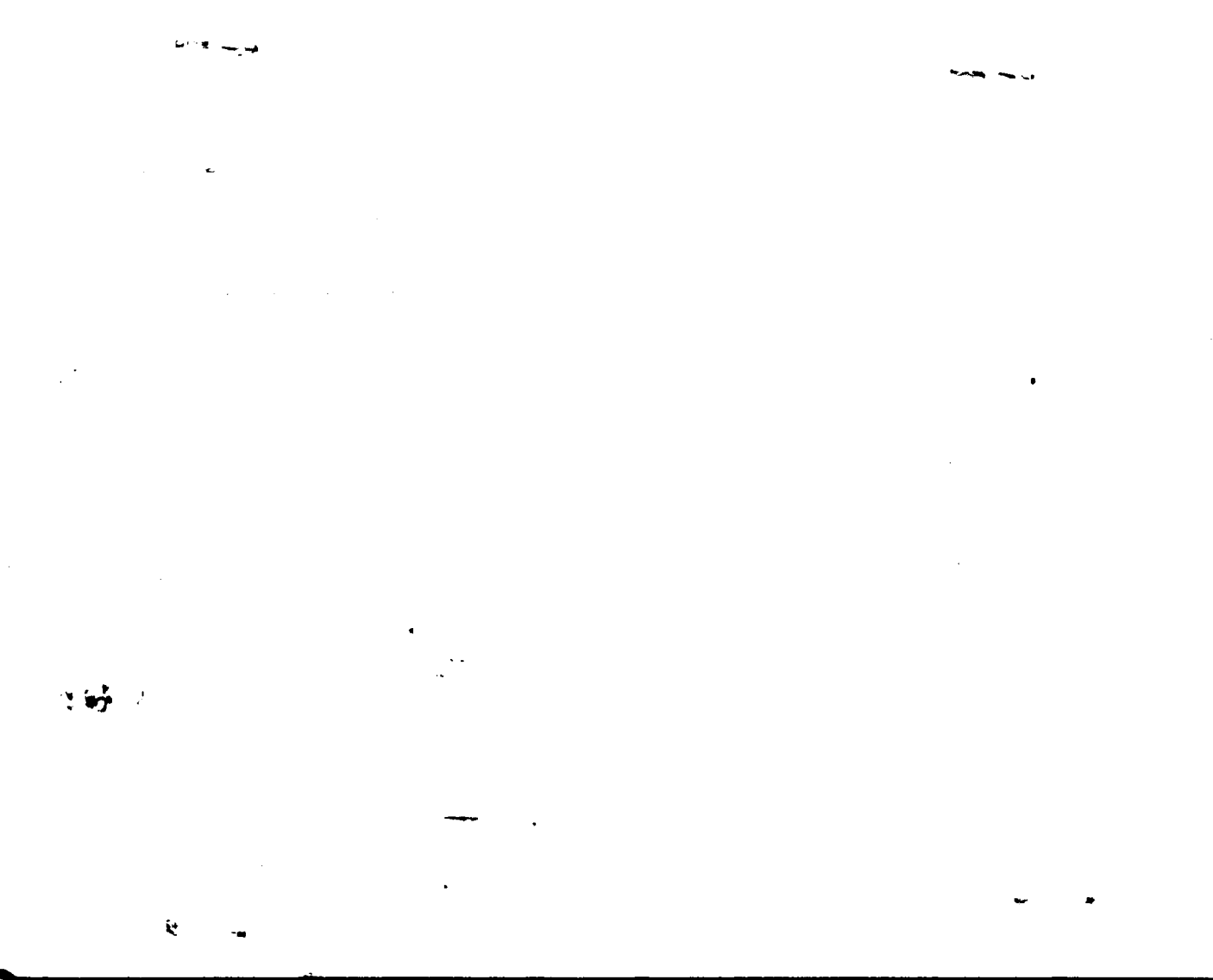
(Signature) John P. Meyer

Given names added from a supplemental report.

Address Caldwell IdFiled 1-9-20 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } SS.
Certificate No. 75745
Date Filed Aug 18, 1942
The undersigned does solemnly swear that certain facts on the certificate of birth
for No Name who born on January 8, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by personal knowledge prepared on January 8, 1920, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name No name Harry Edward Hazen

Subscribed and sworn to before me this 18th
day of August, 19 42

Donald C. Potter
Notary Public, residing at Nampa, Idaho

My commission expires 3-1-45
(SEAL)

Signed Georgia E. Hazen, Mother

(SIGNATURE OF PARENT OR ATTENDANT IN CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

419-20th Avenue North, Nampa, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } SS.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of August, 19 42

Donald C. Potter
Notary Public, residing at Nampa, Idaho

My commission expires 3-1-45
(SEAL)

Signed John W. Hazen, Father

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

419-20th Avenue North, Nampa, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

AUG 18 1942

RECEIVED
U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D.C.

636.126.014-284

Form VTA-March 1934-22m-2-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CanyonCity of CaldwellRegistration District No. 5File No. 75746

No.St.

Primary Registration District No. 1005Registered No. 10

Hospital

FULL NAME OF CHILD James Robert FloydSex of
ChildMaleTwin
Triplet
or other?

and

(Number
in order
of birth)Legiti-
mate?yesDate of
BirthJan 26

(Month) (Day) (Year)

FULL
NAMEWm Floyd

FATHER

FULL
MAIDEN
NAMEPearl Katma Shue

MOTHER

RESIDENCE

Caldwell

RESIDENCE

Caldwell

COLOR

whiteAGE AT LAST
BIRTHDAY36
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Stockton, Mo

BIRTHPLACE

Caldwell Ida

OCCUPATION

Plummer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

GW Montgomery
physician
Caldwell
(Physician or midwife)

Address

Filed

2-6-1920

Registrar

John H. Meyer

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OMD PRO 35.00
CONTENTS

WILSON

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 75746

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name _____
Birth date _____

Henry Robert
Jan. 6, 1920

James Robert Floyd
Jan. 26, 1920

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed Pearl K Crooke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires 1/14/47
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

MAR 15 1943



PLACE OF BIRTH

795 204 014-954

County of LanyonCity of Caldwell

No. St.

Hospital Caldwell Sanitarium

FULL NAME OF CHILD JACK LOGAN GREENER

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V-6 (Rev. 11-3-25) 4-3-27

Registration District No. 8

File No. 75747

Primary Registration District No. 2005

Registered No. 9

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 4 1929</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>Edward R. Greener</u>			FULL MAIDEN NAME <u>Iowa Hester Reddick</u>		
RESIDENCE <u>Pine Oregon</u>			RESIDENCE <u>Pine Oregon</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	
BIRTHPLACE <u>Oregon</u>			BIRTHPLACE <u>Iowa</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 820 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. M. Kaley M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19

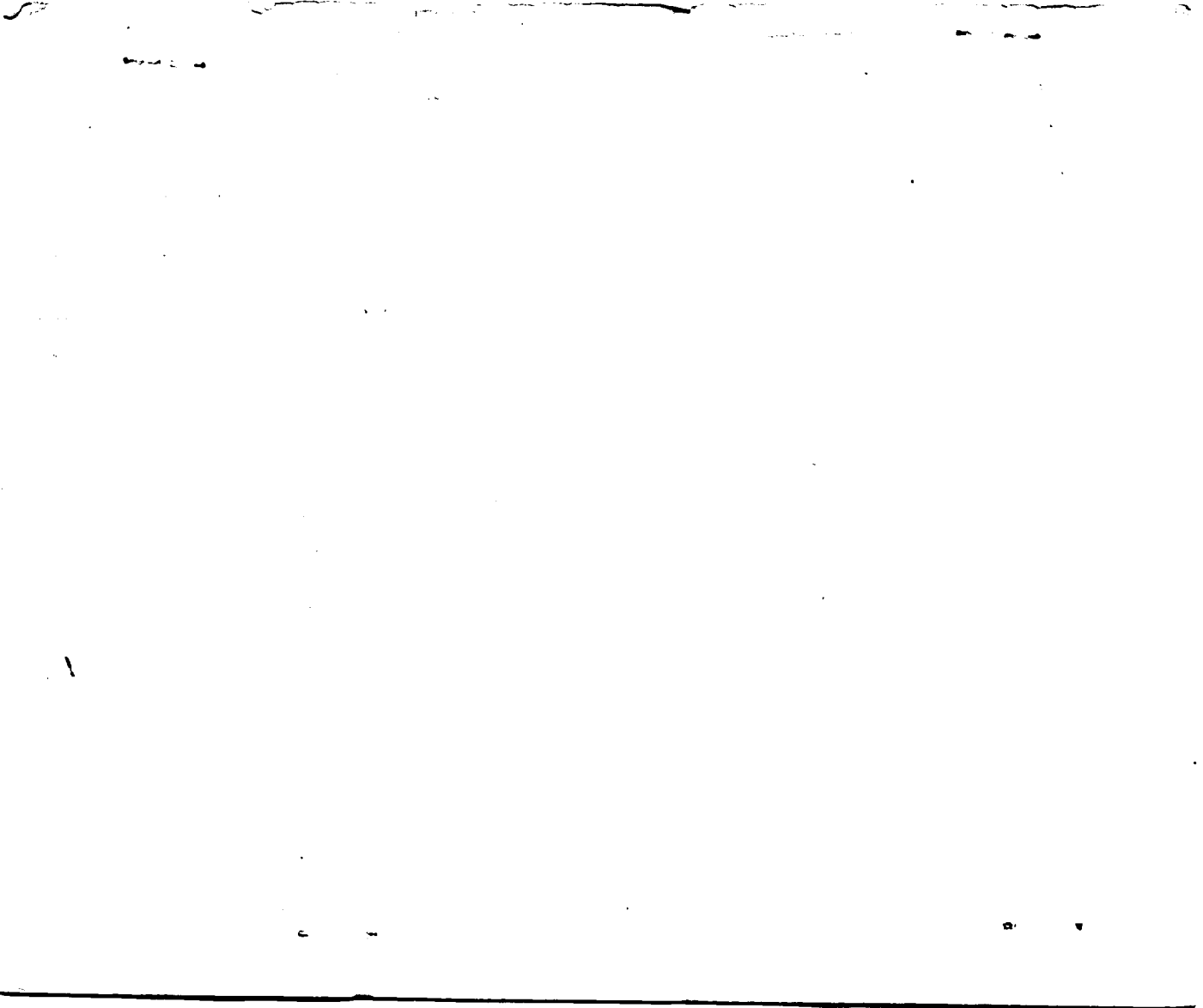
Address

..... 19

Filed 1-6-29 John H. Greys

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 20 1942 Certificate No. 75747
County of Ada }

The undersigned does solemnly swear that certain facts on the certificate of Birth
(BIRTH OR DEATH)
for Unnamed who was born on Jan. 4, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Father prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)
name _____	unnamed _____
_____	_____
_____	_____

TO
(THE CORRECT FACTS)
Jack Logan Greener

Subscribed and sworn to before me this 20th
day of January 19 42
Edward R. Greener
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(SEAL)

Signed Edward R. Greener
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 20 1942 By _____
(REGISTRAR'S SIGNATURE)

JAN 20 1945

APR 3 1945

419-014-559
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-9-8-17

County of CanyonCity of CaldwellNo. 2175 St.Registration District No. 3File No. 75748Primary Registration District No. 2005Registered No. 8

Hospital

FULL NAME OF CHILD Carol Joy Martin

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 4 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Mark William Martin</u> RESIDENCE <u>Caldwell - Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>34</u> (Years) BIRTHPLACE <u>Oregon</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Murtha Bailey</u> RESIDENCE <u>Caldwell - Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>28</u> (Years) BIRTHPLACE <u>Illinois</u> OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>3</u>			Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:50 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley, M.D.

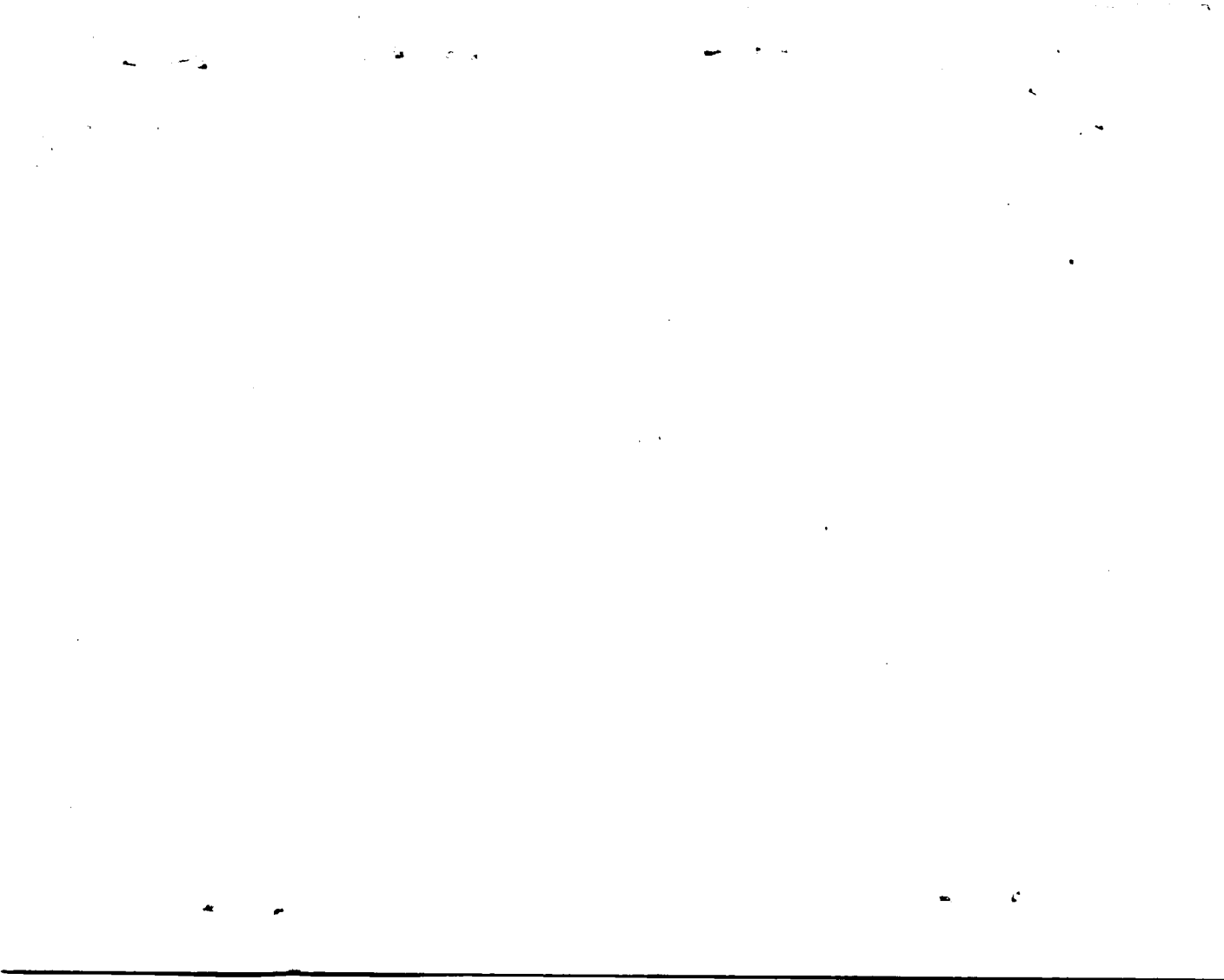
(Physician or midwife)

Given names added from a supplemental report.

Address 10Filed 1-6-1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 75748
County of Thurston }

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Carol Joy Martin

Subscribed and sworn to before me this 9th
day of October, 1943

Notary Public, residing at Yelm

My commission expires Dec 30, 1945
(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Martha Neeley Martin
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

OCT 15 1943

296-104104-851

PLACE OF BIRTH

 Form V. S. No. 23-2-22-44-17
 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH
County of CanyonCity of CaldwellRegistration District No. 3File No. 75749No. St.Primary Registration District No. 2005Registered No. 7Hospital St. AndrewFULL NAME OF CHILD Harold Clayton Broyles

Sex of Child <u>male</u>	Twin <u>Twin</u> } and { Number in order of birth <u>2nd</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 4</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Samuel Darin Broyles</u>	FATHER
RESIDENCE <u>Wilder Route 1</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>3</u> (Years)
BIRTHPLACE <u>Wayne County, Illinois</u>	
OCCUPATION <u>Dairyman</u>	

FULL MAIDEN NAME <u>Annietta Kean</u>	MOTHER
RESIDENCE <u>Wilder Route 1</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Fort Collins Colorado</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was born alive at 6:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

 (Signature) N. J. Young
Physician
 (Physician or midwife)

Given names added from a supplemental report.

 Address Caldwell, Idaho
 Filed 1-4-18
John C. Meyers
 Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

 N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

11/10/1911

296 204, 014-837

Form V. A. No. 11-0-2-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.....City of Colbrell.....

Registration District No.

File No. **75750**

No. St.

Primary Registration District No. 2005Registered No. **6**Hospital Standard.....FULL NAME OF CHILD Helen Virginia Broyles.....

Sex of Child <u>Female</u>	Twin <u>Twins</u> } (Number or other? <u>First</u>) (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 4 1900</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME Samuel V. Broyles FATHERFULL MAIDEN NAME Hennietta Hearn MOTHERRESIDENCE Wilder, Route 1RESIDENCE Wilder, Route 1COLOR White AGE AT LAST BIRTHDAY 33
(Years)COLOR White AGE AT LAST BIRTHDAY 38
(Years)BIRTHPLACE Wayne County IllinoisBIRTHPLACE Fort Collins, ColoradoOCCUPATION DraymanOCCUPATION HousewifeNumber of child of this mother, including present birth 2..... Number of children of this mother now living, including present birth 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address.....

..... Filed 1-4-1919 John H. Meyers Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

AUG 1 1962

299-103-014-962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 1. Rev. 11-0-25m-9-8-17

County of CanyonCity of CaldwellRegistration District No. 3File No. 75751No. St.Primary Registration District No. 2005Registered No. 5Hospital Caldwell SanitariumFULL NAME OF CHILD CLARK ROBERT KIRKPATRICK

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 3 1920</u> (Month) (Day) (Year)
FULL NAME <u>Merle Kirkpatrick</u>	FATHER		FULL MAIDEN NAME <u>Mabel Anna Roberts</u>	MOTHER
RESIDENCE <u>Glennsferry Ida</u>			RESIDENCE <u>Glennsferry Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Iowa</u>			BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Dentist</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) 11:10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address 1-6-1920Filed 1-6-1920 John H. Meyer
Registrar Registrar

Registrar

APR 20 1942

JUN 9 1960

FEB 16 1976

DECEASED

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-2031014-271
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-2-2-17

County of... CanyonCity of... CaldwellRegistration District No. 3File No. 75752No. Caldwell Rooms -Registration District No. 2005Registered No. 4Hospital... naFULL NAME OF CHILD... Patricia Spangler Dooley

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 9 20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------	------------------------	---

FULL NAME <u>George S. Dooley</u>	FATHER
RESIDENCE <u>Cooding Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Carpenter</u>	

FULL MAIDEN NAME <u>Lora Fern Spangler</u>	MOTHER
RESIDENCE <u>Cooding - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... alive at... 7:30 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John V. Meyer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address... Caldwell - IdahoFiled 1-9-20 John V. Meyer

Registrar

Registrar

APR 10 1943

APR 27 1954

455-202,018-418

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CanyonCity of WildesRegistration District No. 3File No. 75753

No. _____ St.

Hospital HomePrimary Registration District No. 2005Registered No. 3FULL NAME OF CHILD Verian Janice Kenton

Sex of Child <u>female</u>	<u>Twin</u> Triplet or other?	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 2</u> <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER
FULL NAME C. R. Kenton
RESIDENCE Wildes Ida
COLOR white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Sullivan Co Ind
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Louise May Mahan
RESIDENCE Wildes Ida
COLOR white AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Sullivan Co Ind
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

19.

Address Wildes Ida
Filed 1-7- 1920 John C. Meyer
Registrar

Registrar

OCT 5 1970

662-201014-265

PLACE OF BIRTH

County of CanyonCity of CaldwellNo. 220 Armen St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

Registration District No. 3File No. 75754Primary Registration District No. 1005Registered No. 2

FULL NAME OF CHILD

Lois Marie Foster

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (of birth) }	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 1</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Clarence O. Foster</u>	FATHER
RESIDENCE <u>Caldwell Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Salesman</u>	

FULL MAIDEN NAME <u>Martha Boehme</u>	MOTHER
RESIDENCE <u>Caldwell Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 9 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address 19Filed 1-5-20 1920

Registrar

Address John H. Meyer

Registrar

191

13

N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-101-014-699

PLACE OF BIRTH

name added

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-4-17

CERTIFICATE OF BIRTH

County of Canyon..... 9/10/82

City of Caldwell.....

Registration District No. 6

File No. 75755

No. 716 Fillmore St.

Primary Registration District No. 1005

Registered No. 1

Hospital

FULL NAME OF CHILD Ralph Thomas Walker

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 1</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------------	------------------------	--

FULL NAME <u>Ralph Walker</u>	FATHER
RESIDENCE <u>Caldwell Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Pera Utah</u>	
OCCUPATION <u>Clerk</u>	

FULL MAIDEN NAME <u>Elizabeth Wright</u>	MOTHER
RESIDENCE <u>Caldwell Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Tomington Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 9 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. J. A. Young MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

..... 19.....

Filed 1-5-1920 John H. Meyer
Registrar Registrar

Registrar

Registrar

SEP 17 1947

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of OREGON } ss.
County of MAHEER

Certificate No. 75755
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Walker who was born on 1-1-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Caldwell (Canyon) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

<u>childs name</u>	<u>Unnamed</u>	<u>Ralph Thomas Walker</u>

Subscribed and sworn to before me this 10TH day of

SEPTEMBER, 1982.

Notary Public, Sharon M. Chasley

Residing at ONTARIO OREGON

My commission expires 9-11-85

(Seal)

Ralph T. Walker
Signature of Applicant
69 WINGMAN DRIVE, ONTARIO, ORE.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of MAHEER

(Must be completed ___)

(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of

Sept, 1982.

Notary Public, Sharon M. Chasley

Residing at ONTARIO OREGON

My commission expires 9-11-85

(Seal)

Sharon M. Chasley
Supporting Signature
Ontario, Ore
Street Address, City, State

1 cc pd

church membership record from LDS Church. child's name given as
Ralph Thomas Walker born Jan. 1, 1920 in Caldwell, Idaho. Father's
name as Ralph Maxwell Walker and mother's name as Elizabeth Wright
Baxter. Baptized Aug. 3, 1929. viewed by V. S. SEP 10 1982

In surance policy from Kansas City Life Ins. Co. dted Dec. 20, 1949
policy no. 1 200 278. gives name as Ralph Thomas Walker. viewed by V. M.

985-201-023-449
PLACE OF BIRTHCounty of YelmCity of Emmett

No. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 10-20File No. **75757**

Primary Registration District No. _____

Registered No. _____

Full Name of Child Alta Marie Rynearson

SEX OF CHILD <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 1</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>William Marlon Rynearson</u>	FATHER		FULL MAIDEN NAME <u>Rebecca Smith</u>	MOTHER
RESIDENCE <u>Emmett</u>			RESIDENCE <u>Emmett Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 6... Number of children of this mother now living, including present birth... 6...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alma at 7 9 M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
Emmett
(Physician or midwife)

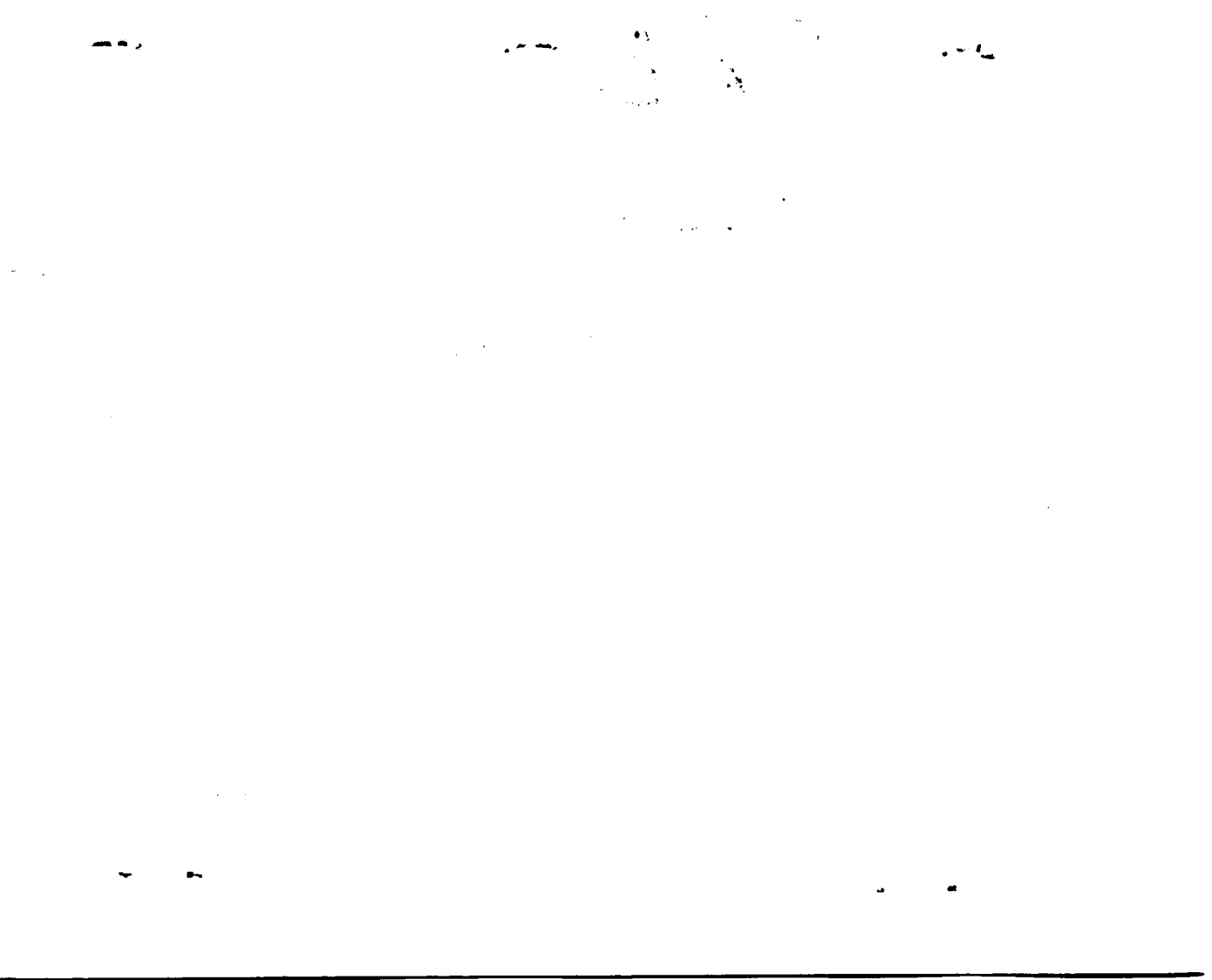
Given names added from a supplemental report.

19 _____

Address _____

Registrar

Filed 1-3 1920J. L. Reynolds
Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } **RECEIVED**
County of Gem } **BUREAU OF VITAL STATISTICS**
Certificate No. 75757
Date Filed NOV 18 1 24 PM '75

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Rynearson who was born on January 1, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Emmett are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Certificate of Blessing prepared on May 9, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>Childs first name</u>	<u>omitted</u>	<u>Alta Marie Rynearson</u>

Subscribed and sworn to before me this 18th day of
November, 19 75
[Signature]
Notary Public, residing at Emmett, Idaho
My commission expires September 2, 1977
(Seal)

Signed Zella Mae (Rynearson) Kent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
810 E. 1st Street Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 _____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

Certificate of Baptism LDS Church Alta Marie Ryneearson born Jan. 1, 1920 at Emmett, Idaho father William Ryneearson , Mother Rebecca Smith - Baptized Aug. 3, 1929, signed by Bishop George Smith.

Viewed By VS

NOV 18 1975

Elementary Emmett Public School Diploma , State of Idaho gives name as Alta Marie Ryneearson , May 19, 1933 is date of graduation. C. Elmer Roberts, Supt.

Viewed by VS

418-210-027-236
PLACE OF BIRTHCounty of GenCity of Emmett

No. _____ St. _____

Hospital _____

Registration District No. 1020

Primary Registration District No. _____

Form V. S. No. 11-25m-4-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 75758

Registered No. _____

Full Name of Child Ellen Anna Mayes

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jun 10</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Edward Mayes</u>	FATHER			FULL MAIDEN NAME <u>Effie Scott</u>
RESIDENCE <u>Long Valley</u>				MOTHER <u>Same</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>white</u>		
BIRTHPLACE <u>Penn</u>	BIRTHDAY <u>32</u> (Years)			BIRTHPLACE <u>Mo</u>
OCCUPATION <u>Farmer</u>	OCCUPATION			

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Alive at 5 P M
(Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) J. H. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Emmett IdaFiled 1-12 19 20

Registrar

Registrar

JUN 15 1966

83131

2510-027-813
PLACE OF BIRTHCounty of BenCity of Emmett

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 1020File No. **75759**

Primary Registration District No. _____

Registered No. _____

Full Name of Child Mary Anna Bean

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	<input checked="" type="checkbox"/> <u>yes</u> Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1-10-20</u> (Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <u>Harry Ralph Bean</u>		FULL MAIDEN NAME <u>Neomi Woodworth Tulkman</u>		
RESIDENCE <u>Street 2da</u>		RESIDENCE <u>Street 2da</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	
BIRTHPLACE <u>Iowa</u>		BIRTHPLACE <u>Wisc.</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth... 1..... Number of children of this mother now living, including present birth 1.....
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFEI hereby certify that I attended the birth of this child, who was _____
on the date above stated.Alive..... at 11-50 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds
Emmett
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 1-12-20 1920 J. H. Reynolds
Registrar

Registrar _____

201-1-10

1

2

3

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5

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8

9

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

293-207023-263
County of Emmett

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

City of Emmett

Registration District No. 1110

File No. 75760

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child

BETTY JO SULLIVAN

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth {and}	Legiti- mate?	DATE OF BIRTH <u>1-7</u> (Month) (Day) (Year) <u>1920</u>
FATHER FULL NAME <u>Russel Sage Sullivan</u>		MOTHER FULL MAIDEN NAME <u>Ella Boles</u>		
RESIDENCE <u>Emmett Ida</u>		RESIDENCE <u>Same</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	
BIRTHPLACE <u>Nebraska</u>		BIRTHPLACE <u>Wyoming</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth... 1..... Number of children of this mother now living, including present birth... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds

(Physician, or midwife)

Given names added from a supplemental report.

19 _____

Address Emmett Ida

Registrar

Filed 2/1 1920 J. H. Reynolds
Registrar

SEP 25 1961

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 75760
County of Gem } Date Filed Birth
The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or death)
for Unnamed Sullivan who was born on January 7th, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Emmett, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Certificate of Baptism prepared on June 30th, 1928, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name <u>Unnamed Sullivan</u>		<u>Betty Jo Sullivan</u>

Subscribed and sworn to before me this 22nd
day of September, 1941
[Signature]
Notary Public, residing at Emmett
My commission expires Oct. 15, 1944
[SEAL]

Signed Ella Bowles Sullivan
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)
Emmett Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This affidavit MUST also be executed.
County of Gem } (See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are
true to the best of his knowledge.
Subscribed and sworn to before me this 22nd
day of September, 1941
[Signature]
Notary Public, residing at Emmett
My commission expires Oct. 15, 1944
[SEAL]

Signed Mary Jane Gornell
(Signature of any credible person other than the previous affiant.)
321 East Third St. Emmett, Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

FEB 22 1943

885-210-023-312
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-14-18

CERTIFICATE OF BIRTH

County of Idaho

City of Emmett

No. _____ St. _____

Hospital _____

Registration District No. 10-20

File No. 75761

Primary Registration District No. _____

Registered No. _____

Full Name of Child

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? <u>and</u> Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? <u>yes</u>	DATE OF BIRTH <u>1-10-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Fred Hames Sherwood</u>		MOTHER FULL MAIDEN NAME <u>Glenn Cary Cast</u>	
RESIDENCE <u>Emmett RFD</u>		RESIDENCE <u>Emmett Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Gowa</u>		BIRTHPLACE <u>Gowa</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8-15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett
Filed Jan 12 19 20 J. V. Reynolds
Registrar

MAR 5 1959

817-210-023-994
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-4-15-18

County of Gen

City of Emmett

No. _____ St. _____

Registration District No. 10-10

File No. 75762

Hospital _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child Elma Maxine Hart

SEX OF CHILD <u>girl</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth { and } _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>1-10-20</u> (Month) (Day) (Year)
--------------------------	---	--	------------------------	--

FULL NAME <u>Howard Hart</u>	FATHER
RESIDENCE <u>Emmett</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>neb.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lottie Zimmerman</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

alive at 10 AM
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett Ida
Filed 1-15 1920 J. D. Reynolds
Registrar

TH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1956

PLACE OF BIRTH

866-2302023-719
County of IdahoSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

City of EmmettRegistration District No. 10 20File No. 75763

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Marian Evelyn Hoff

SEX OF CHILD <u>of</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 30</u> (Month) (Day) (Year)
------------------------	---	--	-----------------------------	--

FATHER
FULL NAME Peter J HoffRESI- McCall, IdaCOLOR white AGE AT LAST
BIRTHDAY 23
(Years)BIRTHPLACE IdahoOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Rosetta Francis ParrishRESIDENCE sameCOLOR white AGE AT LAST
BIRTHDAY 23
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 PM M
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

(Signature) J. I. Reynolds
(Physician or midwife)Address EmmettFiled 2-1 1920 J. I. Reynolds
Registrar

Registrar

MAR 25 1943

DEC 22 1969

OCT 19 1942

PLACE OF BIRTH
866-2181073463
County of Ben

STATE OF IDAHO Form V. S. No. 11-0-25m-6-3-27
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Montour Registration District No. 1020 File No. 75764
No. St. Primary Registration District No. Registered No.
Hospital

FULL NAME OF CHILD Alta Mae Hoopes

Sex of Child <u>Female</u>	Twin Triplet or other? <u>no</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>1-18</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----------------------------------	------------------------	---

FULL NAME <u>Waver Hoopes</u>	FATHER	FULL MAIDEN NAME <u>Anna Rolder</u>	MOTHER
RESIDENCE <u>Montour</u>		RESIDENCE <u>Montour</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Switzerland</u>	
OCCUPATION <u>Labour</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alta (Born alive or stillborn) 7:20 P. M.
on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Burton O. Clark M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed 1-22 1920
Registrar J. H. Reynolds
Registrar

SEP 23 2008

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 75764

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____

(Birth or Death)

for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

sex

male

Female

name

none given

Alta Mae Hoopes

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

JAN 10 1944

CERTIFICATE OF BIRTH

City of EmmettRegistration District No. 1010File No. 75765

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child _____

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>Jan 14</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Percy E Markham</u> RESIDENCE <u>Emmett</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years) BIRTHPLACE <u>Missouri</u> OCCUPATION <u>Cook</u>			MOTHER FULL MAIDEN NAME <u>Lucile Maddox</u> RESIDENCE <u>Emmett</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 9 30 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
Emmett
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Registrar

Filed 1-16 1920 J. L. Reynolds
Registrar



STB
STB

363-118-023-315
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-4-14-18

County of Glenn

City of Emmett

No. _____ St. _____

Registration District No. 1010

File No. **75766**

Hospital _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child

Joseph Walter Colts

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Jan 28 1920</u> (Month) (Day) (Year)
FULL NAME <u>Samuel Colts</u>	FATHER		FULL MAIDEN NAME <u>Esther Funnels</u>	MOTHER
RESIDENCE <u>Emmett</u>			RESIDENCE <u>Emmett Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Germany</u>			BIRTHPLACE <u>Montana</u>	
OCCUPATION <u>Common Labor</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. K. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett

Filed Jan 20 1920 J. K. Reynolds
Registrar

OBJECTIVES

2000

Journal of Management Education 30(6)p.789-804

10/21

DEC 6 1950

APR 9 1963

249-222023-313
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.

-25m-4-15-18

CERTIFICATE OF BIRTH

County of BenCity of Emmett

No. _____ St. _____

Registration District No. 1010File No. 75767

Hospital _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child

Ruth Smith

SEX OF CHILD

FemaleTwin
Triplet
or other?{ and } Number
in order
of birth

(To be answered only in event of plural births)

Length
mate?yes

DATE OF

BIRTH

Jan 22 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Oliver W. SmithFULL
MAIDEN
NAME

MOTHER

Pearl Elizabeth Callender

RESIDENCE

Emmett

RESIDENCE

Same

COLOR

White

AGE AT LAST

BIRTHDAY

21

(Years)

COLOR

White

AGE AT LAST

BIRTHDAY

21

(Years)

BIRTHPLACE

Mo

BIRTHPLACE

Colorado

OCCUPATION

Common labor

OCCUPATION

House wifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Alive

(Born alive or stillborn)

at 7 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

J. H. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

19.....

Address

Emmett

Filed

Jan 15, 1920

Registrar

J. H. Reynolds

Registrar

CHARGE SOMEONE
SOMETHING LATER TO

NOV 14 1975

7375.

JUL 27 1943

DOOR

513-207023-493
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Gum

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 10 W

File No. 75768

Primary Registration District No. _____

Registered No. _____

Full Name of Child Hattie Unnamed Mall

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth {and}	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>Jan. 7</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>James M. Mall</u> RESIDENCE <u>Emmett Idaho</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>42</u> (Years) BIRTHPLACE <u>Illinois</u> OCCUPATION <u>Mill hand</u>			MOTHER FULL MAIDEN NAME <u>Lottie M. Miller</u> RESIDENCE <u>Emmett</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>36</u> (Years) BIRTHPLACE <u>Nebraska</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. J. ...

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett Idaho

Filed Feb 1 1920 J. H. Reynolds Registrar

Registrar

Registrar

IF ALONE, MAKE ONE CHILD AT BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH AND THE NUMBER OF EACH, IN ORDER OF BIRTH STATED.

STATE OF IOWA
BUREAU OF ATTORNEY GENERAL

IN THE COURT OF THE STATE OF IOWA

vs.

et al.

STATE OF IOWA
vs.

STATE OF IOWA
vs.

STATE OF IOWA
vs.

STATE OF IOWA
vs.

STATE OF IOWA
vs.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

65310-027-553

PLACE OF BIRTH

County of Gen

City of Emmett

No. _____ St. _____

Hospital _____

Full Name of Child _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-4-16-18

CERTIFICATE OF BIRTH

Registration District No. 1024

File No. 75770

Primary Registration District No. _____

Registered No. _____

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1-1-20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Bradley Wells</u>			FULL MAIDEN NAME <u>Minnie Mether</u>	
RESIDENCE <u>Emmett</u>			RESIDENCE <u>same</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>51</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Neb</u>			BIRTHPLACE <u>Ind</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth... 8 Number of children of this mother now living, including present birth... 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child; who was alive, at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett

Filed 1-2 1920 J. L. Reynolds
Registrar



SECRET

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1.5.81

County of Canyon
 C113-512-064-#1
 City of Nampa

No. 312 St No. St.

Registration District No. 7

File No. 75771

Hospital _____

Primary Registration District No. 1006

Registered No. _____

Full Name of Child John Clinton Machos
Katherine Helen Pasch

SEX OF CHILD <u>M</u>	Twin, Triplet or other? _____	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Jan 12 20</u> (Month) (Day) (Year)
FULL NAME <u>John Pasch</u>		FATHER <u>Machos</u>		
RESIDENCE <u>Nampa Ida.</u>		FULL MAIDEN NAME <u>Katherine Helen Pasch</u>		
COLOR <u>W</u>		AGE AT LAST BIRTHDAY <u>28</u> (Years)		
BIRTHPLACE <u>Texas</u>		RESIDENCE <u>Nampa</u>		
OCCUPATION <u>Clock in Pool Hoes.</u>		COLOR <u>White</u>		
		AGE AT LAST BIRTHDAY <u>26</u> (Years)		
		BIRTHPLACE <u>Minnesota</u>		
		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at P M on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jacob Prunzing

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Ida.

Filed Feb 10 1920 Pearle Dodds

Registrar

Registrar

WRITE PLAINLY WITH INK. FADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



17787

on 177

will be stopped

RECEIVED

17787

Dup of 1920-222748

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-1

County of Canyon

CERTIFICATE OF BIRTH

City of Glendale

Registration District No. 7

File No.

75772

P.O. Melba Idaho

Primary Registration District No. 2006

Registered No.

Hospital Frank

FULL NAME OF CHILD

Milton E. Eberhard

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?	Date of Birth <u>Jan. 25</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---	------------------	---

FULL NAME <u>Ernest Eberhard</u>	FATHER
RESIDENCE <u>Glendale Valley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Rosa Gebard</u>	MOTHER
RESIDENCE <u>Glendale Valley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Farmer's Wife</u>	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive Jan 25-1920 at 1 a.m.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Sophia Herth
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Melba Idaho R.F.D. Box 57
Filed Feb 4 1920 Pearle Dodd
Registrar

STATE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF

City of

Registration No.

Issued

FULL NAME

SEX

BIRTH

DATE

TIME

PLACE

OF BIRTH

Parents

Full Name

Birth Date

Place of Birth

Parents

Full Name

Birth Date

Place of Birth

Parents

Full Name

Birth Date

Place of Birth

Parents

Full Name

Birth Date

Place of Birth

Parents

Full Name

Birth Date

Place of Birth

Parents

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 75772
County of Ada } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for _____ who _____ on _____ (Birth or Death)
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
Surname	Eberherd	Eberhard
name	Milton E.	Milton Frank Eberhard

Subscribed and sworn to before me this 25th
day of June 19 42
Marion E. Dow
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed Rosa Eberhard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. [This Affidavit **MUST** Also be Executed.
County of _____ } (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 11 1974

JUN 26 1942

JUL 19 1983

231-125-014-415
PLACE OF BIRTHCounty of CanyonCity of Nampa

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 7Primary Registration District No. 1006File No. 75773

Registered No. _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-4-14-18

SEX OF CHILD <u>Male</u>	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>Jan. 25</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Harold R. Stahl</u> RESIDENCE <u>Nampa, Idaho</u> COLOR <u>White</u> BIRTHPLACE <u>Indiana</u> OCCUPATION <u>Cook</u>			MOTHER FULL MAIDEN NAME <u>Violet Davis</u> RESIDENCE <u>Nampa, Idaho</u> COLOR <u>White</u> BIRTHPLACE <u>Colorado</u> OCCUPATION <u>House wife</u>	
AGE AT LAST BIRTHDAY <u>24</u> (Years)			AGE AT LAST BIRTHDAY <u>24</u> (Years)	

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated. Alone
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Given names added from a supplemental report.

(Physician or midwife)

Address _____

Registrar

SEP 12 1967

SEP 10 1967

NOV



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893.2 13-01K-343
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Canyon

CERTIFICATE OF BIRTH

City of Nampa

Registration District No. 7

File No. 75774

No. _____ St. _____

Primary Registration District No. 1006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Ada May Hill

Sex of Child <u>F</u>	Was triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 13</u> 191 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Robert Tarry Hill</u>			MOTHER FULL MAIDEN NAME <u>Mollie Alice Tucker</u>	
RESIDENCE <u>Nampa Idaho</u>			RESIDENCE <u>Nampa</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Virginia</u>			BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Stationary Engineer</u>			OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was
on the date above stated.

alive at 11:00 AM
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. R. Meredith D.O.
Nampa
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed

FEB 10 1920 Pearle Goddard

JAN 9 1948

33128107-362

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 109-7th Ave S. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 7

File No. 75715

Primary Registration District No. 2086

Registered No.

Full Name of Child HAZEL LORRAINE Claytor

SEX OF CHILD <u>F</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	Number and in order of birth <u> </u>	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>Feb 8 20</u> (Month) (Day) (Year)
-----------------------	---	--	------------------------	---

FULL NAME FATHER Robert H. Claytor

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 42
(Years)

BIRTHPLACE Virginia

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Minnie Cobb

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE Idaho

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jim Deaton MD
Physician
(Physician or midwife)

Given names added from a supplemental report

114



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 75775

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of _____
for Unnamed Clayton who born on Feb. 8, 1920 (Birth or Death)
in Nampa, Ida. (Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Omitted

Hazel Lorraine Clayton

Subscribed and sworn to before me this 7th
day of April, 1942.

Signed R H Clayton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Bain, Idaho.

My commission expires Nov. 6, 1944.
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

SEP 19 1944



268-124-014-818

PLACE OF BIRTH

County of

City of

No.

St.

Registration District No.

Primary Registration District No.

Hospital

Full Name of Child

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

CERTIFICATE OF BIRTH

File No.

Registered No.

SEX OF CHILD

Twin
Triplet
or other?{ and } Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?

DATE OF BIRTH

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature)

(Physician or midwife)

Address

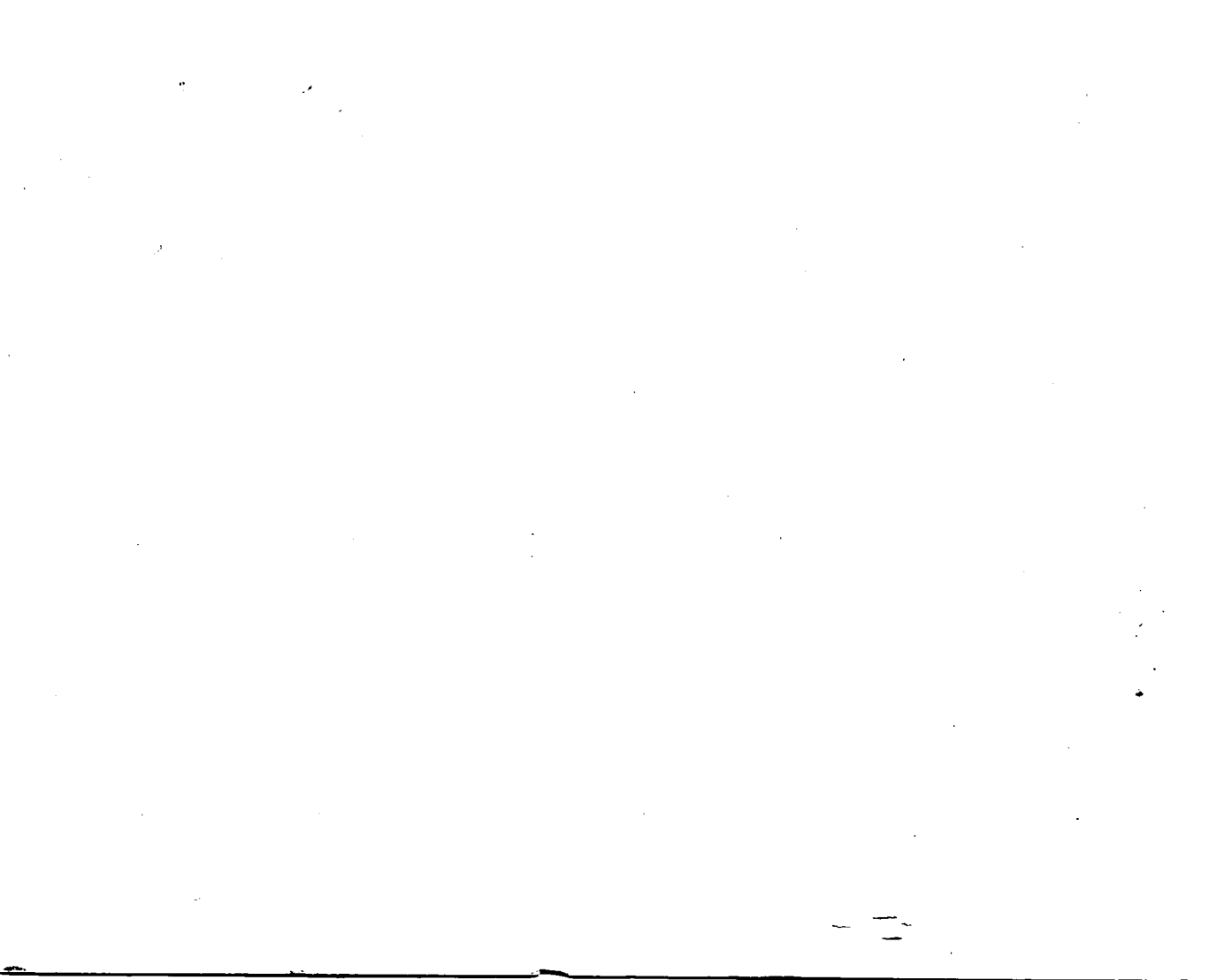
Filed

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



295-107,014-866

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-18-18

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Pleasantville

Registration District No. 7

File No. 75777

Primary Registration District No. 2006

Registered No. _____

Hospital _____

Full Name of Child Cecile May King

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>-</u>	Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>2 7 1930</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Lee King</u>		MOTHER FULL MAIDEN NAME <u>Daisy Marie Hoover</u>		
RESIDENCE <u>Nampa Ida</u>		RESIDENCE <u>Nampa</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Tenn</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lee W Chilton
Nampa Ida
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed Feb 10 1930 Pearle Diddle
Registrar

NOV - 1 1973

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }
 County of (Canyon) } ss.

Certificate No. 75777

Date Filed _____

birth _____

The undersigned does solemnly swear that certain facts on the certificate of _____
 for Cecil King who was born _____ on Feb. 7, 1920
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in Nampa are erroneous or were omitted:
 (Place of Event)

ITEMS TO BE CORRECTED
child's sex

FROM

TO

Male

Female

middle name

omitted

May

Subscribed and sworn to before me this 31st day ofMarch 19 79Notary Public, [Signature]Residing at 6501 N. INTERSTATE, PORTLAND, OREGON 9726 SE 262nd, Gresham, Oregon 97030My commission expires 2/29/80

Street Address, City, State

(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

tate of Oregon }
 County of Multnomah } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day ofMarch 19 79Notary Public, [Signature]Residing at Portland, OregonMy commission expires 2/29/80

(Seal)

[Signature]
 Supporting Signature

7052 N. Borthwick, Portland, Oregon 97217

Street Address, City, State

Correction corresp, 3-26-79

(K) fc

Marriage Return # 1 1072 issued by State of Oregon County of Multnomah gives name as Cecile May King, as bride. Age 18 born in Idaho. Married June 30, 1938.
Viewed by V.S.

Certificate of birth of child gives name of mother as Cecile King born in Nampa, Idaho and age 25 when child was born September 23, 1945. Child's birth certificate issued by the state of Oregon State file# 6991 - 1945.
Viewed by V.S.

393.226.014-239
PLACE OF BIRTHCounty of CanyonCity of NampaNo. 1205-12th on So. St.Registration District No. 1006

Primary Registration District No. _____

Form V. S. No. 11-25m-4-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 75778

Registered No. _____

Hospital _____

Full Name of Child

Junita Tiller

SEX OF CHILD <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	— {and} — Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1</u> <u>26</u> (Month) (Day) (Year)
FULL NAME <u>Jun F. Tiller</u>	FATHER		FULL MAIDEN NAME <u>Eva Isobell Scism</u>	MOTHER
RESIDENCE <u>Nampa Ida</u>			RESIDENCE <u>Nampa Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>mo</u>			BIRTHPLACE <u>mo</u>	
OCCUPATION <u>Farmer, retired</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.(Born alive or stillborn) at 11 30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. ChiltonNampa Ida
(Physician or midwife)

Given names added from a supplemental report.

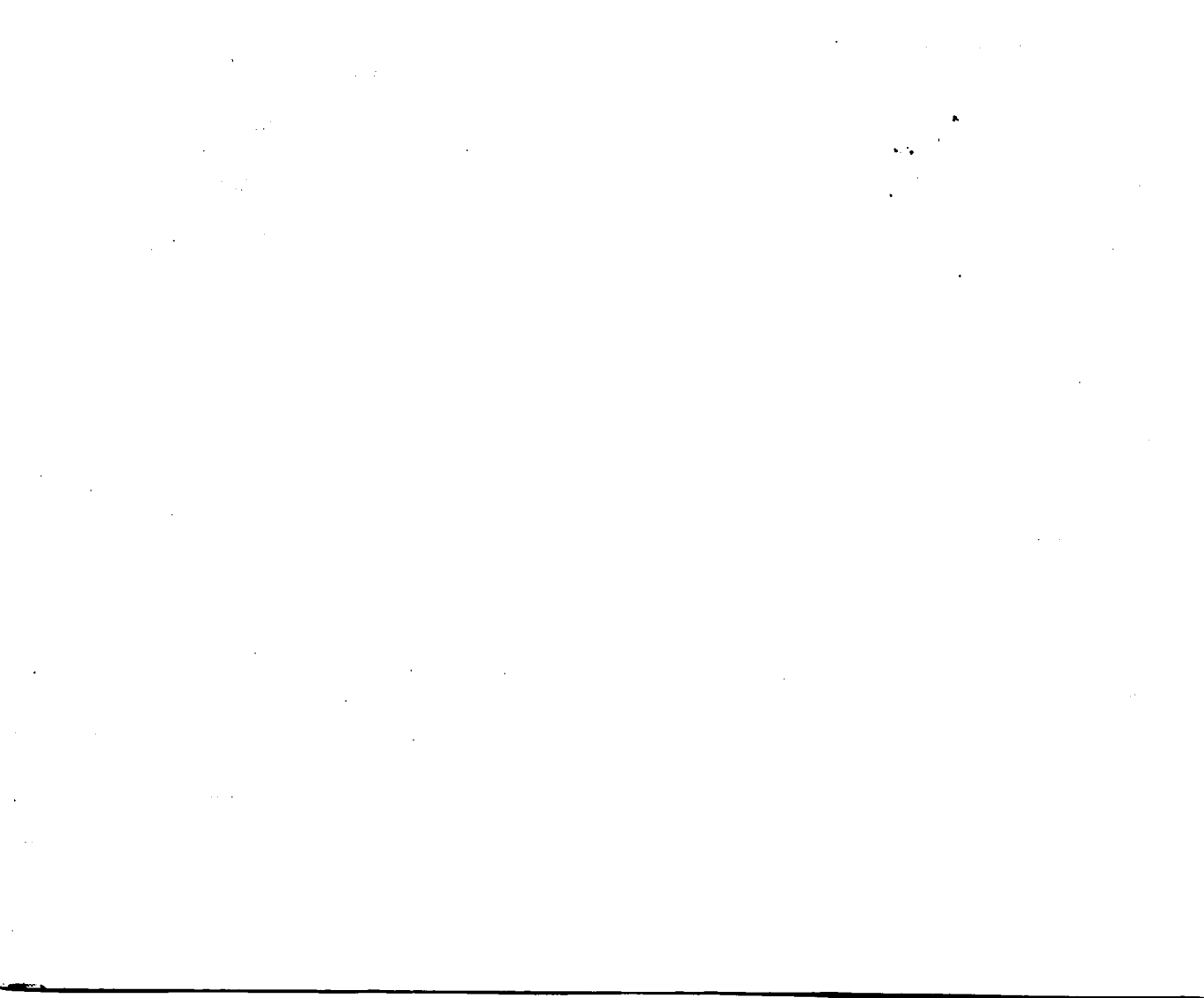
19 _____

Address _____

Filed Feb 10 1920Pearle J. Dods

Registrar

Registrar



N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493.202.014-163
PLACE OF BIRTHCounty of CanyonCity of NampaNo. 212-124 4th St.Hospital STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-16-18

CERTIFICATE OF BIRTH

Registration District No. 7File No. 75779Primary Registration District No. 1916Registered No. Full Name of Child Anna Josephine Mills

SEX OF CHILD <u>female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	{and} Number in order of birth <u> </u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>2 2 20</u> (Month) (Day) (Year)
FULL NAME <u>Allen Mills</u>	FATHER		FULL MAIDEN NAME <u>Grace Doll</u>	MOTHER
RESIDENCE <u>Nampa Ida</u>			RESIDENCE <u>Nampa Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Alabama</u>			BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Chiropractor</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. Chilton
Nampa Ida
(Physician or midwife)

Given names added from a supplemental report.

Address Feb. 10, 20
Filed Pearle Dodds
Registrar

Registrar

JUL 3 1945

491-10801K-249
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-18-18

County of Canyon

City of Nampa

No. Kurtz Add St.

Hospital _____

Registration District No. 7

Primary Registration District No. 186

File No. 75780

Registered No. _____

Full Name of Child E. Maylon Drake

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (and)	Legitimate? <u>yes</u>	DATE OF BIRTH <u>2 8 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Austin H. Drake</u> RESIDENCE <u>Nampa Ida</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>38</u> (Years) BIRTHPLACE <u>Mont.</u> OCCUPATION <u>Printer</u>		MOTHER FULL MAIDEN NAME <u>Daisy Smith</u> RESIDENCE <u>Nampa Ida</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>38</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chittor
Nampa Ida
(Physician or midwife)

Given names added from a supplemental report.

Address Feb 10 20
Filed Pearle Dodds

Registrar

Registrar

K

SEP 2 1975

4-1-41

316-1081014-154

PLACE OF BIRTH

County of Canyon

City of ampa

No. Kurtz add St.

Hospital L

Registration District No. 7

Primary Registration District No. 1886

Form V. S. No. 11—25m-4-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 75781

Registered No. _____

Edward Henry

Full Name of Child

Lawrence

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	— { and } — Number in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>2 8 1920</u> (Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <u>Henry Lawrence</u>		FULL MAIDEN NAME <u>Blanche Audre</u>		
RESIDENCE <u>ampa</u>		RESIDENCE <u>ampa</u>		
COLOR <u>Negro</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>Negro</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	
BIRTHPLACE <u>Mo</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Porter</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. M.

(Born alive or stillborn)

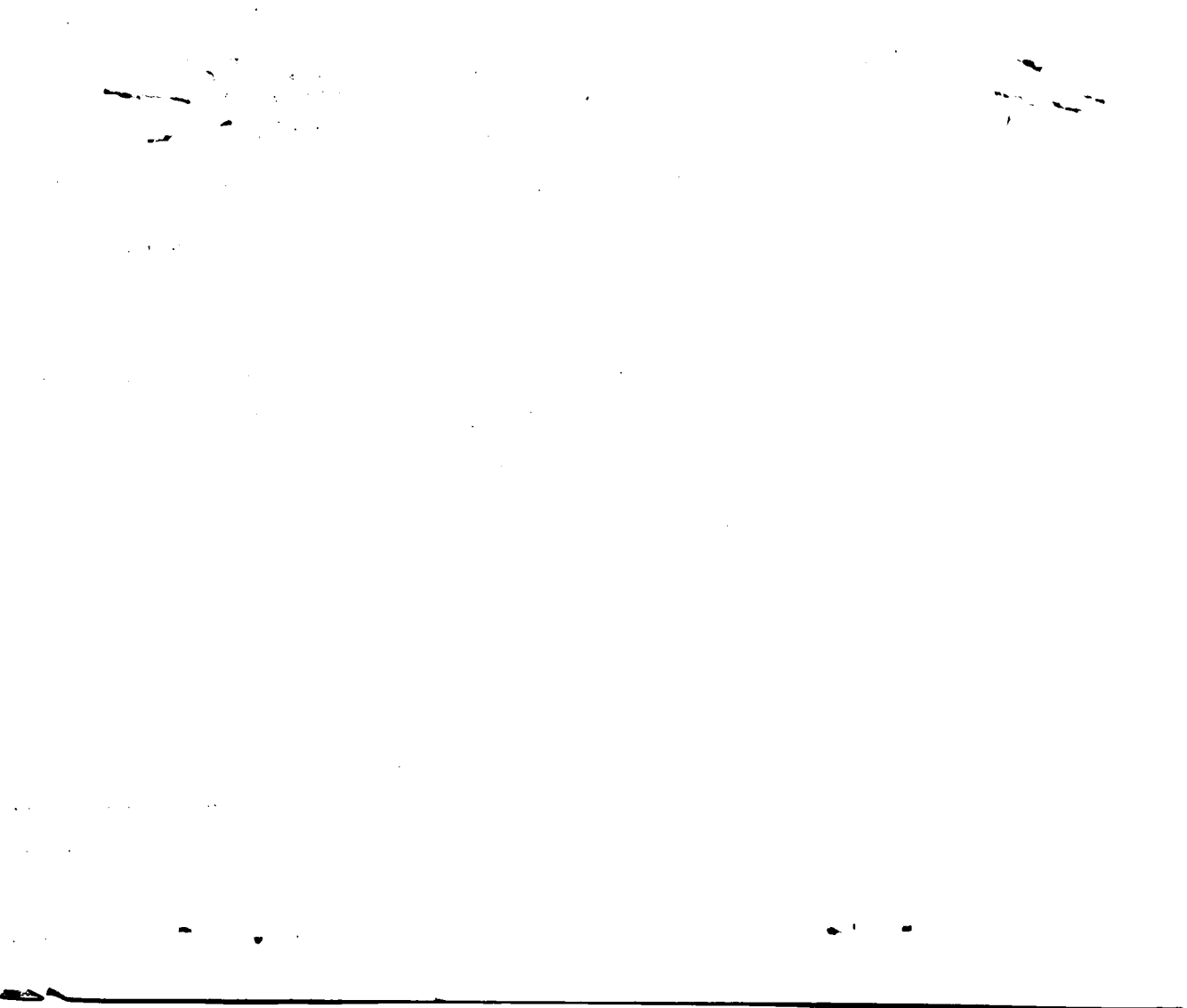
(Signature) Leo W. Chilton
ampa, Ida
(Physician or midwife)

Given names added from a supplemental report.

Address Feb. 10, 1920
Filed Pearle D. Dicks
Registrar

Registrar

Registrar



State of Florida } ss.
County of Ada }

Certificate No. 75781
Date Filed

FACTS TO BE CORRECTED (“Name”, “Birth Date”, “Cause of Death”, Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Edward Henry Lawrence

Signed Blanche Buckner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1116 - Miller St. Brine, Ill
(Street Address, City, State)

State of Indiana }
County of Adel } ss.

Subscribed and sworn to before me this 28
Day of April, 1942
Henry W. Doughton
Notary Public, residing at Bryn Mawr
My commission expires July 28, 1942
(Seal)

Signed Erma L. Madry
(Signature of Any Credible Person Other Than Previous Year)

1124- Grand Av. Boise Id
(Street Address, City, State)

~~SECRET~~

JUL 2 1942

PLACE OF BIRTH

366-123-014-791
County of CanyonCity of NampaNo. 1013-13th Ave So St.

Hospital _____

Full Name of Child Eugene Harvey CowgillSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 7File No. 75782Primary Registration District No. 1806

Registered No. _____

SEX OF CHILD <u>male</u>	Twin Triplet or other? <u>-</u>	(and)	Number in order of birth <u>-</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1 23 20</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>Paul Cowgill</u>			FULL MAIDEN NAME <u>Bernice Marie Gray</u>		
RESIDENCE <u>Nampa Ida</u>			RESIDENCE <u>Nampa Ida</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Kansas</u>			BIRTHPLACE <u>Michigan</u>		
OCCUPATION <u>Timber Business</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at 3304 M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. CliftonNampa, Ida
(Physician or midwife)

Given names added from a supplemental report.

Address Feb. 18, 1920
Filed Pearle Dodds

Registrar

Registrar

1-15-41

FEB 22 1952
FEB 26 1952

819-106-014-699
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of Canyon

City of Nampa

No. _____ St. _____

Hospital Mercy

FULL NAME OF CHILD

Registration District No. _____

Primary Registration District No. _____

CERTIFICATE OF BIRTH

File No. _____

Registered No. _____

75783

1006
Paul O. Harris

Sex of Child Male { Twin Triplet or other? } and { Number in order of birth } Legiti- male? Date of Birth Feb. 6 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Quinter Curtis Harris

RESIDENCE

Nampa

COLOR White AGE AT LAST BIRTHDAY 21
(Years)

BIRTHPLACE North Dakota

OCCUPATION Auto Salesman

FULL MAIDEN NAME MOTHER Edith Irene Orr

RESIDENCE

Nampa

COLOR White AGE AT LAST BIRTHDAY 19
(Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth. _____

Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

born alive at 4:45 P. M.
(Born alive or stillborn)
(Signature) Gro. A. Proctor, M.D.
Nampa, Idaho
(Physician or midwife)

Address _____
Filed Feb. 10 1920 Pearle Dodds

MAY 21 1942

63-210-014-595
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-19

CERTIFICATE OF BIRTH

County of CanyonCity of CallopyRegistration District No. 7File No. 75784

No. _____ St. _____

Primary Registration District No. 2006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Ottie

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 18 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Herman A. Ottie</u>			MOTHER FULL MAIDEN NAME <u>Leona May Niel</u>	
RESIDENCE <u>Callopy</u>			RESIDENCE <u>Callopy</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>4 1/2</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)		
BIRTHPLACE <u>Nebraska</u>			BIRTHPLACE <u>Montana</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor M.D.

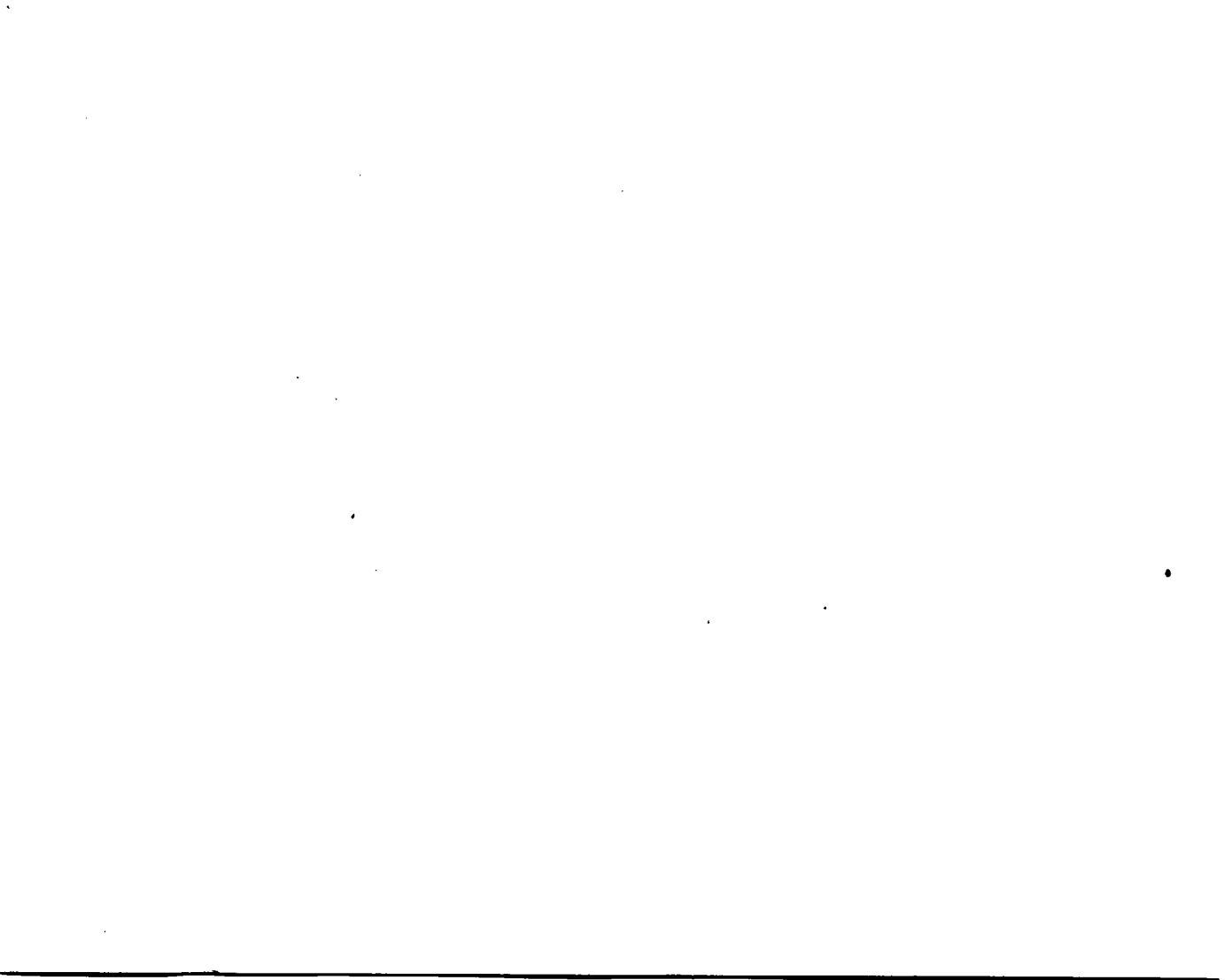
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed Feb. 18 1920Pearle Dodds

Registrar



766-222 1018-286
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-3-3-15

County of Canyon

City of Nampa

Registration District No. 7

File No. **75785**

No. _____ St. _____

Primary Registration District No. 1086

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Mary Anna Goodwin

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan 22 1920</u> (Month) (Day) (Year)
----------------------------	------------------------------	--------------------------------------	------------------------	--

FATHER
FULL NAME Cledith Preston Goodwin
RESIDENCE Nampa
COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Missouri
OCCUPATION Clerk and Salesman

MOTHER
FULL MAIDEN NAME Genevieve Vivian Shohoney
RESIDENCE Nampa
COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Missouri
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at the date above stated.

Born alive at 6:20 P.M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo. H. Proctor
(Physician or midwife)

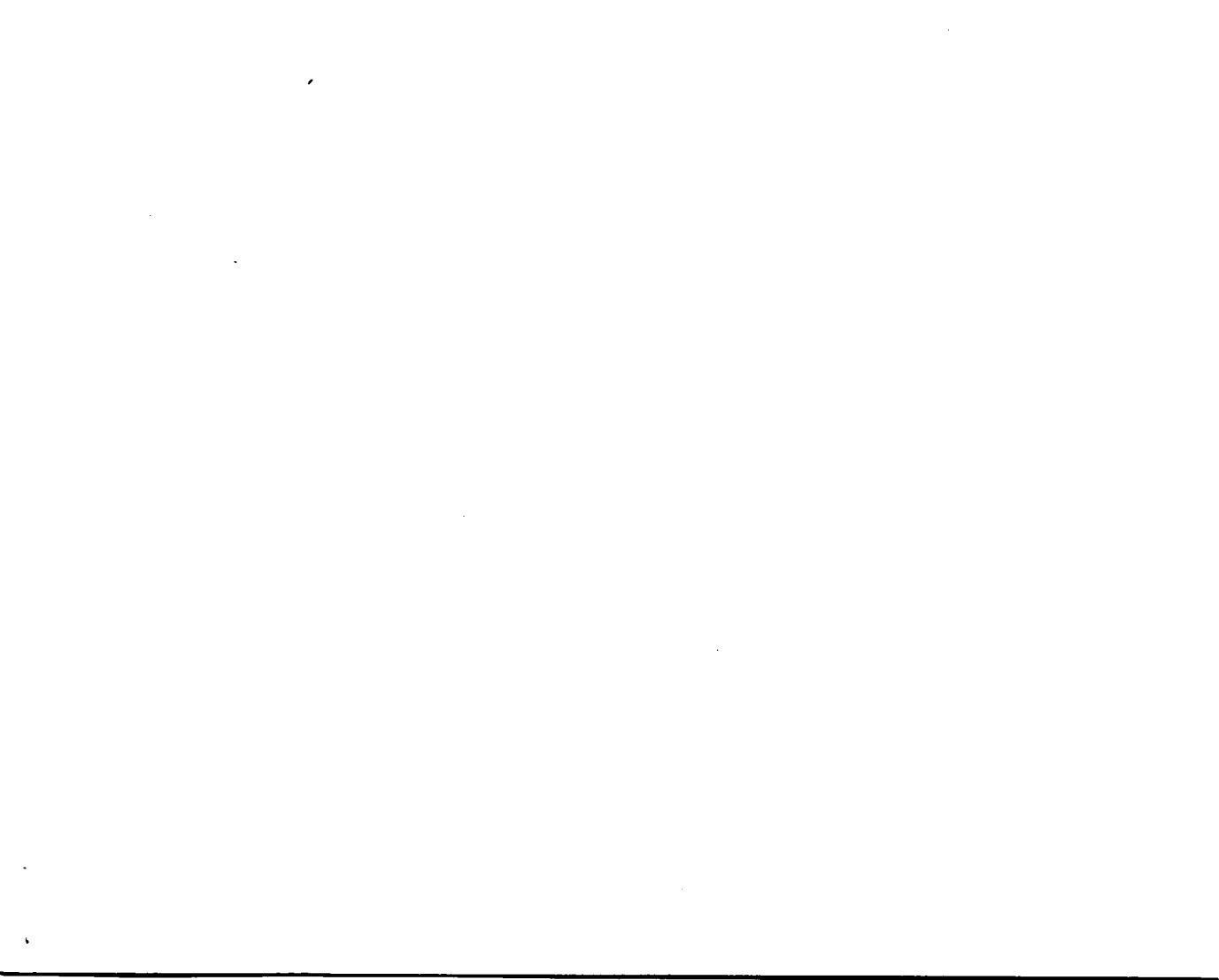
Given names added from a supplemental report.

Address _____

Filed Feb. 10 1920

Pearle Dodds

Registrar



255.109.01X 291
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7

File No.

75786

No. _____ St.

Primary Registration District No. 2006

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Charles Edward Benton

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 9</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME FATHER Edward Servey BentonFULL MAIDEN NAME MOTHER Syble BrackettRESIDENCE NampaRESIDENCE NampaCOLOR White AGE AT LAST BIRTHDAY 19 (Years)COLOR White AGE AT LAST BIRTHDAY 19 (Years)BIRTHPLACE WyomingBIRTHPLACE IdahoOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive at 8:45 A.M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

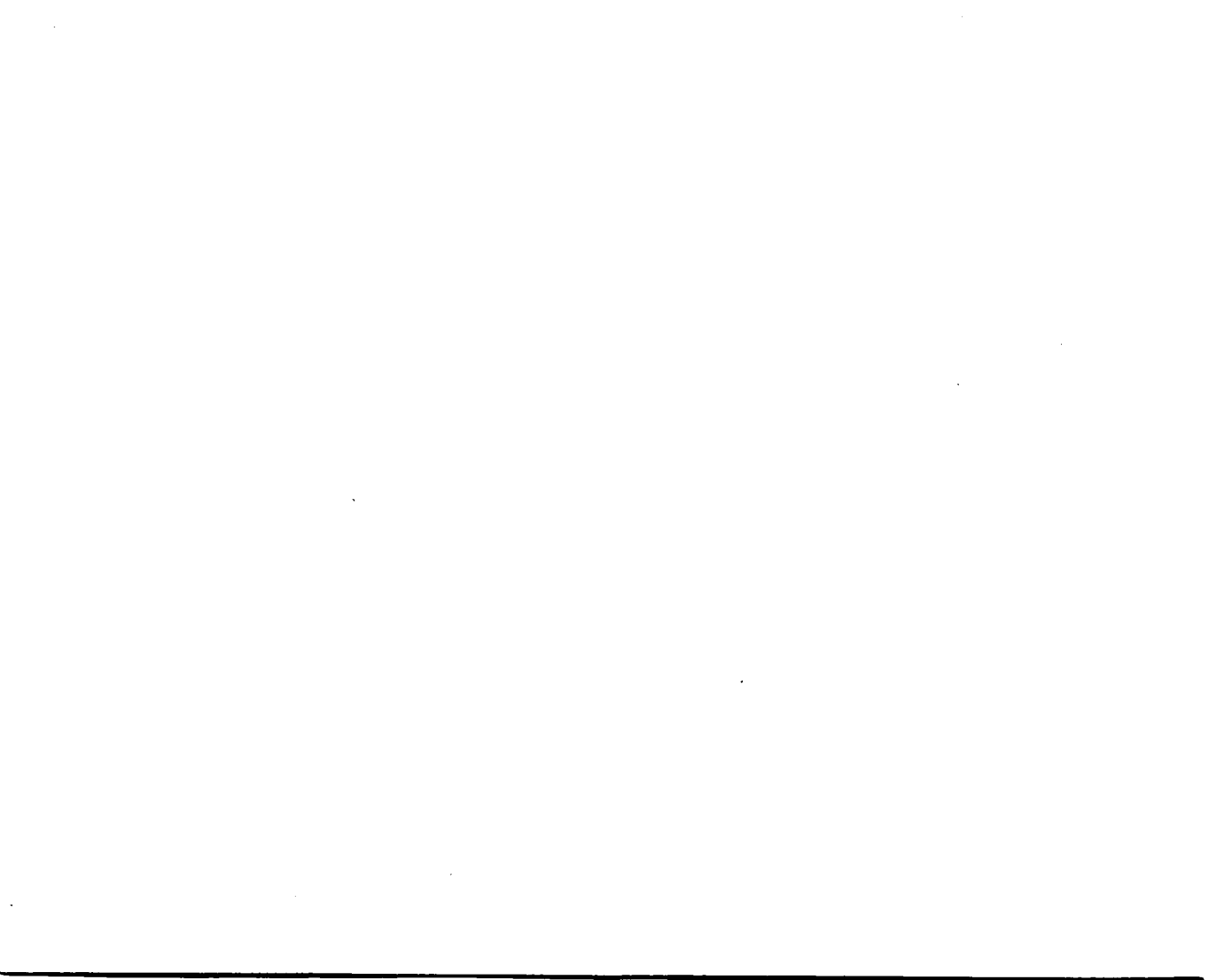
Geo. R. Proctor

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed Feb. 10 1920Pearle Dodds



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719.116.014-236

PLACE OF BIRTH

name added 3-4-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of HamperRegistration District No. 7File No. 75787

No. _____ St.

Primary Registration District No. 2006

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Orlan A.

Parker

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 16</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Herbert A. Parker</u>		FULL MAIDEN NAME <u>Bertha Ida Storie</u>		
RESIDENCE <u>Hamper</u>		RESIDENCE <u>Hamper</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

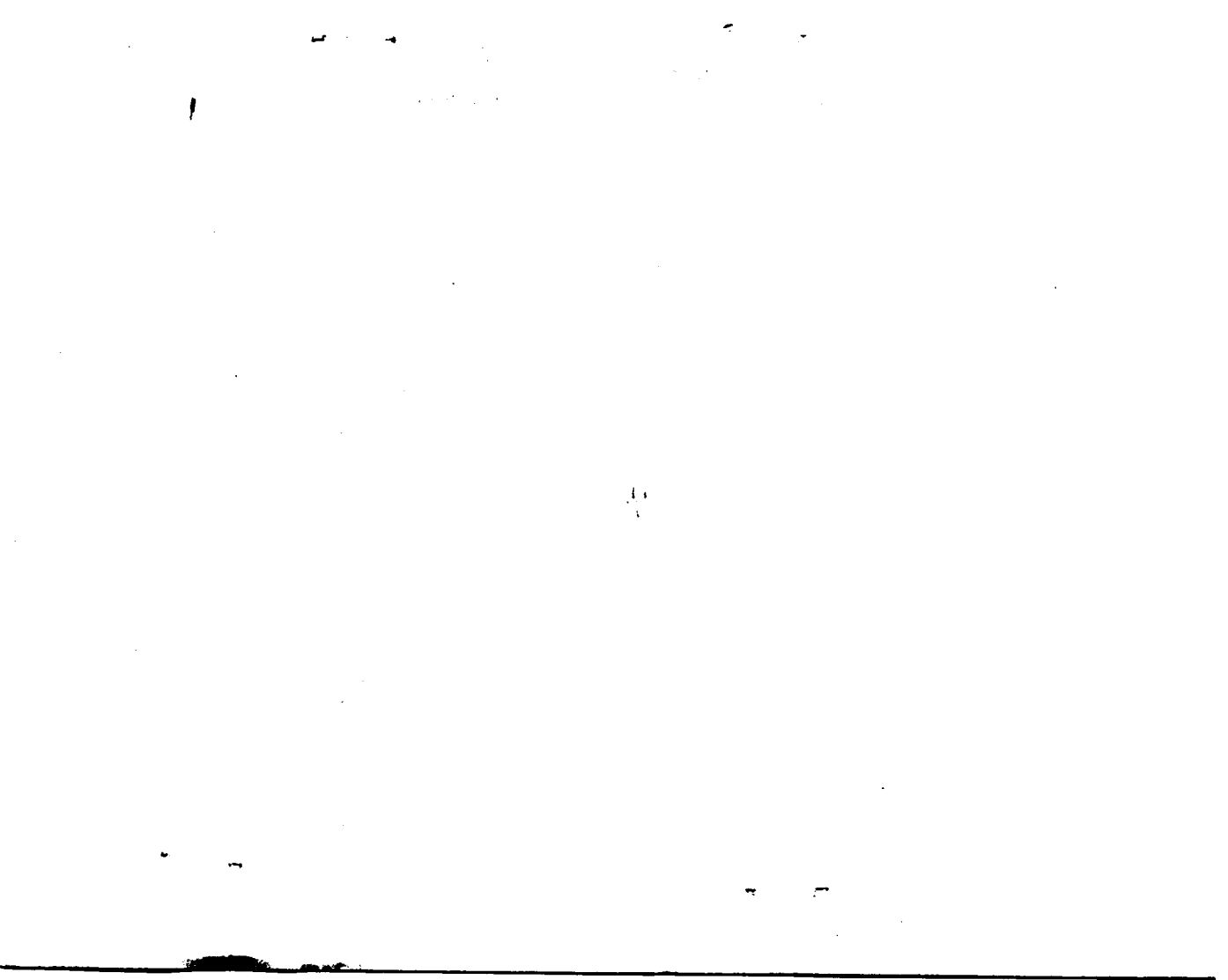
(Signature) Geo. R. Proctor

(Born alive or stillborn)

(Physician or midwife)

Address _____

File Jan 19 20Pearle Dadds



2-12-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of IDAHO } ss.
County of Washington

FEB 24 11 27 AM '92

Certificate No. 75787

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Parker who was born on 1-16-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Nampa (Canyon) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

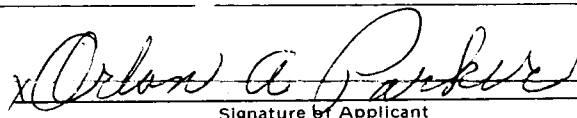
FROM

TO

<u>childs name</u>	<u>Unnamed</u>	<u>Orlan A. Parker</u>
		<u>ORLAN, ALTON, PARKER</u>

Subscribed and sworn to before me this 18 day of
February, 1982Notary Public, DonnaResiding at Weiser, IdahoMy commission expires 5-1-82

(Seal)



Signature of Applicant

P.O. Box 644, Weiser, Idaho

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Medical Chart from Dr. Wheeler in Weiser gives Orlan A Parker
born 1-16-20. Chart dated 2-3-70. Viewed by V.S. **MAR 4 1982**

Marriage Certificate of Nevada County of Humboldt NO. 23055
gives Orlan A Parker and Ella F Green were married on 5-5-73.
Viewed by V.S.

76-205-014-815
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Ringoes

City of Nampa

No. _____ St. _____

Hospital _____

Registration District No. 7

File No. 75788

Primary Registration District No. 1006

Registered No. _____

FULL NAME OF CHILD _____

Powers

Sex of Child <u>Female</u>	Year <u>1920</u>	Month <u>Feb</u>	Day <u>5</u>	Year <u>1920</u>
(To be answered only in event of plural births)				

FULL NAME Arthur L. Powers
RESIDENCE Nampa
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Nebraska
OCCUPATION Cather

FULL MAIDEN NAME Visolia Hansell
RESIDENCE Nampa
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Oregon
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:45 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

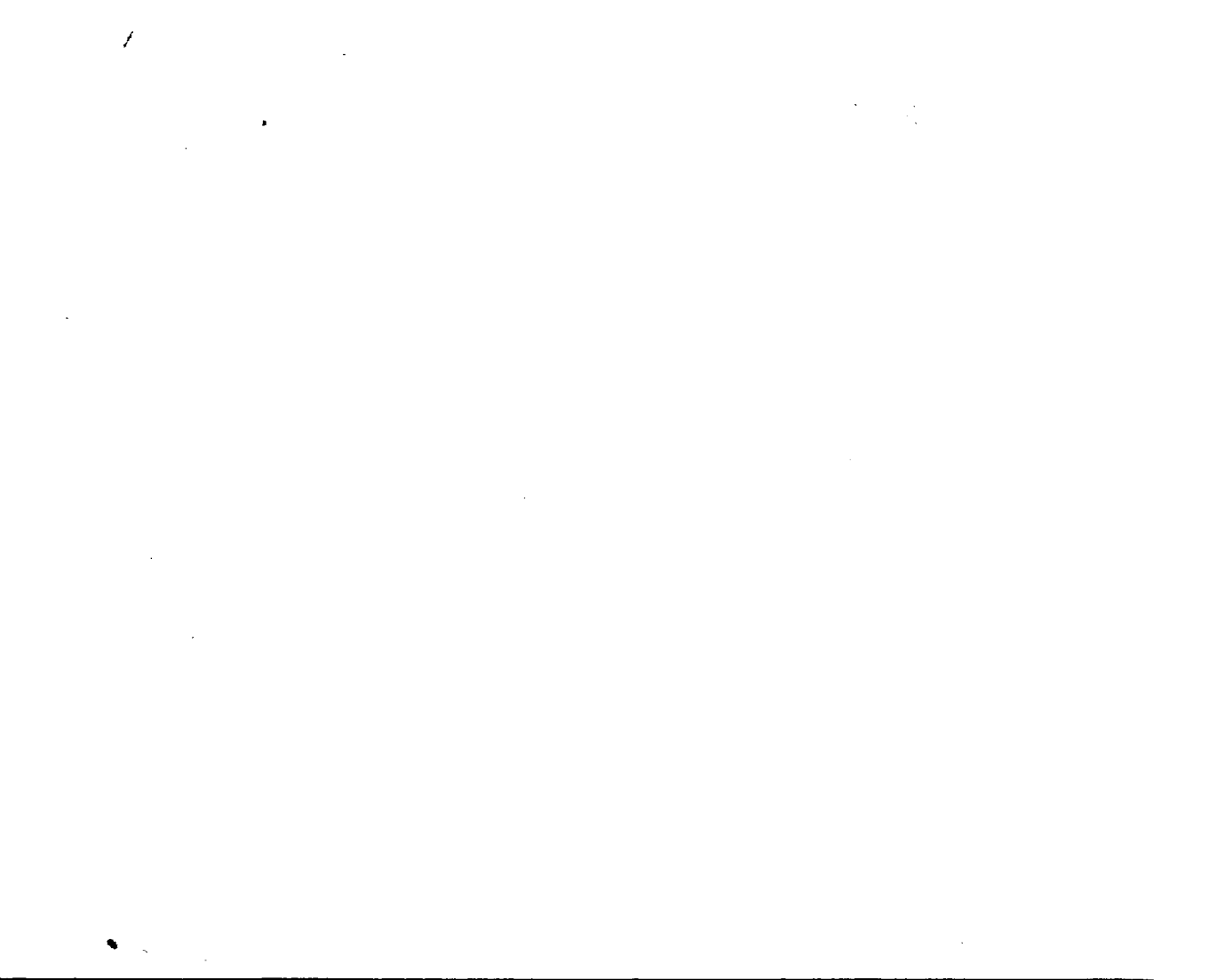
(Signature) Geo. R. Proctor
(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____

Address _____

Filed Feb. 10, 1920 Pearle Dodds



3 19-222-1014-281
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of CanyonCity of Nampa

No. _____ St.

Registration District No. 7File No. 75789Primary Registration District No. 1006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Georgia June Carrico

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan. 22, 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME FATHER George W. CarricoRESIDENCE NampaCOLOR White AGE AT LAST BIRTHDAY 27
(Years)BIRTHPLACE OklahomaOCCUPATION Govt. EngineeringFULL MAIDEN NAME MOTHER Ruth Christine ShankRESIDENCE NampaCOLOR White AGE AT LAST BIRTHDAY 19
(Years)BIRTHPLACE OhioOCCUPATION HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.{ *When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.(Signature) Dr. R. Proctor(Born alive or stillborn) born aliveat 8:10 A.M.Physician
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed Feb. 4, 1920Pearle Dodd

Certified copy issued 2-17-1941. dp

866-130-014-413
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7File No. **75790**

No. _____ St. _____

Primary Registration District No. 1006

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Clarence Horvay

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 30 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				
FULL NAME <u>Jefferson Horvay</u>		FULL MAIDEN NAME <u>Ida Malmberry</u>		
RESIDENCE <u>Nampa</u>		RESIDENCE <u>Nampa</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>Missouri</u>		BIRTHPLACE <u>Colorado</u>		
OCCUPATION <u>Plumber</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Boys alive at 8:45 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. R. Proctor
Physician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed Feb 4 19201920Pearl Ladd's

1

815-113-014255

Form V. S. No. 11-C-25a-1-3-20

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CanyonCity of HamperNo. 406-9 Ave 7th

Hospital _____

Registration District No. _____

File No. _____

75791

Primary Registration District No. 1006

Registered No. _____

FULL NAME OF CHILD _____

Gordon Whitney

Hansen

Sex of Child MaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?yesDate of
BirthJan 131920FULL
NAMEFATHER
James M. Hansen

RESIDENCE

Hamper

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Idaho

OCCUPATION

ford clerk Q.S.L.FULL
MAIDEN
NAMEMOTHER
Velma Pearl Shead

RESIDENCE

Hamper

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Illinois

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

born alive 8-9 A.M.
Geo. H. Proctor
Physician
(Physician or midwife)

Given name added from a supplemental report.

19. _____

Address _____

File

Jan 17 1920 Pearle Dodds
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } Certificate No. 75791

County of Canyon } ss. Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Born who Born on 1-13-1920

in Nampa, Ida (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by prepared on, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Gordon No. name Whitney Gordon Whitney Hansen

Hansen

Subscribed and sworn to before me this 15th

day of January, 1942

James F. Fisher

Notary Public, residing at Nampa, Idaho

My commission expires Aug. 4-1945

(SEAL)

Signed James M. Hansen

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

Nampa, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge

Subscribed and sworn to before me this 15th

day of January, 1942

James F. Fisher

Notary Public, residing at Nampa, Idaho

My commission expires Aug. 4-1945

(SEAL)

Signed Velma Pearl Hansen

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

P 37 Nampa, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

JAN 1 1942

CERTIFICATE OF BIRTH

Registration District No. 7006

File No. 15792

No. _____ St. _____

Primary Registration District No. 1006

Registered No. _____

Hospital Murray

Full Name of Child Jack Milton Everett

SEX OF CHILD <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>1</u>	Legiti- mate? <u>Ym.</u>	DATE OF BIRTH <u>Jan 12 20</u> (Month) (Day) (Year)
FULL NAME <u>Jack Everett</u>	FATHER		FULL MAIDEN NAME <u>Marion M. Hedrick</u>	MOTHER
RESIDENCE <u>Nampa</u>			RESIDENCE <u>Nampa</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>26 1/2</u> (Years)
BIRTHPLACE <u>Ida.</u>			BIRTHPLACE <u>Baltimore Md.</u>	
OCCUPATION <u>Real Estate</u>			OCCUPATION <u>None</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at a on the date above stated. (Born alive or stillborn)

(Signature) Jaew P. Pring

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address _____

Filed Feb. 10 1920

Registrar

Registrar Pearle D. Dods

FEB 16 1961

SEP 1 1964

AUG 31 1965

213.211-001-356

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of AdaCity of BoiseRegistration District No. 8File No. 75794No. 2515 Madison St.Primary Registration District No. 2004Registered No. 2

Hospital _____

FULL NAME OF CHILD

Margaret Grace Ballinger

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
Birth1-11-20
(Month) (Day) (Year)FULL
NAMEFred Ballinger

FATHER

FULL
MAIDEN
NAMEMary Leonard

MOTHER

RESIDENCE

2515 Madison St, Boise

RESIDENCE

2515 Madison St, Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY35
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Texas

OCCUPATION

Coach Cleaner

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:00 p. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. M. Taylor
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

1/20 1920

Registrar

Registrar

11/1/40 L. B.

367-114100-912

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 8File No. 75797~~7 mi. N. Boise~~Primary Registration District No. 2004Registered No. 5

Hospital _____

FULL NAME OF CHILD

Daniel Chas. Logan

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
Birth1-14-1920
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY33

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY29

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive, at 340 a. M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Boise, Idaho
1/30 19 20 L. J. Hoffman
Registrar

Registrar

DEC 6 1960

664 203.001-264

PLACE OF BIRTH

9

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 2-15-13

CERTIFICATE OF BIRTH

75798

County of AdairCity of Marion

Registration District No. _____

File No. _____

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD LUELLA VIOLET YOUNG

Sex of Child <u>M.</u>	Twin, Triplet or other? _____ and _____ (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>July 3 1917</u> (Month) (Day) (Year)
FULL NAME <u>Lukas Ray Young</u>	FATHER	FULL MAIDEN NAME <u>Paul E. Summers</u>	MOTHER
RESIDENCE <u>Caldwell, R. F. N.</u>		RESIDENCE <u>Caldwell, R. F. N.</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Missouri</u>		BIRTHPLACE <u>Ark</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Harbor</u>	

Number of child of this mother, including present birth. _____

Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

(Born alive or stillborn)

at 11:30 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oliver Hall

(Physician or midwife)

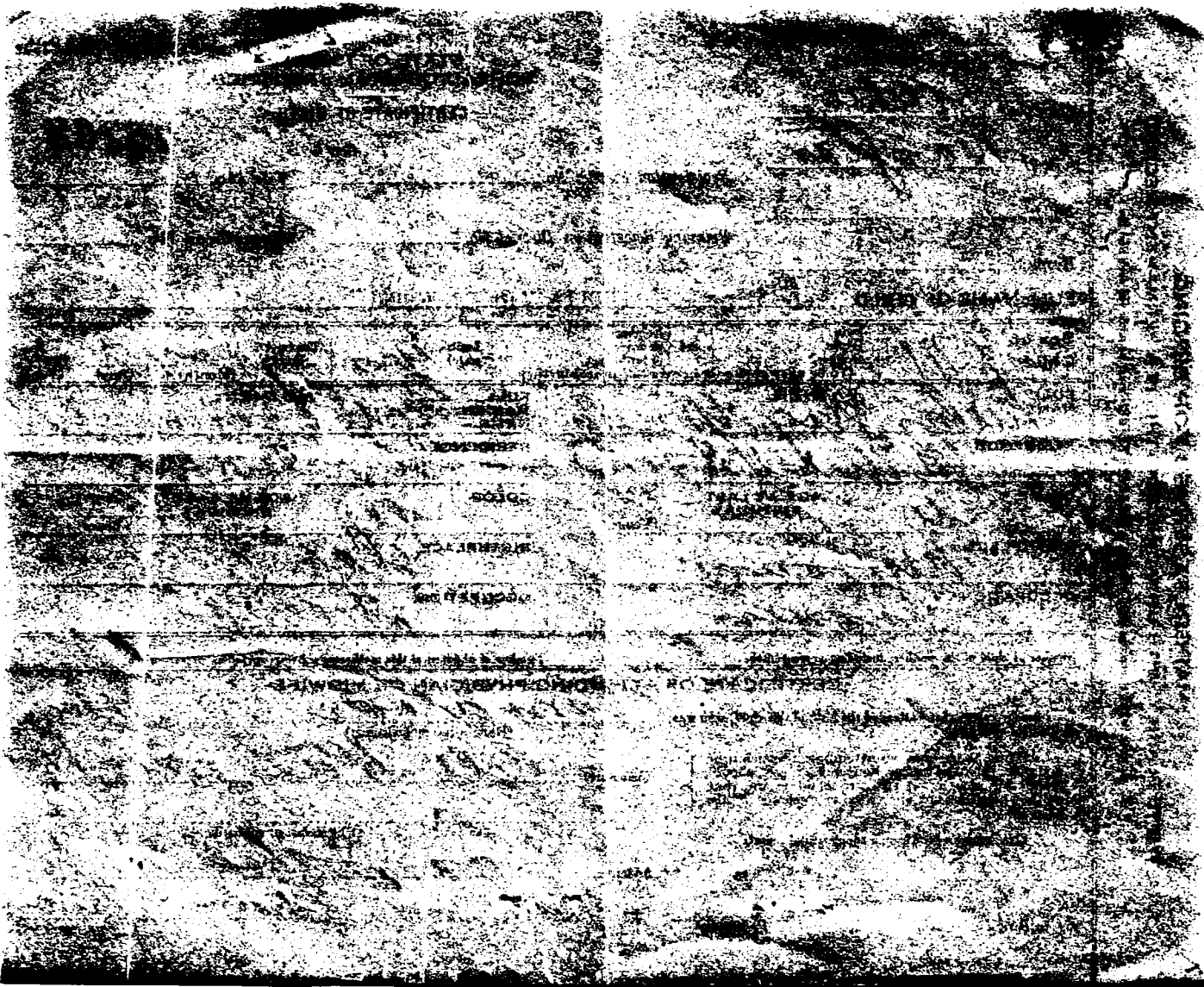
Given names added from a supplemental report

Address Glas IdahoFiled Jan 7 1920

19

Registrar

Registrar



Boyd Young # 129799

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of _____

Certificate No. 75798
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for Unnamed Young who born on Jan 3, 1920 (Birth or death)
(Name on original certificate) (Was born or died) (Date of event)
in Star, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Parents prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The corrected facts)

name

Omitted

Luella Violet Young

Subscribed and sworn to before me this 16th
day of December, 19 41

Signed Luther R. Young
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)

Myrna L. Bremer
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

Nampa, Route 2, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

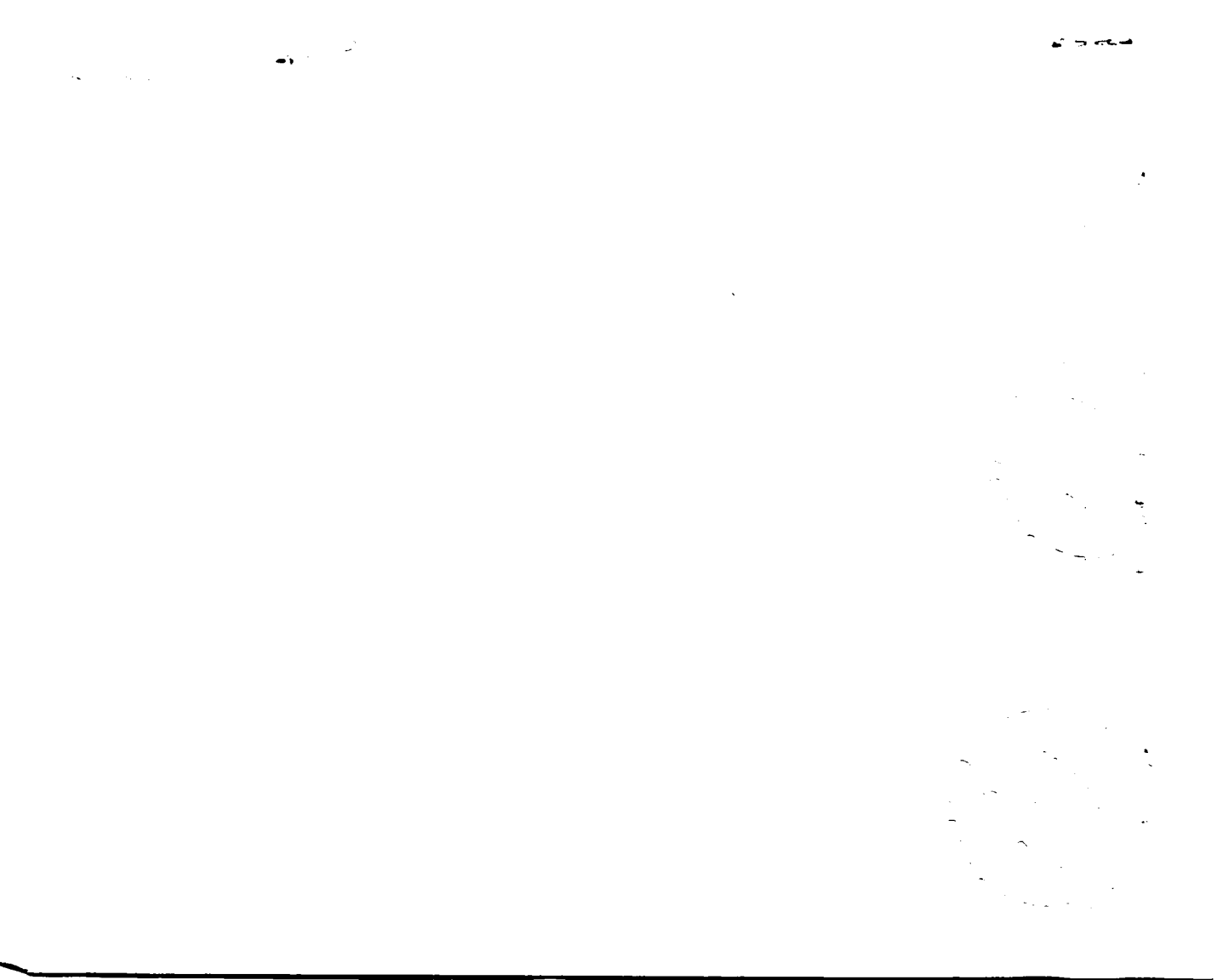
Subscribed and sworn to before me this 16th
day of December, 19 41

Signed Pearl E. Young ✓
(Signature of any credible person other than the previous affiant.)

Myrna L. Bremer
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

Route 2, Nampa, Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

107-00-392

PLACE OF BIRTH

STATE OF MICHIGAN
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-100-1-1-1

CERTIFICATE OF BIRTH

County of Adams

City of Eagle

No. St.

Hospital

Registration District No. 9

File No. 75799

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child <u>M</u>	Twins, Triplet or other? <u> </u>	and (Number in order of birth) <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>1</u> <u>7</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>John W. Cullen</u>			FULL MAIDEN NAME MOTHER <u>Blanche Fisher</u>	
RESIDENCE <u>Eagle, Ida</u>			RESIDENCE <u>Eagle, Ida</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)		
BIRTHPLACE <u>Mont</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Woo</u>	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 19 on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Cullen

(Physician or midwife)

Given names added from a supplemental report.

Address Bain, Ida

Filed Jan 10 1920

S-V CO. 24455

Registrar

Registrar

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City St. Louis Mo. 63101-141

Registration District No. _____

File No. 75861

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Marian Olive Wilkins

Sex of Child

7 MTwin
Triplet
or other?and Number
in order
of birthLegiti-
mate?yes

Date of Birth

July 2
(Month) (Day) (Year)

FULL NAME

FATHER David Earnest Wilkins

FULL MAIDEN NAME

MOTHER Jessie C. Adams

RESIDENCE

Star Idale

RESIDENCE

Star Idale

COLOR

W

AGE AT LAST BIRTHDAY

39
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

36
(Years)

BIRTHPLACE

Bristol England

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive

(Born alive or stillborn)

89

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ole Hae no

(Physician or midwife)

Given names added from a supplemental report

19 _____

Address

Star Idale

Filed

Jun 15 1922

19 _____

Ferdine K. Leary

MAY 27

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193 ⁶ 12 6
PLACE OF BIRTH
County of Cada
City of Meridian
Registration District No. 11 File No. 75804
No. 203 Primary Registration District No. 203 Registered No. 203
Hospital St.
FULL NAME OF CHILD Marjorie Belle Little
Sex of Child Female Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of Birth Jan 25 1900
(To be answered only in event of plural births) (Month) (Day) (Year)
FULL NAME FATHER Fred Little FULL MAIDEN NAME MOTHER Charles Wood
RESIDENCE Meridian Ida. RESIDENCE Meridian Ida.
COLOR White AGE AT LAST BIRTHDAY 3 COLOR White AGE AT LAST BIRTHDAY 27
(Years) (Years)
BIRTHPLACE Missouri BIRTHPLACE Kennett
OCCUPATION Farmer OCCUPATION Housewife
Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)
{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) C. A. Dutton
Given names added from a supplemental report. (Physician or midwife)
Address Meridian Ida.
Filed Jan 25 1900 C. A. Dutton
Registrar

EB 17 19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

75807

County of Boise
City of Garden Valley
No. 493.122.008-434 St.

Registration District No. 12

File No. 13

Hospital

Primary Registration District No.

Registered No. 3

FULL NAME OF CHILD

Raymond James ^{NT} ~~xxx~~ Mills

Sex of Child

Boy

Twin
Triplet
or other?

and } Number
in order
of birth

(To be answered only in event of plural births)

Length
made?

yes

Date of Birth

Jan 22 1920
(Month) (Day) (Year)

FULL NAME

Raymond James ^{FATHER} Mills

RESIDENCE

Garden Valley

COLOR

White

AGE AT LAST
BIRTHDAY

31
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

Agnes Helen ^{MOTHER} McDonald

RESIDENCE

Garden Valley

COLOR

White

AGE AT LAST
BIRTHDAY

31
(Years)

BIRTHPLACE

New York

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 4.32 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. G. Lilz
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Quartzburg

Filed

Jan. 27 1920

Mrs. P. J. Evans

Registrar

Registrar

1978 12



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 75807

County of Ada } Date Filed _____

- The undersigned does solemnly swear that certain facts on the certificate of Birth

for Raymond James Mills who was born on Jan. 21, 1920

(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in Garden Valley, Ida. are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Father prepared on _____, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Raymond James Mills Raymond Vincent Mills

Birthdate Jan. 21, 1920 Jan. 22, 1920

Father's name Robert James Mills Robert Harold Mills

Mother's maiden name Agnes Helen Mills Agnes Helen McDonald

Subscribed and sworn to before me this _____

day of May, 19 42 Signed Robert H. Mills

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(SEAL) (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.

County of _____ } (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and

that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19 _____ Signed _____

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____

My commission expires _____

(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

MAY 1 1942

SEP 10 1943

MAR 21 1944

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-4-15-1

City of 759128-032-951
No. _____ St. _____

Registration District No. 16File No. 75808

Hospital _____

Primary Registration District No. 1016Registered No. 4

Full Name of Child

Lloyd Donald Perry

SEX OF CHILD

MaleTwin
Triplet
or other? _____and Number
in order
of birth3Legiti-
mate? yesDATE OF
BIRTHJan 28 1920
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

John Alfonso PerryShoshonePortugueseAGE AT LAST
BIRTHDAY27
(Years)PortugalFarmFULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Cordia ReaganShoshoneWhiteAGE AT LAST
BIRTHDAY23
(Years)IdahoWoods

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 7 P M

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature).....

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19.....

Address.....

Filed.....

1920.....

Registrar.....

Registrar.....

FOR THE STATE
DEPARTMENT OF
HUMAN RESOURCES



259-113032-718

PLACE OF BIRTH

County of UnionCity of Shoshone

No. _____ St. _____

Hospital _____

Full Name of Child

Baby Leonard BeitiaSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-18-18

CERTIFICATE OF

Registration District No. 16File No. 75809Primary Registration District No. 016Registered No. 1

SEX OF CHILD

MaleTwin
Triplet
or other?

(To be answered only in event of plural births)

{ and }

Number
in order
of birth4

Legitimate?

Yes

DATE OF BIRTH

Jan 12 1920
(Month) (Day) (Year)

FULL NAME

Manuel Beitia

FATHER

RESIDENCE

Shoshone

COLOR

White

AGE AT LAST BIRTHDAY

32
(Years)

BIRTHPLACE

Spain

OCCUPATION

Merchant

FULL MAIDEN NAME

Fernanda Gays

MOTHER

RESIDENCE

Shoshone

COLOR

White

AGE AT LAST BIRTHDAY

34
(Years)

BIRTHPLACE

Spain

OCCUPATION

Wife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... alive..... at..... 9 A..... M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....
[Signature](Physician or midwife).....
[Signature]

Given names added from a supplemental report.

19.....

Address.....

Filed.....

Jan 21 1920

Registrar.....

Registrar.....

STATE OF NEW YORK

STATE OF NEW YORK
BUREAU OF VITAL RECORDS
CERTIFICATE OF

PLACE OF BIRTH

County of

MAY 24 1943

RECORDS SECTION

High School of

County of
and
of

RESIDENCE

RESIDENCE

DATE

BIRTHDAY

COLOR

BIRTHPLACE

BIRTHPLACE

AGE AT LAST

BIRTHDAY

(Year)

of their mother, including

certify that I attend
above stated.

the above was made
in the presence of
the following persons:
other than the
the

STATE OF NEW YORK
BUREAU OF VITAL RECORDS
Certificate of Birth

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

432-111-032-369.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11 C-25m-7-21-19

County of Lincoln

City of Shoshone

Registration District No. 16

File No.

75811

No. _____ St.

Primary Registration District No. 1016

Registered No. 2

Hospital _____

FULL NAME OF CHILD Glyde Herbert McKee

Sex of
Child

male

Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

yes

Date of
Birth

Jan. 11, 1920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

born alive at 3-30 A.M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

-19

Address

Filed

1920

Registrar

Registrar

1/7/41 L. B.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

75811

(not paid)

STATE OF Idaho)
) SS.
COUNTY OF Lincoln)

AFFIDAVITS FOR CORRECTION
OF A RECORD

Lee W. Monroe of Richfield, Idaho
Being first duly sworn, deposes and says that he is ^a brother-in-law
(if related, specify degree,
of Clyde Herbert McKee
if friend or otherwise, so state)
who was born in the city of Shoshone, County of Lincoln
(was born, died)
on the 11th day of January, 1920, as stated in a certificate of birth
birth or
death filed by Dr. C. P. Jones, M.D.
(name of physician or midwife, or undertaker for death)
with the Local Registrar for the city of Shoshone, County of Lincoln
Idaho, on the 3rd^c day of February 1920.

That the following facts set forth in said certificate are not correctly
stated therein, to wit: in that the above mentioned Clyde Herbert McKee
was born on the 11th day of January, 1920 instead of December, 11, 1919.

That affiant upon his own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Clyde Herbert McKee was born on the 11th day of January, 1920.

(SEAL)

Affiant Lee W. Monroe

Address Richfield, Idaho

Subscribed and sworn to before me this 23rd day of January, 1941

Howard E. Adkins
Notary Public
PROBATE JUDGE OF
LINCOLN COUNTY, IDAHO

STATE OF Idaho)
) SS.
COUNTY OF Lincoln)

Alexander Homer McKee of Richfield, Idaho
being first duly sworn, deposes and says that he has knowledge of the facts
hereinbefore alleged and that the said facts as stated are true.

Affiant Alexander Homer McKee

Address Richfield, Idaho

Subscribed and sworn to before me this 23 day of January, 1941

Howard E. Adkins
Notary Public

(Seal)

PROBATE JUDGE OF
LINCOLN COUNTY, IDAHO

CC Issued Jan. 29, 1941 Z.J.

342-218.032 466

PLACE OF BIRTH

name added 10-15-81

County of LincolnSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

City of DietrichRegistration District No. 16File No. 75812

No. _____ St.

Primary Registration District No. 2016Registered No. 13

Hospital _____

FULL NAME OF CHILD Mary Maxine Custer

Sex of Child <u>Fr.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Jan. 18</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Carlisle O. Custer</u>	FATHER
RESIDENCE <u>Dietrich</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>teacher</u>	

FULL MAIDEN NAME <u>Elsie Mooney</u>	MOTHER
RESIDENCE <u>Dietrich</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Jones M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

Filed Feb 19 19 20

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of MISSOURI } ss. Bureau of Vital Statistics Certificate No. 75812
County of DUNKLIN Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Custer (female) who was born on Jan 18, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Dietrich, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by PERSONAL KNOWLEDGE AS AUNT OF MARY MAXINE CUSTER
(Bible Record, Insurance Policy, Etc.) prepared on _____ are:
(Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name Unnamed Custer Mary Maxine Custer

Subscribed and sworn to before me this 12 day of October, 1976
[Signature]
Notary Public, residing at Kennett, Mo.
My commission expires 3-1-77
(Seal)

Signed Mrs. Perham Copenhagen
(Signature of parent or attendant in correcting a birth record; of attendant, funeral director, informant in correcting a death record; or other credible person.)
1913 Vanda Kennett, Mo. 6387
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of MISSOURI } ss.
County of DUNKLIN

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of October, 1976
[Signature]
Notary Public, residing at Kennett, Mo.
My commission expires 3-1-77
(Seal)

Signed A. D. Copenhagen
(Signature of Any Credible Person)
1913 Vanda Kennett, Mo. 6387
(Street Address, City, State)

First Baptist Church record gives Mary Maxine Erwin was born 1-18-20 and was baptised 1-27-74 in the First Baptist Church. Viewed by V.S.

OCT 15 1981

Bond For Marriage License from State of Arkansas County of Pulaski gives Mary Maxine Custer and C.B. ERwin Jr were married on 12-24-40. Viewed by V.S.

PLACE OF BIRTH

127-1271032/23
County of LincolnCity of Richfield

No. St.

Registration District No.

File No. **75813**

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

John Aspiasan

Sex of Child

MaleTwin
Triplet
or other?{ and {
Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthJan 271920

(Month) (Day) (Year)

FULL
NAMEFATHER
John Aspiasan

RESIDENCE

Richfield 1 mi. E. 2 1/2 north

COLOR

White

AGE AT LAST

BIRTHDAY

28

(Years)

BIRTHPLACE

Spain

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Maria Aspiasan

RESIDENCE

Richfield 2 mi. E. - 1 mi. S.

COLOR

White

AGE AT LAST

BIRTHDAY

26

(Years)

BIRTHPLACE

Spain

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 2Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

O. E. Bloom
M. D.

(Physician or midwife)

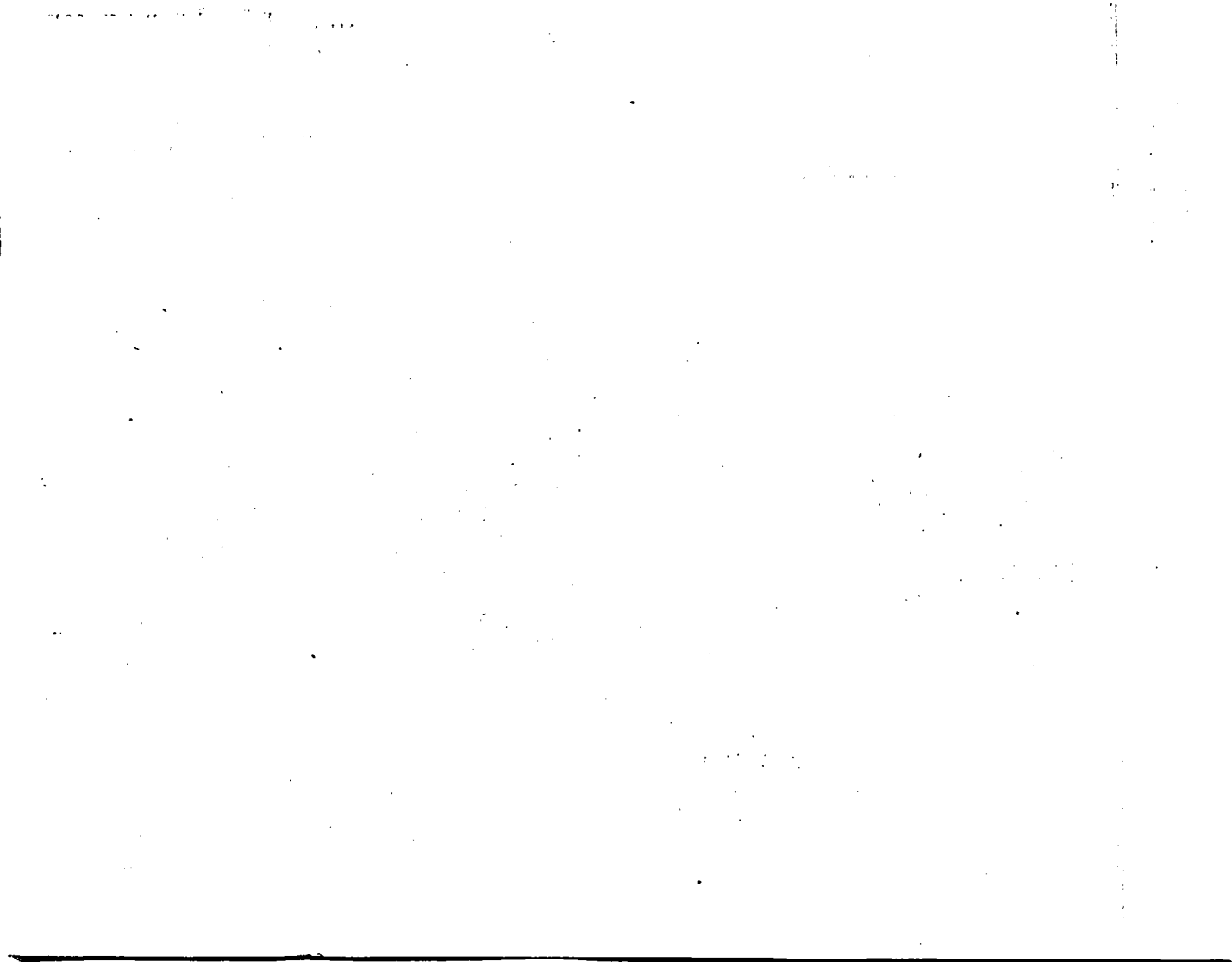
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



PLACE OF BIRTH

235-2 10-032-396

County of *Lincoln*City of *Richfield*

No. St.

Registration District No.

File No. **75815**

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD *Fay Stevens*

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <i>Yes</i>	Date of Birth <i>Jan 10</i> Month Day Year <i>1920</i>
----------------------------	---	--------------------------------------	------------------------	--

FULL NAME <i>Walter Stevens</i>	FATHER
RESIDENCE <i>Richfield 6 mi S.W.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>37</i> (Years)
BIRTHPLACE <i>Holden Utah</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Mary G Crowther</i>	MOTHER
RESIDENCE <i>Richfield 6 mi S.W.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)
BIRTHPLACE <i>Fountain Green Utah</i>	
OCCUPATION <i>House wife</i>	

Number of child of this mother, including present birth *7* Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) *7 10 A.* M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *O. E. Bloom*

(Physician or midwife)

Given names added from a supplemental report.

Address *Richfield Idaho*Filed *Feb 12 1920* *P. E. Blott*

Registrar

Registrar

JAN 2 1976

PLACE OF BIRTH

962-1021032-819
County of LincolnCity of Richfield

No. St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-6-6-17

Registration District No.

File No. **75816**

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Stanton Denver Lincoln Ross

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 2 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FATHER FULL NAME <u>Halton A Ross</u>		MOTHER FULL MAIDEN NAME <u>Mary Haines</u>	
RESIDENCE <u>Richfield 2 mi West</u>		RESIDENCE <u>Richfield 2 mi West</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Hootenae Co. Ida</u>		BIRTHPLACE <u>Custer Co. Neb</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Bloom
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Richfield 2 mi WestFiled 4.4.10 1920 R. E. B. 11th

Registrar

Registrar

SEP 23 1943

369-230-034-917

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MinidokaCity of RupertRegistration District No. 19File No. 75817

No. _____ St. _____

Primary Registration District No. 2015 Registered No. I

Hospital _____

FULL NAME OF CHILD

Elsie CornelsenSex of Child FemaleTwin
Triplet
or other?
(To be answered only in event of plural births){ and } Number
in order
of birthLegiti
mate?yesDate of
BirthJan 30 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Abraham D. Cornelsen

RESIDENCE

Rupert, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY39

(Years)

BIRTHPLACE

Canada

OCCUPATION

CarpenterFULL
MAIDEN
NAME

MOTHER

RESIDENCE

Katie RagalskyRupert, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY26

(Years)

BIRTHPLACE

Russia

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 30 P. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Leland Yaggin, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rupert Idaho

Filed

Feb 9 1920Etchison

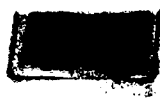
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

JUN. 14 1945



7152 03-034395

Form V. B. No. 11-C-25m-7-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MinidokaCity of RupertRegistration District No. 19File No. 75818

No. _____ St. _____

Primary Registration District No. 2015 Registered No. 2

Hospital _____

FULL NAME OF CHILD

Agnes Gausinger

Sex of Child <u>Female</u>	Twins or other? <u>Triplets</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 3</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER
FULL NAME Christ Gausinger
RESIDENCE Minidoka Idaho
COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Hungary
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Olga Linstauer
RESIDENCE Minidoka Idaho
COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Russia
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:55 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address _____

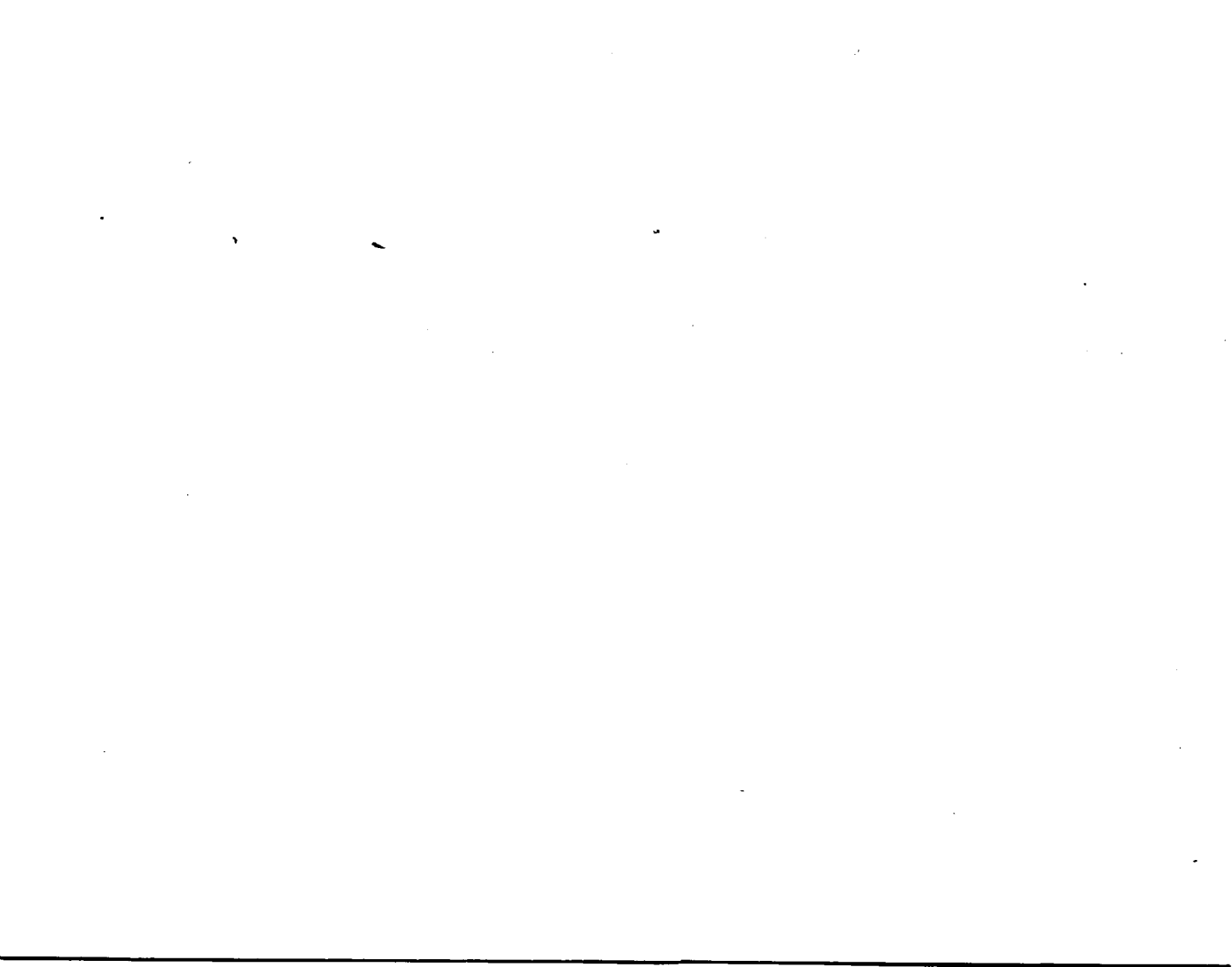
Filed Feb 9 1920 E. H. Elmer

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In cases of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-116-034-613

PLACE OF BIRTH

County of *Minidoka*

City of *Rupert*

No. St.

Hospital

FULL NAME OF CHILD *Stillborn*

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-04-1

Registration District No. *19*

File No. *75821*

Primary Registration District No. *2015*

Registered No. *5*

Sex of Child <i>male</i>	Twin Triplet or other? <i>(To be answered only in event of plural births)</i>	and (Number in order of birth)	Legitimate? <i>yes</i>	Date of Birth <i>1 15</i> (Month) (Day)
FULL NAME <i>James Lee Ray</i>	FATHER		FULL MAIDEN NAME <i>Minnie Bruce Walton</i>	MOTHER
RESIDENCE <i>Rupert</i>			RESIDENCE <i>Rupert</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)		COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>23</i> (Years)
BIRTHPLACE <i>Utah</i>			BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Stock Buyer</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

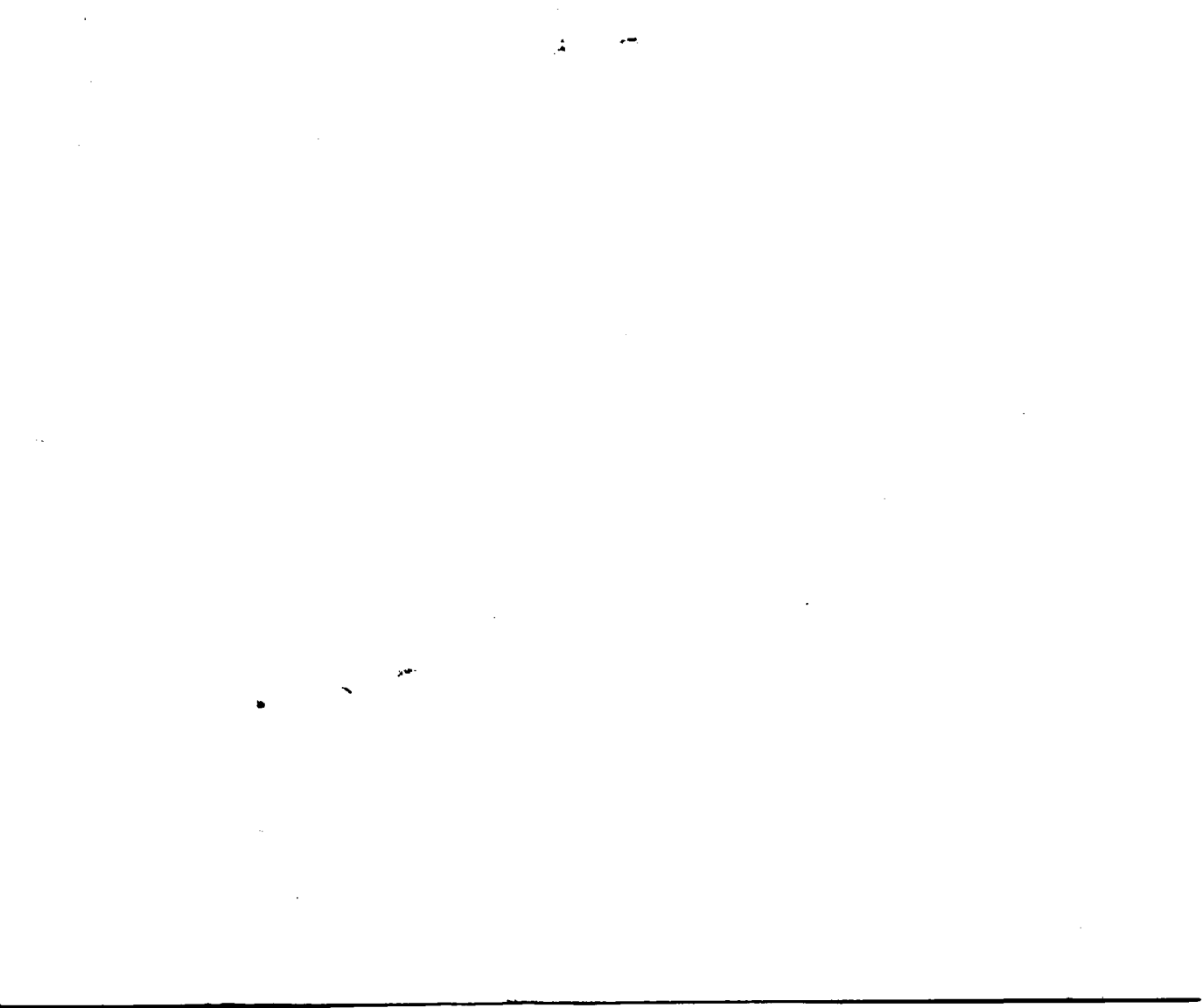
I hereby certify that I attended the birth of this child, who was *Stillborn* (Born alive or stillborn) at *4 A.* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. H. Moore*
m. d.
(Physician or midwife)

Given names added from a supplemental report.

Address *Rupert Idaho*
Filed *Feb 9 1920* *E. H. Moore*
Registrar



281-113-034-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75822

County of MinidokaCity of RupertRegistration District No. 19

File No. _____

No. _____ St. _____

Primary Registration District No. 2015 Registered No. 6

Hospital _____

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>1</u> <u>13</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-------------------------	--

FULL NAME <u>Alonzo M. Shaper</u>	FATHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Carpenter</u>	

FULL MAIDEN NAME <u>Sarah Williams</u>	MOTHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laurenifer</u>	

Number of child of this mother including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. P. Shaper

(Physician or midwife)

Given names added from a supplemental report.

Address Rupert IdahoFiled Feb 19 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1969

253-114034-545

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MinidokaCity of RupertRegistration District No. 19File No. 75823

No. _____ St. _____

Primary Registration District No. 2015 Registered No. 7

Hospital _____

FULL NAME OF CHILD

JOHN EDNEY BELL

Sex of Child <u>male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>1</u> <u>14</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-------------------------	--

FULL NAME FATHER James R. BellRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 46BIRTHPLACE IllinoisOCCUPATION RancherFULL MAIDEN NAME MOTHER Mary M. EdneyRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE NebraskaOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 a. m. on the date above stated. Born alive or stillborn

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Broom

(Physician or midwife)

Given names added from a supplemental report.

19 _____

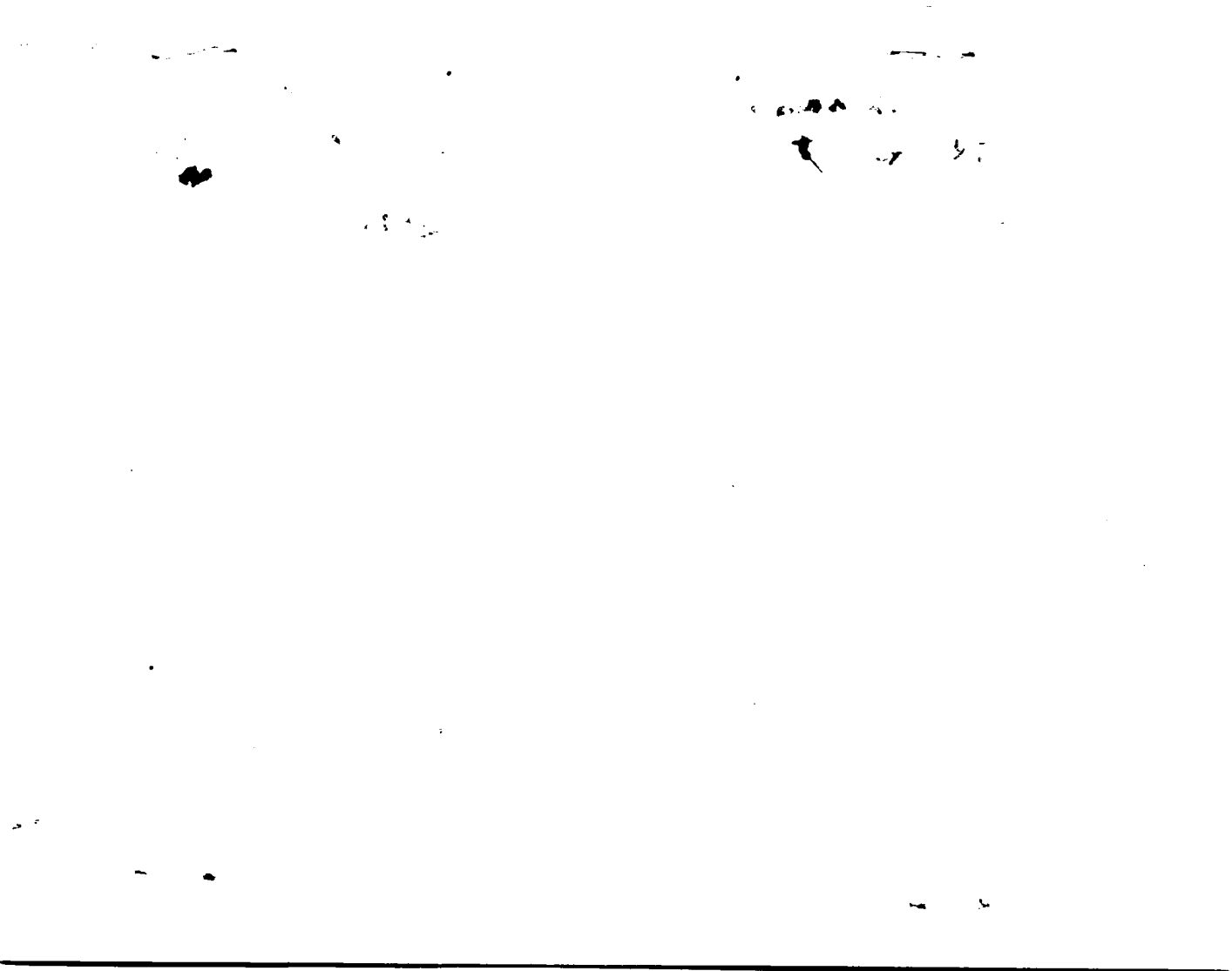
Address Rupert IdahoFiled Feb. 9 1920 E. H. Edney

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nebraska } ss. Certificate No. 75823
County of Fillmore }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Bell who was born on Jan. 14, 1920 (Birth or Death)
in Rupert, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record prepared on Jan. 21, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) TO
name unnamed John Edney Bell
John Edney Bell (The Correct Facts)

Subscribed and sworn to before me this 1 9th
day of March, 19 42

Notary Public, residing at Grafton, Nebr.

My commission expires Jan. 17, 1944
(Seal)

Signed Gertude T. Burke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grafton, Nebr.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska } ss.
County of Fillmore }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of March, 19 42

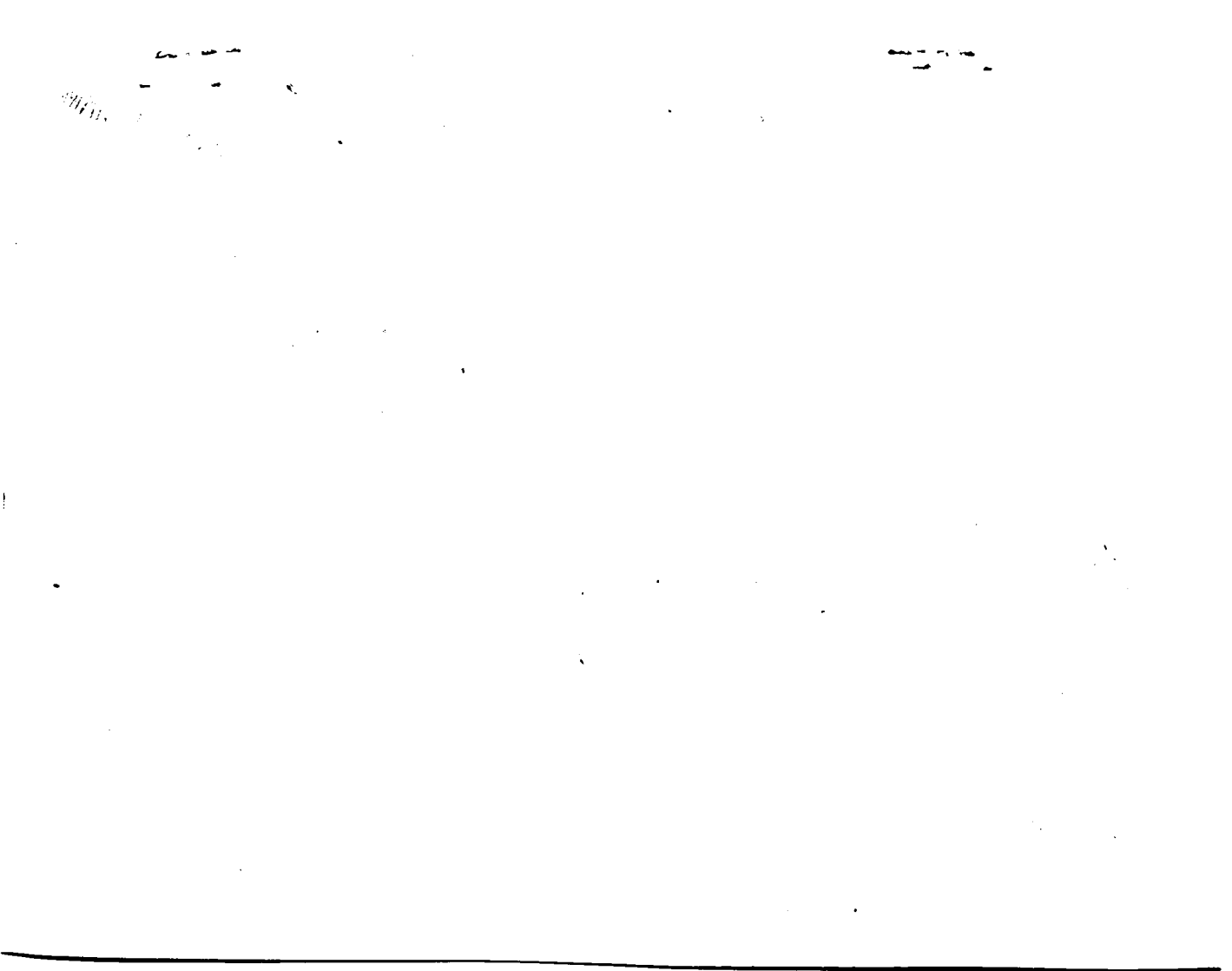
Notary Public, residing at Grafton, Nebr.

My commission expires Jan. 17, 1944
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Faye Morrissey
(Signature of Any Credible Person Other Than Previous Year)

Grafton, Nebr.
(Street Address, City, State)



741-130-034-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MinidokaCity of RupertRegistration District No. 19 File No. 75824

No. _____ St. _____

Primary Registration District No. 2015 Registered No. 8

Hospital _____

FULL NAME OF CHILD

BERT ELMER GUARD

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>1 30 20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-------------------------	--

FULL NAME Henry FATHER GuardFULL MAIDEN NAME Rose SmithRESIDENCE RupertRESIDENCE RupertCOLOR White AGE AT LAST BIRTHDAY 35
(Years)COLOR White AGE AT LAST BIRTHDAY 29
(Years)BIRTHPLACE UtahBIRTHPLACE UtahOCCUPATION FarmingOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Elmer

(Physician or midwife)

Given names added from a supplemental report.

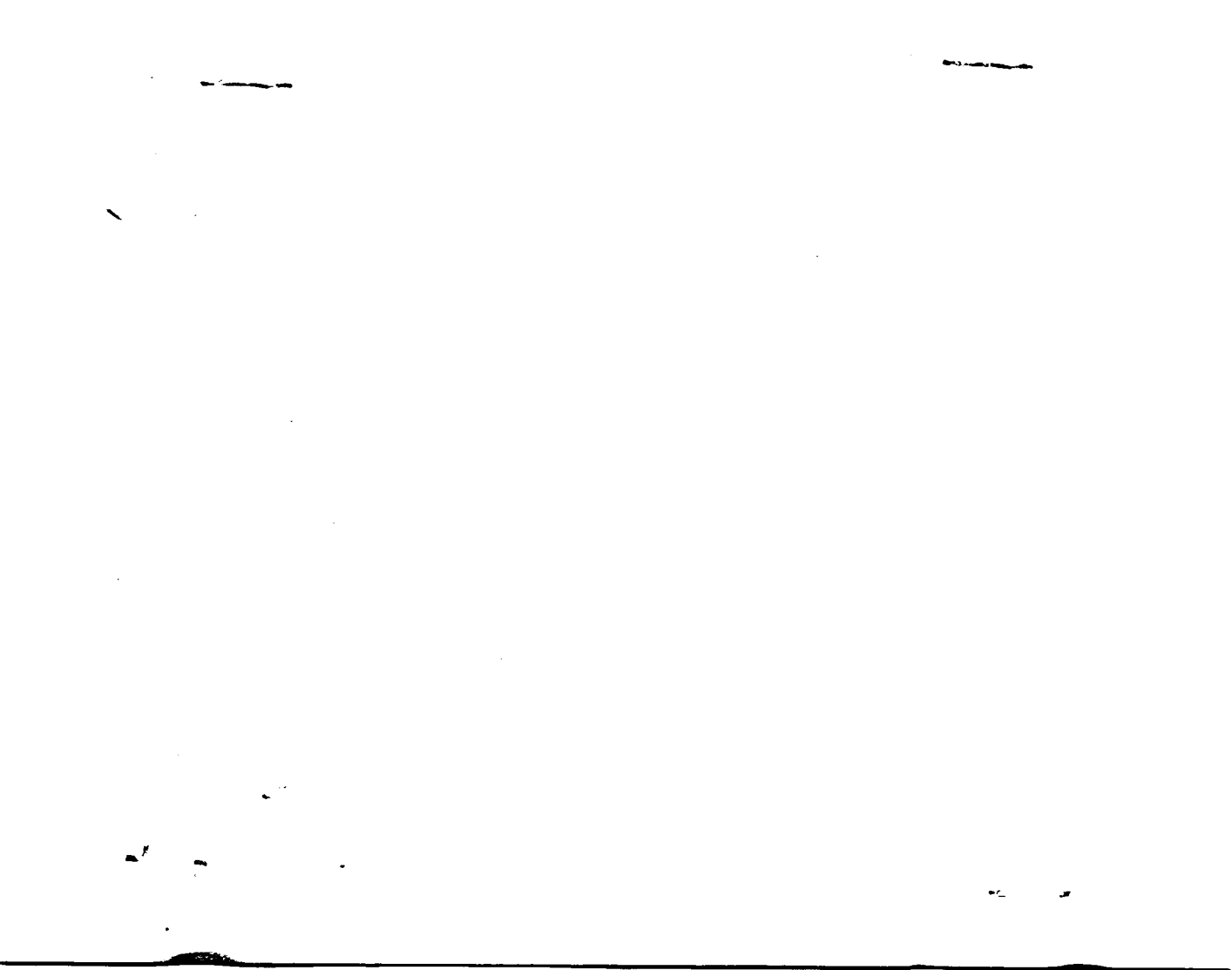
Address Rupert IdahoFiled Feb 4 EM Elmer

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 24 1942 Certificate No. 75824
County of Minidoka } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth
(BIRTH OR DEATH)

for _____ who _____ on _____
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM
(AS ON ORIGINAL)

TO
(THE CORRECT FACTS)

name _____

unnamed _____

Bert Elmer Guard

name of father _____

Harry Guard

Henry Guard

Subscribed and sworn to before me this 21
day of Jan, 19 42

Paul A. French
Notary Public, residing at Rupert, Idaho.

My commission expires July 20, 1943.
(SEAL)

Signed Henry Guard: Father.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rupert, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21
day of Jan, 19 42

Signed Floyd May
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Paul A. French
Notary Public, residing at Rupert, Idaho.

My commission expires July 20, 1943.
(SEAL)

Rupert, Idaho. B.F.D. 2
(STREET ADDRESS, CITY, STATE)

Received for filing on _____

JAN 24 1942

By _____

(REGISTRAR'S SIGNATURE)

MAY 22 1975

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

849.2081034-313

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 75826

No. _____ St.

Primary Registration District No. 2015

Registered No. 10

Hospital _____

FULL NAME OF CHILD WANDA GILBERTA HURD

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>1 8 1920</u> (Month) (Day) (Year)
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FULL NAME FATHER Gilbert J. Hurd

RESIDENCE Rupert

COLOR white AGE AT LAST BIRTHDAY 29
(Years)

BIRTHPLACE Tennessee

OCCUPATION Carpenter

FULL MAIDEN NAME MOTHER Dora S. Calvert

RESIDENCE Rupert

COLOR white AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

(Physician or midwife)

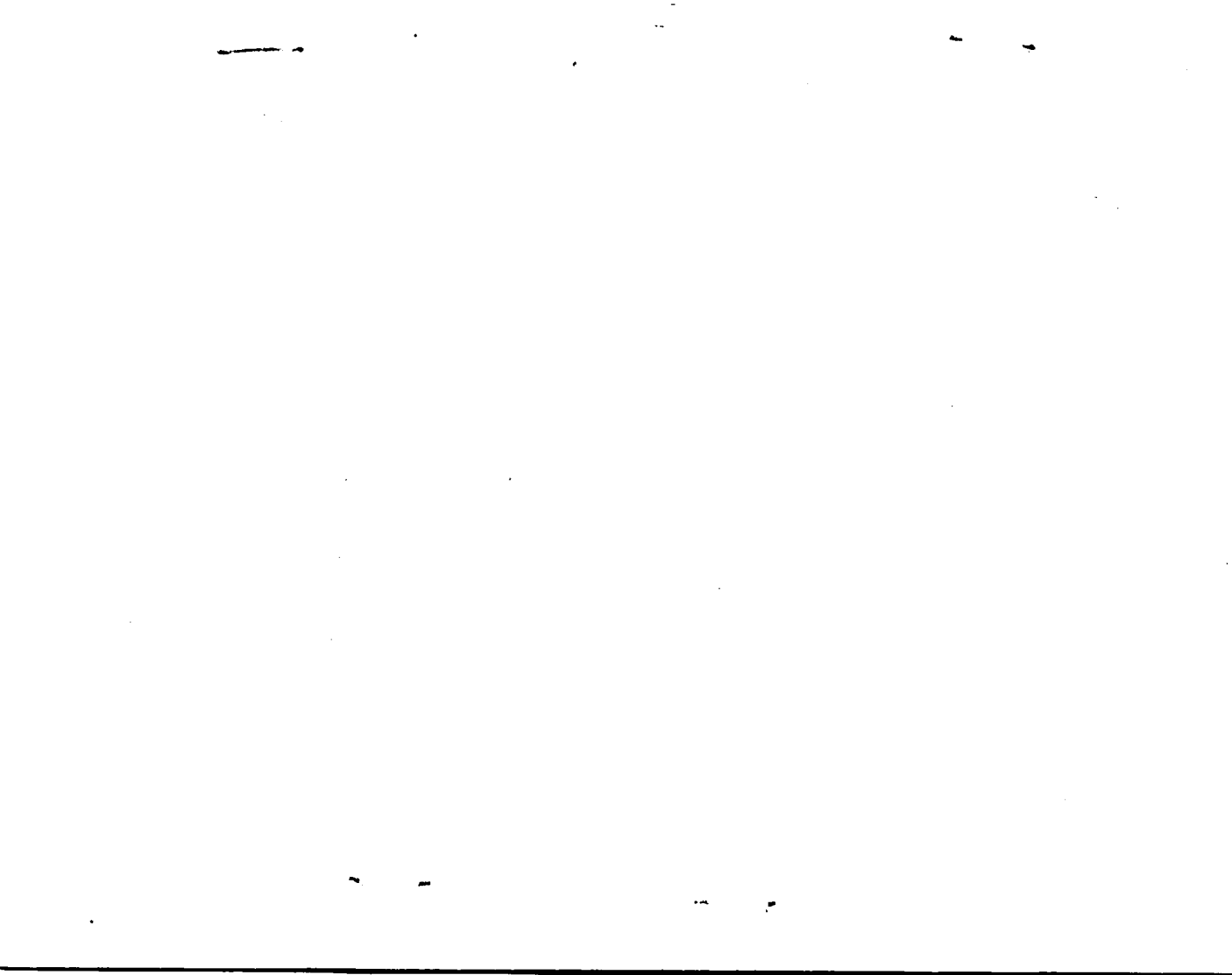
Given names added from a supplemental report.

Address Rupert Idaho

Filed Feb. 9 1920 E. H. Huron

Registrar

Registrar



NOV 23 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate N75826
County of Pierce }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Wanda Gilberta Hurd who Born on Jan. 8TH-1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Rupert Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by own mother and father prepared on Nov. 21ST-1942, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name unnamed Wanda Gilberta Hurd

Subscribed and sworn to before me this 21ST of Nov.
day of Nov., 1942

Notary Public, residing at Puyallup, Wash
My commission expires DEC. 11TH-44
(Seal)

Signed Mrs. Grace Hurd (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RTE I Box 626 Puyallup, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Pierce }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. 21ST
Subscribed and sworn to before me this _____
day of Nov., 1942

Signed James Gilbert Hurd (Father)
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Puyallup, Wash
My commission expires Dec. 11TH-44
(Seal)

RTE I Box 626 Puyallup, Wash
(Street Address, City, State)

NOV 2⁴/₂ 1942

365-106-034-918

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of MinadobaCity of RupertRegistration District No. 19File No. 75827

No. _____ St. _____

Hospital _____

Primary Registration District No. 2015 Registered No. 11

FULL NAME OF CHILD

Elmore Seth Loveland

Sex of Child

MaleTwin
Triplet
or other?{ and } Number
in order
of birthLegiti
mate?yesDate of
Birth1 6 1920
(Month) (Day) (Year)FULL
NAMESeth Loveland

RESIDENCE

Rupert

COLOR

whiteAGE AT LAST
BIRTHDAY 27
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Stock RaiserFULL
MAIDEN
NAMEMillie Mahoney

RESIDENCE

Rupert

COLOR

whiteAGE AT LAST
BIRTHDAY 29
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 2 on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature)

C. P. Brown
C. P. Brown
(Physician or midwife)

Address

Rupert Idaho.

Filed

Feb. 8 1920 C. P. Brown

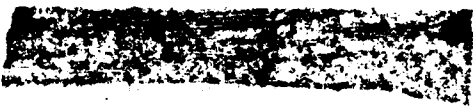
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

1/13/41/ EA.



249-213-034-366

PLACE OF BIRTH

County of Minidoka

City of

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-28m-3-37

CERTIFICATE OF BIRTH

Registration District No. 19File No. 75828Primary Registration District No. 2015Registered No. 12FULL NAME OF CHILD Sarah Emma Smith

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u>	and { Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 13</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Joe H Smith</u>			FULL MAIDEN NAME MOTHER <u>Mary Coffman</u>	
RESIDENCE <u>Paul, Idaho</u>			RESIDENCE <u>Paul, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Granston, Wyo</u>	
OCCUPATION <u>Electrician</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 13-1920 at 2:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Adams, M.D.

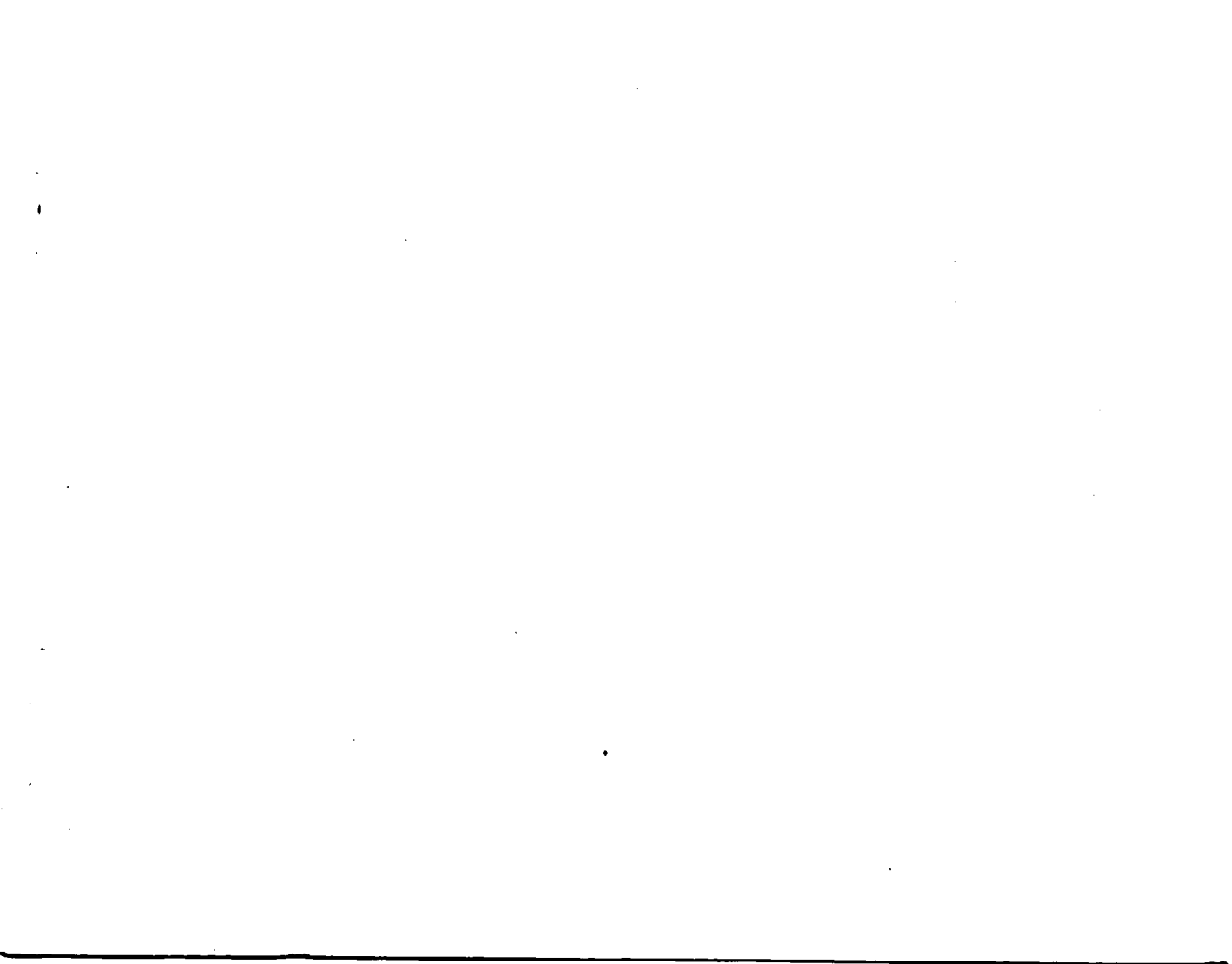
(Physician or midwife)

Given names added from a supplemental report.

Address Paul, IdahoFiled 2-8-21 at Idaho

Registrar

Registrar



WRITE AGAINST UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-107-034-613

PLACE OF BIRTH

County of Missoula

City of

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 19

Primary Registration District No. 2016

Form V. S. No. 11-C-22a-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 75829

Registered No. 13

Sex of Child <u>male</u>	Twin Triplet or other? <u>1</u> } and { Number in order of birth <u>6</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 7</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Edward Wesley Smith</u>	FATHER
RESIDENCE <u>Paul Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Earning</u>	

FULL MAIDEN NAME <u>Hella Wattenbarger</u>	MOTHER
RESIDENCE <u>Paul, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive June 7-1920 at 9:45 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Adams, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Paul, Idaho

Filed 2-9 1920 E. E. Hume
Registrar

Registrar

JUN 26 1942

419-206.034-966

PLACE OF BIRTH

County of Lincoln

City of

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 13-C-25a-0-0-7

CERTIFICATE OF BIRTH

Registration District No. 19File No. 7583Primary Registration District No. 2013Registered No. 14

Sex of Child Female Twin Triplet or other? 1 and (Number in order of birth) 3 Legitimate? yes Date of Birth June 6 1922
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Walter Mark
RESIDENCE Niput, Ida R 2
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Argenta, Ill
OCCUPATION Farming

MOTHER
FULL MAIDEN NAME Rosalie Rowe
RESIDENCE Niput, Ida R 2
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Cambridge, Nebraska
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Jan 6-1922 4 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. ...

(Physician or midwife)

Given names added from a supplemental report.

Address Paul, IdaFiled 2-9-22 Edith Moore

Registrar

Registrar

543-229-034-345
PLACE OF BIRTHCounty of MendocinoCity of Roseburg

No. St.

Hospital

FULL NAME OF CHILD Alta Fern NettingSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 19File No. 75837Primary Registration District No. 2015Registered No. 21

Sex of Child <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1</u> <u>29</u> <u>1913</u> (Month) (Day) (Year)
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FULL NAME <u>Chas. L. Netting</u>	FATHER
RESIDENCE <u>Roseburg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lola Cunningham</u>	MOTHER
RESIDENCE <u>Roseburg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 4 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 p ... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Knappey
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address RoseburgFiled 2-9-20 E. H. Eburne

Registrar

Registrar

FEB 26 1963

DUL 2 6 1963

135-217034-318

name added 3-22-84 dl

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MinidokaCity of RupertRegistration District No. 19File No. 75.8.38No. St.Primary Registration District No. 2015Registered No. 22

Hospital

Juanita Alexander

FULL NAME OF CHILD

Sex of Child <u>girl</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u></u>	Date of Birth <u>1</u> <u>17</u> <u>1918</u> (Month) (Day) (Year)
FULL NAME <u>J. S. Alexander</u>	FATHER	FULL MAIDEN NAME <u>Jane Taylor</u>	MOTHER
RESIDENCE <u>Rupert</u>		RESIDENCE <u>Rupert</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Knap
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address RupertFiled 2-9-20

Registrar

Registrar

7-9-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Nevada }
County of Washoe } ss.

MAR 20 7 52 AM '84

Certificate No. 75838

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Alexander who was born on 1-17-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Rupert (Minidoka) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedIuanita Alexander

GERRIE GORDON

Notary Public - State of Nevada

Washoe County

My Appointment Expires Oct. 1, 1984

Subscribed and sworn to before me this 12th day ofMarch, 1984Notary Public, Gerrie GordonResiding at 3895 Goldfinch Dr. Reno, NV. 89506

My commission expires _____

(Seal)

Signature of Applicant

17715 Mockingbird Dr.Street Address, City, State Reno, nv.89506

SUPPORTING AFFIDAVIT OF A SECOND PERSON

OFFICIAL SEAL
ROBERT HUNTER COE
NOTARY PUBLIC - CALIFORNIA

My comm. expires MAY 2, 1985

600 Main Street, Wheatland, CA 95692

State of California }
County of Yuba } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of

Apr. 1, 1983
Notary Public, Robert Hunter Coe

Residing at 414 E. St. Wheatland, Calif.My commission expires May 2, 1985

(Seal)

Supporting Signature

Street Address, City, State

11C

95919

Birth Certificate for Juanita Ann Wilson born Jan 17, 1939
in Marysville, California lists mothers maiden name as
Juanita Alexander born in Rupert on Jan 17, 1920.

Viewed by V.S.

MAR 22 1984

High School record lists Student as Juanita Alexander
Dated August 11, 1934. Viewed by V.S:

239-118,034-968

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-25m-8-8-17

CERTIFICATE OF BIRTH

County of minidoka

City of

Registration District No. 19File No. 7

No. St.

Primary Registration District No. 2015

Registered No.

Hospital

FULL NAME OF CHILD

Hester Willard StrouhalSex of
ChildmaleTwin
Triplet
or other?
(To be answered1

} and

Number
in order
of birth
(To be answered4

only in event of plural births)

Legiti-
mate?yesDate of
BirthJune 181920

(Month)

(Day)

(Year)

FULL
NAMEFATHER
Thomas R. Strouhal

RESIDENCE

Paul, Ida

COLOR

whiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Ida

OCCUPATION

BlacksmithFULL
MAIDEN
NAMEMOTHER
Mellie Probst

RESIDENCE

Paul, Ida

COLOR

whiteAGE AT LAST
BIRTHDAY37
(Years)

BIRTHPLACE

Pacoma Wash

OCCUPATION

housewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.June 18-1920 at 230 P.M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Strouhal

(Physician or midwife)

Given names added from a supplemental report.

Address Paul, IdaFiled 2-9-20

Registrar

Registrar



JUL 2 1942

819-2071034-894

PLACE OF BIRTH

County of MinnesotaCity of Refert

No. St.

Hospital

STATE OF MINN.:
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHRegistration District No. 19File No. 75840Primary Registration District No. 2013Registered No. 24FULL NAME OF CHILD Dona Harrison

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>yes</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 7</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Albert William Harrison</u>		MOTHER FULL MAIDEN NAME <u>Ruby Louisa Hyde</u>	
RESIDENCE <u>Refert</u>		RESIDENCE <u>Refert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Myo</u>		BIRTHPLACE <u>Myo</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 P. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Elmore
.....
(Physician or midwife)

Given names added from a supplemental report.

Address Refert
.....
Filed Feb 9 1920
Registrar E. T. Elmore
Registrar

JUL 5 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 75840
County of Mitidoka }

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Harrison (female) who was born on Feb. 7, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Rupert, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by School & Family Records prepared on 3-11-75, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dona Harrison

Subscribed and sworn to before me this 11 day of March, 1975
David W. [Signature]
Notary Public, residing at [Signature]
My commission expires 2-12-75
(Seal)

Signed [Signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Mitidoka }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of March, 1975
David W. [Signature]
Notary Public, residing at [Signature]
My commission expires 2-12-75
(Seal)

Signed [Signature]
(Signature of Any Credible Person)
401 Walnut St. Rupert, Idaho
(Street Address, City, State)

APR 2 1975

Minidoka County Schools letter gives name as Dona Harrison daughter of Albert W. Harrison and Amy Hyde Harrison. born Feb. 7, 1920 ay Rupert, Idaho. attended minidoka counyt school during the year of 1927 thorough 1937. viewed~~xy~~ by V.S.

Family Group record gives names as Albert William Harrison and Amy louise Hyde. child's name given as Dona Harrison. born Feb. 7, 1920. ~~xxx~~ viewed. by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-221-034-465

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-2M-42-17

County of Minidoka

City of Rupert
No. St.

Registration District No. 14

File No. **75841**

Primary Registration District No. 2015

Registered No. 25

Hospital
FULL NAME OF CHILD Sorena Pearl Wilson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 21</u> 19 <u>28</u> (Month) (Day) (Year)
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FULL NAME <u>Andrew Dorsey Wilson</u>	FATHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>laborer</u>	

FULL MAIDEN NAME <u>Anna Pearl Moncur</u>	MOTHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Eklund
(Physician or midwife)

Given names added from a supplemental report.

Address Rupert
Filed 2-4-28
Registrar E. H. Eklund

JAN 17 1969

SEP 8 1975

Amended 719-122-034-866
2/2/73

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-8-17

County of Minidoka

City of Reupert

Registration District No. 19

File No. **75842**

No. St.

Primary Registration District No. 2013

Registered No. 26

Hospital

FULL NAME OF CHILD Richard Douglas Parker

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 22</u> 19 <u>20</u> Month (Day) (Year)
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FULL NAME DAVID H PARKER
RESIDENCE Reupert
COLOR white AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Utah
OCCUPATION Harmer

FULL MAIDEN NAME Elizabeth Ann Hooper
RESIDENCE Reupert
COLOR white AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth... 7..... Number of children of this mother now living including present birth... 5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:00 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Skene
.....
(Physician or midwife)

Given names added from a supplemental report.

Address Reupert
Filed 2-5 1920
Registrar E. H. Skene

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1971

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. Certificate No. 75842
County of } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Parker who was born on Jan 22, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Rupert are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Childs name omitted Richard Douglas Parker
Sex of child Female Male

Subscribed and sworn to before me this 8th day of
January, 1973

Notary Public, residing at Rupert, Idaho
My commission expires Feb 17, 1973
(Seal)

Signed Maxine F. Parker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 4, Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of
December, 1972

Notary Public, residing at Rupert, Idaho
My commission expires Feb 17, 1973
(Seal)

Signed Sherman D. Saylor
(Signature of Any Credible Person)

Box 3, Rupert, Idaho
(Street Address, City, State)

Certif. of Baptism and Confirmation dated Sept, 2, 1928 gives name as Richard Douglas Parker son of David F. Parker and Elizabeth Ann Hooper. Born Jan 22, 1920. Was Baptized Sept, 1, 1928 and Confmd. Sept. 2, 1928. Viewed by V. S.

Marriage Certificate from Idaho gives groom's name as Richard Douglas Parker and the bride's name as Louise Marie Gransbury. Dated Nov. 27, 1947. Viewed by V. S.

FEB 12 1973

632-224-034-593
Amended 8-4-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 75843

Local Reg. No. 27

Reg. Dist. No. 19

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Minidoka		a. STATE Idaho	b. COUNTY Minidoka
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Heyburn, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Heyburn	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME			
a. (First) Ina		b. (Middle) Estella	
		c. (Last) Olson	
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) Jan. 24, 1920

FATHER OF CHILD

7. FULL NAME		a. (First)		b. (Middle)		c. (Last)	
Nephi		Marx		Olson			
8. AGE (At time of this birth) 26 YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) Utah		10. USUAL OCCUPATION Farmer		11. KIND OF BUSINESS OR INDUSTRY		

MOTHER OF CHILD

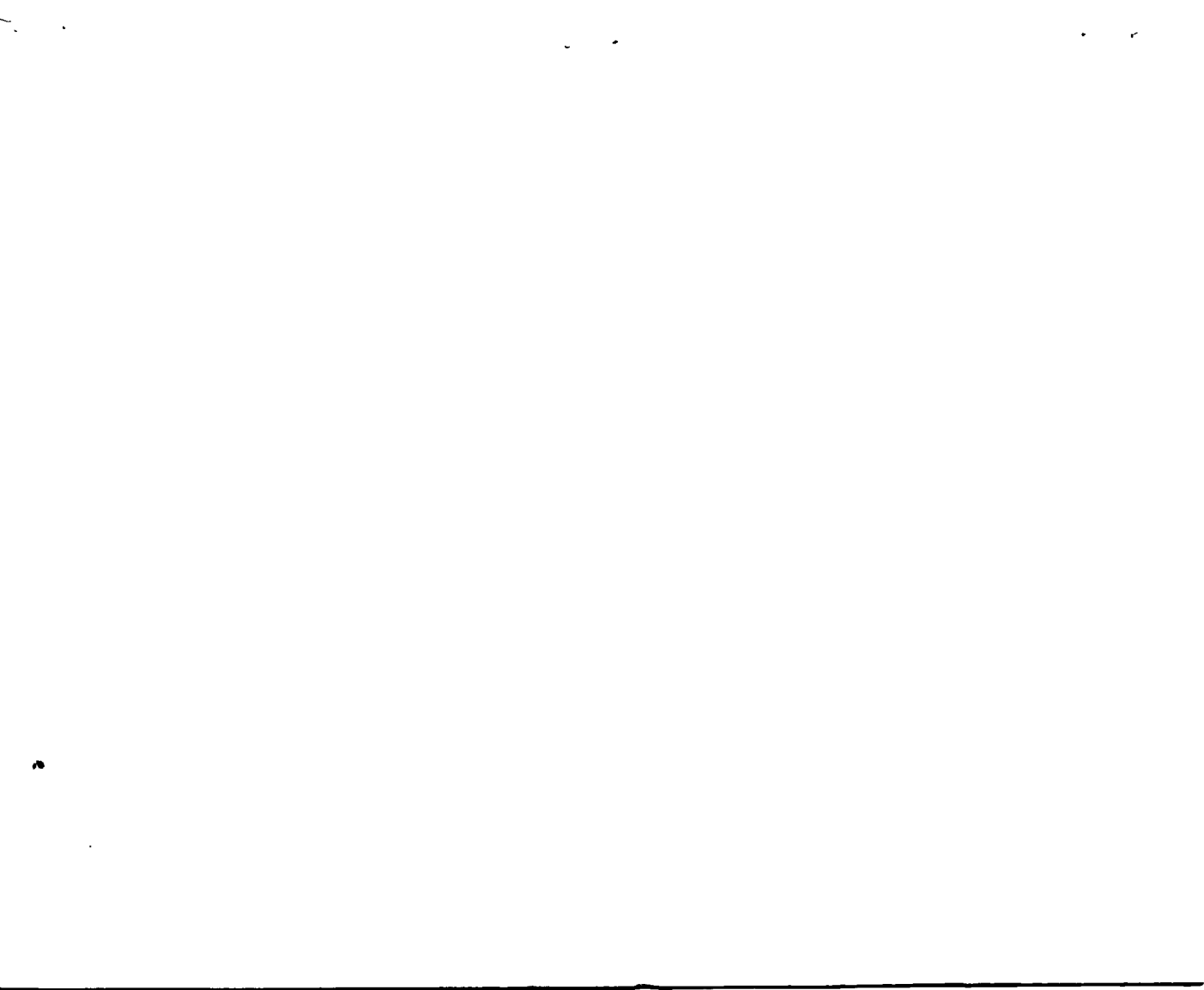
12. FULL MAIDEN NAME		a. (First)		b. (Middle)		c. (Last)	
Mary		Elizabeth		Nilson			
13. AGE (At time of this birth) 23 YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) Utah		15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)				
16. INFORMANT'S SIGNATURE OR NAME (Relationship)			a. How many OTHER children are now living? 1		b. How many OTHER children were born alive but are now dead? 1		c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

I hereby certify that
this child was born
alive on the date
stated above.

17. SIGNATURE E. H. Elmore, M.D.		18. ATTENDANT AT BIRTH	
19. ADDRESS Rupert, Idaho		M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____	
20. DATE SIGNED 2-9-1920		21. DATE ON WHICH GIVEN NAME ADDED BY _____ REGISTRAR	
22. REGISTRAR'S SIGNATURE E.H. Elmore		23. DATE ON WHICH GIVEN NAME ADDED BY _____ REGISTRAR	

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?	YES _____	NO _____	DATE _____
Was a standard serological test for syphilis performed?	YES _____	NO _____	APPROXIMATE DATE _____



L.D.S. Church Cert. of Blessing, Daughter of Neph Nephi Olson and Mary Nilson, born Jan. 24, 1920 at Heyburn, Idaho - gives full name as Nina Stella Olsen - blessed April 4, 1920 - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 12, 1928 gives full name as Ina Estella Olson, daughter of Nephi M. Olson and Mary E. Nilson, born Jan. 24, 1920 at Heyburn, Idaho - viewed by V.S.

A F F I D A V I T

MARY ELIZABETH NILSON OLSON JONES, being first duly sworn, deposes

and says: That she is a citizen of the United States and of the

State of Idaho, over the age of twenty-one (21) years:

That she is the mother of Ina Estella Olson Bunn, and that she knows of her own knowledge that Ina Estella Olson Bunn was born January 24, 1920 at Heyburn, Minidoka County, Idaho. **Father's last name should be spelled Olson -**

DATED, this 15th day of June, 1967.

Mary Elizabeth Nilson Olson Jones

STATE OF IDAHO
COUNTY OF CASSIA

On this 15th day of June, 1967, before me, the undersigned, a Notary Public in and for said State personally appeared Mary Elizabeth Nilson Olson Jones, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, the day and year in this certificate above written.

A. Jean Crawford
Notary Public in and for the State
of Idaho residing at Burley, Idaho

Notary Public Residing at Burley, Idaho
My Commission Expires July 10, 1970

1.0.2. Church Cert. of Blessing, Daughter of My Nephi Olson and Mary Olson, born Jan. 24, 1920 at Heyburn, Idaho - gives full name as Nina Stella Olson - blessed April 4, 1920 - viewed by V.S.

1.0.2. Church Cert. of Baptism and Confirmation, Aug. 12, 1928 gives full name as Estella Olson, daughter of Nephi M. Olson and Mary E. Olson, born Jan. 24, 1920 at Heyburn, Idaho - viewed by V.S.

A F F I D A V I T

I, WILLIAM H. NELSON, of the County of Blaine, State of Idaho, do hereby certify that

and depose that the following is a correct and true copy of the

will of the late WILLIAM H. NELSON, deceased, as the same appears from the records of the

County of Blaine, State of Idaho, to-wit: That the said WILLIAM H. NELSON, deceased, was the owner of the following described real estate, to-wit: One-half of the Northwest quarter of Section 34, Township 36 North, Range 12 East, T36N R12E, and that the said WILLIAM H. NELSON, deceased, was the owner of the following described real estate, to-wit: One-half of the Northwest quarter of Section 34, Township 36 North, Range 12 East, T36N R12E, and that the said WILLIAM H. NELSON, deceased, was the owner of the following described real estate, to-wit: One-half of the Northwest quarter of Section 34, Township 36 North, Range 12 East, T36N R12E.

Witness my hand and seal, this 12th day of June, 1967.

William H. Nelson
Notary Public for the State of Idaho

NOTARY PUBLIC
STATE OF IDAHO

On this 12th day of June, 1967, before me, the undersigned, a Notary Public for the State of Idaho, appeared William H. Nelson, who being duly sworn, depose and say that the foregoing is a true and correct copy of the will of the late WILLIAM H. NELSON, deceased, as the same appears from the records of the County of Blaine, State of Idaho, to-wit: That the said WILLIAM H. NELSON, deceased, was the owner of the following described real estate, to-wit: One-half of the Northwest quarter of Section 34, Township 36 North, Range 12 East, T36N R12E, and that the said WILLIAM H. NELSON, deceased, was the owner of the following described real estate, to-wit: One-half of the Northwest quarter of Section 34, Township 36 North, Range 12 East, T36N R12E, and that the said WILLIAM H. NELSON, deceased, was the owner of the following described real estate, to-wit: One-half of the Northwest quarter of Section 34, Township 36 North, Range 12 East, T36N R12E.

Subscribed and sworn to before me this 12th day of June, 1967.

William H. Nelson
Notary Public for the State of Idaho

249-218027-622
PLACE OF BIRTHCounty of JeromeCity of Jerome

No. _____ St. _____

Hospital _____

Full Name of Child MARY LANORESTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 23File No. 75853Primary Registration District No. 107-1017

Registered No. _____

SEX OF CHILD <u>7</u>	Twin Triplet or other? <u>-</u>	and Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>Jan 18 1920</u> (Month) (Day) (Year)
FULL NAME <u>W. Earnest Smith</u>	FATHER		FULL MAIDEN NAME <u>Jessie Osborne</u>	MOTHER
RESIDENCE <u>Jerome</u>			RESIDENCE <u>Jerome</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Oregon</u>			BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 8 a. m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report

Address.....

JeromeFiled 1/20 19 20E. D. Piper

Registrar

Registrar

Dup of 1920-98652

Apr 15 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 75853
County of Grant } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Mary Lanore Smith who Born (Birth or Death)
in Jerome County, Jerome, Idaho (Name on Original Certificate) (Was Born or Died) on Jan. 18th, 1920 (Date of Event)
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)
Name Unnamed TO
Mary Lanore Smith (The Correct Facts)

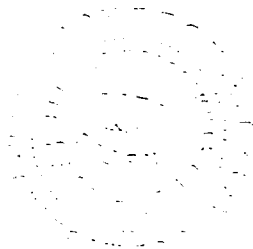
Subscribed and sworn to before me this 16
day of April, 1945
W. F. Wardhaugh
Notary Public, residing at Extrata
My commission expires 7/7/1948
(Seal)

Signed Mrs. Jessie P. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss. [This Affidavit MUST Also be Executed.
County of Grant } (See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.
Subscribed and sworn to before me this 16th
day of April, 1945
W. F. Wardhaugh
Notary Public, residing at Extrata, W. = Wilson Creek, Wash.
My commission expires 7/7/1948
(Seal) (Street Address, City, State)

APR 23 1945



28104027 259
PLACE OF BIRTHCounty of JeromeCity of Jerome

No. _____ St.

Hospital _____

Full Name of Child

Registration District No. 23Primary Registration District No. 1917-2017

File No.

75854

Registered No. _____

SEX OF CHILD

MTwin
Triplet
or other?— {and} Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?yesDATE OF
BIRTHJan 4 20
(Month) (Day) (Year)FULL
NAMEFATHER
William Charles ShafferFULL
MAIDEN
NAMEMOTHER
Ethel Kersey

RESIDENCE

Jerome

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST
BIRTHDAY42
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Texas

BIRTHPLACE

Utah

OCCUPATION

Farmer and Labourer

OCCUPATION

House wifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive

(Born alive or stillborn)

4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address

Jerome

Filed

Jan 19 20E. D. Piper

Registrar

Registrar

1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

210-027-795
PLACE OF BIRTH

County of Jerome
City of Jerome
No. _____ St. _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 23 File No. 75855
Primary Registration District No. 1017-2017 Registered No. _____

Hospital _____

Full Name of Child Sarah Jane Flora

SEX OF CHILD <u>7</u>	Twin Triplet or other? _____	Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Jan 10 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Floyd C. Flora</u> RESIDENCE <u>Jerome</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>34</u> (Years) BIRTHPLACE <u>Iowa</u> OCCUPATION <u>Farmer</u>		MOTHER FULL MAIDEN NAME <u>Imez A. Prentiss</u> RESIDENCE <u>Jerome</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>26</u> (Years) BIRTHPLACE <u>Missouri</u> OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.
(Physician or midwife)

Given names added from a supplemental report

Address Jerome
Filed 1/20 1920 E. D. Piper
Registrar

SEP 16 1969

764-269

STATE OF IOWA
BUREAU OF VITAL RECORDS

V. E. No. 11-0-22-33-37

County of Cover

CERTIFICATE OF BIRTH

75865

City of American Falls, Id.Registration District No. 25File No. 3No. 2072 St.Primary Registration District No. 2072Registered No. 125

Hospital

FULL NAME OF CHILD

Baby Poulson

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthJan 2 1920
(Month) (Day) (Year)FULL
NAMEFATHER
Edward H. PoulsonFULL
MAIDEN
NAMEMOTHER
Ruth Foreman

RESIDENCE

American Falls, Id.

RESIDENCE

American Falls, Id.

COLOR

WhiteAGE AT LAST
BIRTHDAY4 3
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY40
(Years)

BIRTHPLACE

Bingham City, Utah

BIRTHPLACE

Marsh Valley, Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 15 P
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Richard T. Noth

(Physician or midwife)

Given names added from a supplemental report.

Address

American Falls, Idaho

Filed

1 18 1920

Registrar

Registrar

7-22-68



STATE OF
NEW YORK

PLAINT

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-104039-319

PLACE OF BIRTH

County of PowderCity of American Falls

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form IV. S. No. 11-C-25a-9-8-17

CERTIFICATE OF BIRTH

75866

Registration District No. 25File No. 8Primary Registration District No. 2072Registered No. 126

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u>	and { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>yes</u>	Date of Birth <u>1-4-1920</u> (Month) (Day) (Year)
FULL NAME <u>Ray Baugh</u>	FATHER		FULL MAIDEN NAME <u>Irene Carlyle</u>	MOTHER
RESIDENCE <u>American Falls Ida</u>			RESIDENCE <u>American Falls Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Millard Utah</u>			BIRTHPLACE <u>Summit Mo.</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, on the date above stated. born alive or stillborn

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Roth

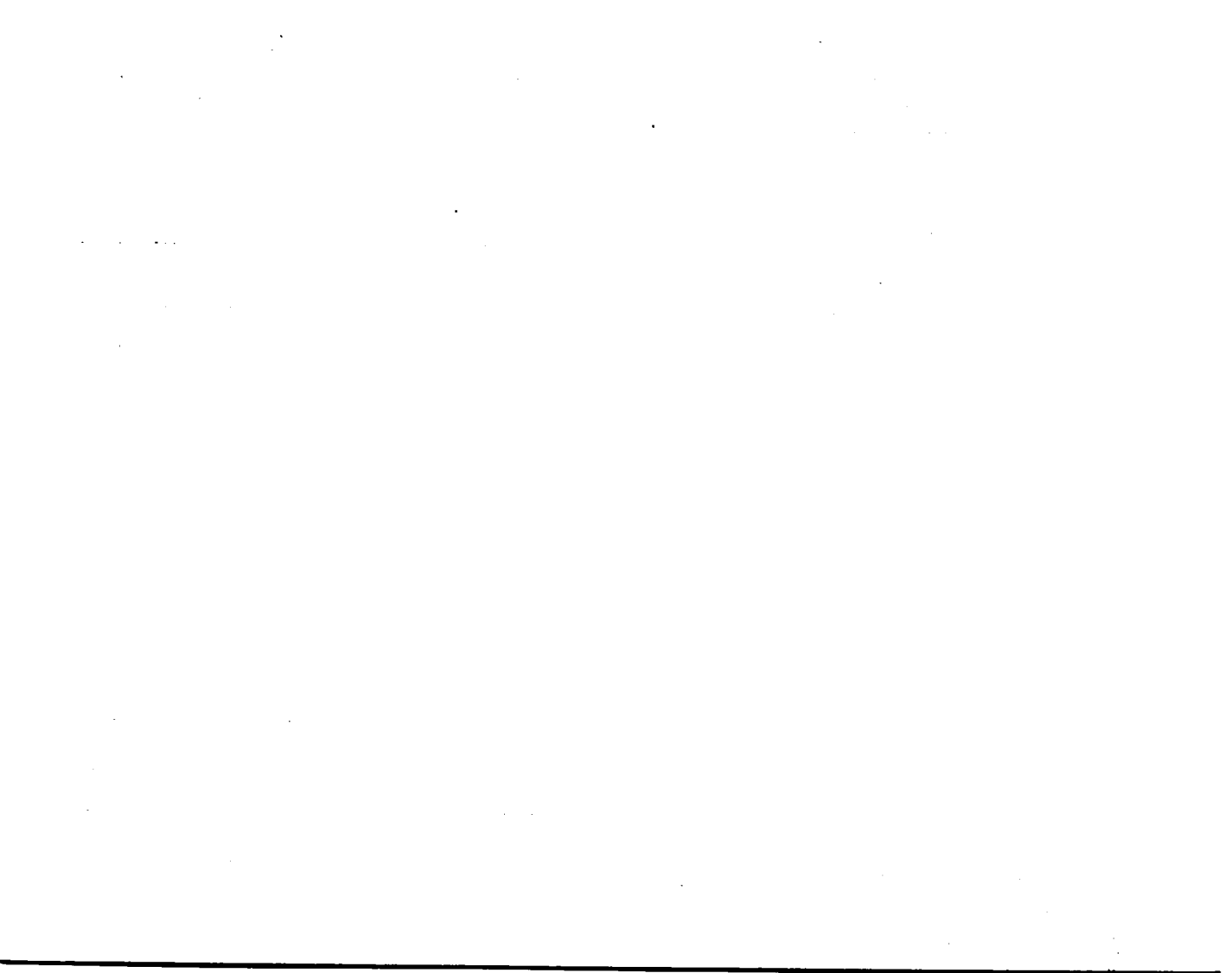
(Physician or midwife)

Given names added from a supplemental report.

Address American Falls IdaFiled 1/4-1920 Richard F. Roth

Registrar

Registrar



862-103-039-694

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-23m-9-8-17

County of Power

CERTIFICATE OF BIRTH

75867
9City of American FallsRegistration District No. 25

File No.

No. St.

Primary Registration District No. 2072Registered No. 127

Hospital

FULL NAME OF CHILD

Edgar Allen
Henry Geo. HossSex of
ChildMaleTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
Birth1 3 1920
(Month) (Day) (Year)FULL
NAMEFATHER
Henry Geo. HossFULL
MAIDEN
NAMEMOTHER
Eva Wimmer

RESIDENCE

American Falls, Ida

RESIDENCE

American Falls, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY 33
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY 37
(Years)

BIRTHPLACE

Anderson Iowa

BIRTHPLACE

Thistle Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:40 A.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Richard F. Nott

(Physician or midwife)

Given names added from a supplemental report.

Address

American Falls, IdaFiled 1/4 1920Richard F. Nott

Registrar

Registrar

JAN 2 1957

445-207039-417

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of PowerCity of American FallsRegistration District No. 25

File No.

No. St.

Primary Registration District No. 2072Registered No. 128

Hospital

FULL NAME OF CHILD Hazel Ann Duncan

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 7, 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>George A. Duncan</u>	FATHER	FULL MAIDEN NAME <u>Elnora Maxwell</u>	MOTHER
RESIDENCE <u>American Falls</u>		RESIDENCE <u>American Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Knox Co., Ill.</u>		BIRTHPLACE <u>Putnam County, Tenn.</u>	
OCCUPATION <u>Carpenter</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Natto

(Physician or midwife)

Given names added from a supplemental report.

Address American Falls, Id.Filed 7/8 20 1920 R. T. Natto

Registrar

Registrar

OCT 1 1951

315-109-039-695-
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-93-1

County of PowerCity of Min. FallsRegistration District No. 25File No. 75869No. 129Primary Registration District No. 2072Registered No. 129Hospital Bethany

FULL NAME OF CHILD

Charles Maurice Canfield

Sex of Child

MaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?YesDate of
BirthJan. 9, 1920
(Month) (Day) (Year)FULL
NAMECharles Maurice CanfieldFULL
MAIDEN
NAMEGollis Field

RESIDENCE

Glenns Ferry, Ida

RESIDENCE

Glenns Ferry, Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY29
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Moscow, Idaho

BIRTHPLACE

Temple Texas

OCCUPATION

Retail Lumberman

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... born alive on the date above stated.

{ *When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.) }

(Signature)

Richard F. North

(Physician or midwife)

Given names added from a supplemental report.

Address

unnear

Filed

1/10/20 R. F. North

Registrar

Registrar

JUN 16 1947

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming }
County of Natrona } ss.

Certificate No. 75869

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth
for Charles Morris Canfield who born on Jan. 4, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death)
in American Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) (Date of Event)
true facts are shown by Bible record prepared on Jun. 19, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name

FROM
(As on Original)
Morris

TO
(The Correct Facts)
Charles Maurice Canfield

Subscribed and sworn to before me this 14th
day of October, 1942
E. J. Treglow

Notary Public, residing at Casper, Wyo.
My commission expires Sept. 30, 1943
(Seal) Natrona County, Wyoming

Signed C. M. Canfield (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
737 So. Lincoln St. Casper, Wyo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming }
County of NATRONA } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of October, 1942
E. J. Treglow

Notary Public, residing at Casper
My commission expires Sept. 30, 1943
(Seal) E. J. TREGLOWN, Notary Public
Natrona County, Wyoming

Signed Don Miller
(Signature of Any Credible Person Other Than Previous Year)
548 So. Lincoln, Casper, Wyo.
(Street Address, City, State)

My Commission expires Sept. 30, 1943

OCT 19 1942

819-039-249
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-28m-2-2-17

CERTIFICATE OF BIRTH

75870

County of Power

City of Am. Falls

Registration District No. 25

File No.

No. St.

Primary Registration District No. 2072

Registered No. 180

Hospital Bethany

FULL NAME OF CHILD Eleanor Pauline Hartley

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 11 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>William Hartley</u>	FATHER	FULL MAIDEN NAME <u>Agnes Burns</u>	MOTHER
RESIDENCE <u>Landing, Idaho</u>		RESIDENCE <u>Landing, Idaho</u>	
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Landing, Idaho</u>		BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nott
(Physician or Midwife)

Given names added from a supplemental report.

Address American Falls, Idaho

.....19.....

Filed 1/20/20 Richard F. Nott
Registrar

Registrar

Registrar

FEB 3 1976

445-111-039-168

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-9-17

County of

Powers

CERTIFICATE OF BIRTH

75871

City of

American Falls

Registration District No.

25

File No.

3

No.

St.

Primary Registration District No.

2072

Registered No.

131

Hospital

FULL NAME OF CHILD

Paul Wiebur Muehlen

Sex of Child

Male

Twin
Triplet
or other?and { Number
in order
of birthLegiti-
mate?

yrs

Date of
BirthJan 11 1920
(Month) (Day) (Year)FULL
NAME

Bernie Bernard Muehlen

FATHER

FULL
MAIDEN
NAME

Lillie C. Johnson

MOTHER

RESIDENCE

American Falls, Id.

RESIDENCE

American Falls, Id.

COLOR

White

AGE AT LAST
BIRTHDAY33
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Council Bluffs, Iowa

BIRTHPLACE

Pogon, Utah

OCCUPATION

Electrician

OCCUPATION

Housewife

Number of child of this mother, including present birth.

4

Number of children of this mother now living, including present birth.

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.born alive
(Born alive or stillborn)

7309 M.

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Richard F. Mott

(Physician or midwife)

Given names added from a supplemental report.

Address

American Falls, Idaho

Filed

1/2 1920

Richard F. Mott

Registrar

Registrar

11/13/40 L.B.

JUN 10 1942

Use only BLACK INK or BLACK Record typewriter ribbon in this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

389-211-039-133

(Be sure the information is complete and accurate)

State File No. 75872

Local Reg. No.

Reg. Dist. No. 25

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 2/4/76

1. PLACE OF BIRTH

a. COUNTY **Power**

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **American Falls**

c. FULL NAME OF (If NOT in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE **Idaho** b. COUNTY **Power**

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **American Falls**

d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME
(Type or print)

a. (First)

b. (Middle)

c. (Last)

Afton

Sylvia

Christensen

4. SEX

Female

5a. THIS BIRTH

SINGLE _____ TWIN _____ TRIPLET _____

5b. IF TWIN OR TRIPLET (This child born)

1st _____ 2nd _____ 3rd _____

6. DATE

OF
BIRTH

(Month)

(Day)

(Year)

Jan 11, 1920

FATHER OF CHILD

7. FULL NAME

a. (First)

b. (Middle)

c. (Last)

James

Wilford

Christensen

8. AGE (At time of this birth)

25 YEARS

9. BIRTHPLACE (State or foreign country)

Neeley, Idaho

10. USUAL OCCUPATION

Farmer

11. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

Myrtle

Lois

Allen

13. AGE (At time of this birth)

20 YEARS

14. BIRTHPLACE (State or foreign country)

Elba, Cassia co., Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE

Richard F. North

19. ADDRESS

American Falls, Idaho

18. ATTENDANT AT BIRTH

M.D. ☒ MIDWIFE _____ OTHER (Specify) _____

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.

1/12/20

22. REGISTRAR'S SIGNATURE

Richard F. North

23. DATE ON WHICH GIVEN NAME ADDED

BY _____
Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?

YES _____

NO _____

DATE _____

Was a standard serological test for syphilis performed?

YES _____

NO _____

APPROXIMATE DATE _____

LENGTH OF PREGNANCY _____ WEEKS

WEIGHT AT BIRTH _____ LBS. _____ OZS.

Time: **5:45 AM**

RACE OR COLOR OF FATHER

White

RACE OR COLOR OF MOTHER

White

Was 1% Silver Nitrate Used to prevent blindness?

YES _____ NO _____

METHOD OF DELIVERY

BIRTH INJURY TO INFANT

YES IF YES, DESCRIBE

NO

CONGENITAL MALFORMATIONS OF INFANT

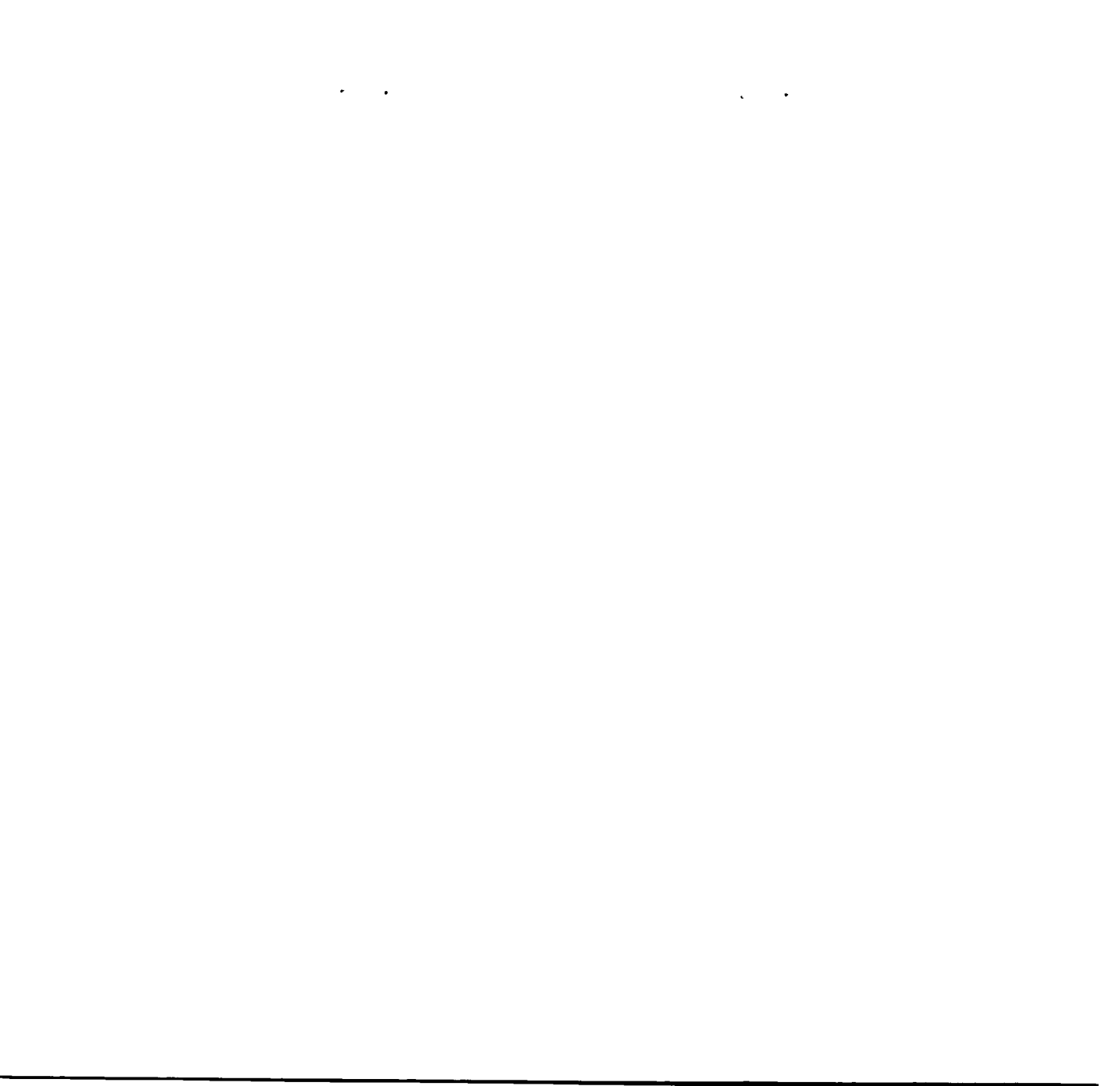
YES IF YES, DESCRIBE

NO

5-4-07

ID

07-3523



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho Certificate No. 75872
County of Power Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for Eleanor Christiansen who was born on January 11, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in American Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)
FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Child's name Eleanor Afton Sylvia Christensen
Surname Christiansen Christensen

Subscribed and sworn to before me this 18th day of
November 1975

Signed James Nelson Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at American Falls, ID
My commission expires NOTARY PUBLIC
(Seal) Residing at American Falls, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho February 22, 1976
County of Power SS.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of
November 1975

Signed [Signature]
(Signature of Any Credible Person)

Notary Public, residing at American Falls, ID
My commission expires NOTARY PUBLIC
(Seal) Residing at American Falls, Idaho

1152 Julia and Catherine Falls
(Street Address, City, State)

A certif of Baptism and Confirmation from the LDS Church gives name as Afton Sylvia Christensen daughter of James Wilford Christensen and Myrtle Allen. born ~~Jan~~ Jan. 11, 1920 at American Falls, Idaho. Baptized June 6; 1931. viewed by V. S.

Certif of Blessing from the LDS Church gives name as Afton Sylvia C. Wolfenbarger daughter of James Wilford Christensen and Myrtle Lois Allen. born Jan 11, 1920 at American Falls, Idaho. Blessed June 6, 1920. viewed by V. S.

381-217-039-238
PLACE OF BIRTHCounty of PowerCity of American FallsRegistration District No. 25No. St.Primary Registration District No. 2072

Form V. S. No. 11-C-25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75873

File No.

Hospital BethanyRegistered No. 133FULL NAME OF CHILD Dorothea Iline ChapmanSex of Child Female Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth Jan. 17 1920
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER Marion Whitfield Chapman FULL MAIDEN NAME MOTHER Marion SchumacherRESIDENCE Yale Idaho RESIDENCE Yale IdahoCOLOR White AGE AT LAST BIRTHDAY 34 (Years) COLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE Idaho BIRTHPLACE South DakotaOCCUPATION Farmer OCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:40 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard R. North

(Physician present)

Given names added from a supplemental report.

Address American Falls, Ida.Filed 1/19 1920 Richard T. North
Registrar Registrar

AUG 13 1942

4118-218-039-295
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-9-9-17

CERTIFICATE OF BIRTH

County of PowerCity of American FallsRegistration District No. 25File No. 75874No. St.Primary Registration District No. 2072Registered No. 134HospitalFULL NAME OF CHILD Jean Cora Mayne

Sex of Child

Fem.Twins
or other?

{ and }

Number
in order
of birthLegiti-
mate? yesDate of
BirthJan 18 20

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL NAME

FATHER
Elmer Charles Mayne

FULL MAIDEN NAME

MOTHER
Mabel Kinn

RESIDENCE

American Falls

RESIDENCE

American Falls

COLOR

White

AGE AT LAST BIRTHDAY

25
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

29
(Years)

BIRTHPLACE

Toledo Ohio

BIRTHPLACE

Michigan

OCCUPATION

Merchant

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

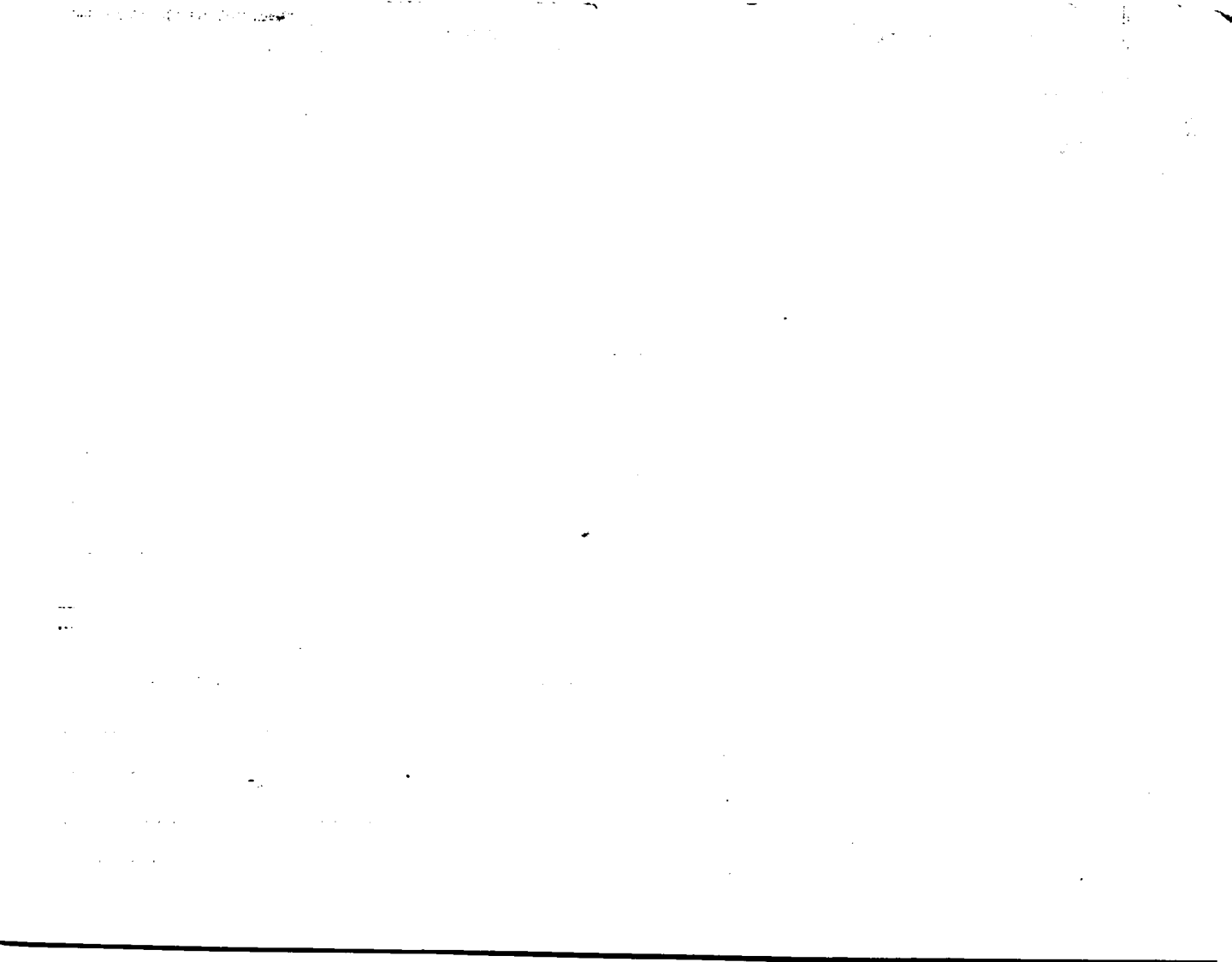
(Physician or Midwife)

Given names added from a supplemental report.

Address American Falls, IdahoFiled 1/19 1920

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

765-221-039-363
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-4-37

75875

name added
County of Power 4/23/80

City of American Falls

Registration District No. 25

File No. 8

No. St.

Primary Registration District No. 2072

Registered No. 1807

Hospital

LaVerne Faye Goertzen

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>None</u>	and { Number in order of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of Birth <u>Jan 21 1920</u> (Month) (Day) (Year)
----------------------------	------------------------------------	---	------------------------	--

FATHER
FULL NAME Peter P. Goertzen
RESIDENCE American Falls
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Mountain Lake, Minn.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Helen Coleman
RESIDENCE American Falls, Id.
COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Conning Iowa
OCCUPATION Housewife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Richard A. Roth
(Physician or midwife)

Given names added from a supplemental report.

Address American Falls, Id.

Filed Jan 24 1920 Richard A. Roth Registrar

Registrar

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 08/28/80 BY SP-5 JMS/STP

RECEIVED
FBI
JUL 28 1980

100-443888-100

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICSState of _____ } ss.
County of _____ }Certificate No. 75875

Date Filed _____

EB 12 12 58 PM '80

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Goertzen who was born on Jan. 21, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)in American Falls (Power) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

childs name

FROM

omitted

TO

LaVerne Faye Goertzen

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

LaVerne F. Eacker

Signature of Applicant

337 Diamond Ave Twin Falls, Idaho

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

(Must be completed _____)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day ofFebruary, 1980.Notary Public, [Signature]Residing at Twin Falls Idaho 8341My commission expires 10/10/81

(Seal)

Supporting Signature

Street Address, City, State

Certif of Marriage from Idaho gives names as Arnold Eacker and LaVerne Goertzen dated Nov 22, 1936. viewed by V. S.

Baptismal record from church, signed by Martin H. Zagel, Pastor Baptized April 2, 1939, name given as LaVerne Faye Ecker nee Goertzen. viwed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

154-109-039-613

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-10

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BowerCity of American FallsRegistration District No. 25File No. 75876
3

No. _____ St. _____

Hospital Bethany Primary Registration District No. 2072 Registered No. 196

FULL NAME OF CHILD

James AndersonSex of
ChildMaleTwin
Triplet
or other?

- { and {

Number
in order
of birth

- {

Legiti
mate?YesDate of
BirthJan 9 19 20
(Month) (Day) (Year)FULL
NAMEFATHER
James Alexander AndersonFULL
MAIDEN
NAMEMOTHER
Jane Watson

RESIDENCE

Aberdeen Ida

RESIDENCE

Aberdeen Ida

COLOR

White

AGE AT LAST

33

BIRTHDAY

(Years)

COLOR

White

AGE AT LAST

33

BIRTHDAY

(Years)

BIRTHPLACE

Scotland

BIRTHPLACE

Scotland

OCCUPATION

Dry Goods Clerk

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 12:30 P. M.

*When there was no attending physician or
 midwife then the father, householder, etc.,
 should make this return. A stillborn child is
 one that neither breathes nor shows other evi-
 dence of life after birth.

(Signature)

M. C. Mortimer
Physician

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Aberdeen Ida

Filed

1/24 1920R. J. Nott

Registrar

Registrar

CC 318101 PMF

365-231-039-553
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-17

County of Power

CERTIFICATE OF BIRTH

75878

City of American FallsRegistration District No. 25File No. 3

No. St.

Primary Registration District No. 2072Registered No. 137Hospital BethanyFULL NAME OF CHILD Margaret Dolores Conard

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 31 1920</u> Month (Day) (Year)
FATHER FULL NAME <u>George M. Conard</u> RESIDENCE <u>Gleams Ferry</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u> (Years) BIRTHPLACE <u>Washington (state)</u> OCCUPATION <u>Traveling Salesman</u>		MOTHER FULL MAIDEN NAME <u>Emma Margaret Velty</u> RESIDENCE <u>Gleams Ferry</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Colorado</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 49 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician or midwife)

Given names added from a supplemental report.

Address American Falls, IdahoFiled 1/31 1920 R. F. Noth Registrar

Registrar

Registrar

NOV 14 1944

259-230-839-695
PLACE OF BIRTHCounty of PowerCity of American Falls

No. St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-4-47

75879

3

File No.

Registered No.

Betty Elaine Kerr

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 30 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>George Walter Kerr</u>	FATHER
RESIDENCE <u>Soda Springs</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Garden City Kas</u>	
OCCUPATION <u>Real Estate Agent</u>	

FULL MAIDEN NAME <u>Albertine Field</u>	MOTHER
RESIDENCE <u>Soda Springs</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Temple Texas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Address

Filed

Registrar

Registrar

REPORT OF THE

COMMISSIONERS OF THE

LAND OFFICE

FOR THE YEAR 1881

IN

THE

STATE OF

NEW YORK

ALBANY:

1882

PRINTED BY

THE

UNIVERSITY OF THE STATE OF NEW YORK

ALBANY:

1882

PRINTED BY

THE

UNIVERSITY OF THE STATE OF NEW YORK

ALBANY:

1882

PRINTED BY

THE

UNIVERSITY OF THE STATE OF NEW YORK

ALBANY:

1882

PRINTED BY

THE

BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City American Falls
Street and House No. Bethany Hospital
County Power

Registered No. 139Registration Dist. No. 25

Sex of Child Female
Date of Birth 1 - 30 1940
MONTH DAY YEAR
Father Gro. Walter Kerr
FULL NAME
Mother Albertine Field
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Betty Eloise Kerr
GIVEN NAME IN FULL SURNAME

as reported by Mother
FATHER OR MOTHER
Richard J. North
LOCAL REGISTRAR

AUG 14 1973

OCT 16 1950

SEP 13 1943

855-213-039-595
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-0-8-17

CERTIFICATE OF BIRTH

75880

County of *Pomer*

City of *Amur Falls*

Registration District No. *20*

File No. *3*

No. *St.*

Primary Registration District No. *2072*

Registered No. *148*

Hospital

FULL NAME OF CHILD *ANNA WILHELMINA HENSEN*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>—</i> and Number in order of birth <i>—</i> (To be answered only in event of plural births)	Legitimate? <i>Yes</i>	Date of Birth <i>Jan 13, 20</i> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <i>Tom Hensen</i>	FATHER	FULL MAIDEN NAME <i>Sora Miesche</i>	MOTHER
RESIDENCE <i>Amur Falls</i>		RESIDENCE <i>Amur Falls</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>45</i> (Years)	COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>40</i> (Years)
BIRTHPLACE <i>Iowa</i>		BIRTHPLACE <i>Germany</i>	
OCCUPATION <i>Farmer</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth. *12* Number of children of this mother now living, including present birth. *10*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) at *4 a.* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *C. F. Schuch M.D.*

Given names added from a supplemental report.

Address *Amur Falls Ida*

Filed *2/1* *20* *R. A. North*

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH--BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
 County of Canyon

Certificate No. 75880
 Date Filed NOV 4 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth
 for Anna Wilhelmina Hensen who was born on Jan 13 - 1928
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in American Falls are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)
 true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name", "Birth Date", "Cause of Death", Etc.)

FROM
 (As on Original)

TO
 (The Correct Facts)

Name

Unnamed

Anna Wilhelmina Hensen

Which child in number was this - the 12th or the 13th? - 13th child

Subscribed and sworn to before me this 1st
 day of Nov, 1942

Signed Mrs Dora Bierman
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Maud Henry
 My commission expires Sept. 19 - 1944
 (Seal)

901 - 7 Ave So,ampa Idaho
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
 County of _____

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
 day of _____, 19____

Signed _____
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
 My commission expires _____
 (Seal)

(Street Address, City, State)

NOV 8 1966

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-110-039-249
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-22a-9-17

CERTIFICATE OF BIRTH

75881

County of Power

City of Amer. Falls

Registration District No. 25

File No. 3

No. St.

Primary Registration District No. 2072

Registered No. 147

Hospital

FULL NAME OF CHILD

John Calvin Walgamott Jr

Sex of Child Male

Twin Triplet — and — in order of birth
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Jan 10 1920
(Month) (Day) (Year)

FULL NAME FATHER John Calvin Walgamott

RESIDENCE Amer. Falls

COLOR white AGE AT LAST BIRTHDAY 35
(Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Myrtle Smith

RESIDENCE Amer. Falls

COLOR white AGE AT LAST BIRTHDAY 25
(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 a on the date above stated. (Born alive or stillborn) M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Schultz M.D.

Physician or midwife

Given names added from a supplemental report.

Address Amer. Falls, Idaho

Filed 2/11 1920 North

Registrar

Registrar

MAR 30 1942

655-101-239-847
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-3-17

75882

County of *Power*City of *Ames Falls*Registration District No. *25*File No. *3*

No. St.

Primary Registration District No. *2072*Registered No. *146*

Hospital

FULL NAME OF CHILD *Gustaf S. Wennstrom Jr.*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>—</i>	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <i>Yes</i>	Date of Birth <i>Jan 1 1920</i> (Month) (Day) (Year)
--------------------------	---------------------------------------	---	-----------------------------	---

FULL NAME FATHER <i>Gustaf S. Wennstrom</i>	FULL MAIDEN NAME MOTHER <i>Bernice Hughes</i>
---	---

RESIDENCE <i>Ames Falls</i>	RESIDENCE <i>Ames Falls</i>
-----------------------------	-----------------------------

COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <i>Sweden</i>	BIRTHPLACE <i>Nebr.</i>
--------------------------	-------------------------

OCCUPATION <i>Cashier Bank</i>	OCCUPATION <i>Housewife</i>
--------------------------------	-----------------------------

Number of child of this mother, including present birth <i>4</i>	Number of children of this mother now living, including present birth <i>4</i>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *also* (Born alive or stillborn) at *12:05 A.* on the date above stated.

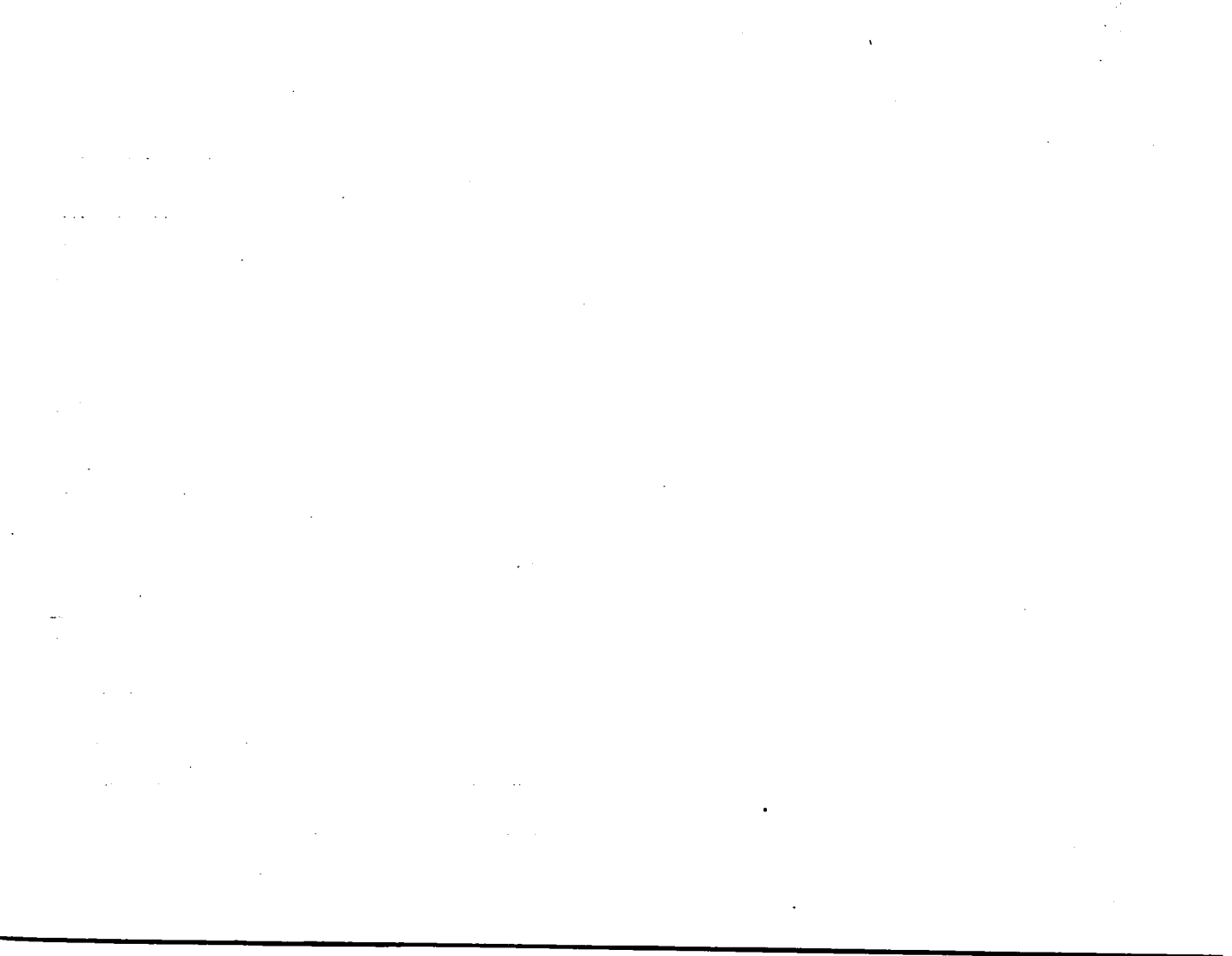
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Signature) <i>C. F. Hines M.D.</i>
---	-------------------------------------

Given names added from a supplemental report.

Address *Ames Falls Ida*Filed *2/1 1920*

Registrar

Registrar



693-11-021-235
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of FranklinCity of PrestonRegistration District No. 27File No. 75889

No. St.

Primary Registration District No. 2119Registered No. 15

Hospital

FULL NAME OF CHILD STERLING E. WILKINSON

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> and <u> </u> (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 11 1922</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Samuel C. Wilkinson</u>	FATHER
RESIDENCE <u>Preston Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Hoytsville Utah</u>	
OCCUPATION <u>Mgr. Lumberment House</u>	

FULL MAIDEN NAME <u>Ida Steed</u>	MOTHER
RESIDENCE <u>Preston Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Farmington Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:45 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mark Cullen
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho
Jan 28 1922
Mark Cullen
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. JAN 15 1942 Certificate No. 75829
County of Weber }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Sterling E. Wilkinson who was born on January 11, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Preston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

Name _____

Unnamed Wilkinson _____

Sterling E. Wilkinson _____

Subscribed and sworn to before me this 14
day of Jan 1942
Ross J. Steed

Notary Public, residing at _____

My commission expires _____
(SEAL)

Signed _____

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14
day of Jan 1942
Ross J. Steed

Signed _____

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

800 Canyon Road, Ogden, Utah

(STREET ADDRESS, CITY, STATE)

Notary Public, residing at _____
My commission expires _____
(SEAL)

Received for filing on JAN 15 1942 By _____

(REGISTRAR'S SIGNATURE)

DEC 3 1946

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

318-125-021-251

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Clifton

Registration District No. 27

File No. 75890

No. _____ St.

Primary Registration District No. 8118

Registered No. 6

Hospital _____

FULL NAME OF CHILD Homer Beam Taylor

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 25 1920</u> (Month) (Day) (Year)
--------------------------	---	-----------	--------------------------------	------------------------	---

FULL NAME FATHER Louis Taylor

RESIDENCE Clifton Idaho

COLOR White AGE AT LAST BIRTHDAY 30
(Years)

BIRTHPLACE Clifton

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Cornelia Beam

RESIDENCE Clifton Idaho

COLOR White AGE AT LAST BIRTHDAY 34
(Years)

BIRTHPLACE Richfield Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

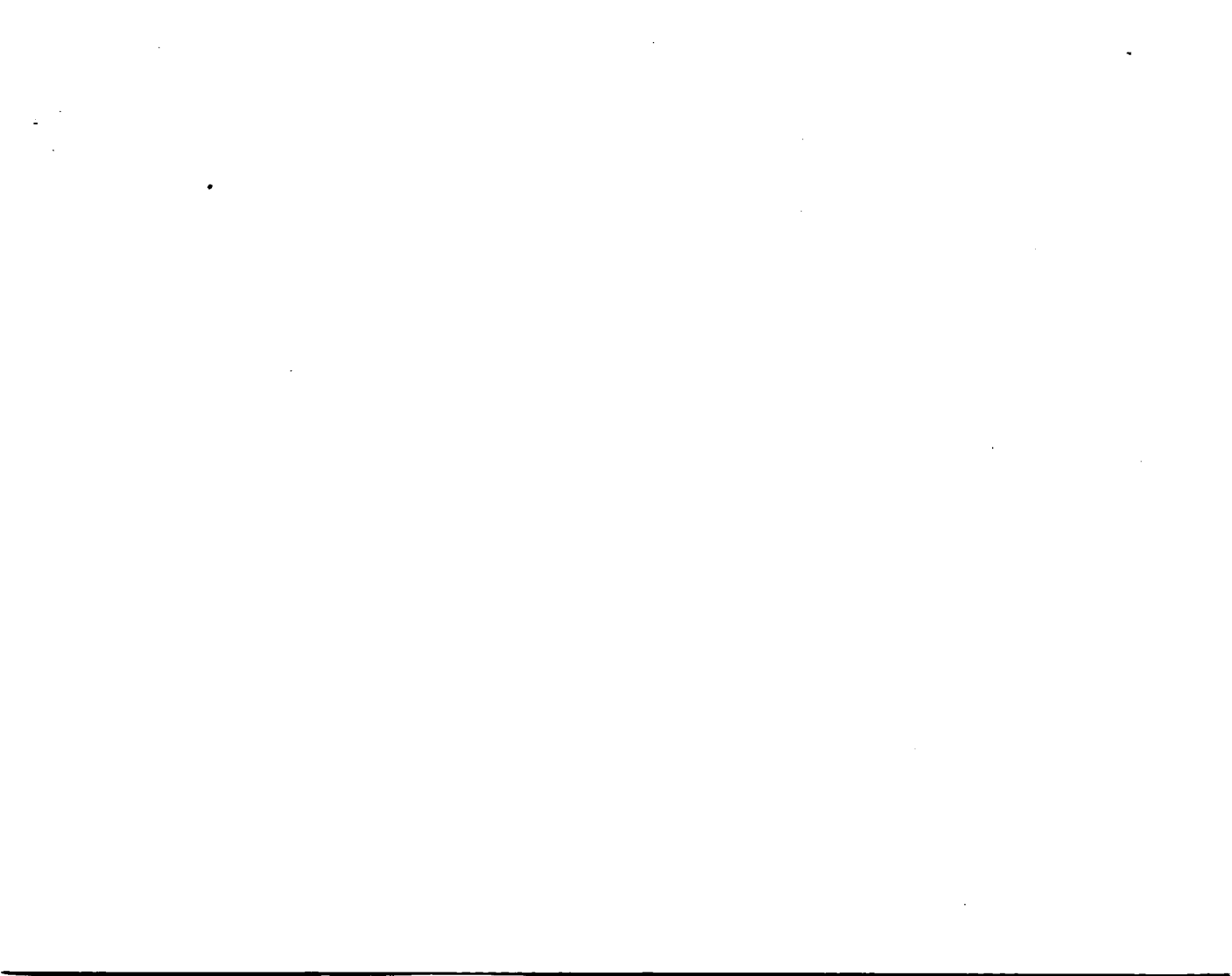
(Signature) Alvin R. Peltier
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address reston Idaho

Filed Jan 28 1920 Alvin R. Peltier
Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

396-221-003-692

PLACE OF BIRTH
Bannock

Form V. S. No. 11-4

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of OxfordRegistration District No. 27File No. 75891

No. _____ St.

Primary Registration District No. 2119Registered No. 7

Hospital _____

FULL NAME OF CHILD Lucile Croshaw

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	<u>Yes</u>	Date of Birth	<u>Jan 21</u>	<u>1920</u>
						(Month)	(Day)	(Year)

FULL NAME <u>John J. Croshaw</u>	FATHER
RESIDENCE <u>Oxford Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Oxford Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>May B. Fisher</u>	MOTHER
RESIDENCE <u>Oxford Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Bountiful Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>11</u>	Number of children of this mother now living, including present birth <u>11</u>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 / 30 P. M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
 midwife then the father, householder, etc.,
 should make this return. A stillborn child is
 one that neither breathes nor shows other evi-
 dence of life after birth.

(Signature)

Physician
 (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston IdahoFiled Jan 28 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

819-119-021-695

PLACE OF BIRTH

County of Franklin

City of Preston

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

WM. Haynes Jr.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 27

File No. 75892

Primary Registration District No. 8119

Registered No. 8

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	Yes	Date of Birth	<u>Jan. 19, 1920</u>
						(Month)	(Day) (Year)

FATHER
FULL NAME WM. Haynes Sr.

MOTHER
FULL MAIDEN NAME Julia Orrel

RESIDENCE
Preston Idaho

RESIDENCE
Preston Idaho

COLOR White AGE AT LAST BIRTHDAY 33
(Years)

COLOR White AGE AT LAST BIRTHDAY 22
(Years)

BIRTHPLACE
Philidelphia Penn.

BIRTHPLACE
Chicago Ill.

OCCUPATION
Electrician

OCCUPATION
Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 / 45 P M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Arthur R. Cutler

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

Filed Jan 28 1920 Arthur R. Cutler
Registrar

APR 22 1963

Phil
Philadelphia

713-116-021-669

PLACE OF BIRTH

Name added 4-10-87 lb

Form V. S. No. 11-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75893

County of....Franklin.....City of...Riverdale.....Registration District No.27.....

File No.

No.St......Primary Registration District No.211.6.....Registered No.11.....

Hospital

FULL NAME OF CHILD

Marve Workman Packer

Sex of Child	Male	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? Yes	Date of Birth Jan 16 1920
					(Month) (Day) (Year)

FULL NAME	FATHER <u>Estus Mechem Packer</u>	FULL MAIDEN NAME	MOTHER <u>Ora Elsie Workman</u>
RESIDENCE	<u>Riverdale Idaho</u>	RESIDENCE	<u>Riverdale Idaho</u>
COLOR	<u>White</u>	COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>25</u> (Years)	AGE AT LAST BIRTHDAY	<u>21</u> (Years)
BIRTHPLACE	<u>Riverdale Idaho</u>	BIRTHPLACE	<u>Francis Utah</u>
OCCUPATION	<u>Farmer</u>	OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth3.... Number of children of this mother now living, including present birth3....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3/ 40 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)Preston Idaho.....

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Preston IdahoFiled Jan 28 1920 - Ora Elsie Workman

Registrar

Registrar

JUN 2 1967

DECEASED

3-27-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

APR 3 1987

Certificate No. 75893
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of standards birth
for unnamed male unnamed who was born on Jan. 16, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Riverdale, Franklin Co. are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Full name of childunnamedMarve Workman Packer

Subscribed and sworn to before me this 1ST day of
April, 1987.

Notary Public, Janna BosworthResiding at Idaho Falls, IdahoMy commission expires 9-24-88

(Seal)

Marve W Packer
Signature of Applicant
1152 E 3700 N Idaho Falls
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

(Must be completed _____)

(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1ST day of
April, 1987.

Notary Public, Janna BosworthResiding at Idaho Falls, IdahoMy commission expires 9-24-88

(Seal)

Delma Bosworth
Supporting Signature
2162 Santalima Idaho Falls, Idaho
Street Address, City, State
83401

APR 10 1987

Certificate of Baptism from LDS Church gives name as Marve Workman Packer son of
Eaustus M. Packer and Ora Workman, born Jan. 16, 1920 in Riverdale, Franklin Co.,
ID. Baptized June 1, 1928.
Viewed by V.S.

Certificate of Ordination - Teacher in LDS Church gives name as Marve W. Packer
son of Eaustus M. Packer and Ora Workman, born Jan. 16, 1920 at Riverdale,
Franklin Co., ID. Ordained Dec. 30, 1934.
Viewed by V.S.

613-216-021-852

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of CliftonRegistration District No. 27File No. 75894

No. _____ St.

Primary Registration District No. 2119Registered No. 10

Hospital _____

FULL NAME OF CHILD

Sex of Child	Female	Twins Triplet or other?	and	Number in order of birth	Legiti mate?	Yes	Date of Birth	Jan. 16	19	20
		(To be answered only in event of plural births)					(Month)	(Day)	(Year)	

FATHER
FULL NAME Geo. Leroy Walker
RESIDENCE Clifton Idaho
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Farmington Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Ellen Elizabeth Hess
RESIDENCE Clifton Idaho
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Centerville Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 1 / 30 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Allen R. CurtisPhysician
(Physician or midwife)

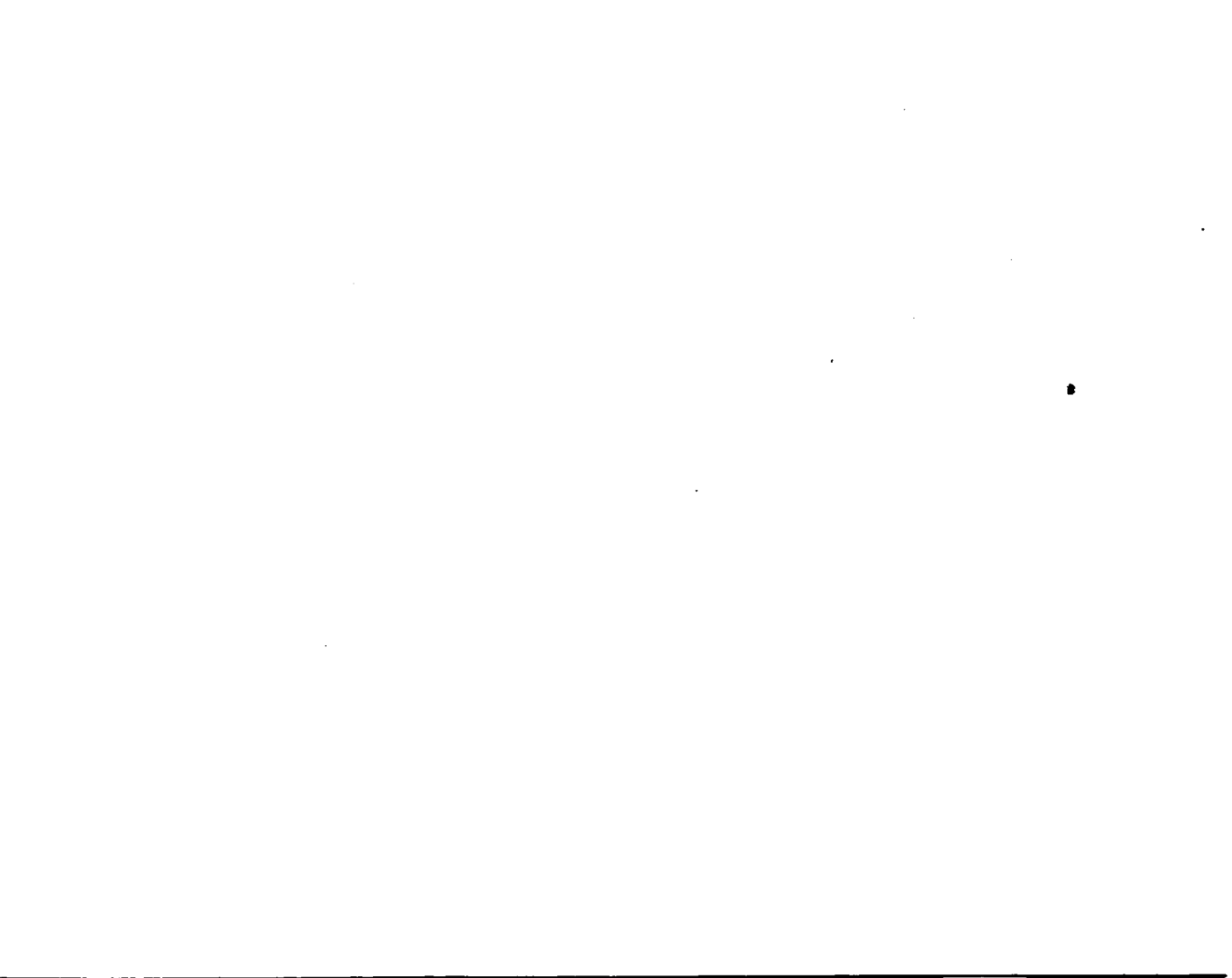
Given names added from a supplemental report.

19

Address Clifton IdahoFiled Jan 28 1920

Registrar

Registrar



433-215-021-314

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

75895

County of... Franklin.....City of... Preston.....Registration District No. 27.....

File No.

No. St.

Primary Registration District No. 2118.....Registered No. 62.....

Hospital

FULL NAME OF CHILD

Sex of Child	<u>Female</u>	Twin Triplet or other?	<u>and</u>	Number in order of birth	Legiti- mate?	<u>Yes</u>	Date of Birth	<u>Jan</u>	<u>15</u>	<u>1920</u>
		(To be answered only in event of plural births)					(Month)	(Day)	(Year)	

FATHER
FULL NAME Alma Andrew McCombs

RESIDENCE Preston Idaho

COLOR White AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Clarkston Utah

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Glenna Pricilla Campbell

RESIDENCE Preston Idaho

COLOR White AGE AT LAST BIRTHDAY 30
(Years)

BIRTHPLACE Ne Ogden Utah

OCCUPATION Housewife

Number of child of this mother, including present birth... 3..... Number of children of this mother now living, including present birth... 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... born alive..... at... 1:45 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

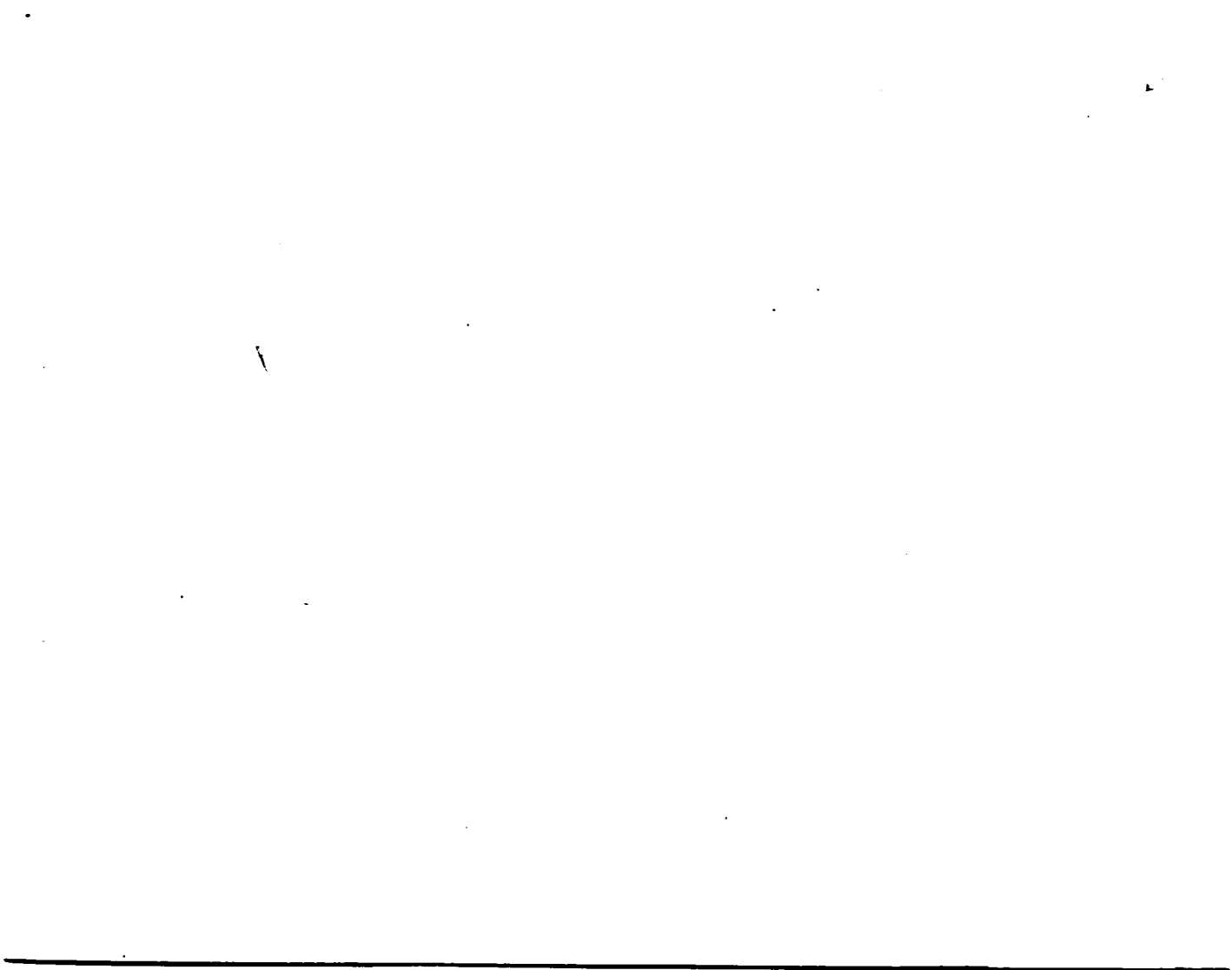
(Signature) [Signature]Physician
(Physician or midwife)

Given names added from a supplemental report.

Address... Preston IdahoFiled Jan 18 1920

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

695-2191821-619

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Preston

Registration District No. 27

File No. 75896

No. 11 St.

Primary Registration District No. 2113

Registered No. 9

Hospital

FULL NAME OF CHILD Lola Winward

Sex of Child	<u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	<u>Yes</u>	Date of Birth	<u>Jan. 19 1920</u>
							(Month)	(Day) (Year)

FATHER
FULL NAME Bryan Winward
RESIDENCE Clifton Idaho
COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Whitney Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Elsie Farmer
RESIDENCE Clifton Idaho
COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Clifton Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

Filed Jan 28 1920

Registrar

Registrar

JUN 12 1970

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah Certificate No. 75896
County of Salt Lake Date Filed _____

The undersigned does solemnly swear that certain facts on this certificate of birth
for Unnamed Winward who was born on Jan. 19, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Preston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by L.D.S. Church Records prepared on Aug. 17th 1970 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Child's name Unnamed Lola Winward

Subscribed and sworn to before me this 2nd day of

September, 19 70
Fred Jordan
Notary Public, residing at Salt Lake City
My commission expires 12-13-1970
(Seal)

Signed Olaf Blair 10th Ward Clerk
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
947 E 4 So. SLC City
(Street Address, City, State) Utah.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of

September, 19 70
Fred Jordan
Notary Public, residing at Salt Lake City
My commission expires 12-13-1970
(Seal)

Signed Fred E. Hansen
(Signature of Any Credible Person)
863 E. 6 So. Bishop
(Street Address, City, State)
SLC City, Utah

Family Record-gives name as Lola Winward Winward born Bryan January 19, 1920
in Preston, Idaho. F ther Bryan Winward and Mother Elsie Farmer.
Viewed by V.S.

Marriage Record gives name as Lola Winward married to Ralph Stacey Deppe
On April 24, 1946 in Preston, Idaho.
Viewed by V.S.

OCT 16 1970

PLACE OF BIRTH

663-496-021-759
County of FranklinSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-25m-2-3-17

CERTIFICATE OF BIRTH

City of DaytonRegistration District No. 27File No. 75897

No. St.

Primary Registration District No. 2119Registered No. 1

Hospital

FULL NAME OF CHILD JESSE NEPHI WOLVERTON

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 6 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	---

FULL NAME <u>James Nephi Wolverton</u>	FATHER
RESIDENCE <u>Dayton Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Dayton Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Era M Perkins</u>	MOTHER
RESIDENCE <u>Dayton Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Dayton Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. <u>1</u>	Number of children of this mother now living, including present birth. <u>1</u>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

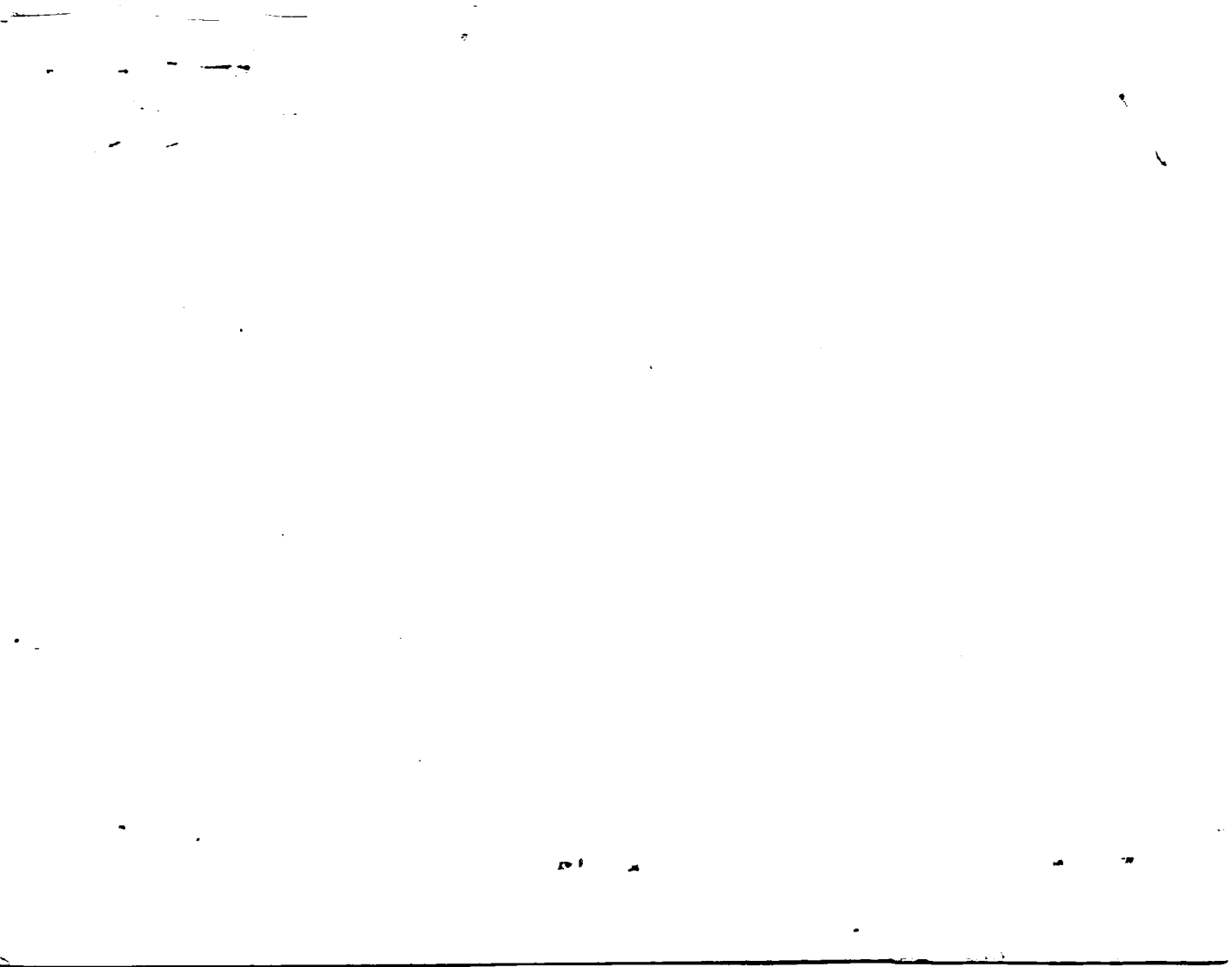
I hereby certify that I attended the birth of this child, who was born alive at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred Keller
.....
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed Jan 9 1920 D. A. Keller
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clearwater } ss. Certificate No. 75897
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or death)
for _____ who _____ on _____
(Name on original certificate) (Was born or died) (Date of event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by _____ prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)
Name _____

FROM
(As on original)
Unnamed Wolverton

TO
(The correct facts)
Jesse Nephi Wolverton

Subscribed and sworn to before me this 19th
day of November, 1941

Signed Mrs. J. N. Wolverton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Joseph E. Niman
Notary Public, residing at Profino, Idaho
County of Clearwater By Ray Charles Keoburn, Deputy
My commission expires _____
[SEAL]

Profino, Idaho Rt 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Clearwater } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1987 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of November, 1941

Signed Jesse E. Niman
(Signature of any credible person other than the previous affiant.)

Joseph E. Niman
Notary Public, residing at Profino, Idaho
County of Clearwater By Ray Charles Keoburn, Deputy
My commission expires _____
[SEAL]

Profino, Idaho Rt 2
(Street Address, City, State)

2004

445-213-021-366
PLACE OF BIRTH
Franklin

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County of.....

Whitney

City of.....

Registration District No. 27

File No. 75899

No.St.

Primary Registration District No. 2118

Registered No. 13

Hospital

FULL NAME OF CHILD

Usa Dunkley

Sex of female
Child

Twin
Triplet
or other?

and { Number
in order
of birth

Legiti-
mate? yes

Date of Birth Jan 13 1920
(Month) (Day) (Year)

FULL
NAME

FATHER

William Job Dunkley

FULL
MAIDEN
NAME

MOTHER

Laura Lowe

RESIDENCE

Whitney

RESIDENCE

Whitney Idaho

COLOR

AGE AT LAST
BIRTHDAY 39
(Years)

COLOR White

AGE AT LAST
BIRTHDAY 36
(Years)

BIRTHPLACE

White
Franklin Idaho

BIRTHPLACE

Franklin Idaho

OCCUPATION

Farmer

OCCUPATION

housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 3:34 PM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

Filed Jan 18 1920

Registrar

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-17-1941. dp

AUG 6

FEB 3 1953.

JAN 30 1973

319-107

021-719

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

HC-22a-32-37

County of Franklin

City of Preston

Registration District No. 27

File No. 75900

No. 31

Primary Registration District No. 2119

Registered No. 2

Hospital

FULL NAME OF CHILD REED PARKINSON LARSON

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 7 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Nephi Larson</u>	FATHER <u>Larson</u>
RESIDENCE <u>Preston Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Logan Utah</u>	
OCCUPATION <u>Merchant</u>	

FULL MAIDEN NAME <u>Bertha Parkinson</u>	MOTHER
RESIDENCE <u>Preston Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Franklin Ida</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William R. Cullen
Physician or midwife

Given names added from a supplemental report.

Address Preston Idaho
Filed Jan 8 1920
Registrar W. R. Cullen



CONFIDENTIAL

1

2

3

4

5

6

7

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
ACT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 75900

Date Filed birth

The undersigned ss. solemnly swear that certain facts on the certificate of birth
for Unnamed Larsen who was born on Jan. 7, 1920
in Preston, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
(Place of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record prepared on time of birth, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>Surname of father and son</u>	<u>Larsen</u>	<u>Larson</u>
<u>Name of child</u>	<u>Unnamed</u>	<u>Reed Parkinson Larson</u>

Subscribed and sworn to before me this 7th
day of March, 1942

Signed [Signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Preston Idaho

My commission expires Oct. 29-1942
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of March, 1942

Signed [Signature]
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Boise

My commission expires 1-27-46
(Seal)

(Street Address, City, State)

1000000000

1



WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-1031021-793

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-27

CERTIFICATE OF BIRTH

75802

County of FranklinCity of Clifton

No. St.

Hospital HorneRegistration District No. 27File No. 3Primary Registration District No. 2119Registered No. 3FULL NAME OF CHILD Ralph Lowell Orton

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>3</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 3</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--	-----------------------------	---

FULL NAME <u>Thomas Edward Orton</u>	FATHER
RESIDENCE <u>Clifton</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>North Ogden, Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Waltera Giles</u>	MOTHER
RESIDENCE <u>Clifton</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Charles, Wanyne Co. Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 24 A.P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ethel E. L. DavisMidwife
(Physician or midwife)

Given names added from a supplemental report.

Address CliftonFiled Jan 18 1920

Registrar

Registrar

AUG 26 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of.....) Certificate No. 75902
County of.....) ss Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate
of birth for Ralph Lowell Orton who was born
(birth or death) (Name on original certificate) (was born or died)
on Jan. 3, 1920 in Helix, Idaho are erroneous or were omitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown
by.....prepared on.....are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED FROM TO
(Name, birthdate, etc.) (As on original) (The correct facts)

Name no name given Ralph Lowell Orton

Subscribed and sworn to
before me this 15 day
of Jan 1942

Signed Walter J. Orton
(Signature of parent or attendant if correct-
ing a birth record; of a parent, funeral
director, informant if correcting a death
record; or other credible person.)

Arthur B. Brumby
Notary Public Justice of the Peace
Residing at Walt Lake, Idaho Emmett, Idaho
(Street address, City, State)

My commission expires.....

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho
County of Idaho ss

The undersigned does solemnly swear that he has knowledge of the corrected
facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day
of Jan 1942 Signed Richard G. Caston
(Signature of any credible person other than
the previous affiant.)

Arthur B. Brumby
Notary Public Justice of the Peace 530 East 3rd St. Salt Lake City, Utah
Residing at Walt Lake, Idaho (Street address, City, State)

My commission expires.....

(SEAL)

OCT 5 1943
APR 17 1942

253-108-021-259
PLACE OF BIRTHCounty of Franklin
City of PrestonSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-9-3-17

Registration District No. 27File No. 75903

No. St.

Primary Registration District No. 2119Registered No. 14

Hospital

FULL NAME OF CHILD Nathan Emery

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 8 1900</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>Emery Belnap</u>	FATHER
RESIDENCE <u>Preston Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Martha Kershaw</u>	MOTHER
RESIDENCE <u>Preston</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Preston Ida</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4.... Number of children of this mother now living, including present birth 3....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

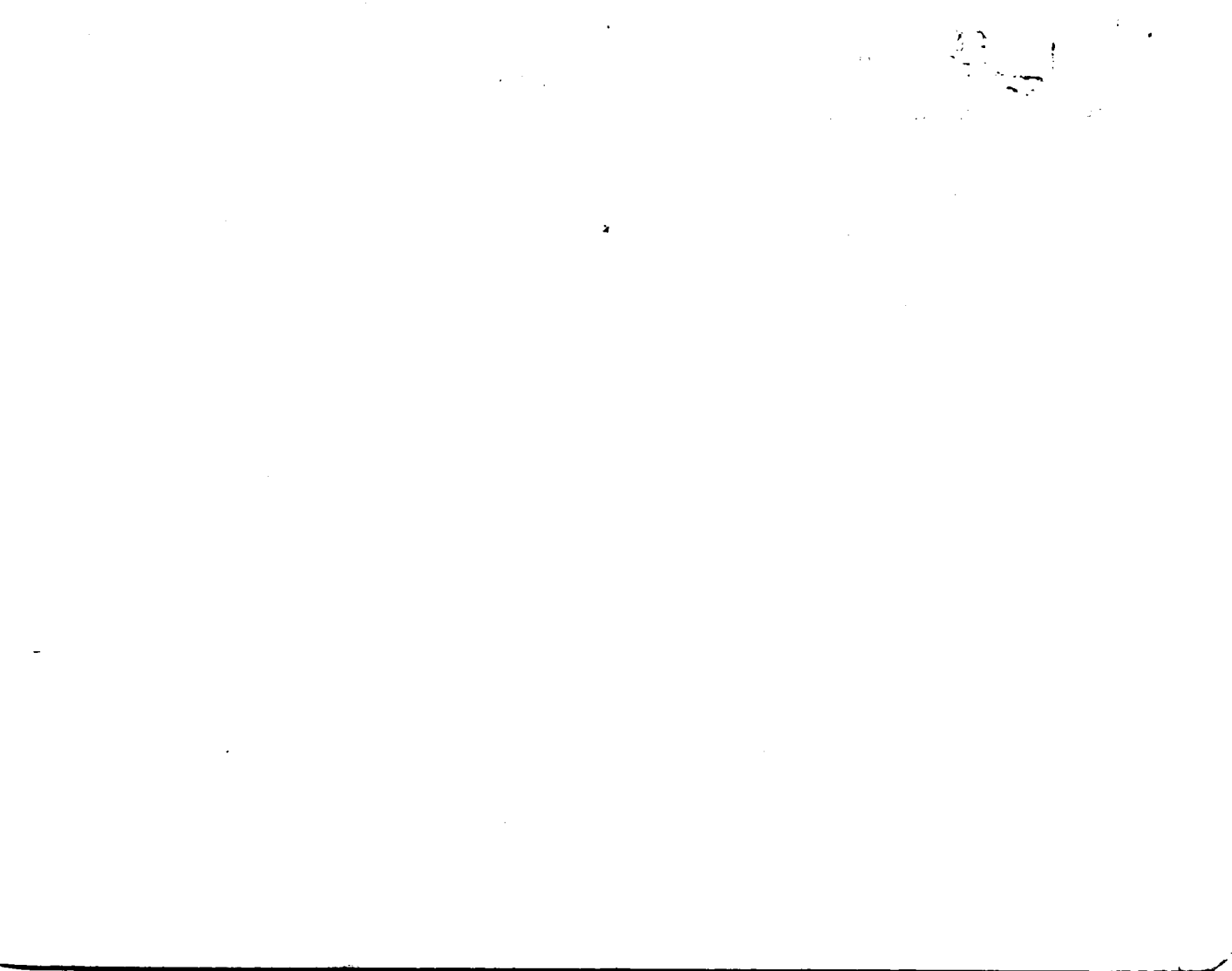
(Signature) Allen R. Cutler Jr

Given names added from a supplemental report.

Address PrestonFiled Jan 22 1900

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DATE OF BIRTH
0692-211-008-632

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-1-17

City of Oxford

Registration District No. 27

File No. 75904

No. 1 St.

Primary Registration District No. 1118

Registered No. 15

Hospital LaRue Fisher

FULL NAME OF CHILD LaRue Fisher

Sex of Child <u>7</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 11 1920</u> (Month) (Day) (Year)
FULL NAME <u>Albert F. Fisher</u>	FATHER	FULL MAIDEN NAME <u>Leah Olsen</u>	MOTHER
RESIDENCE <u>Oxford Ida</u>		RESIDENCE <u>Oxford Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Oxford Ida</u>		BIRTHPLACE <u>Oxford Ida</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. 6 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Fisher

Given names added from a supplemental report.

(Physician or midwife)

Address Preston

Filed Jan 25 1920

Registrar

Registrar

CHINA

CHINA

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

RECEIVED
APR 16 1965

Certificate No. 75904

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Fisher (female child) who was born on Jan. 11, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oxford, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Unnamed

LaRue

Fisher

Subscribed and sworn to before me this 5 day of

Signed

X Elbert Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Poston Idaho

My commission expires 4-1-66

(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of

Signed

Keith Christensen
(Signature of Any Credible Person)

Notary Public, residing at Poston Idaho

My commission expires 4-1-66

(Seal)

(Street Address, City, State)

~~Own~~ Child's Birth Cert. on file: (Idaho Birth) #49-12527 gives full maiden name of mother as LaRue Fisher - viewed by V.S.

JUL 20 1965

Downey High School Diploma, Given at Downey, Idaho on May 20, 1937 gives full name as LaRue Fisher - viewed by V.S.

JAN 31 2007

SEARCHED
SERIALIZED
INDEXED
FILED

866+2
#12
1-215

Child's name
added 4/26/89 tlc

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-12a-9-8-17

County of FranklinCity of CliftonRegistration District No. 17File No. 75905No. 1 St. St.Primary Registration District No. 2119Registered No. 16Hospital HowellFULL NAME OF CHILD Roma HowellSex of Child 7Twin
Triplet
or other?and { Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate? YesDate of
BirthJan 16 1920
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address Preston IdahoFiled Jan 29 1920 J. H. Cutler

Registrar

Registrar



8

4-21-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.
 County of ada

Certificate No. 75905

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
 for Unnamed (Female) Howell who was born on Jan. 6, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in Clifton, Idaho (Franklin Co.) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

ITEMS TO BE CORRECTED	FROM	TO
<u>Child's name</u>	<u>Unnamed</u>	<u>Roma Howell</u>

Subscribed and sworn to before me this 21 day ofApril, 1988.Notary Public, Jessie L. CleverlyResiding at Boise, IdahoMy commission expires April 3, 1991

(Seal)

Roma Christensen
 Signature of Applicant
21753 Boise River Rd.
 Street Address, City, State

Caldwell, Idaho
83605

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
 County of _____

(Must be completed _____)

(Is not necessary _____)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Own daughter's birth certificate on file in Idaho #316289 born June 5, 1941
in Idaho. gives mother's name as Roma Howell viewed by tlc

APR 26 1989

Baptismal record from LDS Church, Logan Temple by Elder L. Vern Tollson on
March 27, 1928 gives name as Roma Howell. viewed by VS

713102-021-249

PLACE OF BIRTH

County of... *Franklin*City of... *Riversdale*

No. St.

Hospital

FULL NAME OF CHILD *Mont Smith Parker*STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-9-8-17

Registration District No. *17*

File No.

75906

Primary Registration District No. *2119*Registered No. *17*

Sex of Child <i>Male</i>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate?	Date of Birth
	(To be answered only in event of plural births)			<i>yes</i>	<i>Jan 29 1920</i> (Month) (Day) (Year)

FULL NAME	FATHER
<i>Joseph M Parker</i>	
RESIDENCE	
<i>Riversdale</i>	
COLOR	AGE AT LAST BIRTHDAY
<i>W</i>	<i>33</i> (Years)
BIRTHPLACE	
<i>Riversdale</i>	
OCCUPATION	
<i>Farmer</i>	

FULL MAIDEN NAME	MOTHER
<i>Clotilda Smith</i>	
RESIDENCE	
<i>Riversdale</i>	
COLOR	AGE AT LAST BIRTHDAY
<i>W</i>	<i>32</i> (Years)
BIRTHPLACE	
<i>Riversdale</i>	
OCCUPATION	
<i>Housewife</i>	

Number of child of this mother, including present birth... *6* Number of children of this mother now living including present birth... *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... *born alive* (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

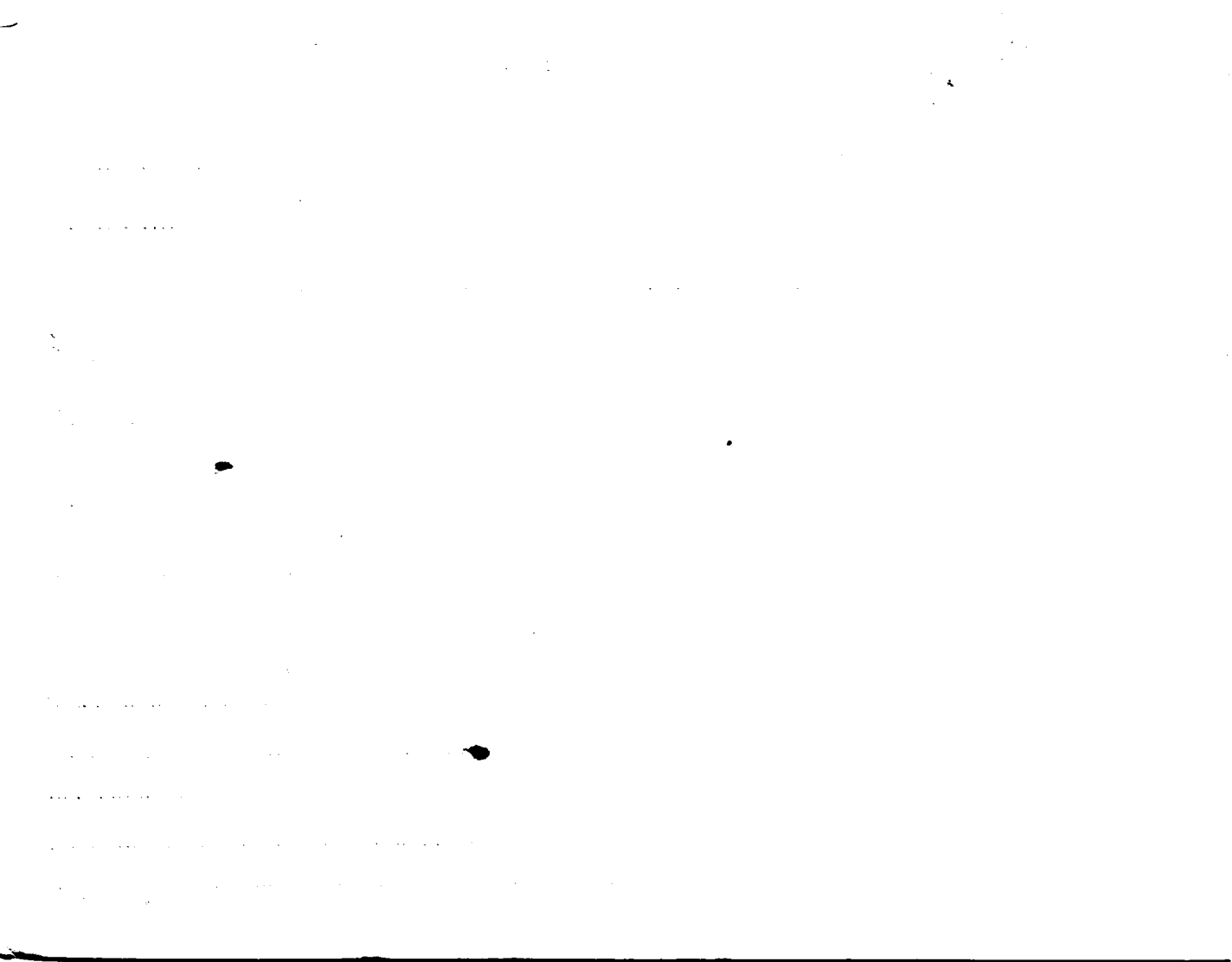
(Signature) *St. A. Culler Jr*

Given names added from a supplemental report.

Address *Preston Idaho*Filed *Jan 29 1920*

Registrar

Registrar



855-221-652

PLACE OF BIRTH

name added 3-17-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-8-17

County of Franklin

CERTIFICATE OF BIRTH

City of PrestonRegistration District No. 27File No. 75907

No. St.

Primary Registration District No. 2119Registered No. 18

Hospital

Rolena Hendricks

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 21 1920</u> (Month) (Day) (Year)
FULL NAME <u>Margie Willis Hendricks</u>	FATHER		FULL MAIDEN NAME <u>Lucy J. Webb</u>	MOTHER
RESIDENCE <u>Preston Ida</u>			RESIDENCE <u>Preston Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Saloonman</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth...2... Number of children of this mother now living, including present birth...2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Culley

(Physician or midwife)

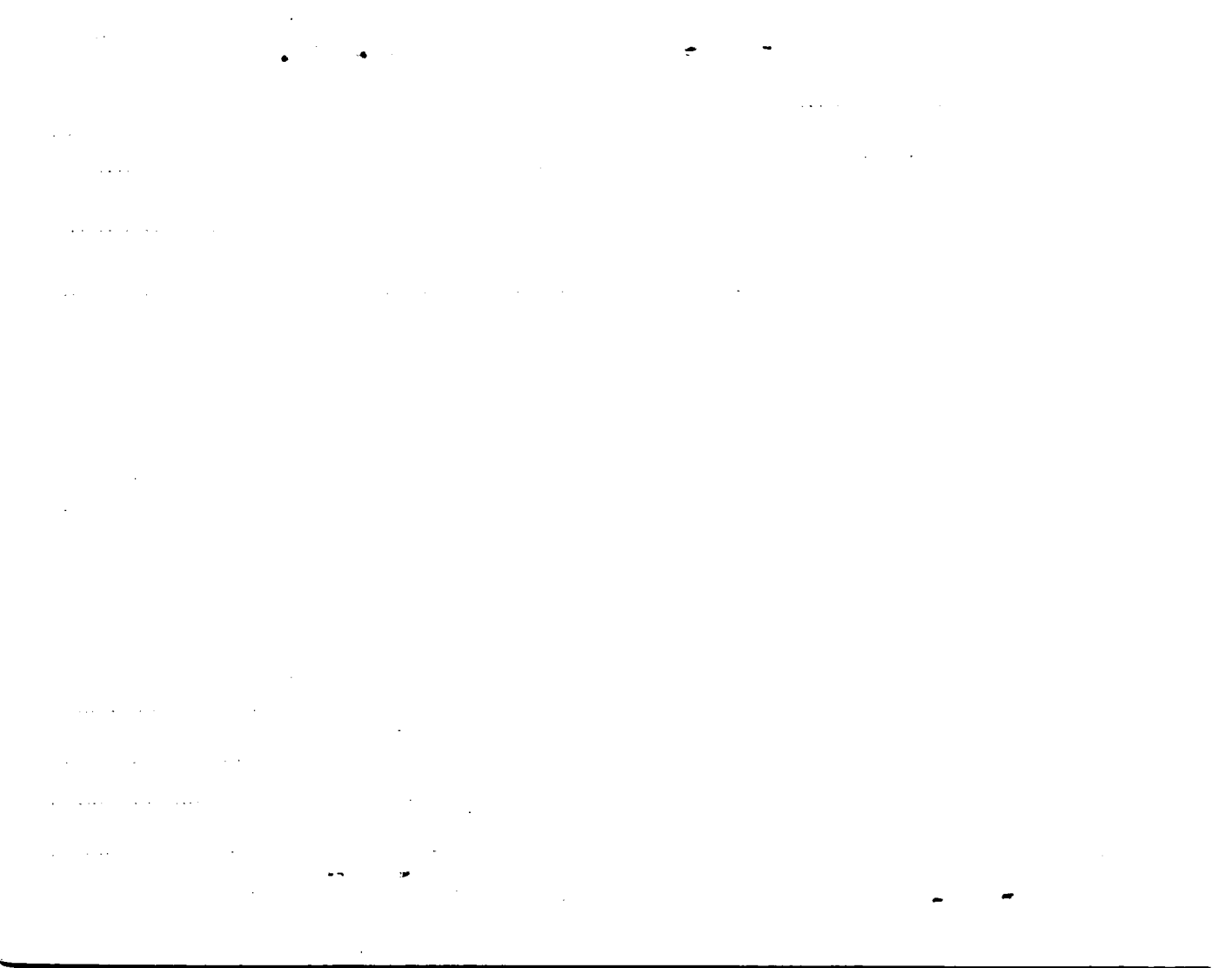
Given names added from a supplemental report.

.....19.....

Address Preston IdahoFiled Jan 29 1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE
BUREAU OF
VITAL STATISTICS

State of _____ } ss. MAR 15 10 19 AM '82 Certificate No. 75907
County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth

for Unnamed Hendricks who was born on 1-21-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Preston (Franklin) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED**FROM****TO**

<u>childs name</u>	<u>unnamed</u>	<u>Rolena Hendricks</u>

Subscribed and sworn to before me this 9th day of

March 1982.
Notary Public, Clinton J. Little
Residing at Clinton, Utah
My commission expires 2/23/84
(Seal)

Rolena Hendricks
Signature of Applicant
AKA Rolena G. Wahle
Street Address, City, State
4007W 5300S Roy, Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. (Must be completed ___)
County of Franklin } (Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of

February 1982.
Notary Public, Robert G. Hendricks
Residing at Preston Idaho
My commission expires 5-15-82
(Seal)

Lucy Hendricks Larkin
Supporting Signature
161 East Conida Preston, Idaho
Street Address, City, State

1 cc pd

Cert of Baptism from LDS Church gives Rolena Hendricks born 1-21-20
in Preston to M Willis Hendricks and Lucy Webb was baptised
6-19-28. Viewed by V.S.

MAR 17 1982

Notification of Personnel Action from Dept. of the Air Force gives
Rolena H Dahle born 1-21-20 . Dated 3-8-76. Viewed by V.S.

389-202-021-281

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-Mm-2-2-17

CERTIFICATE OF BIRTH

County of FranklinCity of Merston IdahoRegistration District No. 27File No. 75908No. St.Primary Registration District No. 1169Registered No. 19Hospital ElmoraFULL NAME OF CHILD Elmora Christina Christensen

Sex of Child <u>girl</u>	Twin <u>Yes</u> and (Number in order of birth <u>4</u>) (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 2</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FATHER		MOTHER	
FULL NAME <u>Jane Christensen</u>	FULL MAIDEN NAME <u>Anne M. E. Shaper</u>	FULL NAME <u>Jane Christensen</u>	FULL MAIDEN NAME <u>Anne M. E. Shaper</u>
RESIDENCE <u>Merston Idaho</u>	RESIDENCE <u>Merston Idaho</u>	RESIDENCE <u>Merston Idaho</u>	RESIDENCE <u>Merston Idaho</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Merston Idaho</u>	BIRTHPLACE <u>Merston Idaho</u>	BIRTHPLACE <u>Merston Idaho</u>	BIRTHPLACE <u>Merston Idaho</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Farmer</u>	OCCUPATION <u>House Keeper</u>	OCCUPATION <u>House Keeper</u>

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive Jan 2-1920 at 10:50 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thas B. Holder

(Physician or midwife)

Given names added from a supplemental report.

Address Merston IdahoFiled Jan 29 1920

Registrar

Registrar

AUG 22 1972

558101-021-414

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 12-0-0224347

CERTIFICATE OF BIRTH

County of Franklin

City of Merton Idaho

Registration District No. 27

File No. 75910

No. St.

Primary Registration District No. 2113

Registered No. 21

Hospital

FULL NAME OF CHILD Ralph Maughn Neilson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth <u>6</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 1 1920</u> (Month) (Day) (Year)
--------------------------	---	--	-----------------------------	---

FATHER
FULL NAME Harry C Neilson
RESIDENCE Merton Idaho
COLOR white AGE AT LAST BIRTHDAY 42
(Years)
BIRTHPLACE Merton Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Sarah A Maughn
RESIDENCE Merton Idaho
COLOR white AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE Merton Idaho
OCCUPATION House Keeper

Number of child of this mother, including present birth... 6 Number of children of this mother now living, including present birth... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

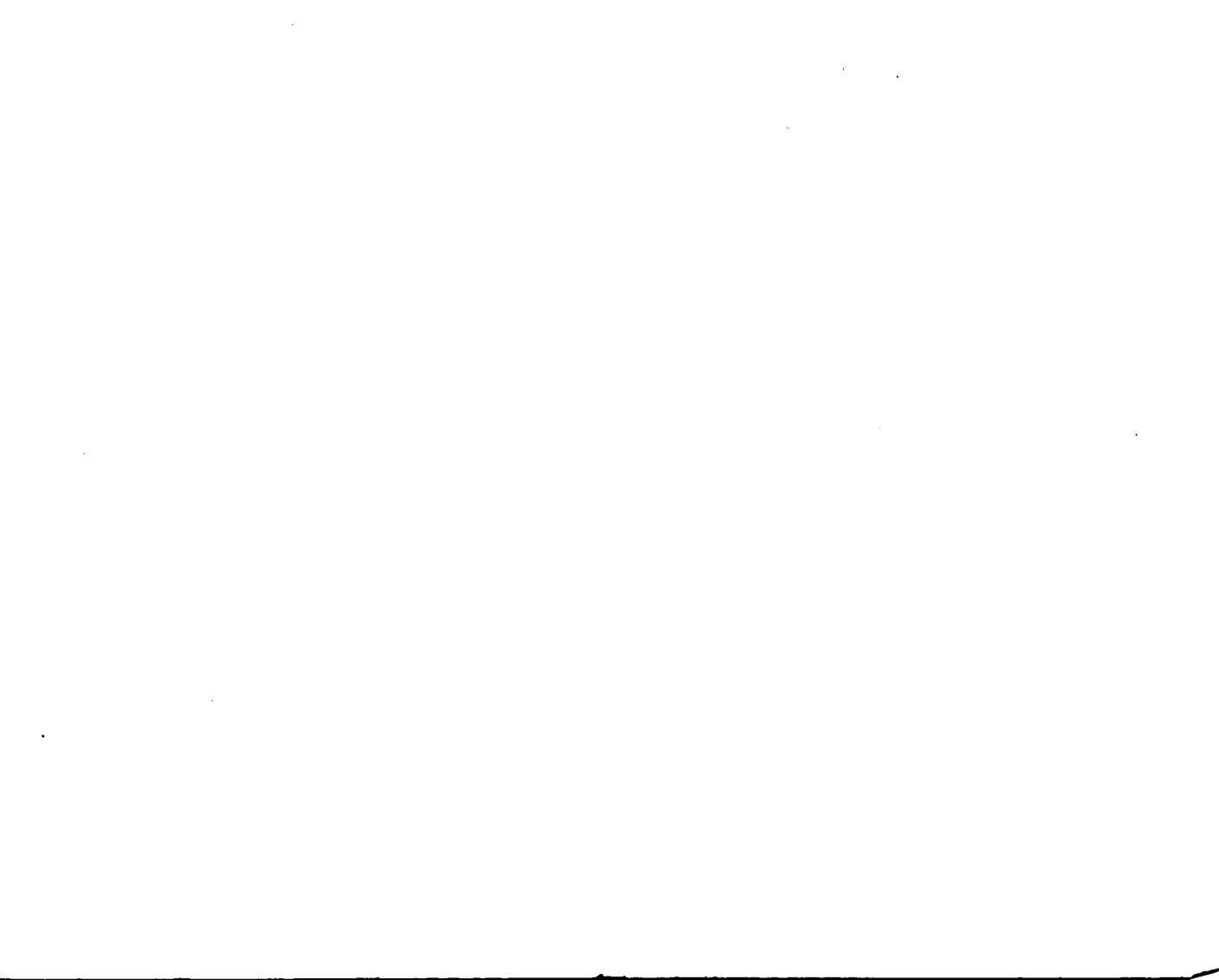
I hereby certify that I attended the birth of this child, who was alive Jan 1 1920 10 55 AM
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Halder
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Merton Idaho
Filed Jan 29 1920
D. B. Curtis
Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-101-021-689

PLACE OF BIRTH

County of Franklin

City of Muskegon

Registration District No. 2

No. St.

Primary Registration District No. 118

Hospital

File No. 75911

Registered No. 22

FULL NAME OF CHILD Raymond Hill Sternick

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 1</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Louis A Sternick</u> RESIDENCE <u>Muskegon</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>35</u> BIRTHPLACE <u>Austria</u> OCCUPATION <u>Laborer</u>			MOTHER FULL MAIDEN NAME <u>Mary Lee White</u> RESIDENCE <u>Muskegon</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>19</u> BIRTHPLACE <u>Miss</u> OCCUPATION <u>House Keeper</u>	

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Jan 1-1920 at 455 A
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Muskegon
Filed Jan 29 1920
Registrar D. R. Curtis

DEC 12 1989

238-211-021-789

PLACE OF BIRTH

County of Franklin

City of

No. St.

Hospital

FULL NAME OF CHILD

Sex of Child

FTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthJan 11 1920
(Month) (Day) (Year)FULL
NAMEErastus Schrammelt

RESIDENCE

Franklin Co Idaho

COLOR

WAGE AT LAST
BIRTHDAY49
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMEHannah May Phillips

RESIDENCE

Franklin Co Idaho

COLOR

WAGE AT LAST
BIRTHDAY39
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 10Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Charles H. Hanch

Born alive or stillborn

20

M.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston, Idaho

Registrar

Filed Jan 11 1920

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25-2-8-17

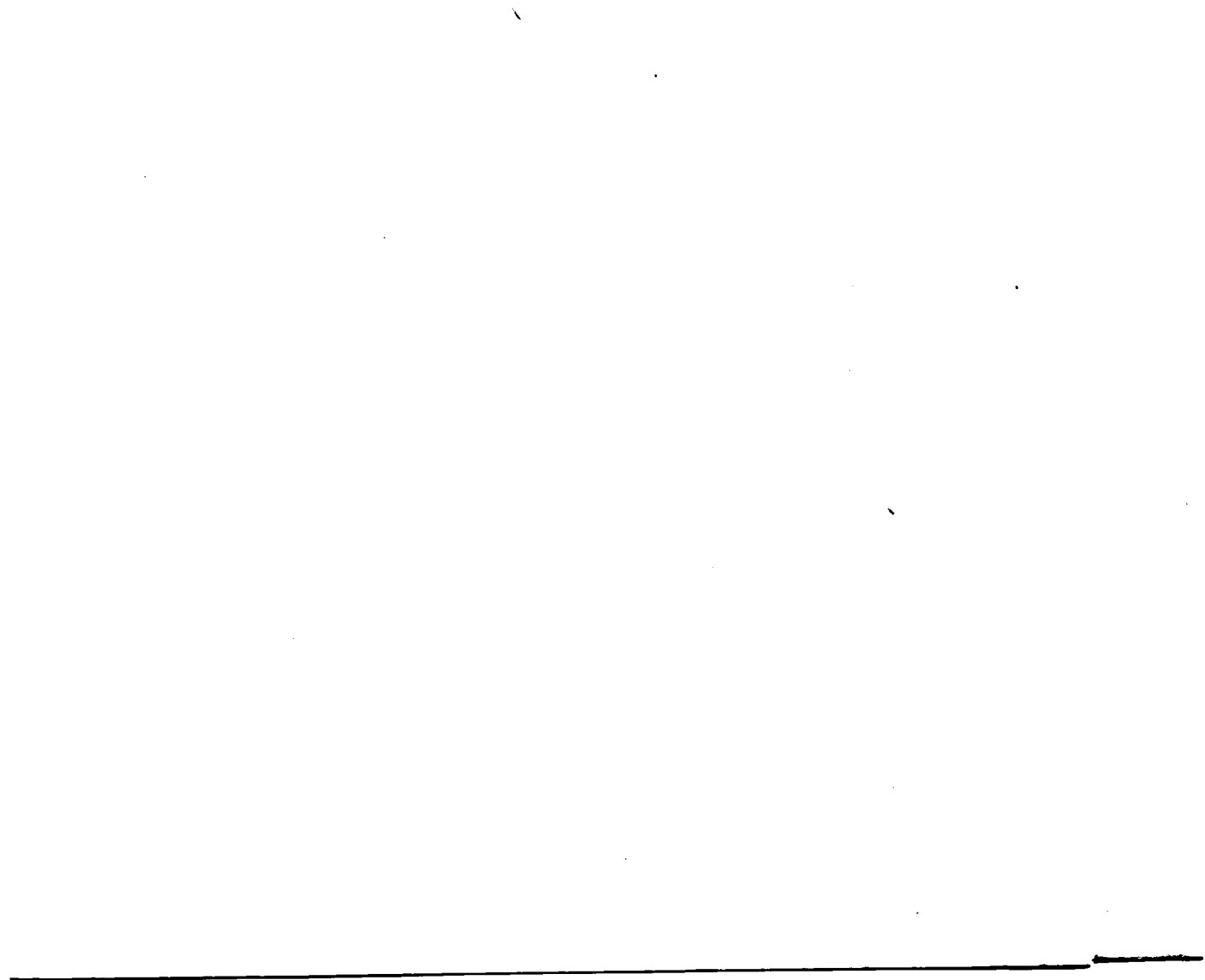
CERTIFICATE OF BIRTH

Registration District No. 28File No. 75912Primary Registration District No. 2118Registered No. 23

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



251-215-021-345

PLACE OF BIRTH

County of Franklin

City of

No. St.

Hospital

FULL NAME OF CHILD JESSIE SEAMONS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-G-22a-9-8-17

Registration District No.

File No. 75913

Primary Registration District No.

Registered No. 2 f

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 15 1900</u> (Month) (Day) (Year)
FULL NAME FATHER <u>John Robert Seamons</u>			FULL MAIDEN NAME MOTHER <u>Hannah Reed</u>	
RESIDENCE <u>Franklin Co Idaho</u>			RESIDENCE <u>Franklin Co Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>31</u> (Years)		
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.... 6... Number of children of this mother now living, including present birth.... 6...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Franklin Co Idaho on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles Reed

(Physician or midwife)

Given names added from a supplemental report.

Address Preston IdahoFiled Jan 16 1900

Registrar

Registrar

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 75913
County of Cache } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Jessie Seamons who was born on Jan. 15, 1920.
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Windsor, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Jessie Seamons

Subscribed and sworn to before me this 4th
day of June, 1942
J. W. Seamons
Notary Public, residing at Hyde Park, Utah
My commission expires May 21, 1943.
(Seal)

Signed John W. Seamons
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

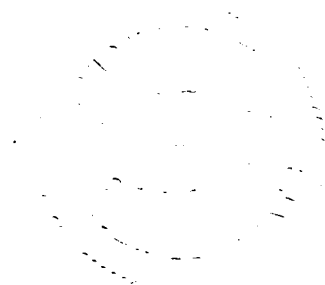
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of June, 1942
J. W. Seamons
Notary Public, residing at Hyde Park, Utah
My commission expires May 21, 1943.
(Seal)

Signed Edward C. Bells
(Signature of Any Credible Person Other Than Previous Year)
Hyde Park, Utah
(Street Address, City, State)

JUN 8 1942

JUN 10 1942



693-116021-759

PLACE OF BIRTH

No. 11-C-25m-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75914

County of FranklinCity of PrestonRegistration District No. 27

File No.

No. H. M. Ward St.Primary Registration District No. 2117Registered No. 251

Hospital

FULL NAME OF CHILD Densmore George Wilcox

Sex of Child <u>M</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u>	Legitimate? <u>ye</u>	Date of Birth <u>Jan 16 1900</u> (Month) (Day) (Year)
-----------------------	---	-----------------------	--

FATHER
FULL NAME George Lorain WilcoxRESIDENCE Preston IdahoCOLOR W AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE IdahoOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Julia PerryRESIDENCE Preston IdahoCOLOR W AGE AT LAST BIRTHDAY 31
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth... 6 ... Number of children of this mother now living, including present birth... 6 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 12:35 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carrie Blank

(Physician or midwife)

Address Preston IdahoFiled Jan 21 1900 D. C. R. Curtis

Registrar

Registrar



10-10-72

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. **RECEIVED**
MAY 9 1969

Certificate No. 75914

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for _____ **Unnamed Wilcox** **Bureau of Vital Statistics** who was born _____ (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on Jan 16, 1920 (Date of Event)
in _____ **Preston, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

_____ child's name _____ omitted _____ **Densmore George Wilcox**

Subscribed and sworn to before me this 9 day of

March, 1969

Signed _____

Julia Wilcox Fellowship
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires _____

181 West 1 North Preston
(Street Address, City, State) Idaho

(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires _____

(Street Address, City, State)

(Seal)

Death certificate for child lists father's name as Densmore George Wilcox.
Child died 127334 on Sept. 19, 1941
Viewed by V.S.

MAY- 9 1969

Birth Certificate on file for child born Sept. 17, 1941 at Boise, Idaho
lists name as Densmore George Wilcox. Certificate # 326154.
Viewed by V.S.

415-218-021-653

PLACE OF BIRTH

County of FranklinCity of PrestonNo. 31 Ward St.

Hospital

FULL NAME OF CHILD

Sex of
ChildFTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthJan 18

(Month) (Day) (Year)

FULL
NAMESte Carl Davis

FATHER

FULL
MAIDEN
NAME

MOTHER

Valate Fellows

RESIDENCE

Preston Idaho

RESIDENCE

Preston Idaho

COLOR

RAGE AT LAST
BIRTHDAY22

(Years)

COLOR

RAGE AT LAST
BIRTHDAY20

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

(Born alive or stillborn)

at 4:00 P. M.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Carl E. Davis

(Physician or midwife)

Given names added from a supplemental report.

Address

Preston Idaho

19

Registrar

Filed

Jan 21 1920

Registrar

APR 27 1942

JUN 6 1961

319-118-021-492

PLACE OF BIRTH

County of... *Franklin*City of... *Preston*No. ... *4 Howard St.*

Hospital

FULL NAME OF CHILD

Sex of Child

*M*Twin
Triplet
or other?and
(Number
in order
of birth)Legiti-
mate?

Date of Birth

Jan 18 1900
(Month) (Day) (Year)

FULL NAME

FATHER
Einar Henry Larson

RESIDENCE

Preston Idaho

COLOR

*W*AGE AT LAST
BIRTHDAY*30*
(Years)

BIRTHPLACE

Norway

OCCUPATION

Merchant

FULL MAIDEN NAME

MOTHER
Alvilde Elise Mikkelsen

RESIDENCE

Preston Idaho

COLOR

*W*AGE AT LAST
BIRTHDAY*24*
(Years)

BIRTHPLACE

Norway

OCCUPATION

*Housewife*Number of child of this mother, including present birth... *2*Number of children of this mother now living, including present birth... *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.*born alive*
(Born alive or stillborn)*4:10 A.M.*

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Eustis Blund

(Physician or midwife)

Given names added from a supplemental report.

Address

*Preston Idaho**19*

Registrar

Filed

*Jan 19 1900**Idaho*

Registrar

Certified copy issued 2-14-1941. dp

JUN 4 1943

Certified copy issued No. 22, 1970. P.W.

819-219-221-419

PLACE OF BIRTH

County of FranklinCity of PrestonNo. 3rd Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-24a-4-8-17

75917

Registration District No. 27

File No.

Primary Registration District No. 2115Registered No. 28

FULL NAME OF CHILD

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 19</u> (Month) (Day) (Year) <u>1912</u>
FATHER FULL NAME <u>James Alvin Harris</u>			MOTHER FULL MAIDEN NAME <u>Anne Lucetta Marler</u>	
RESIDENCE <u>Preston Idaho</u>			RESIDENCE <u>Preston Idaho</u>	
COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)		COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born blue on the date above stated. (Born alive or stillborn) 1037 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

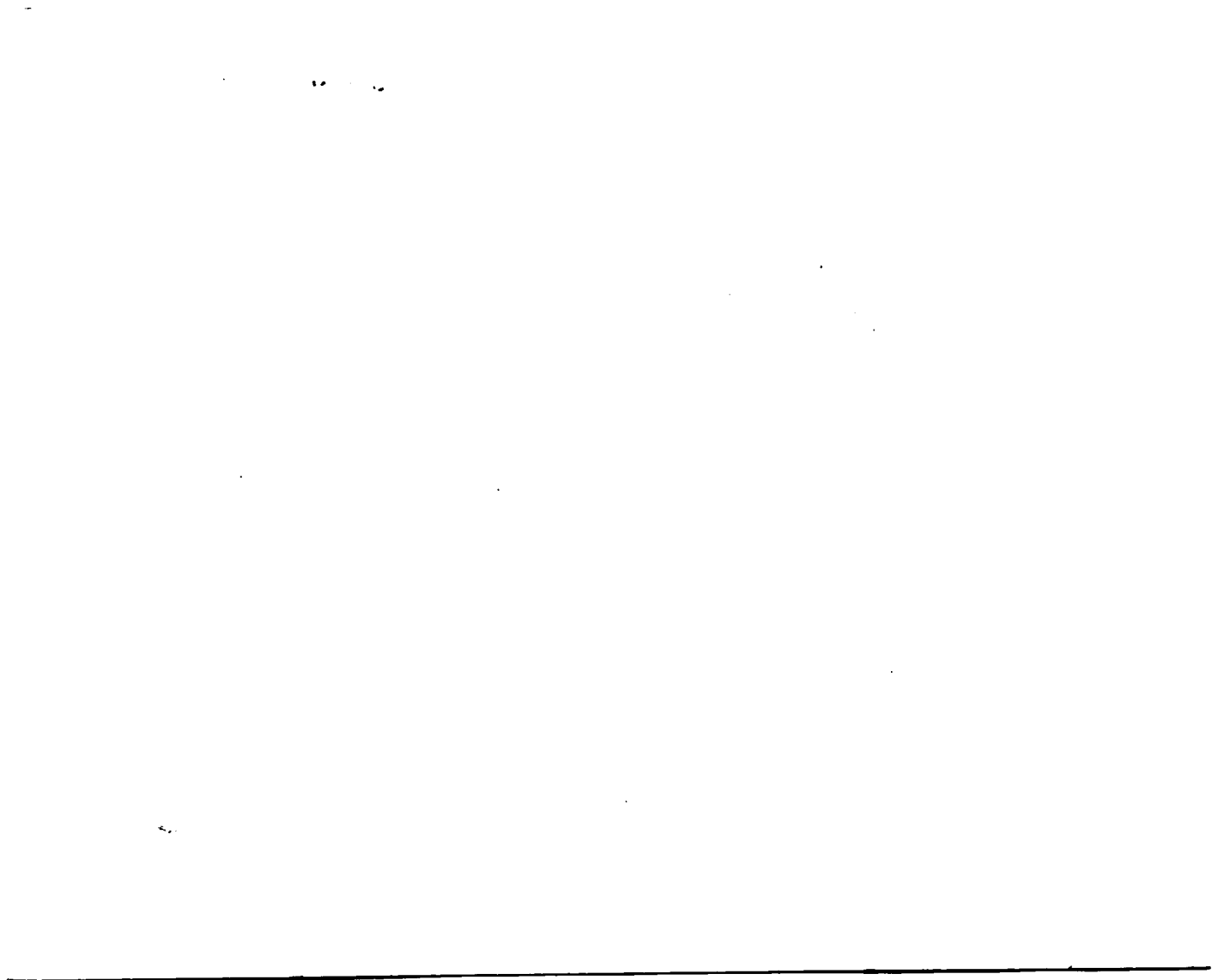
(Signature) Curtis R. ...

Given names added from a supplemental report.

(Physician or midwife) PhysicianAddress Preston IdahoFiled Jan 31 1912

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344120-021-546

U. S. No. 11-C-22a-3-8-17

County

City of Mesa

Registration District No. 17

File No. 75918

No. St.

Primary Registration District No. 2119

Registered No. 28

Hospital

FULL NAME OF CHILD James Meloy L. Lunn

Sex of Child <u>M</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and Number in order of birth <u>1st</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 20</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	---	------------------------	--

FULL NAME <u>John L. Lunn</u>	FATHER <u>John L. Lunn</u>
RESIDENCE <u>Preston, Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Anna Christine Nuffer</u>	MOTHER
RESIDENCE <u>Preston, Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive 9:15 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl H. Hays
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho
Registrar Jan 31 1920 D. A. Cuthbert
Registrar

Certified copy issued October 25, 1970. E.W.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

#75918
M.O.Ret.

STATE OF California)
COUNTY OF Los Angeles) SS.

AFFIDAVITS FOR CORRECTION
OF A RECORD

Elmer W. Cummings of West Los Angeles, Calif.
Being first duly sworn, deposes and says that he is father
(if related, specify degree,
of James Delor Cummings
if friend or otherwise, so state)
who was born in the city of Preston, County of Franklin
(was born, died)
on the 20 day of January, 1920, as stated in a certificate of birth
birth or
death filed by Curtiss Bland
(name of physician or midwife, or undertaker for death)
with the Local Registrar for the city of Preston, County of Franklin
Idaho, on the 20 day of January, 1920.

That the following facts set forth in said certificate are not correctly
stated therein, to wit: name of person incorrect, as stated in
birth certificate, James Delor Dunning

That affiant upon his own knowledge states the true facts to be,
his, her
and the changes necessary to make the record correct are, as follows,

name changed from James Delor Dunning To:

James Delor Cummings

Affiant James J. Lockman
Address 1741 Camden Ave. U

Subscribed and sworn to before me this 18 day of October, 1940

Paul M. Bowers
Notary Public
NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
My Commission Expires June 29, 1942

STATE OF California)
COUNTY OF Los Angeles) SS.

Elmer Willis Cummings of Los Angeles
being first duly sworn, deposes and says that he has knowledge of the facts
hereinbefore alleged and that the said facts as stated are true.

Affiant Elmer Willis Cummings
Address 1741 Camden Ave. U

Subscribed and sworn to before me this 5 day of October, 1940

Paul M. Bowers
Notary Public
NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
My Commission Expires June 29, 1942

815-122-01-465

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

75919

County of FranklinCity of PrestonNo. 3d ward St.Registration District No. 27

File No. _____

Hospital _____

Primary Registration District No. 2119Registered No. 30

FULL NAME OF CHILD

DEAN M. HANSEN

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>Jan 22</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---	-----	---	----------------------------	---

FATHER
FULL NAME Peter Thompson HansenRESIDENCE Preston, IdahoCOLOR N AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE IdahoOCCUPATION LaboreMOTHER
FULL MAIDEN NAME Nellie MonsonRESIDENCE Preston, IdahoCOLOR N AGE AT LAST BIRTHDAY 27
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2d M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burtis Blane
Physician
(Physician or midwife)

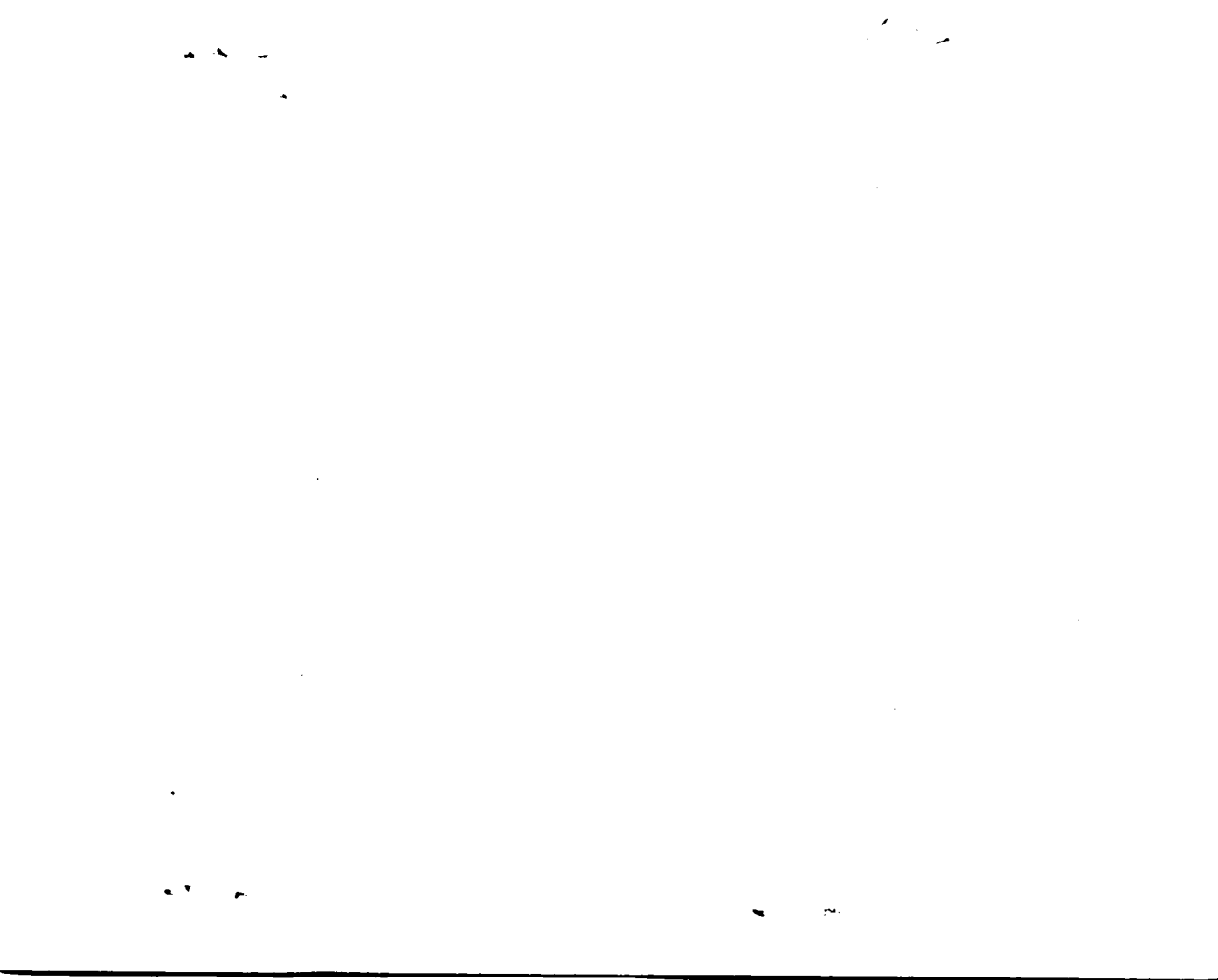
Given names added from a supplemental report.

19

Address Preston, IdahoFiled Jan 31 1920 D. R. Fuller

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 75919

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)

for _____ who _____ on _____
(Name on Original Certificate) (Was Born ~~_____~~) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Dean M. Hansen

Subscribed and sworn to before me this 6
day of Aug, 1942

Notary Public, residing at Proctor Id

My commission expires May 1 - 1945
(Seal)

Nellie Monson Hansen
Signed Mrs. P. J. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Proctor Id
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of August, 1942

Notary Public, residing at Proctor Id

My commission expires May 1 - 1945
(Seal)

Signed S. J. [Signature]
(Signature of Any Credible Person Other Than Previous Year)

Proctor Id
(Street Address, City, State)

AUG 7 1942

AUG 10 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

249.123-021-912

name added 6/6/80

Form Y. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICSCounty of Franklin

CERTIFICATE OF BIRTH

City of _____

Registration District No. 27File No. 75920

No. _____ St. _____

Primary Registration District No. 2119Registered No. 91

Hospital _____

Lenard J. Smith

FULL NAME OF CHILD

Sex of
ChildMTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate?yesDate of
BirthJan 23 1920
(Month) (Day) / (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

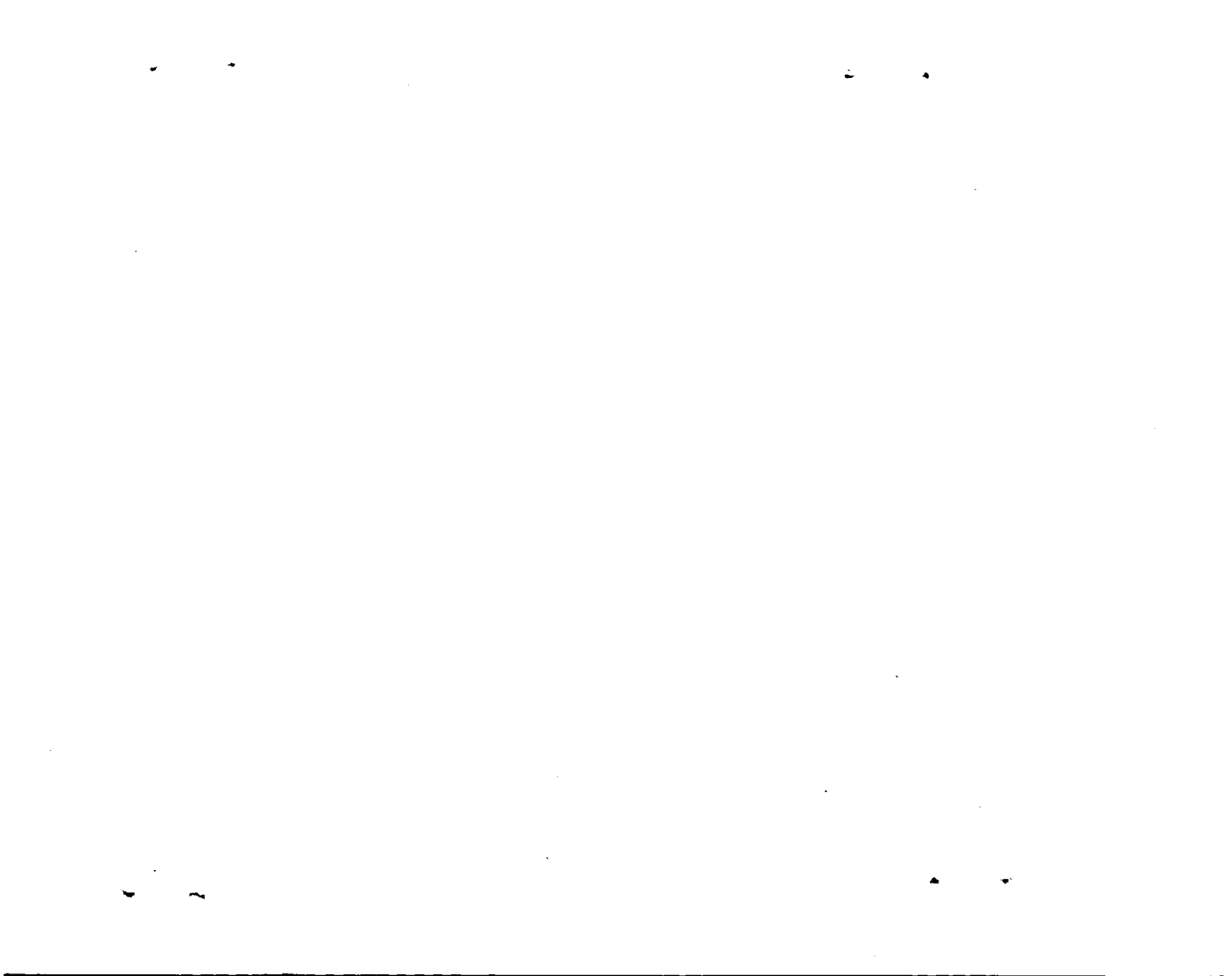
19

Address

Filed

Registrar

Registrar



5-19-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Utah } ss.
County of CacheCertificate No. 75920

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Smith who was born on Jan. 23, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Fairview (Franklin) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameomittedLenard John SmithSubscribed and sworn to before me this 27th day ofMay, 1980Notary Public [Signature]Residing at Smithfield UtahMy commission expires 2-10-81

(Seal)

Lenard John Smith
Signature of Applicant
1603 1/2 100 So - Smithfield Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____(Must be completed)(Is not necessary)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

JUN 6 1980

National Service Life Ins. dated Jan 1, 1943 Certif no. N-7 4530008
gives name as Leanrd J. Smith. viewed by V. S.

Separation Qualification Record gives name as Lenard J. Smith. born
Jan 23, 1919. date of Separation March 29, 1946. viewed by V. S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

432-125021-265

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of Coeur d'AleneRegistration District No. 27 File No. 75921

No. _____ St. _____

Primary Registration District No. 8118 Registered No. 32

Hospital _____

FULL NAME OF CHILD

 Sex of Child M Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimate? Yes Date of Birth Jan 25 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

 FULL NAME Charles Hyrum McTenzie FATHER
RESIDENCE Coeur d'Alene Idaho

 FULL MAIDEN NAME Jina Amelia Swensen MOTHER
RESIDENCE Coeur d'Alene Idaho

 COLOR W AGE AT LAST BIRTHDAY 36
(Years)

 COLOR W AGE AT LAST BIRTHDAY 33
(Years)
BIRTHPLACE IdahoBIRTHPLACE UtahOCCUPATION Laborer - farmOCCUPATION Housewife
 Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was born alive at 10:45 A.M.
on the date above stated. (Born alive or stillborn)

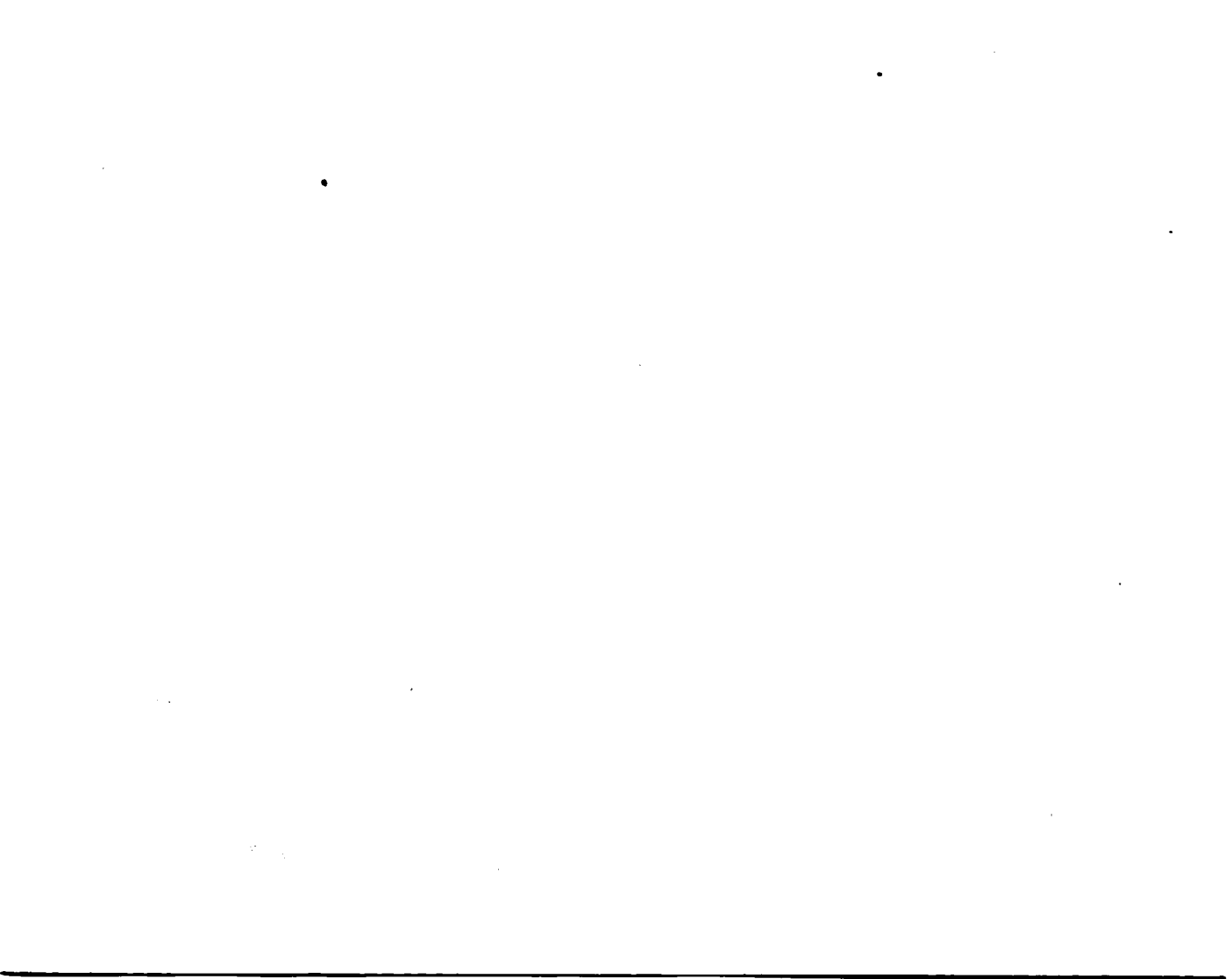
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

 (Signature) Burtis Rand
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho
 Filed Jan 31 1920 Dr. Burtis Rand
Registrar Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

633-125.021-619

name added 6/6/80

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of FranklinCity of BaridaRegistration District No. 27File No. 75922

No. _____ St.

Primary Registration District No. 2115Registered No. 93

Hospital _____

FULL NAME OF CHILD

Glen Eldon Ottley

Sex of
ChildMTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate?yesDate of
BirthJan 25 1920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

RESIDENCE

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

(Signature)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

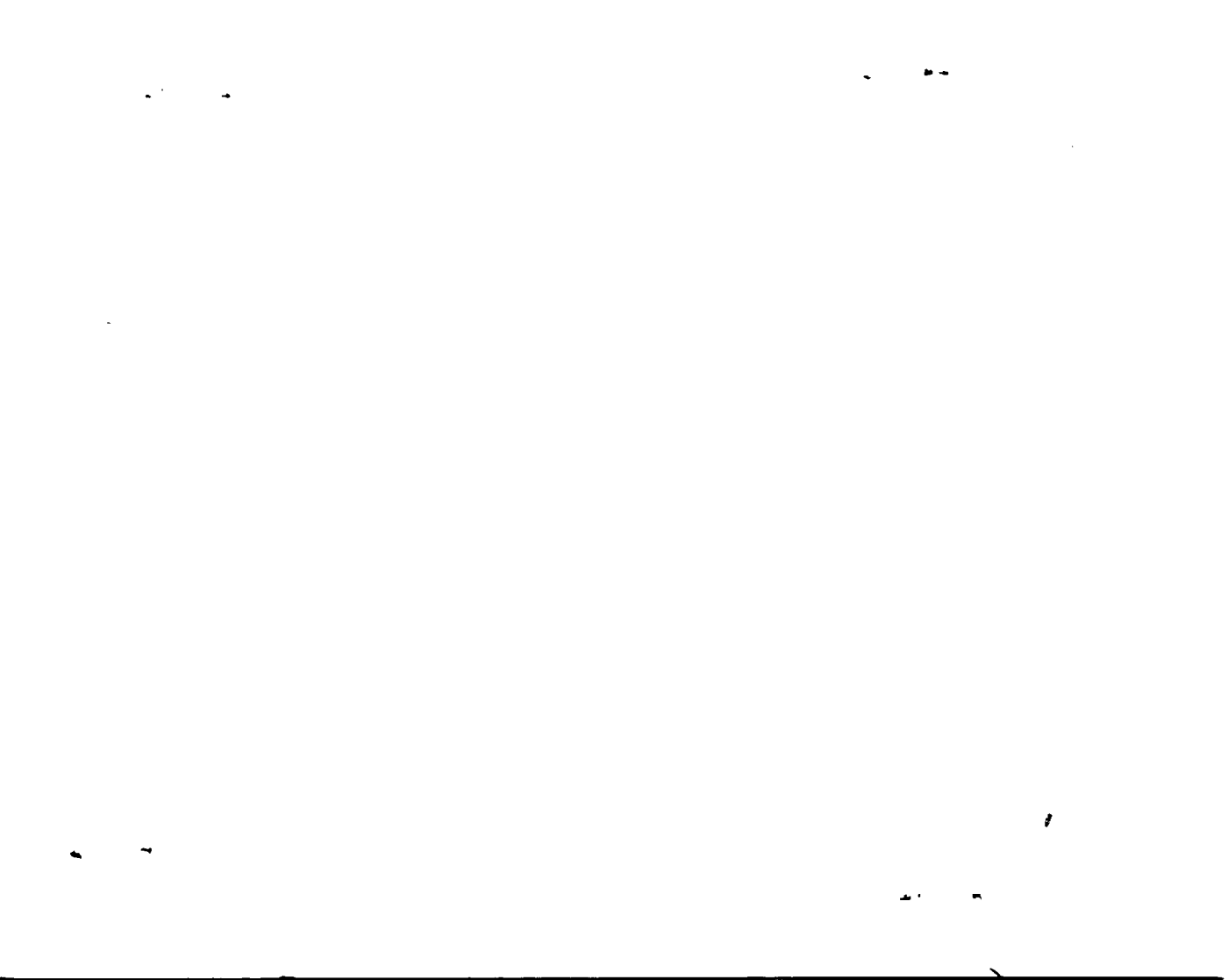
19

Address

Filed

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah } ss. MAR 19 1 05 PM '80 Certificate No. 75922
 County of Salt Lake } Date Filed 3/15/80

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Ottley who was born on Jan. 25, 1920
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in Banida (Franklin) are erroneous or were omitted:
 (Place of Event)

ITEMS TO BE CORRECTED
childs name

FROM
omitted

TO
Glen Eldon Ottley

Subscribed and sworn to before me this 15th day of
March, 1980,
 Notary Public, O. Mastel Pedersen
 Residing at Salt Lake City, Ut.
 My commission expires 11/7/83
 (Seal)

Lael O. Pedersen

Signature of Applicant

2360 E. 3395 S.

Street Address, City, State

Salt Lake City, Ut, 84109

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
 County of Salt Lake }

(Must be completed)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of
March, 1980,
 Notary Public, O. Mastel Pedersen
 Residing at Salt Lake City, Ut.
 My commission expires 11/7/83
 (Seal)

Alvin W. Ottley

Supporting Signature

Street Address, City, State

2352 E. 3395 S. S.L.C.

Certif of Blessing from the LDS Church gives name as Glen Elden Ottley son of Sidney J. Ottley and Alice X. Warren. born Jan 25, 1920 at Banida, Idaho. Blessed Feb 8, 1920. viewed by V. S.

JUN 6 1980

Certif of Baptism from the LDS Church gives name as Glen Elden Ottley son of Sidney J. Ottley and Alice Warren. born Jan 5, 1920 at Banida, Idaho. Baptized June 19, 1928. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

552-1291021-753

PLACE OF BIRTH

County of Franklin

City of Franklin

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-5-25m-7-21-19

Registration District No. 27 File No. 75923

Primary Registration District No. 2117 Registered No. 84

FULL NAME OF CHILD DON PETERSEN NEBEKER

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate	Date of Birth <u>Jan 29</u> 19 <u>22</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	----------------	---

FATHER
FULL NAME Alfred Jesse Nebeker

RESIDENCE Franklin Idaho

COLOR W AGE AT LAST BIRTHDAY 29
(Years)

BIRTHPLACE Idaho

OCCUPATION Merchant - confection

MOTHER
FULL MAIDEN NAME Gertrude Helena Petersen

RESIDENCE Franklin Idaho

COLOR W AGE AT LAST BIRTHDAY 29
(Years)

BIRTHPLACE Wash

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A M.
on the date above stated. (Born alive or stillborn)

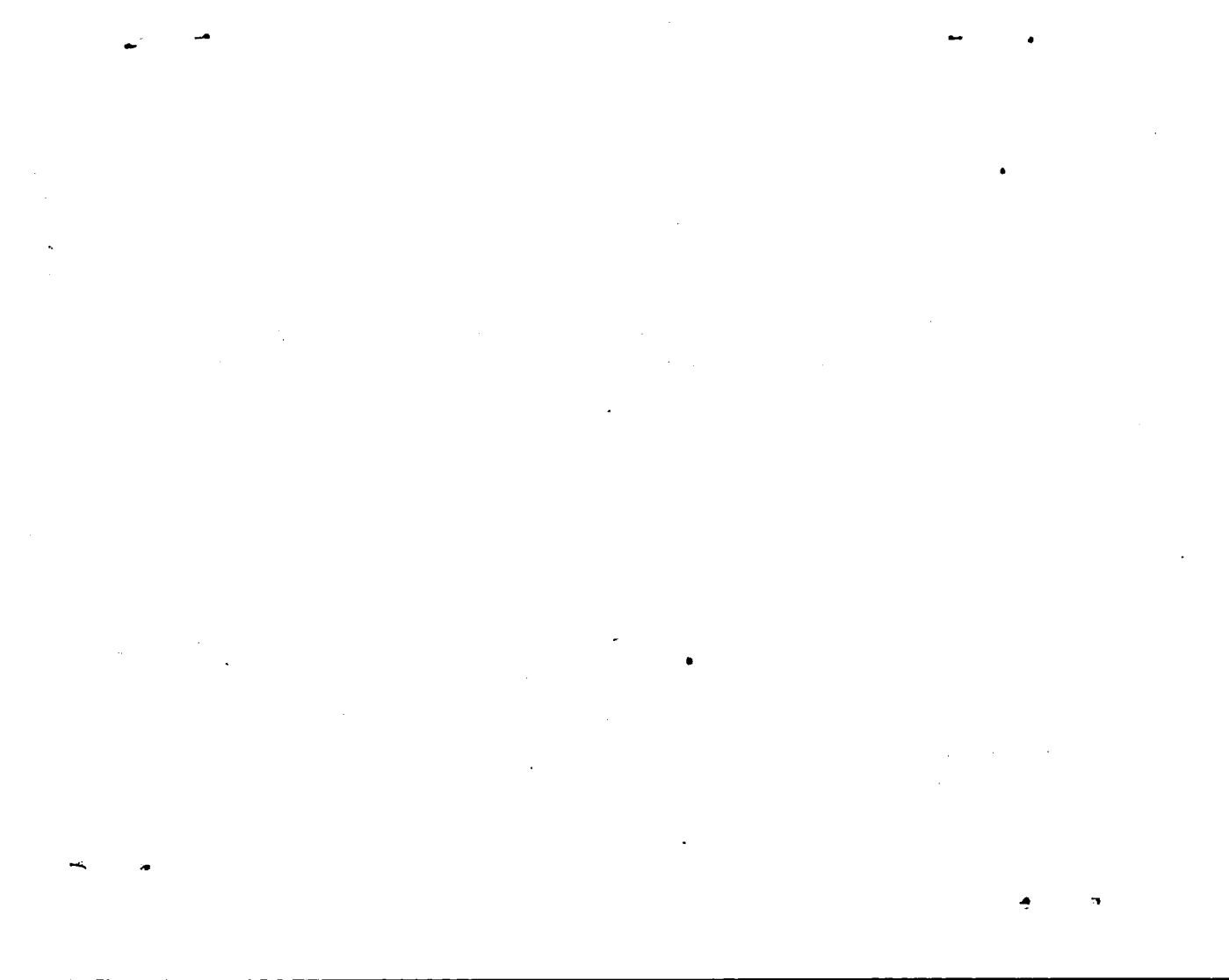
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curis Rand
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

Filed Jan 31 1922 D. A. Clifton
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of..... }
County of..... } ss. Certificate No. 75923
Date Filed.....

NOV 3 1942
REC- VEB

The undersigned does solemnly swear that certain facts on the certificate of.....
(Birth or death)
for..... who..... on.....
(Name on original certificate) (Was born or died) (Date of event)
in..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by..... prepared on....., are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)
Unnamed Nebeker

TO
(The correct facts)
Don Petersen Nebeker

Name

Don Petersen Nebeker

Subscribed and sworn to before me this 10
day of November, 1941.

Signed

Hortense Helena Peterson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Notary Public, residing at *Salt Lake City, Utah*

My commission expires 5/3/42

545 West 1st North

(Street Address, City, State)

[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss. [This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19.....

Signed

(Signature of any credible person other than the previous affiant.)

Notary Public, residing at.....

My commission expires.....
[SEAL]

(Street Address, City, State)

Received for filing on..... By.....
(Registrar's signature)



299-230-02-1318

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of TroubleCity of PrestonNo. 4111th St.Registration District No. 27File No. **75924**

Hospital _____

Primary Registration District No. 2119Registered No. 34FULL NAME OF CHILD Unnamed

Sex of Child <u>I</u>	Twins Triplet or other?	and	Number in order of birth	Legiti mate?	Date of Birth
	(To be answered only in event of plural births)				<u>Jan 30</u> 19 <u>20</u>
					(Month) (Day) (Year)

FULL NAME FATHER Toy KirbyRESIDENCE Treasureton, IdahoCOLOR W AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Vida Ruth TaylorRESIDENCE Treasureton IdahoCOLOR W AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

19.

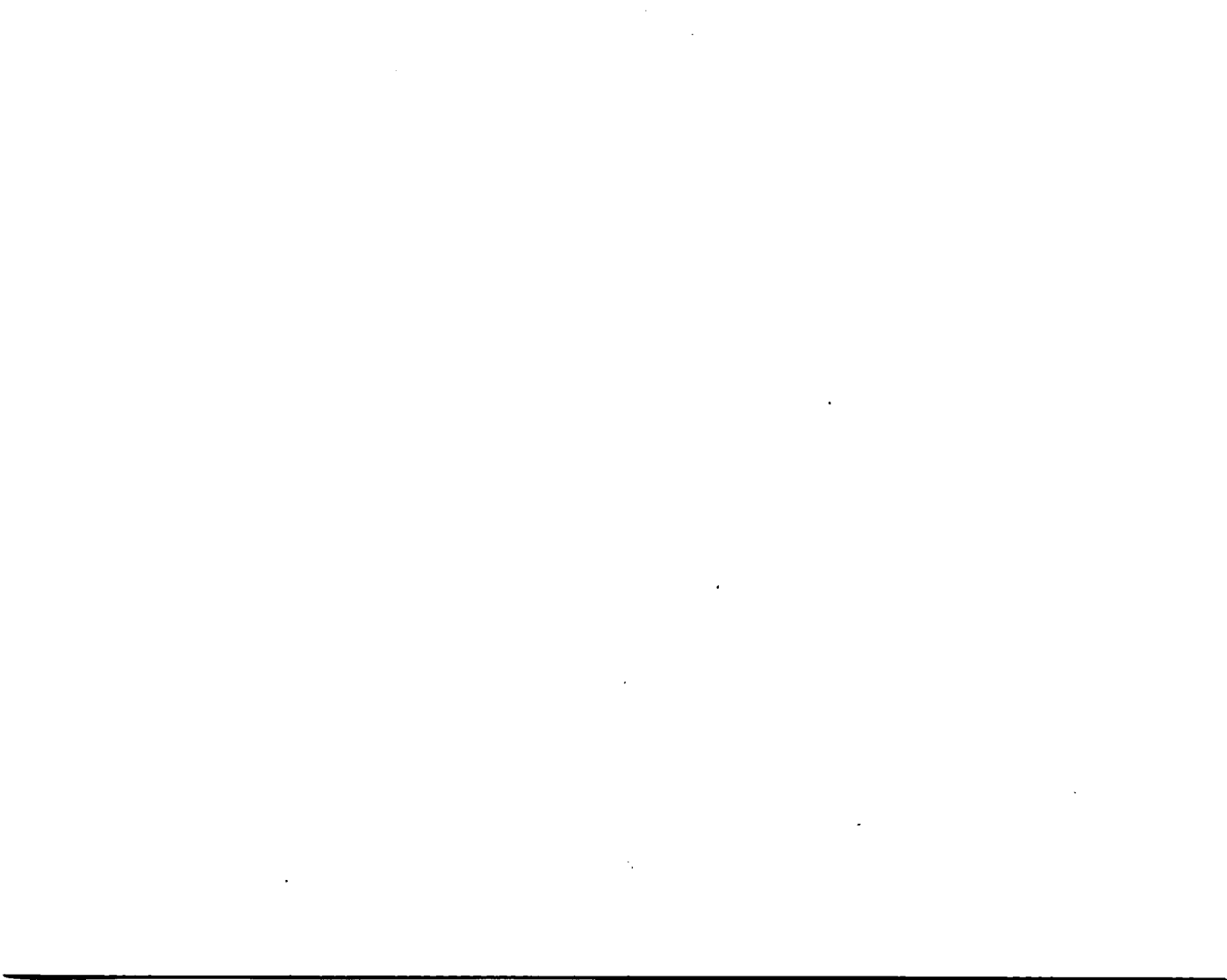
Address Preston IdahoFiled Jan 31 1925

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



319.115.021.533

name added 1-13-84 dl

PLACE OF BIRTH

Form V. S. No. 11-C-25m-8-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of FranklinCity of PrestonRegistration District No. 27File No. 75925

No. St.

Primary Registration District No. 1119Registered No. 88

Hospital

FULL NAME OF CHILD Nathan Ellis LarsenSex of Child MaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti-
mate? Yes.Date of Birth Jan. 15, 1920
(Month) (Day) (Year)FULL NAME FATHER
Irvin LarsenFULL MAIDEN NAME MOTHER
Leona EllisRESIDENCE
PrestonRESIDENCE
PrestonCOLOR White AGE AT LAST BIRTHDAY 23
(Years)COLOR White AGE AT LAST BIRTHDAY 20
(Years)BIRTHPLACE
Cove Utah.BIRTHPLACE
Smithfield Utah.OCCUPATION
Farmer.OCCUPATION
Housewife.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 12:15 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. States

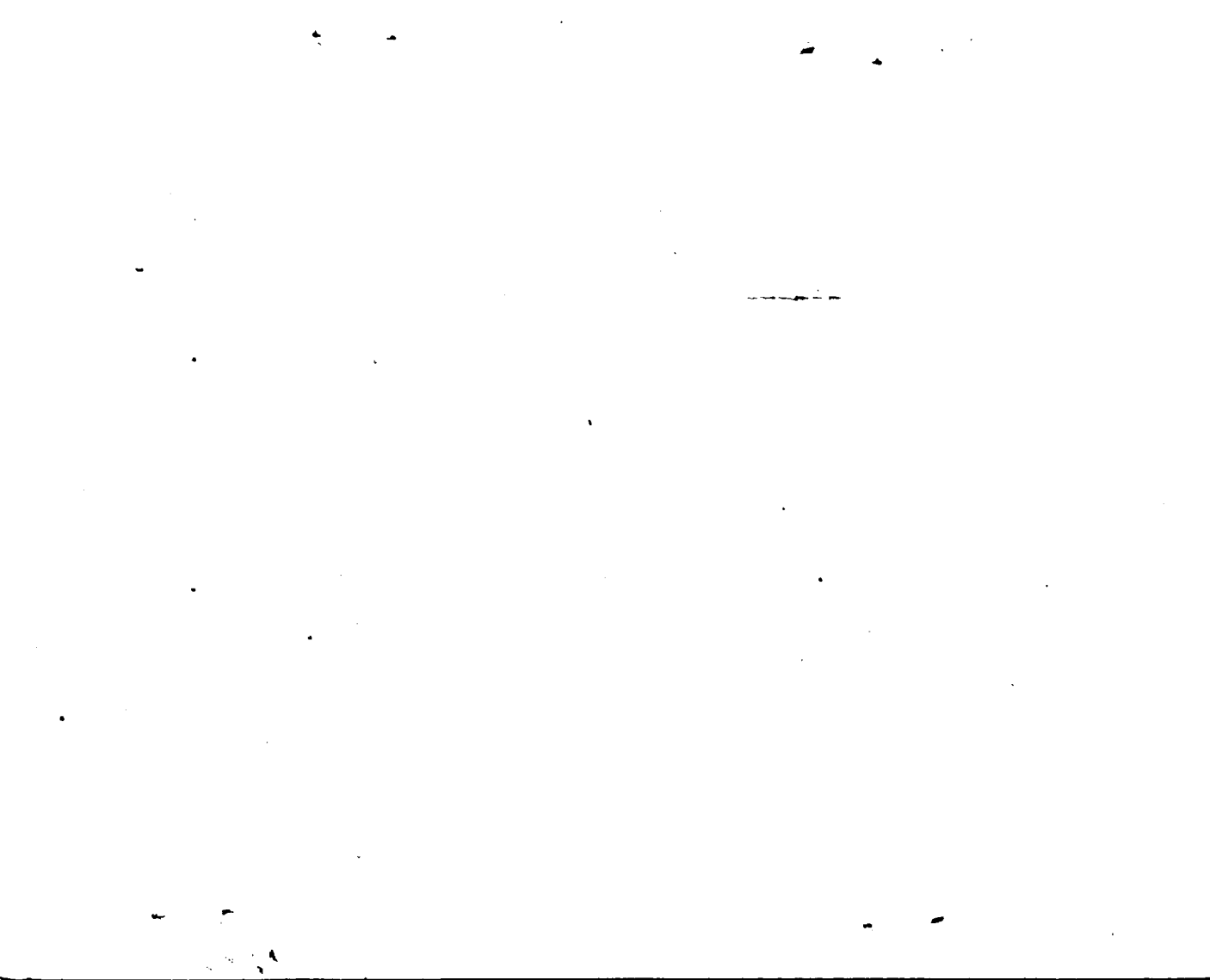
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho.Filed Feb. 19, 1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

Certificate No. 75925
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Larsen who was born on Jan 15, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Preston (Franklin) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

<u>childs name</u>	<u>Unnamed</u>	<u>Nathan Ellis Larsen</u>

Subscribed and sworn to before me this 29th day of

June, 1983

Notary Public, Clyde O. Johnson

Residing at Capitol Hill

My commission expires 1-2-84

(Seal)

Nathan E. Larsen
Signature of Applicant
855 Liberty Ave Ogden Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Richmond } ss.

(Must be completed ___)

(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of

June, 1983

Notary Public, Clyde O. Johnson

Residing at Ogden Utah

My commission expires 1-2-84

(Seal)

Ida Pallison
Supporting Signature
1700 W 2700 N Ogden Utah
Street Address, City, State

Certificate of live birth from state of Utah gives Dennis Wayne Larsen born Oct 5, 1941 in Ogden to Nathan Ellis Larsen and Mildred Rodenbaugh. Viewed by V.S.

JAN 13 1984

Honorable Discharge from U.S. Armed Forces lists Nathan Ellis Larsen was discharged Feb. 5, 1946. Viewed by V.S.

365-219-021-759
PLACE OF BIRTH

name added 11-5-84 dl

Form V. S. No. 11-C-25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICSCounty of Franklin

CERTIFICATE OF BIRTH

City of Mapleton Idaho.Registration District No. 27File No. 75926

No. St.

Primary Registration District No. 2.1.2Registered No. 48

Hospital

FULL NAME OF CHILD Leola Long

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> and <u> </u> Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 29</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>Rufus Cleveland Long</u>	FATHER
RESIDENCE <u>Mapleton Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Forrest Mississippi.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lettie Perkins.</u>	MOTHER
RESIDENCE <u>Mapleton Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Mapleton Idaho</u>	
OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10:30 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. StatesPhysician.

(Physician or midwife)

Given names added from a supplemental report.

Address Creston IdahoFiled Feb 5 1920

Registrar

Registrar

1-2-74

1-2-74

1-2-74

1-2-74

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }
County of Franklin } ss.

Certificate No. 75926

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Long who was born on Jan 29, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Mapleton (Franklin) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

<u>childs name</u>	<u>Unnamed</u>	<u>Leola Long</u>

Subscribed and sworn to before me this 18th day of October, 1984

Notary Public, Dennis A. Pinks
Residing at Preston, Idaho
My commission expires Continuous
(Seal)

x Lesla Long Ash
Signature of Applicant
x 447 E 6th, Logan, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } (Must be completed ___)
County of Franklin } ss. (Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October, 1984

Notary Public, Dennis A. Pinks
Residing at Preston, Idaho
My commission expires Continuous
(Seal)

R. Wendell Long
Supporting Signature
Rt 3 Preston Idaho
Street Address, City, State

Certificate of Blessing from LDS Church gives Leola Long daughter of Rufus C Long and Letty B Perkins born Jan 29, 1920 at Mapleton was blesed March 7, 1920.
Viewed by V.S.

NOV 5 1984

High School diploma lists Leola Long graduated from Franklin High School May 25, 1938. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

957-117.021-316

PLACE OF BIRTH

County of... **Franklin**.....City of... **Fairview Idaho.**No.....**St.**

Hospital.....

FULL NAME OF CHILD

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. **27**File No. **75927**Primary Registration District No. **2118**Registered No. **308**

Sex of Child Male	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? Yes.	Date of Birth Jan. 17 1920 (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------------	---

FULL NAME John Parley Inglat.	FATHER
RESIDENCE Fairview Idaho	
COLOR white	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Fairview Idaho.	
OCCUPATION Farmer.	

FULL MAIDEN NAME Laura Cafferty	MOTHER
RESIDENCE Fairview Idaho	
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Fairview Idaho.	
OCCUPATION Housewife.	

Number of child of this mother, including present birth **2**..... Number of children of this mother now living, including present birth **2**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....
on the date above stated. **Born Alive** (Born alive or stillborn) at **10:35 A.M.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **G. W. States**

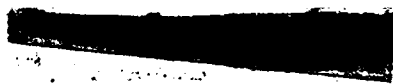
(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho.**Filed **Feb 3 1920** **D. A. K. Rutter**

Registrar

Registrar



991-221-021-235

PLACE OF BIRTH

County of... **Franklin**City of... **Weston Idaho.**No. **St.**

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

Registration District No. **27**File No. **75928**Primary Registration District No. **2.1.1.2**Registered No. **37**

Sex of Child Female	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? Yes.	Date of Birth Jan. 21 191 20 (Month) (Day) (Year)
----------------------------	---	---	------------------------------	--

FULL NAME George I. Izatt.	FATHER
RESIDENCE Weston Idaho	
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Logan Utah.	
OCCUPATION Farmer	

FULL MAIDEN NAME Charlotte Stephens	MOTHER
RESIDENCE Weston Idaho	
COLOR white	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Malad Idaho.	
OCCUPATION Wife.	

Number of child of this mother, including present birth... **3** Number of children of this mother now living, including present birth... **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... **Born Alive** ... at **7** ... A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **G. W. States**

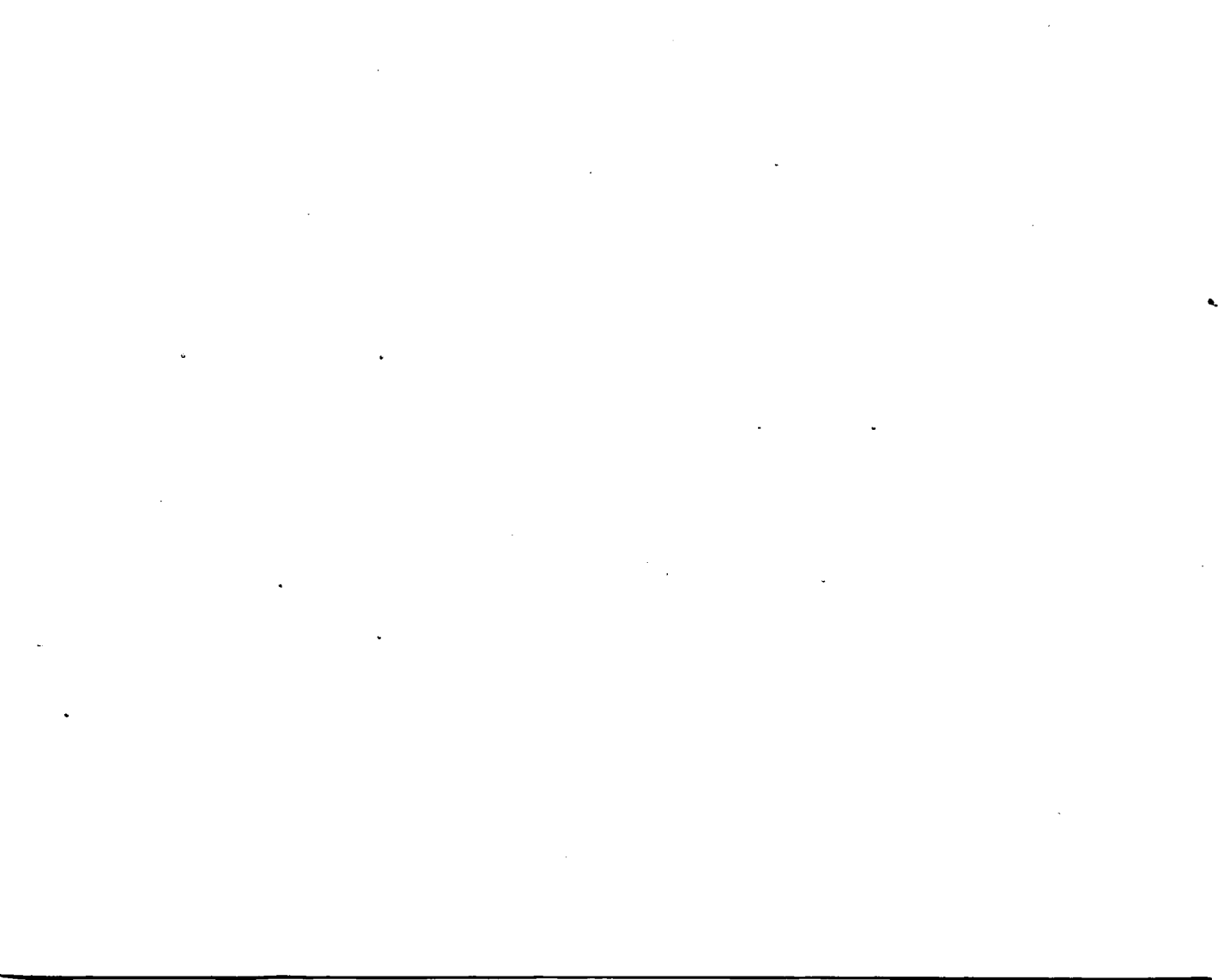
(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho**Filed **Feb 20** 19**20**

Registrar

Registrar



435-226-021-415
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of... **Franklin**

City of... **Preston Idaho**

No. St.

Hospital

Registration District No. **27**

File No. **75929**

Primary Registration District No. **2.11.7**

Registered No. **36**

FULL NAME OF CHILD **Jesse McEntire**

Sex of Child Female	Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Jan. 26 19 20 (Month) (Day) (Year)
----------------------------	--	-------------------------	---

FULL NAME Wells McEntire	FATHER
RESIDENCE Preston Idaho	
COLOR white	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Harrisville Utah.	
OCCUPATION Farmer	

FULL MAIDEN NAME Ida Davis	MOTHER
RESIDENCE Preston Idaho	
COLOR white	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE St. Anthony Idaho.	
OCCUPATION wife and Teacher,	

Number of child of this mother, including present birth... **4** Number of children of this mother now living, including present birth... **4**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born Alive.** at **9:35 P.M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **G. W. States**

(Physician or midwife)

Given names added from a supplemental report.

Address... **Preston Idaho**

Filed... **Feb 3** 19**20** **J. W. McEntire**

Registrar

Registrar

Page 10

Page 11

343-115-028-31

PLACE OF BIRTH

Form V. S. No. 11—25m-4-14-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Rooten

City of Coeur

Registration District No. 29

File No.

75930

No.

Primary Registration District No. 1050

Registered No. 8

Hospital

Full Name of Child Lawrence Campbell Lucas

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	one {and} Number in order of birth one	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 15</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Jay Edwin Lucas</u>		MOTHER FULL MAIDEN NAME <u>Olara Grande Campbell</u>		
RESIDENCE <u>Spokane Wash.</u>		RESIDENCE <u>Spokane Wash.</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)		
BIRTHPLACE <u>Minneapolis</u>		BIRTHPLACE <u>Minneapolis</u>		
OCCUPATION <u>Mechanic</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth... one Number of children of this mother now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9-15-20 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

J. H. Holden

(Physician or midwife)

Address

Coeur d'Alene, Ida.

Filed

Feb. 12 1920

Gus Nelson

Registrar

Registrar

100-412141



922-2021028-239

PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75931

County of *Kootenai*City of *Coeur d'Alene*Registration District No. *29*

File No. _____

No. _____ St. _____

Primary Registration District No. *1050*Registered No. *7*

Hospital _____

Full Name of Child *Immie Isabelle*

SEX OF CHILD <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	Join {and} Number in order of birth <i>2nd</i>	Legitimate? <i>yes</i>	DATE OF BIRTH <i>Jan 2 1920</i> (Month) (Day) (Year)
FULL NAME <i>J. Frank Isabelle</i>	FATHER		FULL MAIDEN NAME <i>Leora Strickland</i>	MOTHER
RESIDENCE <i>Coeur d'Alene</i>			RESIDENCE <i>Coeur d'Alene</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)		COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>Tennessee</i>			BIRTHPLACE <i>Tennessee</i>	
OCCUPATION <i>Locomotive Fireman</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *8* Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.*Born alive*, at *9 A* M
(Born alive or stillborn)

(Signature) _____

M. H. Kaeber

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed _____

Registrar _____

Registrar _____

WRITE PLAINLY WITH INK

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

7 1942

OCT 30 1974

922-202.078-239

PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75932

County of KootenaiCity of Coeur d'AleneRegistration District No. 29

File No. _____

No. _____ St. _____

Primary Registration District No. 1050Registered No. 6

Hospital _____

Full Name of Child Christine Isabelle

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births) <u>Twin</u>	Number in order of birth <u>1st</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 2 1920</u> (Month) (Day) (Year)
FULL NAME <u>Frank Isbell</u>	FATHER		FULL MAIDEN NAME <u>Lena Strickland</u>	MOTHER
RESIDENCE <u>Coeur d'Alene</u>			RESIDENCE <u>Coeur d'Alene</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Tennessee</u>			BIRTHPLACE <u>Tennessee</u>	
OCCUPATION <u>Locomotive fireman</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9.9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. K. Kolder

(Physician or midwife)

Address Coeur d'Alene, IdaFiled Feb 12 1920

Registrar

Registrar Gus Nelson

OCT 11 1974

553-123-028-553

PLACE OF BIRTH

County of PostonaiCity of CornwallSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-22-4-11-22

CERTIFICATE OF BIRTH

Registration District No. 29File No. 75938

No. _____ St. _____

Primary Registration District No. 1050Registered No. 5

Hospital _____

Full Name of Child

Ralph Oswald Nelson

SEX OF CHILD

MaleTwin
Triplet
or other?one{and} Number
in order
of birth one
(To be answered only in event of plural births)Legiti-
mate?yesDATE OF
BIRTHJan 23
(Month) (Day)FULL
NAMEOscar Nelson

FATHER

FULL
MAIDEN
NAMEAlga A Nelson

MOTHER

RESIDENCE

Cornwall Idaho

RESIDENCE

Cornwall Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY32
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY37
(Years)

BIRTHPLACE

Sweden

BIRTHPLACE

Sweden

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive

(Born alive or stillborn)

59

M

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

M. H. Hoedem

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Cornwall Idaho

Filed

Feb 12 1922

Registrar

Registrar

... WITH UNPAID TAX - THIS IS A PERMANENT RECORD
... IN CASE OF MORE THAN ONE CHILD AT BIRTH, A SEPARATE ENTRY MUST BE MADE FOR EACH CHILD.

FORM V-2

236220-02834

W. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of KootenaiCity of Coeur d'AleneRegistration District No. 29File No. 75935

No. _____ St. _____

Primary Registration District No. 1050Registered No. 3

Hospital _____

FULL NAME OF CHILD Ina Myrna Stockton

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 20 1920</u> (Month) (Day) (Year)
----------------------------	---	-------	--------------------------------	------------------------	---

FULL NAME <u>Roy E. Stockton</u>	FATHER
RESIDENCE <u>Coeur d'Alene (Star Route)</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>South Dakota</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Clara R. Lunge</u>	MOTHER
RESIDENCE <u>Coeur d'Alene (Star Route)</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6³⁰ P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. C. Lunge
Phys.
(Physician or midwife)Address Coeur d'Alene
Filed Feb. 5 1920 Gus Nelson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1962

536-103-028-261

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of *Kootenai*City of *Camden*No. *216 Foster* St.Registration District No. *29*File No. *75937*Primary Registration District No. *1050*Registered No. *1*

Hospital, _____

FULL NAME OF CHILD *Dorred Eugene Elfsten*

Sex of Child <i>Male</i>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <i>Yes</i>	Date of Birth <i>Jan. 3 1920</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	--

FULL NAME *Arthur J. Elfsten* FATHERFULL MAIDEN NAME *Nattie Swanson* MOTHERRESIDENCE *Camden Idaho*RESIDENCE *Camden Ida*COLOR *White* AGE AT LAST BIRTHDAY *25*
(Years)COLOR *White* AGE AT LAST BIRTHDAY *25*
(Years)BIRTHPLACE *Washington*BIRTHPLACE *Wisconsin*OCCUPATION *Machinist*OCCUPATION *Housewife*

Number of child of this mother, including present birth. <i>2</i>	Number of children of this mother now living, including present birth. <i>2</i>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Given names added from a supplemental report.

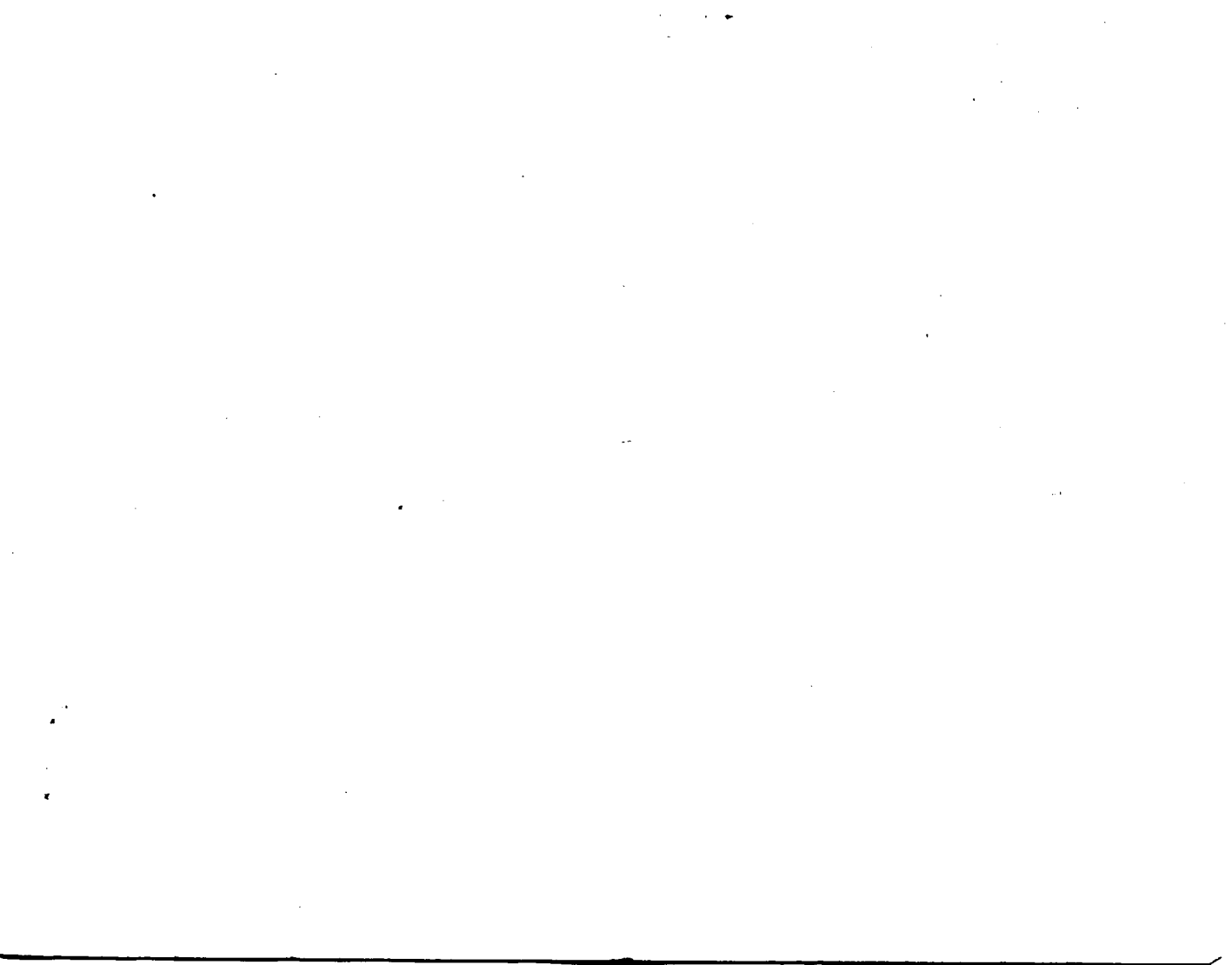
Address _____

Filed _____

Feb 5 1920

(Physician or midwife)

*Camden Idaho**Gus Nelson*



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-127005-842
PLACE OF BIRTH

County of **Benewah**

City of **Country**

No. **St.**

Hospital

FULL NAME OF CHILD

CLAUDE ARTHUR

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-6-5-17

CERTIFICATE OF BIRTH

75938

Registration District No. **22**

File No.

Primary Registration District No. **2049**

Registered No. **6**

Hospital

FULL NAME OF CHILD

CLAUDE ARTHUR

Schieche

Sex of Child male	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? yes	Date of Birth Jan 27 1920 (Month) (Day) (Year)
--------------------------	---	--------------------------------	------------------------	--

FULL NAME **FATHER**
Joseph Schieche

RESIDENCE **Benewah Co.**

COLOR **white** AGE AT LAST BIRTHDAY **34**
(Years)

BIRTHPLACE **Buffalo, Wis.**

OCCUPATION **Laborer**

FULL MAIDEN NAME **MOTHER**
Hazel Hubbard

RESIDENCE **Benewah Co.**

COLOR **white** AGE AT LAST BIRTHDAY **26**
(Years)

BIRTHPLACE **Spangle, Wis.**

OCCUPATION **Housewife**

Number of child of this mother, including present birth... **5**..... Number of children of this mother now living, including present birth, **5**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.... **alive**....., at... **3**..... A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **C. B. Smith M.D.**.....

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address.... **St. Mary's**.....

Filed **Feb 7 1920** **H. E. Hubbard**

Registrar

Registrar



MAR 18 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss. Certificate No. 75938
County of Spokane } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Claude Arthur Schieche who was born (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on Jan - 27 - 1920
in St. Maries, Idaho (Place of Event) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy prepared on March - 17 - 1934, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name unnamed Schieche Claude Arthur Schieche

Subscribed and sworn to before me this 16th
day of March 1942
Geo. C. Danforth
Notary Public, residing at Spangle Wash
My commission expires Sept 30 - 1944
(Seal)

Signed Hazel Schieche
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Spangle, Wash.
(Street Address, City, State)

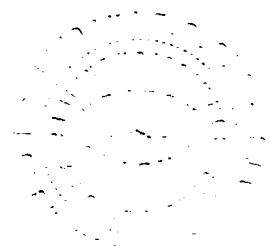
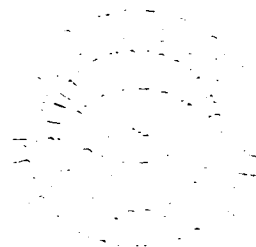
SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 16th
day of March 1942
Geo. C. Danforth
Notary Public, residing at Spangle Wn.
My commission expires Sept 30 - 1944
(Seal)

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
Signed Perry F. Jennings P.M.
(Signature of Any Credible Person Other Than Previous Year)
Spangle, Wash.
(Street Address, City, State)

MAR 24 1942

APR 1942



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714-126-005-469
PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

TICS

County of..... **Benewah**

CERTIFICATE OF BIRTH

City of..... **St. Maries**Registration District No..... **32**File No..... **75939**No..... **St.**Primary Registration District No..... **2049**Registered No..... **5**Hospital..... **Dr. Smiths**FULL NAME OF CHILD..... **JAMES MORRIS Paullus**

Sex of Child	male	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?	yes	Date of Birth..... Jan. 26	1920
						(Month)	(Day) (Year)

FULL NAME	FATHER James Paullus
RESIDENCE	Benewah, Idaho
COLOR	white
AGE AT LAST BIRTHDAY.....	34
	(Years)
BIRTHPLACE	Pullman, Wash.
OCCUPATION	Farmer

FULL MAIDEN NAME	MOTHER Frances Morris
RESIDENCE	Benewah, Idaho
COLOR	white
AGE AT LAST BIRTHDAY.....	31
	(Years)
BIRTHPLACE	Hartline, Wash.
OCCUPATION	Housewife

Number of child of this mother, including present birth..... **6** Number of children of this mother now living, including present birth..... **6**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... **alive** at..... **3** **Am.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... **Dr. Smith M.D.** **Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address..... **19**Filed..... **Feb. 7** **1920**

Registrar

Registrar



1

2

3

4

5

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss. 1441 13
Certificate No. 75939
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(BIRTH OR DEATH)

for _____ who _____ on _____
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name _____ Unnamed Paullus _____ James Morris Paullus _____

Subscribed and sworn to before me this 15th
day of January 1942

[Signature]
Notary Public, residing at Coeur d'Alene
My commission expires March 7, 1942
(SEAL)

Signed Mrs Jas Paullus
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Pottatch Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

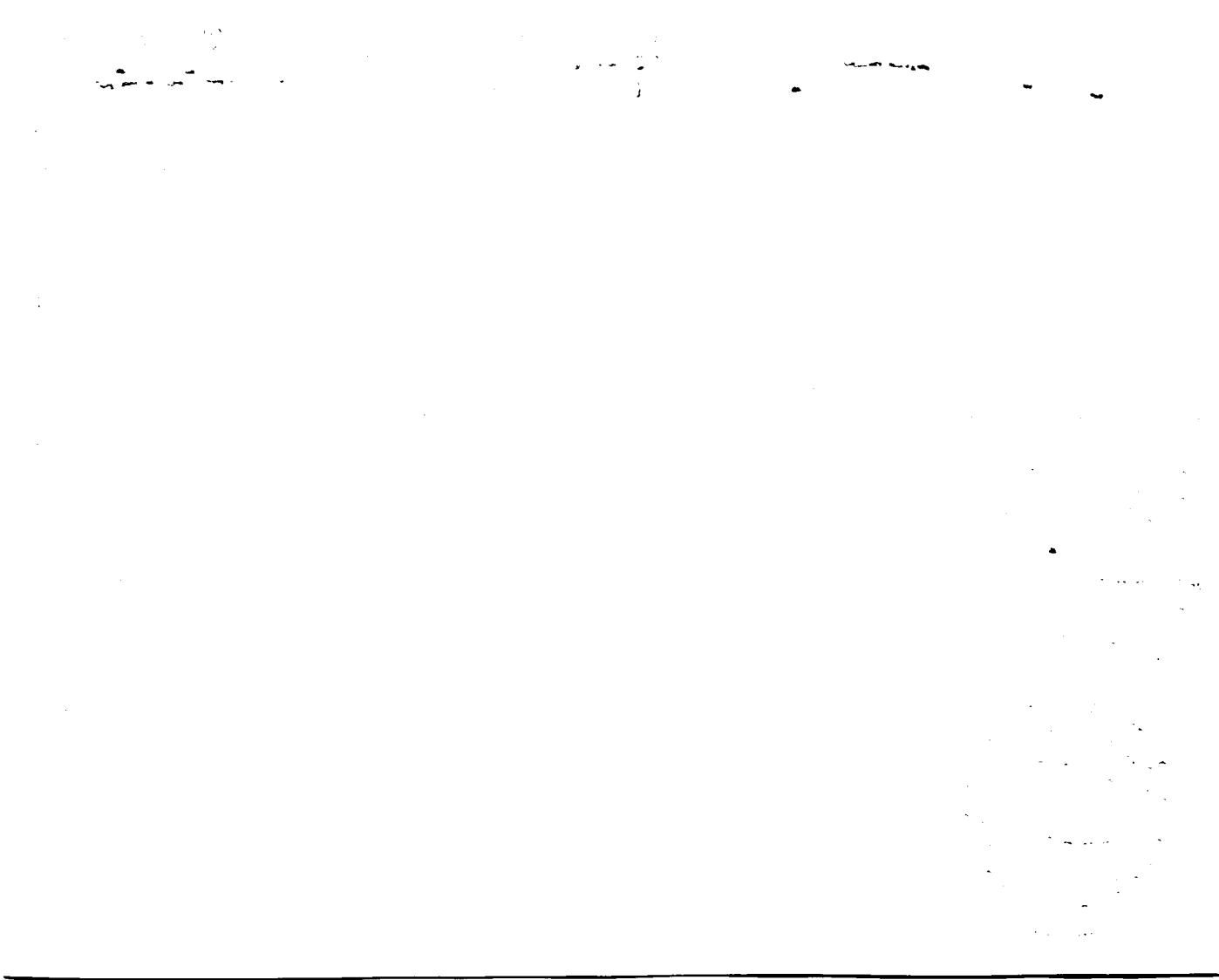
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of January 1942

[Signature]
Notary Public, residing at Coeur d'Alene
My commission expires March 7, 1942
(SEAL)

Signed James M Paullus
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Pottatch
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 16 1942 By _____
(REGISTRAR'S SIGNATURE)



766-221-005-493

25m-7-21-10

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BerneseahCity of St. MariesRegistration District No. 22File No. 75940

No. _____ St.

Primary Registration District No. 2049 Registered No. 4

Hospital _____

FULL NAME OF CHILD

Powell Luella Laura

Sex of Child <u>7</u>	Twin Triplet or other? <u>-</u> and {	Number in order of birth <u>2</u>	Legiti mate? <u>yes</u>	Date of Birth <u>1</u> <u>21</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	---------------------------------------	-----------------------------------	-------------------------	--

(To be answered only in event of plural births)

FATHER
FULL NAME Archie J. PowellRESIDENCE St. Maries IdaCOLOR W AGE AT LAST BIRTHDAY 27
(Years)BIRTHPLACE OregonOCCUPATION machinistMOTHER
FULL MAIDEN NAME Laura DicksteileRESIDENCE St. Maries IdaCOLOR W AGE AT LAST BIRTHDAY 23
(Years)BIRTHPLACE MontOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Platt

(Physician or midwife)

Given names added from a supplemental report.

19

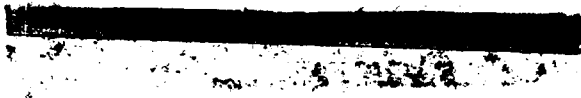
Address St. MariesFiled Feb. 7 1920 H. E. Smith

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



331-217,005-369
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 8-O-22a-2-3-17

County of.... **Benewah**.....City of.... **St. Maries**.....Registration District No. **32**.....File No. **75941**.....No. **St.**.....Primary Registration District No. **2049**.....Registered No. **9**.....Hospital. **Dr. Smith's**.....FULL NAME OF CHILD **Eunice Phyllis Clark**.....

Sex of Child	female	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate?	yes	Date of Birth	Jan 17	1920
						(Month)	(Day)	(Year)

FULL NAME	FATHER Lawrence Clark
RESIDENCE	St. Maries Idaho
COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Alberta, Canada
OCCUPATION	Laborer

FULL MAIDEN NAME	MOTHER Phyllis Corvier
RESIDENCE	St. Maries Idaho
COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ontario, Canada
OCCUPATION	Housewife

Number of child of this mother, including present birth **3**..... Number of children of this mother now living, including present birth **3**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **alive**..... at **3.30 A.M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Ch. Smith M.D.**.....**Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address **St. Maries, Idaho**.....Filed **Feb 7** 19 **20** **H. A. Smith** Registrar

Registrar

Registrar

MARGIN RESERVED FOR BIRTHING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 28 1952

PLACE OF BIRTH

256-126-005-899

County of... *Bellevue, Ia.*City of... *Lepora, Wash.*

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. *22*Primary Registration District No. *2049*File No. *75942*Registered No. *2*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>and</i> Number in order of birth (To be answered only in event of plural births)	Legitimate? <i>Yes</i>	Date of Birth <i>Jan 26</i> 19 <i>20</i> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME FATHER <i>Francis Richard Knopp</i>	FULL MAIDEN NAME MOTHER <i>Rosa Maria Lorothea Hirschel</i>
RESIDENCE <i>Lepora Washington</i>	RESIDENCE <i>Lepora Washington</i>
COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>30</i> (Years)	COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>Mount Pleasant Indiana</i>	BIRTHPLACE <i>Jackson Minn.</i>
OCCUPATION <i>Farming</i>	OCCUPATION <i>Farming</i>

Number of child of this mother, including present birth *5* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. (Born alive or stillborn) at *4 o'clock a.m.*

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Francis Richard Knopp*

(Physician or midwife)

Given names added from a supplemental report.

Address *Lepora Washington*Filed *Feb 5* 19*20* Registrar *H. E. Smith*

Registrar

JUL 9 1974

455-105-005-419

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BenedictCity of St. MarieRegistration District No. 32File No. 75943No. 2408 St.Primary Registration District No. 2049 Registered No. 1Hospital _____
FULL NAME OF CHILD Sister Francis Deneault

Sex of Child <u>Male</u>	Twin <u>1</u> Triplet <u>1</u> or other? <u>1</u> and <u>1</u> Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 5</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME FATHER Alphonse S. DeneaultRESIDENCE St. MarieCOLOR white AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE Ill. U.S.A.OCCUPATION LaborerFULL MAIDEN NAME MOTHER Suey M. MartinRESIDENCE St. MarieCOLOR white AGE AT LAST BIRTHDAY 19 (Years)BIRTHPLACE Ind. U.S.A.OCCUPATION House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:20 a. m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

19

Address St. Marie Idaho
Filed Jan 13 1920 H E Hank

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1961

695-129004-747

PLACE OF BIRTH

name added

County of Bear Lake 3/8/82

City of St Charles

No. _____ St.

Registration District No. 33

Primary Registration District No. 2/32

Hospital _____

FULL NAME OF CHILD

Cecil John Windley

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

75949

File No. 417

Registered No. _____

Sex of Child <u>Boy</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>yes</u>	Date of Birth <u>1-29-20</u> (Month) (Day) (Year)
FULL NAME <u>Arthur Windley</u>	FATHER		FULL MAIDEN NAME <u>Alfreda Bergquist</u>	MOTHER
RESIDENCE <u>St Charles</u>			RESIDENCE <u>St Charles</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>St Charles</u>			BIRTHPLACE <u>St Charles</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Ross Ahlberg 330 a. M.
(Born alive or still born)

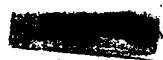
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Ross

Filed 2/10 19 20 Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

Certificate No. 75949

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Windley who was born on 1-29-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in St. Charles (Bear Lake) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

<u>childs name</u>	<u>Unnamed</u>	<u>Cecil John Windley</u>

Subscribed and sworn to before me this 8 day of

March, 1982

Notary Public, Teresa L. Cleverly

Residing at _____

My commission expires _____

(Seal)

Paulette Rasmussen
Signature of Applicant
1147 Blanca Boise, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Certificate of Blessing from LDS Church gives name as ~~JAMM~~ Cecil John Windley
son of Arhtur L. Windley and Alfreda O. Pugmire. Born January 29, 1920
in St. Charles, Idaho. Blessed March 7, 1920. viewed by V. S.

MAR 8 1982

Certificate of Baptism from LDS Church gives name as Cecil John Windley son
of Arthur L. Windley and Alfreda O. Pugmire. born January 29, 1920 at St. Charles,
Idaho. Baptized May 5, 1928 in Idaho. viewed by V. S.

493 2011004-753 ADDED CHILD'S NAME & AMENDED FATHER'S SURNAME
 PLACE OF BIRTH 8-18-98 MS STATE OF IDAHO
 BUREAU OF VITAL STATISTICS Form V. S. No. 11-25m-9-8-15

County of Bear Lake

City of St Charles

No. _____ St.

Hospital _____

Registration District No. 33

Primary Registration District No. 2/32

CERTIFICATE OF BIRTH

File No. H24

Registered No. _____

75950

FULL NAME OF CHILD JENNIE LARUE MICHAELSON

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>yes</u>	Date of Birth <u>2-1</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER MICHAELSON FULL NAME <u>John Michaelson</u> RESIDENCE <u>St Charles</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>34</u> (Years) BIRTHPLACE <u>St Charles</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Nora Peterson</u> RESIDENCE <u>St Charles</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>28</u> (Years) BIRTHPLACE <u>St Charles</u> OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive at 9:10 P.M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Born alive
(Physician or midwife)

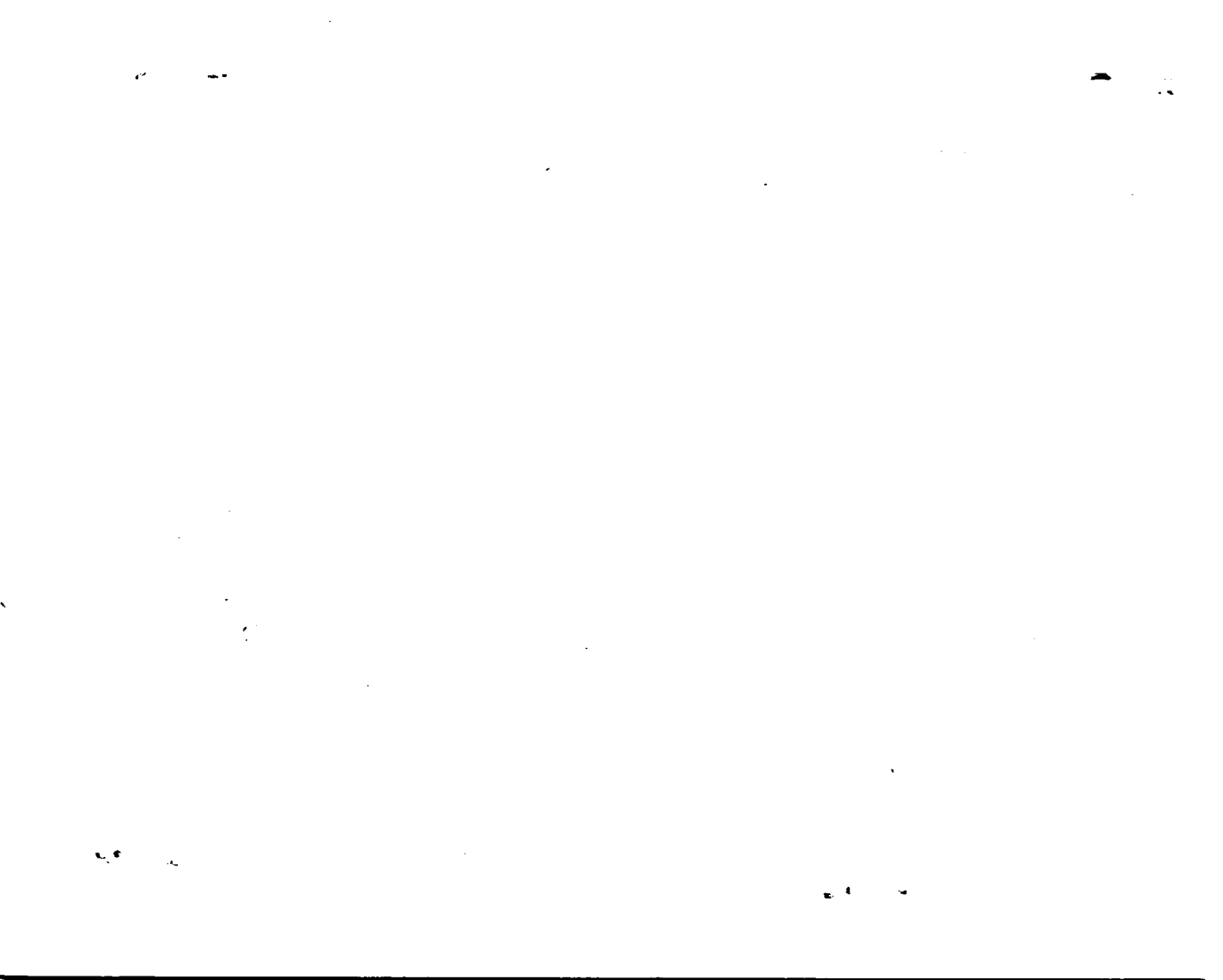
Given names added from a supplemental report.

Address _____

Filed 2/10 1920

Registrar

Registrar



Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

98 AUG 18 AM 8:29

State of Idaho
County of Bear Lake CountyCertificate No. 1920-75950Date Filed FEB. 10, 1920The undersigned does solemnly swear that certain facts on the certificate of BIRTHfor UNNAMED MICHELSON who WAS BORN on FEB. 1, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in ST CHARLES (BEAR LAKE) ID are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

CHILD'S NAMEUNNAMED MICHELSONJENNIE LARUE MICHAELSONFATHER'S SURNAMEMICHELSONMICHAELSONSubscribed and sworn to before me this 12thAugust 1998
Notary Public, Sherry Brown
Residing at Idaho
My commission expires Aug 28, 2003

(Seal)

Jennie M. Spidell
Signature of Applicant
173 So 3rd St. Montpelier
Street Address, City, State
Idaho

SUPPORTING AFFIDAVIT BY SECOND PERSON

State of _____ (Must be completed ___)
County of _____ (Is not necessary X)

The undersigned does solemnly swear that the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

Notary Public, _____ Supporting Signature

Residing at _____

My commission expires _____ Street Address, City, State

(Seal)

CERTIFICATE OF BLESSING FROM THE LDS CHURCH SHOWS JENNIE LARUE MICHAELSON
BORN FEB. 1, 1920 IN ST. CHARLES (BEAR LAKE) ID WAS BLESSED MARCH 7, 1920
VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 12/21/1942 FILE #1942-362470
SHOWS SANDRA SPIDELL BORN OCT. 9, 1942 IN MONTPELIER (BEAR LAKE) ID
TO JENNIE LARUE MICHAELSON AND JOSEPH FRANKLIN SPIDELL VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 11/23/1932 FILE #1931-207640
SHOWS ORVAL MICHAELSON BORN SEPT. 2, 1931 IN ST. CHARLES (BEAR LAKE) ID
TO NORA PETERSON AND JOHN A MICHAELSON VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 1/14/1929 FILE #1929-64411 SHOWS
MURNELL MICHAELSON DIED DEC. 25, 1928 IN PARIS (BEAR LAKE) ID FATHER'S
NAME JOHN MICHAELSON VIEWED VS.

995-103-004-799
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Bear Lake

CERTIFICATE OF BIRTH

75953

City of Paris

Registration District No. 33

File No. 419

No. _____ St. _____

Primary Registration District No. 2132

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Febr 3</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Fredrick L. Rungel</u>	FATHER		FULL MAIDEN NAME <u>Lottie Price</u>	MOTHER
RESIDENCE <u>Paris Idaho</u>			RESIDENCE <u>Paris Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth. _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive
(Born alive or stillborn)

at 9 45 A. M.

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Moore

(Physician or midwife)

Given names added from a supplemental report.

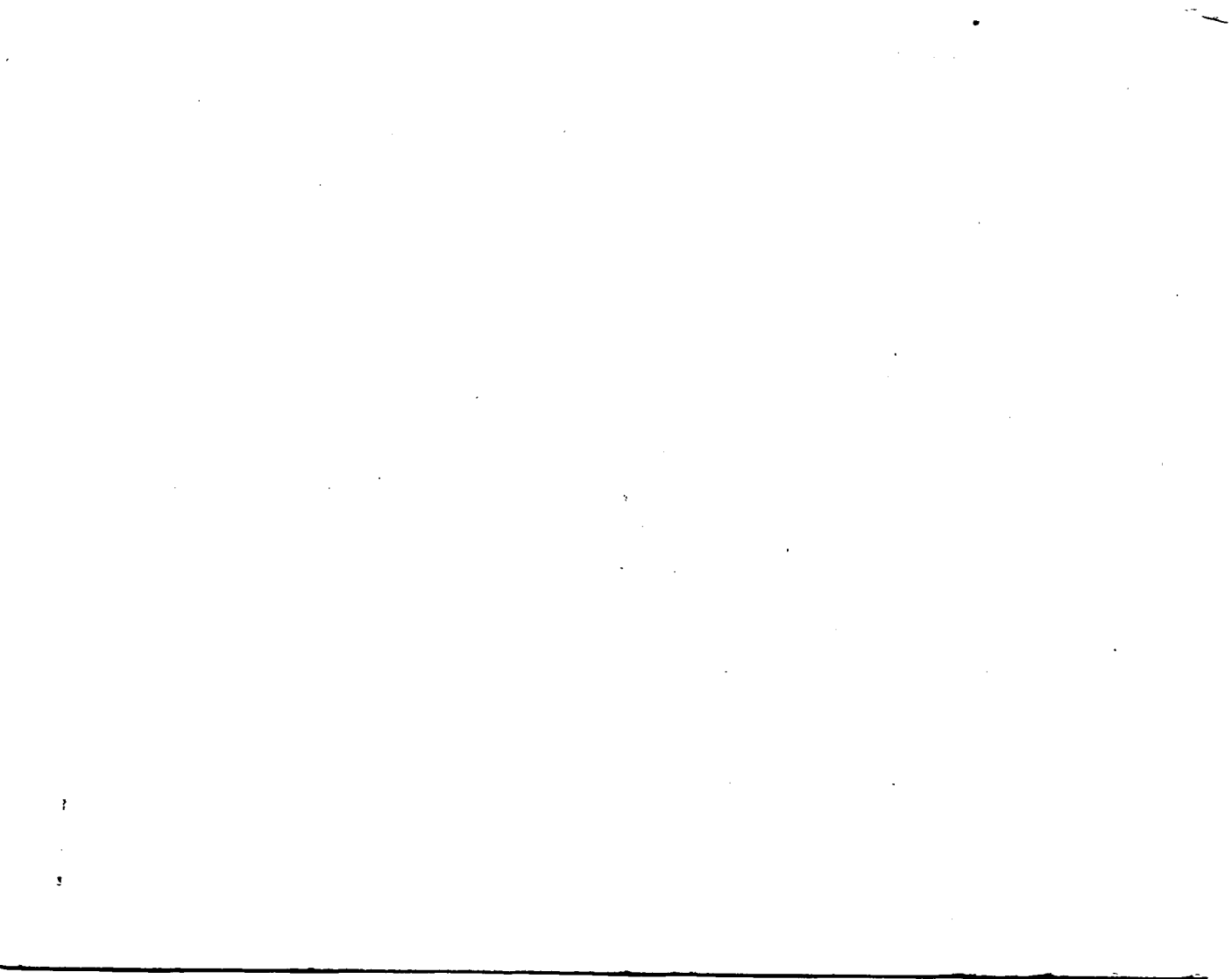
Address _____

Paris Idaho

Filed 2/10 1920

P. J. Sutton

Registrar



219-206004-236

PLACE OF BIRTH name added 10/15/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of Beaumont

CERTIFICATE OF BIRTH

75954

City of Paris

Registration District No. 33

File No. 426

No. _____ St.

Primary Registration District No. 2/32

Registered No. _____

Hospital _____

FULL NAME OF CHILD Helen Barfuss

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>2-6-1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Andrew Barfuss</u> RESIDENCE <u>Paris</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>42</u> (Years) BIRTHPLACE <u>Switzerland</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Louise Stocker</u> RESIDENCE <u>Paris</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>34</u> (Years) BIRTHPLACE <u>Switzerland</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 11 25 P M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]
(Physician or midwife)

Given names added from a supplemental report.

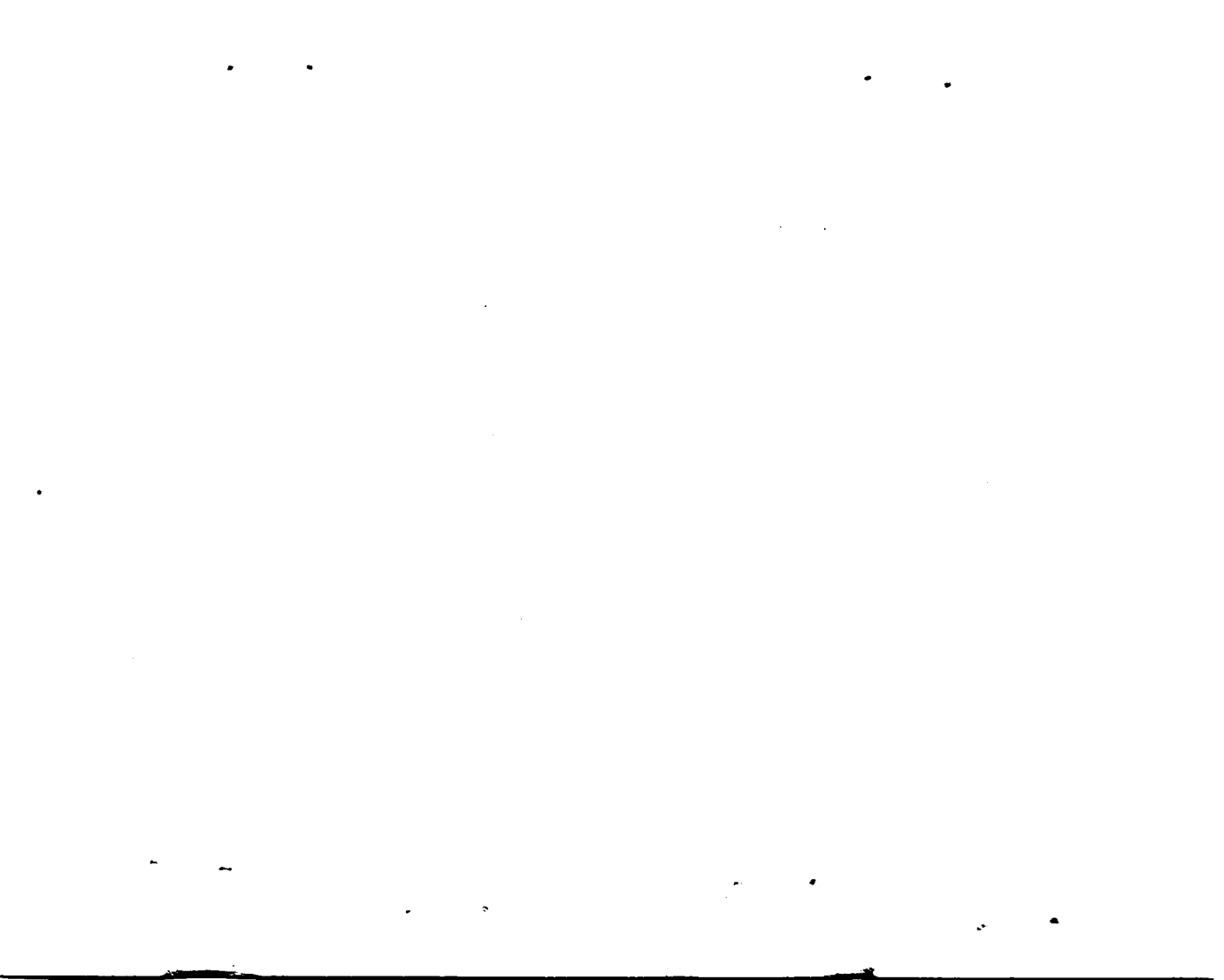
Address

Filed

2/10

19 20

[Signature]
Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss.

Certificate No. 75954

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
(Birth or Death)
for Unnamed Barfuss (female child) who was born on Feb. 6, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Paris, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Unnamed

Helen Barfuss

Subscribed and sworn to before me this 15th day of

October, 1950

Notary Public, residing at _____

My commission expires Indefinite

(Seal)

Signed _____

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Star Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Signed _____

(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires _____

(Seal)

(Street Address, City, State)

School record from Bear Lake Jr. High School, Paris, Idaho gives name as Helen Barfus; born Feb 6, 1920, entered school Sept 10, 1934 at age of 14 Graduated May 27, 1938. viewed by V. S.

Certif of Baptism from the LDS Church gives name as Helen Barfuss daughter of Andrew Barfuss and Louise Stocker. Baptized May 5, 1928. viewed by V. S.

Amended 12-12-62

(Be sure the information is complete and accurate)

State File No. 75955

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. 33

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bear Lake	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Paris	b. COUNTY	Bear Lake
c. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Paris
		d. STREET ADDRESS	(If rural, give location)
3. CHILD'S NAME		c. (Last)	
a. (First)	Rex	b. (Middle)	E.
(Type or print)			Beck
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	2 - 3 - 1920

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	David		Beck	White
9. AGE (As time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)		11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
35 YEARS	Paris, Ida.		Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Margaret		Low	White
14. AGE (As time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
35 YEARS	Utah		a. How many OTHER children are now living? 4 b. How many OTHER children were born alive but are now dead? 2 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)				

I hereby certify that this child was born alive on the date stated above.	18a. SIGNATURE	18b. ATTENDANT AT BIRTH
	R. J. Sutton, M.D.	M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)
	18c. ADDRESS	18d. DATE SIGNED
	Paris, Ida.	
19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
2/10/1920	R. J. Sutton	

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this act with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there is no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in any case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by local ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

(c) State all operations for delivery.....

Fielding High School Record, Paris, Idaho, statement written November 21, 1962 by Ralph Roghaar. Principal states "This is to certify that Rex E. Beck was born Feb. 3, 1920. Mr. Beck attended Fielding High from IDAHO DEPARTMENT OF HEALTH Sept. 10, 1934 and graduated May 27, 1938." - viewed by V.S. BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 75955
County of Bear Lake } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for Unnamed Beck (male child) who was born on Feb. 3, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Paris, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by school records prepared on 11/21/62 & 11/24/62 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED (Name, "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	<u>Unnamed</u>	<u>Rex E. Beck</u>
Full Maiden Name of Mother	<u>Margret Low</u>	<u>Margaret Lowe</u>

Subscribed and sworn to before me this 26th day of November, 1962.
[Signature]
Notary Public, residing at Paris, Idaho
My commission expires 25 June 1966
(Seal)

Signed David E. Beck (Father)
(Signature of parent or attendant if correcting birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Paris, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 26th day of November, 1962.
[Signature]
Notary Public, residing at Paris, Idaho
My commission expires 25 June 1966
(Seal)

Signed Imma B. Collins (Sister)
(Signature of Any Credible Person)
Paris, Idaho
(Street Address, City, State)

Senior Handbook, year 1938, Fiedding High School - Paris, Idaho gives full name as Rex E. Beck - viewed by V.S.

L.D.S. Church Cert. of Record of Membership, baptized May 5, 1928 gives full name as Eugene Rex Beck, born Feb. 2, 1920 at Paris, Idaho to David E. Beck and Margaret Low - viewed by V.S.

Emerson School, Paris, Idaho statement written November 24, 1962 by Amos B. Hulme, Principal states "This is to certify that the records of Emerson School, Paris, Idaho show that Rex Beck, son of David E. Beck and Margaret Low Beck was born Feb. 3, 1920 and that he entered Emerson School September 6, 1926 in the First Grade. The records further show that Rex Beck attended Emerson School for eight full school terms and that he was graduated from the eighth grade May 18, 1934." - viewed by V.S.

letter received Dec. 12, 1962 states that mother's last name is correctly spelled as Low so we are only correcting the spelling of the first name -

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

88X.218.004-459

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

75956

CERTIFICATE OF BIRTH

County of Boar Lake

City of Liberty

Registration District No. 33

File No. 423

No. _____ St.

Primary Registration District No. 2132

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>1-18</u> 19 <u>80</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Benjamin Hymas</u> RESIDENCE <u>Liberty</u> COLOR <u>white</u> BIRTHPLACE <u>Paris</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Martha Ann Herricott</u> RESIDENCE <u>Liberty</u> COLOR <u>white</u> BIRTHPLACE <u>Liberty</u> OCCUPATION <u>House wife</u>	
AGE AT LAST BIRTHDAY <u>5-0</u> (Years)			AGE AT LAST BIRTHDAY <u>35-</u> (Years)	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 11:50 a. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]
(Physician or midwife)
Address _____
Filed 2/10 1980
[Signature]
Registrar

Given names added from a supplemental report.

_____ 19 _____

OCT 4 1967

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386.123.004-252

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

County of Bear Lake

CERTIFICATE OF BIRTH

75957

City of Bloomington

Registration District No. 33

File No. 422

No. _____ St.

Primary Registration District No. 2132

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1-23</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Hyrum Thompson</u>			FULL MAIDEN NAME <u>Cecilia Sessions</u>	
RESIDENCE <u>Bloomington</u>			RESIDENCE <u>Bloomington</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Bloomington</u>			BIRTHPLACE <u>Chesterfield</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Bonnie Alice at 5-45 p. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Bonnie Alice
(Physician or midwife)

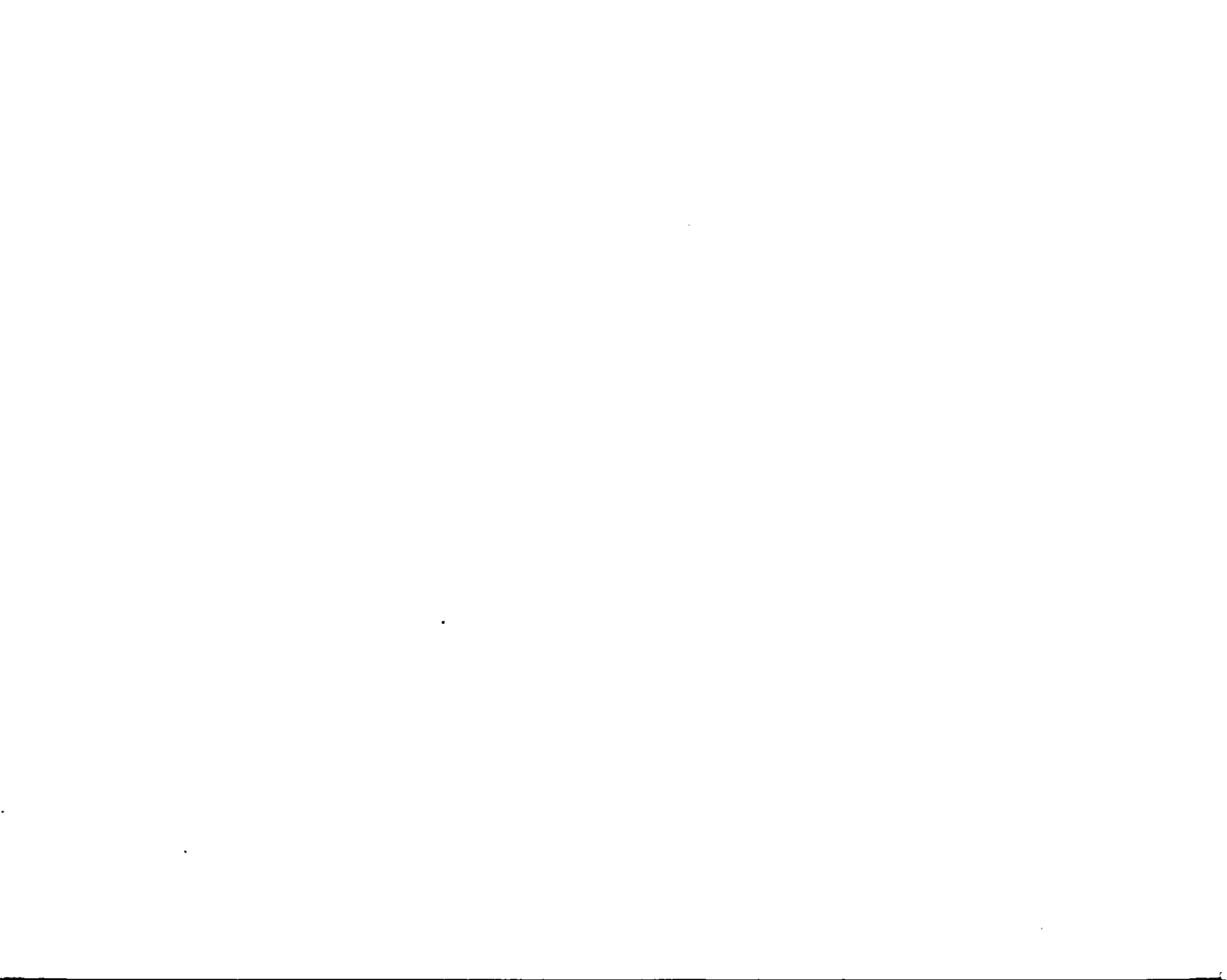
Given names added from a supplemental report.

Address _____

Filed 2/10 1920

Registrar

Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-105-004-168

Name added 11-14-84 dl

Form V. S. No. 11-25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bear Lake

CERTIFICATE OF BIRTH

75958

City of Paris

Registration District No. 93

File No. 421

No. _____ St. _____

Primary Registration District No. 2/32

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Van Kay Price

Sex of Child <u>male</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legiti-mate? <u>yes</u>	Date of Birth <u>2-5-</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Franklin Jessie Price</u>			FULL MAIDEN NAME <u>Bernetta Johnson</u>	
RESIDENCE <u>Paris</u>			RESIDENCE <u>Paris</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)		
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Lake town</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Bernetta Johnson at 4 53 A. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. H. Miller
(Physician or midwife)

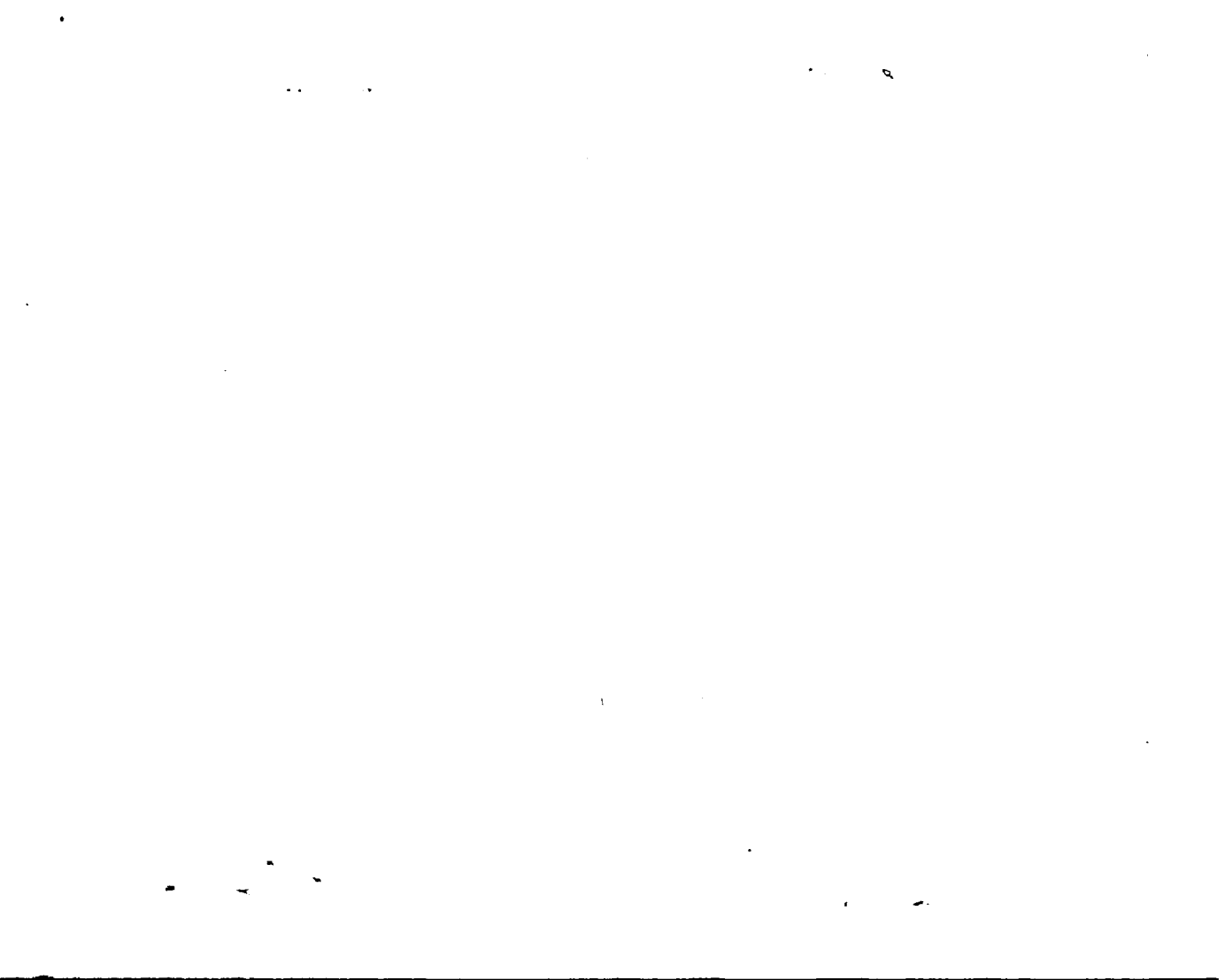
Given names added from a supplemental report.

Address _____

Filed 2/10 1920

Registrar

Registrar



10-31-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ ss. _____
County of _____

Certificate No. 75958

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Price who was born on Feb 5, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Paris (Bear Lake) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs name

Unnamed

Van Kay Price

Subscribed and sworn to before me this 2nd day of

November 19 84

Notary Public, Jan Beames

Residing at Mesa, Az

My commission expires My Commission Expires Mar 23, 1986

(Seal)

Van Kay Price
Signature of Applicant
422 So Spencer Mesa Az
Street Address, City, State 85204

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona ss. _____
County of Maricopa

(Must be completed _____)

(Is not necessary _____)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of

November 19 84

Notary Public, Jan Beames

Residing at Mesa, Az

My commission expires My Commission Expires Mar 23, 1986

(Seal)

Grant W. Bateman
Supporting Signature
Bloomington Idaho
Street Address, City, State

Certificate of Blessing from LDS Church gives Van Kay Price son of Franklin J Price and Bernetta M Johnson born Feb 5, 1920 at Paris, Idaho and was blessed May 16, 1920. Viewed by V.S.

Certificate of Baptism from LDS Church gives Van Kay Price son of Franklin J Price and Bernetta M Johnson born Feb 5, 1920 at Paris and was baptised June 30, 1928. Viewed by V.S.

DEC 27 1984

263-101-004-763

PLACE OF BIRTH

County of Bear LakeCity of Paris

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 33Primary Registration District No. 2132File No. 420

Registered No. _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

75959

Sex of Child <u>male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>2-1</u> 19 <u>30</u> (Month) (Day) (Year)
FULL NAME <u>Leslie Bolton</u>			FULL MAIDEN NAME <u>Cornelia Polsem</u>	
RESIDENCE <u>Paris</u>			RESIDENCE <u>Paris</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	
BIRTHPLACE <u>Paris</u>			BIRTHPLACE <u>Liberty</u>	
OCCUPATION <u>Labor man</u>			OCCUPATION <u>House wife</u>	
Number of child of this mother, including present birth <u>9</u>			Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive
(Born alive or stillborn)5-43-a M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

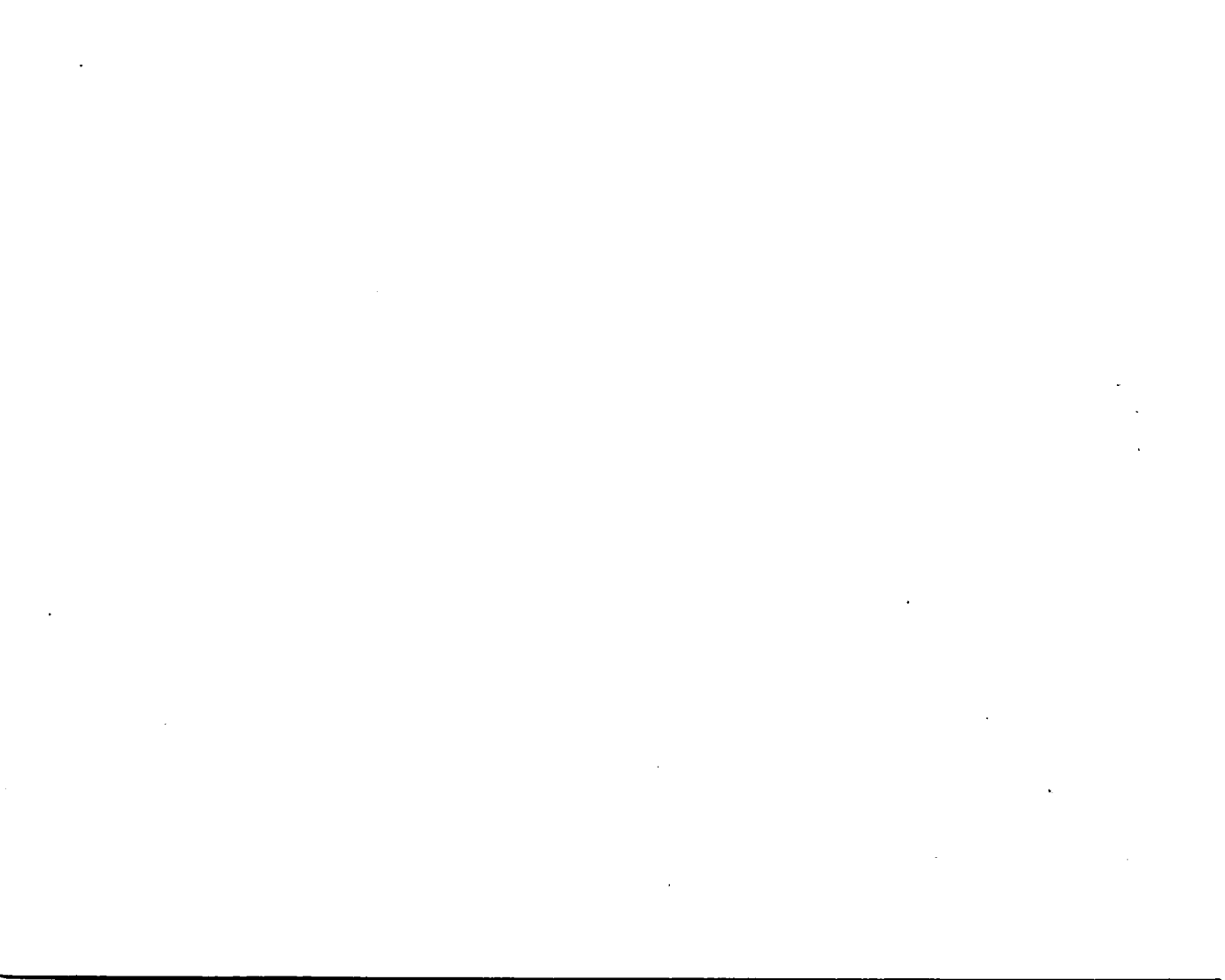
(Signature)

[Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 2/101930



Child's name added 5-25-93 MCM

Form V. S. No. 11—25m-9-8-15

764.127.004-113
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75960

County of Bear LakeCity of LibertyRegistration District No. 33File No. 418

No. _____ St. _____

Primary Registration District No. 2132

Registered No. _____

Hospital _____

FULL NAME OF CHILD

BLAINE MARLIN POULSEN

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1-27-20</u> (Month) (Day) (Year)
FULL NAME <u>Edgar Poulson</u>	FATHER		FULL MAIDEN NAME <u>Loretta Jacobson</u>	MOTHER
RESIDENCE <u>Liberty</u>			RESIDENCE <u>Liberty</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Liberty</u>			BIRTHPLACE <u>Bloomington</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Paris M. W. (Born alive or stillborn)

at 120 P. M.

(Physician or midwife)

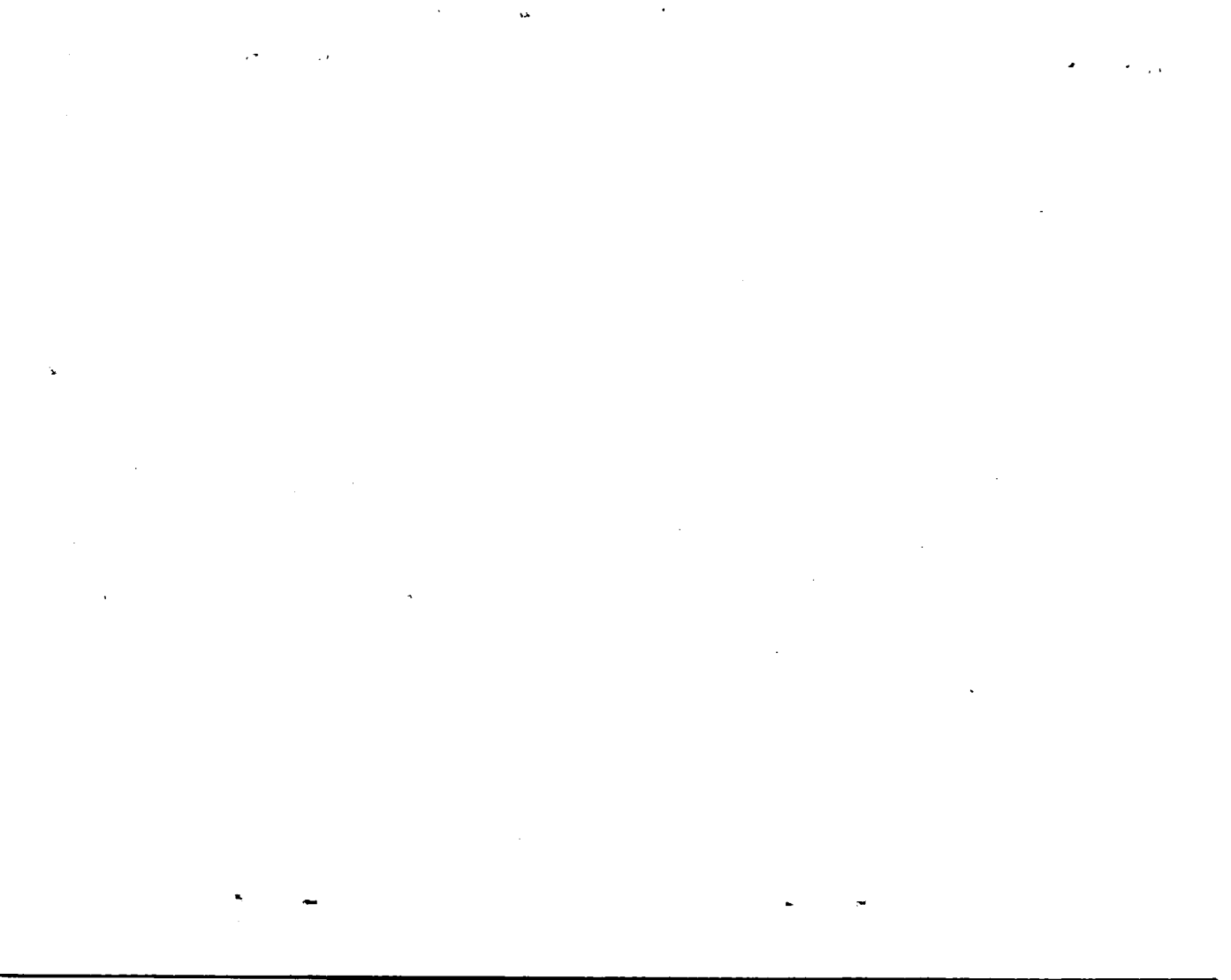
Given names added from a supplemental report.

Address

Filed 2/10 19 20

Registrar

Registrar



4/29/93

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS

State of _____ }
County of _____ } ss.

11-1897
MAY 12 3 07 PM '93

Certificate No. 75960

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for Unnamed Male Poulsen who was born on January 27, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Liberty, Idaho (Bear Lake CO.) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

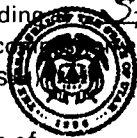
TO

child's name

Unnamed

Blaine Marlin Poulsen

Subscribed and sworn to before me this 6th day of May, 1993

Notary Public Denise StanfillResiding at ST. GEORGE, UTMy commission expires 15 JUL 1997

ST. GEORGE, UT 84770
COMMISSION EXPIRES
MAY 2, 1997
STATE OF UTAH

State of _____ }
County of _____ } ss.

Blaine Poulsen
Signature of Applicant
259 N 100 W St George, UT
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)

(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

LDS blessing certificate shows Blaine Marlin Poulsen born Jan 27, 1920 in Liberty to Edgar Poulsen and LaRetta Jacobson and blessed Apr 4, 1920 by A Clem Poulsen. Viewed by VS MCM.

MAY 25 1993

LDS priesthood ordination certificate shows Blain Marlin Poulsen born Jan 27, 1920 in Liberty to Edgar Poulsen and LaRetta Jacobson and ordained Mar 6, 1932 by Edgar Poulsen. Viewed by VS MCM.

695-117-004-669
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of Bear Lake

CERTIFICATE OF BIRTH

75961

City of Bloomington

Registration District No. 33

File No. 416

No. _____ St.

Primary Registration District No. 913

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>male</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>yes</u>	Date of Birth <u>1-17</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				
FATHER FULL NAME <u>Ralph Hindley</u>		MOTHER FULL MAIDEN NAME <u>Lillian Horner</u>		
RESIDENCE <u>Bloomington</u>		RESIDENCE <u>Bloomington</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)	
BIRTHPLACE <u>Bloomington</u>		BIRTHPLACE <u>Garden city</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

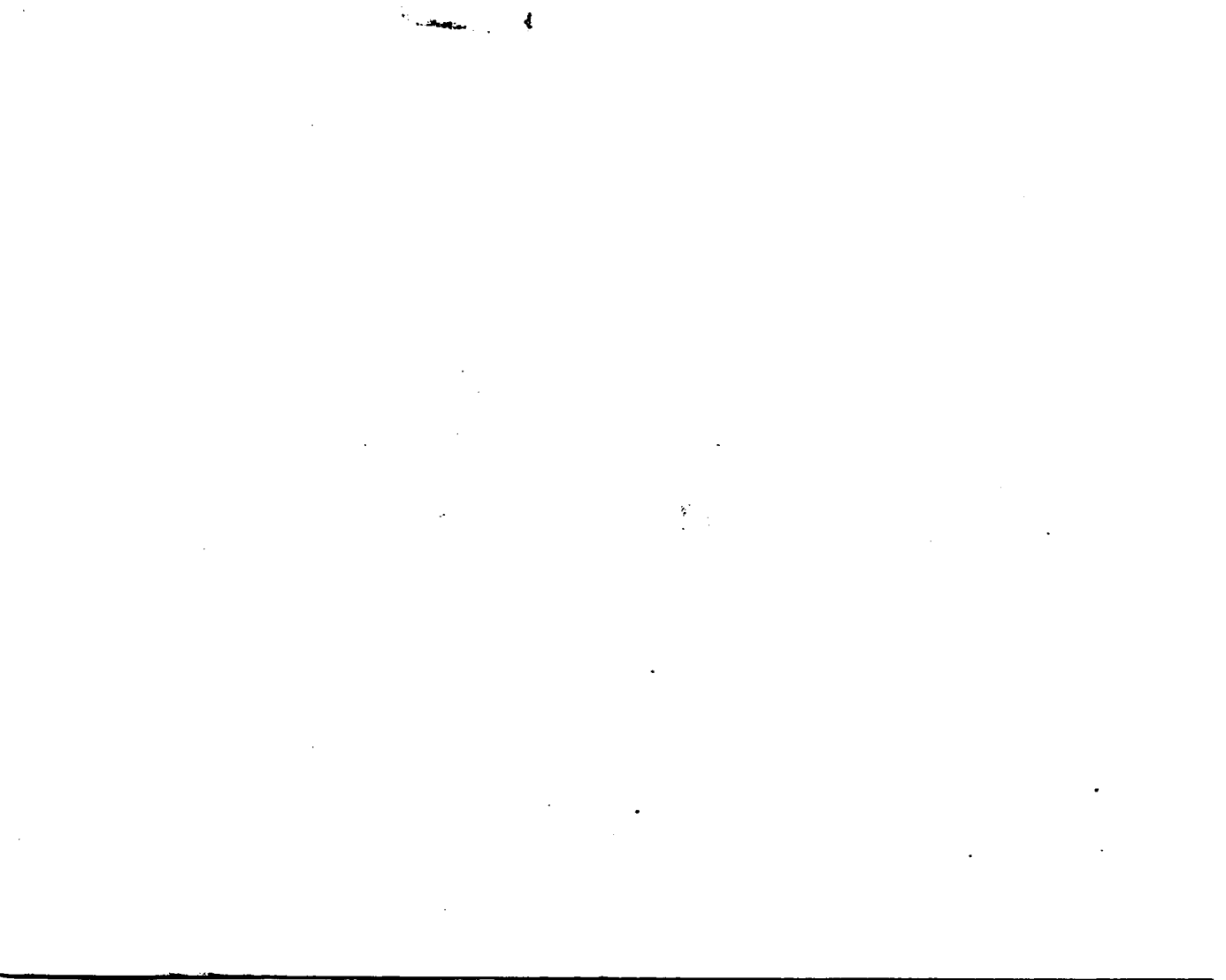
I hereby certify that I attended the birth of this child, who was Born alive at 3:00 a. M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed 1/17 1920
Registrar _____ Registrar _____



385-205-020-318

PLACE OF BIRTH

County of ElmoreCity of Mt. HomeNo. — St. —Hospital —

FULL NAME OF CHILD

Registration District No. 34Primary Registration District No. 2020STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

File No.

75962

Registered No.

5

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and	Number in order of birth <u>—</u> (To be answered only in event of plural births)	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jun 5 1920</u> (Month) (Day) (Year)
----------------------------	--	-----	--	-----------------------------	---

FULL NAME <u>Jas M Cheney</u>	FATHER
RESIDENCE <u>Mt. Home Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Mont.</u>	
OCCUPATION <u>Ranching</u>	

FULL MAIDEN NAME <u>Olga Lahaie</u>	MOTHER
RESIDENCE <u>Mt. Home Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>N. Dak.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

(Signature)

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."

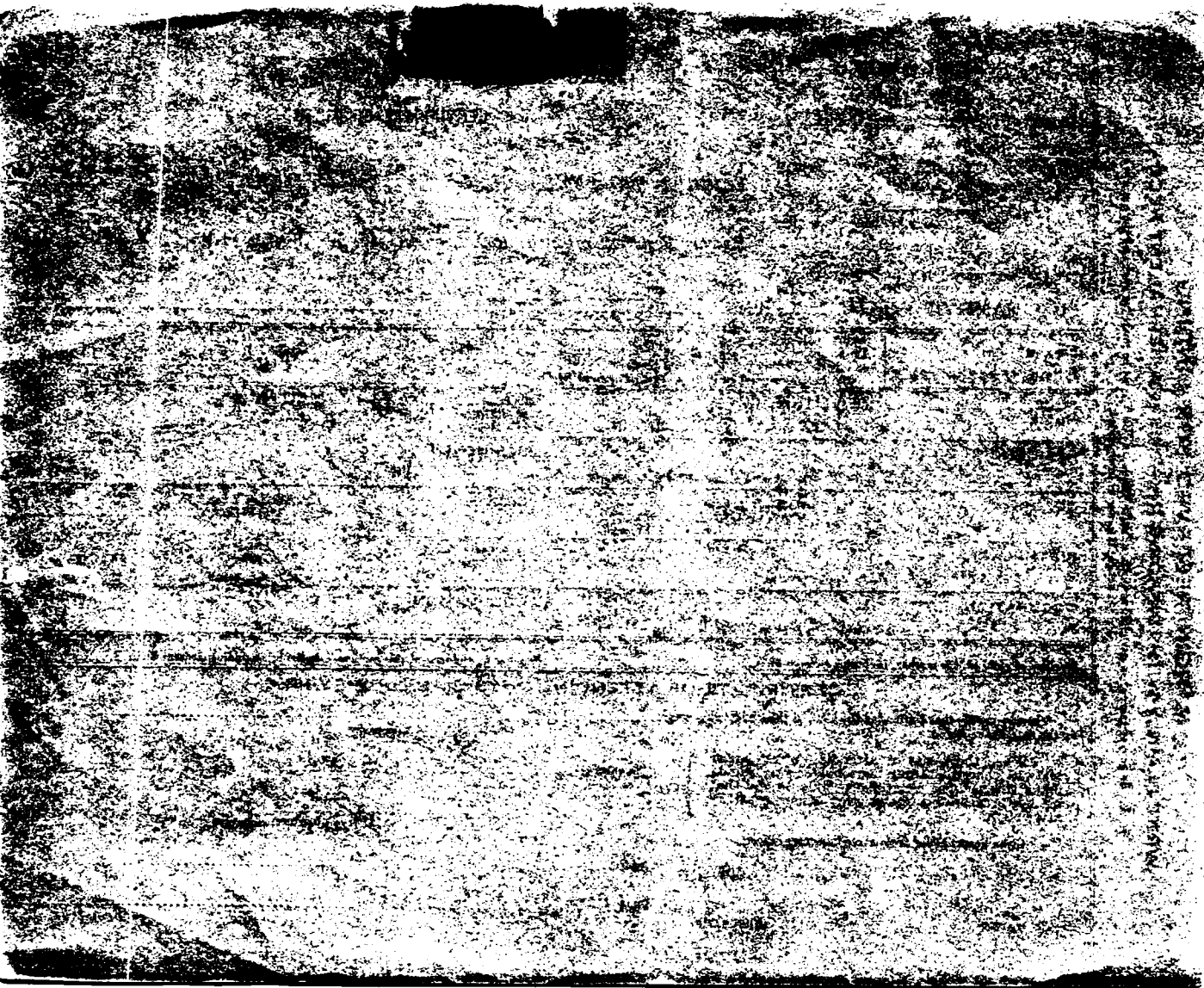
Given names added from a supplemental report.

Address

Filed

(Physician or midwife)

Registrar



796-172-020-381

PLACE OF BIRTH

Form V. S. No. 11-C-20a-1-1-20

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75964

County of ElmoreCity of Mtn HomeRegistration District No. 34

File No. _____

No. _____ St. _____

Primary Registration District No. 2020Registered No. 1

Hospital _____

FULL NAME OF CHILD

Charles Ernest Grosema

Sex of Child

MTwin
Triplet
or other?—

and

Number
in order
of birth—Legit-
mate?yes

Date of Birth

Jan 12th 20
(Month) (Day) (Year)

FULL NAME

FATHER
Clay Grosema

RESIDENCE

Mountain Home

COLOR

W

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Mich

OCCUPATION

Rancher

FULL MAIDEN NAME

MOTHER
Alice Virginia Chatten

RESIDENCE

Mountain Home

COLOR

W

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Tenn

OCCUPATION

WifeNumber of child of this mother, including present birth.....oneNumber of children of this mother now living, including present birth.....one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....born alive
on the date above stated......9 25 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)B.W. Mather

(Physician or midwife)

Given names added from a supplemental report.

Address.....Mountain HomeFiled.....1/30 1920.....B.W. Mather

S-V CO. 24695

Registrar

Registrar

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOT RECORDED FOR BINDER

MAKING RESERVED FOR BIRTH...
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-114.020-695

PLACE OF BIRTH

Name added 8/12/82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Elmore

City of Mt. Home

No. St.

Registration District No. 34

File No. 75965

Primary Registration District No. 2020

Registered No. 6

Hospital

FULL NAME OF CHILD Henderson, D. Fred

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u> and Number in order of birth <u>—</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 14</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Fred D. Henderson</u>	FATHER	FULL MAIDEN NAME <u>Carrie M. Tule</u>	MOTHER
RESIDENCE <u>Castle Creek Ida</u>		RESIDENCE <u>Castle Creek Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Ida</u>		BIRTHPLACE <u>Kans</u>	
OCCUPATION <u>Farming</u>		OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans

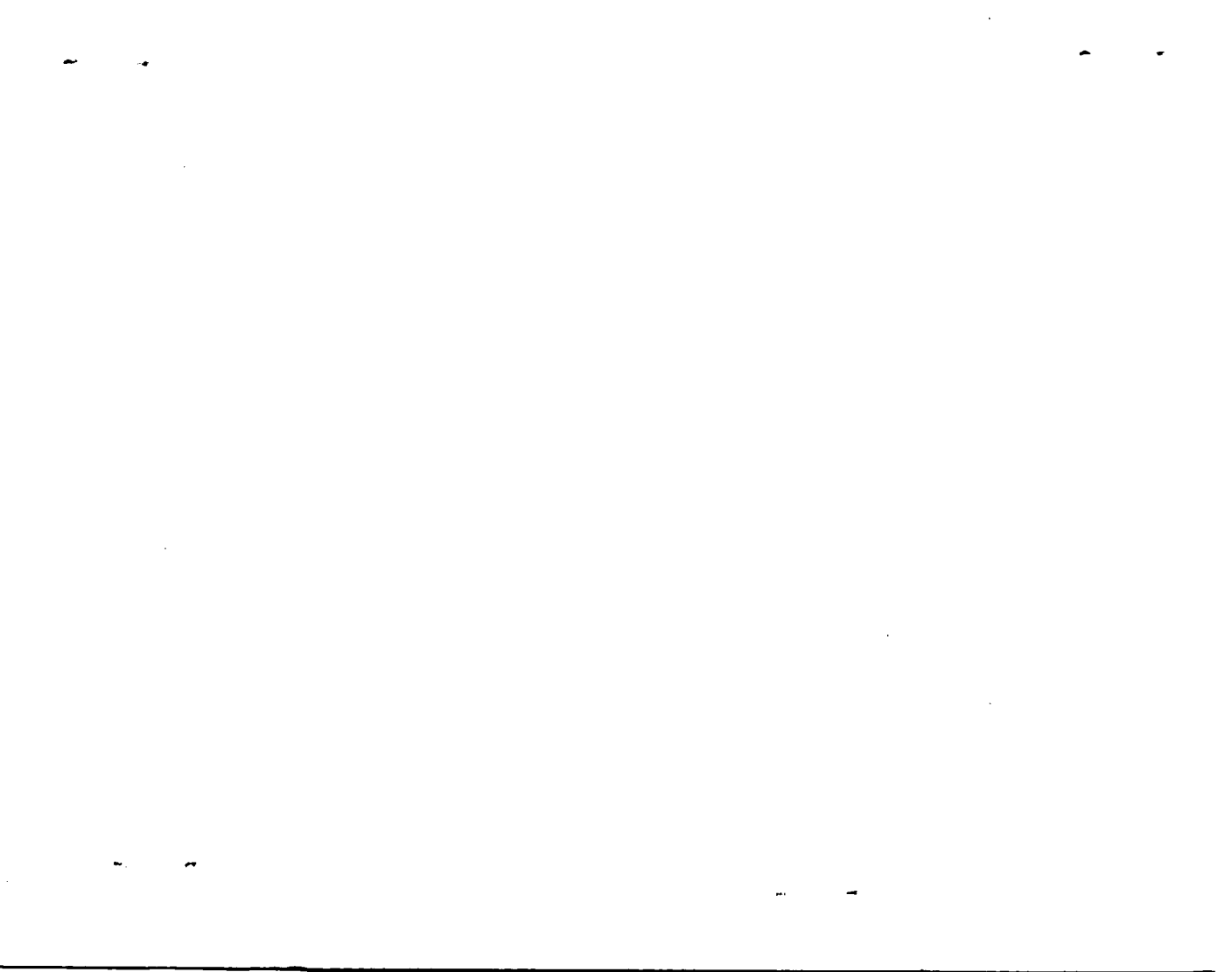
(Physician or midwife)

Given names added from a supplemental report.

Address Mt. Home Ida

Filed 2/3 1920

B. W. Mathews
Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
 Bureau of Vital Statistics, State Records and Local Health Services
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO } ss.
 County of GOODING

RECEIVED
 JUL 28 8 04 AM '82
 VITAL STATISTICS

Certificate No. 75965
 Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
 for Unnamed Henderson who was born on Jan 14, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in Mtn Home (Elmore) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED**FROM****TO**

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>Unnamed</u>	<u>D. Fred Henderson</u>

Subscribed and sworn to before me this 24 day of
July, 1985
 Notary Public, J. D. Duran
 Residing at Gooding, Idaho
 My commission expires 24 March 1984
 (Seal)

D. Fred Henderson AD34
 Signature of Applicant
STAR RTE BOX 50 BLISS IDAHO
 Street Address, City, State
83314

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
 County of GOODING

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of
July, 1985
 Notary Public, J. D. Duran
 Residing at Gooding, Idaho
 My commission expires 24 March 1984
 (Seal)

Carrie M. Henderson
 Supporting Signature
STAR RTE BOX 50 BLISS IDAHO
 Street Address, City, State

Certificate of Award gives Fred Henderson of School District
No 5 awarded certificate in Owyhee County Spelling Contest
as 3rd grade student on 3-16-28. Viewed by V.S.

AUG 12 1982

Tax Collector's Receipt - owyhee County, Idaho dated Dec. 20, 1943
Name given as D. Fred Henderson of Oreana, Idaho.
Viewed by V.S.

Marriage Certificate - State of Nevada, County of Elko D. Fred Henderson of
Bliss, Idaho married Mary Frances Muck of Bruneau, Idaho on May 24th 1951.
Record filed by recorder May 29 1951.
Viewed by V.S.

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-1251020-912

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Elmore

City of Mt. Home

Registration District No. 34

File No. 75966

No. — St. —

Primary Registration District No. 2020

Registered No. 7

Hospital —

FULL NAME OF CHILD Jenkins

1-25-20

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u>	and	Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1-25-1920</u> (Month) (Day) (Year)
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FATHER
FULL NAME A. H. Jenkins
RESIDENCE Mt. Home Ida
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah
OCCUPATION Ranching

MOTHER
FULL MAIDEN NAME Anna E. Gabrielski
RESIDENCE Mt. Home Ida
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans

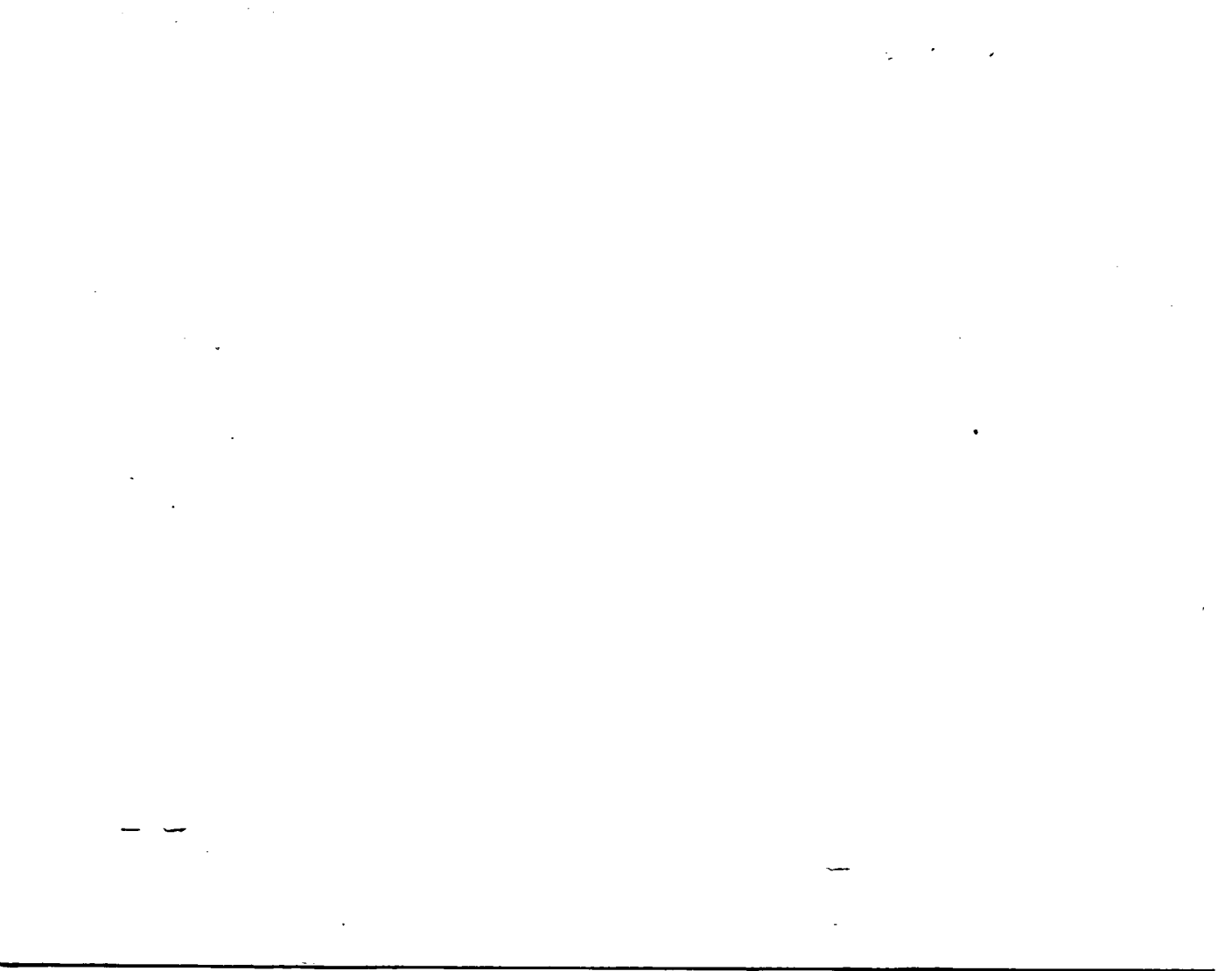
Given names added from a supplemental report.

(Physician or midwife)

Address Mt. Home Ida

Filed 2/3 19 20

B. W. Mather
Registrar



993-220-020-219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 1-C-Rev. 11-10

Country of Elmore

CERTIFICATE OF BIRTH

City of Mountain Home

Registration District No. 34

File No. 75970

No. — St. —

Primary Registration District No. 2020

Registered No. 2

Hospital —

FULL NAME OF CHILD ALICE LEE RILEY

Sex of Child <u>7</u>	Twin Triplet or other? <u>—</u>	and Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 20th 20¹⁹</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Ross Riley</u> RESIDENCE <u>Mountain Home</u> COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>33</u> (Years) BIRTHPLACE <u>Texas</u> OCCUPATION <u>Clerk Cigar store</u>			MOTHER FULL MAIDEN NAME <u>Ida Barclay</u> RESIDENCE <u>Mountain Home</u> COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>29</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth, 2 Number of children of this mother now living, including present birth, 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2⁵⁵ A.M. on the date above stated. (Born alive or stillborn)

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."

(Signature) B. W. Walker

(Physician or midwife)

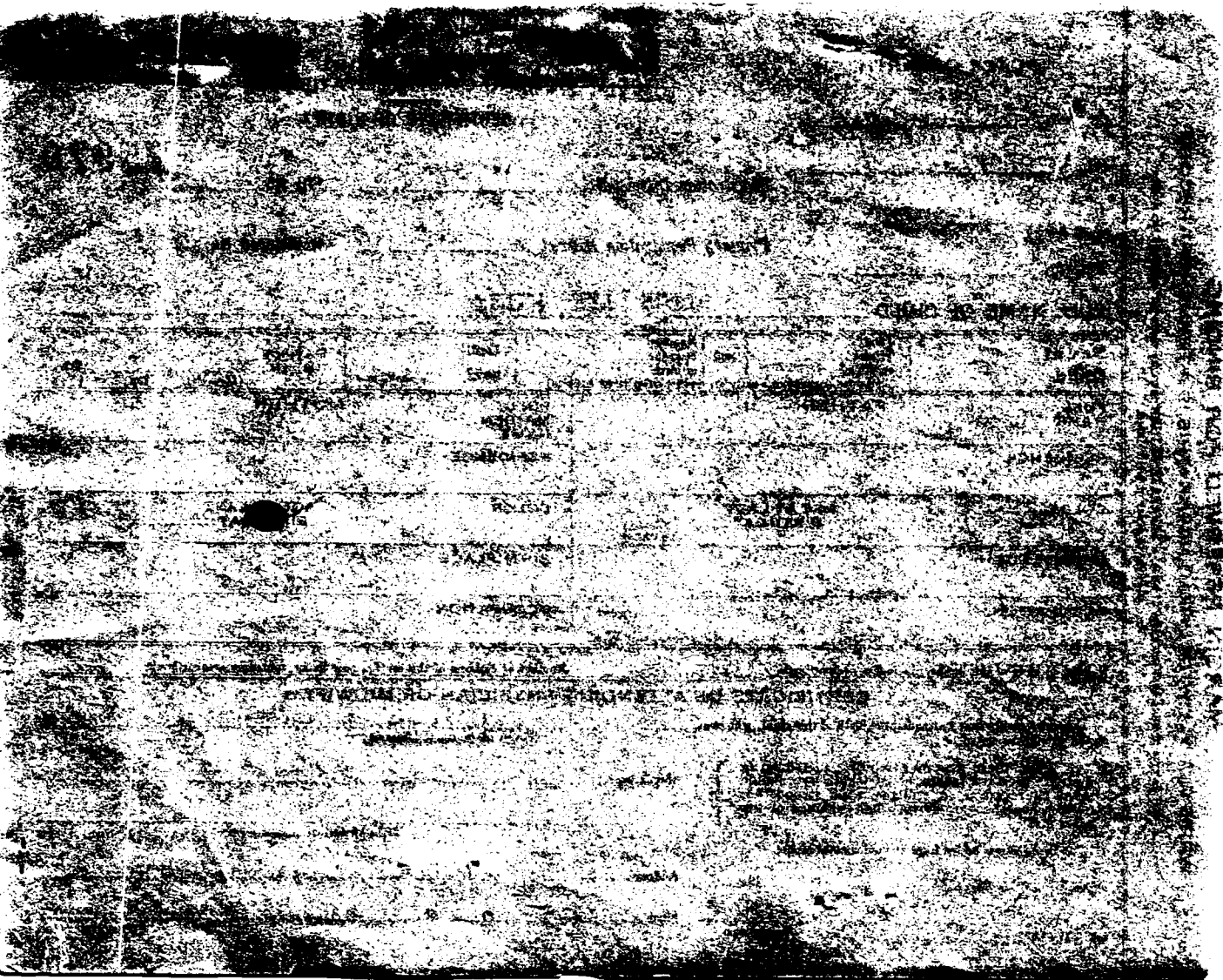
Given names added from a supplemental report.

Address Mountain Home

Address Mountain Home

Filed 1/25 1920

Filed 1/25 1920



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 75970

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate, of _____
for Unmarried who born on Jan 20, 1920 (Birth or Death)
in Mtn Home, Ida. (Name on Original Certificate) (Was Born or Died)
(Place of Event) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)
Alice Lee Riley

Subscribed and sworn to before me this 14th
day of March, 19 42.

Signed Mrs. Ada Riley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho.

Eagle, Idaho

My commission expires November 6, 1944.
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of March, 19 42.

Signed Ross Riley
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Boise, Idaho

Eagle, Idaho

My commission expires November 6, 1944.
(Seal)

(Street Address, City, State)

MAR 19 1942

JUN 28 1943,

395-102-020-859
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-

County of ElmoreCity of Mtn HomeRegistration District No. 34File No. 75971No. St. Primary Registration District No. 2020Registered No. 4Hospital FULL NAME OF CHILD Chester John Tindall

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and <u>—</u> in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 2nd 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Chester Tindall</u>			MOTHER FULL MAIDEN NAME <u>Leota Herron</u>	
RESIDENCE <u>Wickahoney</u>			RESIDENCE <u>Wickahoney</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Cattle man</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 9³⁵ A. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Mather

(Physician or midwife)

Given names added from a supplemental report.

Address Mountain HomeFiled 1/15 1920

Registrar

Registrar

Form V-100-1 (Rev. 8-8-63)

STATE OF TEXAS
BUREAU OF VITAL STATISTICS

(CERTIFICATE OF MARRIAGE)

FILE NO.

MAR 31 1966

DATE OF MARRIAGE

619.223-020-921

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 1-1-18

CERTIFICATE OF BIRTH

County of ElmoreCity of Mtn. HomeRegistration District No. 34File No. 75972No. 7 St.Primary Registration District No. 2020Registered No. 3

Hospital _____

FULL NAME OF CHILD Ellanor Rose Warner

Sex of Child <u>7</u>	Triplets or other? <u>—</u>	and	Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 23rd 1920</u> (Month) (Day) (Year)
-----------------------	-----------------------------	-----	-----------------------------------	------------------------	---

FATHER
FULL NAME James W. WarnerRESIDENCE Mtn. HomeCOLOR W AGE AT LAST BIRTHDAY 29
(Years)BIRTHPLACE N. DakOCCUPATION Clerk cigar storeMOTHER
FULL MAIDEN NAME Laura IsaacsRESIDENCE Mtn. HomeCOLOR W AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE UtahOCCUPATION WifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1st A on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Malher

(Physician or midwife)

Given names added from a supplemental report.

Address Mountain HomeFiled 1/20 1920 B. W. Malher
Registrar

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

 PLACE OF BIRTH
 416-218,042-619
 County of *Idaho Falls*
City of *Hansen*Registration District No. *Rock Creek*File No. **75974**

No. St.

Primary Registration District No.

Registered No. *1*Hospital *Home*FULL NAME OF CHILD *Nancy Elizabeth Dawson*

Sex <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>1-18-1920</i> (Month) (Day) (Year)
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FULL NAME <i>Dawson, Larcene W.</i>	FATHER
RESIDENCE <i>Rock Creek, Idaho</i>	
COLOR <i>wh</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)
BIRTHPLACE <i>New Mexico</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Larson, Minnie</i>	MOTHER
RESIDENCE <i>Rock Creek, Idaho</i>	
COLOR <i>wh</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>New Mexico</i>	
OCCUPATION <i>Housewife</i>	

 Number of child of this mother, including present birth *6* Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was *Alive* - *7:00 P*
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Herbert C Deane MD.*

(Physician or midwife)

Given names added from a supplemental report.

Address *Boyd Bldg. Iron Falls Idaho*Filed *1-28-20* *J. M. Davis*

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF INVESTIGATION

7-11-45 642

FEB 23 1945

PLACE OF BIRTH

County of *Jersey*

City of *Timberly*

No. St.

Hospital *Home*

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-2-17

Registration District No. *36*

File No. *75975*

Primary Registration District No.

Registered No. *2*

FULL NAME OF CHILD *Elvira Mayoria Tate*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and (Number in order of birth)	Legitimate? <i>yes</i>	Date of Birth <i>1 27 1920</i> (Month) (Day) (Year)
----------------------------	----------------------------------	--------------------------------	------------------------	--

FULL NAME <i>Isaac Tate</i>	FATHER
RESIDENCE <i>Timberly, Ida.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>auto mechanic</i>	

FULL MAIDEN NAME <i>Lynna Tate</i>	MOTHER
RESIDENCE <i>Timberly, Ida.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
BIRTHPLACE <i>Colorado</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth... *2* ... Number of children of this mother now living, including present birth... *2* ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *9 9* M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. G. Pike*

Given names added from a supplemental report.

Thompson
(Physician or midwife)

Address *Quinn, Idaho Falls*

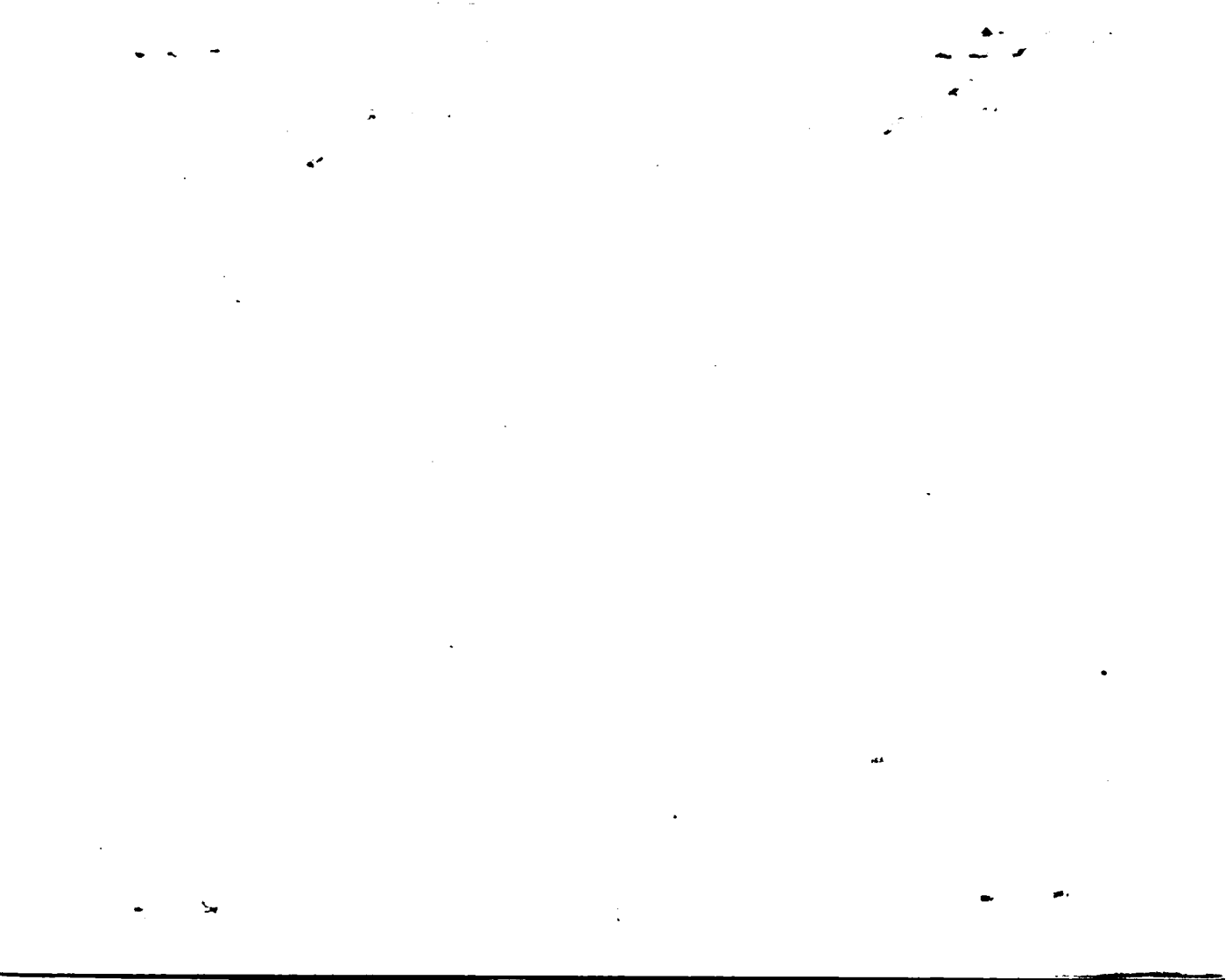
Address *Quinn, Idaho Falls*

Filed *Jan 30 1920*

Filed *Jan 30 1920*

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

415725042-813

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75976

County of Twin Falls

City of Hansen

Registration District No. 36

File No. _____

No. _____ St. _____

Primary Registration District No. _____

Registered No. 3

Hospital home

FULL NAME OF CHILD

Dwight Hugh Manning

Sex of Child male

Twin
Triplet
or other?
(To be answered only in event of plural births)

and { Number
in order
of birth

Legiti
mate? yes

Date of Birth Jan. 25, 1920
(Month) (Day) (Year)

FULL
NAME

FATHER

Perry N. Manning

RESIDENCE

Hansen, Ida

COLOR

AGE AT LAST BIRTHDAY 40
(Years)

BIRTHPLACE

Kansas

OCCUPATION

Minister, Methodist,

FULL
MAIDEN
NAME

MOTHER

Sadie Hale

RESIDENCE

Hansen, Ida.

COLOR

AGE AT LAST BIRTHDAY 42
(Years)

BIRTHPLACE

Nebr.

OCCUPATION

Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11:55 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. N. Davis
Physician
(Physician or midwife)

Given names added from a supplemental report.

Kimberly, Ida.

Address

Filed

Jan 30 1920

Registrar

Registrar

NOV 20 1942

DECEASED

264-226-042-419

Form V. S. No. 11-C--25m-7-21-10

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin FallsCity of MurtaughRegistration District No. 26File No. 75977

No. _____ St.

Hospital home

Primary Registration District No. _____

Registered No. 4

FULL NAME OF CHILD _____

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Jan. 26</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	---------	---	-------------------------------	---

FULL NAME <u>Frank Marion Somsen</u>	FATHER
RESIDENCE <u>Murtaugh, Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Wis</u>	
OCCUPATION <u>Stockman</u>	

FULL MAIDEN NAME <u>Gladys Marie Marshall</u>	MOTHER
RESIDENCE <u>Murtaugh, Ida.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Hw.</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

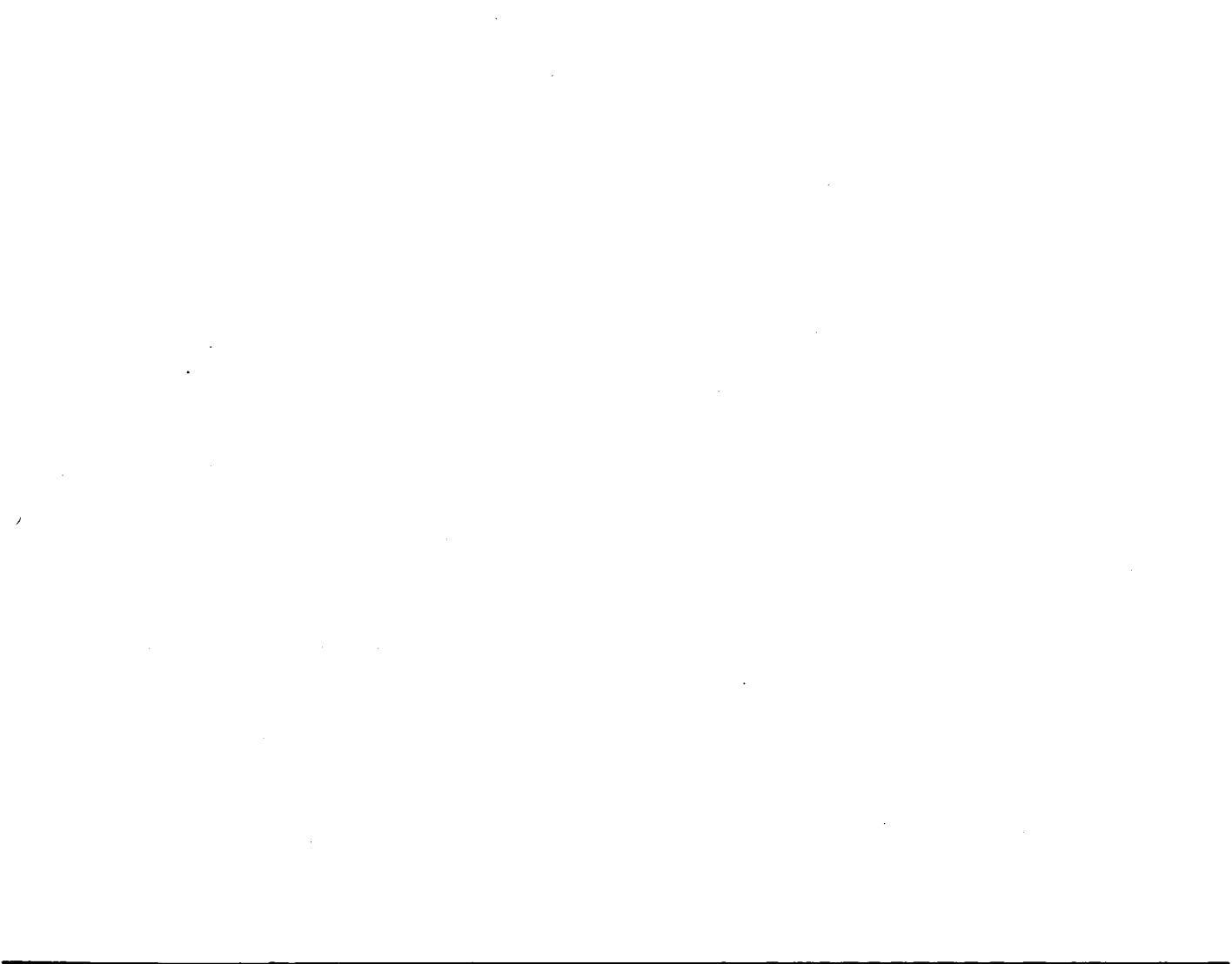
(Signature) J. M. Davis
Physician
(Physician or midwife)

Given names added from a supplemental report.

Kimberly, Idaho.Address _____
Filed Jan 30 1920 J. M. Davis
Registrar _____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



116-118092-619

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-21m-8-2-17

County of Twin Falls....

City of Rock Creek....

Registration District No. 37.....

File No. 75980

No.St.

Primary Registration District No. 20.85.....

Registered No.

Hospital

FULL NAME OF CHILD Dawson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>1 13 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------	------------------------	--

FATHER
FULL NAME Dawson, Clarence W.
RESIDENCE Rock Creek, Idaho.
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE New Mexico.
OCCUPATION Farmer.

MOTHER
FULL MAIDEN NAME Farron, Minnie
RESIDENCE Rock Creek, Idaho
COLOR White AGE AT BIRTH 26 (Years)
BIRTHPLACE New Mexico.
OCCUPATION Housewife.

Number of child of this mother, including present birth 6... Number of children of this mother now living, including present birth 6....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C. Leane M.D.
.....
Physician,
(Physician or midwife)

Given names added from a supplemental report.

Address Poyd Bldg. Twin Falls, Idaho.

Filed 1/20 20 John H. Caughlin
Registrar

1-10-52 AS 07:57

RTM

1-10-52

RTM

AS

1-10-52

Y/A

1-10-52

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-105-042-829

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twinn

DATE OF BIRTH

City of Rock Creek

Registration District No. 37

File No. 75981

No. _____ St.

Primary Registration District No. 2085

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Tilley — Melvin Harold

Sex of Child <u>Male</u>	Twins Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 5</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER
FULL NAME Harold B Tilley
RESIDENCE Rock Creek Ida
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Pocahontas Co Iowa
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Eula Forrest Hardley
RESIDENCE Rock Creek Ida
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Caldwell N Carolina
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3⁵⁰ A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C M Ginnis
Physician.
(Physician or midwife)

Given names added from a supplemental report.

Address 310 3rd Av N. Twin Falls
Filed Jan 10 1920 John T. Coughlin
Registrar

K

NOV 24 1943



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. **75981**

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____

for _____ who _____ on **Jan. 5, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>Unnamed</u>	<u>Unnamed</u>	<u>Melvin Harold Tilley</u>

Subscribed and sworn to before me this 24
day of November, 19 43
L. B. Stards
Notary Public, residing at Kimburey
My commission expires Justice of the Peace
(Seal) Kimburey Idaho

Signed Harold B. Tilley
(Signature of parent or attendant if correcting birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

NOV 26 1943

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359.228-042-238

PLACE OF BIRTH

County of *Twin Falls*City of *Rogerson*Name added 10-17-79
No. St.

Hospital

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. *27*File No. *75982*Primary Registration District No. *2082*

Registered No.

FULL NAME OF CHILD

MABLE ANITA TERPSTRA

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <i>Yes</i>	Date of Birth <i>1 25 20</i> (Month) (Day) (Year)
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FULL NAME FATHER

Edward Terpstra

RESIDENCE

Rogerson Ida

COLOR

White

AGE AT LAST BIRTHDAY

31
(Years)

BIRTHPLACE

So Dakota

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

RESIDENCE

Tracy Schmitt
Rogerson Ida

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Oak Harbor Wash.

OCCUPATION

*House Wife*Number of child of this mother, including present birth.....*1* Number of children of this mother now living, including present birth.....*1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Alive & normal* at *2 P* M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *D. E. M. Chinn**310 3rd W. N. Twin Falls*
(Physician or midwife)

Given names added from a supplemental report.

Address *Twin Falls, Ida*Filed *Jan 29 1920* *John F. Laughlin*
Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }
County of Ada } ss.

Certificate No. 75982
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Terpstra who was born on January 25, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Rogerson (Twin Falls) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED
child's name

FROM
omitted

TO
Mable Anita Terpstra

Subscribed and sworn to before me this 16th day of
October 19 79
Notary Public, Paula L. Holbrook
Residing at Boise, Idaho
My commission expires November 23, 1981
(Seal)

Mable A. Terpstra
Signature of Applicant
1719 So. Atlantic, Boise, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of
October 19 79
Notary Public, Paula L. Holbrook
Residing at Boise, Idaho
My commission expires November 23, 1981
(Seal)

* Tracy Terpstra
Supporting Signature
1719-A So. Atlantic, Boise, Idaho
Street Address, City, State

Bible record, obviously old gives name as Mable Anita Terpstra born January 26, 1920, in Rogerson, Idaho.
Viewed by V.S.

Statement regarding family records gives name as Mable Anita Terpstra born January 26, 1920, in Rogerson, Idaho. Original record, old.
Viewed by V.S.

Certificate of birth of child, Vickie Joyce Postma gives mother's name as Mable Terpstra. Child born October 31, 1949, in Wendell, Idaho
Mother - Mable Terpstra and Fred Postma.
Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-214042-689

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Twin Falls

City of Kimberly

Registration District No. 37

File No. 75983

No. _____ St. _____

Primary Registration District No. 2082

Registered No. _____

Hospital _____

FULL NAME OF CHILD Madeline Iris Mintun

Sex of Child <u>✓</u>	Twin Triplet or other? <u>✓</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>1</u> <u>14</u> <u>20</u> (Month) (Day) (Year)
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FATHER
FULL NAME Chas Richard Mintun

MOTHER
FULL MAIDEN NAME Clariss White

RESIDENCE Kimberly

RESIDENCE Kimberly

COLOR W AGE AT LAST BIRTHDAY 20
(Years)

COLOR W AGE AT LAST BIRTHDAY 20
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Idaho

OCCUPATION Farmer

OCCUPATION Idaho

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 5:40 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. O. Mason

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls

Filed Feb 6 1920 John E. English
Registrar

Registrar

1000

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. **AUG 19 1966** Certificate No. 75983
County of Los Angeles } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Mintun (female child) who was born on Jan. 14, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Kimberly, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

Full Name of Child _____

FROM
(As on Original)
Unnamed _____

TO
(The Correct Facts)

Madeline Iris Mintun

Subscribed and sworn to before me this 10 day of _____

August, 1966

Notary Public, residing at Los Angeles, Calif.

My commission expires November 13, 1966

(Seal)

Signed Christina Moore Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

415 W. Bailey St. Whittier Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed Christina Moore
(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires _____

(Seal)

(Street Address, City, State)

Own Child's Birth Cert. on file: (Idaho Birth) #254419 gives full maiden name of mother as Madeline Mintun - viewed by V.S.

SEP 17 1966

Bankers Life and Casualty Co. Policy, Application for insurance, dated Aug. 3, 1956 at Pocatello, Idaho gives full name as Madeline Shephard, born Jan. 14, 1920 ~~at~~ maiden name is given as Mintun - viewed by V.S.

Child's Birth Cert. on file: (Idaho Birth) #51-12496 gives full maiden name of mother as Madeline Iris Mintun - viewed by V.S.

Child's Birth Cert. on file: (Idaho Birth) #54-1489 gives full maiden name of mother as Madeline Iris Mintun - viewd by V.S.

314.128.042-165

PLACE OF BIRTH

County of Twin Falls,.....

City of Berger.....

No. St.

Hospital

FULL NAME OF CHILD Walter Leroy Lammers.....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-23

Registration District No. 37.....

File No. 75984.....

Primary Registration District No. 2085.....

Registered No.

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>1-28-20</u> (Month) (Day) (Year)
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FULL NAME <u>Roy Wm. Lammers</u>	FATHER
RESIDENCE <u>Breger, Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY ... <u>37</u> (Years)
BIRTHPLACE <u>Wis.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna Matilda Jones</u>	MOTHER
RESIDENCE <u>Berger, Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY ... <u>26</u> (Years)
BIRTHPLACE <u>Tenn.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 9:20 A. M.
on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Weaver
..... Physician
..... (Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address Twin Falls, Idaho
..... Filed Feb 1 1924 John H. Coughlin
Registrar Registrar

945-230-
042-366
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11

County of Twin FallsCity of MilnerRegistration District No. 37File No. 75986

No. St.

Primary Registration District No. 2.082

Registered No.

Hospital

FULL NAME OF CHILD

Zuekey

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and } Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 30</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Charles William Zuekey</u>	FATHER
RESIDENCE <u>Milner Ida</u>	
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>34</u> (Years)	
BIRTHPLACE <u>Oklahoma</u>	
OCCUPATION <u>Canal Worker</u>	

FULL MAIDEN NAME <u>Fannie Towery</u>	MOTHER
RESIDENCE <u>Milner Ida</u>	
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>Oklahoma</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

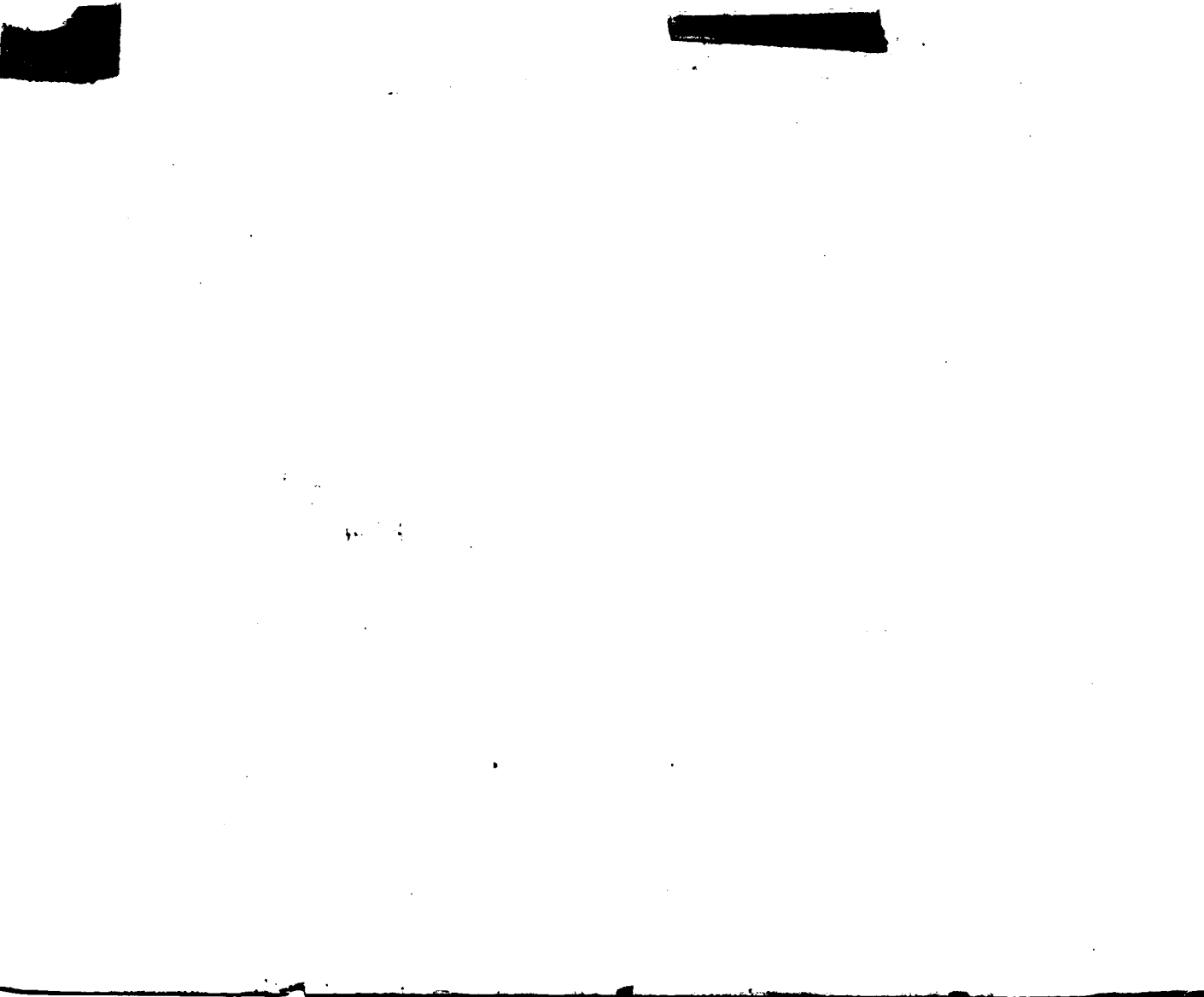
I hereby certify that I attended the birth of this child, who was Alive at 6 20 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. McElhinis
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address 310 3rd Av. Twin Falls Ida
Filed Feb 4 1920 John F. Caughlin
Registrar



at birth a SEPARATE RETURN must be filed for each number of each, in order of birth stated.

255-108 Amended 6-2-70

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-23m-3-3-7

75987

County of Twin Falls
City of Twin Falls
No. 1104 Shoshone St.
Hospital

Registration District No. 37 File No.
Primary Registration District No. 1088 Registered No.

FULL NAME OF CHILD Robert Llewelyn Bevercombe

Sex of Child male Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth Jan 8 1912
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Floyd C Bevercombe
RESIDENCE Twin Falls
COLOR white AGE AT LAST BIRTHDAY 25
(Years)
BIRTHPLACE Iowa
OCCUPATION farmer

MOTHER
FULL MAIDEN NAME Margaret Kerle
RESIDENCE Twin Falls
COLOR white AGE AT LAST BIRTHDAY 21
(Years)
BIRTHPLACE Iowa
OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. H. ...
Physician or midwife

Given names added from a supplemental report.

Address Twin Falls, Idaho
Filed Jan 12 1912 Registrar John H. ...

JUN 1 1970

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. **JUN 1 - 1970**
County of }
Certificate No. 75987
Date Filed

The undersigned does solemnly swear that ~~born~~ facts on the certificate of birth
for Bevercomb who born on Jan. 8, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Name Bevercomb
Fathers name Floyd C. Bevercomb Robert Llewelyn Bevercombe
Floyd C. Bevercombe

Subscribed and sworn to before me this 1st day of June, 1970
Lorence Cuytright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)
Signed R. Bevercomb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 996, Tangley, B.C. Canada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }
[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 1970
Lorence Cuytright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)
Signed Ray Bevercombe
(Signature of Any, Credible Person)
Living, Idaho, P.O. # 2
(Street Address, City, State)

Family Record gives name as Robert Llewelyn Bevercombe born Jan 8, 1920 at Twin falls, Father - Floyd Bevercombe and Mother - Margaret Herrle. Record obviously old.

Hospital Record gives name as Robert Llewelyn Bevercombe born Jan 8, 1920
Record dated 1940.
Viewed by V.S.

169-2021042-249

Form V, S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin FallsCity of 11 11Registration District No. 37File No. 75988

No. _____ St. _____

Primary Registration District No. 1083 Registered No. _____

Hospital _____

FULL NAME OF CHILD DORA MAE JORDAN

Sex of Child <u>2</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>1 2 1920</u> (Month) (Day) (Year)
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FULL NAME FATHER John R. JordanRESIDENCE F. J.COLOR W AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE Nebr.OCCUPATION Labr.FULL MAIDEN NAME MOTHER Ruby E. SmithRESIDENCE F. J.COLOR W AGE AT LAST BIRTHDAY 23
(Years)BIRTHPLACE CanadaOCCUPATION WifNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 4-9 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Trasson

(Physician or midwife)

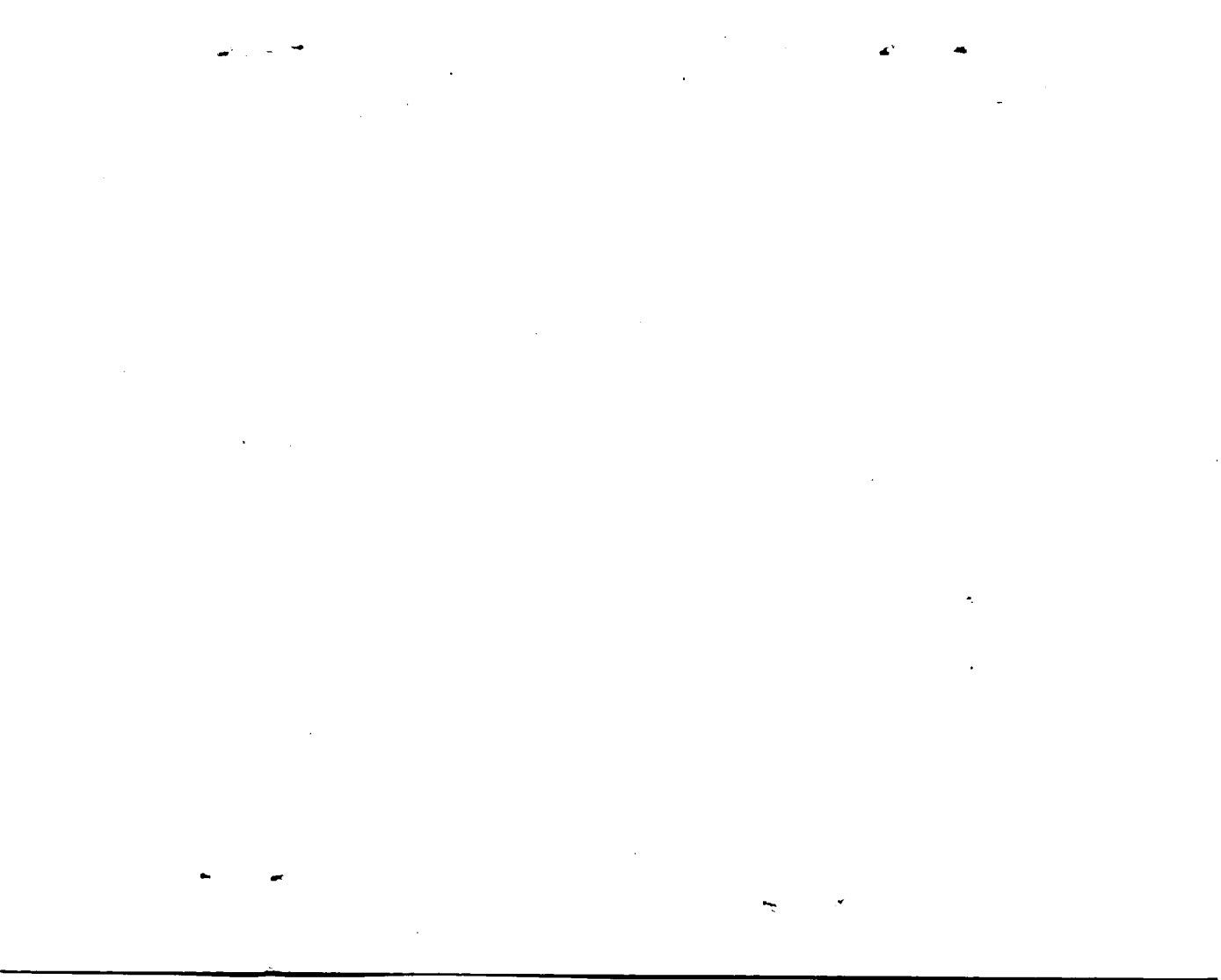
Given names added from a supplemental report.

Address Twin FallsFiled Jan 7 1920 John H. Paughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 75988

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Dora Mae Jordan who was Born on Jan 2-1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)

true facts as shown by _____ prepared on _____, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED		FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)		(AS ON ORIGINAL)	(THE CORRECT FACTS)
name	_____	unnamed	Dora Mae Jordan
father's name	_____	John R. Jordin	John R. Jordan

Subscribed and sworn to before me this 20th
day of April, 19 42

Signed Mrs John R Jordan Mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Twin Falls, Ida.

My commission expires January 24, 1943
(SEAL)

328 5th Ave. West, Twin Falls, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of April, 19 42

Signed John R Jordan
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Twin Falls, Idaho

My commission expires January 24, 1943
(SEAL)

328 5th Ave. West, Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on April 24, 1942 By _____

(REGISTRAR'S SIGNATURE)

APR 24 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

663-110-092-394
PLACE OF BIRTHCounty of Twin FallsCity of Twin FallsNo. 319 3rd Ave N.Hospital ☒

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 27File No. 75989Primary Registration District No. 10-82

Registered No. _____

Dooley, Gordon Wolfe

Sex of Child M ☒ Male ☐ Female ☐ Legitimate? yes Date of Birth Jan 10 1920
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME Earl R. DooleyFULL MAIDEN NAME Edith R. LiddleRESIDENCE Twin Falls IdaRESIDENCE Twin Falls IdaCOLOR W AGE AT LAST BIRTHDAY 38
(Years)COLOR W AGE AT LAST BIRTHDAY 35
(Years)BIRTHPLACE South Sterling PaBIRTHPLACE Brooklyn Pa New YorkOCCUPATION analytical ChemistOCCUPATION HwfNumber of child of this mother, including present birth. 5Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 11:45 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Duncan L. Brean
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Central Bldg Twin Falls Ida

Filed

Jan 13 1920 John F. Caughlin
Registrar

cc 3128141 NY 11/5

JUN 8 1942

665-226-042-444

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-2-17

CERTIFICATE OF BIRTH

75990

County of Good

City of Grangeville

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Ellen Owen

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>ye</u>	Date of Birth <u>1</u> <u>26</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	---------------------------------------	----------------------------	---

FULL NAME <u>Joe W. Owen</u>	FATHER
RESIDENCE <u>Grangeville</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>61</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Nellie Mumma</u>	MOTHER
RESIDENCE <u>Grangeville</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth, 6 Number of children of this mother now living, including present birth, 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Pike
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Grangeville

Filed Feb 6 19 20 John H. Campbell

Registrar

Registrar

FEB 28 1951

389.1271042-493

PLACE OF BIRTH

County of Twin FallsCity of Twin Falls

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-22-17

Registration District No. 37File No. 75891Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Walter Robert Childers

Sex of Child <u>Male</u>	Twin Triplet or other? <u>Yes</u>	and (Number in order of birth) <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1</u> <u>27</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	-----------------------------------	---	------------------------	--

FATHER FULL NAME <u>W. A. Childers</u>	MOTHER FULL MAIDEN NAME <u>Rosa Muen</u>
RESIDENCE <u>Twin Falls Idaho</u>	RESIDENCE <u>Twin Falls Idaho</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Minnesota</u>	BIRTHPLACE <u>Oregon</u>
OCCUPATION <u>Farming</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:52 M. on the date above stated. (Born alive or stillborn)

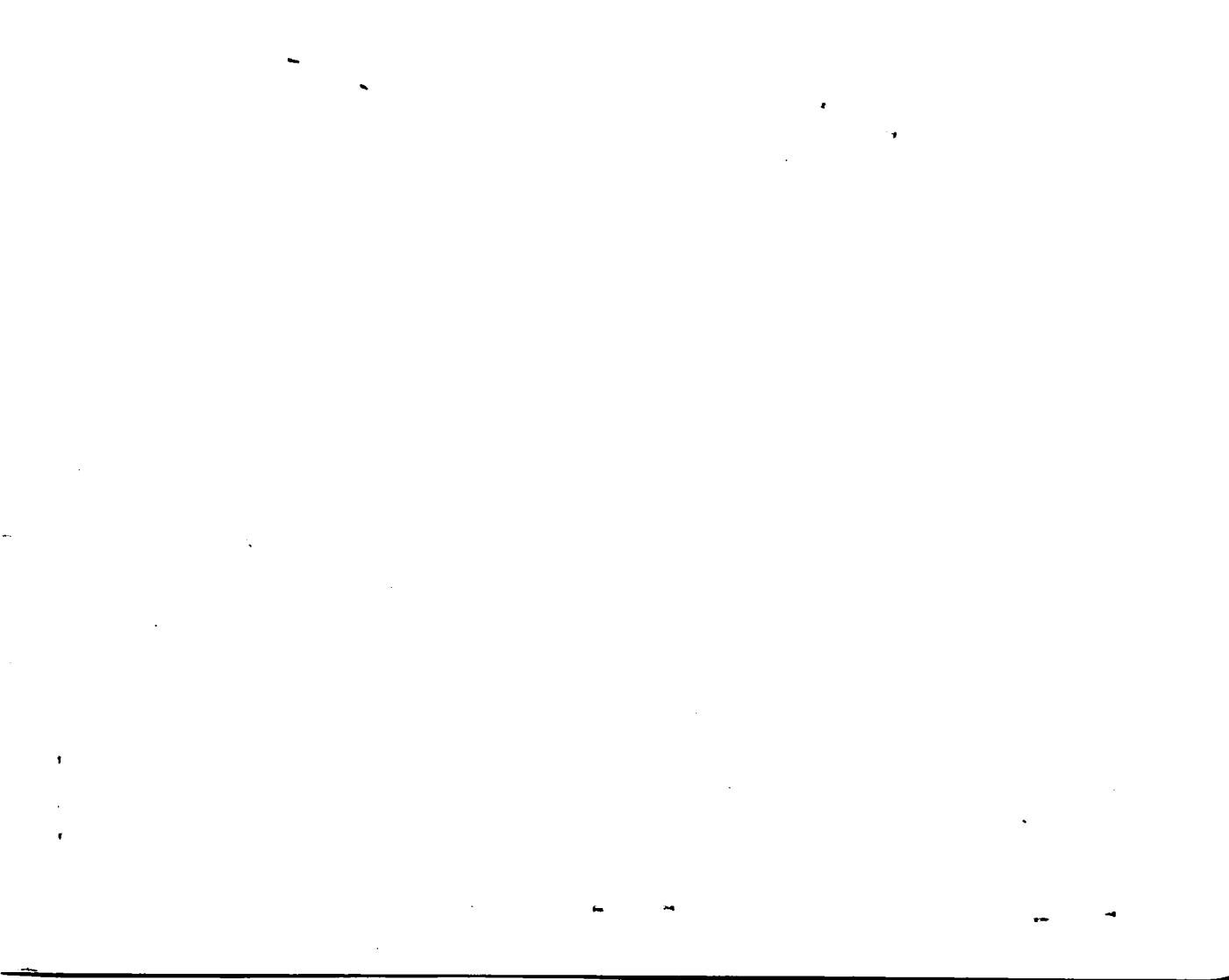
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. T. [Signature]

Given names added from a supplemental report.

Address Twin Falls IdahoFiled Feb 6 1920 John H. Campbell Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. JUL 26 8 47 AM '77
County of _____ } Certificate No. 75991
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Childers (Male) who was born on Jan 27, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Insurance Policy & Father's will prepared on 4-5-67 & 4-15-59, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

child's name Unnamed Walter Robert Childers

Subscribed and sworn to before me this 21st day of July 1977.

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jesse M. Starnes
Notary Public, residing at Forest Hill, Montana
My commission expires March 22, 1980
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Bozeman }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of July 1977.

Signed Randy Mear
(Signature of Any Credible Person)

Jesse M. Starnes
Notary Public, residing at Forest Hill
My commission expires March 22, 1980
(Seal)

P.O. Box 474
(Street Address, City, State)
Forest Hill, Montana

Statement regarding property settlement issued by Attorneys, Stephen & Harvey,
Twin Falls, Idaho, on February 21, 1966, gives name of seller as
Walter Robert Childers.
Viewed by V. S.

Last Will and Testament of W. H. Childers, father of Walter Robert Childers
gives name complete and correct. Will dated April 51, 1959, at Jerome, Idaho.
Viewed by V.S.

Insurance Polciy issued by Foremost Insurance Company of Grand Rapids, Michigan 9
gives name as Walter R. Childers. Policy issued April 5, 1967, at Upton, Wyoming
Viewed by V.S.

29K.115.042-449

PLACE OF BIRTH

County of *Twin Falls*City of *" "*

No. St.

Hospital

FULL NAME OF CHILD

Sex of Child <i>Male</i>	Twin Triplet or other? <i>and</i> (Number in order of birth)	Legitimate? <i>yes</i>	Date of Birth <i>15 20 1920</i> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <i>Chas Bidwell</i>	FATHER
RESIDENCE <i>Home Falls Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>Indiana</i>	
OCCUPATION <i>Carpenter</i>	

FULL MAIDEN NAME <i>Jennie Murdock</i>	MOTHER
RESIDENCE <i>Home Falls Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>20</i> (Years)
BIRTHPLACE <i>Utah</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *2*..... Number of children of this mother now living, including present birth *2*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *10 30 9* M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. H. P. P.*

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address *Home Falls Ida*

.....19.....

Filed *Feb 6 20*

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-21m-8-8-17

File No. *75992*Registration District No. *37*Primary Registration District No. *1085*

Registered No.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-112-042-259

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form B. V. No. 11-0-22-3-47

County of Twain

City of Twain

Registration District No. 37

File No. 75883

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD BERT GAYLEN

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> and (Number in order of birth) <u>.....</u>	Length <u>Yrs</u>	Date of Birth <u>1 12 20</u> (Month) (Day) (Year)
--------------------------	---	-------------------	--

FATHER
FULL NAME P. G. Brown
RESIDENCE Twain, Idaho
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Oklahoma
OCCUPATION City Engineer

MOTHER
FULL MAIDEN NAME Bessie Terry
RESIDENCE Twain, Idaho
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Arkansas
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Lake
Physician (Physician or midwife)

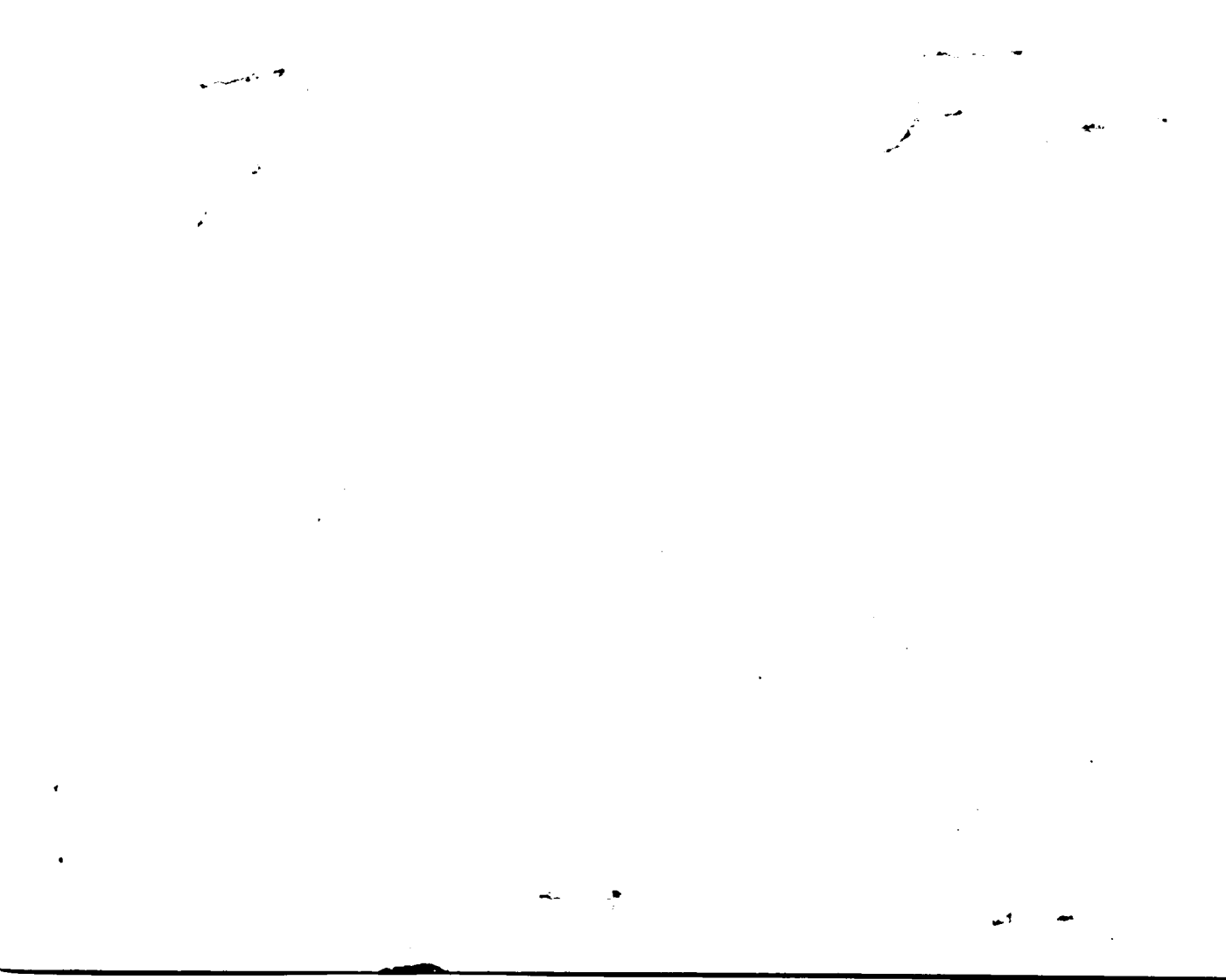
Given names added from a supplemental report.

Address Twain, Idaho

Filed Feb 6 1920 John F. Coughlin

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Kern

Certificate No. 75993

Date Filed
BIRTH

The undersigned does solemnly swear that certain facts on the certificate of
for X Bert Gaylen Brown who was born on January 12, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on June - 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name Brown Bert Gaylen Brown

Subscribed and sworn to before me this 18th
day of Feb, 1942
Edw A Kelly
Notary Public, residing at Bakersfield Cal.
My commission expires Oct. 31st 1943
(Seal)

Signed Bessie Brown - mother
BESSIE BROWN, MOTHER
(Signature of parent or attendant in correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1329 - 1st St
Bakersfield Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Kern

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 19th
day of Feb, 1942
Edw A Kelly
Notary Public, residing at Bakersfield Cal.
My commission expires Oct. 31 - 1943
(Seal)

Signed Vernon S. Brown
(Signature of Any Credible Person Other Than Previous Year)
1329 Eye St. Bakersfield Calif.
(Street Address, City, State)

FEB 25 1942

SEP 02 1993

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-119,042-154

PLACE OF BIRTH

County of Twin Falls,

City of Twin Falls,

No. St.

Hospital

FULL NAME OF CHILD Gheen, William Harris

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>1-19--</u> 20 (Month) (Day) (Year)
--------------------------	---	--	------------------------	--

FULL NAME <u>William Harris Gheen</u>
RESIDENCE <u>Twin Falls, Ida.</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>St. Chas. Idaho.</u>
OCCUPATION <u>Deliveryman.</u>

FULL MAIDEN NAME <u>Anna Pearl Anderson</u>
RESIDENCE <u>Twin Falls, Idaho.</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Richmond, Utah.</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 A. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Thayer
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho
Filed Feb 16 1920 John H. Caughlin
Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-27

File No. 75994

Registration District No. 37

Primary Registration District No. 1085

Registered No.

K

AUG 20 1968

745.116042-259

PLACE OF BIRTH

County of Juwia Falls.City of Juwia Falls.

No. _____ St.

Hospital _____

FULL NAME OF CHILD JAMES FRANCIS PunningSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-19

CERTIFICATE OF BIRTH

Registration District No. 37

File No. _____

75995

Primary Registration District No. 1085

Registered No. _____

Sex of Child <u>m</u>	Twin Triplet or other? _____	and _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan 16</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Roy m Punning</u>		FULL MAIDEN NAME MOTHER <u>Sophia A Burks</u>		
RESIDENCE <u>Eden</u>		RESIDENCE <u>Eden</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> (Years)		
BIRTHPLACE <u>mo</u>		BIRTHPLACE <u>Lova</u>		
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

born alive
(Born alive or stillborn)6:15 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

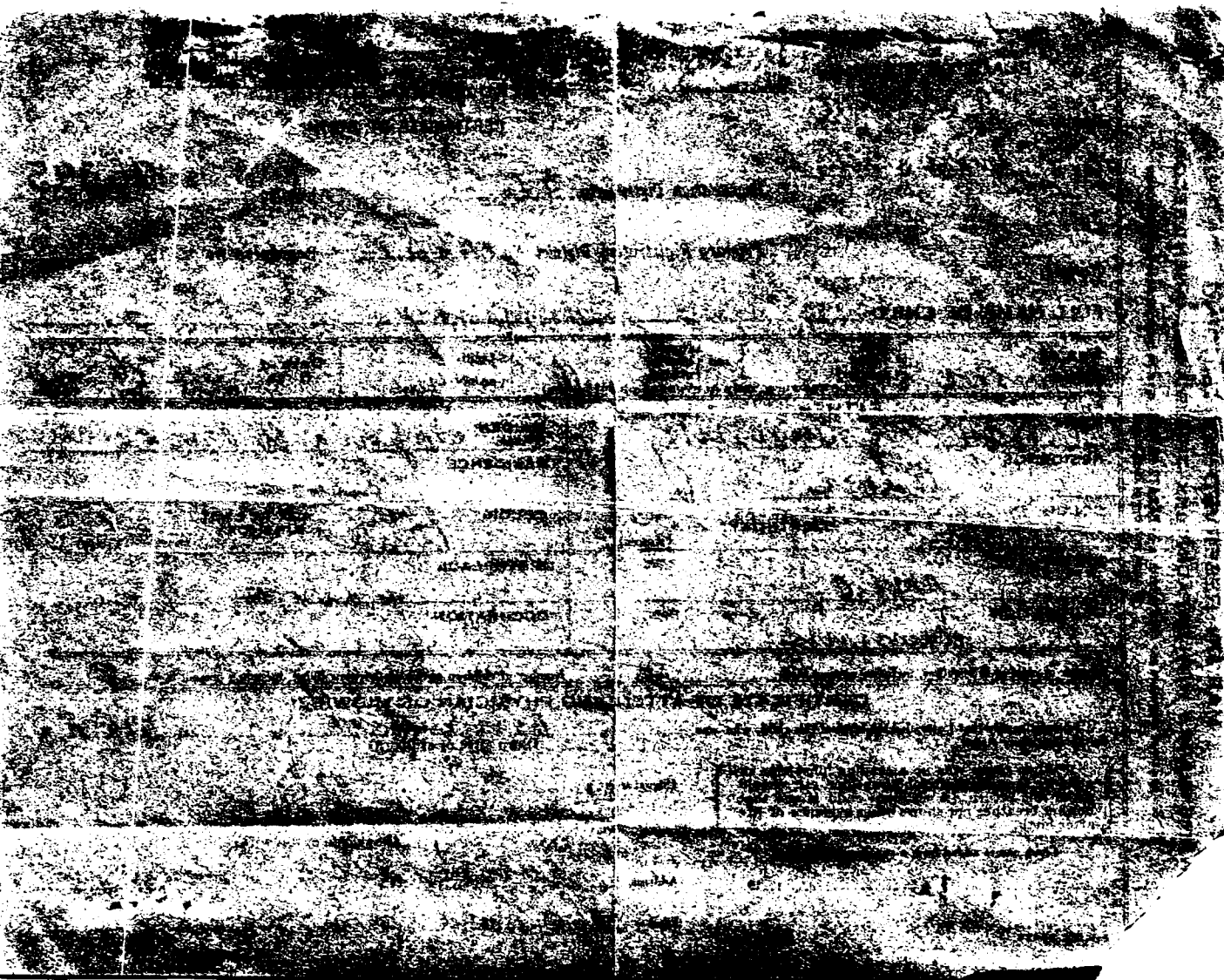
(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed _____



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonding } ss.
The undersigned does solemnly swear that certain facts on the certificate of Birth
for James Francis Gunning who was Born on Jan 16 - 1920
in Twin Falls are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible correct prepared on Jan. 16 - 1920, are:
(Name on original certificate) (Was born or died) (Birth or death) (Date of event)
(Place of event) (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)
Name Unnamed Gunning correct James Francis Gunning

Subscribed and sworn to before me this 18th
day of December, 1941.
S. D. M. F. Quinn
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2 - 1944
[SEAL]

Signed Sophia A. Gunning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Wendell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonding } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 18th
day of December, 1941.
S. D. M. F. Quinn
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2 - 1944
[SEAL]

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
Signed Norma French
(Signature of any credible person other than the previous affiant.)
Wendell, Idaho
(Street Address, City, State)

DEC 22 1941

NOV 20 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

219.226.042-928

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Twin Falls

City of " "

Registration District No. 27

File No. 75996

No. _____ St.

Primary Registration District No. 1085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Laura Harimoto

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 26</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER Harry Harimoto

FULL MAIDEN NAME MOTHER Hisaye Ikeda

RESIDENCE Twin Falls

RESIDENCE Twin Falls

COLOR Japanese AGE AT LAST BIRTHDAY 38 (Years)

COLOR Japanese AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Japan

BIRTHPLACE Japan

OCCUPATION Baggage man

OCCUPATION Housewife

Number of child of this mother, including present birth, 3 Number of children of this mother now living, including present birth, 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 240 M. on the date above stated. (Born, alive or stillborn)

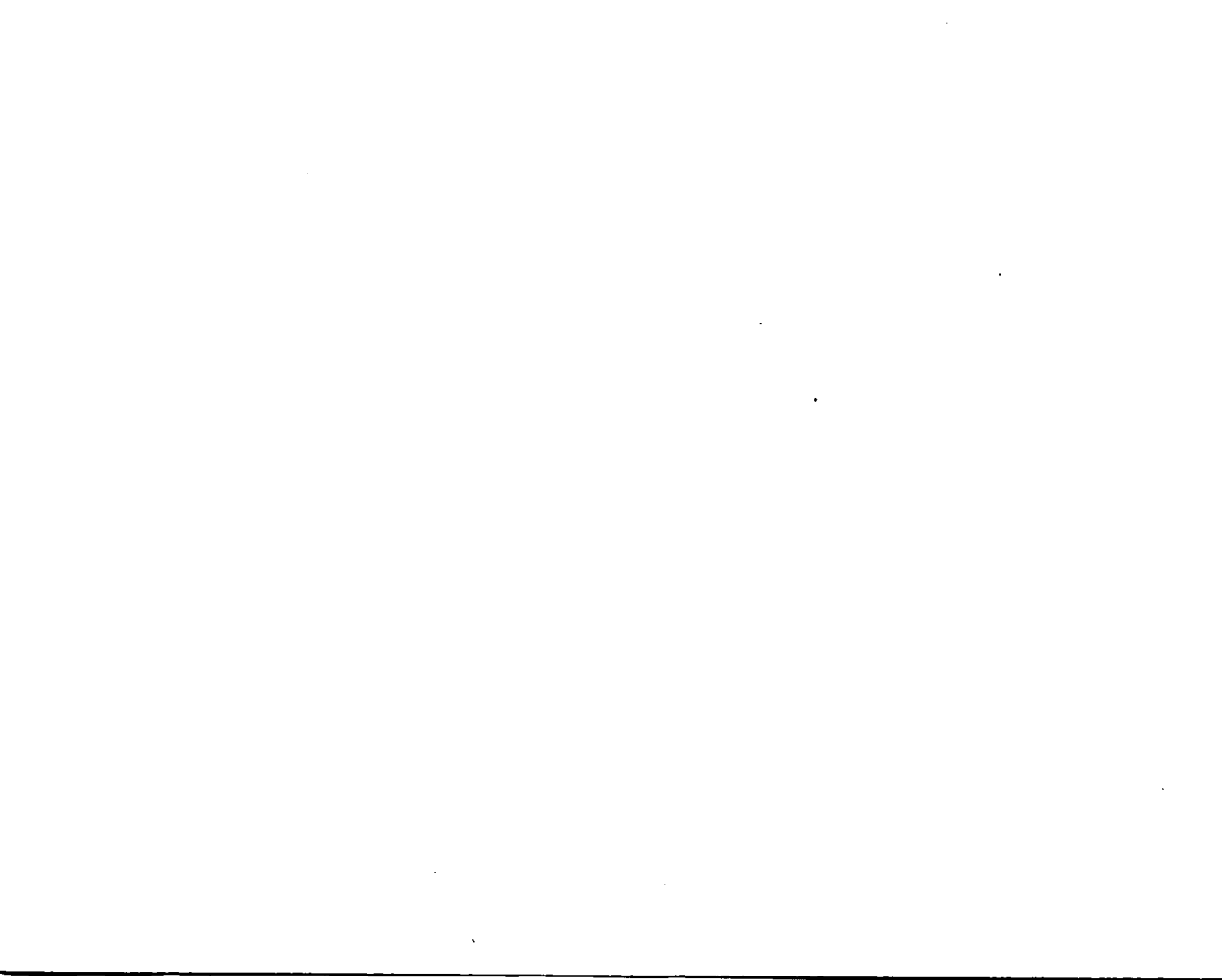
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Caughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho
Filed Feb 1 1920 John F. Caughlin
Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

254-207-042-235

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 37

File No. 75997

No. _____ St.

Primary Registration District No. 1053

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1</u> <u>7</u> <u>20</u> (Month) (Day) (Year)
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FULL NAME Albert Bentler
RESIDENCE Twin Falls
COLOR W AGE AT LAST BIRTHDAY 76
(Years)
BIRTHPLACE Id
OCCUPATION Labr.

FULL MAIDEN NAME Eva Stewart
RESIDENCE Twin Falls
COLOR W AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Id
OCCUPATION Housew.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at 4 a. m.
on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Mattson

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed Feb 7 20 pm H. J. Douglas
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-130-042-319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Twin Falls

City of _____

Registration District No. 37

File No. 75998

No. _____ St. _____

Primary Registration District No. 1082 Registered No. _____

Hospital _____

FULL NAME OF CHILD Frank Donald Knox

Sex of Child <u>M</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legiti mate? <u>yes</u>	Date of Birth <u>1 30 20</u> (Month) (Day) (Year)
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FATHER
FULL NAME Harry David Knox
RESIDENCE Twin Falls
COLOR yx AGE AT LAST BIRTHDAY 40
(Years)
BIRTHPLACE Wyo.
OCCUPATION Plumber

MOTHER
FULL MAIDEN NAME Ethyl Larson
RESIDENCE Twin Falls
COLOR yx AGE AT LAST BIRTHDAY 24
(Years)
BIRTHPLACE Cal
OCCUPATION Shop

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at 10 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Mason

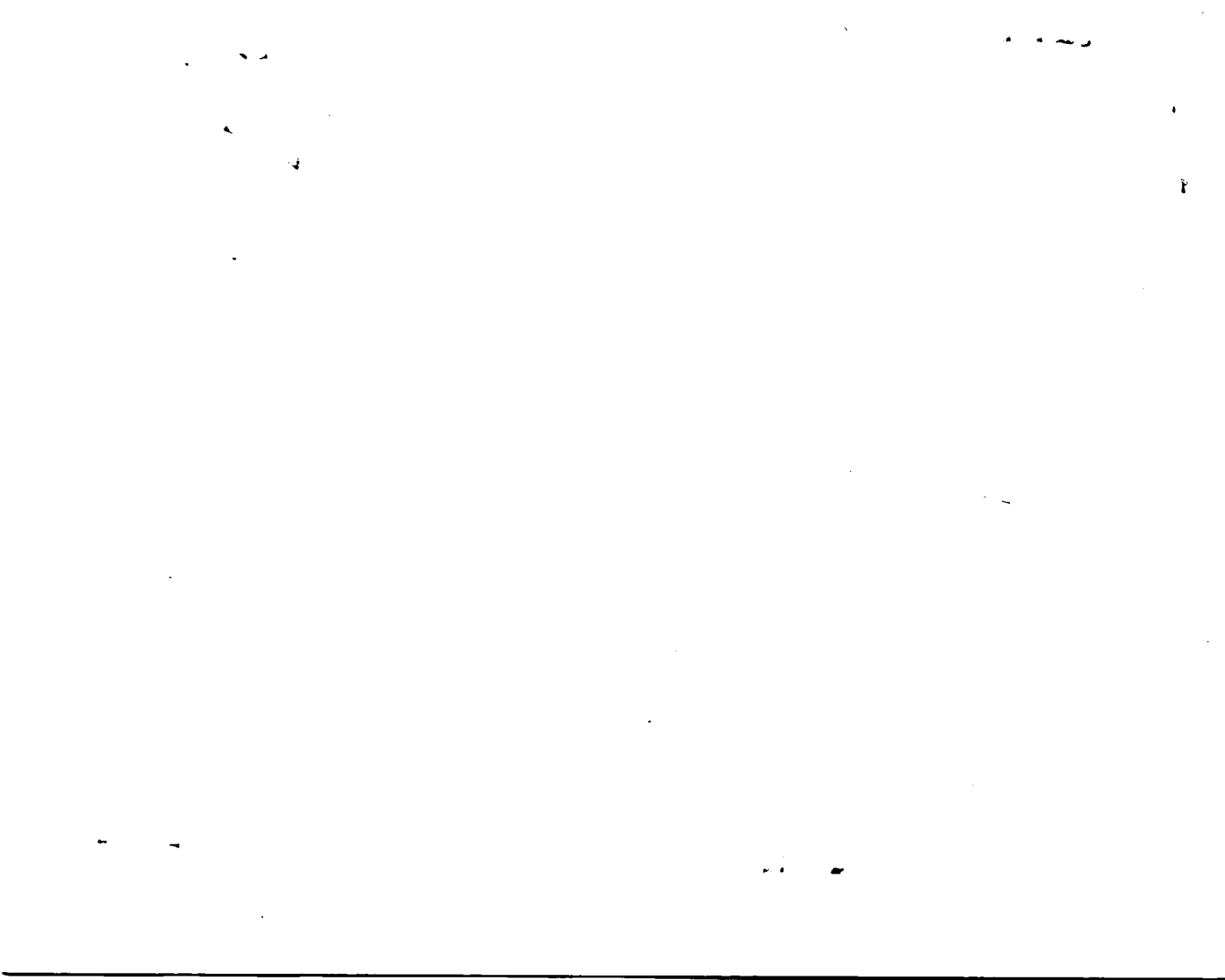
Given names added from a supplemental report.

(Physician or midwife)

Address Twin Falls

Filed Feb 7 20 John H. Laughlin
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. **MAR 21 1953** Certificate No. 75998
County of Jerome Date Filed 2/7/20

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or death)
for Unnamed Knox who was born on Jan. 30, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by Mother prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED **FROM** **TO**
(“Name”, “birth date”, “cause of death”, etc.) (As on original) (The correct facts)
Name of Child Unnamed Knox Frank Donald Knox

Subscribed and sworn to before me this 1st
day of July, 1944

Notary Public, residing at Jerome, Idaho
My commission expires July 24 - 1944
[SEAL]

Signed Ethel Knox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

395 N. E. 12th St.
Portland, Ore.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Jerome

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of July, 1944

Notary Public, residing at Jerome, Idaho
My commission expires July 24 - 1944
[SEAL]

Signed Clara E. Wordhead
(Signature of any credible person other than the previous affiant)

Jerome, Idaho
(Street Address, City, State)

Received for filing on _____ by _____
(Registrar's signature)

APR 22 1983

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

75999

County of Twin FallsCity of " "Registration District No. 37File No. 75999

No. _____ St. _____

Primary Registration District No. 1085 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Lois Lee Laughlin

Sex of Child ♀Twin
Triplet
or other?
(To be answered only in event of plural births)and } Number
in order
of birthLegiti
mate? yesDate of Birth 1 4 20

(Month) (Day) (Year)

FULL NAME

RESIDENCE

COLOR WAGE AT LAST BIRTHDAY 21

(Years)

BIRTHPLACE Tex.OCCUPATION Harmer

FULL MAIDEN NAME

RESIDENCE

COLOR WAGE AT LAST BIRTHDAY 24

(Years)

BIRTHPLACE Okla.OCCUPATION Wf.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 5 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Mason

(Physician or midwife)

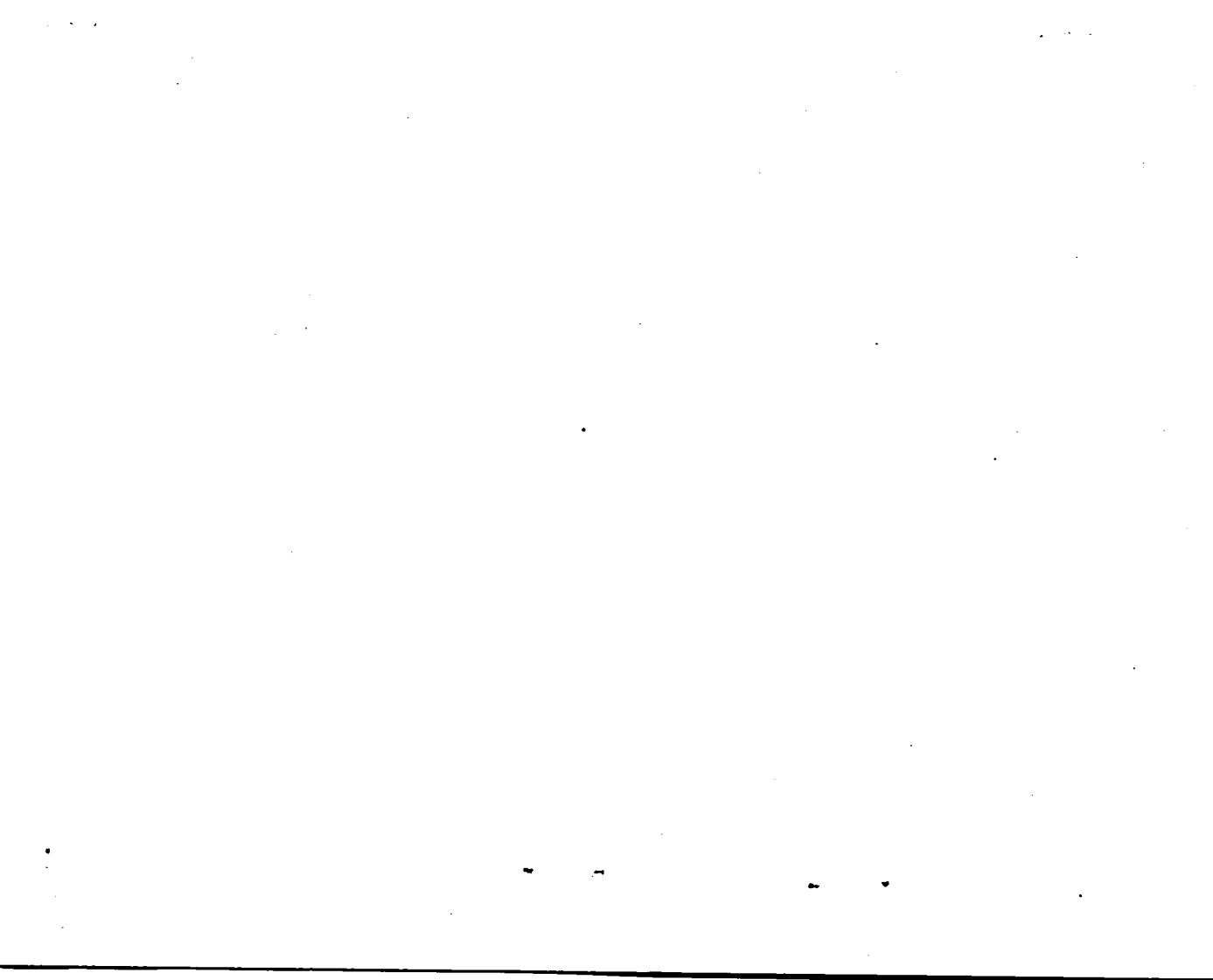
Given names added from a supplemental report.

19

Address Twin FallsFiled Feb 7 1920

Registrar

Registrar Lois Lee LaughlinMARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Own Child's Birth Cert. on file: (Idaho Birth) #274304 gives full name of mother as Lois Lee Laughlin - viewed by V.S. and Statement from Robert Sherman, Supt. of Schools, Kimberly Public Schools, Kimberly, Idaho states "Lois Lee Laughlin attended Kimberly Schools and graduated in 1937. As stated in our school records Lois was born Jan. 4, 1920." - viewed by V.S. IDAHO DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. Certificate No. 75999
County of } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Laughlin (female child) who was born on Jan. 4, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lois Lee Laughlin
.....
.....

Subscribed and sworn to before me this day of

SEP 1 1961

CLERK OF COURT

Notary Public residing at

My commission expires

(Seal) TWIN FALLS COUNTY

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(MOTHER) Kim Berry, Tooiso.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of TWIN FALLS, IDAHO } ss.
County of TWIN FALLS, IDAHO }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of

SEP 1 1961

CLERK OF COURT

Notary Public residing at

My commission expires

(Seal) TWIN FALLS COUNTY

Signed Joe Laughlin
(Signature of Any Credible Person)
(FATHER) Kim Berry, Tooiso.
(Street Address, City, State)

SEP 26 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

467-218042439
PLACE OF BIRTH

County of *Linn Falls*

City of *Linn Falls*

No. *St*

Hospital

FULL NAME OF CHILD *Louella Maxine*

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2

Registration District No. *37*

File No. *76000*

Primary Registration District No. *1083*

Registered No.

Sex of Child *Female* Twin Triplet or other? *and* Number in order of birth *1* Legitimate? *yes* Date of Birth *Jan 18* 1927
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME *Chas W. Dopson* FATHER
RESIDENCE *Linn Falls*
COLOR *white* AGE AT LAST BIRTHDAY *27* (Years)
BIRTHPLACE *Missouri*
OCCUPATION *Farmer*

FULL MAIDEN NAME *Loy W. Lutz* MOTHER
RESIDENCE *Linn Falls, Ida*
COLOR *white* AGE AT LAST BIRTHDAY *36* (Years)
BIRTHPLACE *Mo.*
OCCUPATION

Number of child of this mother, including present birth *8* Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *3:30 pm* on the date above stated. (Born alive or stillborn) M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. W. Lutz* Physician (Physician or midwife)

Given names added from a supplemental report.

Address *Linn Falls, Ida*

Filed *Jan 21 1927* John F. Caughlin Registrar

Registrar

AUG 5 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of _____ } ss. _____ Certificate No. 76000
County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Dopson (female) who was born on Jan. 18, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on prior to Sept 29, 1929 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name Unnamed Louella Maxine Dopson

Subscribed and sworn to before me this 16th day of
September 1974

Notary Public, residing at Gooding, Idaho
My commission expires 1-5-75
(Seal)

Signed Pauline Dopson Alastra
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of
September 1974

Notary Public, residing at Portland, Oregon
My commission expires Oct 23, 1976
(Seal)

Signed E. J. Buhlinger (E. J. Buhlinger)
Attorney at Law
(Signature of Any Credible Person)
2323 S.E. 122
Portland, Oregon
(Street Address, City, State)

BXX

SEP 24 1974

Bible of her own given to her by Minister gives name as Louella Maxine Dopson. born Jan. 18, 1920. signed by. B. A. Powell, Pasotr. views by V. S. Presented to Louella Maxine Dopson on Sept. 29, 1929. as a reward of Merit. viewed by V. S.

Insurance policy from Phoenix Mutual Life Ins. Co. gives name as Louella M. Stapleton. Policy No. 7,002,546. dated Feb. 1, 1967. born Jan. 18, 1920. viewed by V. S.

PLACE OF BIRTH

285-217,042-254

City of... *Twinn Falls*

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-3-31

City of... *Twinn Falls*Registration District No. *37*File No. **76001**No. *344-4-E* Sl.Primary Registration District No. *1082*

Registered No.

Hospital

FULL NAME OF CHILD *Lucille*

Sex of Child <i>Fem.</i>	Twin Triplet or other? <i>1</i> and { Number in order of birth <i>1</i> }	Legitimate? <i>Yes</i>	Date of Birth <i>Jan 17 1920</i> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER
FULL NAME *Cecil Shepherd*
RESIDENCE *Liberty Idaho*
COLOR *White* AGE AT LAST BIRTHDAY *32* (Years)
BIRTHPLACE *Utah*
OCCUPATION *Carpenter*

MOTHER
FULL MAIDEN NAME *Alice Bentler*
RESIDENCE *Liberty Idaho*
COLOR *White* AGE AT LAST BIRTHDAY *30* (Years)
BIRTHPLACE *Utah*
OCCUPATION *Housewife*

Number of child of this mother, including present birth. *3*..... Number of children of this mother now living, including present birth. *3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive*..... at *9:31 P.* M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

E. R. Van Cort

(Physician or midwife)

M. D.

Given names added from a supplemental report.

Address.....

Twinn Falls

Filed.....

Feb 4 1920

Registrar

Registrar

APR 16 1968

215-225, 1042-213

PLACE OF BIRTH

County of Twin Falls.City of Twin FallsNo. Hayman Ave.Registration District No. 37File No. 76002

Hospital

Primary Registration District No. 1082

Registered No.

FULL NAME OF CHILD

Hazel Savage. Hazel Irene Savage

Sex of Child

FemaleTwin
Triplet
or other?and
Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?Yes.Date of
BirthJan. 251920

(Month) (Day) (Year)

FULL
NAMEFrank A. Savage.

FATHER

FULL
MAIDEN
NAMELinnia Batty.

MOTHER

RESIDENCE

636-6 Ave. E.

RESIDENCE

636-6 Ave. E.

COLOR

White.AGE AT LAST
BIRTHDAY25
(Years)

COLOR

White.AGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Sebanum, Oregon.

BIRTHPLACE

Idaho Falls, Idaho.

OCCUPATION

Farmer.

OCCUPATION

Housewife.Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

born alive

(Born alive or stillborn)

at 1:15 P. M.

on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

William T. Passer, M.D.
Rex Army Apts.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls, Idaho.

Filed

Feb 220John H. Coughlin
Registrar

Registrar

JUL 3 1980

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6552171042-245

PLACE OF BIRTH name added 7-6-82 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Twin Falls

CERTIFICATE OF BIRTH

City of Twin FallsRegistration District No. 37

File No.

76003

No. 613 7th Ave E St.Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD

Georgiana M. O'Neal

Sex of Child

femaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?yesDate of
Birth1 (Month)17 (Day)1920 (Year)FULL
NAMEFATHER
Geo. Byron O'Neal

RESIDENCE

Twin Falls, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY27 (Years)

BIRTHPLACE

Oreton County, Texas

OCCUPATION

Automobile mechanicFULL
MAIDEN
NAME

MOTHER

RESIDENCE

Margaret Bunker
Twin Falls, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY26 (Years)

BIRTHPLACE

Garden City, Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 3 Number of children of this mother now living, including present birth, 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

H. H. Sawyer, D. O.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls, Idaho

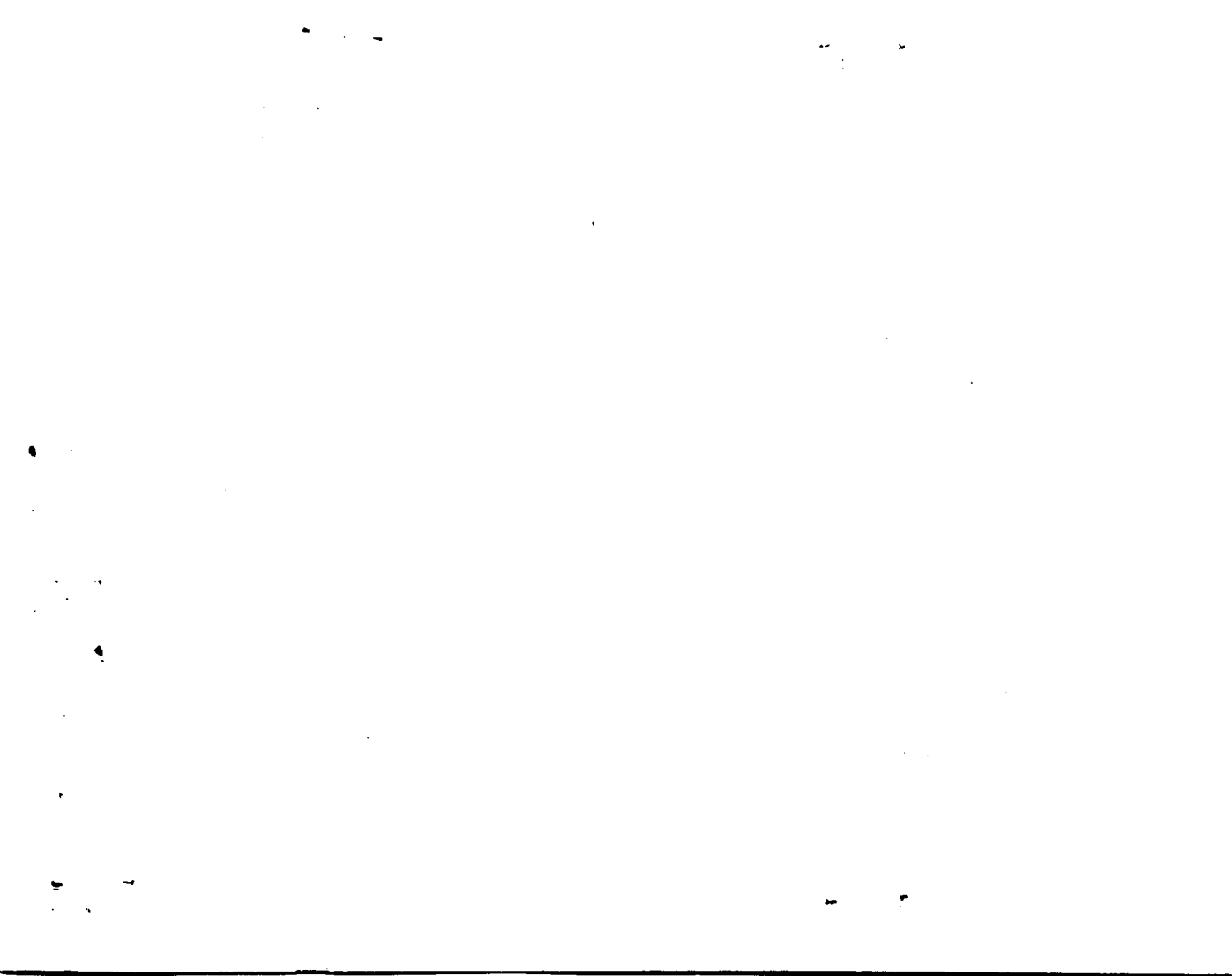
Filed

Feb 2

1920

John F. Craig

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

Certificate No. 76003

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed O'Neal who was born on 1-17-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Twin Falls (Twin Falls) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs name Unnamed Georgiana Mae O'Neal

Subscribed and sworn to before me this 19th day of

February, 1982

Notary Public, [Signature]

Residing at Idaho Falls, Idaho

My commission expires 9-3-84

(Seal)

Georgiana M. Johnson
Theresa Bunker

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed ___)

(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of

_____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

JUL 6 1982

Employment Record for Georgiana M Cushing gives employee born 1-17-20 to G.B. O'Neal, Sr. and Marguerite Bunker. Employed 8-19-57 by First Security Bank of Idaho. Viewed by V.S.

Group Insurance Enrollment for benefifts with First Security Bank Corp and Affiliates gives Georgiana M Johansen born 1-17-20. Date Signed 8-18-71. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-102-212-243

PLACE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 27

File No.

76004

No. _____ St.

Primary Registration District No. 1085 Registered No. _____

Hospital _____

FULL NAME OF CHILD John Roger Sullivan

Sex of Child <u>Male</u>	Twin Triplet or other <u>and</u>	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 2 1920</u> (Month) (Day) (Year)
--------------------------	----------------------------------	--------------------------------	------------------------	---

FULL NAME FATHER Mr. Walter Albert Sullivan

RESIDENCE Twin Falls, Ida.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE New Albany Ind.

OCCUPATION Gov. Veterinarian

FULL MAIDEN NAME MOTHER Miss Katherine Helen Sullivan

RESIDENCE Twin Falls, Ida.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Fremont Neb.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Mark Campbell

(Physician or midwife)

Address Devlin Falls, Ida.

Filed 1-10 1920 Mark Campbell Registrar

Registrar

JUL 5 1966

MAY 16 1973

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-127,042-595
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Twin Falls Co.

City of Twin Falls, Idaho

Registration District No. 37

File No. 76005

No. _____ St.

Hospital County

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD James Thomas Brenann

Sex of Child <u>Male</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 27</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	----------------------------	---

FATHER
FULL NAME James Brenann
RESIDENCE Twin Falls, Idaho
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Callaghan, Cal
OCCUPATION Carpenter

MOTHER
FULL MAIDEN NAME Elsie Vinson
RESIDENCE Twin Falls, Idaho
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Mo.
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at 6:30 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Coequeen

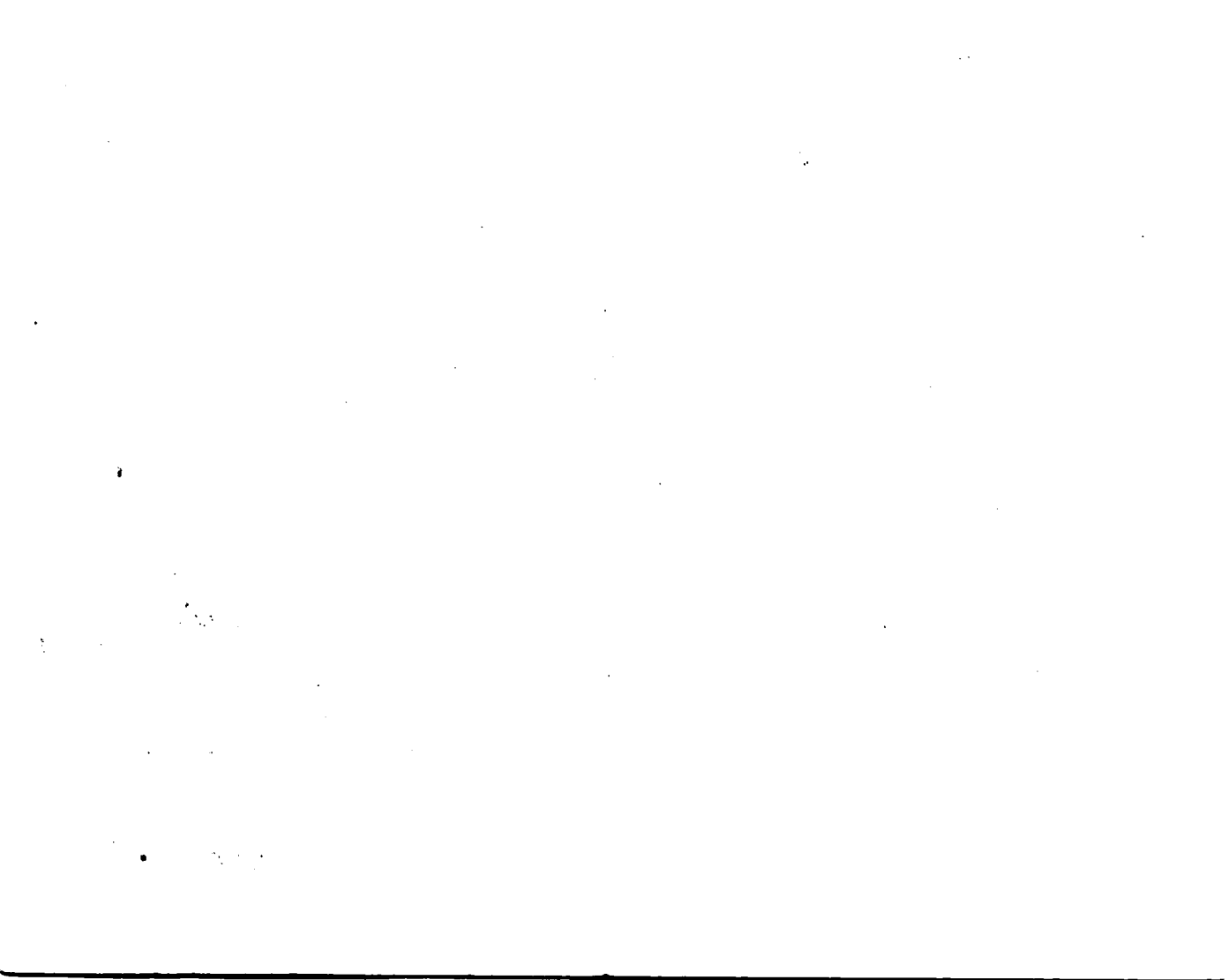
Given names added from a supplemental report.

(Physician or midwife)
Address Twin Falls, Idaho

Filed 1-30 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MAINTAIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249 231042-413

PLACE OF BIRTH

amended Jan. 30, 1981

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

County of *Twin Falls*

CERTIFICATE OF BIRTH

City of *" "*

Registration District No. *27*

File No. **76006**

No. *100 - 10th av 2*
St.

Primary Registration District No. *1085*

Registered No.

Hospital

FULL NAME OF CHILD *Miriam Eleanor Smith*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>and</i> {Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>Jan 31</i> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <i>William E Smith</i>	FATHER
RESIDENCE <i>Twin Falls, Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>41</i> (Years)
BIRTHPLACE <i>Ohio</i>	
OCCUPATION <i>W. E. Smith Motors Co</i>	

FULL MAIDEN NAME <i>Lillian Maloney</i>	MOTHER
RESIDENCE <i>Twin Falls, Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>40</i> (Years)
BIRTHPLACE <i>Missouri</i>	
OCCUPATION <i>School teacher</i>	

Number of child of this mother, including present birth... *3*..... Number of children of this mother now living, including present birth... *3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. *5 my*

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician
(Physician or midwife)

Given names added from a supplemental report.

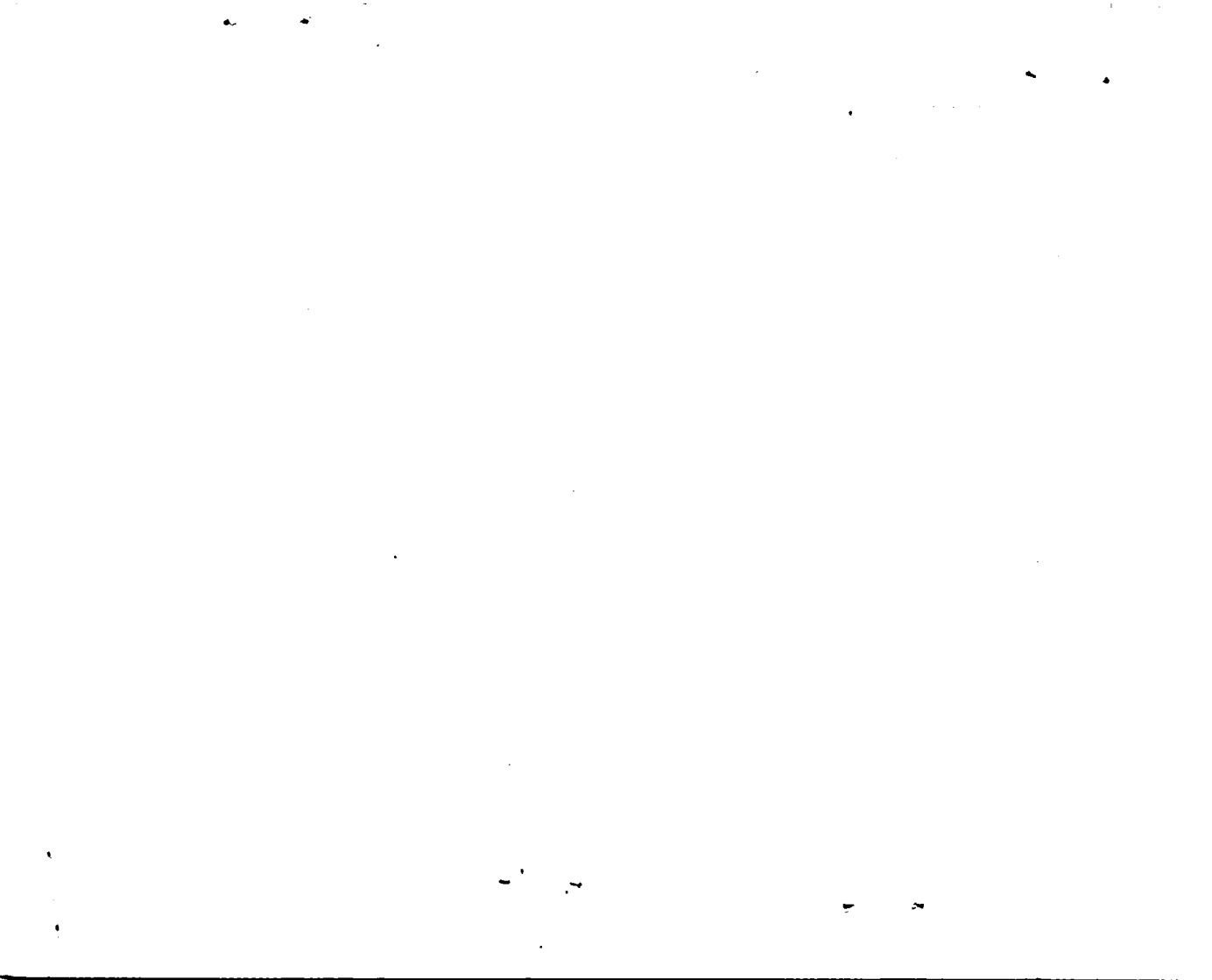
Address *Twin Falls, Idaho*

Filed *Feb 2 - 1928*

Registrar

Registrar

K



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO } ss.
County of ADA }

Certificate No. 76006
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
unnamed female Smith was born Jan. 31, 1920
for _____ who _____ on _____
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Twin Falls, ID (TF) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>child's name</u>	<u>omitted</u>	<u>Miriam Eleanor Smith</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 30 day of SEP
JAN P. GILL
Notary Public, Boise
Residing at Boise
My commission expires 1935
(Seal)

Miriam E. Bresnahan
Signature of Applicant
308 Sunrise Rim, Nampa
Street Address, City, State
Id.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. (Must be completed __)
County of _____ } (Is not necessary X)
The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____ day of _____, 19____.
Notary Public, _____ Supporting Signature _____
Residing at _____ Street Address, City, State _____
My commission expires _____
(Seal)

Social Security card, dated May 17, 1937, lists name as Miriam Eleanor Smith.
viewed by vs January 30, 1981

Own child's birth certificate lists mother as Miriam Eleanor Smith, born in Twin Falls, Idaho. Child's name is Leo Michael Bresnahan III, born November 2, 1942, in Boise, ID. S.F.#362319
viewed by vs January 30, 1981

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293119-042-319
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C—22m-2-2-17

County of....Twin..Falls..

City of..Twin..Falls.....

No. 827...Toga.....St.

Hospital.....

Registration District No. 27.....

File No. 76007

Primary Registration District No. 1085.....

Registered No.....

FULL NAME OF CHILD

Sex of Child Male Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth Legitimate? Yes. Date of Birth 1 19 1920 (Month) (Day) (Year)

FATHER
FULL NAME Killin, Joseph R.
RESIDENCE Twin Falls, Idaho
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Tennessee
OCCUPATION Foreman printing Press Room

MOTHER
FULL MAIDEN NAME Carr, Marita L.
RESIDENCE Twin Falls, Idaho
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Washington
OCCUPATION Housewife.

Number of child of this mother, including present birth 4.. Number of children of this mother now living, including present birth 3..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was....Alive on the date above stated.

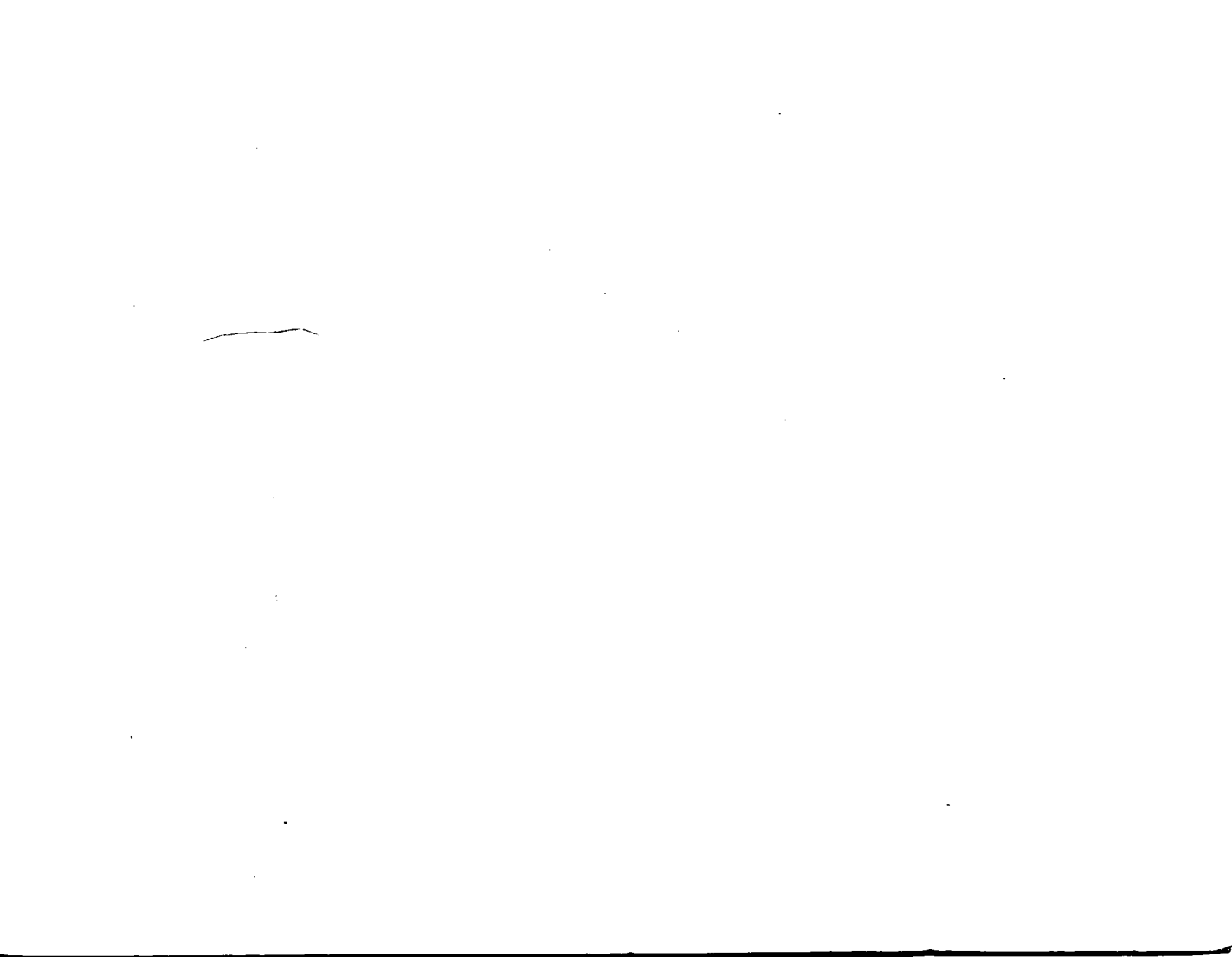
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Born alive or stillborn) at 8.20 P.M.
(Signature) Herbert C. Deane MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Royd Bldg., Twin Falls, Idaho

Filed 1/20/20 19 John H. Caulhlin Registrar



862-106042-613

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin FallsCity of IL IIRegistration District No. 37File No. 76008

No. _____ St. _____

Primary Registration District No. 1085 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Leonard Wayne Hoskins

Sex of Child

maleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
BirthJan. 6,1920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Gova Foster Hoskins

RESIDENCE

Twin Falls

COLOR

whiteAGE AT LAST
BIRTHDAY23

(Years)

BIRTHPLACE

Oregon

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Ortha Waters

RESIDENCE

Twin Falls

COLOR

whiteAGE AT LAST
BIRTHDAY26

(Years)

BIRTHPLACE

Washington State

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.alive
(Born alive or stillborn)at 11:45 A.M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Hal Biker, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls Ida.

Filed

Jan 24, 1920John A. Coughlin
Registrar

Registrar

12-12-41

819-203042-453
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Lincoln Falls

CERTIFICATE OF BIRTH

City of FilerRegistration District No. 38File No. **76009**

No. _____ St.

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Bena Hartley

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1-3-20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Bena Hartley</u>	FATHER
RESIDENCE <u>Filer, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>N. Carolina</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Busta Pettig</u>	MOTHER
RESIDENCE <u>Filer, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated. (Born alive or ~~born~~ at Jan 3, 1920 at 5 9 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. A. A. Newberry
Filer, Idaho
(Physician or midwife)

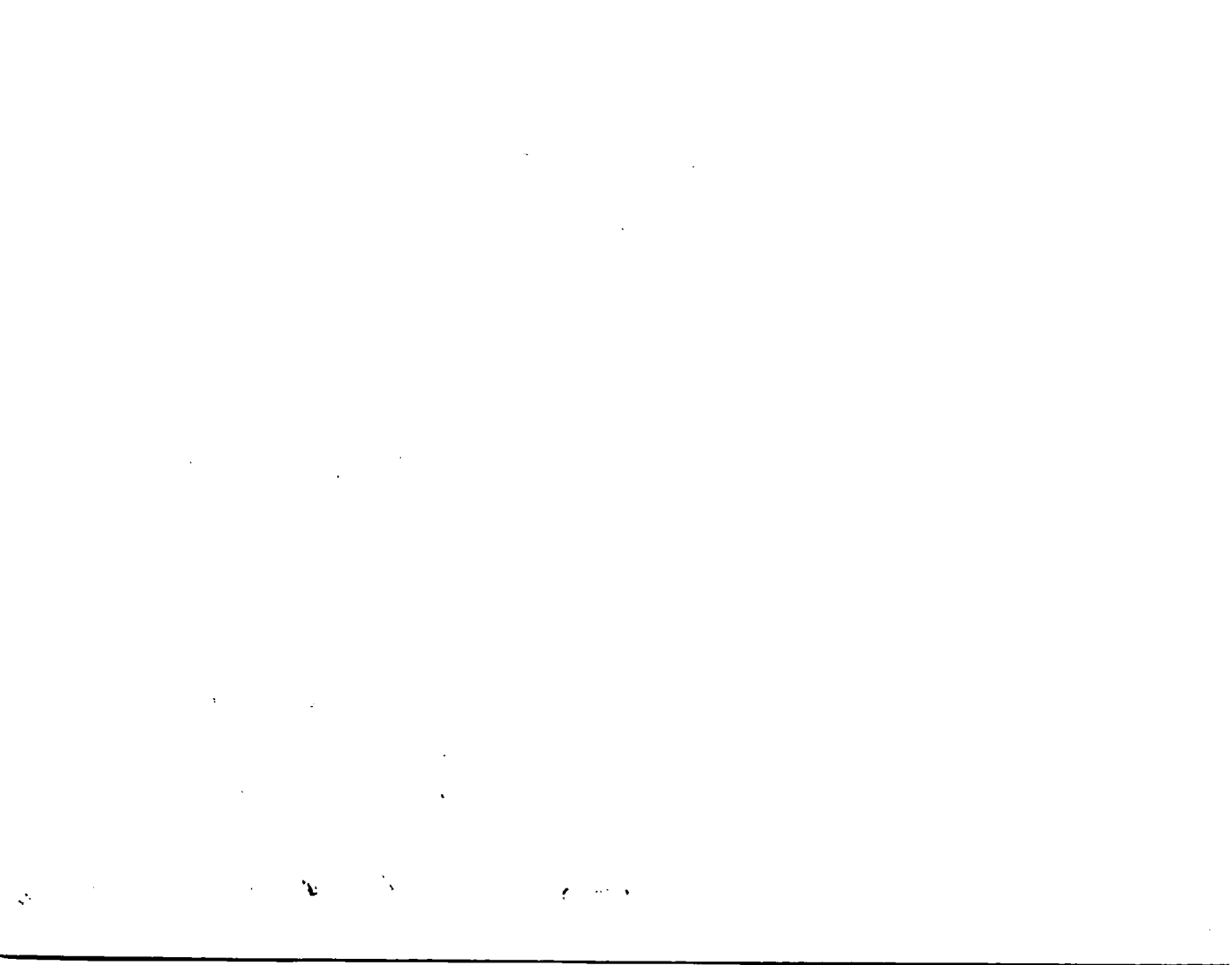
Given names added from a supplemental report.

Address _____

Filed 1-3-20

1920

Dr. A. A. Newberry
Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-211-042-281
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

76011

County of Lincoln

City of Filer

Registration District No. 38

File No. _____

No. _____ St. _____

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Not named

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>1-11-1940</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	--

FATHER
FULL NAME Jesse Gilmer
RESIDENCE Filer, Idaho
COLOR White AGE AT LAST BIRTHDAY 26
(Years)
BIRTHPLACE W. Va.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Mabel Shank
RESIDENCE Filer, Idaho
COLOR White AGE AT LAST BIRTHDAY 26
(Years)
BIRTHPLACE W. Va.
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry
Filer, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 1-11-40 Dr. A. A. Newberry

592-1181042-854
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Twin FallsCity of FilerRegistration District No. 38File No. 76012

No. _____ St. _____

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD

~~Frank Cornelis~~ Walter Visser

Frank Cornelis

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>1-18-1920</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Walter Visser</u>			FULL MAIDEN NAME <u>Alta Gruisinger</u>	
RESIDENCE <u>Filer, Idaho</u>			RESIDENCE <u>Filer, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	
BIRTHPLACE <u>Holland</u>			BIRTHPLACE <u>Holland</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth. <u>5</u>			Number of children of this mother now living, including present birth. <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

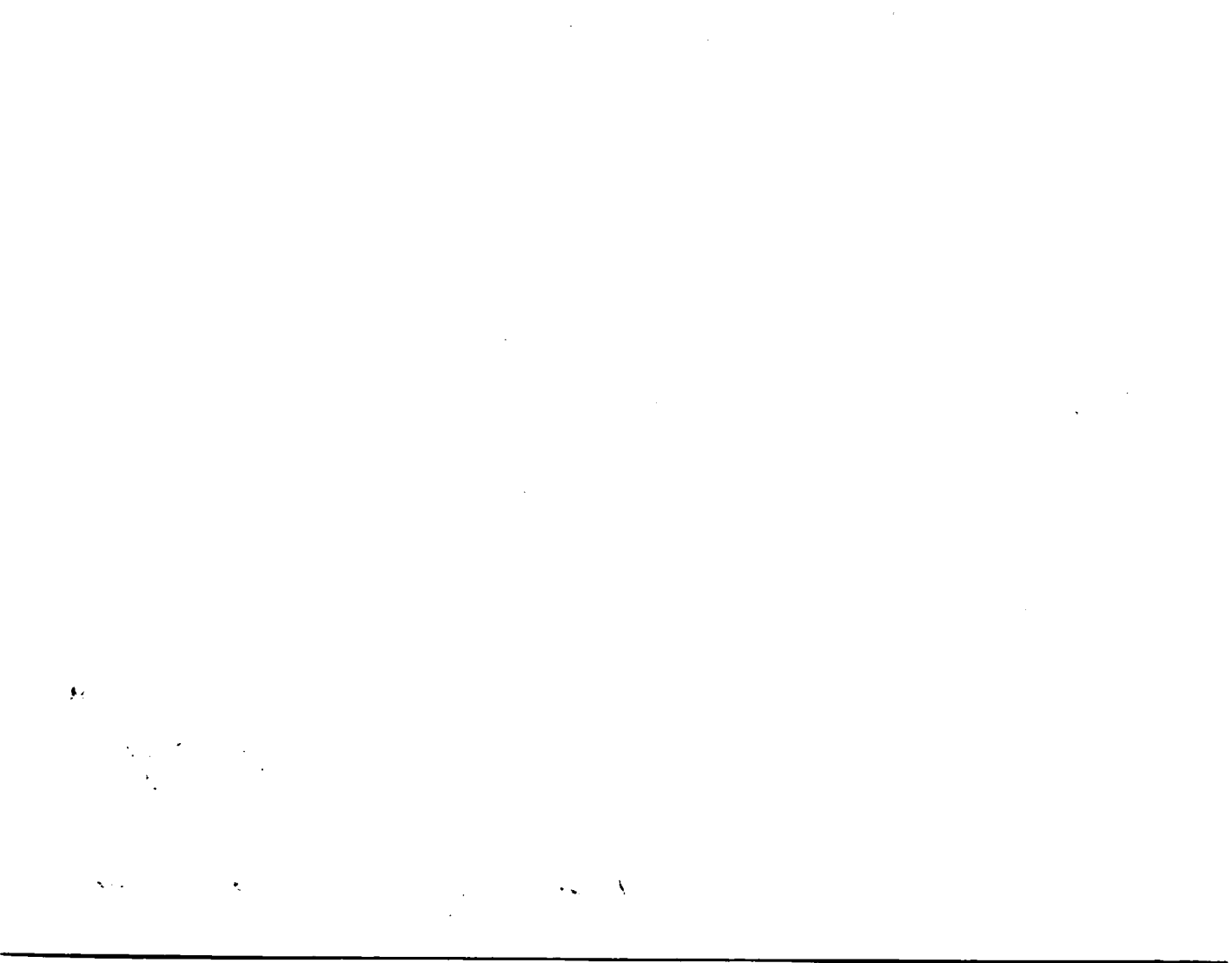
(Signature)

Dr. A. A. Newberry
Filer, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 1-18-1920Dr. A. A. Newberry
Registrar



655-121042-419
PLACE OF BIRTHCounty of Twin FallsCity of Filer

No. _____ St.

Hospital _____

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 38File No. 76013Primary Registration District No. 2086

Registered No. _____

Date R. Fenwick

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>1-21-1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>H. J. Fenwick</u> RESIDENCE <u>Filer, Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>44</u> (Years) BIRTHPLACE <u>Id.</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Erma Martin</u> RESIDENCE <u>Filer, Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>28</u> (Years) BIRTHPLACE <u>Id.</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.1-21-20 at 7 A. M.
(Born alive or stillborn)

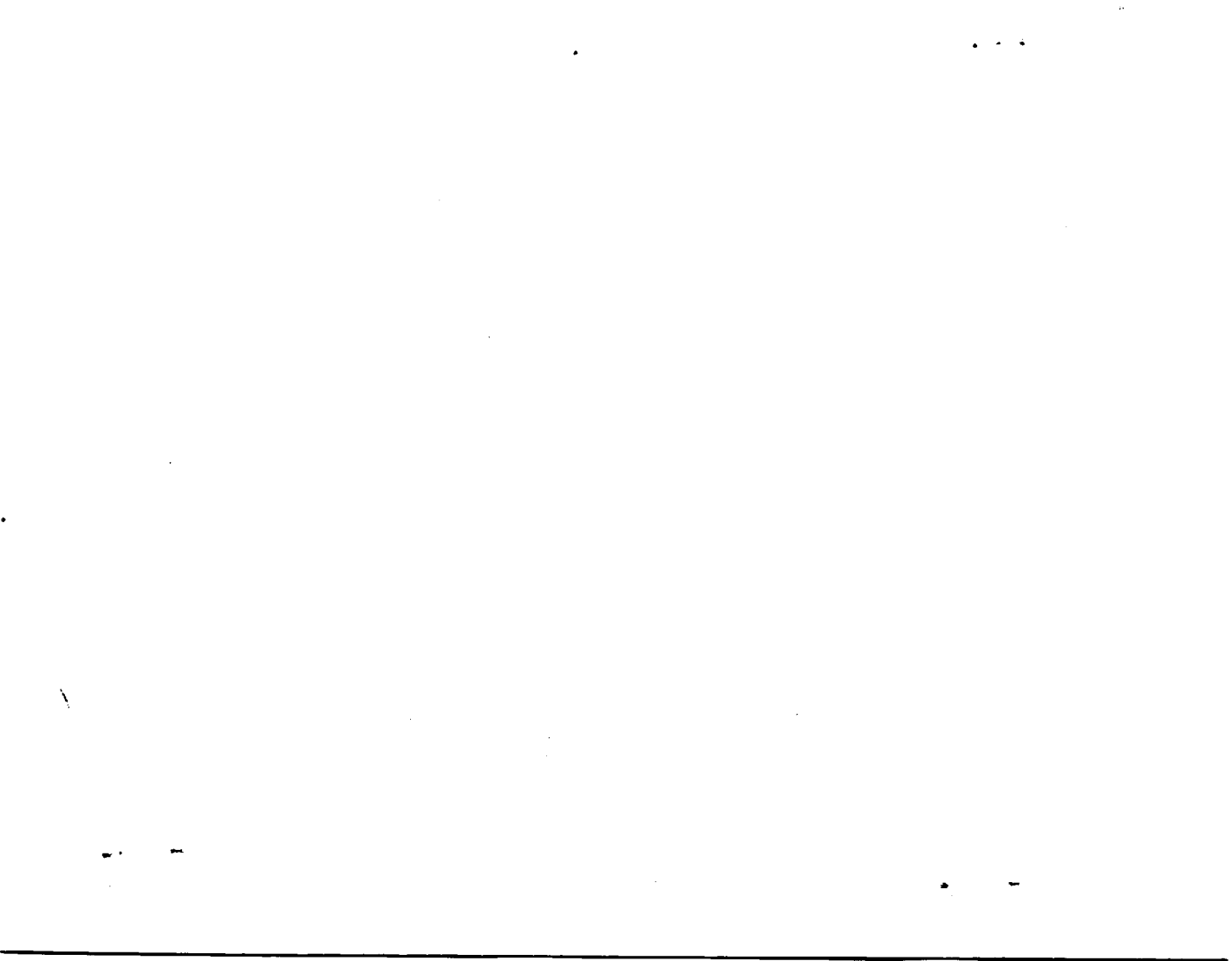
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry
Filer, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 1-21-1920 Dr. A. A. Newberry
Registrar



10874

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. OCT 8 11 21 AM '74 Certificate No. 76013
County of _____ Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Fenwick who was born on Jan. 21, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Filer, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)
Name

FROM
(As on Original)
Omitted

TO
(The Correct Facts)
Dale R. Fenwick

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed Lou E Fenwick (wife)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4565 Ridgeview Rd, Boise Id
(Street Address, City, State) 83706

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of _____, 1974

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at Boise, Idaho
My commission expires April 2, 1977
(Seal)

(Street Address, City, State)

Own child's birth certificate Earl Scott Fenwick born Feb. 22, 1946 at
Twin Falls, Idaho, State File No. 417213 gives father's name as

- Dale Renfield Fenwick.

Viewed by VS

OCT 8 1974

Armed Forces of The United States Identification Card # A0544636 (Service #)
Dale R. Fenwick born Jan. 21, 1920 issued July 27, 1964 card # 198382

Viewed by VS

MAR 31 1975

799-123-042-689
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V, S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Swain FallsCity of FilerRegistration District No. 38File No. 76014

No. _____ St. _____

Primary Registration District No. 2086

Registered No. _____

Hospital _____

EVERT

CASIUS

FULL NAME OF CHILD Everett Casius Briggs

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>1-23-20</u> (Month) (Day) (Year)
--------------------------	---	-----------	--------------------------------	------------------------	--

FULL NAME <u>Everett B. Briggs</u>	FATHER
RESIDENCE <u>Filer, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Ky.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Laura Whiteside</u>	MOTHER
RESIDENCE <u>Filer, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Ind. Ill.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.1-23-20 at 6:50 P.M.
(Born alive or stillborn)

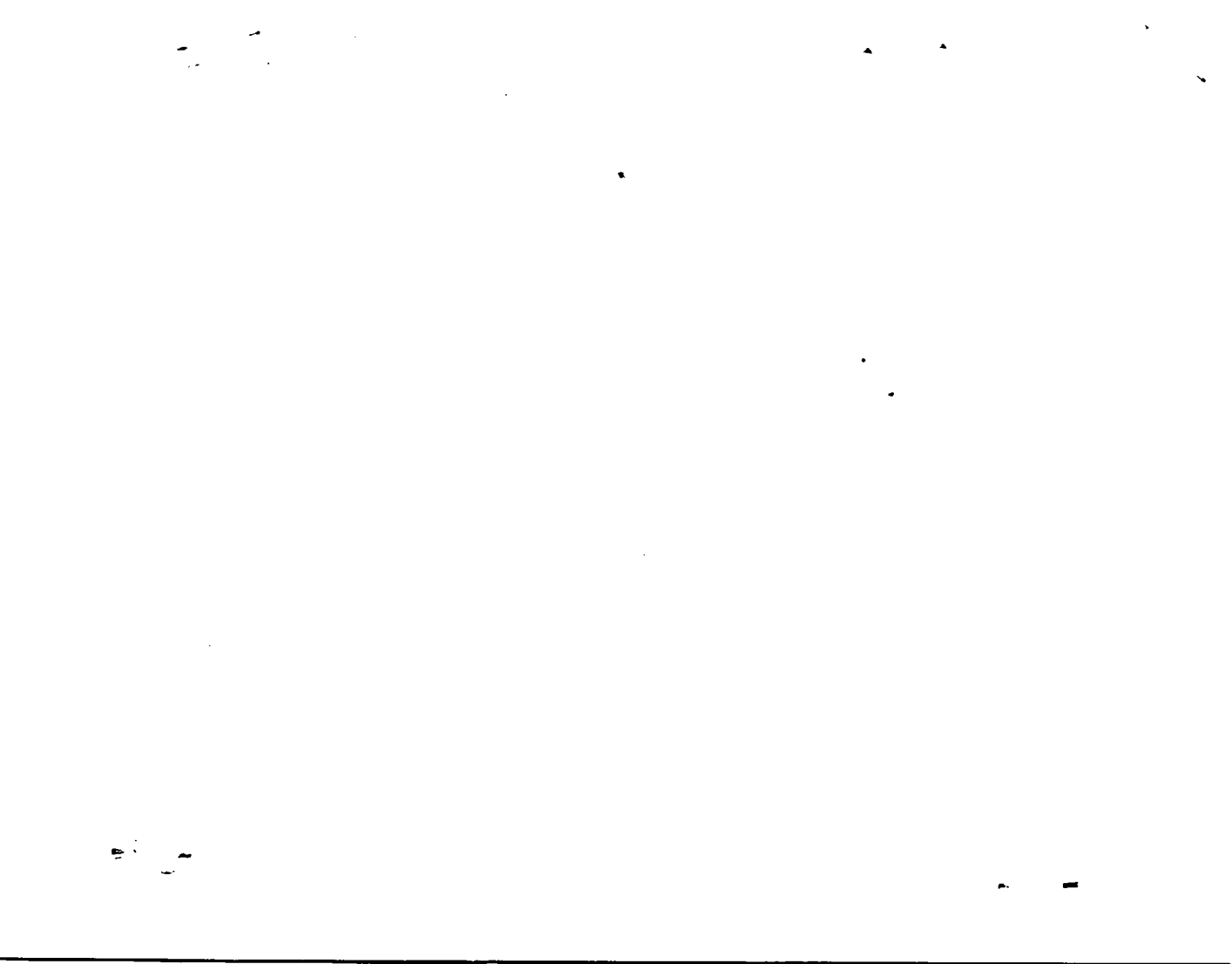
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. A. NewberryFiler, Ida.
(Physician or midwife)

Given names added from a supplemental report. _____

Address _____

Filed 1-23 1920Dr. H. A. Newberry
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of San Joaquin } ss.

Certificate No. 76014

Date Filed on 23. 1920

The undersigned does solemnly swear that certain facts on the certificate of Everett Cassius who Died on Jan 23, 1920 (Birth or Death) in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by My marriage license prepared on Aug 19, 1943 (Bible Record, Insurance Policy, Etc.) (Date of Event) (Give Date), are:

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Everett Cassius

Evert Casius Griggs

Subscribed and sworn to before me this 19
day of August, 1943

Notary Public, residing at Tracy Calif.

My commission expires Aug 18 1946
(Seal)

Signed [Signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 4 11th St. Tracy, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Joaquin } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of August, 1943

Notary Public, residing at Tracy Calif.

My commission expires Aug 18 1946
(Seal)

Signed [Signature]
(Signature of Any Credible Person Other Than Previous Year)

Box 4 11th St. Tracy, Calif.
(Street Address, City, State)

AUG 24 1943

OCT 10 1951

915-126-042 264-
PLACE OF BIRTH
Amended 12-20-78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 76015

No. _____ St. _____

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Vernon Frank Ravenscroft

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1-26-28</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Frank Ravenscroft</u>	MOTHER FULL MAIDEN NAME <u>Fern Gould</u>			
RESIDENCE <u>Filer, Idaho</u>	RESIDENCE <u>Filer, Idaho</u>			
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	
BIRTHPLACE <u>Kan.</u>	BIRTHPLACE <u>Colo.</u>			
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

1-26-28 at 11 25 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Newberry
Filer, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 1-26-28

D. A. Newberry
Registrar

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } **RECEIVED**
County of _____ } **BUREAU OF**
28 2 32 PM '76
Certificate No. 76015
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ Boy Ravenscroff are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Childs name _____ omitted _____ Vernon F. Ravenscroft
Father's last name _____ Ravenscroff _____ Ravenscroft

Subscribed and sworn to before me this 20th day of
November, 1976

Notary Public, residing at Boise, Idaho

My commission expires May, 1978

(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Above person was aunt and midwife

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } SS.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires _____

(Seal)

(Street Address, City, State)

Own child's birth certificate on file with Bureau of Vital Statistics gives name of father as Vernon F. Ravenscroft. Child born January 17, 1949, certificate # 49-787.

Viewed by V.S

DEC 20 1976

Death certificate of father, William Francis Ravenscroft gives last name spelled correctly. Father died July 24, 1967 in Twin Falls, Idaho.

Viewed by V.S.

JAN - 8 1985

*Daughter
67-3249*

236-231042-813
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of *Blaine*

City of *Boise*

Registration District No. *38*

File No. **76016**

No. _____ St. _____

Primary Registration District No. *2086*

Registered No. _____

Hospital _____

FULL NAME OF CHILD **WILMA ALBERTA STOUT**

Sex of Child <i>Female</i>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <i>Yes</i>	Date of Birth <i>1-31-20</i> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	--

FATHER
FULL NAME *W. A. Stout*
RESIDENCE *Boise, Idaho*
COLOR *White*
AGE AT LAST BIRTHDAY *24*
(Years)
BIRTHPLACE *Mo.*
OCCUPATION *Farmer*

MOTHER
FULL MAIDEN NAME *Pearl Hall*
RESIDENCE *Boise, Idaho*
COLOR *White*
AGE AT LAST BIRTHDAY *22*
(Years)
BIRTHPLACE *Okla.*
OCCUPATION *Housewife*

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

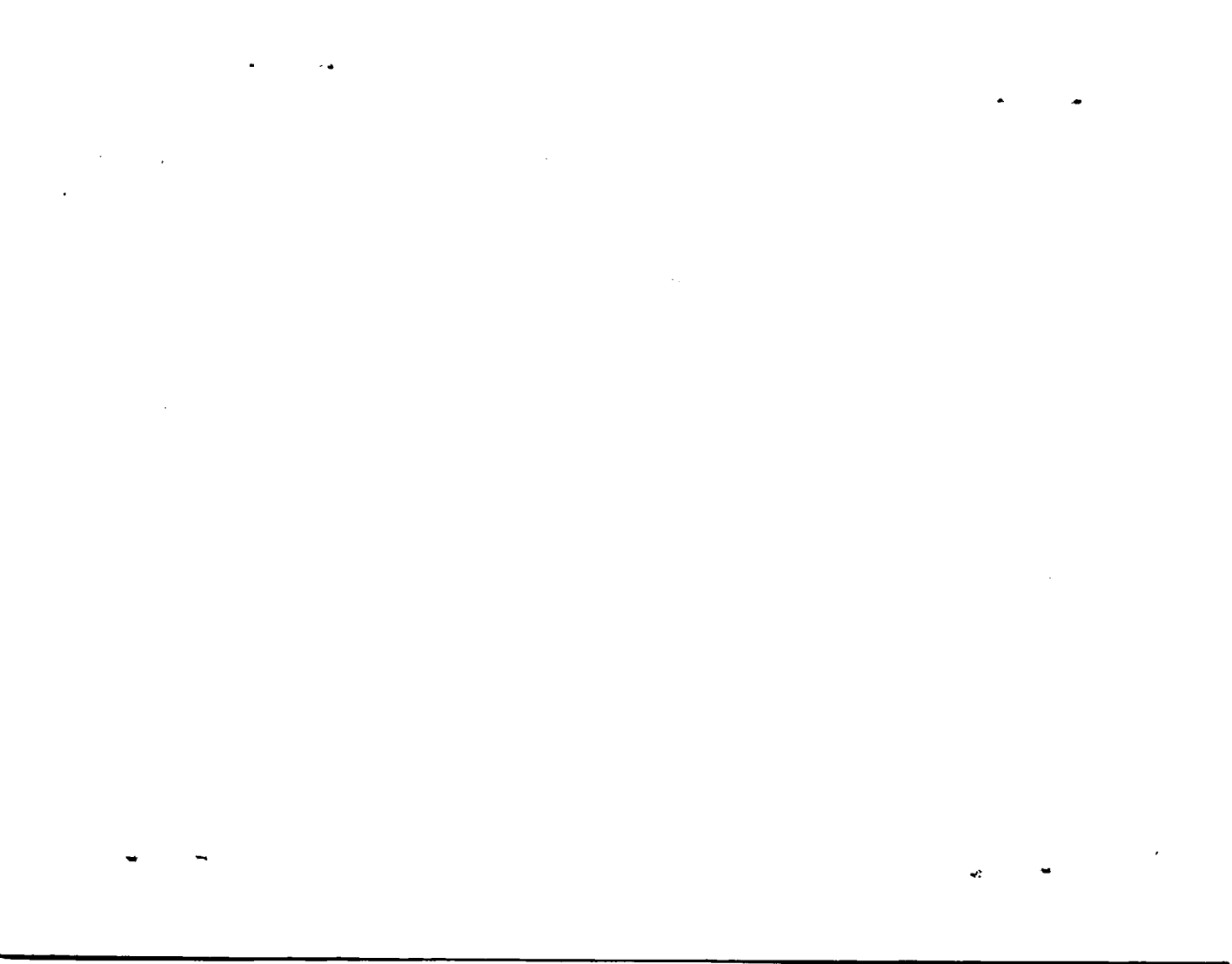
I hereby certify that I attended the birth of this child, who was *1-31-20* at *9:20 P. M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. A. A. Newberry*
Boise, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed *1-31-20* *Dr. A. A. Newberry*
Registrar



Affidavit to Correct or Amend An Original Certificate of Birth or Death

BUREAU OF
VITAL STATISTICS

Date Filed.

true facts are shown by.....prepared on....., are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FROM
(As on Original)

Unnamed

TO

(The Correct Facts)

Wilma Alberta Stout

OFFICIAL SEAL

FRANK PASSEY

NOTRE PUBLIC - CALIFORNIA

TERMINAL OFFICE IN

ALAMEDA COUNTY

My Commission Expires Nov. 3, 1979

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

34 Junction #7 Livermore, CA 94532
(Street Address, City, State)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Subscribed and sworn to before me this 12 day of
Feb. 1976

Signed

(Signature of Any Credible Person)

My commission expires.

(Seal)

OFFICIAL SEAL

FRANK PASSEY

NOTARY PUBLIC - CALIFORNIA

PRINCIPAL OFFICE IN

My Commission Expires Nov. 3, 1979

Birth certificate issued by the State of Missouri for Lois Evon Marshal
born April 22, 1938 lists mother as Wilma Alberta Stout. Viewed by V.S.

Childs own birth certificate issued by the State of Missouri, Jefferson City, Mo
gives name of mother as Wilma Alberta Stout. Child born April 22, 1938. Certificate
17480

Viewed by V.S.

FEB 20 1976

Marriage license of mother gives Wilma Stout as Bride and B. C. Marshall as groom.
Marriage took place November 2, 1935 in Twin Falls, Idaho.

Viewed by V.S.

MARGIN RESERVED FOR UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth—SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-212-042-545

PLACE OF BIRTH

County of *Linn Falls*

City of *Filer*

No. *St.*

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1-2-3-4-5-6-7

CERTIFICATE OF BIRTH

Registration District No. *38*

File No. *76017*

Primary Registration District No. *2086*

Registered No.

FULL NAME OF CHILD *Nellie Lucille Rich*

Sex of Child <i>F.</i>	Twin Triplet or other (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>Yes</i>	Date of Birth <i>June 12 1920</i> (Month) (Day) (Year)
------------------------	--	--------------------------------------	-----------------------------	--

FULL NAME *FATHER* *David R. Rich*

RESIDENCE *Filer*

COLOR *White* AGE AT LAST BIRTHDAY *37*
(Years)

BIRTHPLACE *Iowa*

OCCUPATION *Farmer*

FULL MAIDEN NAME *MOTHER* *Lovina Nunemaker*

RESIDENCE *Filer*

COLOR *White* AGE AT LAST BIRTHDAY *34*
(Years)

BIRTHPLACE *Nebraska*

OCCUPATION *Housewife*

Number of child of this mother, including present birth *5* Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* *12:20* *a.m.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. H. Newberry*

Given names added from a supplemental report.

(Physician or midwife) *Filer, Idaho*

..... *19*

Address

..... *19*

Filed *2-6* *1920* *Dr. J. A. Newberry*
Registrar

K

JUN 7 1971

DECEASED

267210-042-345
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of *Lincoln*

City of *Filler*

Registration District No. *38*

File No. *76019*

No. St.

Primary Registration District No. *2086*

Registered No.

Hospital

FULL NAME OF CHILD *Miss Thelma Bogardus*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and { Number in order of birth	Legitimate? <i>Yes</i>	Date of Birth <i>Jan 10 1920</i> (Month) (Day) (Year)
----------------------------	----------------------------------	--------------------------------	------------------------	--

FULL NAME *David Clemens Bogardus*
RESIDENCE *Filler, Ida.*
COLOR *White* AGE AT LAST BIRTHDAY *24* (Years)
BIRTHPLACE *Kansas.*
OCCUPATION *Mechanic*

FULL MAIDEN NAME *Bessie Covert*
RESIDENCE *Filler, Ida.*
COLOR *White* AGE AT LAST BIRTHDAY *24* (Years)
BIRTHPLACE *Kansas.*
OCCUPATION *Housewife*

Number of child of this mother, including present birth *second* Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *7:15 P.M.* on the date above stated. (Born alive or still born)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Frank A. Wright*

(Physician or midwife)

Given names added from a supplemental report.

Address *Filler, Ida.*

Filed *2-6-20* Dr. A. A. Newberry

Registrar

Registrar

MAY 29 1964

355-101-042-806
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22m-4-17

County of *Twin Falls*

City of *Filer*

Registration District No. *38*

File No. *75020*

No. St.

Primary Registration District No. *2086*

Registered No.

Hospital

FULL NAME OF CHILD *William Harry Lee*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>No</i>	and Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>Jan 1 1920</i> (Month) (Day) (Year)
--------------------------	----------------------------------	---------------------------------------	------------------------	---

FULL NAME <i>Robert Ellsworth Lee</i>	FATHER	FULL MAIDEN NAME <i>Mattie Hoffman</i>	MOTHER
RESIDENCE <i>Filer, Ida.</i>		RESIDENCE <i>Filer, Ida.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>Mo.</i>		BIRTHPLACE <i>Ida.</i>	
OCCUPATION <i>Office Clerk</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *3rd* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born Alive* at *1:30 P.M.* on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr Frank A. Dwight*
Filer, Ida.
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed *2-6* 19 *20* *Dr. H. A. Newberry*
Registrar Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

SEP 23 1957

STATE OF IDAHO

Form V. S. No. 11-C-15m-6-20-11

Bureau of Vital Statistics
CERTIFICATE OF BIRTH

76023

County of Carleton
City of GoldburgRegistration District No. 41

File No.

No. _____ St. _____

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Amos H JonesSex of
ChildmaleTwin,
Triplet,
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
birth1-7-1920
(Month) (Day) (Year)FULL
NAMEHoward Jones

FATHER

FULL
MAIDEN
NAMEWilhelmina Bauman

MOTHER

RESIDENCE

Goldburg

RESIDENCE

Goldburg

COLOR

WhiteAGE AT LAST
BIRTHDAY35
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY17
(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Mont

OCCUPATION

Tranche

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 1Number of children, of this mother, now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive
on the date above stated.

(Born alive or stillborn)

1000-P. M.*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

W. D. Bauman
M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address

May Ida

Filed

410

19

20 M. D. Bauman

Registrar



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-119-030-331
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-4-8-17

County of Benewah

City of Carmen

Registration District No. 41

File No. 76028

No. St.

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD Winterowd

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>1-19-20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FATHER
FULL NAME Finley B. Winterowd

MOTHER
FULL MAIDEN NAME Lily J. Clark

RESIDENCE Carmen, Ida

RESIDENCE Carmen, Idaho

COLOR White AGE AT LAST BIRTHDAY 42
(Years)

COLOR White AGE AT LAST BIRTHDAY 32
(Years)

BIRTHPLACE Iowa

BIRTHPLACE Idaho

OCCUPATION Rancher

OCCUPATION Housewife

Number of child of this mother, including present birth... 8 ... Number of children of this mother now living, including present birth... 7 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 1245 A.M. on the date above stated.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) V. Stratton, M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Sullivan, Idaho

Filed 2/10 1920 M. Dering Greene

Registrar

Registrar

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100 100 100 100
100 100 100 100

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100 100 100 100
100 100 100 100
100 100 100 100

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-108,030-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of BenliCity of BenliRegistration District No. 41

File No.

76032

No. _____ St.

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD

William Duane Doty

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan. 8</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------------------	-----------------------------	---

FULL NAME <u>Charles D. Doty</u>	FATHER
RESIDENCE <u>Benli, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY _____ (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Mary Martin</u>	MOTHER
RESIDENCE <u>Benli, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY _____ (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

No physician
reported by James Doty
(Physician or midwife)

Given names added from a supplemental report.

Address

Benli, Idaho

Filed

2/10

19

20M. Henry Greene

Registrar

Registrar

NOV 9 1948

235-221-030-714

PLACE OF BIRTH

Form V. S. No. 11-25m-4-4-25

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of *Lemhi*

City of *Leadore*

Registration District No. *42*

File No. *76035*

No. _____ St. _____

Primary Registration District No. *2153*

Registered No. *2*

Hospital _____

FULL NAME OF CHILD

Clara Fay Stewart

Sex of Child <i>Female</i>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <i>Yes</i>	Date of Birth <i>Jan 21 1920</i> (Month) (Day) (Year)
FULL NAME <i>Lee M Stewart</i>	FATHER		FULL MAIDEN NAME <i>May Gant</i>	MOTHER
RESIDENCE <i>Leadore, Idaho</i>			RESIDENCE <i>Leadore</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>46</i> (Years)		COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>44</i> (Years)
BIRTHPLACE <i>Cheshire, Ill.</i>			BIRTHPLACE <i>Cheshire, Ill.</i>	
OCCUPATION <i>Rancher</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *10* Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

T. Bon Allen at *600 A. M.*
(Born alive or stillborn)
Mrs W. D Clements
midwife
(Physician or midwife)

Address

Filed

Leadore
1/31 1920
Just Stewart
Registrar

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECEIVED

10-10-2-2

AUG 29 1942

859-221-028-238

Form P. S. No. 2-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICSCounty of Madison

CERTIFICATE OF BIRTH

City of Spokane

File No.

76036

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

~~Baby Herbert~~ JANETTE HELEN HERBERT

Sex of Child

Female

Twin
Triplet
or other?

1

{ and }

Number
in order
of birth

-

Legiti
mate?

Yes

Date of
Birth

1 - 21

1920

(Month)

(Day)

(Year)

FULL
NAME

Lewis Herbert

FATHER

FULL
MAIDEN
NAME

Katie Schingel

MOTHER

RESIDENCE

Spokane Lake ID

RESIDENCE

Spokane

COLOR

White

AGE AT LAST
BIRTHDAY

23

(Years)

COLOR

Wh.

AGE AT LAST
BIRTHDAY

19

(Years)

BIRTHPLACE

Minn.

BIRTHPLACE

Wash.

OCCUPATION

Soborn

OCCUPATION

Kauwau

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 10:30 P. M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

O. A. Priddy M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

1/22 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 76036
County of Linn } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Herbert who was born on January 21, 1920
(Name on original certificate) (Was born or died) (Date of event)

in Spirit Lake, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)

true facts as shown by Certificate of Birth prepared on 29th of February 1920, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED **FROM**
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)

Name Unnamed Herbert Janette Helen Herbert

Subscribed and sworn to before me this 14th
day of July, 1942.

Signed Mrs. Katie Herbert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Sweet Home, Oregon
My commission expires April 14, 1945.
[SEAL] Sweet Home, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

ate of Washington } ss. [This affidavit MUST also be executed.
County of Spokane } (See Chapter 139, 1937 Idaho Session Laws.)]

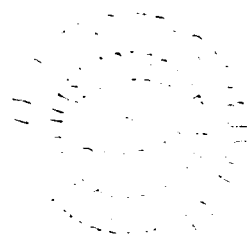
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Second
day of September, 1942.

Signed Emma M. Molstead
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Spokane, Washington. West 1518 Boone Av. Spokane, Wash.
My commission expires September 21, 1945.
[SEAL] (Street Address, City, State)

Received for filing on..... By.....
(Registrar's signature)



453116-028-713

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of ShoshoneCity of Spirit Lake, Ida.Registration District No. 45File No. 76037

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

John DeckerSex of Child MTwin
Triplet
or other? 1

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate? yesDate of
BirthJan 16
(Month) (Day)1920
(Year)FULL
NAMEMichael Decker

RESIDENCE

Spirit Lake Ida

COLOR

whAGE AT LAST
BIRTHDAY48
(Years)

BIRTHPLACE

Mo

OCCUPATION

R.P. ShopFULL
MAIDEN
NAMEFrances Gallagher

RESIDENCE

Spirit Lake Ida

COLOR

whAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Canada

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated.

(Born alive or stillborn)

{ *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

E. J. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed 1/22 19 20 John H. Harnish

Registrar

Registrar

DEC 10 1941

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth.

719-2271028-254

PLACE OF BIRTH

County of *Kootenai*City of *Worley*

Registration District

File No. **76040**

No. St.

Primary Registration District No. *2123*Registered No. *2*

Hospital

FULL NAME

*Lney May Garrett*Sex of Child *Female*Twin
Triplet
or otherNumber
in order
of birth*2*

(To be answered only in event of plural births)

Legiti-
mate?*yes*Date of
Birth*Jan 27 1920*
(Month) (Day) (Year)FULL
NAME

FATHER

*Melvin E. Garrett*FULL
MAIDEN
NAME

MOTHER

Katie Beulah

RESIDENCE

Worley, Idaho

RESIDENCE

Worley, Idaho

COLOR

*white*AGE AT LAST
BIRTHDAY*30*

(Years)

COLOR

*white*AGE AT LAST
BIRTHDAY*25*

(Years)

BIRTHPLACE

Cuba, Kansas

BIRTHPLACE

Elberton, Mo

OCCUPATION

Rancher

OCCUPATION

*Housewife*Number of child of this mother, including present birth *2*Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive Jan 27 1920 10:04*
on the date above stated. (Born alive or stillborn) at M.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. W. Didier, MD

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

JUL 14 1947

FEB 19 1944

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

115219-005-413

PLACE OF BIRTH

County of *Benewah*

City of *Plummer*

Registration District No. *46*

File No. *76041*

No. St.

Primary Registration District No. *2123*

Registered No. *1*

Hospital

FULL NAME OF CHILD

Jean Marie Jaeger

Sex of Child *Female*

Twins, Triplet or other? *1*

Number in order of birth *4*
(To be answered only in event of plural births)

Legitimate? *yes*

Date of Birth *Jan 19 30*
(Month) (Day) (Year)

FULL NAME

H.

FATHER

G.

Jaeger

RESIDENCE

Plummer, Ida.

COLOR

white

AGE AT LAST BIRTHDAY

36
(Years)

BIRTHPLACE

Minnesota, Minn.

OCCUPATION

Hardware Merchant.

FULL MAIDEN NAME

Arline Mathews Jaeger

RESIDENCE

Plummer, Ida.

COLOR

white

AGE AT LAST BIRTHDAY

32
(Years)

BIRTHPLACE

Marshall, Minn.

OCCUPATION

Housewife

Number of child of this mother, including present birth... *4*

Number of children of this mother now living, including present birth... *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Jan. 19 1920, 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. Didier M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

ON 27 APR 64

MAY 1 8 30 AM '64

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369-226-031-
PLACE OF BIRTH 369

STATE OF
BUREAU OF VITALS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Lehigh

City of Kamiah

No. _____ St. _____

Hospital _____

Registration District No. 19

File No. 76042

Primary Registration District No. 2128

Registered No. _____

FULL NAME OF CHILD Arbutis Jaunita Lozier

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>No</u>	Date of Birth <u>4-26</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	------------------------------	--------------------------------------	-----------------------	--

FATHER
FULL NAME Don Mc
RESIDENCE _____
COLOR _____ AGE AT LAST BIRTHDAY _____ (Years)
BIRTHPLACE _____
OCCUPATION _____

MOTHER
FULL MAIDEN NAME Emma Lozier
RESIDENCE Kamiah
COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Oregon
OCCUPATION House Laborer

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____


CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 5-00 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from supplemental report.
Emma Lozier 1920
C. Johnson
Registrar

(Signature) E. Taylor M.D.
(Physician or midwife)
Address Kamiah
Filed 3/7 1920
C. Johnson
Registrar



JUN 12 1953

413-125-031-556

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-22m-9-9-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of LewisCity of KamiahRegistration District No. 49File No. 76043

No. _____ St. _____

Primary Registration District No. 2128

Registered No. _____

Hospital _____

FULL NAME OF CHILD Matthew

Sex of Child <u>Male</u>	<u>Twin</u> <u>Twins</u> { and { <u>Number in order of birth</u> <u>4</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb-25-1920</u>
(To be answered only in event of plural births)			

FULL NAME <u>Henry Matthews</u>	FATHER
RESIDENCE <u>Kamiah</u>	
COLOR <u>Indian</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Edna Newman</u>	MOTHER
RESIDENCE <u>Kamiah</u>	
COLOR <u>Indian</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

alive at 7 A. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Edna Newman

(Physician or midwife)

Address Kamiah IdahoFiled 7/7/20

Registrar

Registrar

1

789 205-031-249
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of LewiaCity of Kamiah

No. _____ St. _____

Hospital _____

Registration District No. 49File No. 76044Primary Registration District No. 2128

Registered No. _____

FULL NAME OF CHILD

Phillips

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth <u>3</u>	Legitimate? <u>Yes</u>	Date of Birth <u>2-5-</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>Ira Phillips</u>	FATHER	FULL MAIDEN NAME <u>Bertha Smith</u>	MOTHER
RESIDENCE <u>Kamiah</u>		RESIDENCE <u>Kamiah</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>West Virginia</u>		BIRTHPLACE <u>West Virginia</u>	
OCCUPATION <u>Laborer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. _____ Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report <u>Erma Irene Phillips</u> <u>1/15/22</u> <u>C. J. Johnson</u>	(Signature) <u>E. Taylor MD</u> (Physician or midwife)
Address <u>Kamiah Idaho</u>	
Filed <u>7/1</u> <u>19</u> <u>C. J. Johnson</u>	Registrar

APR 23 1970

266-2171031-433

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—22m-4-5-17

CERTIFICATE OF BIRTH

County of Lewis

City of Ho RPP

Registration District No. 80

File No. 76045

No.St.

Primary Registration District No. 2129

Registered No. 3

Hospital

FULL NAME OF CHILD ? Bordes

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u> and (Number in order of birth <u>—</u>)	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 17, 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FATHER
FULL NAME Carl E. Bowles
RESIDENCE Lewis County (Ido)
COLOR white AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Illinois
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Alice L. McCorkle
RESIDENCE Lewis County (Ido)
COLOR white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Oregon
OCCUPATION Housewife

Number of child of this mother, including present birth. 6th Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:15 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Darby, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Vollmer, Idaho
Filed 1/11 1920
Registrar P. E. Dumas

JUL 20 1970

349.105.031-819

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 12-C—22m-3-17

CERTIFICATE OF BIRTH

76046

County of *Lewis*City of *Valmer Id.*Registration District No. *30*

File No.

No. *St.*Primary Registration District No. *2129*Registered No. *1*

Hospital

FULL NAME OF CHILD

Sex of Child <i>male</i>	Twin Triplet or other? <i>—</i>	and { Number in order of birth <i>—</i>	Legitimacy <i>yes</i>	Date of Birth <i>June 6 20</i> Month Day Year
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FATHER
FULL NAME *Charles Lucien Custer*MOTHER
FULL MAIDEN NAME *Corrie Mae Harris*RESIDENCE *Valmer Id.*RESIDENCE *Valmer Id.*COLOR *white* AGE AT LAST BIRTHDAY *39* (Years)COLOR *white* AGE AT LAST BIRTHDAY *27* (Years)BIRTHPLACE *Buchanan Co. Iowa*BIRTHPLACE *Michigan*OCCUPATION *Section man RR*OCCUPATION *housewife*Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* *30* M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *P. E. Dumble*

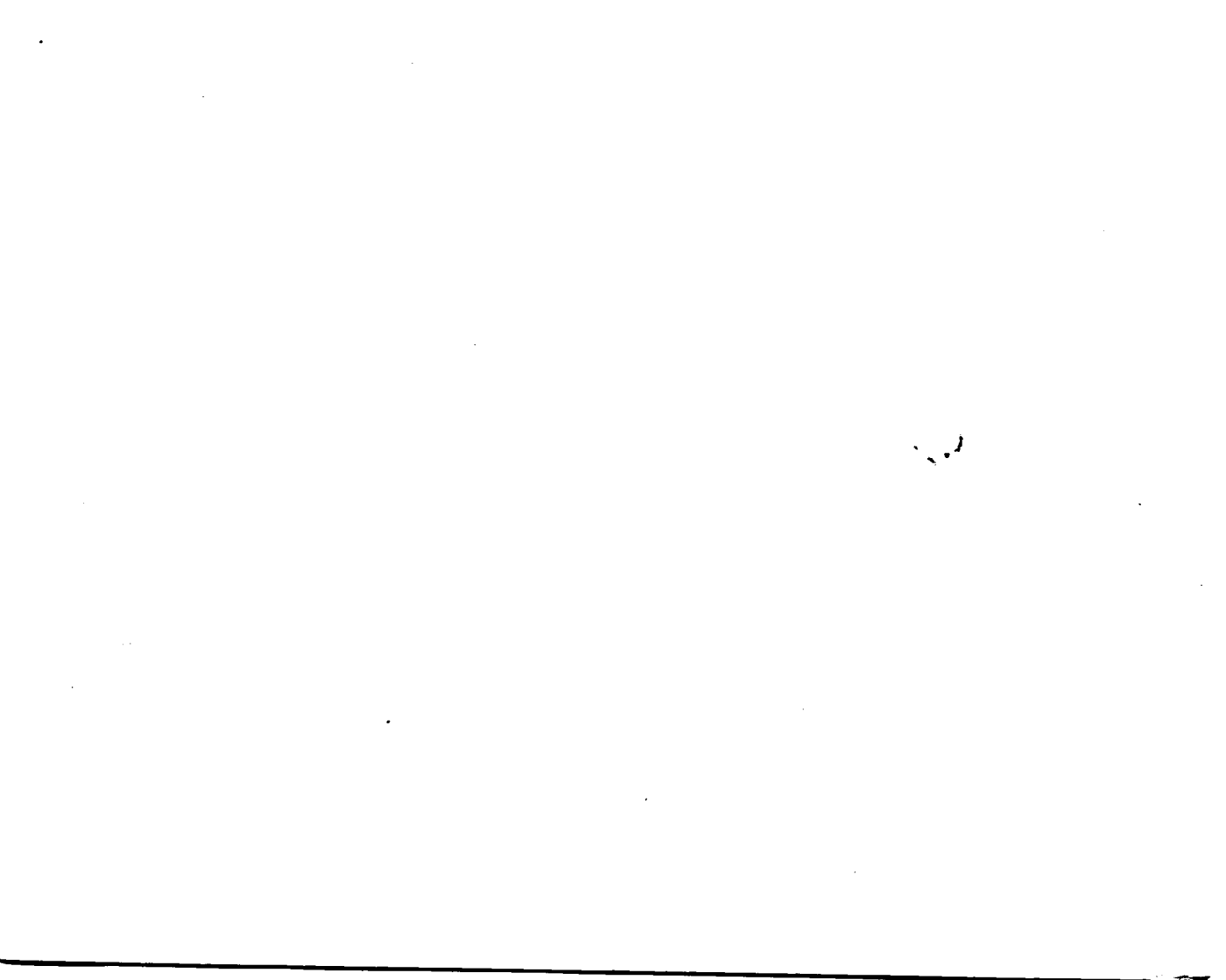
Given name added from a supplemental report.

(Physician or midwife)

Address *St. John*Filed *1/6 21* *P. E. Dumble*

Registrar

Registrar



367418-031-793

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C—Rev. 3-17

County of *Laramie*City of *Idaho*Registration District No. *30*File No. *76.047*

No.St.

Primary Registration District No. *2129*Registered No. *2*

Hospital

FULL NAME OF CHILD *ERNEST*
Ernest Cay Jr

Sex of Child <i>male</i>	Twin <input type="checkbox"/> Triplet <input type="checkbox"/> or other? <input type="checkbox"/> and { Number in order of birth <i>—</i> }	Legitimate? <i>Y</i>	Date of Birth <i>1-18-20</i> (Month) (Day) (Year)
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FULL NAME <i>Ernest Cay</i>	FATHER
RESIDENCE <i>Idaho holder</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>30</i> (Years)
BIRTHPLACE <i>Selkirk Oregon</i>	
OCCUPATION <i>Truckee worker</i>	

FULL MAIDEN NAME <i>Lucy Culbert</i>	MOTHER
RESIDENCE <i>Idaho holder</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>42</i> (Years)
BIRTHPLACE <i>Idaho holder</i>	
OCCUPATION <i>housewife</i>	

Number of child of this mother, including present birth *11* Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* at *3:45 P.M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *P. E. Deneke M.D.*

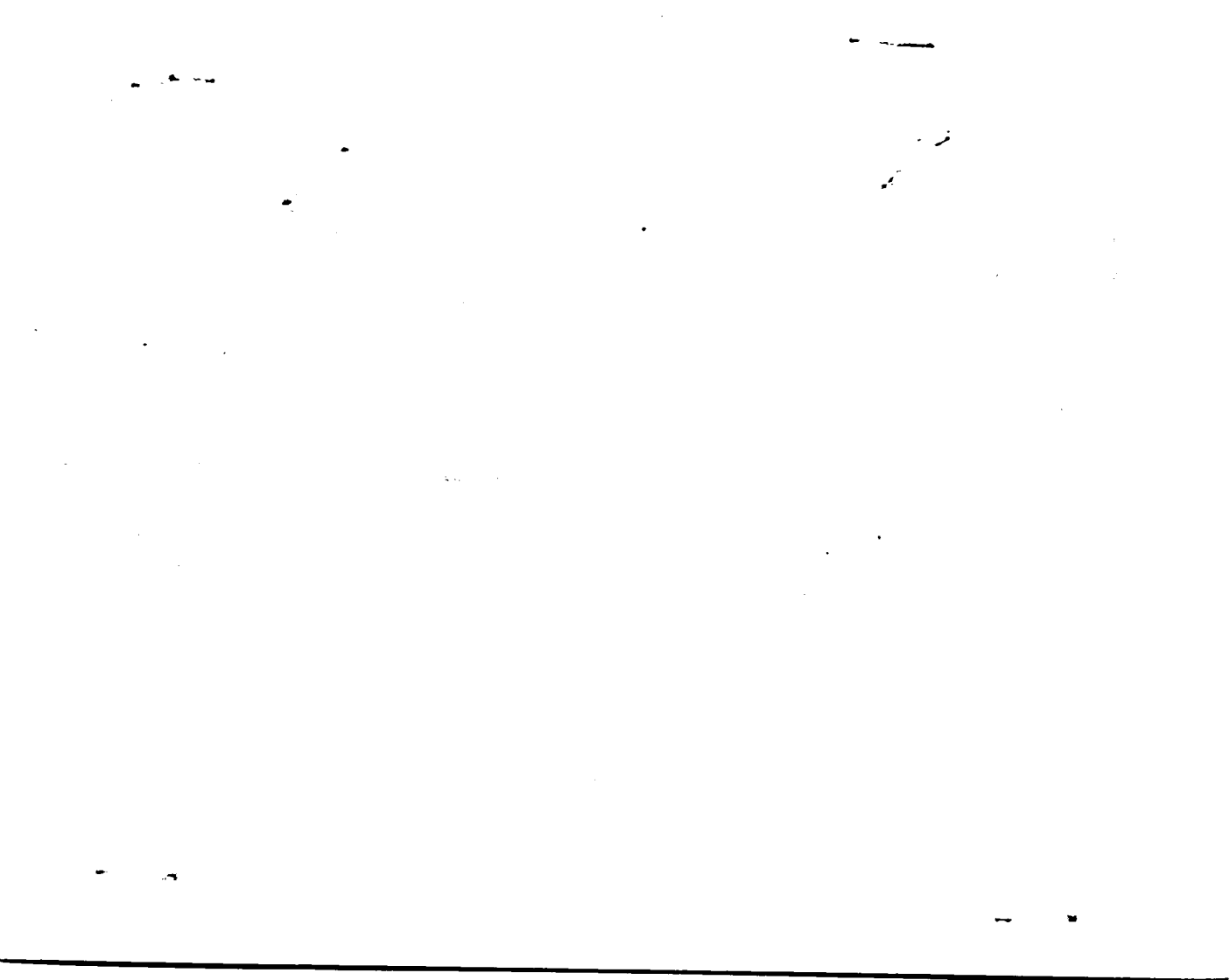
(Physician or midwife)

Given names added from a supplemental report.

Address *Idaho holder*Filed *Jan 19 20* *P. E. Deneke*

Registrar

Registrar



MA- 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
 County of Benton

Certificate No. 76047

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth
 for Earnest Cox, Jr. who was born on Jan 18, 1920
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in Erasmus, Idaho, are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)
 true facts are shown by Bible record prepared on Jan. 1920, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name Earnest Cox, Jr. Ernest Cox Jr.

Subscribed and sworn to before me this 7th
 day of March, 1942
Harold G. Smith
 Notary Public, residing at Franklin
 My commission expires Jan 1945
 (Seal)

Signed Ernest Cox
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Kennewick, Wash.
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
 County of Franklin

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

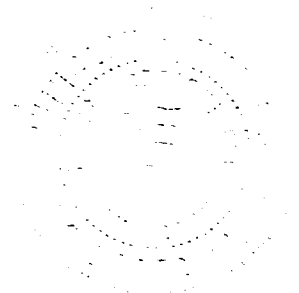
Subscribed and sworn to before me this 10th
 day of March, 1942
Earl L. Brown

Signed Mrs. Loy V. Denney
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Pasco
 My commission expires May 12, 1944
 (Seal)

712 Margaret St. - Pasco, Wa.
 (Street Address, City, State)

MAR 19 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-2081013-219

PLACE OF BIRTH

County of Camas

City of Manard

No. St.

Hospital At Home

FULL NAME OF CHILD Ila Ethel Finch

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 8</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER
FULL NAME Richard N. B. Finch
RESIDENCE Manard Idaho
COLOR White AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Taylor Co., Iowa
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Christena May Bair
RESIDENCE Manard Idaho
COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Plainville Kansas
OCCUPATION

Number of child of this mother, including present birth... 9..... Number of children of this mother now living, including present birth... 9.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 Am. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amie L. Thumber
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed 2-10 19 20
I. Wilencheek
Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 584 File No. 76049
Primary Registration District No. 2138 Registered No.



632-213-073-219

PLACE OF BIRTH

County of... Idaho.....City of... Manard.....

No. St.

Registration District No. 584.....Primary Registration District No. 2138.....

Hospital

File No. 76050.....

Registered No.

FULL NAME OF CHILD Nanite May Josephine Olson

Sex of Child

F.Twin
Triplet
or other?and } Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yes

Date of Birth

Jan..... 13..... 1920
(Month) (Day) (Year)

FULL NAME

FATHER

Victor Hugo Olson

RESIDENCE

Manard, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Montana

OCCUPATION

RancherFULL
MAIDEN
NAME

MOTHER

Elva Barrett

RESIDENCE

Manard, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1stNumber of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Given names added from a supplemental report.

(Signature)

Born alive
(Born alive or stillborn)2:10 P.
M.L. W. LencuchaPhys

(Physician or midwife)

Address

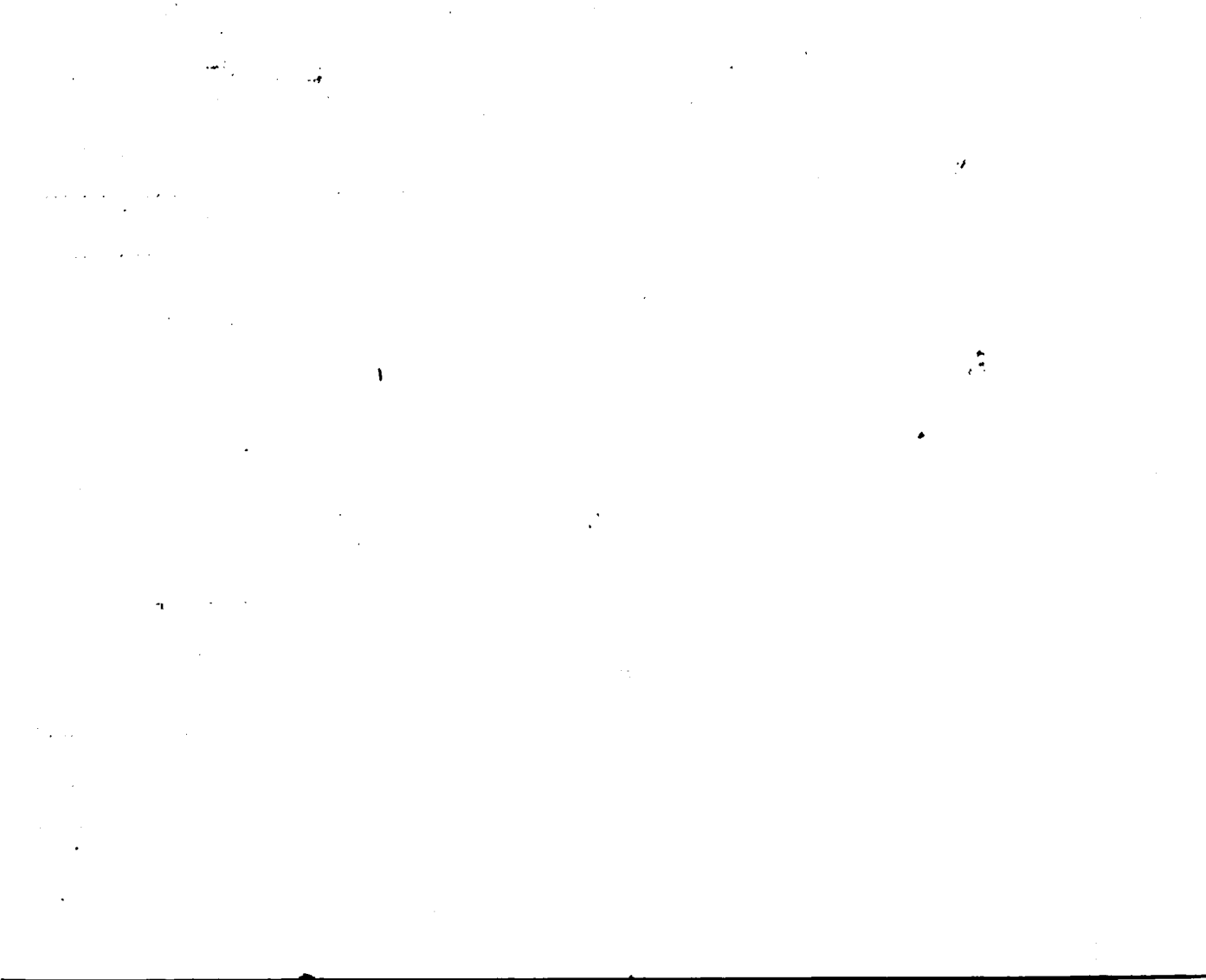
Fairfield, Idaho

Filed

Feb 10 1920L. W. Lencucha

Registrar

Registrar



497-216-013-849

PLACE OF BIRTH

County of... *Lamar*...City of... *Manard*...

No. St.

Hospital... *At Home*...

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-22m-2-2-17

Registration District No. *56^u*File No. **76051**Primary Registration District No. *2.13.8*

Registered No.

*OWEN**Dixon*

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>Yes</i>	Date of Birth <i>Jan 16 1920</i> (Month) (Day) (Year)
FULL NAME <i>JAMES HENRY DIXON</i>	FATHER		FULL MAIDEN NAME <i>Sarah Elizabeth Hurd</i>	MOTHER
RESIDENCE <i>Manard</i>			RESIDENCE <i>Manard</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>41</i> (Years)		COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>35</i> (Years)
BIRTHPLACE <i>Clifton Idaho</i>			BIRTHPLACE <i>Snovville Utah</i>	
OCCUPATION <i>Farmer</i>			OCCUPATION	

Number of child of this mother, including present birth *8* ... Number of children of this mother now living, including present birth *8* ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *8:40 A.M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Annie L. Thuermer*

Given names added from a supplemental report.

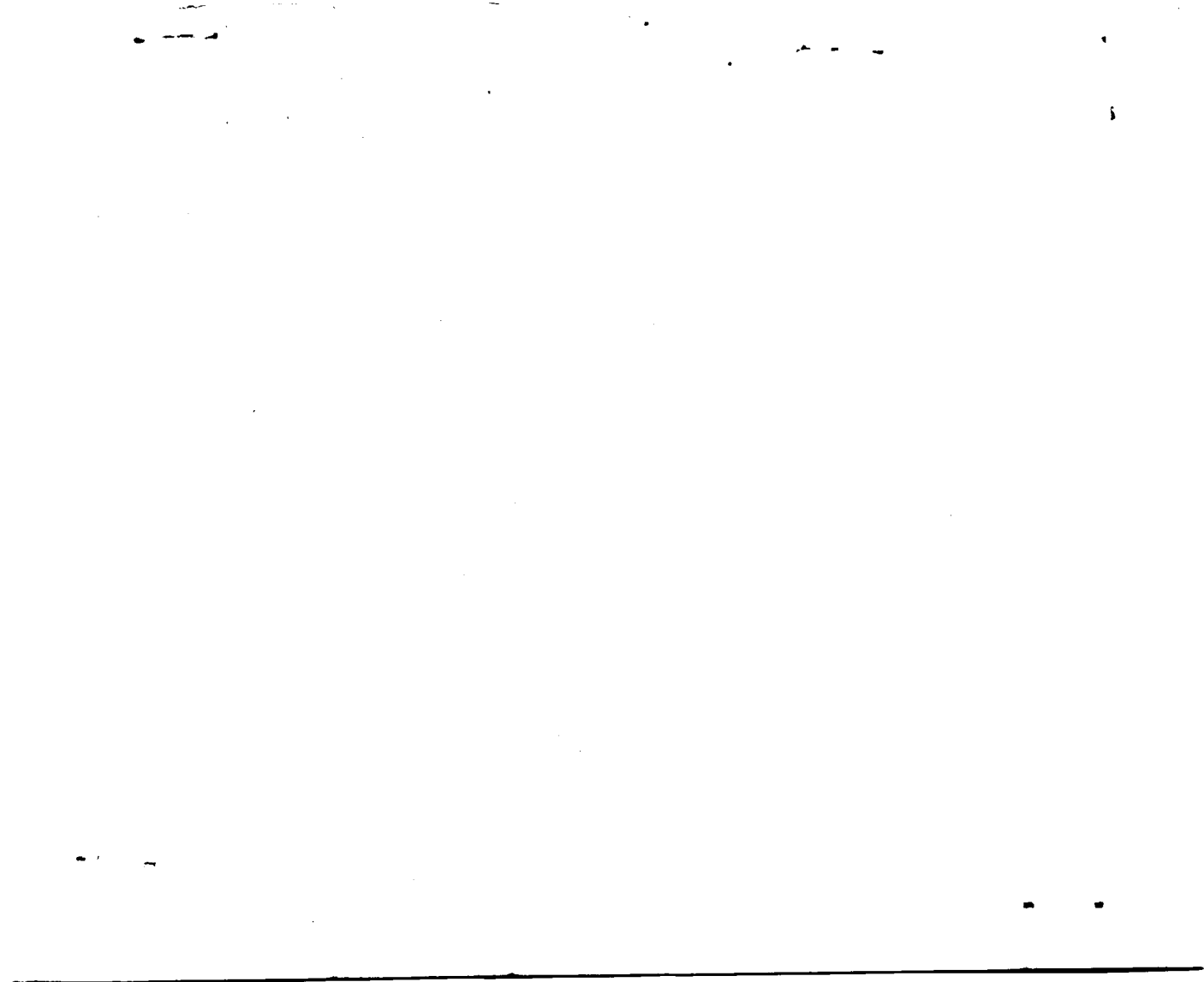
..... *Midwife*

Address *Fairfield, Idaho*

Filed *2-10-20*

Registrar

Registrar



DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

State of Idaho }
County of Gooding } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for _____ who born _____ on Jan. 16, 1920
(Name on original certificate) (Was born or died) (Date of event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event) family record
true facts as shown by my own knowledge and prepared on soon after birth _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
 ("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name	no name given	Gwen Dixon
------	---------------	------------

Subscribed and sworn to before me this 6th
day of July, 1942.

Signed Sarah E. Dixon
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)

Notary Public, residing at.....Gooding Idaho
My commission expires Dec. 2, 1944
[SEAL]

Box 541 Gooding Idaho
(Street Address, City, State)

State of Idaho } ss
County of Gooding }

[This affidavit **MUST** also be executed.
(See Chapter 139, 1987 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of July, 1942

Signed: Joshua A. Thurber
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Gooding, Idaho
My commission expires 12-2-1944
[SEAL]

Gooding Idaho
(Street Address, City, State)

Received for filing on: JUL 7 1942

By _____
(Registrar's signature)

FEB 18 1942

JUL 8 1942

789-22 4.013-212

PLACE OF BIRTH

County of... Cassia.....

City of... Soldier.....

No. 2 Miles North
1 Mile East..... St.

Hospital.....

FULL NAME OF CHILD.....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22m-6-8-17

Registration District No. 584.....

File No. 76052.....

Primary Registration District No. 2138.....

Registered No.

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 24</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Booker Harrison Phipps</u>	FATHER		FULL MAIDEN NAME <u>Viola Babington</u>	MOTHER
RESIDENCE <u>Soldier, Idaho</u>			RESIDENCE <u>Soldier, Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Virginia</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 3...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Born alive... at... 6:00 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Lilencheck
.....
Physician
(Physician or midwife)

Given names added from a supplemental report.

.....19.....
.....
Registrar

Address... Fairfield, Idaho.....
Filed... Feb 10 1920... L. W. Lilencheck
Registrar

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MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR,
NOT TO THE STATE BOARD OF HEALTH.

419-108-029-319
PLACE OF BIRTH

State Board of Health

Record No.

County of Latah

BUREAU OF VITAL STATISTICS

City or Town of Garfield Wash RFD

CERTIFICATE OF BIRTH

Registered No. 183

76053

Registration Dist. No. 61

No. 1

St.; Ward)

FULL NAME OF CHILD Elvis Ford Farnum

{ If child is not yet named, make supplemental report, as directed.

Sex of Child Male Twin, Triplet or other? } and { Number in order of birth

Legitimate? Yes

Date of Birth Jan 8, 1920
(Month) (Day) (Year)

FATHER
Full Name Calvin Lyman Farnum

Residence Latah County Idaho

Color White Age at last Birthday 56
(Years)

Birthplace (State or Country) Canada

Occupation Farmer

MOTHER
Full Name Jessie A. Larkin

Residence Latah County Idaho

Color White Age at last Birthday 39
(Years)

Birthplace (State or Country) Washington

Occupation Housewife

Number of child of this mother 7

Number of children, this mother, now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive } † and that it occurred on January 8, 1920, at 5 P. M.

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) R. E. Truesel

Give name added from a supplemental

report.

(Physician or Midwife)

Address Garfield Wash

Filed 2/4, 1920 W. H. Carithers

Registrar.

Registrar.

† Indicate which by drawing line through superfluous word.

264-1251029-613

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 3-3-17

County of Idaho

CERTIFICATE OF BIRTH

City of MoscowRegistration District No. 61File No. 76054

No. St.

Primary Registration District No. 10.11Registered No. 185

Hospital

FULL NAME OF CHILD Donald Lindsay Sodorff

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan. 25 1920</u> (Month) (Day) (Year)
--------------------------	---	---------------------------------------	-----------------------------	---

FULL NAME <u>Charles Emil Sodorff</u>	FATHER
RESIDENCE <u>Moscow Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Pullman Wash.</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Fanny Iowa Walker</u>	MOTHER
RESIDENCE <u>Moscow Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Ashville North Car</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3... Number of children of this mother now living, including present birth... 3...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

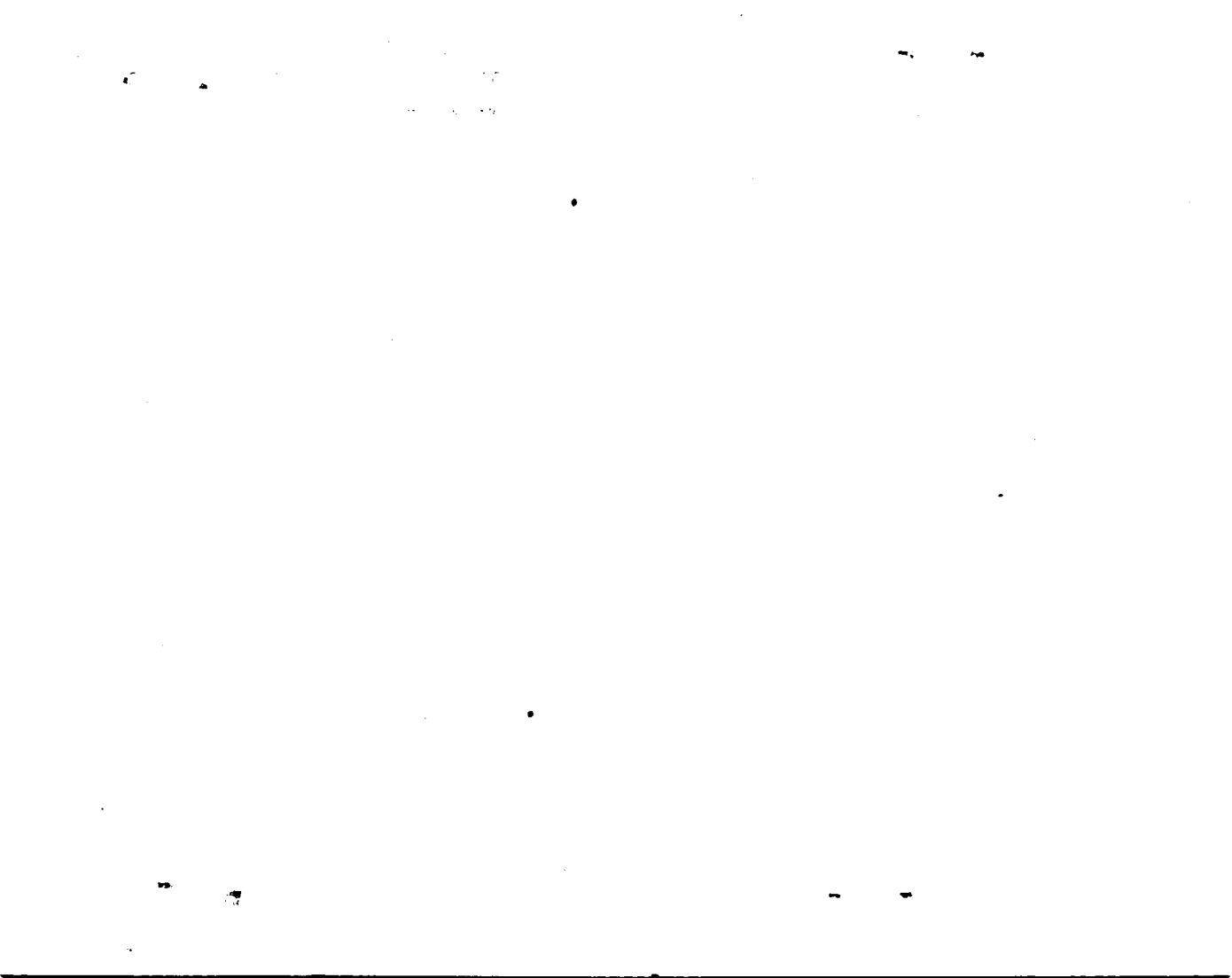
(Signature) Virgil M. Gulchinski
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Moscow IdahoFiled 1/30 19 20 W. H. Carothers

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF
VITAL STATISTICSState of Washington
County of Pend Oreille } ss.Certificate No. 76054

Date Filed _____

birth

The undersigned does solemnly swear that certain facts on the certificate of _____

for Donald Lindsay Sordorff who was born on Jan. 25, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in MOSCOW are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
last name of child	Sordorff	Sodorff
father's last name	Sordorff	Sodorff
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 1 day of
May, 19 80Notary Public, Allen S. OwenResiding at NewportMy commission expires 2-1-84

(Seal)

Donald Lindsay Sordorff
Signature of Applicant
Rt 4 Box 932 Newport Wash 99156
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Pend Oreille } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of
May, 19 80Notary Public, Allen S. OwenResiding at NewportMy commission expires 2-1-84

(Seal)

Bernice M. Granlund Sordorff
Supporting Signature
Rt 4 Box 932 Newport Wash 99156
Street Address, City, State

Telephone call 4-29-80 Correction corresp. (S)

Family Bible record gives parents names as Charlie Emil Sodorff and Fannie Ioa Walker. child's name as Donald Lindsay born Jan 25, 1920. last name as Sodorff. viewed by V. S.

~~XXXX~~ Insurance policy from Manufacturers Life Ins. Co. gives name as Donald L. Sodorff. dated Apr 14, 1975. Policy No. 2,491, 550. viewed by V. S.

APR 14 1975

MARGIN RESERVED FOR BINDING

845115-029-219

PLACE OF BIRTH

Form V. S. No. 11-C-22-2-15-13

STATE OF IDAHO
VITAL STATISTICS

County of Latah

City of Moscow

Registration District No. 61

File No.

76055

No. _____ St.

Primary Registration District No. 1011

Registered No. 184

Hospital _____

FULL NAME OF CHILD

Allen Jerone Hunter

Sex of Child

Male

Was
Trisect
or other?

and (Number
in order
of birth)

Legiti-
mate?

yes

Date of Birth

Jan 15 1920
(Month) (Day) (Year)

FULL NAME

FATHER

Wm J. Hunter

FULL MAIDEN NAME

MOTHER

Maud M Barton

RESIDENCE

Moscow Idaho

RESIDENCE

Moscow Idaho

COLOR

white

AGE AT LAST BIRTHDAY

39
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

40
(Years)

BIRTHPLACE

Waverly Ill.

BIRTHPLACE

Moscow Ida

OCCUPATION

machinist

OCCUPATION

housewife

Number of child of this mother, including present birth

5

Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Allen

(Born alive or stillborn)

7 45 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Wm J. Hunter

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

1/20

19 20

N.H. Carithers

Registrar

K

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-11-84 11:11 AM 11:11 AM

CONFIDENTIAL
CONFIDENTIAL
CONFIDENTIAL



DECEASED

866 210-029-355

PLACE OF BIRTH

County of Latah
City of Palouse R F DSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C—22m-2-3-17

No. St.

Registration District No. 61File No. 76060Primary Registration District No. 2141Registered No. 182

Hospital

FULL NAME OF CHILD Mabel Bernadine Howell

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 10</u> 191 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>Howard Howell</u>	FATHER
RESIDENCE <u>Palouse R F D</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)

BIRTHPLACE <u>Boysville Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Stacy Pearl Keeper</u>	MOTHER
RESIDENCE <u>Palouse R F D</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)

BIRTHPLACE <u>Farmington Nash.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:45 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Hatfield Do.

(Physician or midwife)

Given names added from a supplemental report.

..... 19

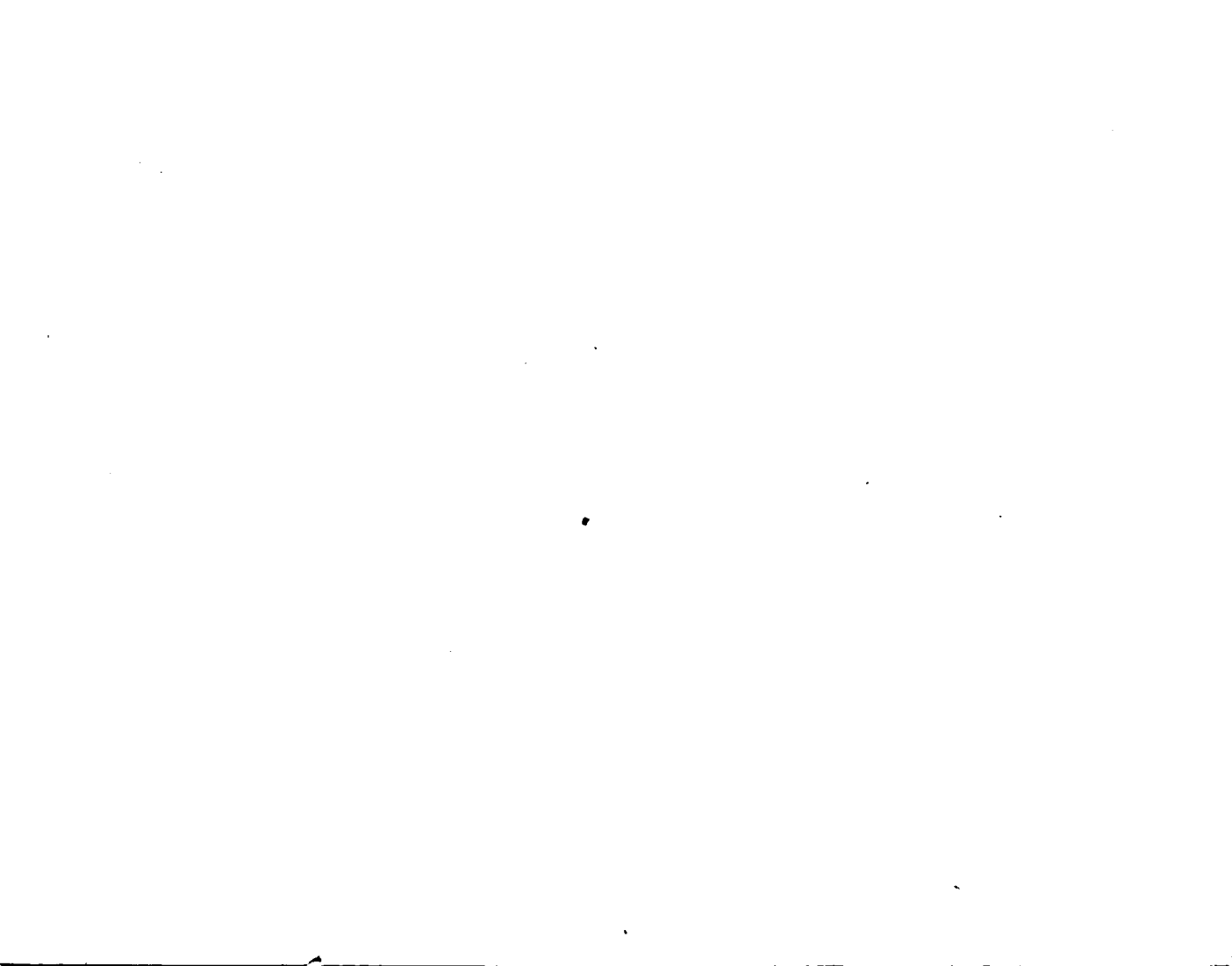
Address Moscow

..... 19

Filed 1/12 1920 D. H. Caruthers

Registrar

Registrar



695-220-079-247

PLACE OF BIRTH

County of LatahCity of Troy

No. St.

Registration District No. 64Primary Registration District No. 2144

Form V. S. No. 11-C-25m-3-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. **76063**

Hospital

FULL NAME OF CHILD Heva Moni Fredrickson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u>	and in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>1 20 1920</u> (Month) (Day) (Year)
----------------------------	---------------------------------	--------------------------------	------------------------	--

FATHER
 FULL NAME August Fredrickson
 RESIDENCE Troy Idaho
 COLOR white AGE AT LAST BIRTHDAY 25 (Years)
 BIRTHPLACE Minnesota
 OCCUPATION Farmer

MOTHER
 FULL MAIDEN NAME Sarah Bugh
 RESIDENCE Troy Idaho
 COLOR white AGE AT LAST BIRTHDAY 19 (Years)
 BIRTHPLACE Missouri
 OCCUPATION Wife

 Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Henskle

(Physician or midwife)

Give names added from a supplemental report.

Jan 31 1920 Address Troy Idaho
E. Pickard Registrar Filed Jan 31 1920 E. Pickard Registrar

MAR 6 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793216.029-854
PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.City of PrincetonRegistration District No. 65File No. 76064

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Ruth Alice Eklund.

Sex of Child <u>Female</u>	Twin Triplet <input checked="" type="checkbox"/>	and { Number in order of birth <input checked="" type="checkbox"/>	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 16 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				
FULL NAME <u>Eddie Eklund.</u>	FATHER		FULL MAIDEN NAME <u>Gladys Kemmerman.</u>	MOTHER
RESIDENCE <u>Princeton</u>			RESIDENCE <u>Princeton</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Washington</u>			BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Laborer.</u>			OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive. at 6 A. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

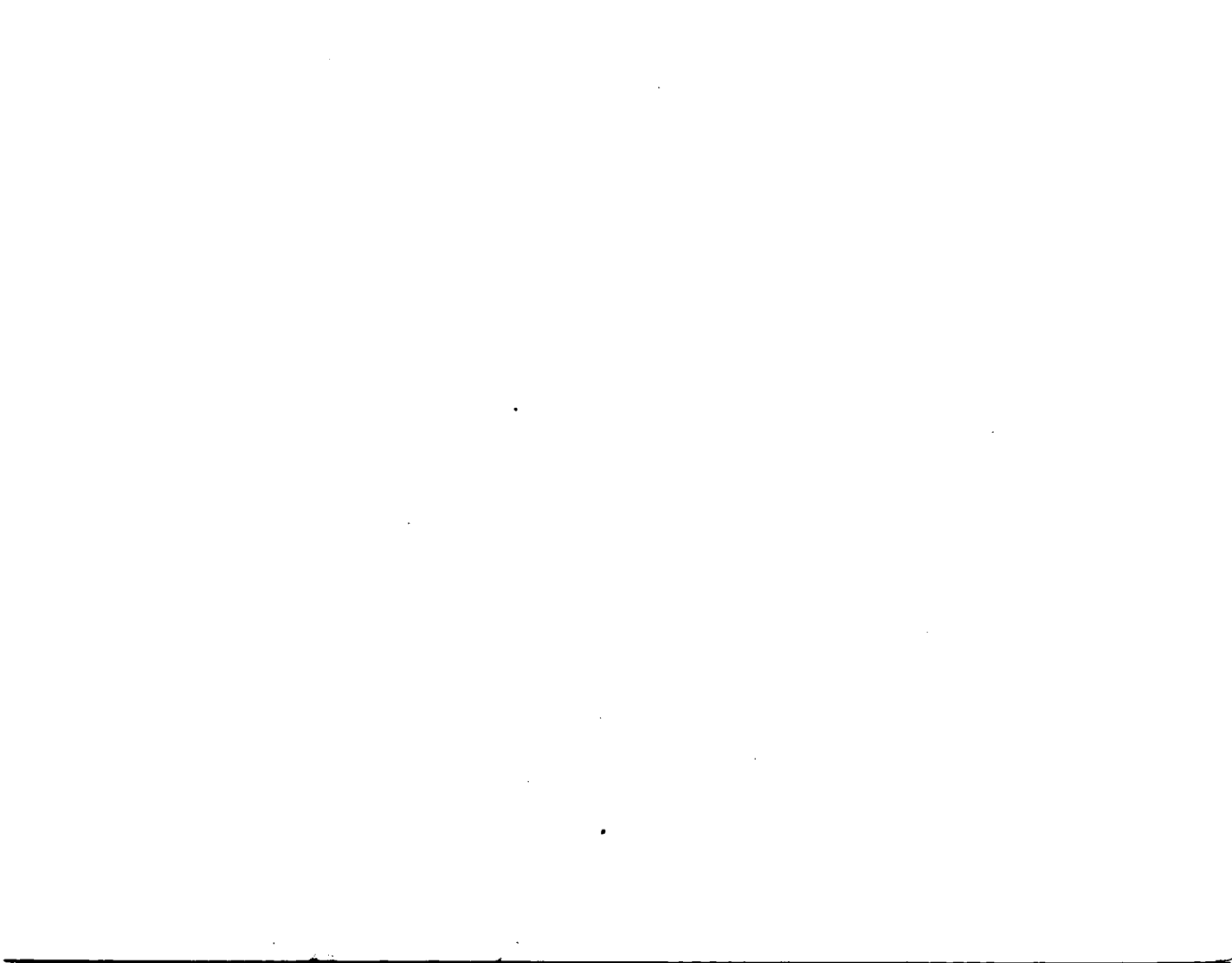
D. J. Thompson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

PrincetonFiled Jan 22 1920D. J. Thompson
Registrar



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

654-217029-653

PLACE OF BIRTH

County of Latah.City of Potter.

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 65Primary Registration District No. 2145File No. 76065

Registered No.

Harv. Jaen. Fedden.

Sex of Child <u>Female</u>	Twin Triplet or other? <input checked="" type="checkbox"/> } and { Number in order of birth <input checked="" type="checkbox"/> (To be answered only in event of plural births)	Legitimate? <u>yes.</u>	Date of Birth <u>Jan. 17, 1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>William Fedden.</u>		FULL MAIDEN NAME MOTHER <u>Nellie. Weller.</u>	
RESIDENCE <u>Potter.</u>		RESIDENCE <u>Potter.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Togwa.</u>		BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Lumber -</u>		OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive. at 10³⁰ A. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. J. Thompson

(Physician or midwife)

Given names added from a supplemental report.

Address

Potter. Idaho.

Filed

Jan. 26, 1920.D. J. Thompson
Registrar

MAY 17 1957

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-15

County of Latah

CERTIFICATE OF BIRTH

City of P. O. Palouse, Wash

Registration District No.

65

File No.

76086

No. _____ St.

Primary Registration District No.

2145

Registered No.

Hospital _____

FULL NAME OF CHILD

Norman Dewey Bischer

Sex of Child <u>Male</u>	Was Tight or other? (To be answered only in event of plural births)	and	Was in order of birth	Light- male?	Date of Birth <u>Jan 13 1920</u> (Month) (Day) (Year)
--------------------------	--	-----	-----------------------------	-----------------	--

FATHER
FULL NAME Frank Bischer

MOTHER
FULL MAIDEN NAME Verna Benson Bischer

RESIDENCE 10 mi. N. E. Palouse, Wash

RESIDENCE Layne

COLOR White AGE AT LAST BIRTHDAY 24
(Years)

COLOR White AGE AT LAST BIRTHDAY 17
(Years)

BIRTHPLACE Idaho.

BIRTHPLACE Idaho.

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.

(Born alive or stillborn)

at 330 A. M.

*When there was no attending physician or midwife, when the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Palouse, Wash

Filed

Jan 20 1920

D. J. W. Thompson
Registrar

Dup of 1920-272307

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-203-029-255
PLACE OF BIRTHCounty of *Patah*City of *Pollatch*No. *935* *8th* St.

Hospital

FULL NAME OF CHILD

*Fries Genette Jenkins*STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C—22a-2-2-17

CERTIFICATE OF BIRTH

Registration District No. *65*File No. *76069*Primary Registration District No. *2145*

Registered No.

Sex of Child <i>female</i>	Twin Triplet or other? <i> }</i>	and (Number in order of birth <i>2</i>)	Legiti- mate? <i>yes</i>	Date of Birth <i>Jan 3 1920</i> (Month) (Day) (Year)
----------------------------	--	--	-----------------------------	---

FULL NAME FATHER *Ford Jenkins*RESIDENCE *Pollatch*COLOR *white* AGE AT LAST BIRTHDAY *24*
(Years)BIRTHPLACE *Nash.*OCCUPATION *Laborer*FULL MAIDEN NAME MOTHER *Alta Leely*RESIDENCE *Pollatch*COLOR *white* AGE AT LAST BIRTHDAY *19*
(Years)BIRTHPLACE *Misc.*OCCUPATION *Housewife*Number of child of this mother, including present birth. *1* Number of children of this mother now living, including present birth. *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* at *3 45 P.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Frank S. Hemi*

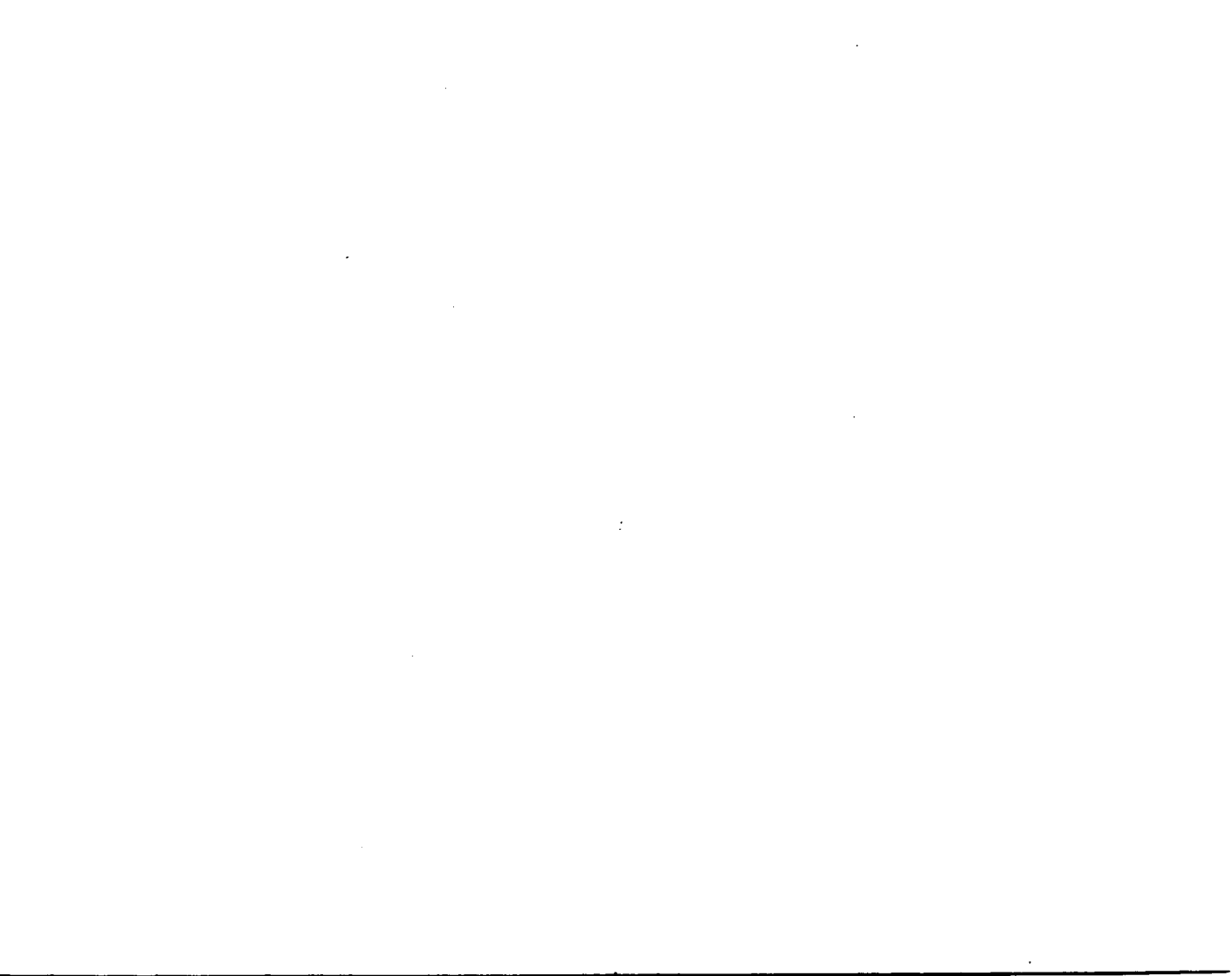
(Physician or midwife)

Given names added from a supplemental report.

Address *Palouse, Wash.*Filed *Jan 8 1920*

Registrar

Registrar



789208-029-453
PLACE OF BIRTHCounty of Latah

City of _____

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-16

CERTIFICATE OF BIRTH

Registration District No. 65File No. 76071Primary Registration District No. 2145

Registered No. _____

Name of Child Wm. J. Phillips

Sex of Child <u>Female</u>	Twin Triplet or other? <u>r</u>	and {	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 8 1920</u> (Month) (Day) (Year)
----------------------------	---------------------------------	-------	-----------------------------------	------------------------	---

FULL NAME <u>A. J. Phillips</u>	FATHER	FULL MAIDEN NAME <u>Sarah Metcalf Phillips</u>	MOTHER
---------------------------------	--------	--	--------

RESIDENCE <u>2 mi. N. Pottatch</u>	RESIDENCE <u>Same</u>
------------------------------------	-----------------------

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <u>Mo</u>	BIRTHPLACE <u>Ky</u>
----------------------	----------------------

OCCUPATION <u>Laborer</u>	OCCUPATION <u>Housewife</u>
---------------------------	-----------------------------

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

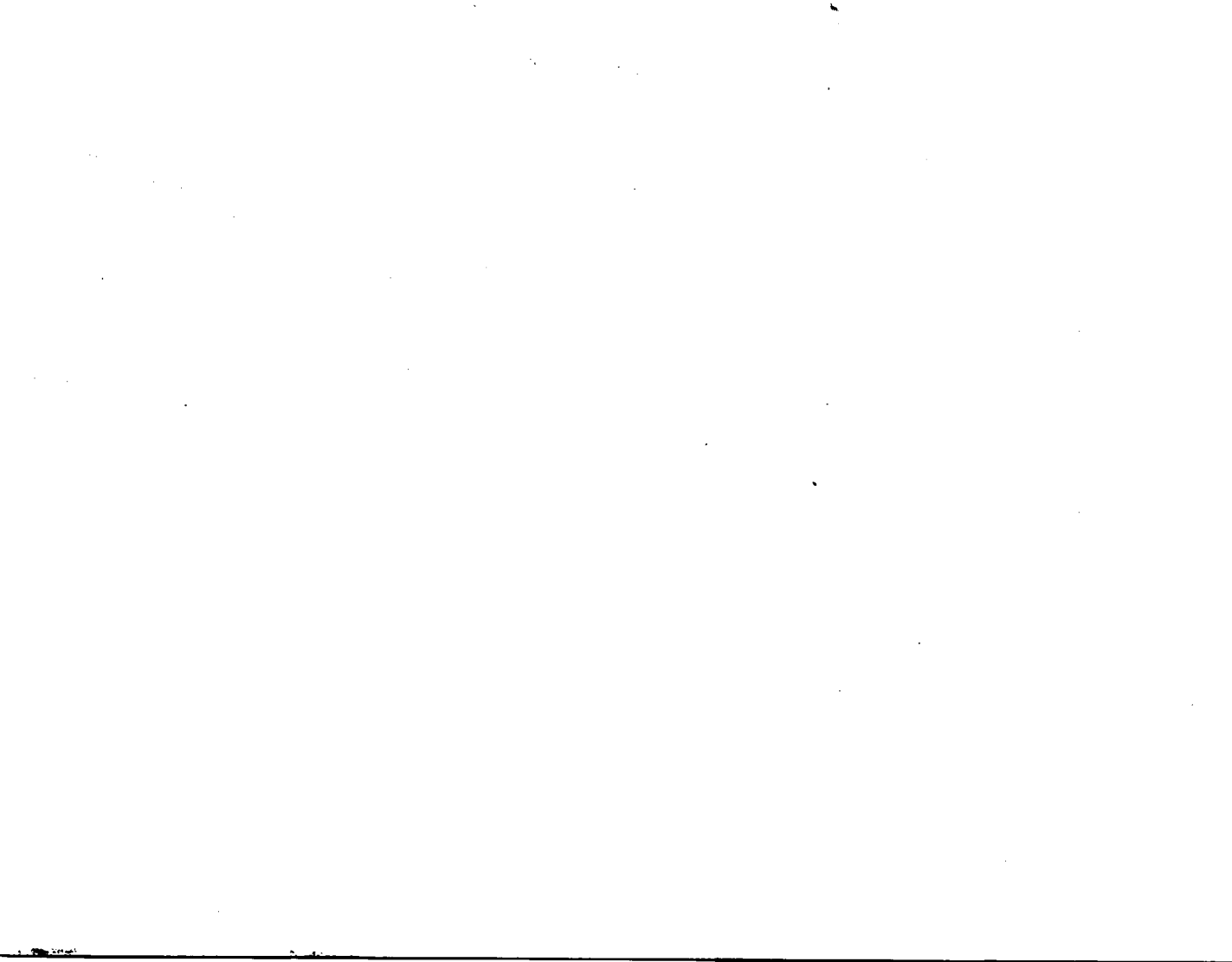
I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Wolfe M.D.

Given names added from a supplemental report.

Address Palouse WashFiled Jan 10 1920



954-10-029-175
PLACE OF BIRTHCounty of *Latah*City of *Pollatch*No. *930 Fir* St.

Hospital

FULL NAME OF CHILD

Registration District No. *65*Primary Registration District No. *2145*File No. *76072*

Registered No.

Sex of Child <i>male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legiti- mate? <i>yes</i>	Date of Birth <i>Jan 1 1920</i> (Month) (Day) (Year)
--------------------------	---	--	-----------------------------	--

FULL NAME <i>FATHER</i> <i>Walter Rumbert</i>
RESIDENCE <i>930 Fir</i>
COLOR <i>white</i> AGE AT LAST BIRTHDAY <i>36</i> (Years)
BIRTHPLACE <i>Ohio</i>
OCCUPATION <i>fireman</i>

FULL MAIDEN NAME <i>MOTHER</i> <i>Charles May Age</i>
RESIDENCE <i>Pollatch</i>
COLOR <i>white</i> AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>Mo</i>
OCCUPATION <i>Housewife</i>

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. (Born alive or stillborn) at *9 P.* M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

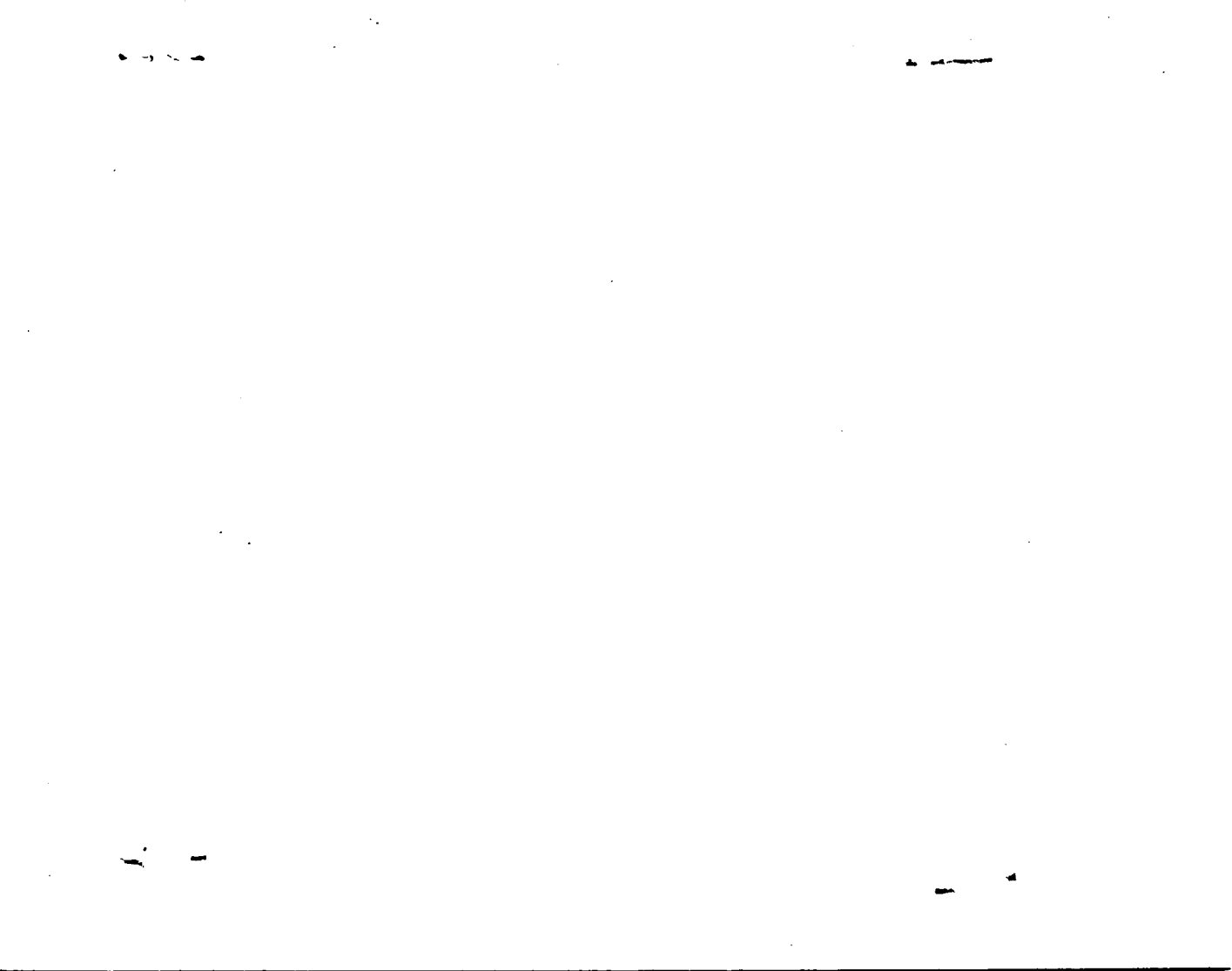
(Signature) *Ernest S. Hen*

Given names added from a supplemental report.

Address *Palouse Wash*Filed *Jan 8 1920* *D. J. W. Thompson*

Registrar

Registrar



STATE OF WASHINGTON, }
County of Pierce } ss.

No. _____

AFFIDAVIT

Before me personally appeared Charlotte May Rembert of 3410 South Washington
Street, Tacoma, Washington.
who, being first duly sworn, on oath says:

That I am the mother of JEWELL DE FAY REMBERT, who was born on
January 1st, 1920 at Potlatch, Idaho.

That this said child's birth certificate was registered at the
time under the number of 76072, but that no name was given at that
time. That my son, Jewell DeFay Rembert is the said child which
was so registered.

That the father's name is WALTER REMBERT. That the Mother's
maiden name is CHARLOTTIE MAY AGE.

Subscribed and sworn to before me this 18th day of August, 19 41

Charlotte May Rembert

Notary Public in and for the State
of Washington, residing at Tacoma.

AFFIDAVIT OF

erlottie May Reubert

In the Matter of

Birth of son

and Estey Reubert

285. -206.029-381

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Latah

CERTIFICATE OF BIRTH

76073

City of BovillRegistration District No. 66File No. 1

No. _____ St. _____

Primary Registration District No. 2146

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Vernadine Harriet Bye

Sex of Child <u>Female</u>	Twin <u>Twins</u> } and { Number in order of birth <u>One</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 6</u> 19 <u>29</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Augustine Melara Bye</u>	FATHER
RESIDENCE <u>Bovill Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Canada</u>	
OCCUPATION <u>Engineer</u>	

FULL MAIDEN NAME <u>Julia Ella Chambers</u>	MOTHER
RESIDENCE <u>Bovill Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at the date above stated.

(Born alive or stillborn)

at 8:15 a M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. GibsonPhysician
(Physician or midwife)

Address

Bovill Idaho

Filed

1/15 20 Mrs. J. C. Gibson

AUG 25 1942

DEC 3 1953

2352121029-314
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-9-15

County of Latah

CERTIFICATE OF BIRTH

76074

City of Bovill

Registration District No. 66

File No. 3

No. _____ St. _____

Primary Registration District No. 2146

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Martha Fay Stewart

Sex of Child Female ☒ Male ☐ and ☐ Number of birth ☐ Legitimate? yes Date of Birth Jan 12 1929
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Benjamin Henry Stewart

FULL MAIDEN NAME MOTHER Cecil Mae Canfield

RESIDENCE Bovill Idaho

RESIDENCE Bovill Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

BIRTHPLACE Idaho

OCCUPATION Conductor

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

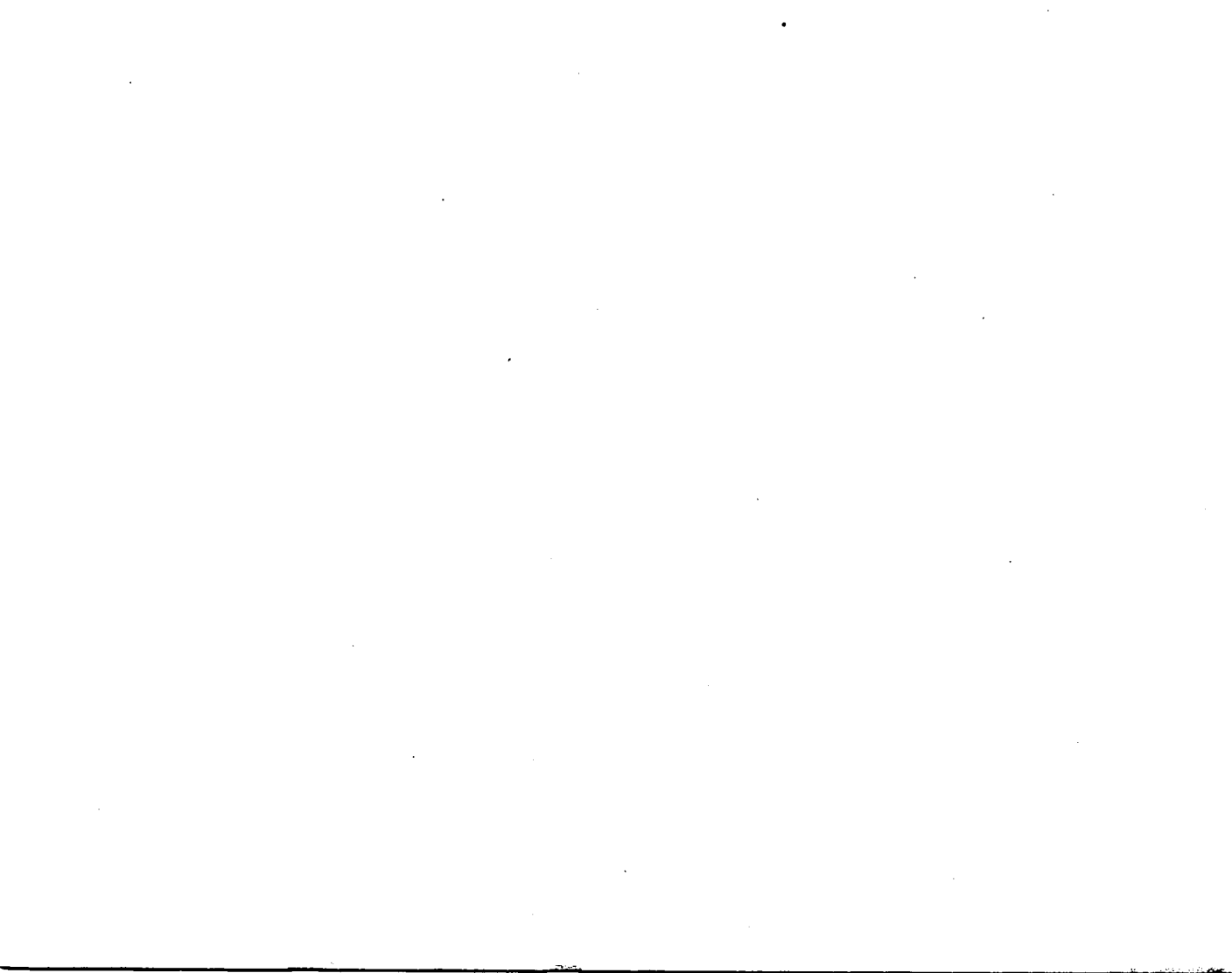
I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10⁰⁵ P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson
Physician (Physician or midwife)

Given names added from a supplemental report.

Address Bovill Idaho
Filed Jan 19 1929 Wm. F. C. Gibson
Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285206029381
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3-15

County of Latah

CERTIFICATE OF BIRTH

76075

City of Boovill

Registration District No. 66

File No. 2

No. _____ St.

Primary Registration District No. 2146

Registered Feb 2 1920

Hospital _____

FULL NAME OF CHILD

Geraldine Frances Bye

Sex of Child Female Twin Triplet or other? Two and Two (To be answered only in event of plural births) Legitimate? Yes Date of Birth Feb-6 1920 (Month) (Day) (Year)

FATHER
FULL NAME Augustine Nelson Bye
RESIDENCE Boovill Idaho
COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Canada
OCCUPATION Engineer

MOTHER
FULL MAIDEN NAME Julia Ella Chambers
RESIDENCE Boovill Idaho
COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Washington
OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at the date above stated.

(Born alive or stillborn)

at 8450 N.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

I. C. Gibson
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Boovill Idaho

Filed

Jan 20 1920 W. C. Gibson
Registrar

Registrar

DEC 3 1953

NOV 28 1953



245105-024813

PLACE OF BIRTH

Form V. S. No. 11-0-22-23

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76076

County of LatahCity of DearyRegistration District No. 2147File No. 5

No. St.

Primary Registration District No. 67Registered No. 19

Hospital

FULL NAME OF CHILD

Alvin Henning Sundstrom

Sex of Child <u>M.</u>	Twin Triplet or other? <u>✓</u>	and (Number in order of birth) <u>✓</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1-5-20</u> (Month) (Day) (Year)
------------------------	---------------------------------	---	------------------------	---

FATHER		MOTHER	
FULL NAME <u>Henning Sundstrom</u>	FULL MAIDEN NAME <u>Elvera Halen</u>	FULL NAME <u>Henning Sundstrom</u>	FULL MAIDEN NAME <u>Elvera Halen</u>
RESIDENCE <u>Deary P. I.</u>	RESIDENCE <u>Deary P. I.</u>	RESIDENCE <u>Deary P. I.</u>	RESIDENCE <u>Deary P. I.</u>
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Sweden</u>	BIRTHPLACE <u>Ida.</u>	BIRTHPLACE <u>Sweden</u>	BIRTHPLACE <u>Ida.</u>
OCCUPATION <u>farmer</u>	OCCUPATION <u>NW.</u>	OCCUPATION <u>farmer</u>	OCCUPATION <u>NW.</u>

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

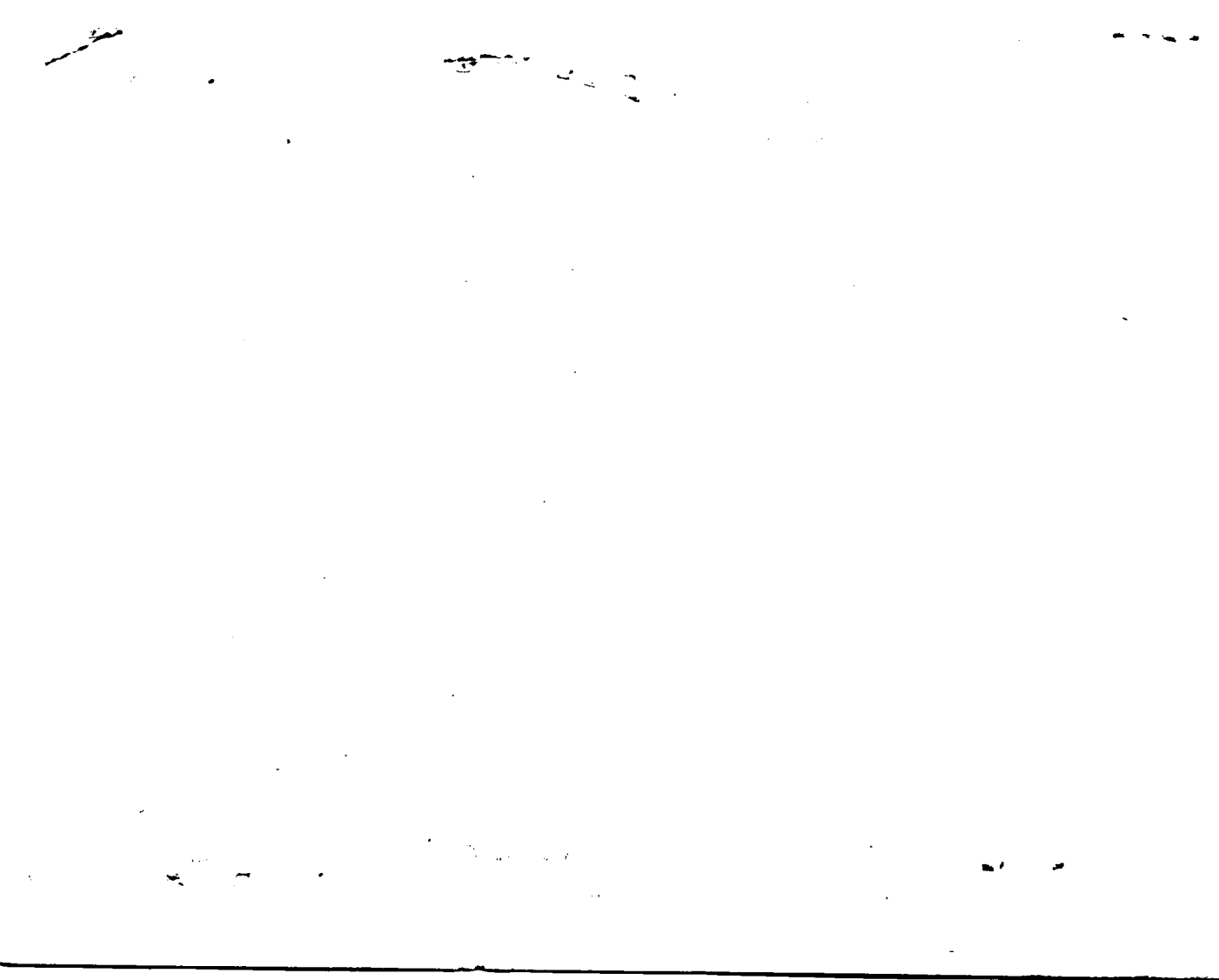
I hereby certify that I attended the birth of this child, who was Alvin 58 M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
Physician
(Physician or midwife)

Given names added from a supplemental report.

1-5-20 Address Deary
P. C. Faust Filed 1-5-20
Registrar Registrar



STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

76076

Place of Birth { City Deary, P.I.
Street and House No. _____
County Satah

Registered Number 2147
Registration District No. 67

Sex of Child M

Date of Birth, Jan. 4 1920

(Month)

(Day)

(Year)

Full Name

Father

Full Maiden Name

Mother

I HEREBY CERTIFY that the child described herein has been named:

Alvin Hemming Sundt
(Given name in full) (Surname)

Reported by

(Father or Mother)

(Local Registrar)

APR 11 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-226-

029-219

PLACE OF BIRTH

Form V. S. No. 11-C-25a-4-3-27

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76077

County of

City of

Registration District No.

File No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

JEAN

Eleanor Slomum

Sex of Child

7

Twin Triplet or other?

Number in order of birth

Legitimate?

yes

Date of Birth

Jan. 26 1920

FULL NAME

FATHER Herbert Slomum

FULL MAIDEN NAME

MOTHER Mada Bailey

RESIDENCE

Troy P. 2

RESIDENCE

Troy P. 2

COLOR

W.

AGE AT LAST BIRTHDAY

36 (Years)

COLOR

W.

AGE AT LAST BIRTHDAY

27 (Years)

BIRTHPLACE

Pa.

BIRTHPLACE

neb.

OCCUPATION

farmer

OCCUPATION

H. W.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

alone (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician (Physician or midwife)

Given names added from a supplemental report.

2 7 1920

Address

Registrar

Filed

2 7 1920

Registrar



—

—

—

—

—

—

465-113-002-966

PLACE OF BIRTH

County of Adams

City of Council

No. _____ St. _____

Hospital _____

Registration District No. _____

Primary Registration District No. _____

File No. _____

Registered No. _____

76102

FULL NAME OF CHILD VIRGIL LEROY DONICA

Lanica

Sex of Child

Boy

Twin
Triplet
or other?

and Number
in order
of birth

Light-
male

yes

Date of Birth

Jan 23 1920
(Month) (Day) (Year)

FULL NAME

Arther Lanica

FATHER

RESIDENCE

Council Idaho

COLOR

W

AGE AT LAST BIRTHDAY

30
(Years)

BIRTHPLACE

Ida

OCCUPATION

Farmer

FULL MAIDEN NAME

Blanch Rowland

MOTHER

RESIDENCE

Council

COLOR

W

AGE AT LAST BIRTHDAY

19
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

alive
(Born alive or stillborn)

8 P. M.

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."

(Signature)

E. Vadney

(Physician or midwife)

Given names added from a supplemental report.

J. M. Brown
Registrar

Address

Council Idaho

Filed

Jan 20

Registrar

It's a life, dammit!

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss. AUG 27 1943 Certificate No. 76102
County of Adams Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Virgil LeRoy Donica who Born on Jan 13- 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in at home are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by His mother prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED (“Name”, “Birth Date”, “Cause of Death”, Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name _____	Unnamed _____	<u>Virgil LeRoy Donica</u>
Date _____	<u>Jan. 12th</u>	<u>Jan. 13, 1920</u>

Subscribed and sworn to before me this 26
day of Aug, 1943

Signed Fanny Blanche Donica
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

McCall, Idaho.
(Street Address, City, State)

Notary Public, residing at McCall, Idaho
My commission expires Jan 24 1947
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

AUG 31 1943

798-113041-419
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-9-37

County of Teton Name added 2/26/82City of BatesRegistration District No. 7.7File No. Twenty

No.St.

Primary Registration District No. 2.176

Registered No.

Hospital

FULL NAME OF CHILD Newell Augustus Piquet

76105

Sex of Child

MaleTwin
Triplet
or otherand (Number
in order
of birth
(to be answered only in event of plural births))6th

Legitimate?

yes

Date of Birth

Jan 13 1920
(Month) (Day) (Year)

FULL NAME

FATHER
Augustus C. Piquet

RESIDENCE

Bates Id.

COLOR

White

AGE AT LAST BIRTHDAY

38
(Years)

BIRTHPLACE

Mass.

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER
Mary Martin

RESIDENCE

Bates Id.

COLOR

White

AGE AT LAST BIRTHDAY

35
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HouseworkNumber of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. H. H. H.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

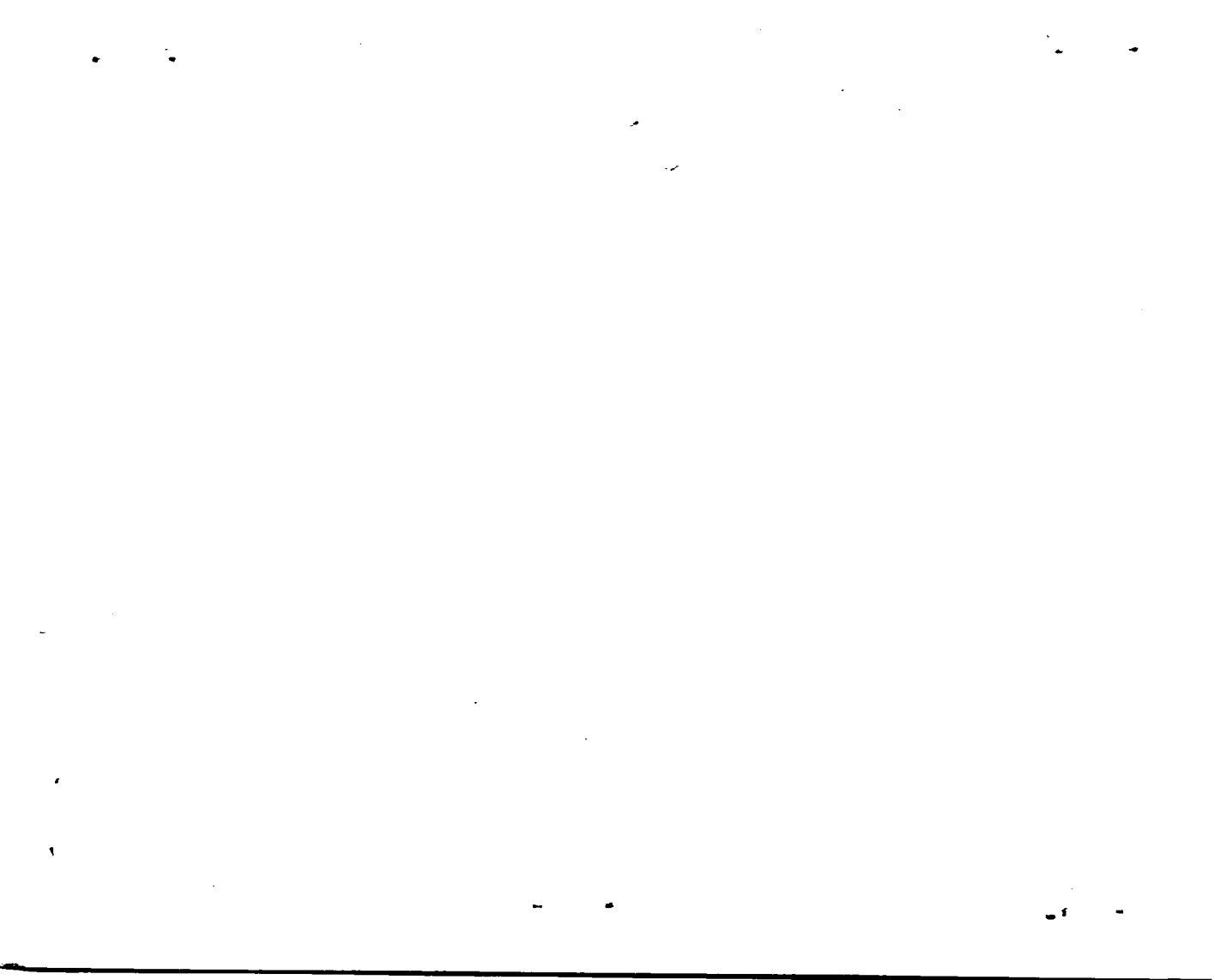
Bates Id.

Filed

Feb 9 - 1920 Martha Marker
Registrar

Registrar

Registrar



2/22/82

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of IDAHO } ss.
County of BONNEVILLE

FEB 26 11 52 AM '82

Certificate No. 76105

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Piquet who was born on Jan. 13, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Bates, ID Teton are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Name of Child

omitted

Newell Augustus Piquet

Subscribed and sworn to before me this 24th day ofFebruary, 1982Notary Public, Stanley McDanielResiding at Blackfoot, IDAHOMy commission expires 9-1-83

(Seal)

Signature of Applicant
Newell Augustus Piquet
PO Box 372 Idaho Falls, Idaho
Street Address, City, State 83401

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____(Must be completed)(Is not necessary)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

FEB 20 1962

Insurance policy from Beneficial Life Insurance Company of Utah gives name as Newel Augustus Piquet born to Augustus C. Piquet and Mary Piquet. Dated July 12, 1939. Viewed by V.S.

Death certificate of father August Constant Piquet who died Nov. 13, 1953 S.F.#53-4454 gives (informant) name as Newell Piquet of Idaho Falls, ID. Viewed by V.S.

Birth certificate of daughter Idonna Marie Piquet born July 29, 1945 at Rexburg, ID. S.F.#410497 gives name of father as Newell Augustus Piquet age 25. Viewed by V.S.

389-215-041-863

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

76106

County of TetonCity of DriggsRegistration District No. 77File No. 21

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD Lillas Mae Christensen

Sex of Child <u>Female</u>	Twin <u>Single</u> and (Number in order of birth <u>1</u>) (This answer only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 15 1920</u> (Month) (Day) (Year)
FULL NAME <u>Lillas Mae Christensen</u>	FATHER <u>Oliver W. Christensen</u>	FULL MAIDEN NAME <u>Alice L. Christensen</u>	MOTHER <u>Alice L. Christensen</u>
RESIDENCE <u>Driggs Idaho</u>		RESIDENCE <u>Driggs Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>9 7</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Blacksmith</u>		OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 7..... Number of children of this mother now living, including present birth 7.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 49 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles W. ...

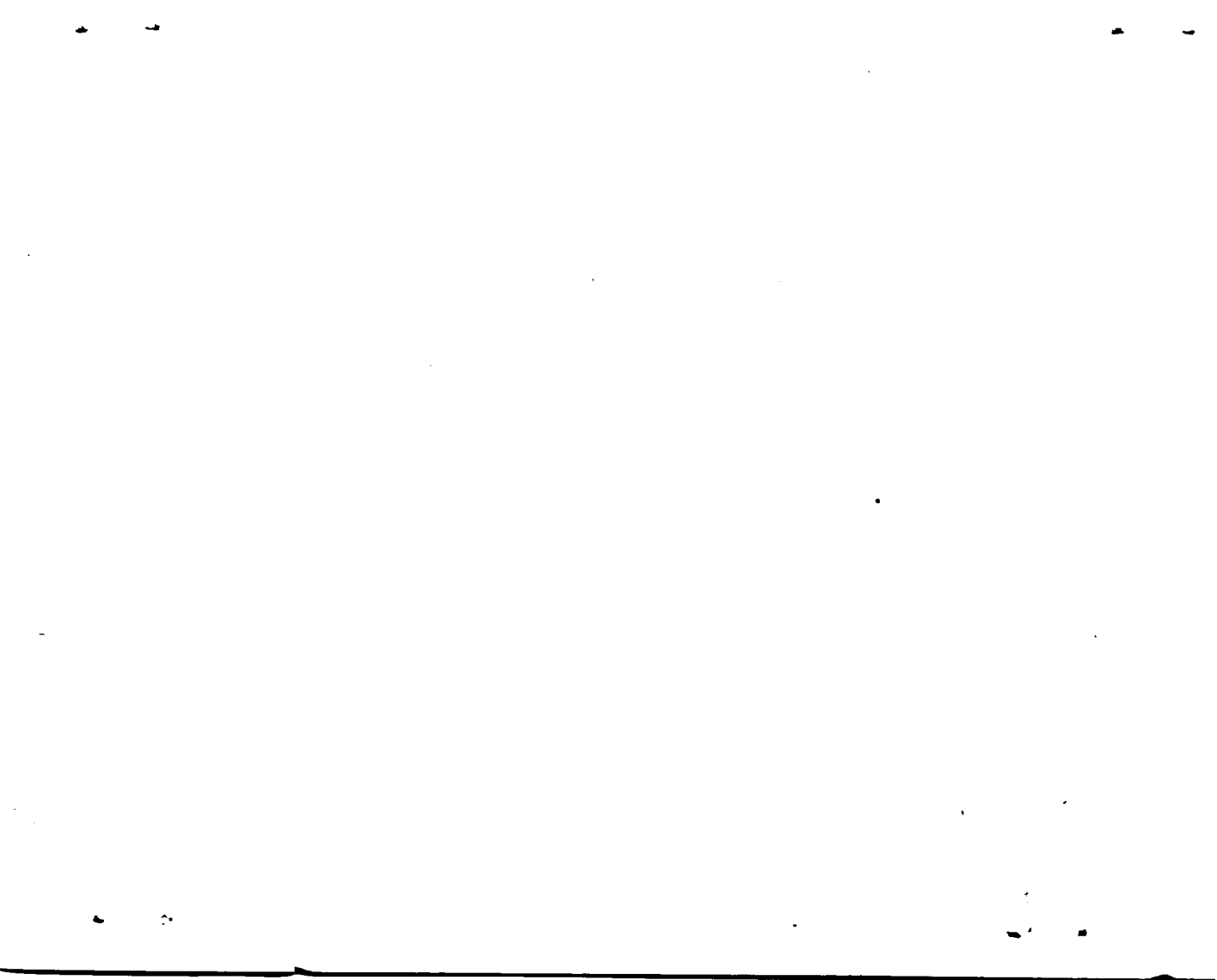
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs IdahoFiled Feb 9-1920 Martha Marker

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. **RECEIVED**
County of } **VITAL STATISTICS**
Certificate No. 76106
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Christensen who was born on January 15, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Driggs are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)
child's name

FROM
(As on Original)
omitted

TO
(The Correct Facts)
Lillas Mae Christensen

Subscribed and sworn to before me this 21st day of August 1978
Notary Public, residing at Pocatello, Blinnock, Idaho
My commission expires Feb 6, 1981
(Seal)

Signed Alice C. Murdock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1007 E. Sublette Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

- Church Membership Record dated ~~8/31/51~~ 4/4/20 gives name of child as
Lillas Mae Christensen born 1/15/20 in Driggs, Idaho. viewed by V.S.

NOV 28 1978

Child's birth certificate issued by State of Idaho 3/18/41 gives name of mother
as Lillas Mae Christensen. viewed by V.S.

415-222-041-266

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-27

CERTIFICATE OF BIRTH

76107

County of TetonCity of Idaho FallsRegistration District No. 77File No. 22

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD GAIL DAVIDSON

Sex of Child <u>Female</u>	Twin Triplet or other (To be answered only in event of plural births) <u>Single</u>	Number in order of birth <u>3</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 22 1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>William Pastor Davidson</u>		FULL MAIDEN NAME MOTHER <u>Hannah Bowles</u>		
RESIDENCE <u>Idaho Falls</u>		RESIDENCE <u>Idaho Falls</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Idaho Falls FAIRVIEW, IDAHO</u>		
OCCUPATION <u>Carpenter</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth..... 3 Number of children of this mother now living, including present birth..... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... born alive..... at..... Idaho Falls.....
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Martin

Given names added from a supplemental report.

Address Idaho FallsFiled Feb. 9 1921 Martha Marker

Registrar

Registrar

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Teton } ss. Certificate No. 76107
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or death)

for Gail Davidson who was born on January 22, 1920
(Name on original certificate) (Was born or died) (Date of event)

in Driggs, Teton County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)

true facts as shown by Fathers church record prepared on November 3, 1903; and mothers
birth place is (Bible record, insurance policy, etc.) affiant being present (Give date) at her birth.
are:

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)

Name Unnamed Davidson Gail Davidson

Father's age 40 41

Mother's birthplace Utah Fairview, Idaho

Subscribed and sworn to before me this 31
day of Dec, 1941
My Strong

Signed Florence Davidson
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)

Notary Public, residing at Driggs Idaho
My commission expires April 14, 1945
[SEAL] Driggs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss. [This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31
day of December, 1941
My Strong

Signed Victor Drake
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Driggs Idaho
My commission expires April 14, 1945
[SEAL] Victor, Idaho
(Street Address, City, State)

Received for filing on Dec. 31, 1941 By Florence Davidson
(Registrar's signature)

9281 7 8277

819-131-041-266

PLACE OF BIRTH

amend 12-22-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

76108

County of TetonCity of Driggs TetonRegistration District No. 77File No. 29

No.St.

Primary Registration District No. 2.1.76

Registered No.

Hospital

FULL NAME OF CHILD Max Booth Harris

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 31 1926</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Clarence L. Harris</u>	FATHER	FULL MAIDEN NAME <u>May Bell Booth</u>	MOTHER
RESIDENCE <u>Teton, Ida</u>		RESIDENCE <u>Teton, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Merchant</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 4 ... Number of children of this mother now living, including present birth... 4 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Booth Harris at Driggs, Ida on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles J. Marker

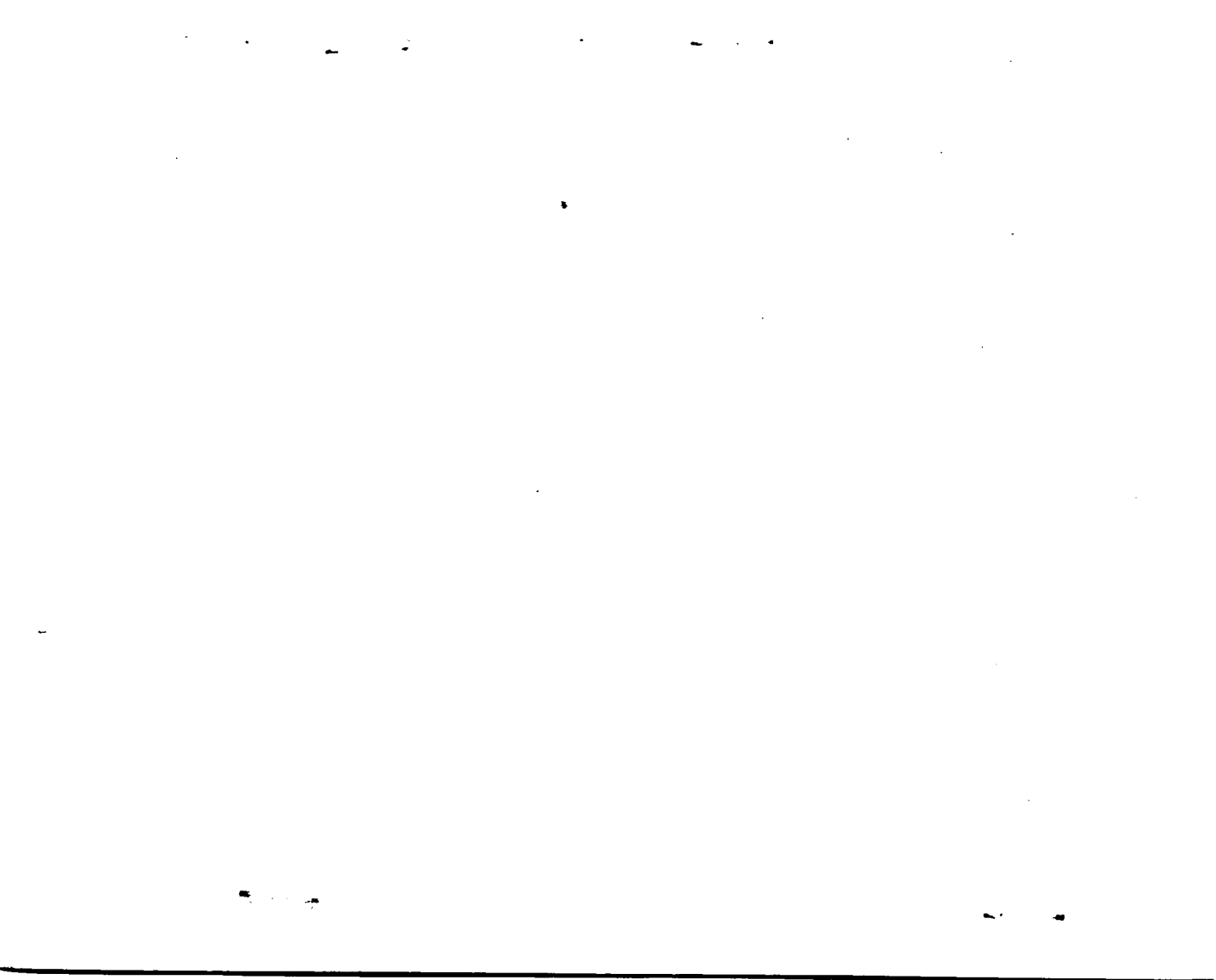
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs, IdaFiled Feb 9 1926 Martha Marker

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of TEXAS } ss.
County of WICHITA

DEC 21 2 21 PM '81

Certificate No. 76108

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Harris who was born on 1-31-20
Tetonia (Teton) (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in _____ are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedMax Booth Harrissex of childFemaleMaleSubscribed and sworn to before me this 11 day ofDECEMBER, 1981.Notary Public, Jayne StephensResiding at Wichita Co TXMy commission expires 20 Jan 85

(Seal)

X Max B. Harris
Signature of Applicant
603 Sunset Dr, Wichita Falls, Tex
Street Address, City, State 76301

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of TEXAS } ss.
County of WICHITA

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day ofDECEMBER, 1981.Notary Public, Jayne StephensResiding at Wichita Co TXMy commission expires 20 Jan 85

(Seal)

Anna M. Harris
Supporting Signature
603 Sunset Dr, Wichita Falls
Street Address, City, State 76301

icc rd

Dep
76301

DEC 22 1981

Honorable Discharge for Max B Harris born 1-31-20 in Tetonia, Idaho from Military. Discharge date is 12-6-44. Viewed by V.S.

Prudential Ins Co. of America policy gives Max B Harris born 1-31-20 in Tetonia. Insured name listed as Max B Harris. Policy date 12-8-55 Viewed by V.S. Lists insured as Male

Family REcord sheet gives Max Booth Harris born 1-31-20 in Tetonia to Clarence Earl Harris and May Belle Booth. last date entered on this sheet is 6-10-67. Viewed by V.S. Lists Max Booth Harris as Male

613221-041-693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-9-17

76109

County of Teton.....City of Driggs.....Registration District No. 77.....File No. 24.....

No.St.

Primary Registration District No. 2176.....

Registered No.

Hospital

FULL NAME OF CHILD

Louise Walker

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 21</u> (Month) (Day) (Year) <u>1927</u>
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME

Charles B. Walker

FATHER

FULL MAIDEN NAME

Ada Walker

MOTHER

RESIDENCE

Driggs, Ida

RESIDENCE

Driggs, Ida

COLOR

White

AGE AT LAST BIRTHDAY

35
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

35
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Banker

OCCUPATION

HouseworkNumber of child of this mother, including present birth.....6 Number of children of this mother now living, including present birth.....5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....Born alive..... at.....Driggs, Ida..... on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Charles B. Walker
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

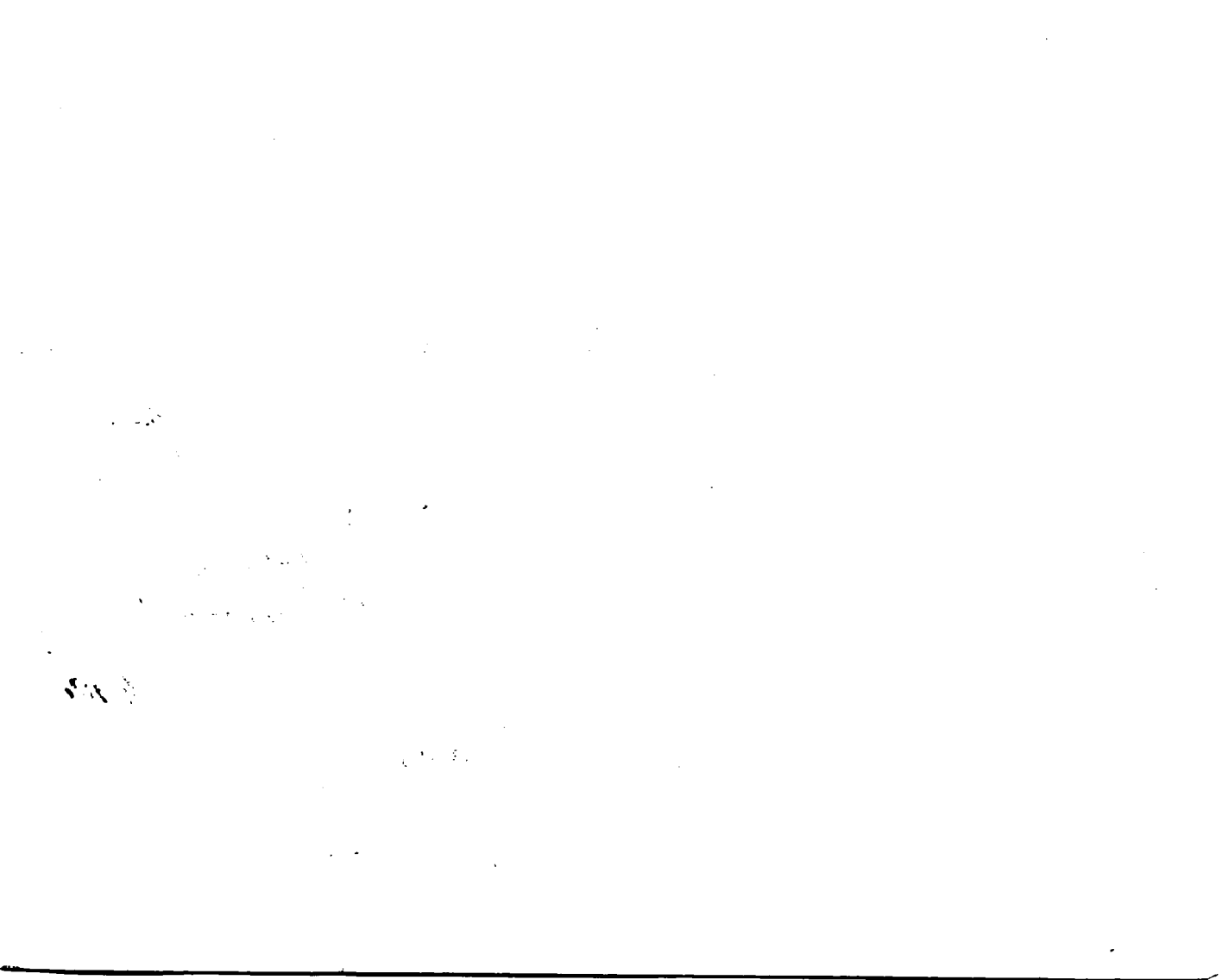
Driggs, Ida

Filed

Feb 9th 1928Martha Marker

Registrar

Registrar



Amended 11-5-63

(Be sure the information is complete and accurate)

State File No. 76110

Federal Security Agency
United States Public Health ServiceCERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 77

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Teton		a. STATE Idaho	b. COUNTY Teton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Victor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Driggs	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME			
a. (First) Helen	b. (Middle) Dorothy	c. (Last) Supan	
4. SEX F.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) Jan. 23, 1920
FATHER OF CHILD			
7. FULL NAME		8. COLOR OR RACE	
a. (First) Thomas	b. (Middle) A.	c. (Last) Supan	W.
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) (City or Town) Ill.	11a. USUAL OCCUPATION Station Agent	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME		13. COLOR OR RACE	
a. (First) Ruth	b. (Middle) Geneva	c. (Last) Piper	W.
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) (City or Town) Ill.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 3 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)			
18a. SIGNATURE H. H. Culbertson		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
18c. ADDRESS		18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG. Feb. 6, 1920	20. REGISTRAR'S SIGNATURE Martha Marker		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this act with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there is no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....
.....

(b) Labor: Complication.....

.....
..... Induced?

.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:.....

(2) Birth Injury?

Describe:.....

(e) Signature of Physician:

(c) State all operations for delivery.....

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. Certificate No. 76110
County of Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Helen Dorthey Supan who was born on Jan. 23, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Victor, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Full Name of Child Helen Dorthey Supan Helen Dorothy Supan

Subscribed and sworn to before me this 26 day of

Signed Mrs. T. A. Supan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2258 Chubbuck Rd. Victor, Idaho
(Street Address, City, State)

Notary Public, residing at Bozeman, Idaho
My commission expires Feb 1963
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

Photo Copy of Page from Family Registrar titled Births gives one child's full name as Helen Dorothy Supan, born January 23, 1920 Appears dd and unaltered. - viewed by V.S.

Photo Copy of Marriage License and Certificate, State of Idaho, married Dec. 19, 1935 at Hailey, Idaho gives full name of groom as Gale Warner Conner and full name of bride as Helen Dorothy Supan - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-222-041-937
PLACE OF BIRTH amend 1-8-82STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C—22m-0-17

76111

County of... Latah.....City of... Driggs.....Registration District No. 77.....File No. Sixteen.....No. 51.....Primary Registration District No. 2.176.....

Registered No.

Hospital

FULL NAME OF CHILD Martha Amelia Mackley

Sex of Child <u>7</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>yes</u>	Legitimate? <u>yes</u>	Date of Birth. <u>Jan 22 1920</u> (Month) (Day) (Year)
-----------------------	---	------------------------	---

FULL NAME	FATHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE	
OCCUPATION	

FULL MAIDEN NAME	MOTHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE	
OCCUPATION	

Number of child of this mother, including present birth. 12..... Number of children of this mother now living, including present birth. 12.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

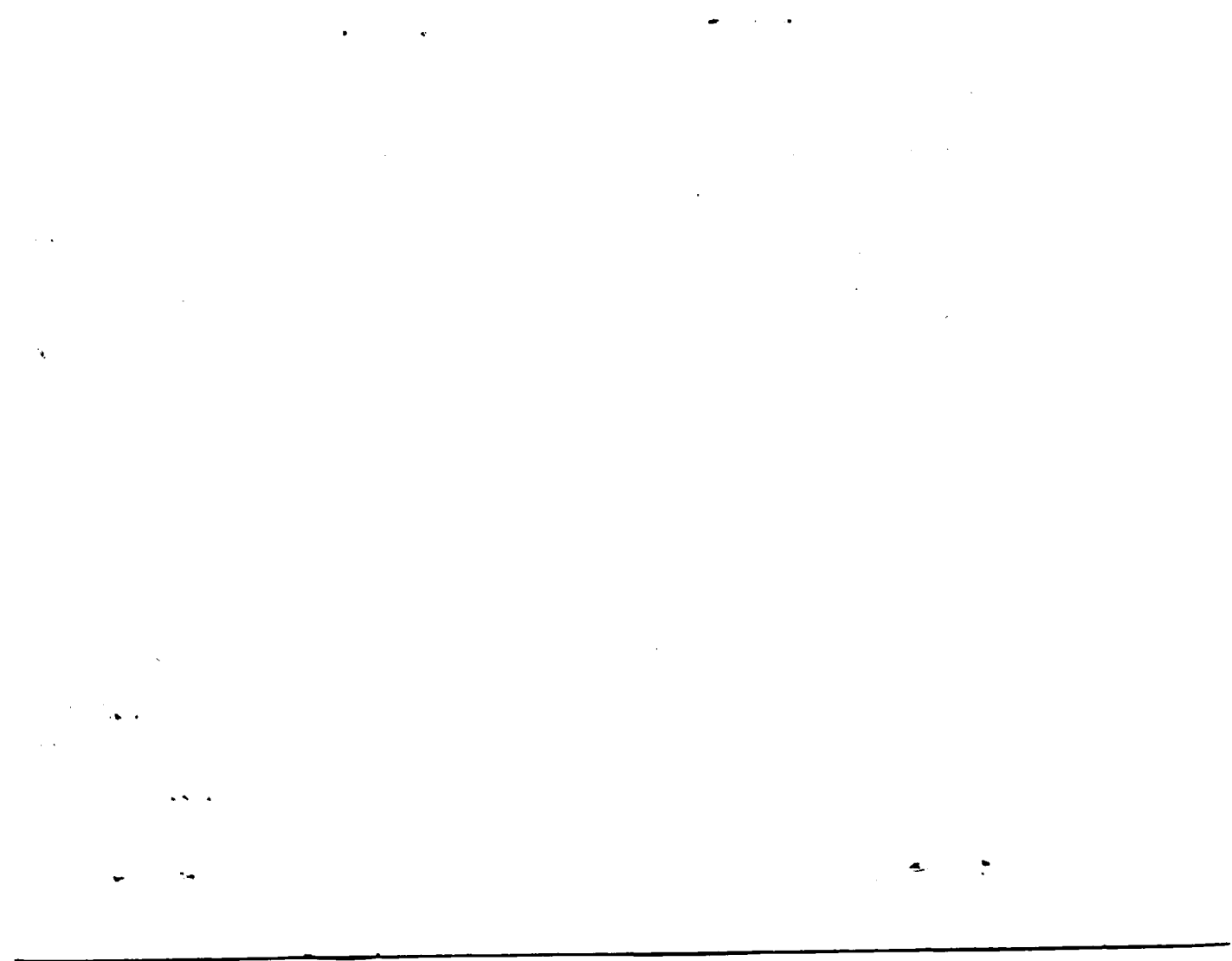
I hereby certify that I attended the birth of this child, who was..... alive..... at..... 5:20 P.M......
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson.....
..... Physician.....
(Physician or midwife)

Given names added from a supplemental report.

Address..... Driggs, Ida.....
Filed..... Feb 6-1920..... Martha Mackley.....
Registrar Registrar



12-21-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____ } ss. JAN 8 8 18 AM '82
 County of _____ } Certificate No. 76111
 Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
 for Unnamed Mackley who was born on 1-22-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in Driggs (Teton) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Martha Amelia Mackley

Subscribed and sworn to before me this 4th day of
January, 1982

Notary Public, [Signature]

Residing at [Signature]

My commission expires 8-15-83

(Seal)

[Signature]
 Signature of Applicant
[Address]
 Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. (Must be completed ___)
 County of _____ } (Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
 _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Application to Beneficial Life Ins Co gives Martha Amelia
Mackley born 1-22-20 in Driggs to Albert and Catherine Mackley.
Application dated 12-19-30. Viewed by V.S.

JAN 8 1962

Application to Beneficial Life Ins Co. gives Martha Amelia Mackley
born 1-22-20 in Driggs to Albert James Mackley and Catherine
Mackley. Dated 6-16-41. Viewed by V.S.

281-205-041-349

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-12m-5-54

76112

County of Teton amended Mar. 16, 1978City of TetonRegistration District No. 17File No. fifteen

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD Vera Shaw

Sex of Child <u>F</u>	Twin Triplet or other? <u>and</u> { Number in order of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of Birth <u>Jan</u> <u>5</u> <u>1978</u> (Month) (Day) (Year)
-----------------------	---	------------------------	---

FULL NAME <u>Anna Ray Shaw</u>	FATHER
RESIDENCE <u>Briggs Teton</u>	
COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Ranch man</u>	

FULL MAIDEN NAME <u>Florence Lusner</u>	MOTHER
RESIDENCE <u>Briggs Teton</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 P on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. CulbertsonPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Briggs Idaho
Filed Feb 6 1978 Martha Markes
Registrar

STATE OF ALABAMA
DEPARTMENT OF REVENUE

1917

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah }
County of Washington } ss. Certificate No. &CL 76112
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Shaw who was born on Jan. 5, 1920 (Birth or Death)
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Tetonia are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name omitted Vera Shaw

Subscribed and sworn to before me this 17 day of

Signed Vera Shaw
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Rt # 2 Jerome, Idaho
(Street Address, City, State)

Notary Public, residing at St George, Utah
My commission expires 12-8-77
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Washington } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of

Signed Mary T Shaw
(Signature of Any Credible Person)

2349 5th St St George Utah
(Street Address, City, State)

Notary Public, residing at St George, Utah
My commission expires 12-8-77
(Seal)

Marriage certificate, dated June 14, 1941, Elko County, Nevada,
lists name As Vera Shaw.

viewed by vs March 16, 1978

Public School Diploma, dated April 28, 1933, lists name as Vera Shaw.
State of Idaho Public Schools, Driggs, Idaho.

viewed by vs March 16, 1978

MAR 16 1978

75511-041-893

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-27

CERTIFICATE OF BIRTH

76120

County of TetonCity of CarleyRegistration District No. 77File No. fourteen

No.St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD

James Eliot Penfold

Sex of Child

MaleTwin
Triplet
or othersingleand (Number
of birth2

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

Jan 16 1922

(Month) (Day) (Year)

FULL NAME

FATHER
James Edgar Penfold

FULL MAIDEN NAME

MOTHER
Bessie Hill

RESIDENCE

Carley, Ida

RESIDENCE

Carley, Ida

COLOR

White

AGE AT LAST BIRTHDAY

25
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HouseworkNumber of child of this mother, including present birth.....2 Number of children of this mother now living, including present birth.....2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....Born alive.....at.....10:30 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. H. Martin
Physician
(Physician or midwife)

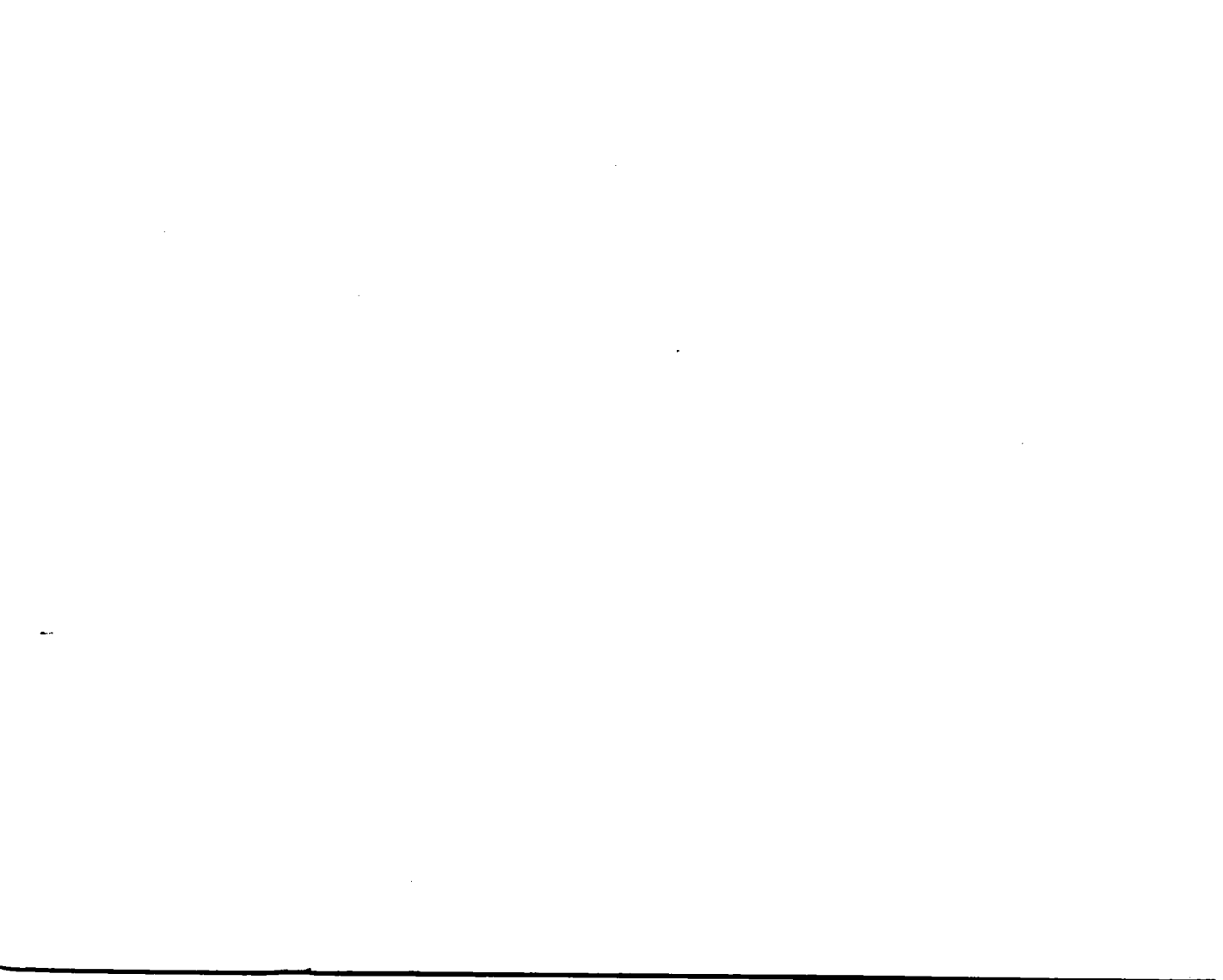
Given names added from a supplemental report.

Address

Orangs, Ida

Filed

Jan 22 1922
Martha Marker
Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-205-041-115

PLACE OF BIRTH

County of IdahoCity of Boise

No. St.

Hospital

FULL NAME OF CHILD

Sex of Child

FemaleTwin
Triplet
or otherSingleand { Number
in order
of birth{
(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

Jan 5 1920
(Month) (Day) (Year)

FULL NAME

Charles W. Knight

RESIDENCE

Boise, Ida

COLOR

White

AGE AT LAST BIRTHDAY

42
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

Mary Jane

RESIDENCE

Boise, Ida

COLOR

White

AGE AT LAST BIRTHDAY

39
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HouseworkNumber of child of this mother, including present birth.... 11 Number of children of this mother now living, including present birth.... 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... born alive..... at..... Boise, Idaho.....
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Martha Marker
(Physician or midwife)

Given names added from a supplemental report.

Address

Boise, Ida

Filed

Jan 23 1920Martha Marker

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-3-17

76121

File No. ThirteenRegistration District No. 77Primary Registration District No. 2176

Registered No.

JAN 6 1945

154-1041041-415
PLACE OF BIRTH

County of Teton **76122**
City of Bates Registration District No. 77 File No. Twelve
No. St. Primary Registration District No. 2176 Registered No.
Hospital
FULL NAME OF CHILD HARON Le GRAND ANDREWS

Sex of Child <u>Male</u>	Twin Triple or other <u>Single</u> and Number in order of birth <u>6</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 4 1920</u> (Month) (Day) (Year)
FULL NAME <u>Louis G. Andrews</u>	FATHER	FULL MAIDEN NAME <u>Ladies Daniels</u>	MOTHER
RESIDENCE <u>Bates, Idy</u>		RESIDENCE <u>Bates, Idy</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farm</u>		OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 79 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles Hartman
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Grigby Idy

Filed Jan 22 1922 Martha Marker
Registrar Registrar

12-57-41



693202-01-647

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C-23m-9-3-17

CERTIFICATE OF BIRTH

76123

County of TetonCity of DriggsRegistration District No. 77File No. bluen

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD

Grace Williams

Sex of Child

FemaleTwin
Triplet
or other

{

and

{ Number
in order
of birth2

{

Legiti-
mate?yes

Date of Birth

Jan 2 1920

(Month) (Day) (Year)

FULL NAME

FATHER
James W. Walters Williams

FULL MAIDEN NAME

MOTHER
Lady Mary Fugate

RESIDENCE

Driggs Ida

RESIDENCE

Driggs Ida

COLOR

White

AGE AT LAST BIRTHDAY

28

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

Ida

BIRTHPLACE

Ida

OCCUPATION

Sheep Herder

OCCUPATION

Housework

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Charles Martin

(Physician or midwife)

Address

Driggs Ida

Filed

Jan 2 1920

Registrar

Registrar

NOV 12 1944

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

76123

Place
of Birth

City

Driggs

Street and House No.

County

Latah

Registered No.

11

Registration Dist. No.

77

Sex of Child

Female

Date of Birth

Jan 2nd 1920

MONTH

DAY

YEAR

Father

James Walton Williams

FULL NAME

Mother

Lela Guffy Linger

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Grace Williams

GIVEN NAME IN FULL

SURNAME

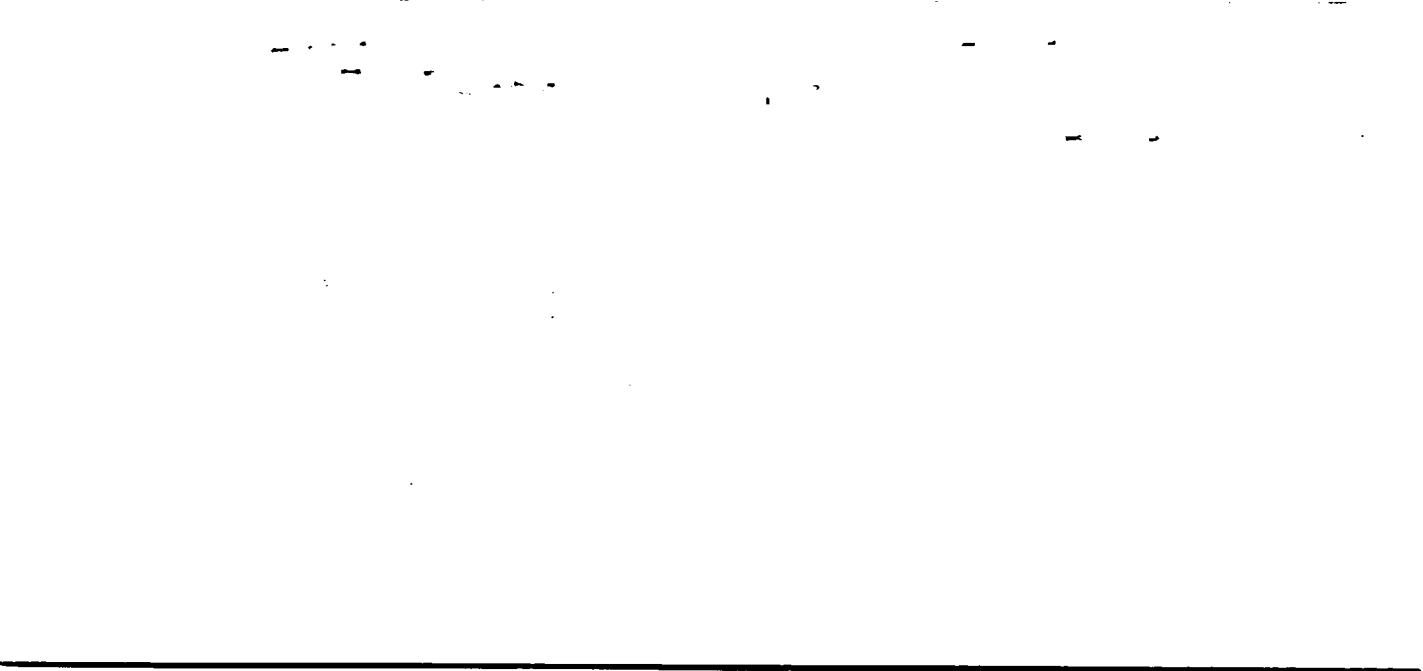
as reported by

Mother

FATHER OR MOTHER

Mrs Martha Marker

LOCAL REGISTRAR



231-101-041-213

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

County of Teton.....City of Victor.....Registration District No. 77.....File No. 36124
Len.....

No.St.

Primary Registration District No. 2176.....

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other <u>Single</u>	and (Number in order of birth) <u>1st</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 1 1920</u> (Month) (Day) (Year)
FULL NAME <u>John Robert Blandford</u>	FATHER		FULL MAIDEN NAME <u>Edna Fay Ballard</u>	MOTHER
RESIDENCE <u>Victor Idgh</u>			RESIDENCE <u>Victor Idgh</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth..... / Number of children of this mother now living, including present birth..... /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive..... at 3 P......
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

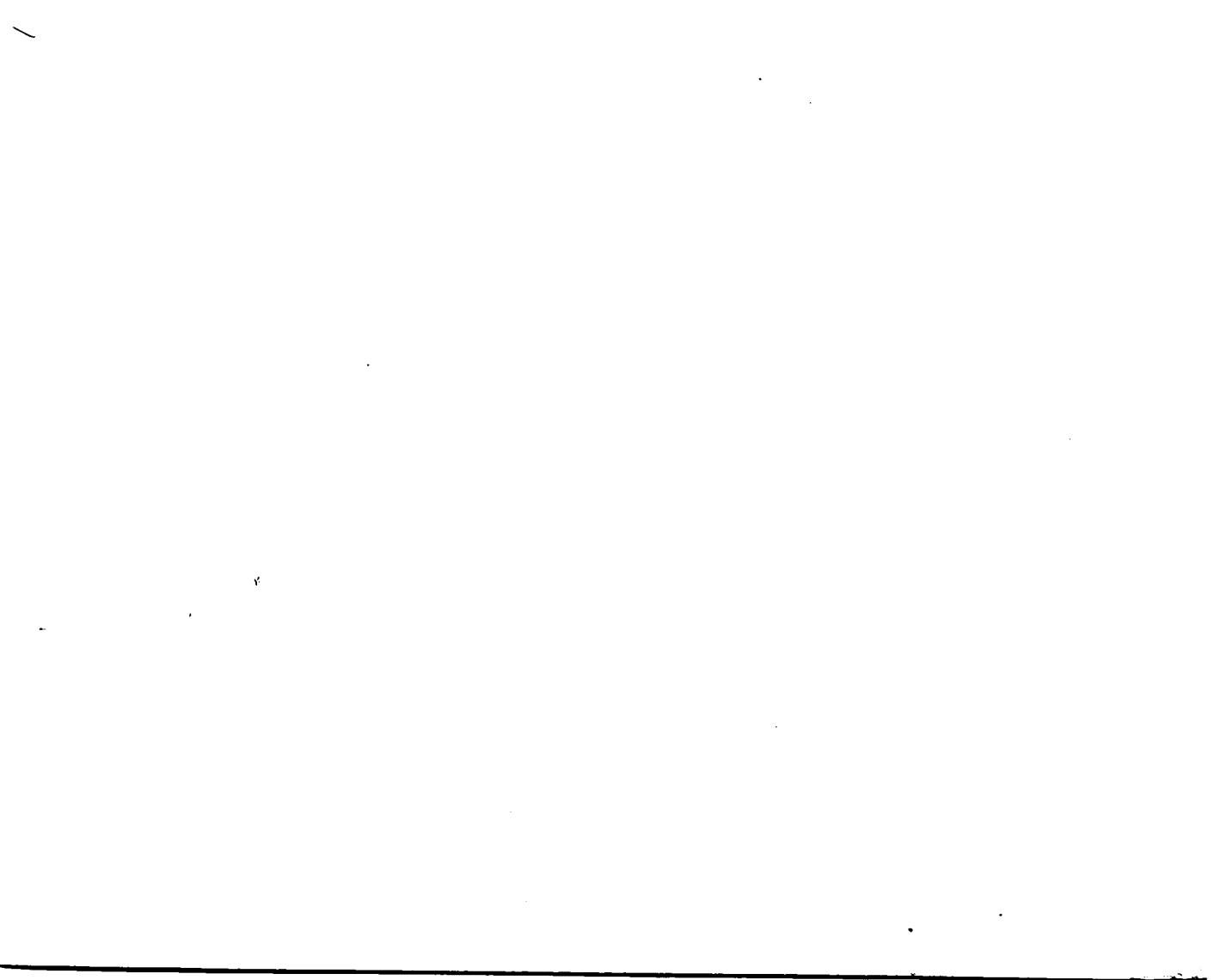
(Signature) Chas. H. J. J. J......

Given names added from a supplemental report.

Address Victor Idgh.....Filed Jan 23 1920 Martha Marker.....

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

389-109

County of Cassia

City of Sandpoint

Registration District No. 78

File No.

76127

No. _____ St.

Primary Registration District No. 2155

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child Male { Twin Triplet or other? } and { Number in order of birth Second } Legiti mate? yes Date of Birth Jan 9 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Edgar Christianson
RESIDENCE 63 Milltown Sandpoint
COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Wisconsin
OCCUPATION Millwright

MOTHER
FULL MAIDEN NAME Mary Kinnon
RESIDENCE Sandpoint
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Minnesota
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Larnalene, at 1:45 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. F. Page M.D.
Sandpoint, Ida.
(Physician or midwife)

Given names added from a supplemental report.

19

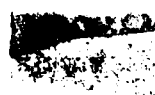
Address

Filed

Feb 9 1920

FLOYD G. WENDLE

Registrar



MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

339-200-265

amend child's and father's name 1-16-85 dl

Form V. S. No. 11-0-25-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 502 Laker St.

Registration District No. 7D

File No. 76128

Primary Registration District No. 2-2-1

Registered No.

Hospital Frances Margaret Clintsman

FULL NAME OF CHILD

Sex of Child

Female

Twin
Triplet
or other?
(To be answered only in event of plural births)

☒

and (Number
in order
of birth

☒

Legitimate?

Yes

Date of Birth

1 6 1920
(Month) (Day) (Year)

FULL NAME

William FATHER Clintsman

RESIDENCE

Sandpoint

COLOR

White

AGE AT LAST
BIRTHDAY

4/8
(Years)

BIRTHPLACE

Wis

OCCUPATION

Laborer

FULL
MAIDEN
NAME

Anna MOTHER Borsen

RESIDENCE

Sandpoint

COLOR

White

AGE AT LAST
BIRTHDAY

35
(Years)

BIRTHPLACE

Maine

OCCUPATION

Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:05 P.M. on the date above stated.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. T. Anderson M.D.
Sandpoint, Ida.
(Physician or midwife)

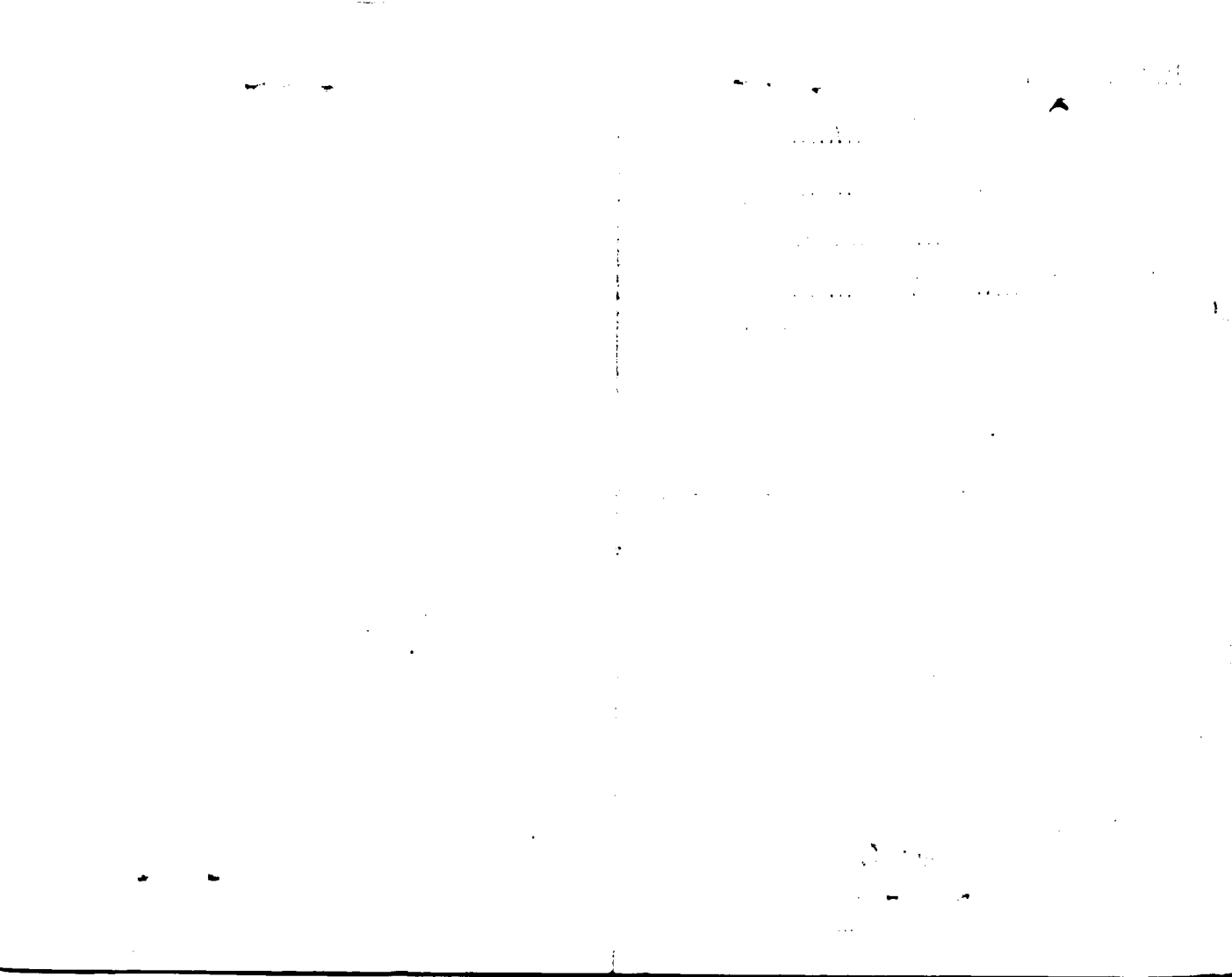
Given names added from a supplemental report.

Address

Filed Feb 9 1920

FLOYD C. WENDLE
Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of WASHINGTON } ss.
County of SPOKANE

Certificate No. 76128
Date Filed _____
birth

The undersigned does solemnly swear that certain facts on the certificate of _____
for Unnamed Clintslen who was born on Jan 6, 1930
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Sandpoint (Bonner) are erroneous or were omitted:
(Place of Event) Jan 6 - 1920

ITEMS TO BE CORRECTED

FROM

TO

<u>childs name</u>	<u>Unnamed Clintslen</u>	<u>Frances Margaret Clintslman</u>
<u>fathers last name</u>	<u>Clintslen</u>	<u>Clintslman</u>
		<u>William H Clintslman</u>

Subscribed and sworn to before me this 10TH day of
JANUARY, 1985

Notary Public, Heidi M. Ferguson
Residing at SPOKANE
My commission expires FEB. 12, 1986
(Seal)

X Frances M. McSpadden
Signature of Applicant
X E 2203 So Crescent
Street Address, City, State
Spokane WA 99207

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of SPOKANE

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10TH day of
JANUARY, 1985

Notary Public, IN & FOR STATE OF WASH.
Residing at SPOKANE
My commission expires FEB. 12, 1986
(Seal)

James H. Leasher
Supporting Signature
E 2227 So Crescent St.
Street Address, City, State
Spokane, Wash. 99207

Certificate of Baptism from St. Joseph Church in Sandpoint, Idaho lists Frances Margaret Clintsman child of William H. Clintsman and Anna Boesen born Jan 6, 1920 in Sandpoint was baptised Jan 25, 1920 in Roman Catholic Church. Viewed by V.S.

JAN 16 1985

Marriage Announcement lists Frances Clintsman daughter of Mr and Mrs W. H. Clintsman and Vernon McSpadden were married Feb 7, 1942. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-009-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Darmer

City of Sand Point

Registration District No. 7D

File No. 76129

No. _____ St. _____

Primary Registration District No. 2133 Registered No. _____

Hospital _____

FULL NAME OF CHILD Frances Arna Lane

Sex of Child <u>Female</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 15 1920</u> (Month) (Day) (Year)
----------------------------	--------------------------------	-----	-----------------------------------	------------------------	---

FATHER
FULL NAME Herman Lane
RESIDENCE Sand Point, Ida
COLOR White AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Wisconsin
OCCUPATION Lumberman

MOTHER
FULL MAIDEN NAME Adelle Stagg
RESIDENCE Sand Point, Ida
COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Wisconsin
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Lane alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Page

(Physician or midwife)

Given names added from a supplemental report.

Address Sand Point Idaho

Filed Feb 9 1920

FLOYD G. WENDLE

Registrar

JUL 8 1942

736-116-009-391

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of Sand PointRegistration District No. 78File No. 76130

No. _____ St. _____

Hospital JohnsPrimary Registration District No. 2157 Registered No. _____

FULL NAME OF CHILD

John Douglas Glosson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Leads mate? <u>yes</u>	Date of Birth <u>Jan. 16</u> <u>1920</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FULL NAME <u>William Henry Glosson</u>	FATHER
RESIDENCE <u>Sand Point, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Emma Craig</u>	MOTHER
RESIDENCE <u>Sand Point, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Larn Allen, at 2:15 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ed. J. Tague M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sand Point, Idaho

Filed

Feb. 9 1920

FLOYD G. WENDLE

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

262-118-009-251
PLACE OF BIRTH

County of Bonner

City of Postenai

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 78

File No. 76181

Primary Registration District No. 255

Registered No. _____

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of Birth Jan. 18 19 20
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Thomas V. Barden
RESIDENCE Postenai
COLOR White
BIRTHPLACE Texas
OCCUPATION Student
AGE AT LAST BIRTHDAY 25 (Years)

MOTHER
FULL MAIDEN NAME Essie J. Barden
RESIDENCE Postenai
COLOR White
BIRTHPLACE Oklahoma
OCCUPATION Housewife
AGE AT LAST BIRTHDAY 23 (Years)

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female, at 29 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. F. Page, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address David Point, Ida.

Filed Feb. 9 19 20

FLOYD G. WENDLE

Registrar

OCT 19 1971

259-2271009-239

PLACE OF BIRTH
name added 9-2-82County of BannerSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

City of DeverRegistration District No. 78File No. 76133

No. _____ St. _____

Primary Registration District No. 2155

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Linda Vera BerglundSex of Female
ChildTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate?YesDate of
BirthJan.2719 20

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Carl Victor Berglund

RESIDENCE

Dever, Idaho.

COLOR

White

BIRTHPLACE

Sweden

OCCUPATION

LaborerAGE AT LAST
BIRTHDAY 35

(Years)

FULL
MAIDEN
NAME

MOTHER

Alma Stren

RESIDENCE

Dever, Idaho.

COLOR

White

BIRTHPLACE

Sweden

OCCUPATION

House wifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10:05 A. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

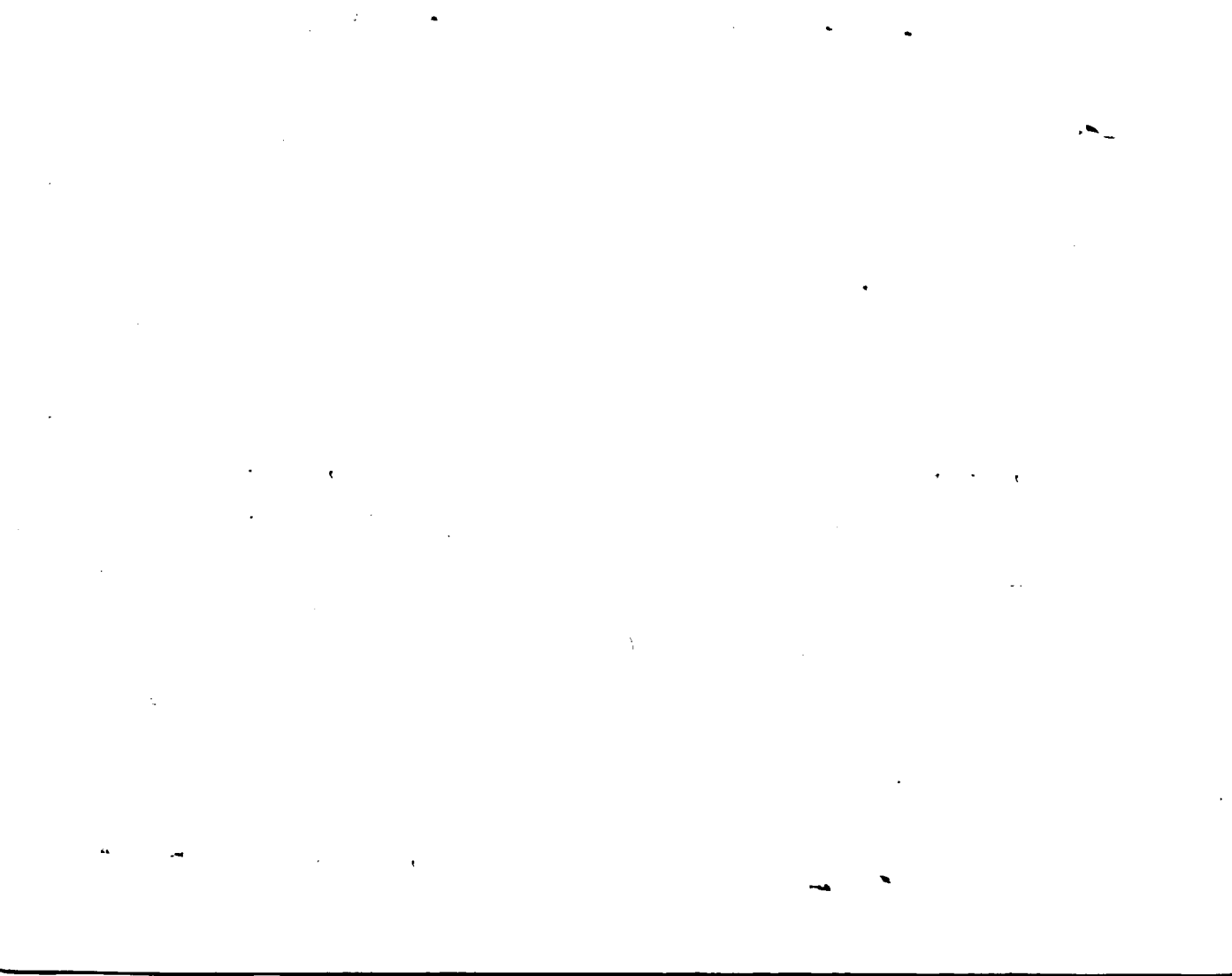
Sandpoint, Idaho.

Filed

Feb 9 1920FLOYD G. WENDLE

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Oregon
County of Umatilla } ss.

MAY 13 10 11 AM '82

Certificate No. 76133
Date Filed _____The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Berglund who was born on 1-27-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Dover (Bonner) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

childs nameUnnamedLinda ^{Vera} Elvera BerglundSubscribed and sworn to before me this 17 day ofApril, 1982Notary Public, Craig A. VaileResiding at 601 SW Frazer AvMy commission expires 4-29-85

(Seal)

Linda Elvera Berglund
Signature of Applicant
436 D.W. Court Pendleton Oregon
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Umatilla } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day ofApril, 1982Notary Public, Craig A. VaileResiding at 601 SW Frazer AvMy commission expires 4-29-85

(Seal)

Violet E. Maen
Supporting Signature
228 SW 28th Dr. #41 Pendleton, OR
Street Address, City, State
97801

1 cc pd

Application for Social Security # gives Linda Vera Cowie
(Berglund maiden name) # 543-44-5692. Application dated 3-26-57..
Viewed by V.S.

SEP 2 1982

State of Idaho Marriage License gives Linda Vera Cowie (maiden
name Berglund and Maurice T Higgins were married in
Washington County on 8-4-67. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-227-009-646
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Benner

City of Sandpoint,

Registration District No. 78

File No. 76134

No. _____ St.

Primary Registration District No. 2122

Registered No. _____

Hospital City Hospital

FULL NAME OF CHILD Margaret Mary Larson

Sex of Child Female

Twin
Triplet
or other? } and { Number
in order
of birth
I
(To be answered only in event of plural births)

Legiti
mate? Yes

Date of Birth Jan 27 19 20
(Month) (Day) (Year)

FULL NAME FATHER

Albert Larson

RESIDENCE

Keetonai, Idaho

COLOR

White

AGE AT LAST
BIRTHDAY 34
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

Switchman

FULL MAIDEN NAME MOTHER

Nellie O'Dannel

RESIDENCE

Keetonai, Idaho

COLOR

White

AGE AT LAST
BIRTHDAY 30
(Years)

BIRTHPLACE

Oregon

OCCUPATION

House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho

Filed

Feb 7 19 20

FLOYD G. WENDLE

Registrar

Registrar

DEC 30 1940

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

959-222-009-945

PLACE OF BIRTH

County of Born

City of Sandpoint

No. St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-8-8-17

Registration District No. 7D

File No. **76135**

Primary Registration District No. 21935

Registered No.

Hospital

FULL NAME OF CHILD

GLADYS VIOLA ZERVAS

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>1</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>1 27 10</u> (Month) (Day) (Year)
----------------------------	---	-----------------------------	---

FATHER
FULL NAME Joseph Zervas
RESIDENCE Sandpoint
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho
OCCUPATION Mill Hand

MOTHER
FULL MAIDEN NAME Ann Peterson
RESIDENCE Sandpoint
COLOR White AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE N. Dakota
OCCUPATION Wife

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated, at 8:20 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Anderson
Sandpoint Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed Feb 9 1923 **FLOYD G. WENDLE**
Registrar

OCT 19 1943

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

552-2281009-763

name added 2/12/81

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22m-9-8-17

County of Banner

City of Kootna

No. St.

Hospital

Registration District No. 78

File No. 76136

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD Blanche Louise

Hestitt

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>1 28 20</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Carl Hestitt</u>		FULL MAIDEN NAME <u>MOTHER</u> <u>Jennie Tallock</u>	
RESIDENCE <u>Kootna</u>		RESIDENCE <u>Kootna</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Ill.</u>		BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Railroad Man</u>		OCCUPATION <u>Wife.</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 7:50 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson

Sam Spent
(Physician or midwife)

Given names added from a supplemental report.

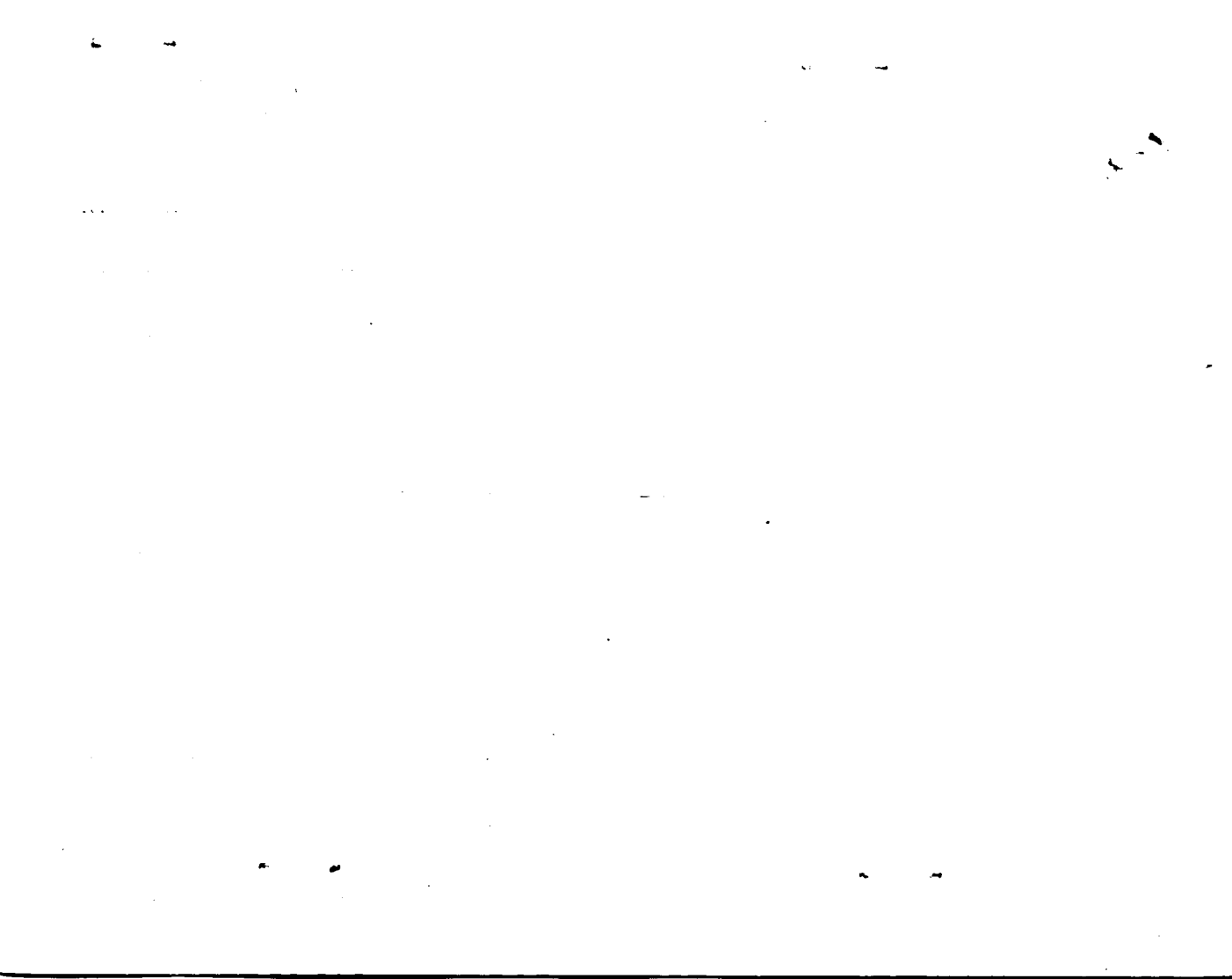
Address

Filed Feb 9 1920

Registrar

FLOYD G. WENDLE

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

NOV 24 11 57 AM '80

Certificate No. 76136

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Nesbitt who was born on Jan. 28, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Kootenai (Bonner) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameomittedBlanche Louise Nesbitt

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CLEARWATER }

(Must be completed _____)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day ofOCTOBER, 1980Notary Public, [Signature]Residing at ORLANDO, IDAHOMy commission expires LIFE

(Seal)

[Signature]
Supporting Signature

Street Address, City, State

Certif. Marriage gives names as Robert C. Masters &
Blanche Louise Nesbitt. Dated Oct-8, 1939. From
Coeur d'Alene. Visited by U.S. FEB 13 1981

Insurance Policy from Industrial Life Policy gives
insured's name as Lenerveine M. Sheldon. Beneficiary
name as Blanche L. Masters - daughter. Policy # 131157 M. 1
dated May 1, 1932. - received by U.S.

812-220-009-154

Form V. S. No. 11-0-21a-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnerCity of SandpointNo. 666 N. Boyer St.Registration District No. 711File No. 76137Primary Registration District No. 2155

Registered No.

Hospital

FULL NAME OF CHILD Helen Margaret Hasselkush

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>1 20 20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Henry Hazelkush</u>	FATHER
RESIDENCE <u>Sandpoint</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Wis</u>	
OCCUPATION <u>Book</u>	

FULL MAIDEN NAME <u>Gertie Anderson</u>	MOTHER
RESIDENCE <u>Sandpoint</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Wis</u>	
OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 6:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson M.D.
Sandpoint Idaho
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address

Filed Feb 9 1922

FLOYD G. WENDLE

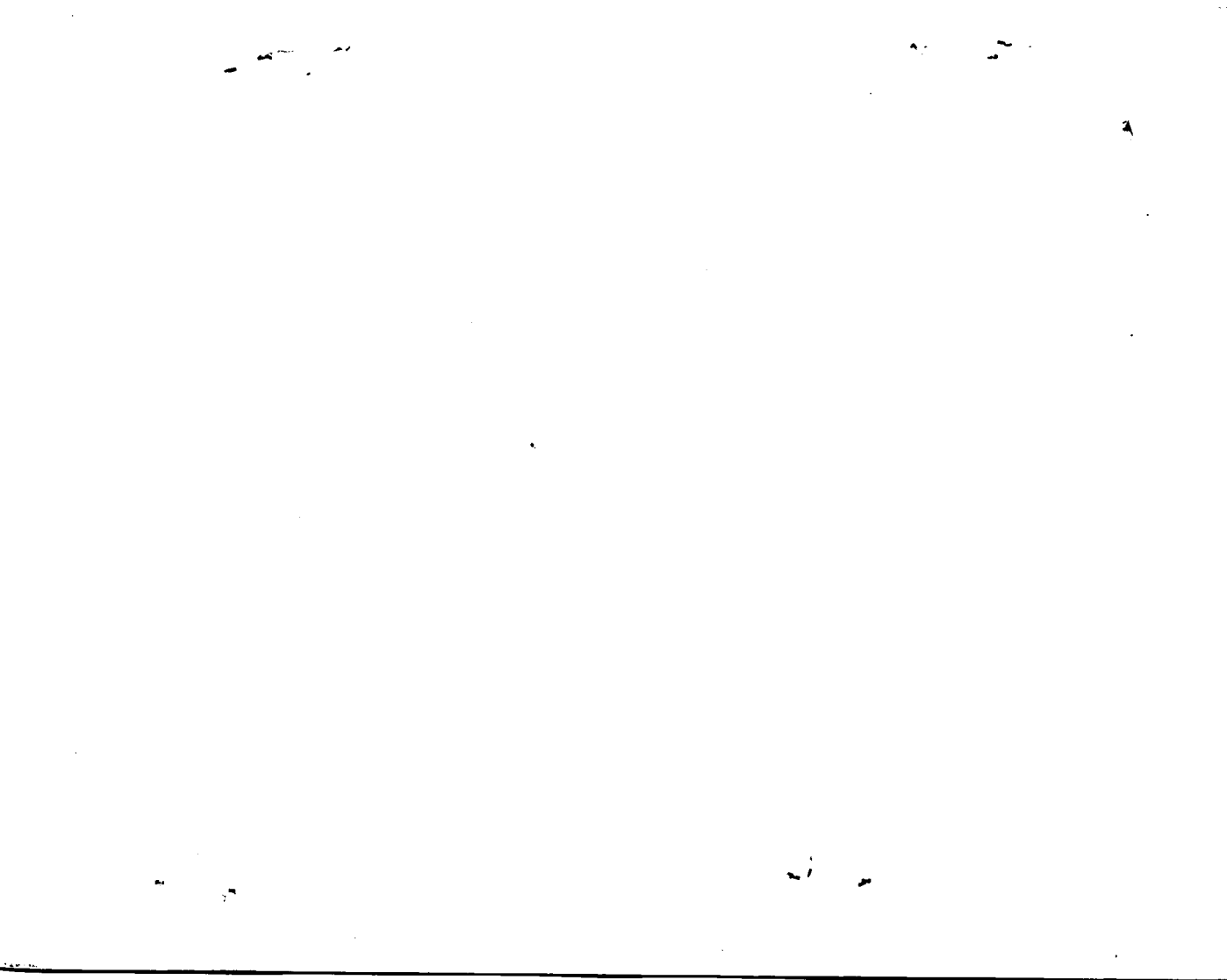
Registrar

Registrar

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. Certificate No 76137
County of Bonner } Date Filed birth
The undersigned does solemnly swear that certain facts on the certificate of birth
for Helen Margaret Haselhuhn who was born on Jan 20 - 1920
(Name on original certificate) (Was born or died) (Date of event)
in Sandpoint Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by insurance prepared on MARCH 1ST., 1936, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	No name given	Helen Margaret Haselhuhn

Helen Margaret Haselhuhn
Subscribed and sworn to before me this 23RD.
day of AUGUST, 19 41

Signed Mrs. Henry T. Haselhuhn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at SANDPOINT, IDAHO
My commission expires MAY 15, 1945
[SEAL] (Street Address, City, State)

Supporting Affidavit of a Second Person

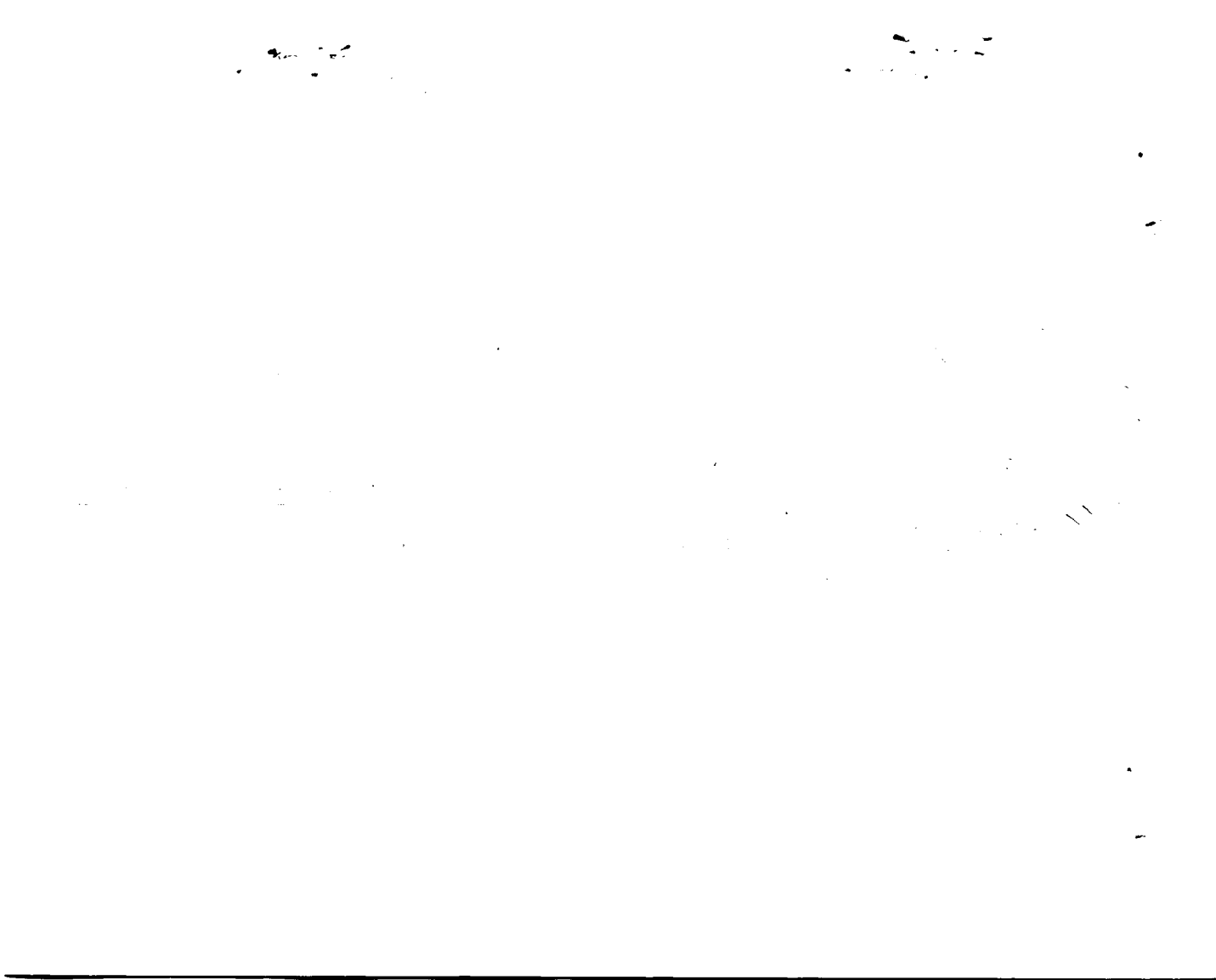
State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____
Signed _____
(Signature of any credible person other than the previous affiant)

Notary Public, residing at _____
My commission expires _____
[SEAL] (Street Address, City, State)

Received for filing on _____ by _____
(Registrar's signature)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

994-126-009-357

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
County of BonnerCity of Sandpoint, Idaho.Registration District No. 787File No. 76138

No. _____ St. _____

Primary Registration District No. 2158 Registered No. _____

Hospital _____

FULL NAME OF CHILD Harold J. RidleySex of Child MaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birth

I

Legiti
mate? YesDate of Birth Jan. 26 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Herace J. Ridley

RESIDENCE

Sandpoint, Idaho.

COLOR

WhiteAGE AT LAST
BIRTHDAY33

(Years)

BIRTHPLACE

Montana

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Hattie M. Lepka

RESIDENCE

Sandpoint, Idaho.

COLOR

WhiteAGE AT LAST
BIRTHDAY26

(Years)

BIRTHPLACE

Minnesota

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.

Filed

Feb. 91920

FLOYD G. WENDLE

Registrar

Registrar

AUG 2 1949

255-278,009-214

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of SandpointNo. Rural St.Registration District No. 78File No. 76139

Hospital _____

Primary Registration District No. 2153

Registered No. _____

FULL NAME OF CHILD

Eva Bennett

Sex of Child

FTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate?yes

Date of Birth

Jan 28 1920

(Month)

(Day)

(Year)

FULL NAME

Lawrence L Bennett

FATHER

RESIDENCE

Sandpoint RR

COLOR

W

AGE AT LAST BIRTHDAY

30
(Years)

BIRTHPLACE

Memaha Co Kans

OCCUPATION

Rancher

FULL MAIDEN NAME

Alta Saunders

MOTHER

RESIDENCE

Sandpoint RR

COLOR

W

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Pocahontas Co Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 230 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Floyd G Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint Idaho

Filed

Feb 9 1920

FLOYD G. WENDLE

Registrar

Registrar

OCT 7 1942

959222-009-763

1. PLACE OF BIRTH
 County of Bonner
 City of Sandpoint
 No. _____ St.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 76140

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Francis Marie Reichert

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan 22, 1920</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name Dan Reichert FATHER
 10. Residence (usual place of abode)
 (If non-resident, give place and State) Sandpoint Idaho
 11. Color or race W 12. Age at last birthday 25 (years)
 13. Birthplace (city or place) Mahoning Co
 (State or Country) West Dakota

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name Elizabeth Polley MOTHER
 19. Residence (usual place of abode)
 (If non-resident, give place and State) Sandpoint Idaho
 20. Color or race W 21. Age at last birthday 20 (years)
 22. Birthplace (city or place) Thompson Falls
 (State or Country) Montana

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
 29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of Stillbirth _____ { During labor or Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 3:35 at P m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Floyd K. Kenna M. D.
 or _____, Midwife

Give name added from a supplemental report _____
 (Date of) _____

Address _____
 Filed Feb 9, 1920 Floyd K. Kenna Registrar.

Registrar.

MAR 28 1944

CLASS No

Form Registration District No

DATE

NAME

ADDRESS

DATE OF BIRTH

SEX

NAME

NATIONALITY

Is residence permanent or temporary? If non-permanent, state date of expiration.

Is holder of passport? If yes, state number.

Place of birth (city or town, state or country).

Place of birth (city or town, state or country).

Is holder of license to work? If yes, state number and date of expiration.

Is holder of license to work? If yes, state number and date of expiration.

Last date (month and year) last engaged in this work.

Last date (month and year) last engaged in this work.

Is holder of passport? If yes, state number.

Is holder of passport? If yes, state number.

Is holder of license to work? If yes, state number and date of expiration.

Is holder of license to work? If yes, state number and date of expiration.

Is holder of passport? If yes, state number.

Is holder of passport? If yes, state number.

Is holder of license to work? If yes, state number and date of expiration.

Is holder of license to work? If yes, state number and date of expiration.

Is holder of passport? If yes, state number.

Is holder of passport? If yes, state number.

Is holder of license to work? If yes, state number and date of expiration.

Is holder of license to work? If yes, state number and date of expiration.

Is holder of passport? If yes, state number.

Is holder of passport? If yes, state number.

Is holder of license to work? If yes, state number and date of expiration.

Is holder of license to work? If yes, state number and date of expiration.

Is holder of passport? If yes, state number.

Is holder of passport? If yes, state number.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

258-105-1009-992
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

No. 424 Superior St.

Hospital Lancaster

Registration District No. 78

File No. 76141

Primary Registration District No. 2123 Registered No. _____

FULL NAME OF CHILD George Willis Keyes

Sex of Child M { Twin Triplet or other? } and { Number in order of birth } Legiti mate? Yes Date of Birth Feb 5 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Edward Keyes
RESIDENCE 102 1/2 S. Second
COLOR W. AGE AT LAST BIRTHDAY 27
(Years)
BIRTHPLACE Bronson Mich
OCCUPATION R Ry Employee

MOTHER
FULL MAIDEN NAME Jenny Rising
RESIDENCE 102 1/2 S. Second
COLOR W. AGE AT LAST BIRTHDAY 30
(Years)
BIRTHPLACE Seattle Wash
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8-45 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle
Sandpoint Ida
(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho
Filed Feb. 9 1920 FLOYD G. WENDLE
Registrar

Registrar

Registrar

FEB 19 1960

Certificate of Marriage, Nov. 2, 1940 at Yuma, Arizona for George Willis Keyes and Joy Belle Moody - viewed by V.S. and Government Life Insurance Policy, United States, Policy #K-1,090,951, July 1, IDAHO STATE BOARD OF HEALTH
1939 gives full name as George WILLIS KEYES DIVISION OF VITAL STATISTICS
Willis Keyes, viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Michigan } ss. Certificate No. 76141
County of Branch } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Keyes who born on February 5, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Sandpoint, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child _____ Unnamed _____ George Willis Keyes

Subscribed and sworn to before me this 23rd day of
February, 1960.

Gertrude M. Blaskie

Notary Public, residing at GERTRUDE M. BLASKIE

My commission expires Notary Public, Branch County, Mich.

(Seal)

My Commission Expires July 8, 1963.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan } ss.
County of Branch }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of
February, 1960.

Gertrude M. Blaskie

Notary Public, residing at GERTRUDE M. BLASKIE

My commission expires Notary Public, Branch County, Mich.

(Seal)

My Commission Expires July 8, 1963

Signed Howard B. Keyes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

141 Union Bronson Mich
(Street Address, City, State)

Signed Hazel A. Roacher
(Signature of Any Credible Person)

35 N. Hudson St. Cedarwater
(Street Address, City, State)

Michigan

MAR 1 1960

154-110-009-955

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of SandpointNo. 226 1/2 1st St.Registration District No. 78File No. 76142

Hospital _____

Primary Registration District No. 2133 Registered No. _____

FULL NAME OF CHILD

Kendell Bernhard AndersonSex of Child M.Twin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate? YesDate of
Birth Jan 10

(Month)

(Day)

1920
(Year)FULL
NAMEGustav Anderson

FATHER

RESIDENCE

St. Maries IdahoCOLOR W.AGE AT LAST
BIRTHDAY 31

(Years)

BIRTHPLACE

Sweden

OCCUPATION

Contractor in Mill workFULL
MAIDEN
NAMEElva Rued

MOTHER

RESIDENCE

Sandpoint 226 1/2 1stCOLOR W.AGE AT LAST
BIRTHDAY 20

(Years)

BIRTHPLACE

Sweden

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Floyd G. Wendle
Sandpoint Ida

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint Idaho

Filed

Feb. 9 1920

FLOYD G. WENDLE

Registrar

Registrar

RECEIVED
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
INTERNAL SECURITY

AUG 17 1965

NOV 20 1952

NOV 24 1952

229.222-01-569

Form V. S. No. 11-C-22m-3-37

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine
City of Soda SpringsRegistration District No. 82File No. **76144**

No. St.

Primary Registration District No. 2159Registered No. 1

Hospital

FULL NAME OF CHILD

Sex of Child <u>M</u>	Twin <u>Yes</u> Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legitimate? <u>yes</u>	Date of Birth <u>Jan 22</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	----------------------------------	------------------------	--

FULL NAME <u>John Skinner</u>	FATHER	FULL MAIDEN NAME <u>Elsie Hersley</u>	MOTHER
RESIDENCE <u>Soda Springs</u>		RESIDENCE <u>Soda Springs</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Rancher</u>		OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 12 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elsie Hersley

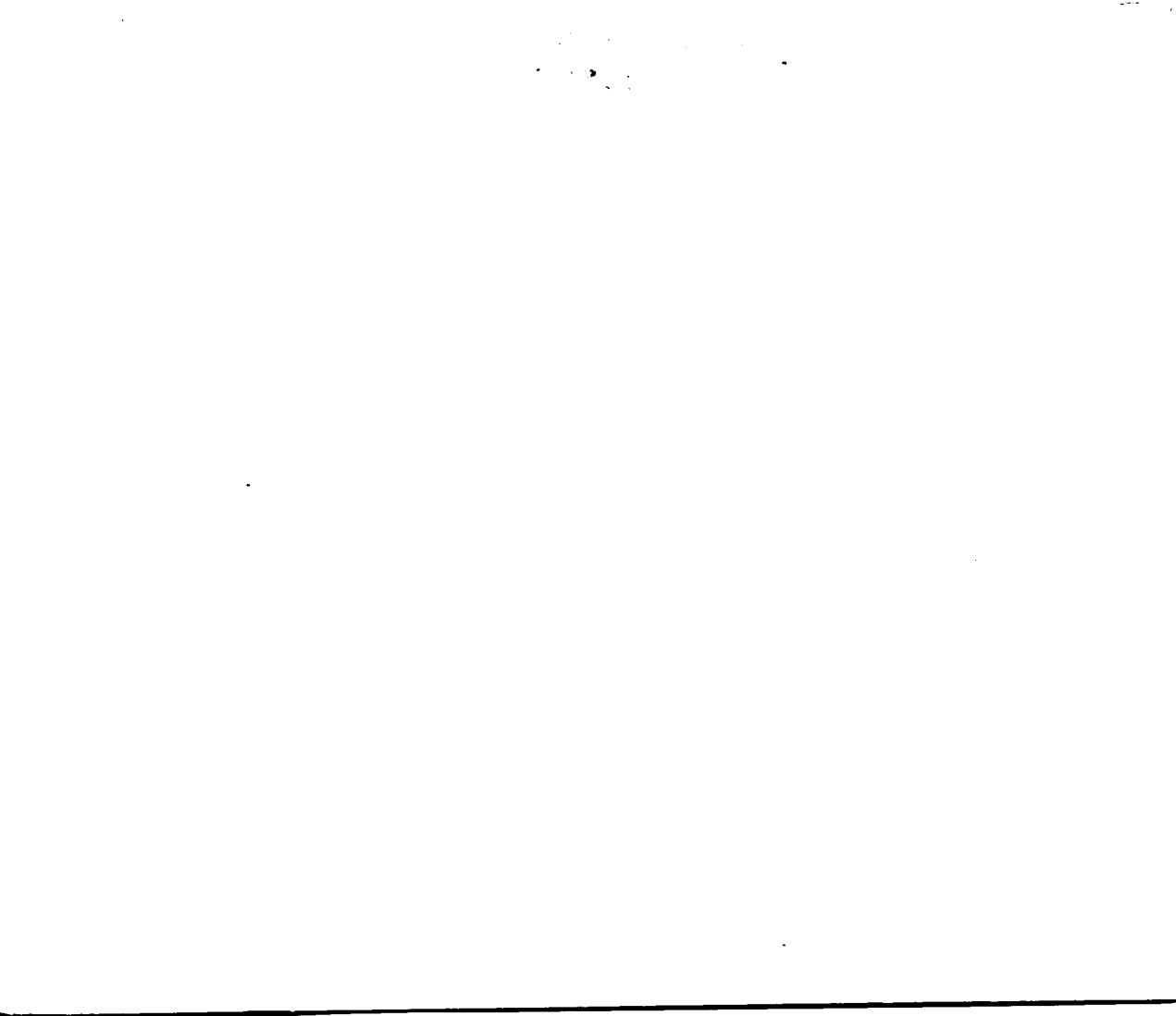
Given names added from a supplemental report.

(Physician or midwife)

Address Soda Springs, IdahoFiled Jan 23 1920

Registrar

Registrar



693227003-791

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BannockCity of KellyRegistration District No. 84File No. 76145

No. _____ St. _____

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD Williams,

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>January 27th 1920.</u> (Month) (Day) (Year)
----------------------------	---	---------	--------------------------------	----------------------------	--

FULL NAME <u>Orval J. Williams</u>	FATHER
RESIDENCE <u>Kelly Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Hyrum Utah</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Effie Grace</u>	MOTHER
RESIDENCE <u>Kelly Idaho.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Kentucky.</u>	
OCCUPATION <u>housewife.</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10.40 p. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

P.O. Box 177, Bancroft, Idaho.

Filed _____

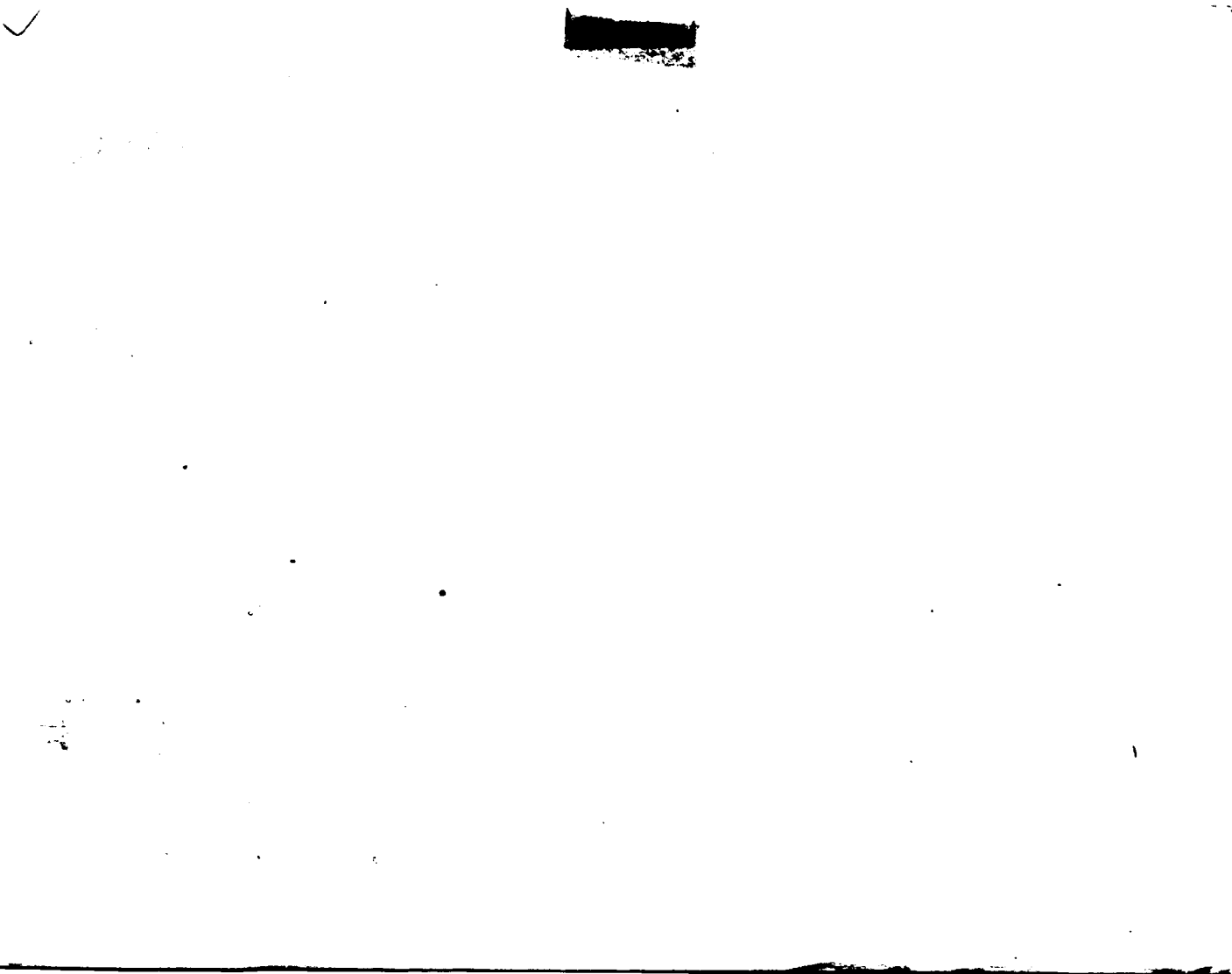
19

Registrar _____

Registrar W. H. Hinchman

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

363-124-003-252

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bannock,

CERTIFICATE OF BIRTH

City of Chesterfield.

Registration District No. 84

File No.

76146

No. _____ St.

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Kyle Cyrus Tolman

Sex of Child male

Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate? yes

Date of
Birth

Jan. 24, 19 20
(Month) (Day) (Year)

FULL
NAME

FATHER
Frederick Tolman

FULL
MAIDEN
NAME

MOTHER
Ella Sessions,

RESIDENCE

Chesterfield Idaho

RESIDENCE

Chesterfield Idaho.

COLOR

white

AGE AT LAST
BIRTHDAY

26

(Years)

COLOR

white

AGE AT LAST
BIRTHDAY

24

(Years)

BIRTHPLACE

Chesterfield Idaho

BIRTHPLACE

Chesterfield Idaho.

OCCUPATION

Farmer

OCCUPATION

Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

born alive

at 1.25 P. M.

{ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

(Born alive or stillborn)

Physician.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

P.O.Box 177, Bancroft Idaho.

Filed

19

Registrar

Registrar

Certified Copy issued Dec. 26, 1940. E.W.

STATE OF IDAHO

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

76146

FEB 20 1920

Place of Birth { City Chesterfield Registered No. 84
 Street and House No. _____
 County Bannock Registration Dist. No. 2161

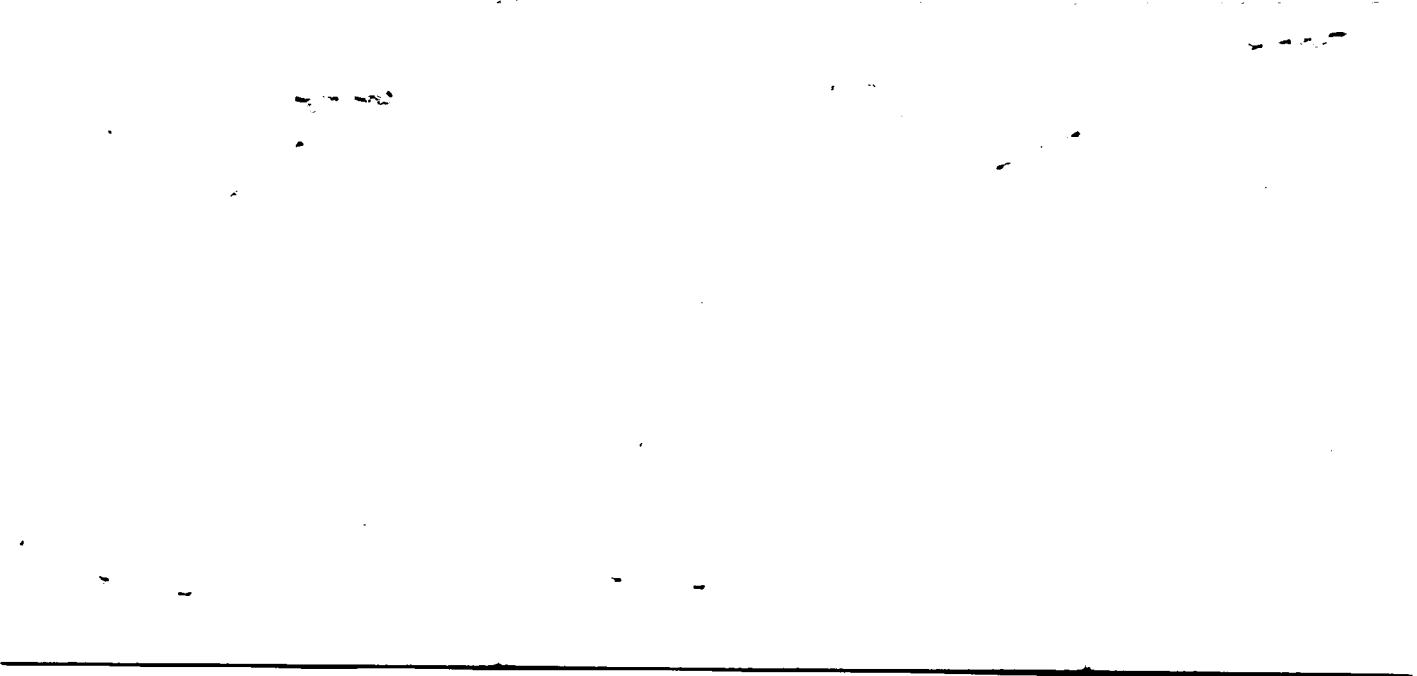
Sex of Child maleDate of Birth Jan. 24th, 1920
MONTH DAY YEARFather Frederick Tolman
FULL NAMEMother Ella Sessions
FULL MAIDEN NAME

I Hereby Certify that the child described herein
 has been named:

Keplar Eugene Tolman
GIVEN NAME IN FULL SURNAME

as reported by Frederick Tolman
FATHER OR MOTHER

O. K. Hurst
LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

862-220-003-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Lund

Registration District No. 84

File No. 76147

No. _____ St.

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD Darva Anna Yost

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Jan. 20th</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	---------	--------------------------------	-------------------------------	---

FULL NAME <u>John C. Yost</u>	FATHER
RESIDENCE <u>Bancroft Lund Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Providence Utah</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Katie M. Johnson.</u>	MOTHER
RESIDENCE <u>Lund Idaho.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Logan Utah.</u>	
OCCUPATION <u>housewife.</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12.10 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. W. B. Richards

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address P.O. Box 177, Bancroft Idaho.

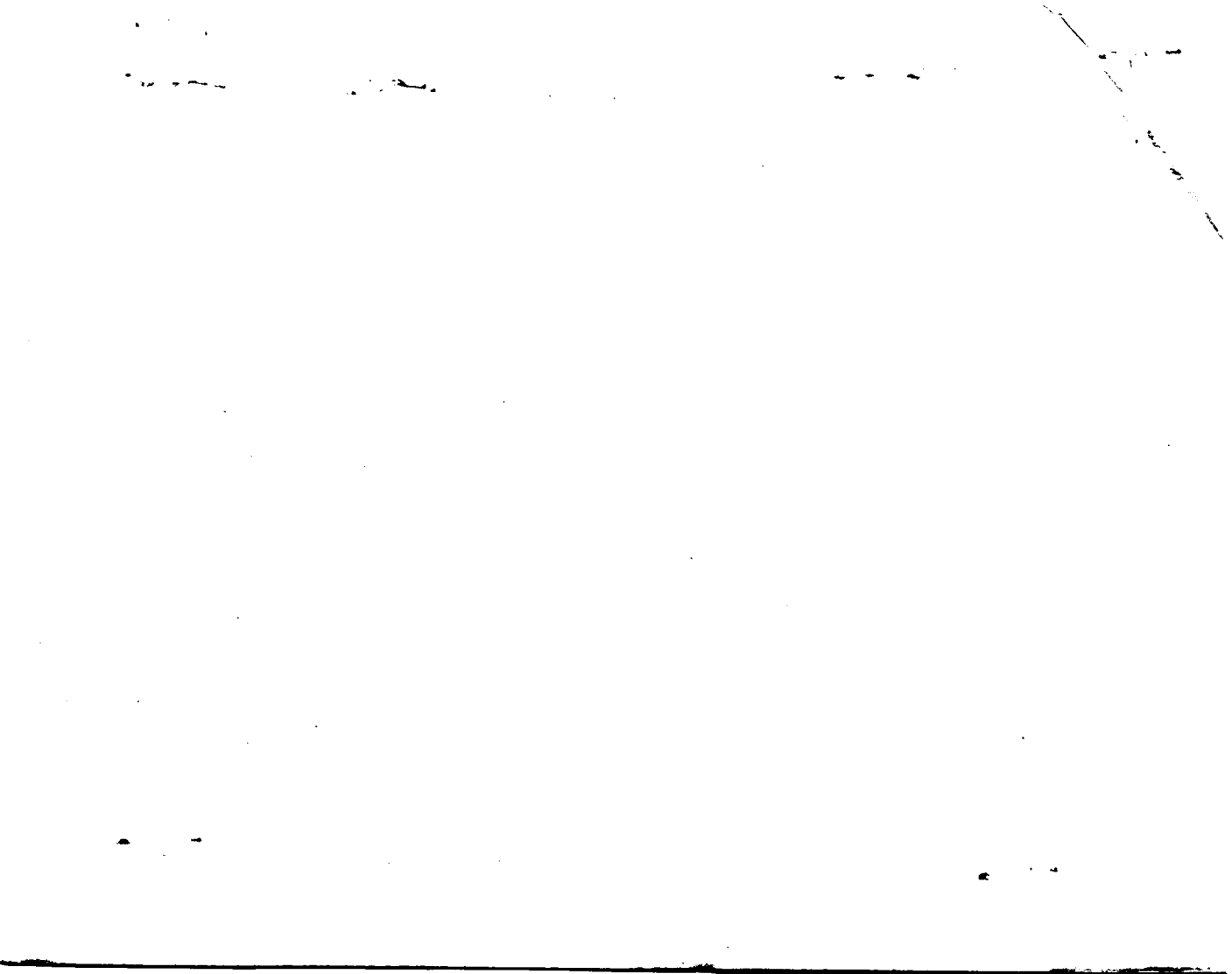
Filed

19

Registrar

Registrar

W. B. Richards



76147
1940
BOARD OF HEALTH-BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Lund. Registered No. 84
Street and House No. _____
County Bancroft. Registration Dist. No. 2161

Sex of Child female
Date of Birth Jan. 20th 1940
MONTH DAY YEAR
Father John C. Yost
FULL NAME
Mother Katie M. Johnson.
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

DARVA ANNA YOST.
GIVEN NAME IN FULL
as reported by John C. Yost. (father)
FATHER OR MOTHER
O. O. Lindquist
LOCAL REGISTRAR

NOV 8 1977

137-115-003-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BannockCity of BancroftRegistration District No. 84File No. 76148

No. _____ St. _____

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD John Richard Alley.

Sex of Child <u>male</u>	<u>Twin</u> Triplet or other?	{ and }	Number in order of birth	Legiti mate?	<u>yes</u>	Date of Birth <u>Jan. 15th</u> <u>19</u> <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)						

FATHER
FULL NAME George AlleyRESIDENCE BancroftCOLOR White AGE AT LAST BIRTHDAY 41
(Years)BIRTHPLACE Salt Lake City UtahOCCUPATION PostmasterMOTHER
FULL MAIDEN NAME Henrietta JohnsonRESIDENCE BancroftCOLOR White AGE AT LAST BIRTHDAY 29
(Years)BIRTHPLACE Oxford Utah.OCCUPATION housewife.Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on Jan. 15th 19 20 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. L. Luskphysician.

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Bancroft Idaho

Filed _____ 19 _____

Registrar

Registrar W. L. Lusk

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

JAN 11 1943

Amended 11-15-61

(Be sure the information is complete and accurate)

State File No. 76151

Local Reg. No.

Reg. Dist. No. 84

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH STATE OF IDAHO

1. PLACE OF BIRTH a. COUNTY Bannock				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bancroft				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bancroft			
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location)			
3. CHILD'S NAME (Type or print) a. (First) Eva b. (Middle) Dewsnup c. (Last) Redford							
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF BIRTH (Month) (Day) (Year) Dec. 27, 1920			
FATHER OF CHILD							
7. FULL NAME a. (First) Robert		b. (Middle) L.		c. (Last) Redford		8. COLOR OR RACE White	
9. AGE (As time of this birth) 40 YEARS		10. BIRTHPLACE (State or foreign country) (City or Town) Wellsville, Utah		11a. USUAL OCCUPATION Rancher		11b. KIND OF BUSINESS OR INDUSTRY	
MOTHER OF CHILD							
12. FULL MAIDEN NAME a. (First) Lizzie		b. (Middle)		c. (Last) Dewsnup		13. COLOR OR RACE White	
14. AGE (At time of this birth) 39 YEARS		15. BIRTHPLACE (State or foreign country) (City or Town) Deseret, Utah		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 8 b. How many OTHER children were born alive but are now dead? 0 c. How many children were still born (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT'S SIGNATURE OR NAME (Relationship)							
18a. SIGNATURE Oscar V. Linhardt				18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)			
18c. ADDRESS Bancroft, Idaho				18d. DATE SIGNED			
19. DATE REC'D BY LOCAL REG. Jan. 30, 1921		20. REGISTRAR'S SIGNATURE O. V. Linhardt		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)			

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

indence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....
.....

(b) Labor: Complication.....

.....
..... Induced?.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -
IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah }
County of Weber } ss. Certificate No. 76151
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Eva Redford who was born on Dec. 27, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Bancroft, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Eva Redford

Eva Dawsnup Redford

Full Maiden Name of Mother

Lizzie Deunsup

Elizabeth Dawsnup

Subscribed and sworn to before me this 25 day of
November, 1960

Signed Elizabeth Dawsnup Redford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Ogden, Utah
My commission expires _____, 1961
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Weber } ss. She

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of
November, 1960

Signed Mrs. Paull W. Johnson
(Signature of Any Credible Person)

Notary Public, residing at Ogden, Utah
My commission expires _____
(Seal)

5085 So. 1825 West
Ray, Utah
(Street Address, City, State)

Photocopy of marriage certificate, County of Cache, State of Utah
- Dated March 27, 1941 gives name as Eva Dewsnup Redford, viewed by V.S.

L.D.S. Church Certificate of Blessing, March 7, 1920 gives full name of child as Eva Dewsnup Redford, born Dec. 27, 1919 at Bancroft, Idaho to Robert L. Redford and Lizzie Dewsnup - viewed by V.S.

State of Utah Certificate of Marriage, Sept. 2, 1903 gives full name of groom as Robert L. Redford and full maiden name of bride as Lizzie Dewsnup - married at Logan, Utah - viewed by V.S.

no documents submitted to correct mother's first name from Lizzie to Elizabeth - correcting spelling of last name only - Deusnup to Dewsnup -

243-207-007-866

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Bannock.City of Topunce.Registration District No. 84File No. 76152

No. _____ St.

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD Violet Althea Butterfield.

Sex of Child <u>f</u> <u>female</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	<u>and</u>	<u>Number</u> in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Jan. 3rd</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------------------	--	------------	---------------------------------------	-------------------------------	--

FULL NAME FATHER
Samuel M. ButterfieldFULL MAIDEN NAME MOTHER
Nancy R. HoffineRESIDENCE Topunce IdahoRESIDENCE Topunce Idaho.COLOR white AGE AT LAST BIRTHDAY 25
(Years)COLOR White AGE AT LAST BIRTHDAY 20
(Years)BIRTHPLACE Salt Lake City UtahBIRTHPLACE Blackfoot Idaho.OCCUPATION farmerOCCUPATION housewife.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4.30 p. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar J. LinhartPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft Idaho.Filed 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

168-2241009-753
PLACE OF BIRTHCounty of BonnerCity of Priest River

No. _____ St. _____

Hospital Priest River Hospital Primary Registration District No. 2185Full Name of Child Jessamine JohnsonSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

76153

File No. _____

Registered No. 10

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>January 24</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Jesse Johnson</u>	FATHER		FULL MAIDEN NAME <u>Lillian Peterson</u>	MOTHER
RESIDENCE <u>Priest River, Idaho</u>			RESIDENCE <u>Priest River, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Wisconsin</u>			BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... Born alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... O.P. Gifford M.D.

(Physician or midwife)

Given names added from a supplemental report

19.....

Address.....

Filed Feb 19 20

Registrar

Registrar

MAY 12 1953

redacted
1960-01-01
1960-01-01
1960-01-01

464.209.009-249
PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. _____ St. _____

Registration District No. 85

File No. 76154

Hospital Priest River Hospital

Primary Registration District No. 2185

Registered No. 9

Full Name of Child Frances Isabel Moulton

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>January 9</u> (Month) (Day) (Year)
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FULL NAME <u>Alex Moulton</u>	FATHER
RESIDENCE <u>Priest River, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Lumberjack</u>	

FULL MAIDEN NAME <u>Edith Burroughs</u>	MOTHER
RESIDENCE <u>Priest River, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>15</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 8 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Gutzler

Physician or midwife

Given names added from a supplemental report

Address Priest River, Idaho

Filed Feb 1 1920

Registrar

E. P. Gutzler
Registrar

MAR 19 1970

RECEIVED
MAR 20 1970

793-212-04X-395
PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of WashingtonCity of CambridgeRegistration District No. 88File No. 76155

No. _____ St.

Primary Registration District No. 2164

Registered No. _____

Hospital _____

FULL NAME OF CHILD Lucile Marie Gilland

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>-</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>1-12-20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					
FULL NAME <u>Adolphus John Gilland</u>	FATHER			FULL MAIDEN NAME <u>Julia Elizabeth Tinsley</u>	MOTHER
RESIDENCE <u>Midvale - Idaho</u>				RESIDENCE <u>Midvale - Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)			COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Kentucky</u>				BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Cambridge - IdahoFiled Jan 25 1920



JUN 10 1940

FEB 6 1943

735-107-044-619

PLACE OF BIRTH

County of WashingtonCity of Cambridge

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 88File No. 76156Primary Registration District No. 2/64

Registered No. _____

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 3</u> 19 <u>23</u> (Month) (Day) (Year)
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FULL NAME <u>Thomas Glenn</u>	FATHER
RESIDENCE <u>Cambridge Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>49</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Ranch</u>	

FULL MAIDEN NAME <u>Amabel Farline</u>	MOTHER
RESIDENCE <u>Cambridge Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION _____	

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

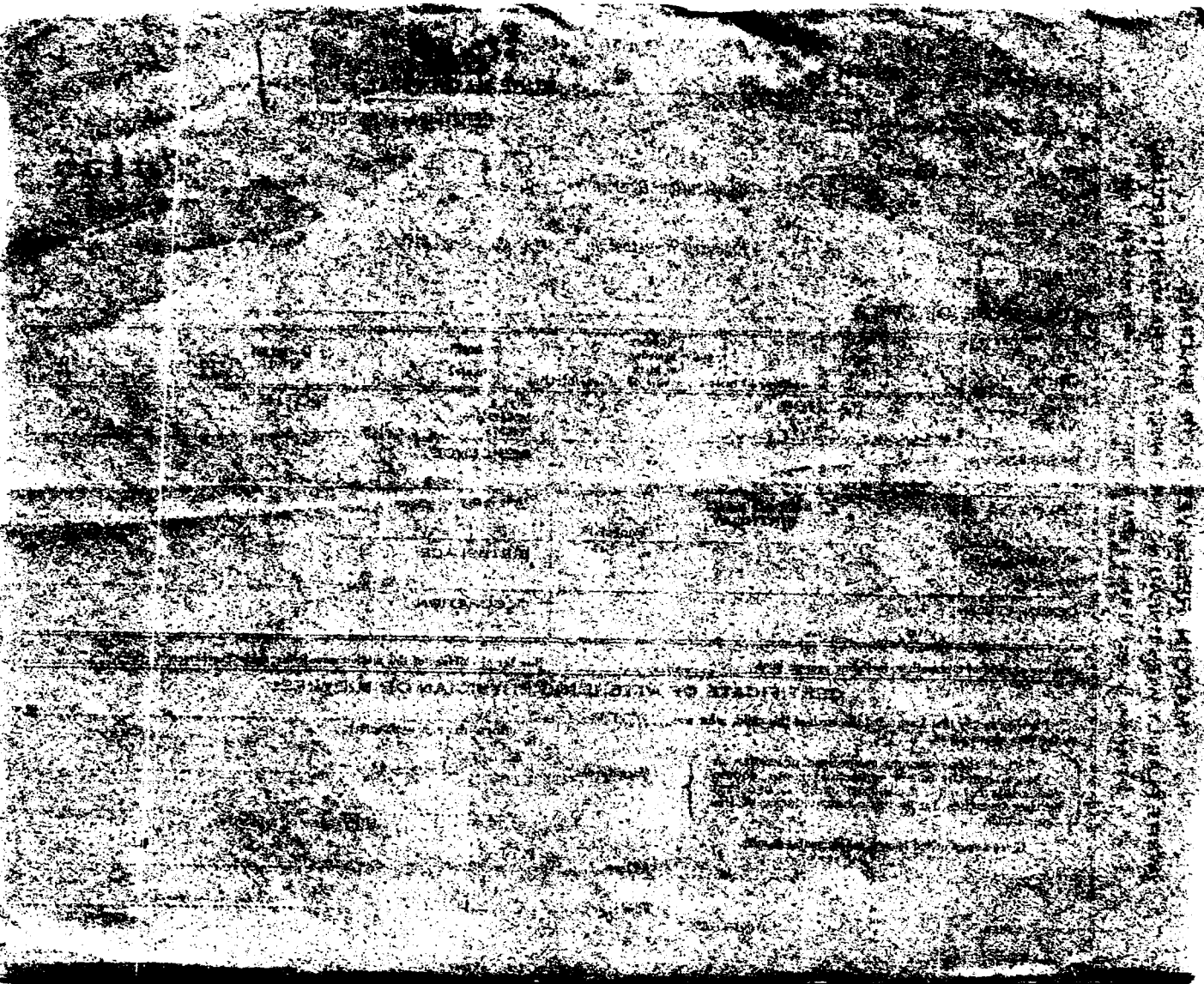
I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) C. E. Schumtz
(Physician or midwife)

Address Cambridge Idaho
Filed Jan 25 1923 C. E. Schumtz Registrar



867-112044-955
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—22a-2-17

County of WashingtonCity of CambridgeRegistration District No. 85File No. 76160

No. St.

Primary Registration District No. 7164

Registered No.

Hospital

FULL NAME OF CHILD

Samuel Eldon Hopper

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth (Month) (Day) (Year) <u>Jan 17 1920</u>
FATHER		MOTHER		
FULL NAME <u>Samuel Hopper</u>		FULL MAIDEN NAME <u>Elsie Reed</u>		
RESIDENCE <u>Cambridge</u>		RESIDENCE <u>Cambridge</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	
BIRTHPLACE <u>Missouri</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel Hopper

(Physician or midwife)

Given names added from a supplemental report.

Address CambridgeFiled Jan 25 1920 C. E. Schuch

Registrar

Registrar

Certified copy issued Nov. 18, 1970. E.W.

365-123-044-695
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Washington

CERTIFICATE OF BIRTH

City of Cambridge

Registration District No. 88

File No. 76161

No. _____ St. _____

Primary Registration District No. 2164

Registered No. _____

Hospital _____

FULL NAME OF CHILD Vernon John Love.

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1-23-20</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	--

FATHER
FULL NAME Vernon Love
RESIDENCE Cambridge - Idaho
COLOR N AGE AT LAST BIRTHDAY 26
(Years)
BIRTHPLACE Parru - Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Jennie Marie Winder
RESIDENCE Cambridge - Idaho
COLOR N AGE AT LAST BIRTHDAY 24
(Years)
BIRTHPLACE Springville - Utah
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Dora Elke 7:10 P.
(Born alive or stillborn) _____
(Signature) D. M. Thomas M.D.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address Cambridge - Idaho
Filed Feb 2 C. C. Schuch
Registrar

AUG 10 1954

OCT 22 1968

11/29/40 L. B.

166107.044-769

PLACE OF BIRTH

RECEIVED FEB 1 1927

Form V. S. No. 11—25m-6-15-18

County of WashingtonCity of Cambridge

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88File No. 76162Primary Registration District No. 2164

Registered No. _____

Full Name of Child

William Lynn Moffett

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>Jan 7</u> 1920 (Month) (Day) (Year)
FULL NAME <u>Lauder A Moffett</u>	FATHER		FULL MAIDEN NAME <u>Rosa Gonne</u>	MOTHER
RESIDENCE <u>Cambridge Idaho</u>			RESIDENCE <u>Cambridge</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Wyoming</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. E. Schmitt

(Physician or midwife)

Given names added from a supplemental report

19

Address

Cambridge Idaho

Filed

Jan 20 1920

Registrar

Registrar

4444
OCT 2 8 1943

Dup of 1920-76163

363-109-044-364

PLACE OF BIRTH

County of WashingtonCity of Cambridge

No. _____ St. _____

Hospital _____

Full Name of Child _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 88File No. 76164Primary Registration District No. 2164

Registered No. _____

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>June 9 1920</u> (Month) (Day) (Year)
FULL NAME <u>P. C. Coleman</u>	FATHER			FULL MAIDEN NAME <u>Jessie Lovander</u>
RESIDENCE <u>Cambridge Idaho</u>				RESIDENCE <u>Cambridge Idaho</u>
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)			COLOR <u>W</u>
BIRTHPLACE <u>Mo</u>				BIRTHPLACE <u>Ido</u>
OCCUPATION <u>Rancher</u>				OCCUPATION <u>House wife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 12 M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Schmitt

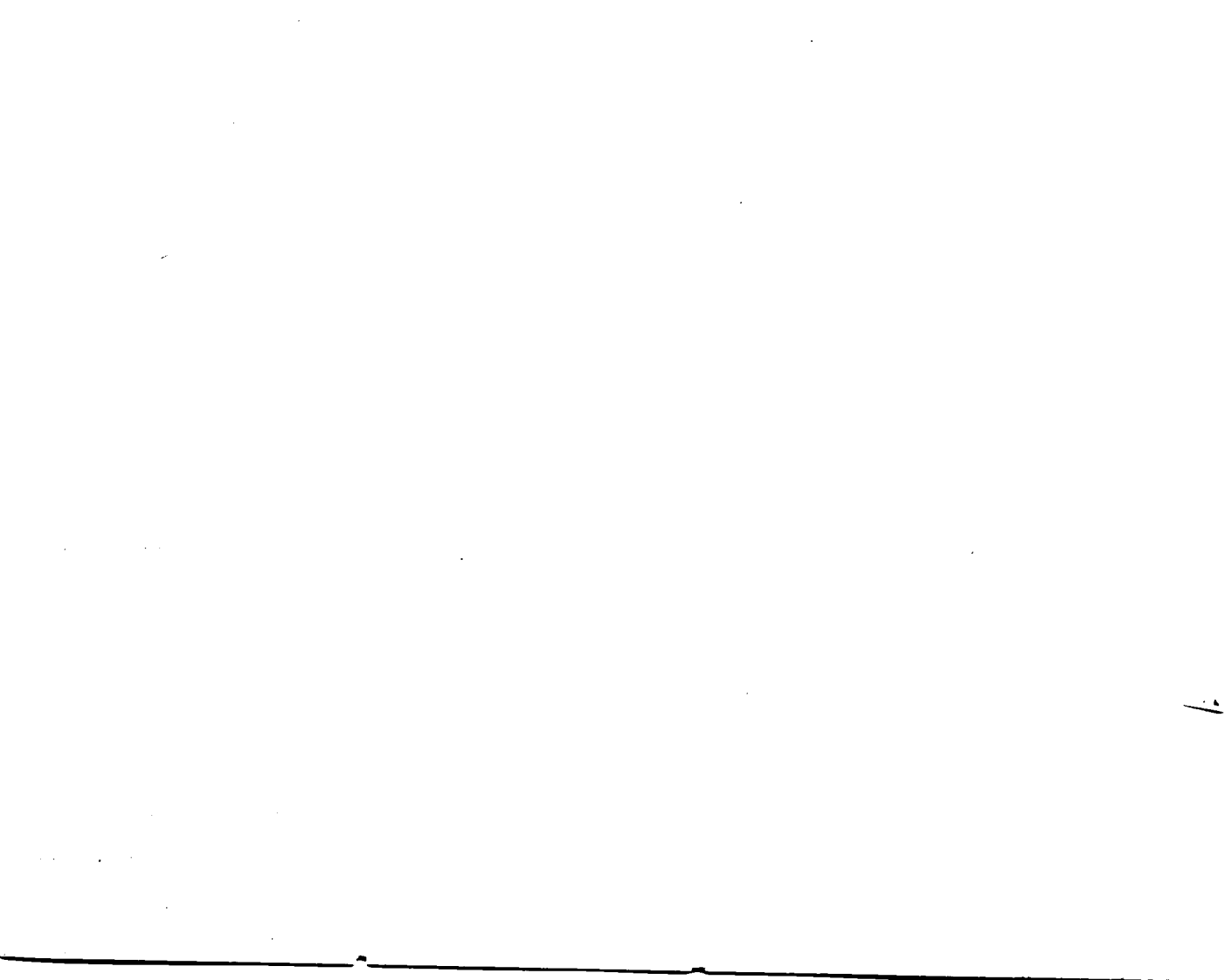
(Physician or midwife)

Given names added from a supplemental report

Address Cambridge IdahoFiled Jan 25 1920

Registrar

Registrar



215-105044-437

PLACE OF BIRTH

County of WashingtonCity of Cambridge

No. _____ St. _____

Hospital _____

BUREAU

DEMO

STATISTICS

CERTIFICATE OF BIRTH

Form V.S. No. 11—Rev. 1-1-18

Registration District No. 85File No. 76168Primary Registration District No. 2164

Registered No. _____

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimacy <u>2w</u>	Date of Birth <u>Feb 5</u> 19 <u>22</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					
FATHER			MOTHER		
FULL NAME <u>Beelia Sanders</u>			FULL MAIDEN NAME <u>Beelia McGinnis</u>		
RESIDENCE <u>Weiser Idaho</u>			RESIDENCE <u>Cambridge Idaho</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY _____ (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY _____ (Years)	
BIRTHPLACE <u>Washington</u>			BIRTHPLACE <u>Mo</u>		
OCCUPATION <u>Cook</u>			OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated.

(Signature) Donna Alice
(Born alive or stillborn)

at 5 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

(Physician or midwife)

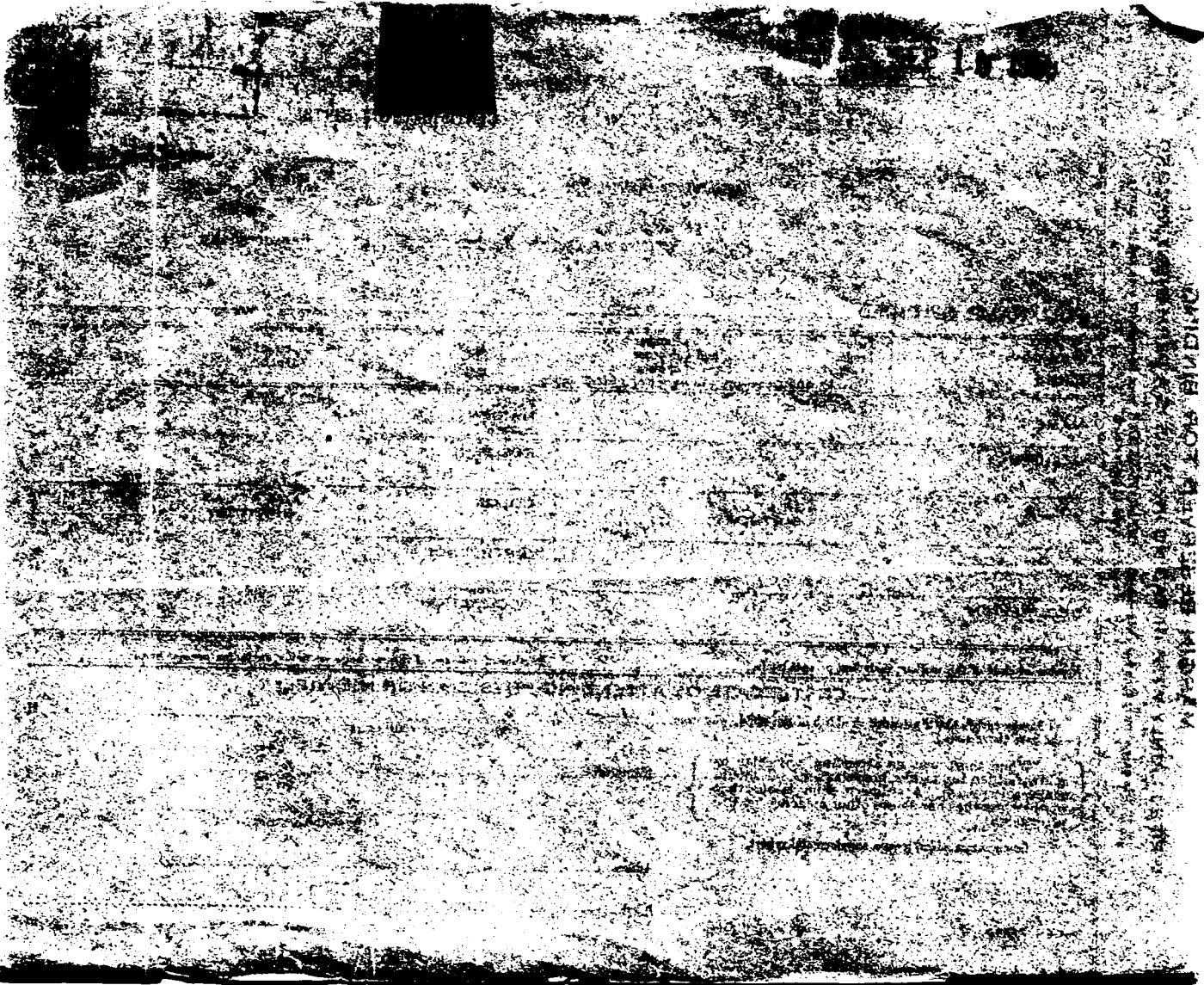
Address

Cambridge Idaho
Feb 6 1922

Filed

19

Registrar



RECEIVED BY BUREAU OF BUDGET

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-200-044-386

RECEIVED FEB 1 1977

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-3-17

County of Washington

City of Cambridge

Registration District No. 00

File No. **76170**

No. St.

Primary Registration District No. 2164.....

Registered No.

Hospital

FULL NAME OF CHILD..... Gibson babe

Sex of Child

Twin
Triplet } and { Number
or other? } in order
 of birth

(To be answered only in event of plural births)

Logitimate?

Date of Birth

1921

FULL NAME

FATHER

**FULL
MAIDEN
NAME**

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY.

COLOR

AGE AT LAST
BIRTHDAY.

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth...3..... Number of children of this mother now living, including present birth...2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 2:30 PM

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ms. M. O. Grant Desobry

.....
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 5/16/2011 2

Registrar

Registry

Z NO BIRTH DATE

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76178

132.1267835-291
County of Benewah

City of LaPorte

Registration District No. _____ File No. _____

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD William Albright, JAMES WILLIAM

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimacy? <u>yes</u>	Date of Birth <u>1 26 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	------------------------	--

FATHER
FULL NAME Raleigh Willard Albright
RESIDENCE Idaho (Tuescow)
COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Rhena Jean Brackett
RESIDENCE Tuescow, Idaho
COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Minnesota
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wood Gore, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

Filed 1-12 1920 E E Hatto

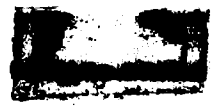
Registrar

Registrar

100-100000-100000

100-100000-100000

100-100000-100000



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended
PLACE OF BIRTH

669-130-235-419

County of Nez Perce

City of Culdesac

No. _____ St.

Hospital _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 92

File No. 76180

Primary Registration District No. 2170

Registered No. 41

FULL NAME OF CHILD John Bernard Forsman

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>1 - 30 - 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

FATHER
FULL NAME George Forsman

MOTHER
FULL MAIDEN NAME Nellie Martin

RESIDENCE
Culdesac

RESIDENCE
Culdesac

COLOR W AGE AT LAST BIRTHDAY 39
(Years)

COLOR W AGE AT LAST BIRTHDAY 37
(Years)

BIRTHPLACE
Ill.

BIRTHPLACE
Mich.

OCCUPATION
Farmer

OCCUPATION
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11:30 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E. Watts

(Physician or midwife)

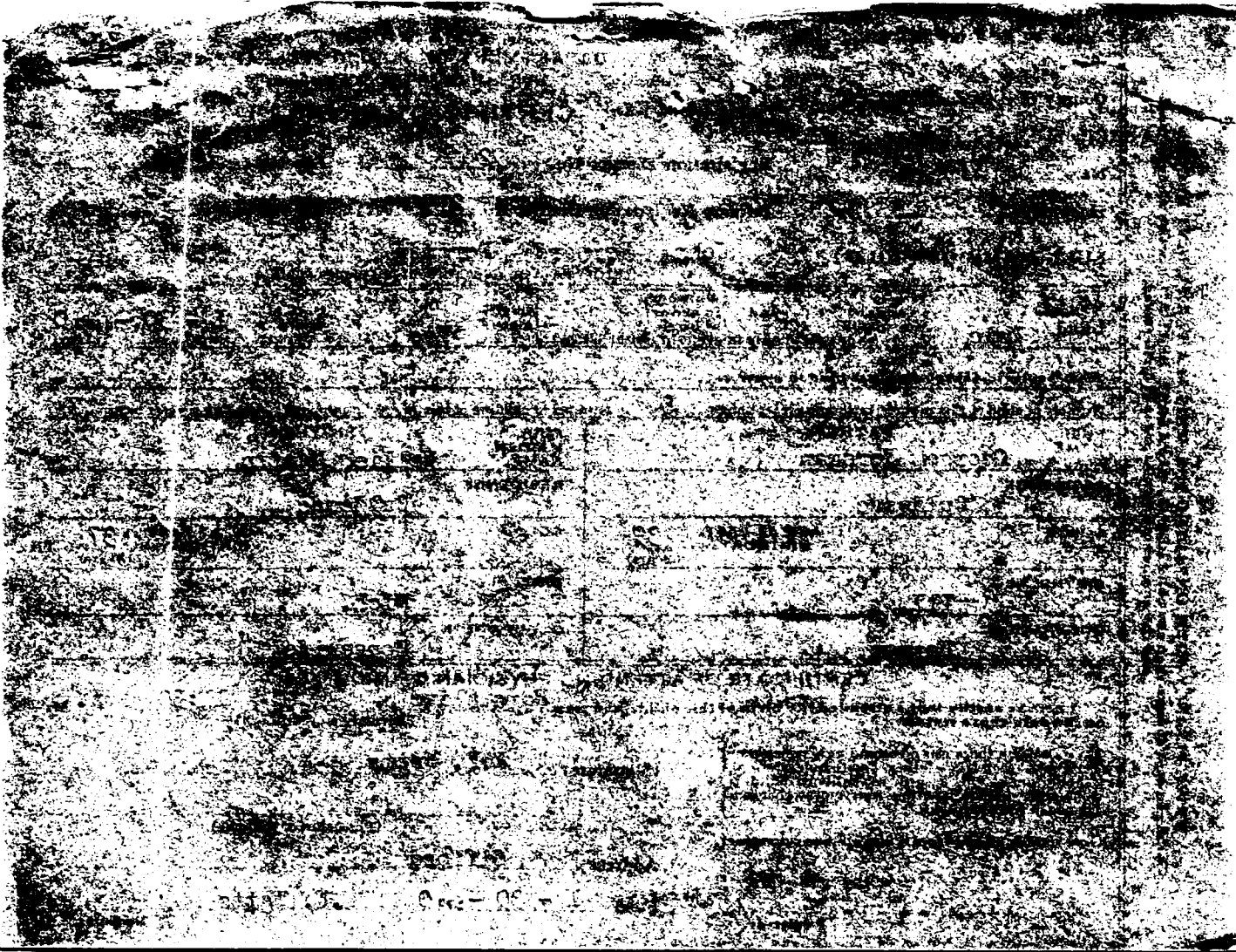
Give names added from a supplemental report.

Address Gifford

Filed 1 - 30 - 1920 E.E. Watts

Registrar.

Registrar.



St. Joseph's Hospital (Statement from Hospital), October 28, 1953 to October 29, 1953
states that according to there records the names as given as John Bernard Forsman,
George Forsman & Nellie Martin viewed by BOARD OF HEALTH
and Another Child's Birth DIVISION OF VITAL STATISTICS
Cert. on file #47163 gives parents names as George Forsman & Nellie Martin - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho and Own Child's Birth Cert. (Washington Birth) Certificate No. 76180
County of Nez Perce ss. Aug. 14, 1948 gives name as John Bernard Forsman - viewed by V.S.
by V.S.

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Foresman who born on Jan. 30, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Culdesac are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>Father's Last Name</u>	<u>Foresman</u>	<u>Forsman</u>
<u>Child's Name</u>	<u>Unnamed Foresman</u>	<u>John Bernard Forsman</u>
<u>Mother's Maiden Name</u>	<u>Marten</u>	<u>Martin</u>

Subscribed and sworn to before me this 11th day of
February, 19 59
Notary Public, residing at Lewiston
My commission expires 12-11-59
(Seal)

Signed George Forsman
(Signature of parent, attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Jess Apts - Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 11th day of
February, 19 59
Notary Public, residing at Lewiston
My commission expires 12-11-59
(Seal)

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Alice Forsman Carpenter
Signed Alice Forsman Carpenter
(Signature of Any Credible Person)
Lapwai, Idaho
(Street Address, City, State)

01850

01850
01850
01850
01850

01850 01850

1

2



745-131-035-318

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-3-3-17

CERTIFICATE OF BIRTH

County of.....*Mrs. Peres*.....City of.....*Gifford*.....Registration District No.....*92*.....File No.....*76181*.....No.....*St.*.....Primary Registration District No.....*2170*.....Registered No.....*42*.....

Hospital.....

FULL NAME OF CHILD.....*Robert Vernon Guntor*.....

Sex of Child..... <i>M</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth..... <i>1 31 1920</i> (Month) (Day) (Year)
----------------------------------	---	--------------------------------------	--------------------------------	--

FULL NAME..... <i>Vernon S. Guntor</i>	FATHER
RESIDENCE..... <i>Gifford</i>	
COLOR..... <i>Wh</i>	AGE AT LAST BIRTHDAY..... <i>28</i> (Years)
BIRTHPLACE..... <i>Mo</i>	
OCCUPATION..... <i>farmer</i>	

FULL MAIDEN NAME..... <i>Sandra Taylor</i>	MOTHER
RESIDENCE..... <i>Gifford</i>	
COLOR..... <i>Wh</i>	AGE AT LAST BIRTHDAY..... <i>20</i> (Years)
BIRTHPLACE..... <i>Mo</i>	
OCCUPATION..... <i>housewife</i>	

Number of child of this mother, including present birth.....*2*..... Number of children of this mother now living, including present birth.....*2*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....*born alive*....., at.....*1 P*.....
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*E. E. Thatt*.....

(Physician or midwife)

Given names added from a supplemental report.

.....*19*..... Address..........*1-31*.....*1920*.....*E. E. Thatt*.....

Registrar

Registrar

c.c. 5/20/41. w.h.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

693-213-035-367

Amended 7/13/76

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

 4. J.
76186
County of JeffersonCity of BoiseRegistration District No. 92 File No. _____

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Lucille Wilson

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>2</u> <u>13</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

 FULL NAME FATHER Arthur Francis Wilson

 RESIDENCE Idaho

 COLOR White AGE AT LAST BIRTHDAY 25
(Years)

 BIRTHPLACE Idaho

 OCCUPATION Teacher

 FULL MAIDEN NAME MOTHER Grace Roper

 RESIDENCE Idaho

 COLOR White AGE AT LAST BIRTHDAY 19
(Years)

 BIRTHPLACE Idaho

 OCCUPATION House-wife

 Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was born alive, at L. A. M.
on the date above stated. (Born alive or stillborn)

 *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

 (Signature) M. Woodruff, M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, Idaho.Filed Feb 19 20

Registrar

Registrar

APR 13 1976

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. Certificate No. 76186
County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate for birth
for Baby Wilson (female) who was born on Feb. 13, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Lookout, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's name

Unnamed Wilson

Lucille Willson

Father's last name

Wilson

Willson

Subscribed and sworn to before me this 18th day of April, 1976

Signed Grace E. Willson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Therence Ore
My commission expires 12-17-77
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of April, 1976

Signed Barbara S. Garrison
(Signature of Any Credible Person)

Notary Public, residing at Therence Ore
My commission expires 12-17-77
(Seal)

Box 516 Florence Ore.
(Street Address, City, State)

Marriage certif from Oregon gives names as James L. Black and Lucille Willson dated Aug 1, 1938. viewed by V. S.

JUL 13 1976

Letter from Sacred Heart General Hospital, Medical Center , Eugene, Oregon gives name as Mrs. ~~XXX~~ Lucille Black born Feb 13, 1920. in hospt Aug 25, 1949. viewed by V. S.

Death notice from Mortuary gives name as Arhtur Francis Willson. born Sept 12, 1894 died Oct 25, 1968. viewed by V. S.

Transcript from Eugene High School, Eugene, Oregon gives name as Lucille Willson born 2-13-16. father's name as A. F. Willson and dated 10-3-34. viewed by V. S.

239-209-035-249
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22a-4-29

County of NezperceCity of LewistonNo. 313-1st Ave. S.Registration District No. 96File No. 76188Primary Registration District No. 1009Registered No. 342

Hospital

FULL NAME OF CHILD Virian Marcelline Stricker

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>1-9-</u> (Month) (Day) (Year) <u>1919</u>
----------------------------	---	--------------------------	-----------------------------	--

FULL NAME <u>Harry Stricker</u>	FATHER	FULL MAIDEN NAME <u>Lusie Buren</u>	MOTHER
RESIDENCE <u>Lewiston, Idaho</u>		RESIDENCE <u>Lewiston, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 5 P. M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Braden
(Born alive or stillborn) at 5 P. M.

Given names added from a supplemental report.

Address Lewiston, Idaho
(Physician or midwife)Filed Feb 5 1920 Ernest E. Bruce
Registrar

APR 16 1975

866-112-275-314
PLACE OF BIRTHCounty of NegreCity of San AntonioNo. 1504 Main St.Hospital White

FULL NAME OF CHILD

Registration District No. 96Primary Registration District No. 1009File No. 76189Registered No. 393

Sex of Child <u>Male</u>	Twin Triplet or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>1 12 1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------	-----	-----------------------------------	------------------------	--

FULL NAME <u>Walter Jaffman</u>	FATHER
RESIDENCE <u>Deland Fla</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Lambert</u>	MOTHER
RESIDENCE <u>Deland Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>H. W.</u>	

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Edgar White
By R. C. Farley
(Physician or midwife)

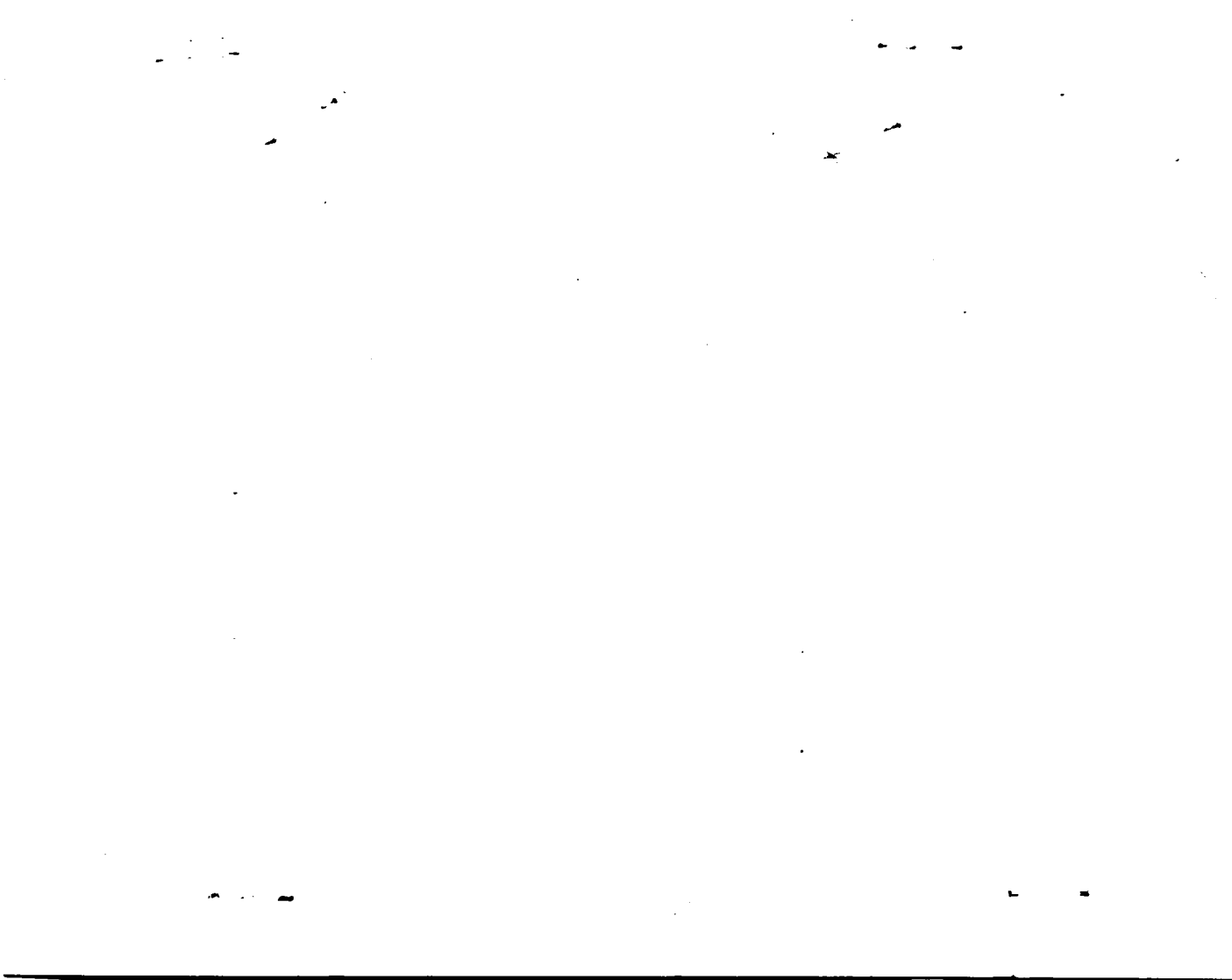
Given names added from a supplemental report.

Address.....

Filed Feb 5 19 20

Registrar

Norm E. Bruce
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce

Certificate No. 76189

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth of child
for andy Hoffman who was born on January 22, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

(Give Date)
TO
(The Correct Facts)

Name Walter Andy Hoffman

Subscribed and sworn to before me this 29
day of June, 1942

Notary Public, residing at Lewiston, Idaho

My commission expires 4-24-44
(Seal)

Signed

E. L. White M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1504 Main, Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of June, 1942

Notary Public, residing at Lewiston, Idaho

My commission expires 4-24-44
(Seal)

Signed

Eliza Mae Shamtan.
(Signature of Any Credible Person Other Than Previous Year)

1144 Idaho St, Lewiston, Idaho
(Street Address, City, State)

JUL 1 1942

101 3 1241.

319-118075-414
 PLACE OF BIRTH
 City of Lebanon Registration District No. 96 File No. 76190
 No. St. Primary Registration District No. 1009 Registered No. 394
 Hospital
 FULL NAME OF CHILD Clayton Carr Jr
 Sex of Child Male Twin X Triplet X and (Number of birth X) Legitimate? Yes Date of Birth 1 19 1900
 (To be answered only in event of plural births) (Month) (Day) (Year)
 FULL NAME Clayton Carr FATHER FULL MAIDEN NAME Charlotte Daugherty MOTHER
 RESIDENCE Lebanon Del. RESIDENCE Lebanon Del.
 COLOR White AGE AT LAST BIRTHDAY 38 (Years) COLOR White AGE AT LAST BIRTHDAY 38 (Years)
 BIRTHPLACE Iowa BIRTHPLACE Indiana
 OCCUPATION Mail Carrier OCCUPATION H. W.
 Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 6⁰⁰ A.M.
 on the date above stated. (born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar White(Physician or midwife) By R. C. Parley

Given names added from a supplemental report.

Address 19.....

Filed Feb 27 1920

Registrar

Sam E. Bruce

Registrar

NOV 30 1959
NOV 21 1972

DEC 6 1940

643-122-035-244

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-2-17

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of Child

Twin
Triplet
or other?

Number
in order
of birth

Legiti-
mate?

Date of
Birth

(Month) (Day) (Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Born alive or stillborn

at 7:30 A.M.

Given names added from a supplemental report.

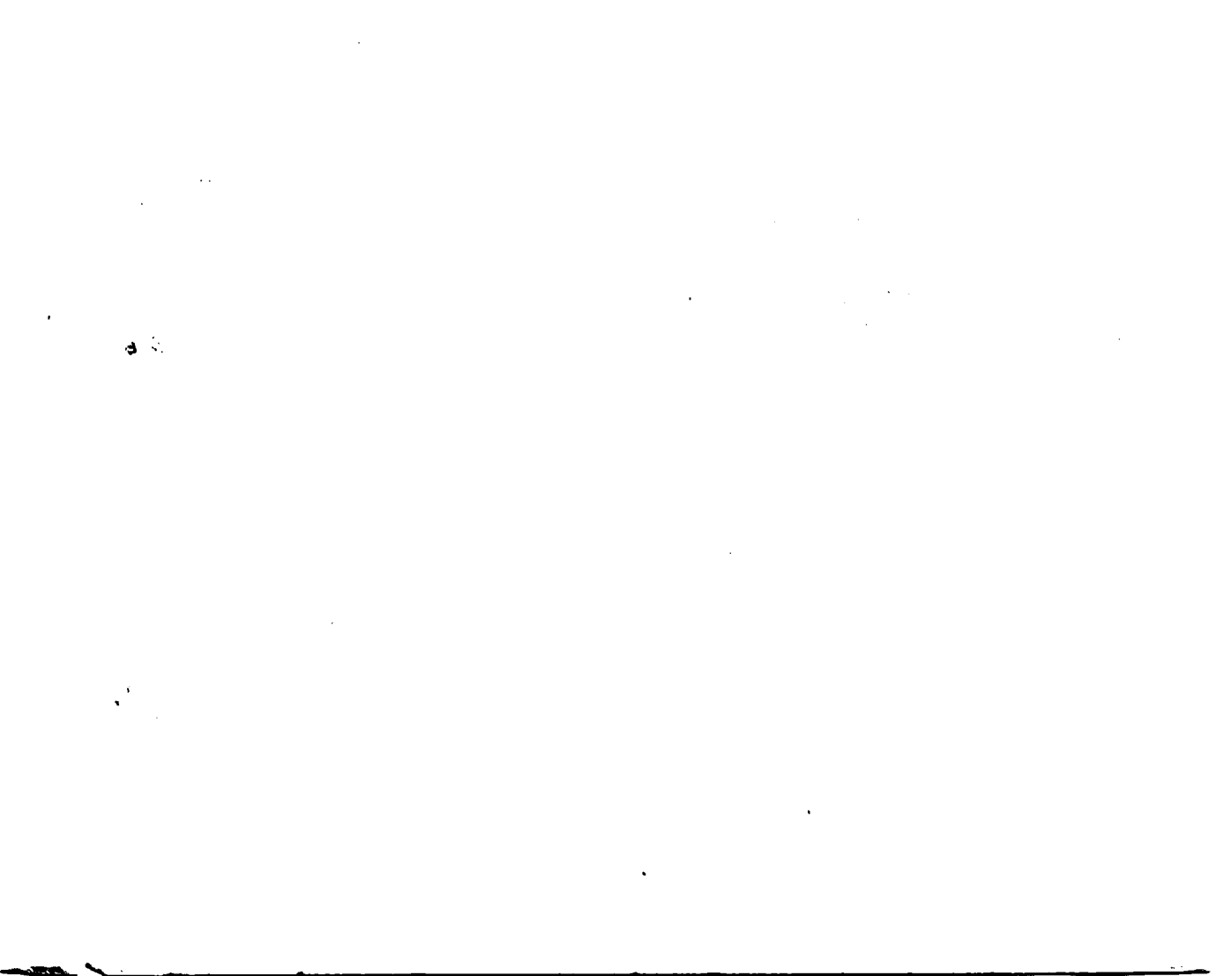
(Physician or midwife)

Address

Filed Feb 5 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-226-035-393
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76192

County of Nex Perce

City of Lewiston

No. _____ St. _____ Registration District No. _____ State File No. _____

Hospital _____ Primary Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Jane Elizabeth Stray

(Certificate of no value without full name of child)

Sex of Child <u>Female</u>	<u>Twin</u> <u>Triplet</u> <u>or other?</u> (To be answered only in event of plural births)	} and { <u>Number</u> <u>in order</u> <u>of birth</u>	Legitimate? <u>Yes</u>	Date of birth <u>January 26</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	---	------------------------	---

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FULL NAME <u>Frederic W. Stray</u>
RESIDENCE <u>Lewiston, Idaho</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Wells, Minnesota</u>
OCCUPATION <u>Bridge Contractor</u>

FULL MAIDEN NAME <u>Lillian A. Tice</u>
RESIDENCE <u>Lewiston, Idaho</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Cincinnati</u>
OCCUPATION <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive { born } at 6:00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) E. J. [illegible]
(Physician or midwife)

Address Lewiston, Idaho

Filed Feb 5 1920 Ruan E. Bruce

Registrar.

Registrar.

AUG 19 1942

957226035-569

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 3-3-17

County of My PenceCity of IdavestonNo. 1504 Main St.Hospital WhiteRegistration District No. 96File No. 76193Primary Registration District No. 1009Registered No. 396FULL NAME OF CHILD Maude Ruth Jurgis

Sex of Child <u>Female</u>	Twin <u>X</u> Triplet <u>X</u> or other? <u>X</u> and (Number in order of birth) <u>X</u>	Legitimate? <u>ye</u>	Date of Birth <u>1 26</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----------------------	--

FULL NAME <u>C. P. Jurgis</u>	FATHER	FULL MAIDEN NAME <u>Maude Norton</u>	MOTHER
RESIDENCE <u>Idaveston Ida.</u>		RESIDENCE <u>Idaveston Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Idaveston Ida.</u>		BIRTHPLACE <u>Ida.</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at.....
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

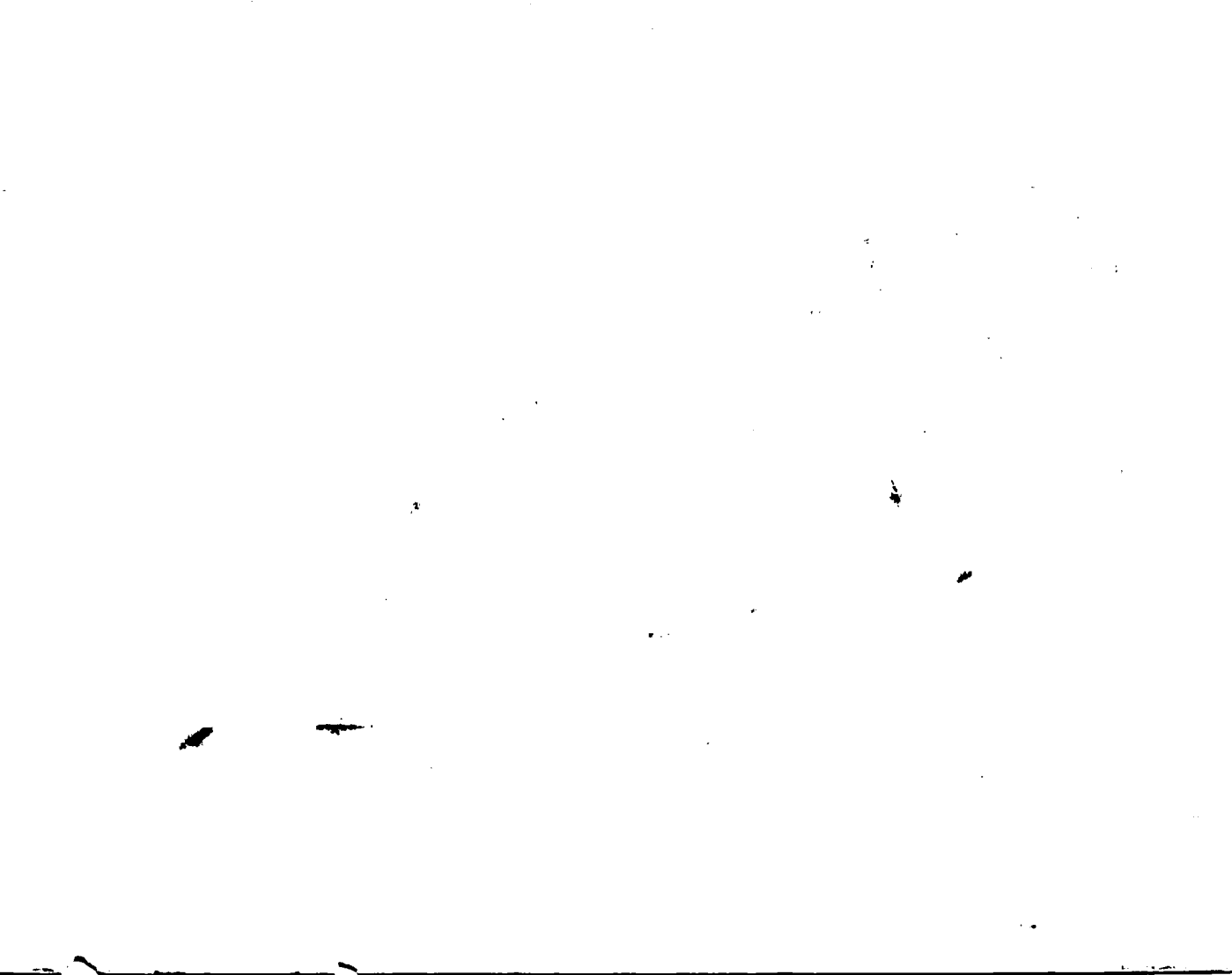
(Signature) Edgar L. White
By R. C. Parley
(Physician or midwife)

Address.....

Filed Feb 5 1920

Registrar

Arman E. Bruce
Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-227-035-453
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 1251 Idaho St.

Registration District No. 96

File No.

76194

Primary Registration District No. 1009

Registered No. 398

Hospital

FULL NAME OF CHILD

Viriam Naomi Sims

Sex of Child

F.

First
Triplet
or other?

and Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes.

Date of Birth

1 27 1920
(Month) (Day) (Year)

FULL NAME

Father V Sims

FATHER

FULL MAIDEN NAME

May V. Decker

MOTHER

RESIDENCE

Lewiston

RESIDENCE

Lewiston, Ida.

COLOR

W.

AGE AT LAST BIRTHDAY

32
(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

32
(Years)

BIRTHPLACE

Tex.

BIRTHPLACE

Wn.

OCCUPATION

Farmer

OCCUPATION

House wife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn)

at 10 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. F. McDaniel

(Physician or midwife)

Given names added from a supplemental report.

Address

Lewiston, Ida.

Filed Feb 5

1920

Ernest E. Bunn

APR 6 1973

295-105-035-652
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-8-8-17

County of NeperceCity of LewistonRegistration District No. 96File No. 76195No. 617-C StPrimary Registration District No. 1009Registered No. 391

Hospital

FULL NAME OF CHILD Elyse Clarence Sinclair

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 5 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>Elmer Sinclair</u>	FATHER
RESIDENCE <u>Lewiston Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Laura Fessenden</u>	MOTHER
RESIDENCE <u>Lewiston Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Dash</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 10:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Broesch

Given names added from a supplemental report.

Address Lewiston, Idaho (Physician or midwife)Filed Feb 5 1920 Susan E. Bruce
Registrar Registrar

JAN 29 1943

FEB 5 1943

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

963-105-035-689

County of *Idaho*City of *Leviston*

Registration District No.

File No. **76196**No. *820* *Third* St.

Primary Registration District No.

Registered No. *390*

Hospital

FULL NAME OF CHILD

DAVID PAUL

Paul David Rolfe

Sex of Child

*male*Twin
or other?

and

Number
in order
of birth*3*

(To be assigned only in event of plural births)

Legiti-
mate?*yes*Date of
Birth*Jan 5 1920*
(Month) (Day) (Year)FULL
NAMEFATHER
*Arvid Rolfe*FULL
MAIDEN
NAMEMOTHER
Esther White

RESIDENCE

Leviston Idaho

RESIDENCE

Leviston Idaho

COLOR

*white*AGE AT LAST
BIRTHDAY*28*
(Years)

COLOR

*white*AGE AT LAST
BIRTHDAY*25*
(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Idaho

OCCUPATION

Banker

OCCUPATION

*Housewife*Number of child of this mother, including present birth... *2*Number of children of this mother now living, including present birth... *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was...
on the date above stated.*born alive* at *12:30 P.*
Born alive or stillborn*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

L. F. Lammam M.D.
Leviston Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed *Feb 5* 19 *20**Susan E Bruce*
Registrar

Registrar

MARGIN RESERVED FOR BINDING THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK

DEC 16 1942

JAN 26 1943

JP

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-130-035-214

PLACE OF BIRTH

County of NegeleeCity of Lewiston

No. St.

Registration District No. 96File No. 76192

Hospital

Primary Registration District No. 1009Registered No. 399FULL NAME OF CHILD Gordon Morris Stern

Sex of Child <u>Male</u>	Twin Triplet or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1 30 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME	FATHER <u>Harry H. Stern</u>
RESIDENCE	<u>Lewiston Ida.</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>34</u> (Years)
BIRTHPLACE	<u>Nebraska</u>
OCCUPATION	<u>Plasterer</u>

FULL MAIDEN NAME	MOTHER <u>Discilla Sampson</u>
RESIDENCE	<u>Lewiston Ida.</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>25</u> (Years)
BIRTHPLACE	<u>Kansas</u>
OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 2:15 A.M. on the date above stated. (Born alive stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar J. White
R. H. C. Parley
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address.....

Filed Feb 5 1920 Ann E. Bruce

Registrar

Registrar

219-206-035-312
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Nez PerceCity of LapwaiRegistration District No. 97File No. 76198

No. _____ St. _____

Primary Registration District No. 217Registered No. 1

Hospital _____

FULL NAME OF CHILD

Katherine Clarita Bailey

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth in event of plural births	Legiti mate? <u>yes</u>	Date of Birth <u>Jan. 6</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	-----------------------------------	--	-------------------------	--

FULL NAME <u>Samuel Bailey</u>	FATHER
RESIDENCE <u>Lapwai Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Chauffeur</u>	

FULL MAIDEN NAME <u>Lucy May Labor</u>	MOTHER
RESIDENCE <u>Lapwai Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Claude E. Sims

(Physician or midwife)

Given names added from a supplemental report.

Address Lapwai, Idaho
Filed Jan 8 1920 William P. H. H. H.
Registrar

Registrar

JAN 23 1956

286-224-035-762

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of IdahoCity of LapwaiRegistration District No. 97File No. 76199

No. _____ St. _____

Primary Registration District No. 274 Registered No. 3

Hospital _____

FULL NAME OF CHILD

Wilma Marie Shores

Sex of Child <u>Female</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input checked="" type="checkbox"/> and <input checked="" type="checkbox"/> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 4</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME	FATHER <u>Irving Shores</u>
RESIDENCE	<u>Lapwai</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>53</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>laborer</u>	

FULL MAIDEN NAME	MOTHER <u>Cressie Goble</u>
RESIDENCE	<u>Lapwai</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>51</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Welfan P. Habel
(Physician or midwife)

Address Lapwai, Idaho
Filed Jan 25 19 20 Welfan P. Habel
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 19~~20~~²¹-184397

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson
City of Regby

STATE OF Idaho
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76201

No. _____ Registration District No. 2176

File No. _____

St. _____ Primary Registration District No. 98

Registered No. 12

Hospital _____

Full Name of Child

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1-6-20</u> (Month) (Day) (Year)
FULL NAME <u>Alphonzo L. Jensen</u>	FATHER		FULL MAIDEN NAME <u>Bessie L. Dinsdale</u>	MOTHER
RESIDENCE <u>Regby</u>			RESIDENCE <u>Regby</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

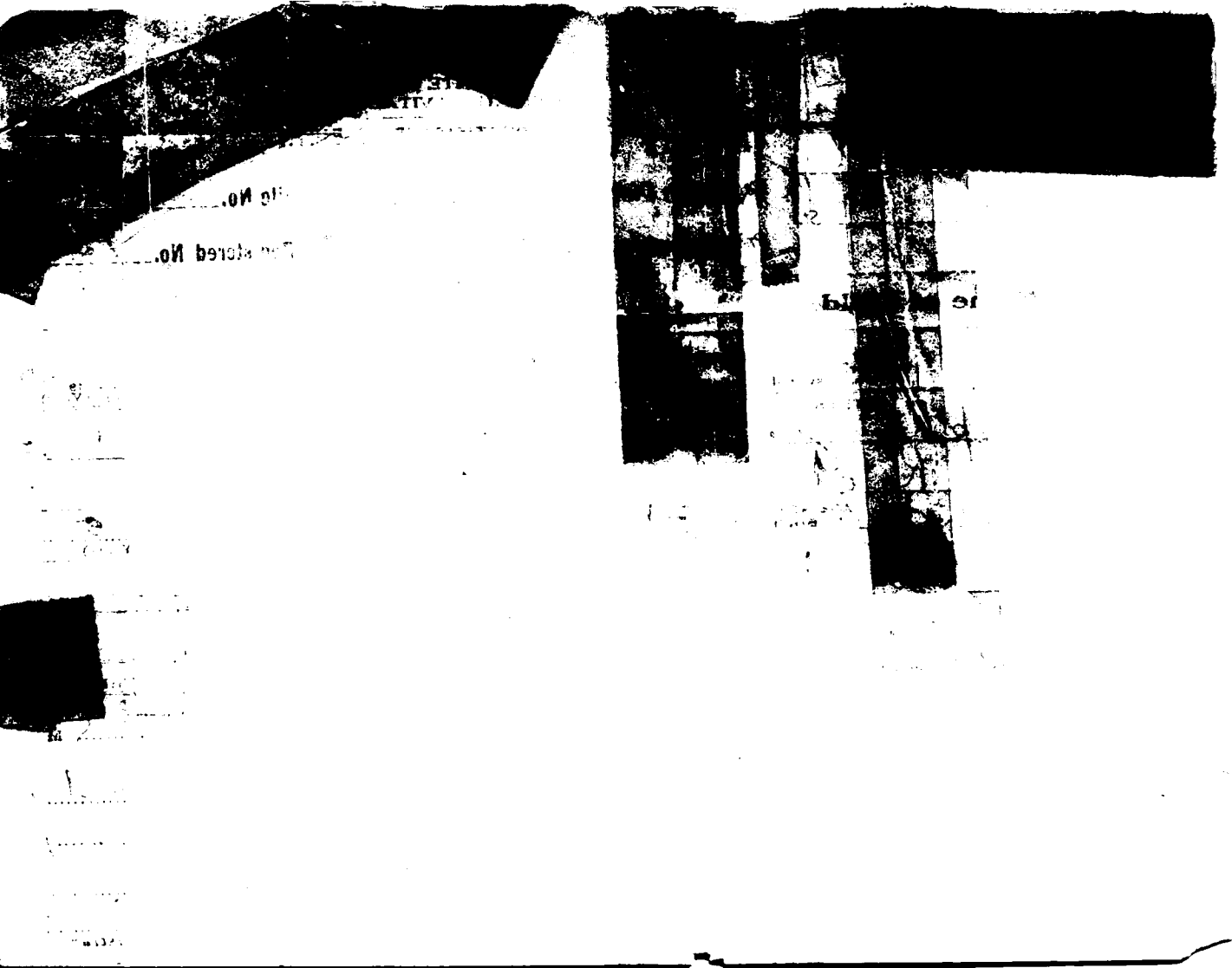
I hereby certify that I attended the birth of this child, who was Born alive 6³⁰ A M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody
(Physician or midwife)

Given names added from a supplemental report.

Address Menan, Idaho
Filed 1-10-20 Ray H. Fisher
Registrar



576-113.066-085

PLACE OF BIRTH
Name added 9-22-81

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76202

County of JeffersonCity of MenanRegistration District No. 2176

File No. _____

No. _____ St. _____

Primary Registration District No. 98Registered No. 12

Hospital _____

Full Name of Child _____

Howard V. Hawker

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1-13-20</u> (Month) (Day) (Year)
FULL NAME <u>J. Curtis Hawker</u>	FATHER		FULL MAIDEN NAME <u>Effie L. Wheaton</u>	MOTHER
RESIDENCE <u>Menan</u>			RESIDENCE <u>Menan</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1st Number of children of this mother now living, including present 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at Menan on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 1/13 1920

Registrar _____

Ray H. Fisher
Registrar

100-100000

PLACE OF BIRTH
DATE OF BIRTH

STATE OF ILLINOIS
BUREAU OF STATISTICS

FILE NO. 100-100000-1-18

05

100-100000



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS

State of _____ }
County of _____ } ss.

Certificate No. 76202

Date Filed _____

SEP 22 4 06 PM '81

The undersigned does solemnly swear that certain facts on the certificate of _____ birth

for Unnamed Hawker who was born on Jan. 13, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Menan (Jefferson Co) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

<u>child's name</u>	<u>omitted</u>	<u>Howard V. Hawker</u>
<u>mother's first name</u>	<u>Essie</u>	<u>Effie</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 15th day of
September, 1981.
Notary Public, Florence Custright
Residing at Borah
My commission expires Lifetime
(Seal)

Howard V. Hawker
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } (Must be completed __)
County of _____ } ss. (Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

in office 9-15-81

-1 cp pd-

A sister's certificate on file with Vital Statistics, Boise, Idaho, gives name of mother as Effie Wheaton. Sister born March 15, 1915, state file # 132686.

Viewed by V.S.

ertificate of Baptism and Confirmation gives name as Howard V. Hawker son of John Curtis Hawker and Effie Luella Wheaton born January 13, 1920 at Rigby, Idaho and Baptized July 31, 1954 at Emmette, Idaho.

Viewed by V.S.

Application for Insurance from the Beneficial Life Insurance company gives name as Howard V. Hawker born Jan 13, 1920, at Rigby, Idaho. Policy issued July 25, 1956.

Viewed by V.S.

PLACE OF BIRTH
846-274, 226-469
County of Jefferson

City of Rigby

No. #1 St.

Hospital _____

Full Name of Child VERNA BETH HUFFAKER

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

File No. 76214

Primary Registration District No. 2776

Registered No. 14

SEX OF CHILD <u>M</u>	Twin Triplet or other? <u>L</u> {and} Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Jan 14</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Dave Huffaker</u>	FATHER	FULL MAIDEN NAME <u>Ella Morris</u>	MOTHER
RESIDENCE <u>Rigby Ida</u>		RESIDENCE <u>Rigby</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Ida</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:20 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Palmer
m. c. b.
(Physician or midwife)

Given names added from a supplemental report.

Address Rigby Ida
Filed 1-14-20 Ray H. Fisher
Registrar

FEB 27 2001

Dup of 1920-82638

not

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonding } ss.
The undersigned does solemnly swear that certain facts on the certificate of _____
for Verna Beth Huffaker who born on Jan. 14th 1920 (BIRTH OR DEATH)
in Reidy, Ida. (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
(PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ prepared on _____, are:

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

Name

FROM

(AS ON ORIGINAL)

Unnamed

TO

(THE CORRECT FACTS)

Verna Beth Huffaker

Subscribed and sworn to before me this 12th
day of January, 1943.

Notary Public, residing at Wendell, Ida.

My commission expires Jan. 2 - 1944
(SEAL)

Signed Mrs. S. D. Huffaker, mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Wendell, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonding } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of January, 1943.

Notary Public, residing at Wendell, Ida.

My commission expires Jan. 2 - 1944
(SEAL)

Signed S. D. Huffaker, father
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Wendell, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

JAN 26 1943

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of JeffersonCity of RidgelyNo. # 2 St.Registration District No. 98File No. 76215

Hospital _____

Primary Registration District No. 2176Registered No. 13Full Name of Child Jane Charles Mann

SEX OF CHILD <u>F</u>	Twin Triplet <u>✓</u> or other? (To be answered only in event of plural births)	and Number in order of birth <u>✓</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Jan 11</u> (Month)
FULL NAME <u>C. C. Mann</u>			FULL MAIDEN NAME <u>Alice Barnes</u>	
RESIDENCE <u>Ridgely</u>			RESIDENCE <u>Ridgely</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Ida.</u>			BIRTHPLACE <u>Ida.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at Ida. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. M. Palmer
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Ridgely
Filed 1-11-20 Ray F. Fisher
Registrar

Dup of 1920 #2034

State of Idaho

County of Bonneville

ss.

OCT 19 1945

Certificate No. 78215

Date Filed

birth

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Mann who was born on Jan. 11, 1920 (Birth or Death) in Bonneville County, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family records (Place of Event) prepared on January 11, 1920 (Bible Record, Insurance Policy, Etc.) (Give Date) are:

FACTS TO BE CORRECTED FROM TO
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Name Unnamed Mann Zane Charles Mann

Subscribed and sworn to before me this 15th.
day of October, 1945.
Edna Mann
Notary Public, residing at Idaho Falls, Idaho
My commission expires July 6, 1948
(Seal)

Signed Mary Alice Mann
(Signature of parent or attendant if correcting a birth record; of attendant funeral director, informant if correcting a death record; or other credible person.)
Star Route, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 15th.
day of October, 1945.
Edna Mann
Notary Public, residing at Idaho Falls, Idaho
My commission expires 7-6-48
(Seal)

Signed Edna Mann
(Signature of Any Credible Person)
Star Route
(Street Address, City, State)
Idaho Falls, Idaho

107

219-208-026-331

PLACE OF BIRTH

County of JeffersonCity of LorenzoNo. R. D. #1 St.

Hospital _____

Full Name of Child Ella Sylvia BarkerSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-14-18

CERTIFICATE OF BIRTH

Registration District No. 98File No. 76216Primary Registration District No. 2176Registered No. 16

SEX OF CHILD <u>7</u>	Twin Triplet or other? <input checked="" type="checkbox"/> { and } Number in order of birth <input checked="" type="checkbox"/>	Legiti- mate? <u>yes.</u>	DATE OF BIRTH <u>Jan 8</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Wm Barker.</u>	FATHER	FULL MAIDEN NAME <u>Sylvia H. Clark.</u>	MOTHER
RESIDENCE <u>Lorenzo.</u>		RESIDENCE <u>Lorenzo</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Ida.</u>		BIRTHPLACE <u>Ida.</u>	
OCCUPATION <u>Farmer.</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:30 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Palmer
(m. e.)
(Physician or midwife)

Given names added from a supplemental report.

Address Rigley
Filed 1-10-20 Ragitt
Registrar

Registrar

3158

Dup of 1920-82637

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. **RECEIVED**
 County of _____ } **BUREAU OF VITAL STATISTICS**
 Certificate No. 76216
 Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
 for Unnamed Barker who was born on Jan. 8, 1920
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in Lorenzo, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)
 true facts are shown by _____ prepared on _____ are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name," "Birth Date," "Cause of Death," Etc.)

FROM
 (As on Original)

TO
 (The Correct Facts)

Name Omitted Ella Sylvia Barker

Subscribed and sworn to before me this 28 day of

Sept. 1975
John J. J. J. J. J.
 Notary Public, residing at _____
 My commission expires Sept. 18, 1977
 (Seal)

Signed Erwin W. Smith
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
803 E. 1st St. Emmett, Ida
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
 County of _____ }

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Signed _____
 (Signature of Any Credible Person)

Notary Public, residing at _____
 My commission expires _____
 (Seal)

 (Street Address, City, State)

Social Security Card # 518-06-1070 for Ella S. Smith. - Form OA-702.1 Rev.
(11-61).

FEB 14 1975

Viewed by VS

Certificate of Marriage and Marriage License gives name of bride as Ella Sylvia
Barker, Married April 22, 1947 and file with County of Canyon in Book 16,
Page 44

Viewed by V.S

PLACE OF BIRTH

County JeffersonCity of Lorenzo R. D.

No. _____ St. _____

Hospital _____

Full Name of Child _____

Bernice Diamond

STATE OF ~~MISSOURI~~
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 98File No. 76217Primary Registration District No. 2176Registered No. 17

SEX OF CHILD <u>F.</u>	Twin Triplet or other? <u>✓</u> (To be answered only in event of plural births)	{and} Number in order of birth <u>✓</u>	Legiti- mate? <u>yes.</u>	DATE OF BIRTH <u>Jan-6-</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Marvin Diamond</u>	FATHER		FULL MAIDEN NAME <u>Mary J. Park</u>	MOTHER
RESIDENCE <u>Lorenzo</u>			RESIDENCE <u>Lorenzo</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1242 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. A. M. Palmer
(m. E.)

(Physician or midwife)

Given names added from a supplemental report.

Address

Rigny

Filed

1-10-20 Ray H. Fisher
Registrar

Registrar

CONTACT

Dup of 1920-82640

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of _____ } ss. **RECEIVED**
County of _____ } **MAY 1 1967**
Bureau of Vital Statistics

Certificate No. 76217
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Diamond (female child) who was born on Jan. 6, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Lorenzo, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Certificate of Baptism prepared on Aug 4th, 1929 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Unnamed

Bernice Diamond

Subscribed and sworn to before me this 28th day of April, 1966

Signed Ella I. Sutcliffe
(Signature of parent or attendant in correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3490 Pale Line Road Pocatello, Ida
(Street Address, City, State)

Notary Public, residing at Pocatello, Idaho
My commission expires Feb 9, 1969
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clark }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April, 1966

Signed Mrs Myrtle (Park) Lamb
(Signature of Any Credible Person)

Notary Public, residing at Pocatello, Clark Co, Idaho
My commission expires Feb 9, 1969
(Seal)

Duke's Idaho 83423
(Street Address, City, State)
attendant at Birth

(I am signed wrong affidavit)

Roberts High School Diploma, Roberts, Idaho May 19, 1938 gives full name as Bernice Diamond - viewed by V.S.

NOV 16 1970

§ L.D.S. Church Cert. of Baptism and Confirmation, Aug. 3, 1929 gives full name as Bernice Diamond, daughter of Marvin Diamond and Mary Parks, born Jan. 6, 1920 at Annis, Idaho - viewed by V.S.

866-104-033-212

700

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-3-17

CERTIFICATE OF BIRTH

County of.....Madison.....City of.....Rexburg.....

Registration District No.

File No.....76236.....No.....St......

Primary Registration District No.

Registered No.....

Hospital

FULL NAME OF CHILD

Sex of Child	Male	Twin Triplet or other?		and	Number in order of birth	Legitimate?	Yes	Date of Birth	Jan 4th	20
		(To be answered only in event of plural births)						(Month)	(Day)	(Year)

FULL NAME FATHER
George A. HoopesFULL MAIDEN NAME MOTHER
Edna BakerRESIDENCE
Rexburg IdahoRESIDENCE
Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 34
(Years)COLOR White AGE AT LAST BIRTHDAY 32
(Years)BIRTHPLACE
Weston IdahoBIRTHPLACE
Mendoc. UtahOCCUPATION
School TeacherOCCUPATION
HousewifeNumber of child of this mother, including present birth.....2nd Number of children of this mother now living, including present birth.....2..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was...Born...live...On Jan 4th 1920... at...7 A....M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

Parley Nelson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address.....Rexburg Idaho.....Filed.....Jan.....19.....

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDER



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

557-203-033-945

PLACE OF BIRTH

STATE OF
BUREAU OF VITAL RECORDS

Form V. S. No. 11-C-22a-0-0-11

CERTIFICATE

76237

County of Madison

City of Rexburg

Registration District No.

File No.

No.

Primary Registration District No.

Registered No.

Hospital

LoRee Englund

FULL NAME OF CHILD

Sex of Child	Female	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? Yes	Date of Birth	Jan 3rd	1920
					(Month)	(Day)	(Year)

FULL NAME	FATHER
Constantine E.	Englund

FULL MAIDEN NAME	MOTHER
Catherine Ronnenkamp	

RESIDENCE	Canada
-----------	--------

RESIDENCE	Canada
-----------	--------

COLOR	White	AGE AT LAST BIRTHDAY	35
		(Years)	

COLOR	White	AGE AT LAST BIRTHDAY	28
		(Years)	

BIRTHPLACE	Sweden
------------	--------

BIRTHPLACE	Hibbard Idaho
------------	---------------

OCCUPATION	Farmer
------------	--------

OCCUPATION	Housewife
------------	-----------

Number of child of this mother, including present birth.	6th	Number of children of this mother now living, including present birth.	5
--	-----	--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Boon Alive On Jan 3rd 1920 11-55 P. M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Parley Nelson
 M.D.

(Physician or midwife)

Given names added from a supplemental report.


Address Rexburg Idaho

Filed

1920

Registrar

Registrar



MAY 14 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO }
County of Madison } ss.

RECEIVED
BUREAU OF
VITAL STATISTICS

Certificate No. 76237

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed Englund (female) who was born Jan 3, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name

Unnamed

Delva Loree Englund

Subscribed and sworn to before me this 18th day of
May, 1976.

Signed Mac Patterson Searles
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

157 E 1st N., Rexburg, Idaho 83440

Notary Public, residing at Rexburg, Idaho.
My commission expires Life.
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19____.

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

AUG 24 1976

Diploma from Rexburg, Madison County elementary school system gives name as Delva LoRee England dated May 24, 1935. viewed by V. S.

Certif of Blessing from the LDS Church gives name as Karen Nadine Womack daughter of Elmer Womack and LoRee Englund. born July 31, 1941 at Rexburg, Idaho. Blessed Oct. 5, 1941. viewed by V. S.

Marriage License and Certif from Idaho gives name as Elmer Womack and LoRee Englund. dated May 26, 1939. viewed by V. S.

854-231-033-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-0-22-4-17

CERTIFICATE OF BIRTH

County of MadisonCity of Plano

Registration District No.

File No. **76238**

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child Female	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? Yes	Date of Birth Jan 31st 1912 (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	---

FULL NAME Clyde D. Hemsley	FATHER
RESIDENCE Palano Idaho	
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE S.L. City Utah	
OCCUPATION Farmer	

FULL MAIDEN NAME Alice Peterson	MOTHER
RESIDENCE Plano Idaho	
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE S.L. City Utah	
OCCUPATION Housewife	

Number of child of this mother, including present birth **1st** Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **Born Alive On Jan 31st 1920** at **7-40 P. M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Harley Nelson*

M.D.

(Physician or midwife)

Given names added from a supplemental report.

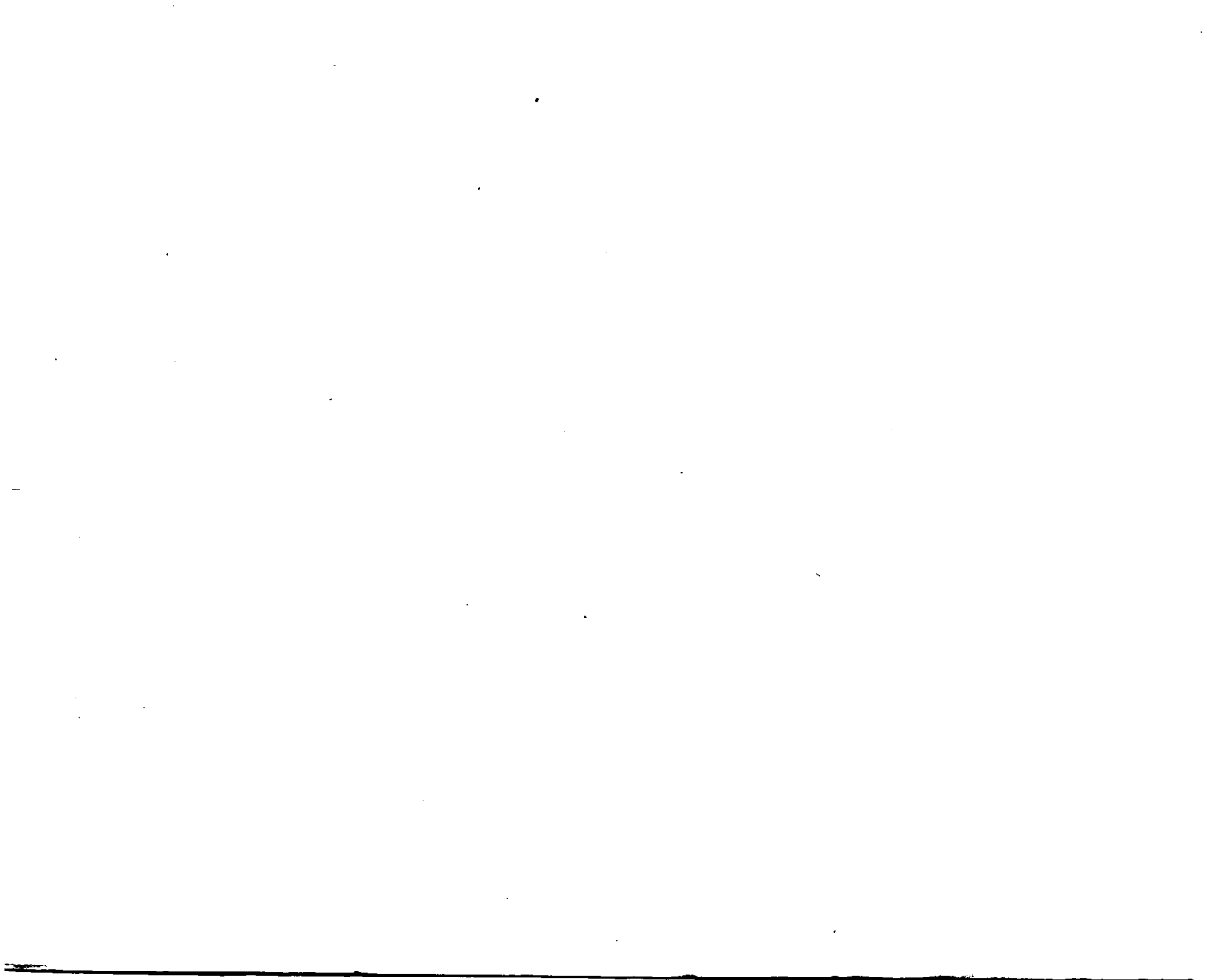
Rexburg Idaho

Address

Filed *Jan* **1920**

Registrar

Registrar



895-230-033-412

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-17

County of.....**Madison**.....City of.....**Rexburg**.....

Registration District No.

File No.

76239No.**St.**.....

Primary Registration District No.

Registered No.

Hospital.....

FULL NAME OF CHILD

Sex of Child Female	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? Yes	Date of Birth..... Jan 30th 1920 (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME **FATHER**
Arthur S. HinkleyFULL MAIDEN NAME **MOTHER**
Clara L. MasonRESIDENCE
Rexburg IdahoRESIDENCE
Rexburg IdahoCOLOR **White** AGE AT LAST BIRTHDAY.....**44**.....
(Years)COLOR **White** AGE AT LAST BIRTHDAY.....**39**.....
(Years)BIRTHPLACE
Fillmore UtahBIRTHPLACE
Morgan UtahOCCUPATION
FarmerOCCUPATION
HousewifeNumber of child of this mother, including present birth...**7th**... Number of children of this mother now living, including present birth...**5**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....**Born Alive On Jan. 30th 1920 6-20 A.**.....
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....**Parley Nelson**.....**M. D.**
(Physician or Midwife)

Given names added from a supplemental report.

Address.....**Rexburg Idaho**.....Filed.....**Jan 31**.....**1920**.....

Registrar

Registrar

MAY 9 1967

553/29.033-819

PLACE OF BIRTH

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-8-17

County of **Madison**City of **Rexburg**

Registration District No.

File No. **76240**

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child Male	Twin Triplet or other?	and { Number in order of birth (To be answered only in event of plural births)	Legiti-Yes mate?	Date of Birth Jan 29th 1920 (Month) (Day) (Year)
--------------------------	------------------------------	---	---------------------	--

FULL NAME Anthony Nelson	FATHER
RESIDENCE Rexburg Idaho	
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Odebalt Iowa	
OCCUPATION Farmer	

FULL MAIDEN NAME Cornelia Harriman	MOTHER
RESIDENCE Rexburg Idaho	
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Huntington Utah	
OCCUPATION Housewife	

 Number of child of this mother, including present birth **3rd** ... Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was **Born alive On Jan 29th 1920** at **3-15 A. M.**
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Farley Nelson**

(Physician or midwife)

Given names added from a supplemental report.

Address **Rexburg Idaho**Filed **Jan 30** 19 **20**

Registrar

Registrar

 MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-228.033-997

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—Rev. 8-2-17

CERTIFICATE OF BIRTH

76241

County of MadisonCity of Hibbard

Registration District No.

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Helen Verba Willmore

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 28th</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>Ephraim Willmore</u>	FATHER
RESIDENCE <u>Hibbard Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Logan Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Viola B. Rigby</u>	MOTHER
RESIDENCE <u>Hibbard Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Hibbard Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1st Number of children of this mother now living, including present birth... 1...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Born Alive On Jan 28th 1920... at 2-40 P.... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg IdahoFiled Jan 29 1920

Registrar

Registrar

DEC 20 1944

842-122033-997

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 14-0-22a-3-3-17

CERTIFICATE OF BIRTH

County of MadisonCity of Sugar

Registration District No.

File No. **76242**

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Alvin I. Huber

Sex of Child	Male	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legitimate? Yes	Date of Birth	Jan 22nd	1920
					(Month)	(Day)	(Year)

FULL NAME	FATHER Jacob Huber	
RESIDENCE	Sugar	Idaho
COLOR	White	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Russia	
OCCUPATION	Farmer	

FULL MAIDEN NAME	MOTHER Katie Ripp	
RESIDENCE	Sugar	Idaho
COLOR	White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Russia	
OCCUPATION	Housewife	

Number of child of this mother, including present birth **1st** Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Jan 22nd 1920 9-15 A.M. at on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harley Nelson

M.D.

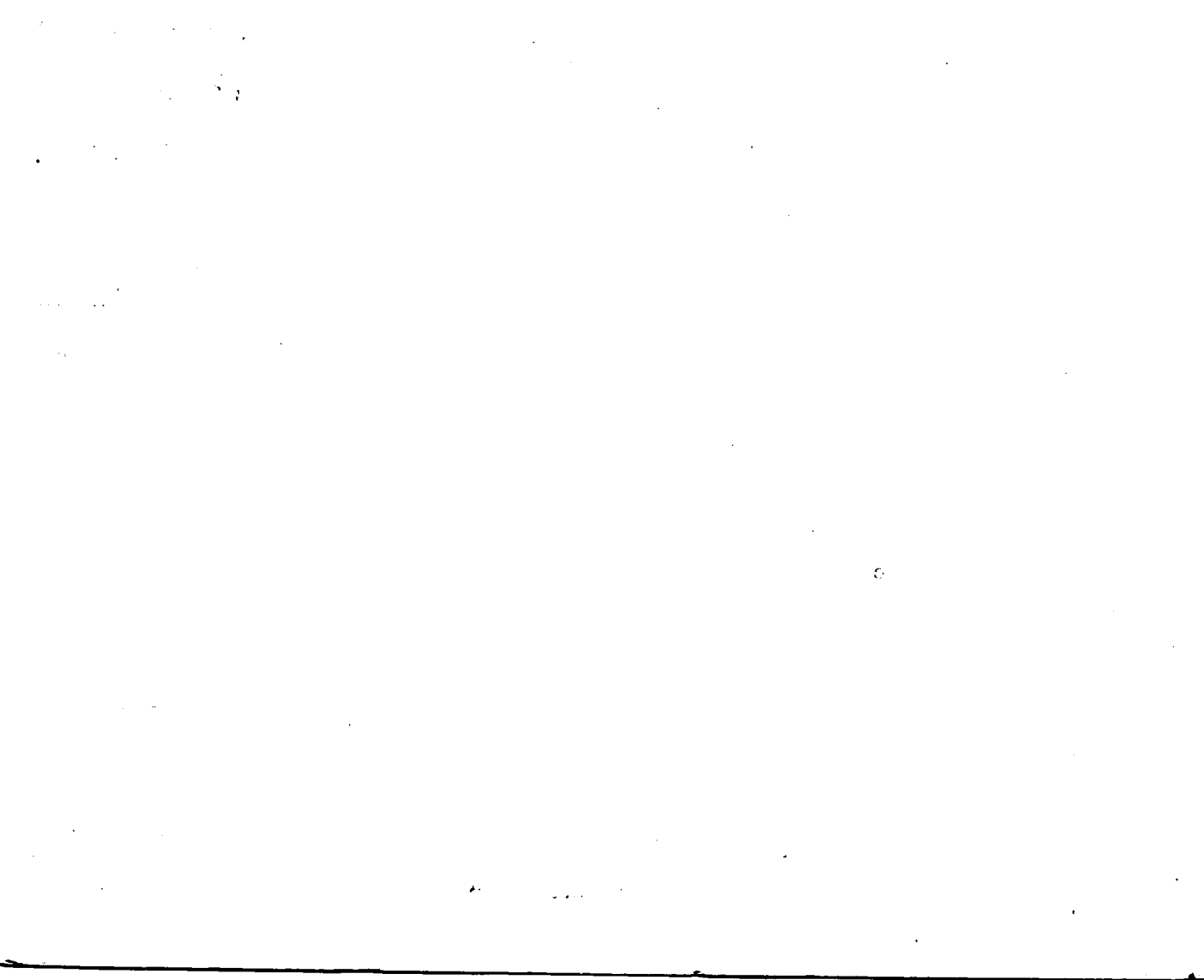
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg IdahoFiled Jan 23 19 20

Registrar

Registrar



595-209.033-291

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-1-1-18

CERTIFICATE OF BIRTH

76243

County of MadisonCity of Thornton

Registration District No. _____

File No. _____

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Maxine Elaine LiermanSex of
Child FemaleTwin
Triplet
or other?and }
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
Birth Jan. 9
(Month) (Day) (Year)

1920

FULL
NAME

FATHER

Herbert E. Lierman

RESIDENCE

Nampa, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY55
(Years)

BIRTHPLACE

Deshler, Nebraska

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Helen Brase

RESIDENCE

Nampa, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY60
(Years)

BIRTHPLACE

Crete, Illinois

OCCUPATION

Housewife

Number of child of this mother, including present birth, _____

Number of children of this mother now living, including present birth, _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive on Jan. 9, 1920at 11.43 A.M.

(born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Farley Nelson

M.D.

(Physician Not a Doctor)

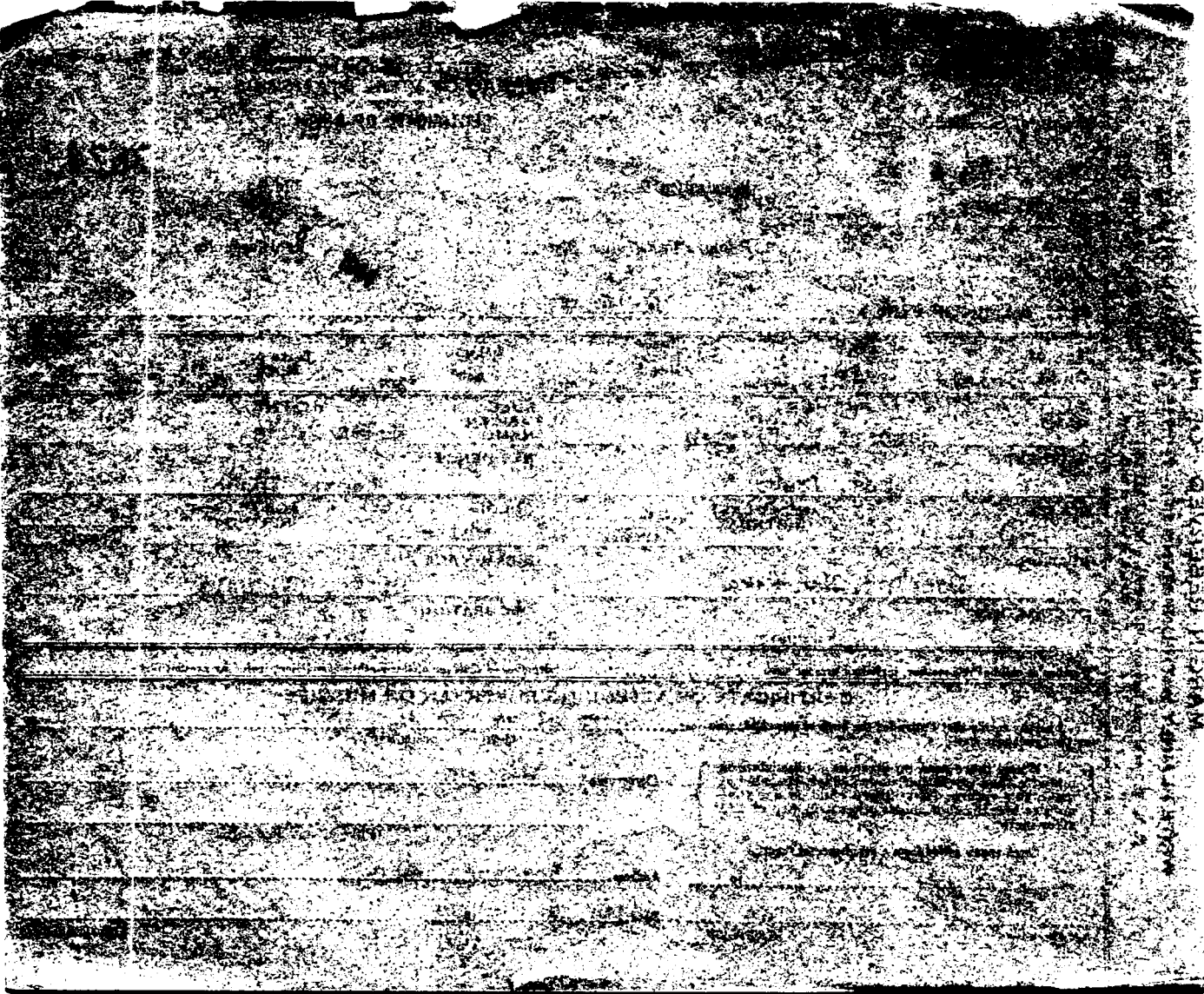
Given names added from a supplemental report.

Address Rexburg, IdahoFiled Jan. 9 1920

S-V CO. 24655

Registrar

Registrar



2021

66-206-033-96

I WAC

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & B. 2-0-12-1904-27

CERTIFICATE OF BIRTH

County of **Madison**City of **Rexburg**

Registration District No.

File No. **76244**

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Lucille E. Wood

Sex of Child Female	Twin Triplet or other? and	Number in order of birth	Legitimate? Yes	Date of Birth Jan 6th	1920
(To be answered only in event of plural births)				(Month) (Day) (Year)	

FULL NAME **FATHER**
Leo E. WoodruffFULL MAIDEN NAME **MOTHER**
Eda RorbachRESIDENCE **Rexburg Idaho**RESIDENCE **Rexburg Idaho**COLOR **White** AGE AT LAST BIRTHDAY **38**
(Years)COLOR **White** AGE AT LAST BIRTHDAY **27**
(Years)BIRTHPLACE **S.L. City Utah**BIRTHPLACE **Switzerland**OCCUPATION **Mgr. Telephone Co.**OCCUPATION **Housewife**Number of child of this mother, including present birth **5th** Number of children of this mother now living, including present birth **7**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born Alive On Jan. 6th 1920** at **11:40 A.M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Parley Nelson**
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address **Rexburg Idaho**Filed **Jan 6 1920**

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form 1-1-40

STATE OF IOWA
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Madison

SEP 12 1942

38

469-103-033-544
PLACE OF BIRTHSTATE OF ~~MISSOURI~~
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-3-27

CERTIFICATE OF ~~BIRTH~~City of MadisonCity of ReynoldsRegistration District No. 100File No. 76284

No. St.

Primary Registration District No. 2178Registered No. 41

Hospital

FULL NAME OF CHILD

Leonard Ray MorganSex of
ChildmaleTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Multi-
mate?YesDate of
BirthJan 3 1920
(Month) (Day) (Year)FULL
NAMEW. L. Morgan

FATHER

RESIDENCE

Reynolds Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMELeona M. Eddies

MOTHER

RESIDENCE

Reynolds Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Oklahoma

OCCUPATION

HousewifeNumber of child of this mother, including present birth.....2 Number of children of this mother now living, including present birth.....2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1045 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

G. G. Parkinson

(Physician or midwife)

Given names added from a supplemental report.

Address

Reynolds Ida

Filed

1/7/20

Registrar

JAN 23 1945

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

456-204.033-796
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2224

County of MadisonCity of ReynoldsRegistration District No. 106File No. 76285

No. St.

Primary Registration District No. 7178Registered No. 42

Hospital

FULL NAME OF CHILD Lila De Wald

Sex of Child <u>F</u>	Twin Triplet or other? <u>and</u> (Number in order of birth) <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 4 1920</u> (Month) (Day) (Year)
-----------------------	---	------------------------	---

FULL NAME <u>John De Wald</u>	FATHER	FULL MAIDEN NAME <u>Anna Propp</u>	MOTHER
RESIDENCE <u>Reynolds Idaho</u>		RESIDENCE <u>Reynolds Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Russia</u>		BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:45 AM
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cooper

(Physician or midwife)

Given names added from a supplemental report.

Address Reynolds IdahoFiled 1/7/20

Registrar

Registrar

4/8/41 L. E.

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
299-107,033-365
County of... Madison

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 2-28-30

City of Reynoldsburg

Registration District No. 100

File No. 76286

No. St.

Primary Registration District No. 2178

Registered No. 43

Hospital

FULL NAME OF CHILD James L. Brian

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 7 1920</u> (Month) (Day) (Year)
------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Wm. Brian</u>	FATHER
RESIDENCE <u>Reynoldsburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Carpenter</u>	

FULL MAIDEN NAME <u>Pearl Long</u>	MOTHER
RESIDENCE <u>Reynoldsburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:50 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. D. [Signature]

(Physician or midwife)

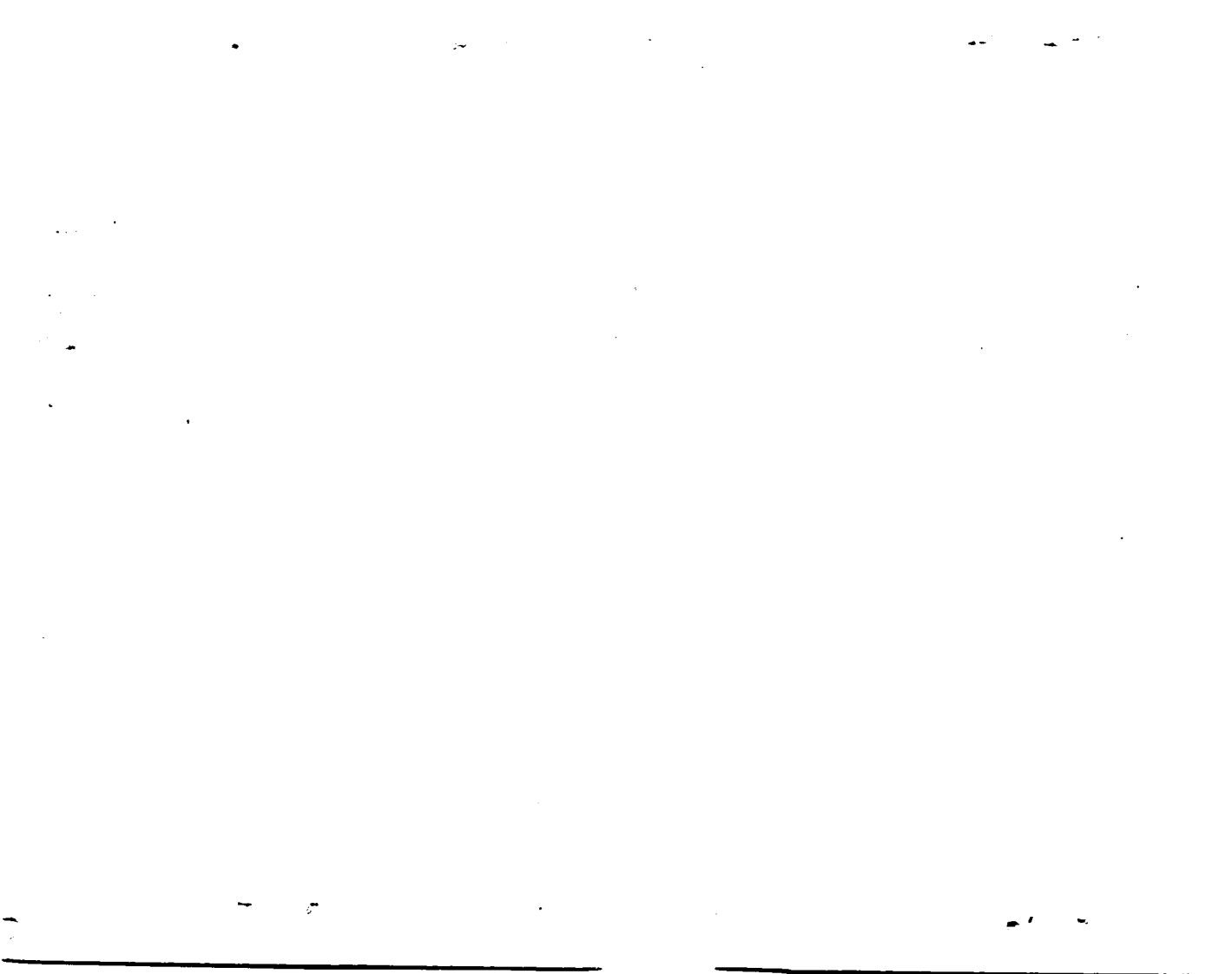
Given names added from a supplemental report.

Address Reynoldsburg Idaho

Filed 11/7/1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Official Certificate of Birth or Death

State of Idaho ss. Certificate No. 76286
County of Cannock Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for Unnamed Brian (male child) who was born on Jan. 7, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by church blessing certificate prepared on march 4, 1928 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child _____ Unnamed _____ James L. Brian
Bud Mosley Brian

Subscribed and sworn to before me this 28th day of
January, 1966

Signed Martha Louks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Pocatello, Idaho
My commission expires My Commission expires Feb. 4, 1967
(Seal) K. C. Mollerup, Notary Public

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho ss.
County of Cannock

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of
January, 1966

Signed John H. Brian
(Signature of Any Credible Person)

Notary Public, residing at Pocatello, Idaho
My commission expires My Commission expires Feb. 4, 1967
(Seal) K. C. Mollerup, Notary Public

703 E. Alameda Rd.
(Street Address, City, State)
Pocatello, Idaho 83201

u ~~U.S.~~ Church Cert. of Blessing, March 4, 1928 gives full name as James Long Brian, Son of William J Brian and Leah Pearl Long, born Jan. 7, 1920 at Rexburg, Idaho - viewed by V.S.

MAR 4 1966

-U.S. Army, Honorable Discharge, date of Separation Aug. 29, 1945 gives full name as James L Brian, born Jan. 7, 1920 at Rexburg, Idaho - date of entry into active service Sept. 2, 1942 - viewed by V.S.

168-110-022-769

PLACE OF BIRTH

County of ThurmontCity of Wilford

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL RECORDS
CERTIFICATE OF BIRTHRegistration District No. 100File No. 76288Primary Registration District No. 2178Registered No. 45-

FULL NAME OF CHILD

Sex of Child <u>M.</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 10</u> <u>1920</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>Edgar Johnson</u>		FULL MAIDEN NAME <u>Pauline R. Fitzer</u>	
RESIDENCE <u>Wilford Idaho</u>		RESIDENCE <u>Wilford Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Switzerland</u>	
OCCUPATION <u>Lawyer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

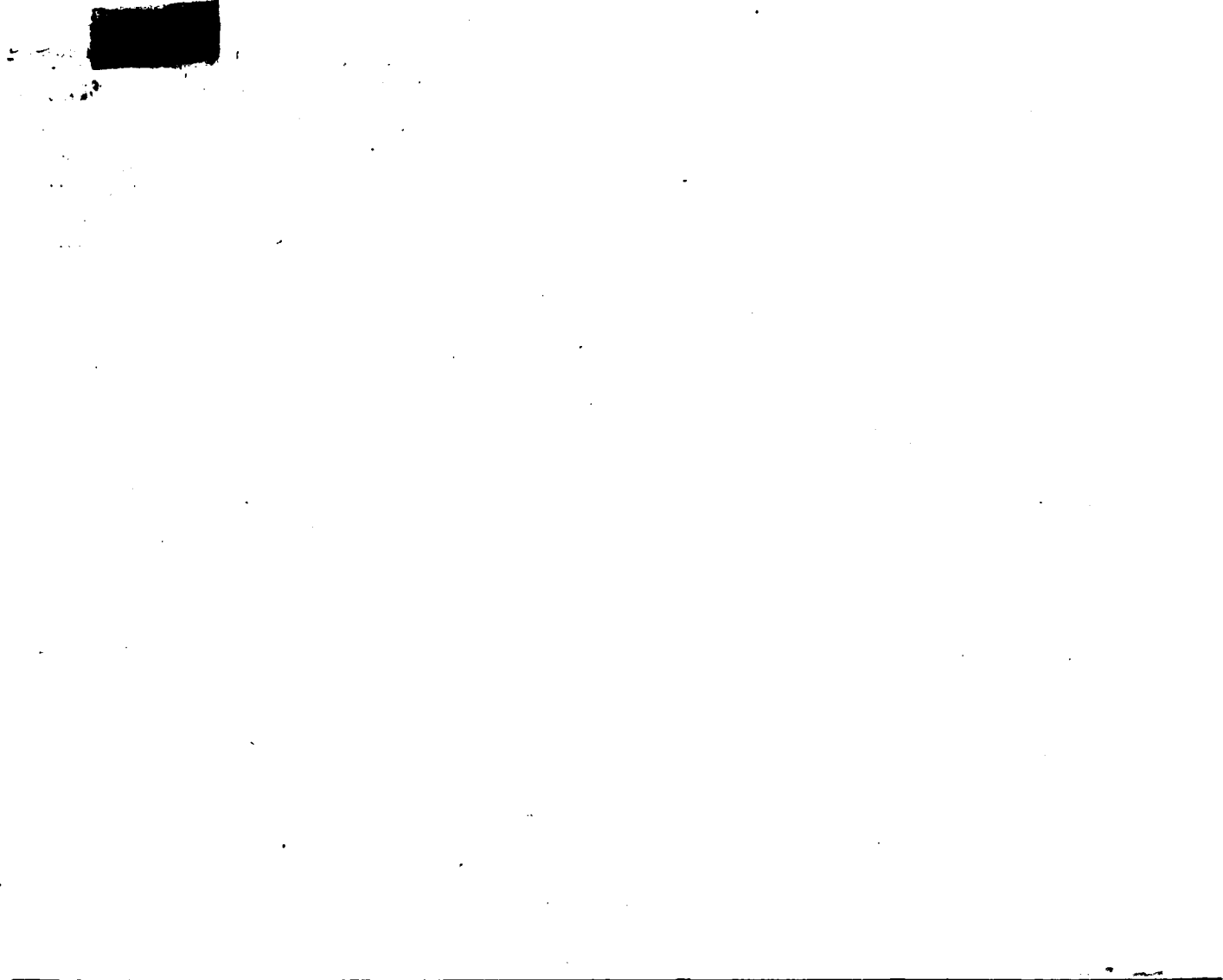
(Signature) W. E. Spe

(Physician or midwife)

Given names added from a supplemental report.

Address Reynolds, IdahoFiled Jan. 19 1920

Registrar



795-211-033-365
PLACE OF BIRTHCounty of... MadisonCity of... BeaumontRegistration District No. 100File No. 76289No. St.Primary Registration District No. 2178Registered No. 46

Hospital

FULL NAME OF CHILD Elizabeth Pearson

Sex of Child <u>Fr.</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 11</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>Geo. Arthur Pearson</u>	FATHER
RESIDENCE <u>Beaumont Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u>
	(Years)
BIRTHPLACE <u>Plymouth, Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Celia Loveland</u>	MOTHER
RESIDENCE <u>Beaumont Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u>
	(Years)
BIRTHPLACE <u>Deweyville, Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.....7... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was.....Born alive..... at.....1:20 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

Given names added from a supplemental report.

Address..... Beaumont IdahoFiled..... Jan 20

Registrar

Registrar



PLATE 100

STATE OF OHIO
BUREAU OF REVENUE
JAN 10 1900

RECEIVED
JAN 10 1900

in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address

296-112-033-391
Amended 4-30-68

(Be sure the information is complete and accurate)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **76291**
Local Reg. No. **48**
Reg. Dist. No. **100**

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Madison		a. STATE Idaho	b. COUNTY Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME (Type or print)			
a. (First) Grant	b. (Middle) Crapo	c. (Last) Brower	
4. SEX M.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) Jan. 12, 1920

FATHER OF CHILD

7. FULL NAME			
a. (First) George	b. (Middle) Harvey	c. (Last) Brower	
8. AGE (At time of this birth) 42 YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) Lewiston, Utah	10. USUAL OCCUPATION Warehouse Man	11. KIND OF BUSINESS OR INDUSTRY

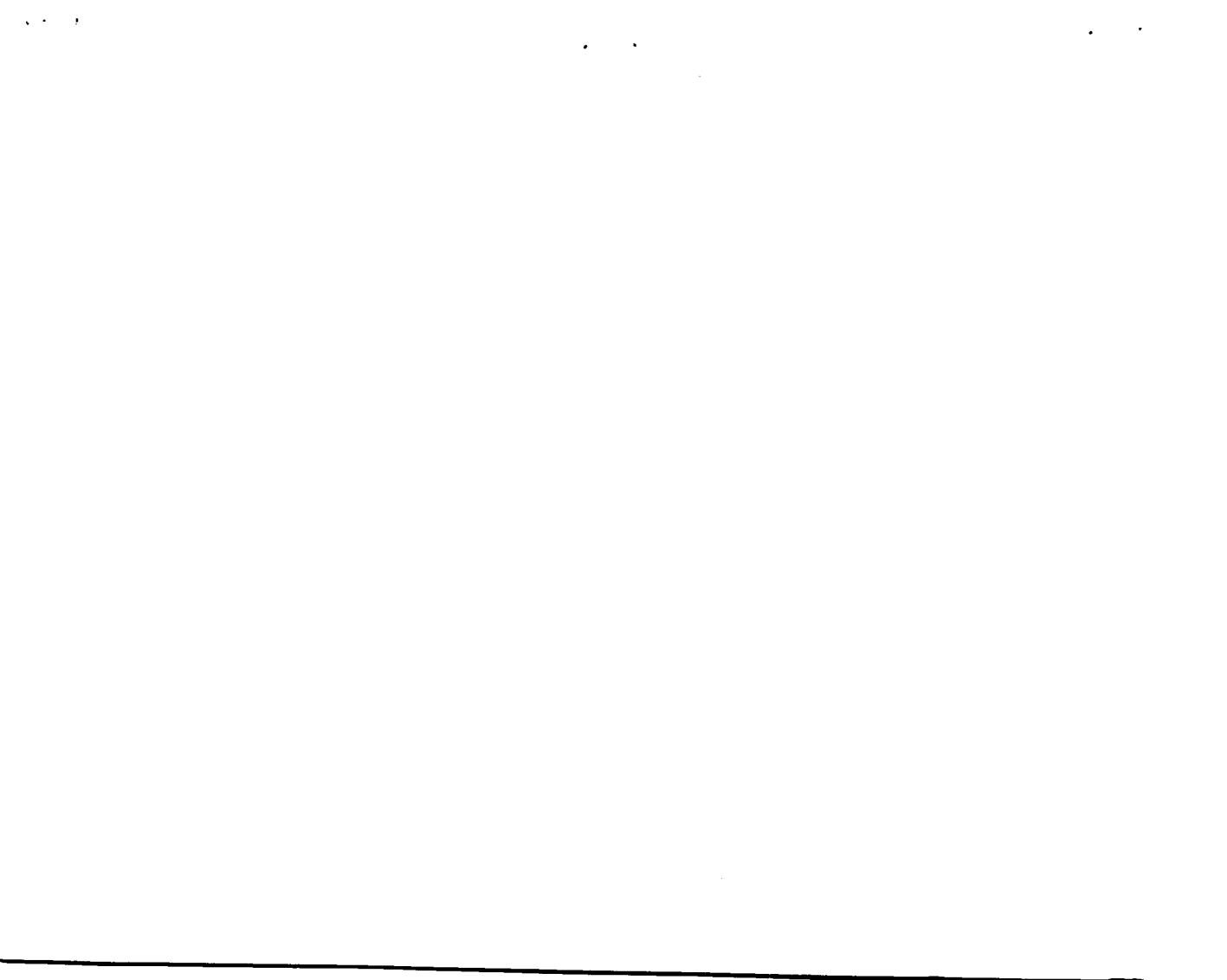
MOTHER OF CHILD

12. FULL MAIDEN NAME			
a. (First) Mary	b. (Middle) Ellen	c. (Last) Crapo	
13. AGE (At time of this birth) 43 YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) Paradise, Utah	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		a. How many OTHER children are now living? 8	b. How many OTHER children were born alive but are now dead? 0
		c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0	

<i>I hereby certify that this child was born alive on the date stated above.</i>	17. SIGNATURE C. W. Martin, M.D.	18. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____
	19. ADDRESS Rexburg, Idaho	20. DATE SIGNED
21. DATE REC'D BY LOCAL REG. Jan., 1920	22. REGISTRAR'S SIGNATURE G.G. Espe	23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?	YES _____	NO _____	DATE _____
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L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Deacon, Feb. 21, 1932 gives full name as Grant Crapo Brower, born Jan. 12, 1920 at Rexburg, Idaho to George Harvey Brower and Mary Ellen Crapo - viewed by V.S.

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Priest, May 31, 1936 gives full name as Grant Crapo Brower, born Jan. 12, 1920 at Rexburg, Idaho to George Harvey Brower and Mary Ellen Crapo. - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMMEND AN ORIGINAL CERTIFICATE BIRTH OR DEATH

State of Idaho)
County of Bannock) SS

Certificate No. 76291
Date Filed: January, 1920

The undersigned does solemnly swear that certain facts on the Certificate of Birth for VINCENT CRAPO BROWER who was born on January 12, 1920 in REXBURG, IDAHO

are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificates of Ordination prepared on Feb. 21, 1932 and May 31, 1936 are:

FACTS TO BE CORRECTED	FROM	TO
First Name of Child	Vincent	Grant

Subscribed and sworn to before me this 3rd day of April 1968

Signed Edna Brower Gille
658 W. Grant St. Rexburg, Idaho
Street address, City, State

Dayson C. Holladay
Notary Public, residing at Pocatello, Idaho
My Commission expires Apr. 21, 1971

SUPPORTING ADDIFAVIT OF A SECOND PERSON

State of Idaho)
County of Bannock) SS

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of April 1968

Signed W.D. Bayley
1322 N. Grant St., Pocatello, Idaho
Street Address, City, State

Dayson C. Holladay
Notary Public, residing at Pocatello, Idaho
My Commission expires Apr. 21, 1971

893-212-033-595

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-27

CERTIFICATE OF BIRTH

County of... MadisonCity of... ReplingtonRegistration District No. 100File No. 76292No. St. Primary Registration District No. 2178Registered No. 49Hospital FULL NAME OF CHILD Barbara Hill

Sex of Child <u>F</u>	Twin Triplet or other? <u> </u>	Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 12 1940</u> (Month) (Day) (Year)
-----------------------	--------------------------------------	--	------------------------	--

FULL NAME <u>Geo. H. Hill</u>	FATHER	FULL MAIDEN NAME <u>Lenora Ruth Neubauer</u>	MOTHER
RESIDENCE <u>Replington Idaho</u>		RESIDENCE <u>Replington Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Burton Idaho</u>		BIRTHPLACE <u>Sevier Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

(Physician or midwife)

Given names added from a supplemental report.

Address Replington, IdahoFiled Jan 20 1940

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

JUL 21 1967

Dup of 1920-77202

469-116-033-866

PLACE OF BIRTH

County of... MadisonCity of... Reynolds

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 100

Primary Registration District No. 2178

File No. 76293

Registered No. 50

Joseph Andrew Morris

Sex of Child

M

Twin
Triplet
or other?
(To be answered only in event of plural births)Number
and in order
of birthLegiti-
mate?

Yes

Date of Birth

Jan 16 1920
(Month) (Day) (Year)

FULL NAME

FATHER
Hilton Morris

RESIDENCE

Reynolds Idaho

COLOR

White

AGE AT LAST BIRTHDAY

29
(Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER
Libby Howell

RESIDENCE

Reynolds Idaho

COLOR

White

AGE AT LAST BIRTHDAY

28
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 5:45 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. E. Giesse

(Physician or midwife)

Given names added from a supplemental report.

Address

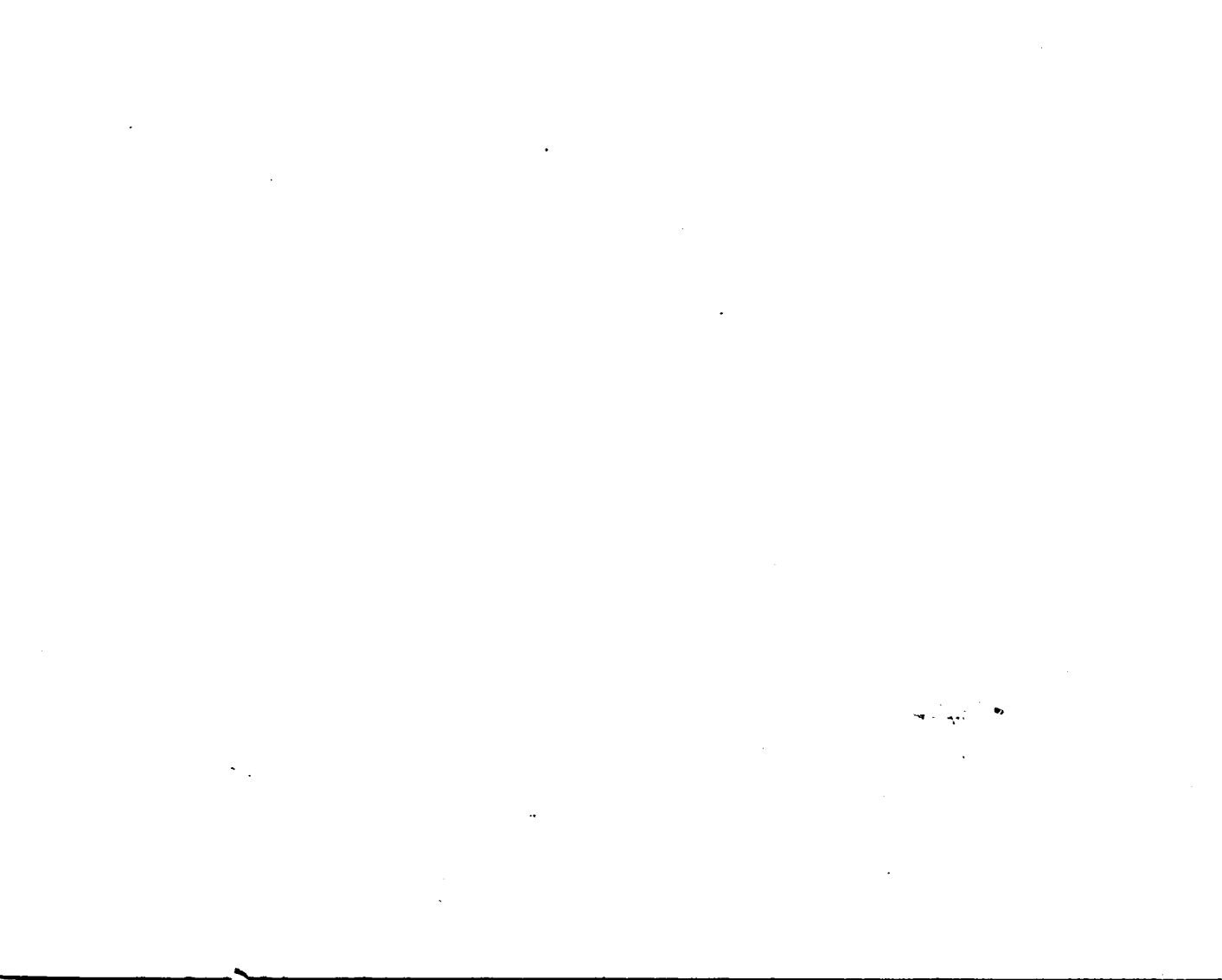
Reynolds Idaho

Filed

Jan 25 1920

Registrar

Registrar



849-218033-255
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-27

County of... MadisonCity of... RephungRegistration District No. 100File No. 76294No. St.Primary Registration District No. 2878Registered No. 51

Hospital

FULL NAME OF CHILD

Mellie Grigley

Sex of Child

FTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?Yes

Date of Birth

Jan. 18 1920
(Month) (Day) (Year)

FULL NAME

FATHER

John V. Grigley

RESIDENCE

Rephung Idaho

COLOR

White AGE AT LAST BIRTHDAY 44
(Years)

BIRTHPLACE

Cayson Utah

OCCUPATION

Retail ClerkFULL
MAIDEN
NAME

MOTHER

RESIDENCE

Mellie Beveridge
Rephung Idaho

COLOR

White AGE AT LAST BIRTHDAY 40
(Years)

BIRTHPLACE

Scotland

OCCUPATION

HousewifeNumber of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was # Born alive at 11:10 P.M.
on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

C. W. Martin

(Physician or midwife)

Given names added from a supplemental report.

Address

Rephung Idaho

Filed

Jan 19 1920

Registrar

Registrar

10001

1 1945

MAR



913-202-025-669

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 23-25m-4-4-23

CERTIFICATE OF BIRTH

76295

County of IdahoCity of CottonwoodRegistration District No. 105

File No.

No. King Street St.Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD Senora Mary Magdalena MalerichSex of Child FemaleTwin
Triplet } and { Number
or other? } in order
(To be answered only in event of plural births)Legitimate? YesDate of Birth Jan 2nd 1920
(Month) (Day) (Year)FULL NAME FATHER Edward MalerichRESIDENCE Cottonwood Ida.COLOR White AGE AT LAST BIRTHDAY 43
(Years)BIRTHPLACE Ill.OCCUPATION LaborerFULL MAIDEN NAME MOTHER Magdalena HornmannRESIDENCE SameCOLOR White AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE Ill.OCCUPATION HousewifeNumber of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

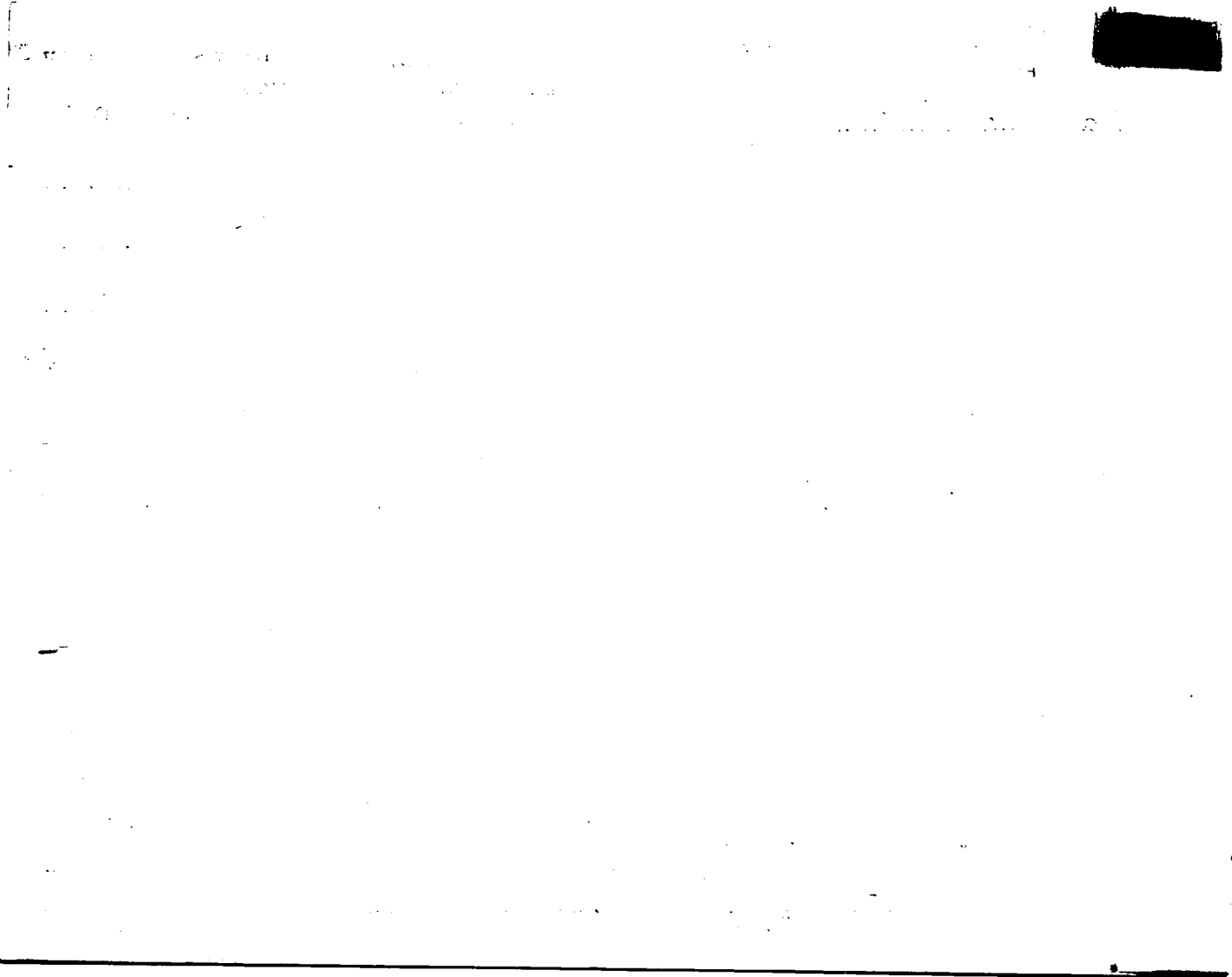
(Signature) H. B. BlakePhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood IdaFiled Jan 2nd 1920

Registrar

Registrar



238-123-025-238

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76297

County of IdahoCity of Green CreekRegistration District No. 105 File No. 3

No. _____ St.

Hospital Home Primary Registration District No. 2183 Registered No. _____FULL NAME OF CHILD Lawrence Anton Schumacher

Sex of Child <u>male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimacy? <u>Yes</u>	Date of Birth <u>July 23</u> (Month) (Day) (Year) <u>1920</u>
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FATHER

FULL NAME Leo Schumacher

RESIDENCE Green Creek Ida

COLOR White AGE AT LAST BIRTHDAY 27
(Years)

BIRTHPLACE Ill.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Schmidt

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 26
(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Blake
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood Idaho

Filed July 24 1920 W B Blake
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

DEC 4 1944

296.220-025-214

PLACE OF BIRTH

County of IdahoCity of Keuterville

No. _____ St.

Hospital Home

FULL NAME OF CHILD

Registration District No. 105File No. 4Primary Registration District No. 2183

Registered No. _____

Mary Catherine BrockeSex of
ChildFemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate?YesDate of
BirthJan 20
(Month) (Day)1920
(Year)FULL
NAMEJohn P Brocke

FATHER

RESIDENCE

Keuterville Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

neb.

OCCUPATION

FarmingFULL
MAIDEN
NAMEElizabeth Baune

MOTHER

RESIDENCE

Same

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

neb.

OCCUPATION

HousewifeNumber of child of this mother, including present birth godNumber of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

(Born alive or stillborn)

at 3³⁰ P. M.*When there was no attending physician or
midwife than the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

H. B. Blake

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Cottonwood Idaho

Filed

Jan 26 1920H. B. Blake

Registrar

Registrar

JAN 16 1970

DECEASED

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 43-115-025-842

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-27

76300

CERTIFICATE OF BIRTH

County of IdahoCity of CottonwoodRegistration District No. 105File No. 6

No. St.

Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD

Martin Dean Lichtfeld

Sex of Child

MaleTwin
Triplet
or other?Twinand (Number
in order
of birth)1stLegiti-
mate?yes

Date of Birth

Jan 15 1920
(Month) (Day) (Year)

FULL NAME

Bernard Lichtfeld

FATHER

FULL MAIDEN NAME

Matha Gruenman

MOTHER

RESIDENCE

Cottonwood

RESIDENCE

Cottonwood

COLOR

white

AGE AT LAST BIRTHDAY

30
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

31
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Ill.

OCCUPATION

Rancher - stock

OCCUPATION

House wifeNumber of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

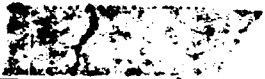
Given names added from a supplemental report.

Address Cottonwood IdahoFiled Jan 27 1920 1706

Registrar

Registrar

Corrified Copy issued Dec. 4, 1940. L.N.



343-115-025-842

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-30

County of IdahoCity of CottonwoodRegistration District No. 105File No. 76301No. St. Primary Registration District No. 2183Registered No. Hospital FULL NAME OF CHILD William Paul Luchtfeld

Sex of Child <u>Male</u>	Twin <u>True</u> } and { Number in order of birth <u>2nd</u> Triplet or other? (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 15 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Bernard Luchtfeld</u>	FATHER
RESIDENCE <u>Cottonwood</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Rancher - Stock</u>	

FULL MAIDEN NAME <u>Netta Newman</u>	MOTHER
RESIDENCE <u>Cottonwood</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Ill.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) 8:00 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood IdahoFiled Jan 27 1920

Registrar

Registrar

c.c. 5/17/41. w.h.

342-2011025-115

OFFICE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

STATISTICS

76302

No. St.

Registration District No.

File No.

Hospital

Primary Registration District No. 2183

Registered No.

FULL NAME OF CHILD

ANNE Agnes Lustig

Sex of Child

Female

Twin Triplet or other?

and

Number in order of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

Jan 1 1920

FULL NAME

FATHER Victor Lustig

FULL MAIDEN NAME

MOTHER Mary E. Jansen

RESIDENCE

Cottonwood Ill.

RESIDENCE

Cottonwood Ill.

COLOR

white

AGE AT LAST BIRTHDAY

38 (Years)

COLOR

white

AGE AT LAST BIRTHDAY

39 (Years)

BIRTHPLACE

Ill.

BIRTHPLACE

Ill.

OCCUPATION

Rancher

OCCUPATION

Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive or stillborn at 10:30 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Kelly F. Orr

(Physician or midwife)

Given names added from a supplemental report.

Address

Cottonwood Ill.

Filed

Jan 15 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss. Certificate No. 76302
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Agnes Lustig who was born on January 1, 1920
in Idaho County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptism record prepared on Jan. 2, 1920, are:
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)
(PLACE OF EVENT) (DATE OF EVENT)
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name <u> </u>	Agnes <u> </u>	Agnes Anne Lustig <u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Subscribed and sworn to before me this 9
day of February 19 43
W. T. McIntire
Notary Public, residing at Cottonwood, Ida.
My commission expires Aug. 18, 1944
(SEAL)

Signed Mrs. Mary E. Lustig
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
R. 1, Cottonwood, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9
day of Feb. 19 43
W. T. McIntire
Notary Public, residing at Cottonwood, Ida.
My commission expires Aug. 18, 1944
(SEAL)

Signed S. S. Beckman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Greencreek, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By (REGISTRAR'S SIGNATURE)

FEB 11 1943.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

195-220-025-547
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

76304

County of IdahoCity of Green CreekRegistration District No. 105File No. 10

No.St.

Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD

Regina Bernidina Aruzen

Sex of Child

FemaleTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

Jan 28 1920
(Month) (Day) (Year)

FULL NAME

Frank Aruzen

FATHER

FULL MAIDEN NAME

Mary Muxell

MOTHER

RESIDENCE

Green Creek Ida.

RESIDENCE

Green Creek

COLOR

white

AGE AT LAST BIRTHDAY

28
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

24
(Years)

BIRTHPLACE

Ida.

BIRTHPLACE

Cottonwood Ida.

OCCUPATION

Rancher

OCCUPATION

House wife

Number of child of this mother, including present birth.

Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive at 11:00 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Isabel F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Cottonwood Ida.

Filed

Jan 27 1920

Registrar

Registrar

JAN 28 1974

238-205-025-491
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Idaho

CERTIFICATE OF BIRTH

76305

City of Cottonwood

Registration District No. 105

File No. 11

No. _____ St. _____

Primary Registration District No. 2183

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Theresa Margaret Schwartz

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and {	Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan - 25 - 1920</u> (Month) (Day) (Year)
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FATHER
FULL NAME Michael Schwartz
RESIDENCE Cottonwood Idaho
COLOR white AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Germany
OCCUPATION Ranching

MOTHER
FULL MAIDEN NAME Kathie Ducho
RESIDENCE Cottonwood Idaho
COLOR white AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Idaho
OCCUPATION House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

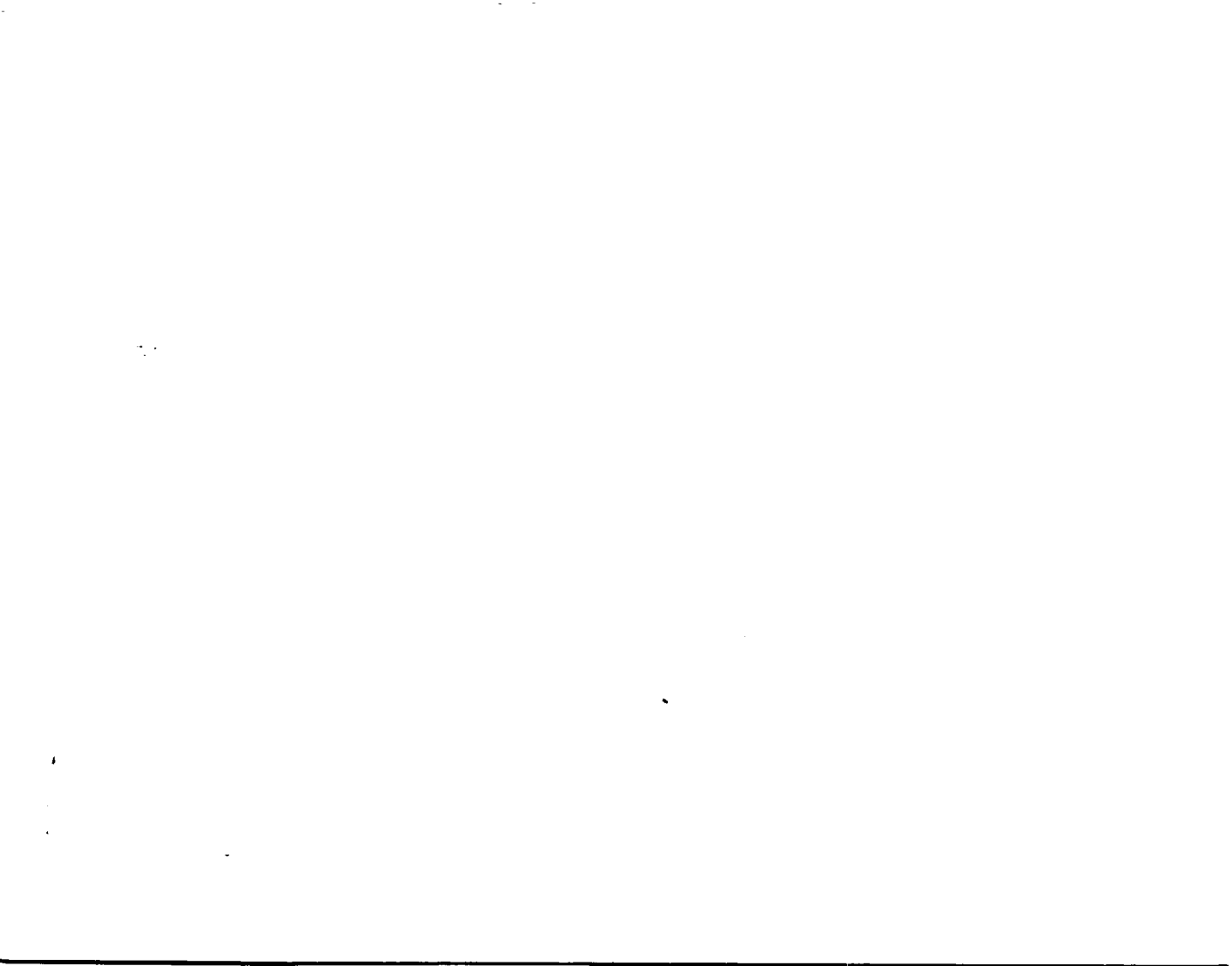
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hersey F. Orr M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Idaho

Filed Jan 27 1920 Registrar



655-203-025-813

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25a-8-17

County of IdahoCity of StitesRegistration District No. 106File No. 76307

No. St.

Primary Registration District No. 2184Registered No. 4

Hospital

FULL NAME OF CHILD Alice Gertrude Wrenthorn

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 3 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Harry W Wrenthorn</u>	FATHER
RESIDENCE <u>Stites</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>50</u> (Years)
BIRTHPLACE <u>Massachusetts</u>	
OCCUPATION <u>Physician</u>	

FULL MAIDEN NAME <u>Lucy M Yale</u>	MOTHER
RESIDENCE <u>Stites</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 345a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wrenthorn M.D.

Given names added from a supplemental report.

Address Stites IdaFiled Feb 10 1920 J. M. Wrenthorn

Registrar

Registrar

MAR 8 1972

819-110-025-855
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-9-8-17

County of IdahoCity of KooskiaRegistration District No. 106File No. 76311No. St.Primary Registration District No. 2.18.4Registered No. 5

Hospital

FULL NAME OF CHILD

Chestie Dale Haight

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 10 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>James Haight</u>	FATHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mabel Hendren</u>	MOTHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was lean alive at 5:49 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Weber
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Kooskia - Idaho
Filed Feb 10 1920
Registrar J. M. Weber
Registrar

Certified Copy issued October 27, 1940. H.W.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF HEALTH

Amended 5/4/76

CERTIFICATE OF BIRTH

76312

County of Bingham

City of Aberdeen

Registration District No. 116

File No. _____

No. _____ St. _____

Primary Registration District No. 2195

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Elwood M Prestwich

Sex of Child <u>male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 20 1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER
FULL NAME William Morley Prestwich

MOTHER
FULL MAIDEN NAME Myrtle Madson

RESIDENCE Aberdeen Ida

RESIDENCE Aberdeen Ida

COLOR white AGE AT LAST BIRTHDAY 25 (Years)

COLOR white AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

BIRTHPLACE Utah

OCCUPATION farmer

OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:15 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Aberdeen Ida
Filed Jan 20 1920 M. C. MacKinnon
Registrar

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 76312
County of Bingham } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Prestwich (Name on Original Certificate) who was born on January 20, 1920 (Birth or Death) (Date of Event)
in Aberdeen (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Church School, Father & Hunt prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Child's name omitted Elwood "M" Prestwich
Mattie madson wrong Birth place Mothers Birth place
Birth place (is Utah) not Wyoming Utah

Subscribed and sworn to before me this 14 day of April, 1926
Notary Public, residing at Springdale, Utah
My commission expires April 7, 1927
(Seal)

Signed Wm. Mosley Prestwich
(Signature of parent or attendant, if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3370 So. Edison Street Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss. [This Affidavit **MUST** Also be Executed.
County of Salt Lake } (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of April, 1926
Notary Public, residing at Springdale, Utah
My commission expires 4-7-27
(Seal)

Signed Uda Stratton
(Signature of Any Credible Person)
1355 Millers Ave Salt Lake City, Utah
(Street Address, City, State)

Own brother's birth certifi (66750) William Stanley Prestwich on file in Idaho born Oct 26, 1918 gives mother's name as Myrtle Mabel Madsen and her birthplace as Utah. viewed by V. S.

MAY 4 1976

Certificate of Blessing from the LDS Church gives name as Elwood M. Prestwich son of Wm.M. Prestwich and Myrtle Madsen. born Jan. 20, 1920 at Aberdeen, Idaho. Blessed March 7, 1920. viewed by V. S.

Certificate of Baptism and Confirmation from the LDS Church gives name as Elwood M. Prestwich son of Wm. Morley Prestwich and Myrtle M. Madsen. born Jan 20, 1920 at Aberdeen, Idaho. Baptized May 5, 1929. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

LSX 105-006-366

PLACE OF BIRTH

County of Bingham

City of Starling

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76313

Registration District No. 116

File No. 9

Primary Registration District No. 2185

Registered No. 437

FULL NAME OF CHILD GEORGE CLARE ANDREWS

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	and (Number in order of birth <u>-</u>)	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 5 - 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>George Laird Andrews</u>			MOTHER FULL MAIDEN NAME <u>Bessie Belle Cooper</u>	
RESIDENCE <u>Starling Idaho</u>			RESIDENCE <u>Starling Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7A on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Montkinn

Given names added from a supplemental report.

Physician or midwife

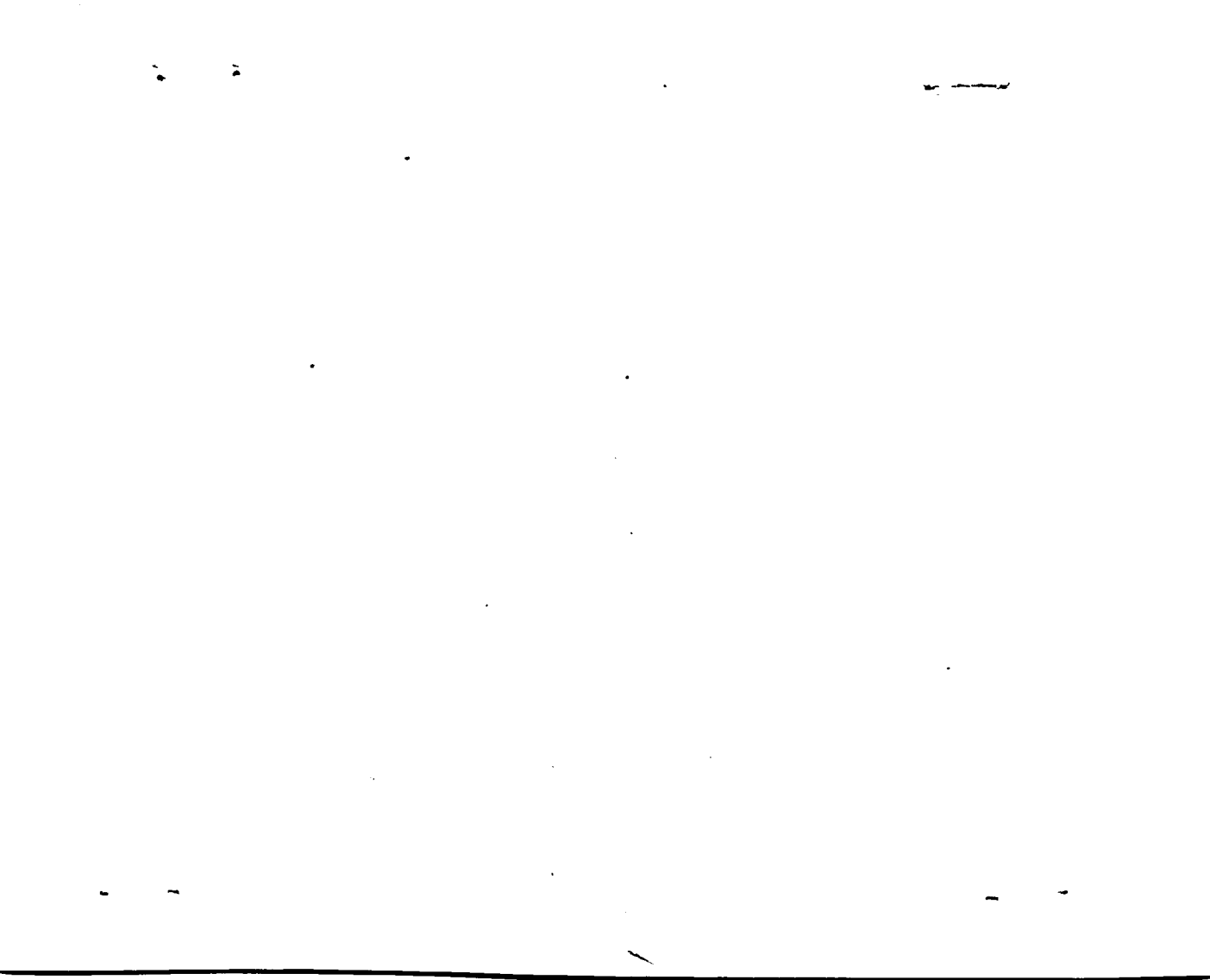
Address Starling Idaho

..... 19

Filed 1-5-20

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho ss.
County of Bannock
The undersigned does solemnly swear that certain facts on the certificate of Birth
for George Claire Andrews who was born on Jan - 5 - 1920
(Name on original certificate) (Was born or died) (Date of event)
in Sterling Idaho Bingham Co are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Bible Record prepared on Jan - 20 - 1921 are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name

Unnamed Andrews

George Claire Andrews

Subscribed and sworn to before me this 29
day of September 1941

Signed Mrs. Bessie Andrews
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director or informant if correcting a death record; or other credible person.)

Notary Public, residing at Bozella Idaho 127

My commission expires Feb. 14 - 1943
[SEAL]

No - 12th St
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho ss.
County of Bannock

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of September 1941

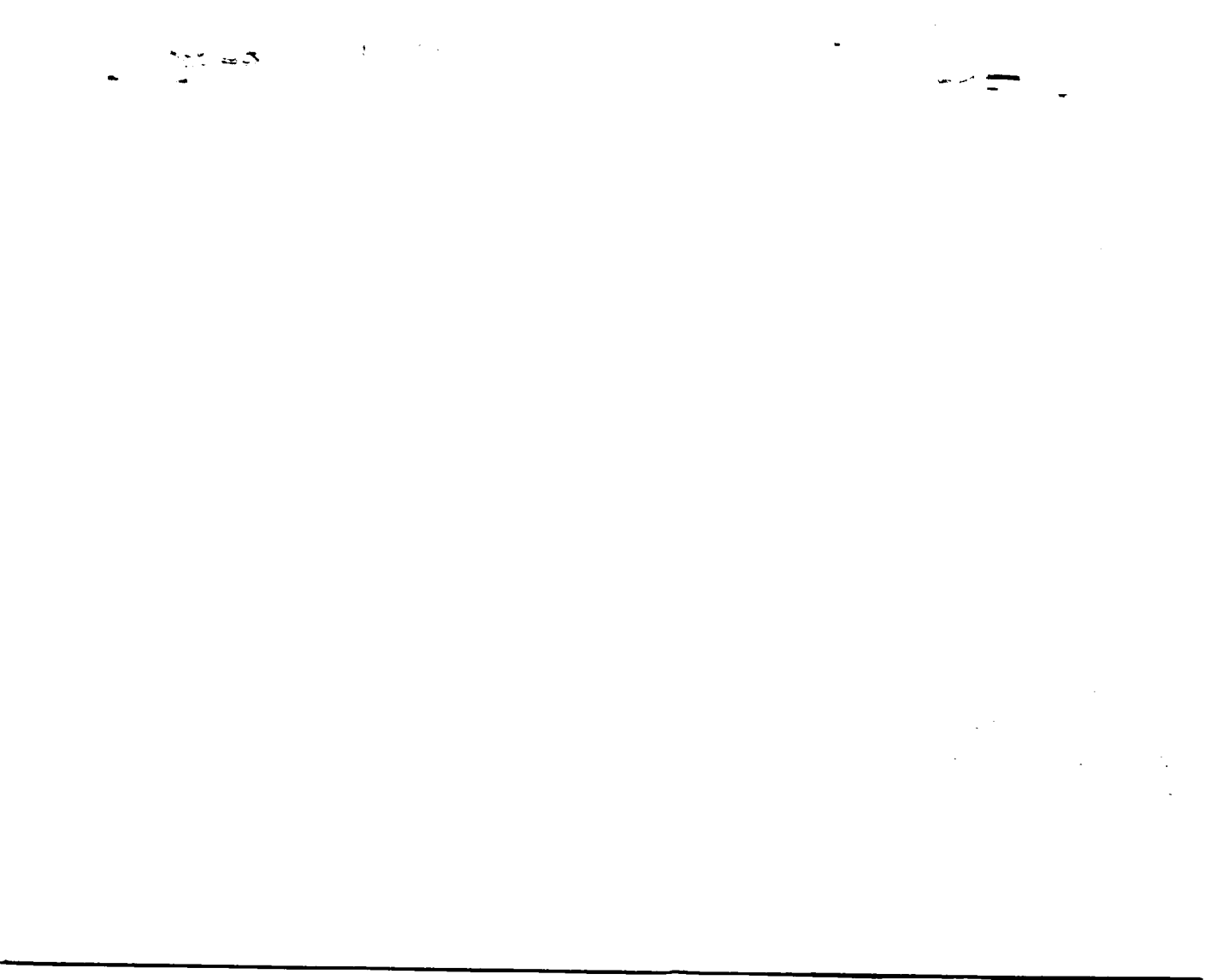
Signed Mrs. Mary A. Brower
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Bozella Idaho 1268

My commission expires Feb. 14 - 1943
[SEAL]

Pocatello Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-215-963
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.S. No. 2-C-25m-9-8-17

County of Bingham

City of Blackfoot

No. Route 3 St.

Hospital No

Registration District No. 121

File No. 76314

Primary Registration District No. 2174

Registered No. 1

FULL NAME OF CHILD VEILMA Woodland

Sex of Child <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1 15 20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FATHER
FULL NAME Leo Morrison Woodland
RESIDENCE Blackfoot Idaho
COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Florence Rollison
RESIDENCE Blackfoot Idaho
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Virginia
OCCUPATION Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 5-12 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batzay
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

Filed June 1, 1920 Mrs. Hattie E. Fabrie
Registrar

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } Certificate No. 76314

County of Bingham } ss. Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of _____

for _____ who Born on Jan. 15, 1920

in Blackfoot, Ida. are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Family record prepared on July 10 - 1970, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
 ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

name Nane Fawn Woodland Velma Woodland

Subscribed and sworn to before me this 20th

day of April, 19 72

L. J. Harrison Signed Flarence R. Woodland

Notary Public, residing at Blonson (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) Mother

My commission expires April 6 - 1976

(SEAL) (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.

County of _____ } (SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19 _____

_____ Signed _____

Notary Public, residing at _____ (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

My commission expires _____ (STREET ADDRESS, CITY, STATE)

(SEAL)

Received for filing on APR 1 1972 By _____

(REGISTRAR'S SIGNATURE)

FEB. 24 1942

813-10-2 006-814
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-9-9-17

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 76315

No. 2194 St.

Primary Registration District No. 2

Registered No. 2

Hospital LOREN DATUS

FULL NAME OF CHILD Franklin George Hale

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth (of birth in event of plural births)	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 1 1920</u> (Month) (Day) (Year)
--------------------------	---	--	-----------------------------	---

FULL NAME Franklin George Hale
RESIDENCE Blackfoot
COLOR White AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Utah
OCCUPATION Ginning

FULL MAIDEN NAME Eora Elizabeth Hammond
RESIDENCE Blackfoot
COLOR White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Beck

Given names added from a supplemental report.

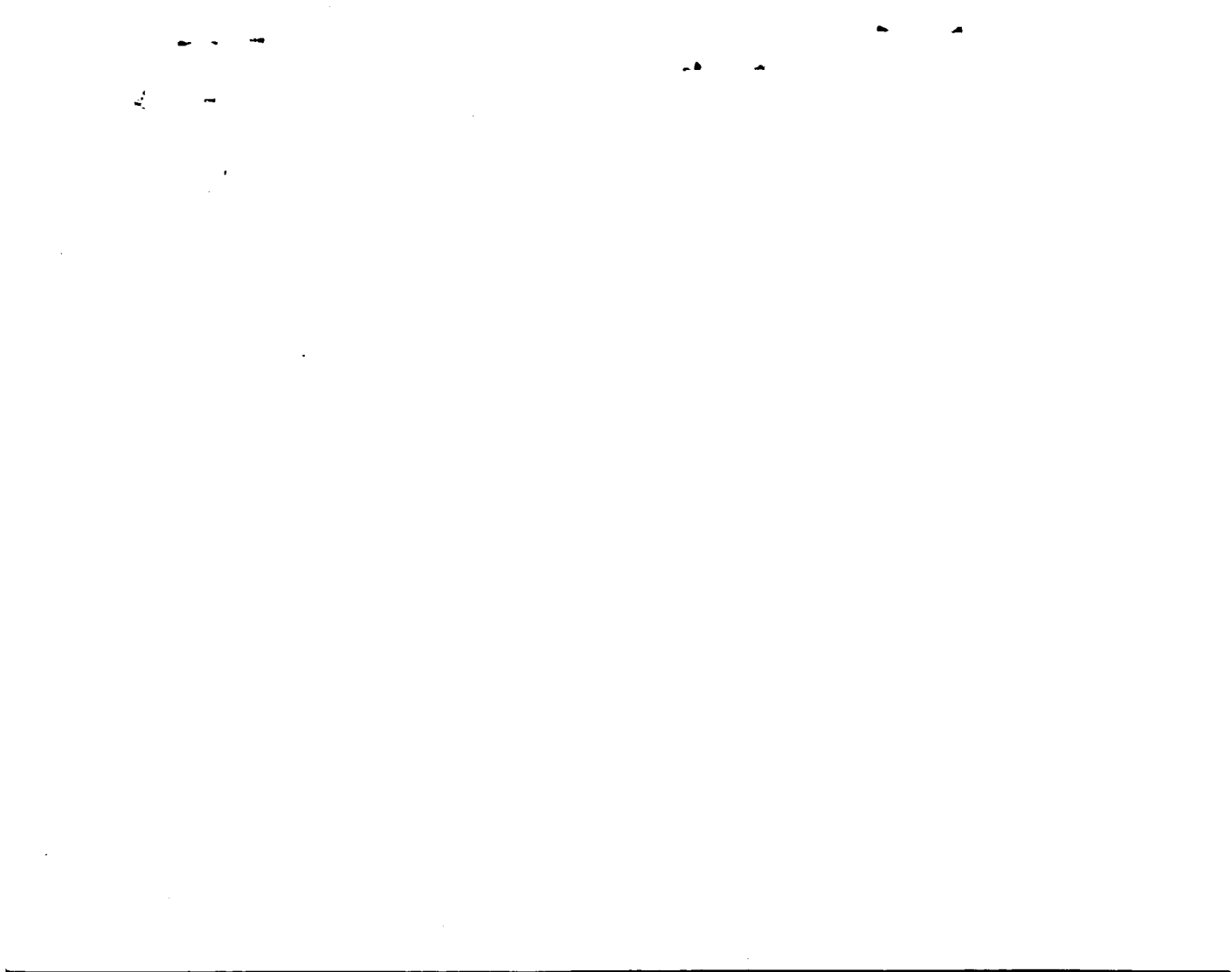
Physician (Physician or midwife)
Blackfoot, Ida

Address Blackfoot, Ida

Filed 2-7-20 Ann E. Patrie

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } SS.
Certificate No. 76315
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Hale who was born on Jan. 1, 1943
in Blackfoot, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (PLACE OF EVENT) prepared on at time of birth, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name Unnamed Loren Datus Hale

Subscribed and sworn to before me this 1st
day of March, 1943
Missy W. Fisher
Notary Public, residing at Burley
My commission expires June 1, 1946
(SEAL)

Signed Franklin George Hale
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD OR OTHER CREDIBLE PERSON.)
Logan, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
State of Idaho }
County of Cassia } SS.
[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 1st
day of March, 1943
Missy W. Fisher
Notary Public, residing at Burley
My commission expires June 1, 1946
(SEAL)

Signed Mrs. W. W. West
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Mustang, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

SEP 22 1960

MAR 3 1943

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

669.106.006-319

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D.# 1 St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-23m-3-3-17

CERTIFICATE OF BIRTH

Registration District No. 21

File No. 76316

Primary Registration District No. 2194

Registered No. 3

David Curtis Worthen

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate <u>yes</u>	Date of Birth <u>Jan 6 1920</u> (Month) (Day) (Year)
FULL NAME <u>Joseph C. Worthen</u>	FATHER	FULL MAIDEN NAME <u>Annie Larson</u>	MOTHER
RESIDENCE <u>Blackfoot</u>		RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:10 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

Filed 2-7-20 Wm. H. E. Farris
Registrar

7-11-19

418-210-006-753

PLACE OF BIRTH

County of *Bingham*City of *Blackfoot*

Registration District No.

No. St.

Primary Registration District No.

Hospital

FULL NAME OF CHILD

Margerie Lillian Maynard

Sex of Child

*Female*Twin
Triplet
or other?

—

} and {

Number

in order

of birth

—

}

(To be answered only in event of plural births)

Legiti-
mate?*yes.*

Date of Birth

1

(Month)

10

(Day)

1920

(Year)

FULL NAME

Felix M. Maynard

FATHER

RESIDENCE

Blackfoot

COLOR

White

AGE AT LAST BIRTHDAY

36
(Years)

BIRTHPLACE

Tennessee

OCCUPATION

Farming

FULL MAIDEN NAME

Jennie L. Peterson

MOTHER

RESIDENCE

Blackfoot

COLOR

White

AGE AT LAST BIRTHDAY

20
(Years)

BIRTHPLACE

Utah

OCCUPATION

*Housewife*Number of child of this mother, including present birth *2*Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated.

(Born alive or stillborn)

at *11:30 A.* M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

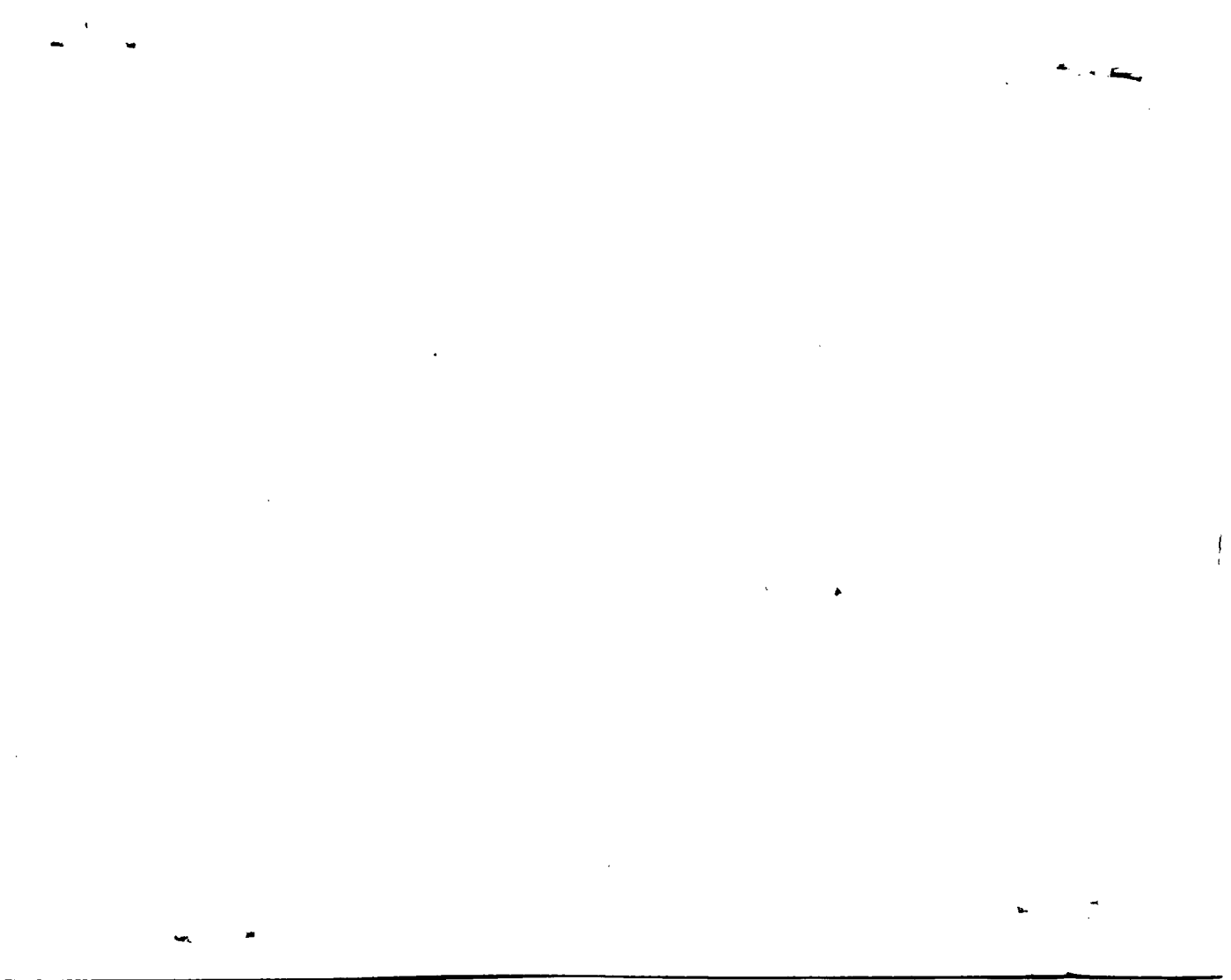
W. H. Beck
Physician
(Physician or midwife)

Address

*Blackfoot, Id.*Filed *2-7* 19*20**Mrs. Helen E. Paton*
Registrar

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH
California

State of _____ } ss. Certificate No. 76317
County of Los Angeles }
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of _____
for Marjorie Lillian Maynard who born on Jan 10th 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	<u>Margrie Lillian Maynard</u>	<u>Marjorie Lillian Maynard</u>

Subscribed and sworn to before me this 25th
day of March, 19 44
Y. M. Thomas
Notary Public, residing at 2221 Lincoln Blvd
San Jose, Calif
My commission expires 9-14-47
(Seal)

Signed Mrs Jennie L. Maynard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant, or other credible person.)
12906 - Maxwell Ave. Venice Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of May, 19 44
W. E. Beech

Signed Mabel E. Smith
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Provo, Utah
My commission expires March 22, 1947
(Seal)

484 E. 3rd So. Provo. Utah
(Street Address, City, State)

JUN 5 1944

319111-006643

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-5-17

County of *Bingham*City of *Blackfoot*Registration District No. *121*File No. **76319**

No. St.

Primary Registration District No. *2194*Registered No. *6*

Hospital

FULL NAME OF CHILD *Glen Perry Larsen*

Sex of Child <i>male</i>	Twin Triplet or other? <i>—</i> and (Number in order of birth <i>—</i>) (To be answered only in event of plural births)	Legitimate? <i>yes</i>	Date of Birth <i>1 11 1920</i> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <i>James Larsen</i>	FATHER
RESIDENCE <i>Blackfoot</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>39</i> (Years)
BIRTHPLACE <i>Utah</i>	
OCCUPATION <i>Farming</i>	

FULL MAIDEN NAME <i>Lavera Fuller</i>	MOTHER
RESIDENCE <i>Blackfoot</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>Utah</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. (Born alive or stillborn) at *1324* M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. D. Beck*
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot, Ida.*
Filed *2-7-20* *Am. Helene E. Pabst*
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARG. FOR BINDING

K

MAR 30 1981

4 22

689-222-006-249

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. St.Registration District No. 121File No. 76320

Hospital

Primary Registration District No. 2194Registered No. 7

FULL NAME OF CHILD

IDELLA SMITH

~~Christened~~ White

Sex of Child

FemaleTwin
Triplet
or other?

{

(Number
in order
of birth)

{

Legiti-
mate?yesDate of
Birth1221920

(Month) (Day) (Year)

FULL
NAMEThomas L. White

FATHER

RESIDENCE

Blackfoot

COLOR

WhiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmingFULL
MAIDEN
NAMEIda Martha Smith

MOTHER

RESIDENCE

Blackfoot

COLOR

WhiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Utah

OCCUPATION

House wifeNumber of child of this mother, including present birth. 5Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

at 3:30 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. B. Beck

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot, Idaho

Filed

2-7-20

Registrar

Registrar

MAR 16 1950

FEB 19 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-228.006-235
PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 121

Primary Registration District No. 2194

Form V. S. No. 11-0-22a-9-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 76321

Registered No. 8

Sex of Child <u>Female</u>	Twin Triplet <u>✓</u> } and { Number <u>✓</u> in order of birth } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>1</u> <u>28</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Alexander Heide</u>	FATHER
RESIDENCE <u>Wagner S. Hf.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Hausen</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Felen Charles Sturn</u>	MOTHER
RESIDENCE <u>Wagner S. Hf.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>North Dakota</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address. Blackfoot, Ida.
Filed. 2-7-20
Registrar Mrs. Alice E. Farnham Registrar

APR 22 1942

DEC 2 1953

719-130-006-169
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-28a-4-17

County of BinghamCity of BlackfootRegistration District No. 121File No. 76322No. St.Primary Registration District No. 8194Registered No. 9

Hospital

FULL NAME OF CHILD Ammaed Gardner

Sex of Child <u>Male</u>	Twins or other? <u>1</u>	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>1</u> <u>30</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	--------------------------	---------------------------------------	------------------------	--

FULL NAME <u>Ira Gardner</u>	FATHER	FULL MAIDEN NAME <u>Nettie J. Jorgensen</u>	MOTHER
RESIDENCE <u>Blackfoot</u>		RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 8..... Number of children of this mother now living, including present birth... 8.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... Born alive..... at 3:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

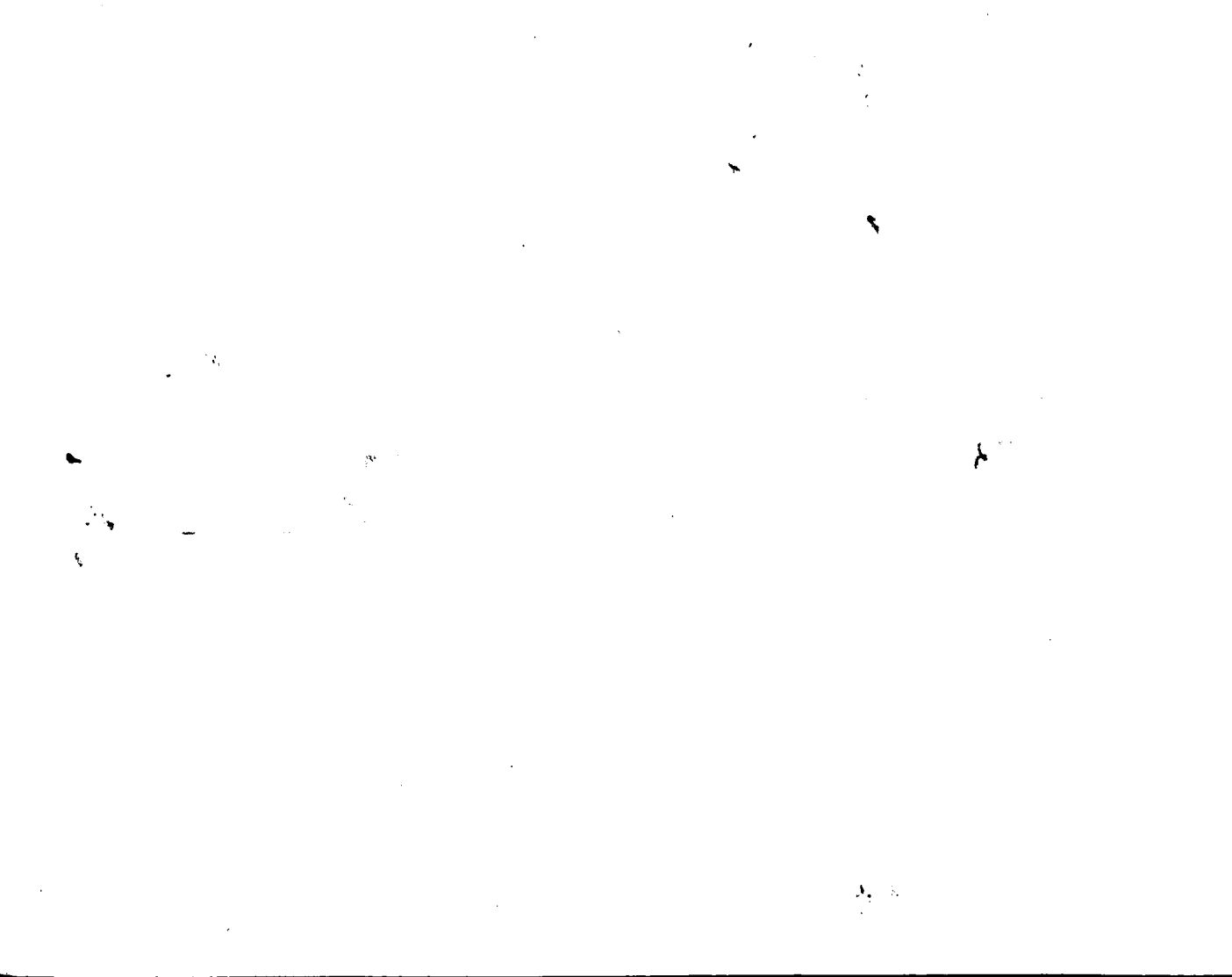
(Signature) Dr. H. B. Black.....Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida.Filed 2-5 1920 Dr. H. B. Black

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

86-6-209.006745-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-3-3-17

76323

County of Bingham

City of Blackfoot

No. B. D. 4 St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 10

Hospital

FULL NAME OF CHILD Arvilla Howard

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u> }	Legitimate? <u>yes</u>	Date of Birth <u>Jan 9 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>L. E. Howard</u> RESIDENCE <u>#4 Blackfoot Idw</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>29</u> (Years) BIRTHPLACE <u>Utah</u> OCCUPATION <u>Farmer</u>		MOTHER FULL MAIDEN NAME <u>Hanna E. Gunnerson</u> RESIDENCE <u>Blackfoot Idw</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>41</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1. Number of children of this mother now living, including present birth. 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

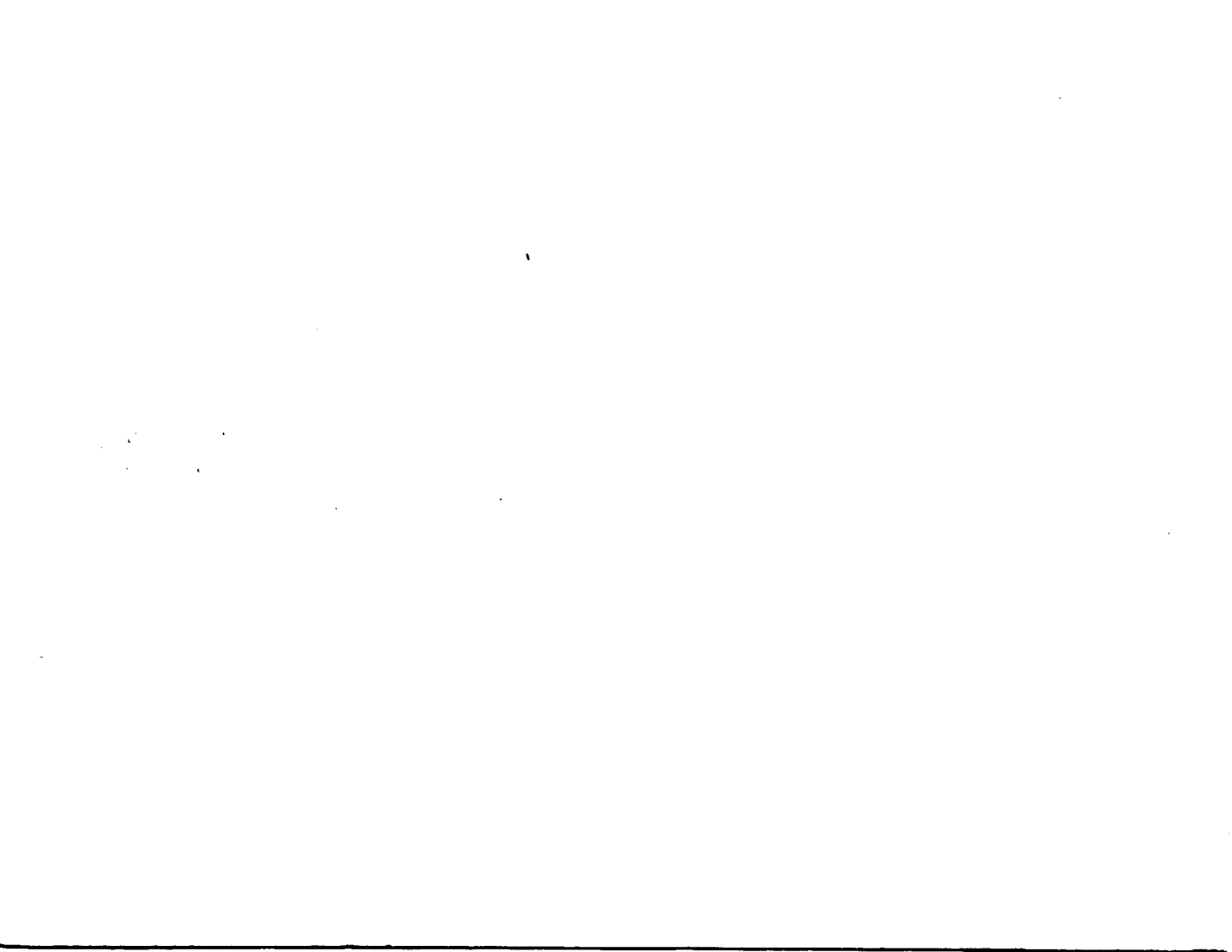
I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hamplair M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idw
Filed 2-10-20 by Mrs. Helen E. Paton
Registrar



249/12-006-286

PLACE OF BIRTH

County of BinghamCity of Blackfoot

No. St.

Registration District No. 121Primary Registration District No. 1007

Form V. S. No. 11-C-25m-4-3-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76324

File No.

Registered No. 11

Hospital

FULL NAME OF CHILD

Lawrence Elwin SmithSex of
ChildmaleTwin
Triplet
or other?and { Number
in order
of birthLegiti-
mate?Date of
BirthJan 12 1900
(Month) (Day) (Year)

(To be answered only in event of plural births)

yesFULL
NAME

FATHER

Hughes Smith

RESIDENCE

Blackfoot Ida

COLOR

whiteAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Utah

OCCUPATION

BakerFULL
MAIDEN
NAME

MOTHER

Brenda C. Shewalter

RESIDENCE

Blackfoot-Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY18
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 p. m.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. D. Hampton

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot Ida

Filed

2-10-20

Registrar

Registrar

249.116.006844

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

County of BinghamCity of LairdRegistration District No. 121File No. **76325**

No.St.

Primary Registration District No. 2194Registered No. 12

Hospital

FULL NAME OF CHILD Victor Emanuel BurkmanSex of
ChildmaleTwin
Triplet
or other?and
(Number
in order
of birth)

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthJan 15 1920
(Month) (Day) (Year)FULL
NAMEEmanuel Burkman

FATHER

FULL
MAIDEN
NAMERuth J. Humphreys

MOTHER

RESIDENCE

Laird Idaho

RESIDENCE

Laird Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY27
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Ohio

BIRTHPLACE

Kentucky

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth...2... Number of children of this mother now living, including present birth...2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 14 A.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.(Signature) J. O. Humphreys

(Physician or midwife)

Given names added from a supplemental report.

Address Blacksfoot IdahoFiled 2-10-20 Dr. J. O. Humphreys

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

DEC 18 1956

SEP 17 1941

JUN 1 1942

JAN 26 1954

559-226-006155

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. R-7-D-1 St.STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-24a-4-37

CERTIFICATE OF BIRTH

Registration District No. 121File No. 76327Primary Registration District No. 2194Registered No. 1-1

Hospital

FULL NAME OF CHILD

Glendora Weitzel

Sex of Child

FemaleTwin
Triplet
or other?and { Number
in order
of birthLegiti-
mate?yesDate of
BirthJan 26 1920
Month) (Day) (Year)FULL
NAMEFrank Walker Weitzel

FATHER

RESIDENCE

#1 Blackfoot Ida

COLOR

whiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Conn.

OCCUPATION

FarmerFULL
MAIDEN
NAMEAlfreda Mare Jensen

MOTHER

RESIDENCE

#1 Blackfoot Ida

COLOR

whiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Denmark

OCCUPATION

Housewife

Number of child of this mother, including present birth.....1..... Number of children of this mother now living, including present birth.....1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....Born alive..... at.....3 p.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Blackfoot Ida

Filed.....

2-18-20

Registrar

Registrar

DEC 31 1942

213-217,006-369

PLACE OF BIRTH

County of BinghamCity of BlackfootBehnd Sugar
No. factory St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

GUADALUPE

~~XXXXXXXXXX~~SalmeronSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-27

CERTIFICATE OF BIRTH

File No.

121
76328

Registered No.

10

Sex of
Child

M

Twin
Triplet
or other?
(To be answered only in event of plural births)

X

and

(Number
in order
of birth)

X

Legiti-
mate?

yes

Date of
Birth

Jan

17

1928

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Francisco Salmeron

RESIDENCE

Behnd Sugar factory

COLOR

W

AGE AT LAST
BIRTHDAY

26

(Years)

BIRTHPLACE

Mexico

OCCUPATION

laborerFULL
MAIDEN
NAMEEather de la Torre

MOTHER

Torre

RESIDENCE

Behnd Sugar factory

COLOR

W

AGE AT LAST
BIRTHDAY

23

(Years)

BIRTHPLACE

Mexico

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

11:20 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Davis

(Physician or midwife)

Given names added from a supplemental report.

Address

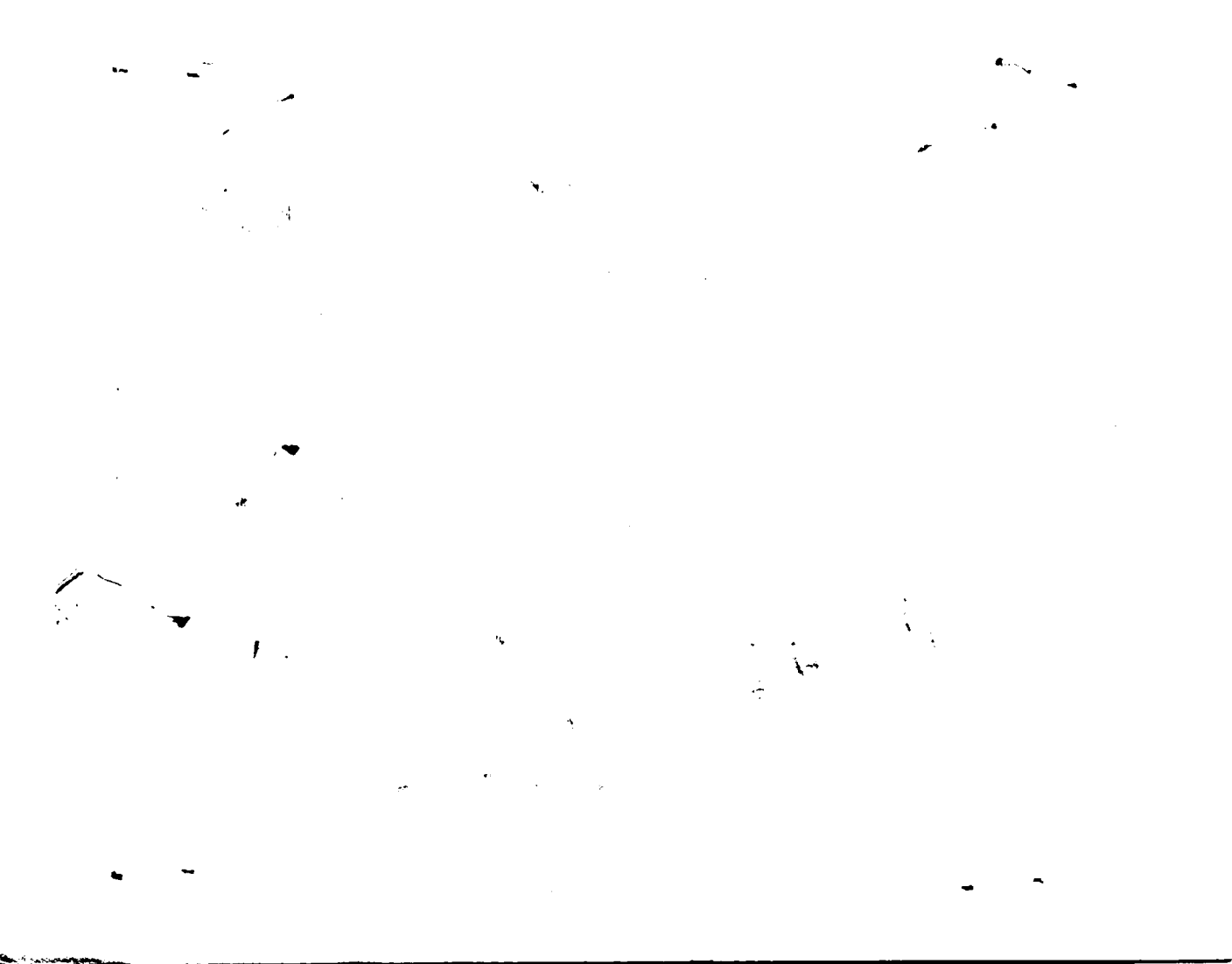
Blackfoot, Idaho

Filed

2-10-28

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. Certificate No. 76328
County of San Francisco Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Marula Salmeron who born on Jan 16 1920
(Name on Original Certificate) (Birth or Death)
in Blackfoot Idaho (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record prepared on May 16, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) (The Correct Facts)
name Marula Salmeron Guadalupe Salmeron

Subscribed and sworn to before me this March 1945 Signed Francisco Salmeron
day of March 1945 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record, or other credible person)
Notary Public, residing at San Francisco 620 Shattell apt 4
My commission expires Aug 27 1947 San Francisco #10
(Seal) (Street Address, City, State) Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. [This Affidavit **MUST** Also be Executed.
County of San Francisco (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this March 1945 Signed Lidia Rivas
day of March 1945 (Signature of Any Credible Person)
Notary Public, residing at San Francisco 321 Church St
My commission expires Aug 27 1947 (Street Address, City, State)
(Seal) San Francisco

MAR 10 1945

693-225006-385

PLACE OF BIRTH

County of BinghamSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-17

CERTIFICATE OF BIRTH

City of BethRegistration District No. 121File No. 76329No. Maple Pacific St.Primary Registration District No. 1007Registered No. 16Hospital
FULL NAME OF CHILD Virginia Williams

Sex of Child <u>F</u>	Twin Triplet or other? <u>X</u> and Number in order of birth <u>X</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 25 1932</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FULL NAME <u>Gordon Williams</u>	FATHER
RESIDENCE <u>Cor Pacific & Maple</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Automobile Mechanic</u>	

FULL MAIDEN NAME <u>Cherrington</u>	MOTHER
RESIDENCE <u>Pacific Maple</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12^{SS} A on the date above stated. (Born alive or stillborn) M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis
on 19 (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho
Filed 2-19-32 Registrar Doro Matis E. Peterson

MAR 16 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

154-109-006-391
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended Sept. 7, 1955
County of Bingham
City of Thomas

No. R.F.D. 2 St. Registration District No. 121 File No. 76330
Hospital Primary Registration District No. 2194 Registered No. 17

FULL NAME OF CHILD LOUIS MERLIN ANDERSON
(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> } and { Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>Jan. 28</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

What bacteriocidal solution was used in eyes?.....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	<u>John A. Anderson</u>	FULL MAIDEN NAME	<u>Dora J. Crawford</u>
RESIDENCE	<u>Thomas</u>	RESIDENCE	<u>Thomas</u>
COLOR	<u>W</u>	COLOR	<u>W</u>
AGE AT LAST BIRTHDAY	<u>11</u> (Years)	AGE AT LAST BIRTHDAY	<u>34</u> (Years)
BIRTHPLACE	<u>Sweden</u>	BIRTHPLACE	<u>Utah</u>
OCCUPATION	<u>Farmer</u>	OCCUPATION	<u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:50 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis, M.D.

(Physician or midwife)

Give names added from a supplemental report.

Address Blackfoot, Idaho

Filed 2-10 1920 Mrs. Walter E. Patrie

Registrar.

Registrar.

1. NAME OF THE PARTY 2. ADDRESS 3. CITY 4. STATE 5. ZIP CODE		6. PHONE NUMBER 7. FAX NUMBER 8. E-MAIL ADDRESS	
9. OCCUPATION 10. EDUCATION		11. MARITAL STATUS 12. NUMBER OF CHILDREN	
13. DATE OF BIRTH 14. SEX		15. RACE 16. ETHNICITY	
17. RELIGION 18. POLITICAL AFFILIATION		19. ANNUAL INCOME 20. HOMEOWNERShip	
21. VEHICLE REGISTRATION 22. VEHICLE MAKE AND MODEL		23. VEHICLE YEAR 24. VEHICLE COLOR	
25. VEHICLE VIN 26. VEHICLE LICENSE		27. VEHICLE TITLE 28. VEHICLE INSURANCE	
29. VEHICLE MAKE AND MODEL 30. VEHICLE YEAR		31. VEHICLE COLOR 32. VEHICLE VIN	
33. VEHICLE LICENSE 34. VEHICLE TITLE		35. VEHICLE INSURANCE 36. VEHICLE MAKE AND MODEL	
37. VEHICLE YEAR 38. VEHICLE COLOR		39. VEHICLE VIN 40. VEHICLE LICENSE	
41. VEHICLE MAKE AND MODEL 42. VEHICLE YEAR		43. VEHICLE COLOR 44. VEHICLE VIN	
45. VEHICLE LICENSE 46. VEHICLE TITLE		47. VEHICLE INSURANCE 48. VEHICLE MAKE AND MODEL	
49. VEHICLE YEAR 50. VEHICLE COLOR		51. VEHICLE VIN 52. VEHICLE LICENSE	
53. VEHICLE MAKE AND MODEL 54. VEHICLE YEAR		55. VEHICLE COLOR 56. VEHICLE VIN	
57. VEHICLE LICENSE 58. VEHICLE TITLE		59. VEHICLE INSURANCE 60. VEHICLE MAKE AND MODEL	
61. VEHICLE YEAR 62. VEHICLE COLOR		63. VEHICLE VIN 64. VEHICLE LICENSE	
65. VEHICLE MAKE AND MODEL 66. VEHICLE YEAR		67. VEHICLE COLOR 68. VEHICLE VIN	
69. VEHICLE LICENSE 70. VEHICLE TITLE		71. VEHICLE INSURANCE 72. VEHICLE MAKE AND MODEL	
73. VEHICLE YEAR 74. VEHICLE COLOR		75. VEHICLE VIN 76. VEHICLE LICENSE	
77. VEHICLE MAKE AND MODEL 78. VEHICLE YEAR		79. VEHICLE COLOR 80. VEHICLE VIN	
81. VEHICLE LICENSE 82. VEHICLE TITLE		83. VEHICLE INSURANCE 84. VEHICLE MAKE AND MODEL	
85. VEHICLE YEAR 86. VEHICLE COLOR		87. VEHICLE VIN 88. VEHICLE LICENSE	
89. VEHICLE MAKE AND MODEL 90. VEHICLE YEAR		91. VEHICLE COLOR 92. VEHICLE VIN	
93. VEHICLE LICENSE 94. VEHICLE TITLE		95. VEHICLE INSURANCE 96. VEHICLE MAKE AND MODEL	
97. VEHICLE YEAR 98. VEHICLE COLOR		99. VEHICLE VIN 100. VEHICLE LICENSE	

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED
AUG 26 1955
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO }
County of BINGHAM } ss.

Certificate No. 76330

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Lewis Anderson who was born (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on Jan. 28, 1920
(Date of Event)
in Thomas, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Marriage License prepared on 16 Dec. 1947, are:
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.) **FROM** **TO**
(As on Original) (The Correct Facts)
3. Child's Name Lewis Anderson Louis Merlin Anderson

Subscribed and sworn to before me this 24th day of

August, 19 55

Patricia E. Preston
Notary Public, residing at Blackfoot, Idaho

My commission expires 2-2-59

(Seal)

Signed Dora Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

At. 2 Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of BINGHAM } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of

August, 19 55

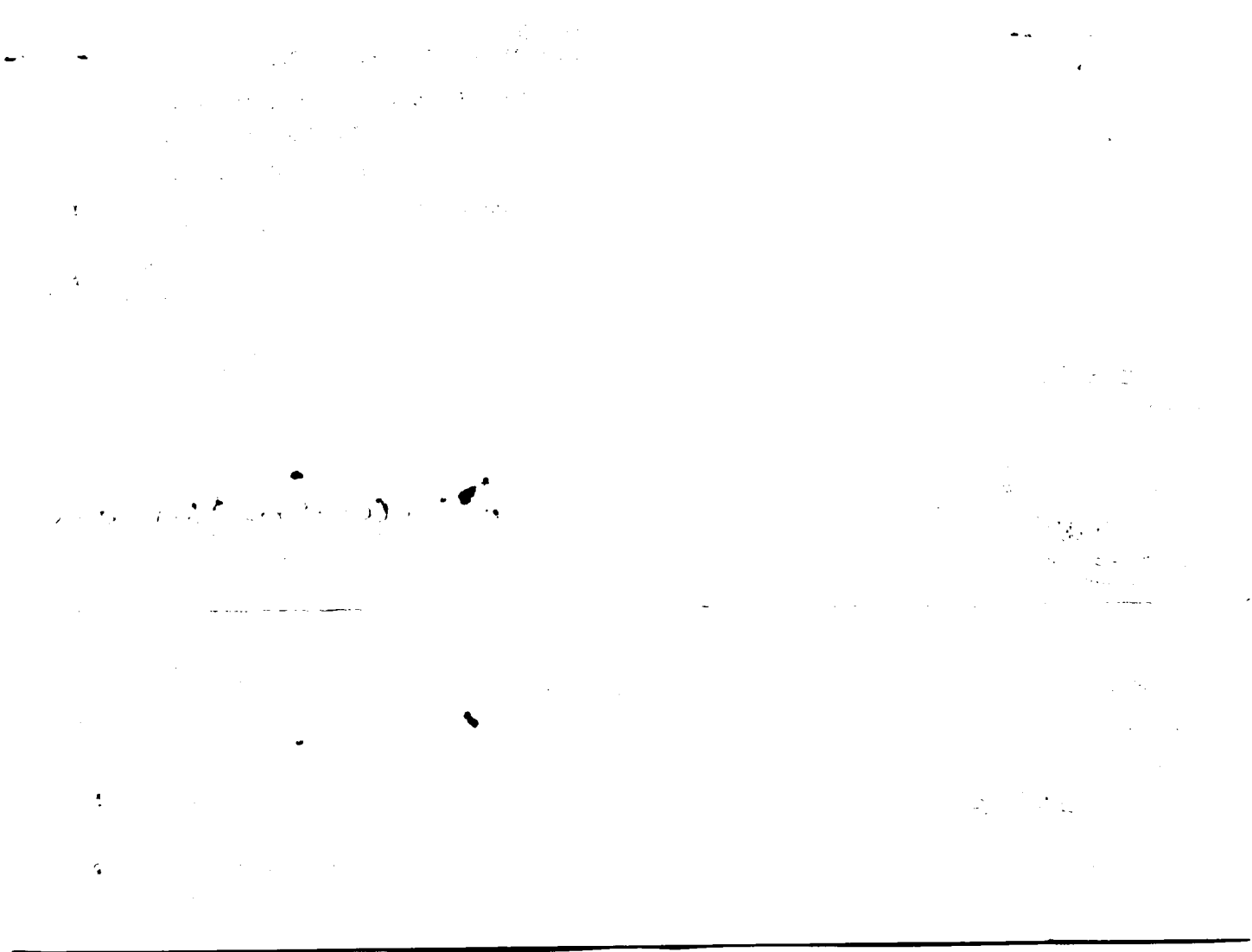
Patricia E. Preston
Notary Public, residing at Blackfoot, Idaho

My commission expires 2-2-59

(Seal)

Signed Mrs. J. Mickelson
(Signature of Any Credible Person)

At. 3 Blackfoot Idaho
(Street Address, City, State)



8419-231-006-493

PLACE OF BIRTH

County of BinghamCity of BerkfootNo. Keystone Hotel

Hospital

FULL NAME OF CHILD

Delta G QuigleySTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

Registration District No. 121File No. 76331Primary Registration District No. 1017Registered No. 18Sex of
ChildTwin
Triplet
or other?Xand (Number
in order
of birth)XLegiti-
mate?YesDate of
BirthJan 311920

(Month)

(Day)

(Year)

FULL
NAMEAlbert

FATHER

QuigleyFULL
MAIDEN
NAME

MOTHER

Hellie Milburn

RESIDENCE

Berkft - R F D 3

RESIDENCE

Berkft - R F D 3

COLOR

WAGE AT LAST
BIRTHDAY23
(Years)

COLOR

WAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

U. S. A. Marine

OCCUPATION

Hs wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive 155A
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. B. Danin

(Physician or midwife)

Given names added from a supplemental report.

19

Address

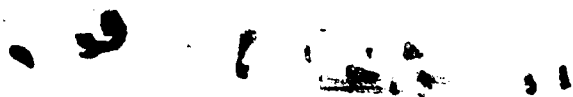
1344 1st St. Idaho

Filed

20

Registrar

Registrar



155-102-006-619

PLACE OF BIRTH

County of BinghamCity of Blackfoot

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 121Primary Registration District No. 007File No. 76332Registered No. 19

Sex of Child <u>Male</u>	Twin Triplet or other? <u>+</u>	and (Number in order of birth) <u>1st</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 2 - 1924</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	---

FULL NAME <u>John Jennings</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Driver</u>	

FULL MAIDEN NAME <u>Matilda Warren</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 57 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Johnson

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdahoFiled 2 10 1920 Mrs. Helen E. Votaw

Registrar

Registrar

865210.006-318

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. Bridge St.Registration District No. 121Primary Registration District No. 1007

Hospital

FULL NAME OF CHILD Chilean Evelyn Lane

Sex of Child <u>Female</u>	Twin Triplet or other? <input checked="" type="checkbox"/>	and { Number in order of birth <u>324</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>June 10 - 1920</u> (Month) (Day) (Year)
----------------------------	--	---	------------------------	---

FULL NAME <u>Roy Lane</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Truck Driver</u>	

FULL MAIDEN NAME <u>Jenni Taylor</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 1:00 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Sumner

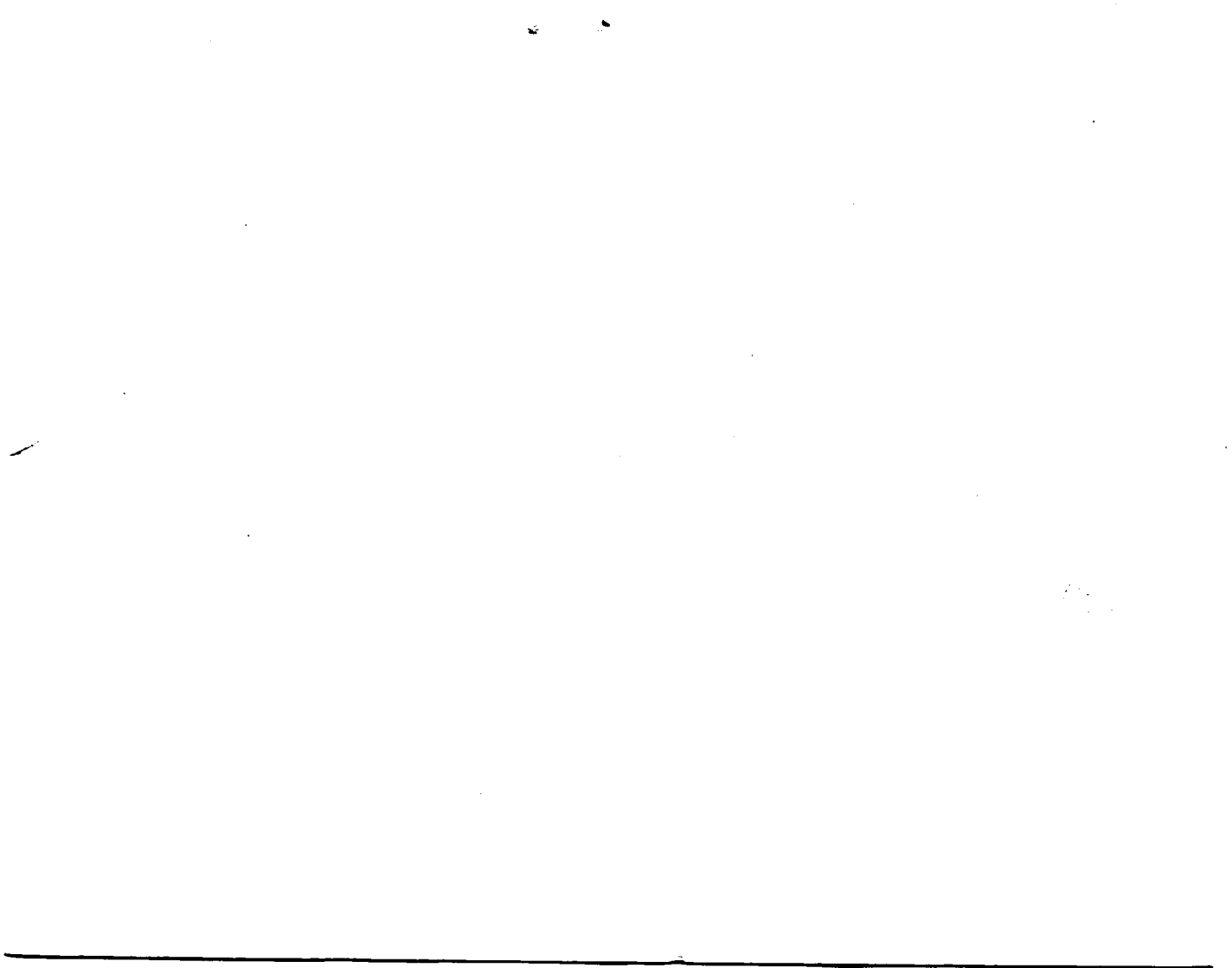
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdahoFiled 21 19 20 Mr. Walter E. Palmer

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 1-8-59

PLACE OF BIRTH

231-225 006-719
County of Bingham

City of Blackfoot

No. Moreland St.

Hospital _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 76334

Primary Registration District No. 2194

Registered No. 21

FULL NAME OF CHILD

June Stanger

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>January 25, 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FULL NAME <u>Chas. William Stanger</u>	FATHER
RESIDENCE <u>Moreland</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Ogden</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Myrtis Adaline Gaither</u>	MOTHER
RESIDENCE <u>Moreland</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons, M.D.

(Physician or midwife)

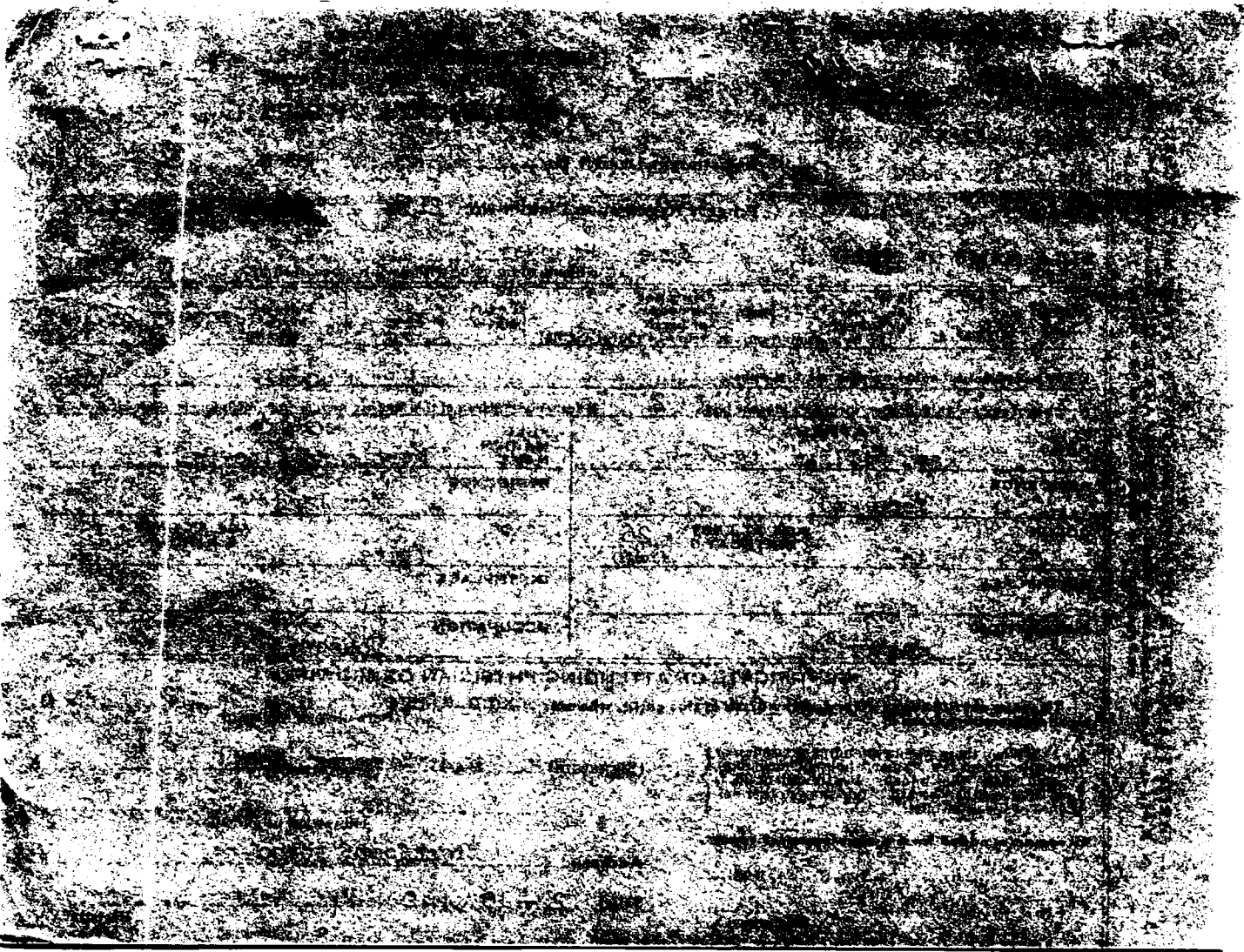
Give names added from a supplemental report.

Address Blackfoot, Idaho

Filed 2-10-1920 Mrs. Walter E. Patrie

Registrar.

Registrar.



I.D.S. Church Record, Baptized Oct. 31, 1931 gives name as June Stanger and birthdate as Jan. 25, 1920 - viewed by V.S.

Other documents listed IDAHO STATE BOARD OF HEALTH
on back- DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Linn }

Certificate No. 76334
Date Filed Nov 21 1920

The undersigned does solemnly swear that certain facts on the certificate of Birth
for June Stanger who born on Jan. 10, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

Date of Birth Jan. 10, 1920
Full Name of Mother (Maiden) Myrtle Adeline Gaither

(Give Date)
January 25, 1920
(The Correct Facts)
January 25, 1920
Myrtis Adaline Gaither

Subscribed and sworn to before me this 22 day of

October, 1920
Logsdon
Notary Public residing at Logsdon
My commission expires July 28, 1922
(Seal)

Signed

Myrtis A. Stanger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Linn }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of

October, 1920
Logsdon
Notary Public residing at Logsdon
My commission expires July 28, 1922
(Seal)

Signed

Ruth M. Black
(Signature of Any Credible Person)
Logsdon, Oregon
(Street Address, City, State)

- State of Indiana Drivers License #1376409 expires 11/30/51 gives name
as Myrtis Adaline Stanger - viewed by V.S.

Marriage License of Charles W. Stanger and Myrtis Gaither, November 12, 1917
viewed by V.S.

Genealogical Survey Report, Appears Old, gives name as Myrtis Adaline
Gaither - viewed by V.S.

Family Record, Appears Old, gives name as Myrtis Adaline Gaither and
June Stanger, born Jan. 25, 1920 viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V59215-006-619

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. Judicial St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22m-3-17

76335

File No.

Registered No.

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> and (Number in order of birth <u>229</u>)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 15</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER		MOTHER	
FULL NAME <u>Carlisle Merkley</u>	FULL MAIDEN NAME <u>Louise Tarnowski</u>		
RESIDENCE <u>White Blackfoot</u>	RESIDENCE <u>Blackfoot</u>		
COLOR <u>white</u>	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 7 ... Number of children of this mother now living, including present birth 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 29 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [Signature] M.D. -
(Physician or midwife)

Address Blackfoot Idaho

Filed 2-10-20 Mrs. Nellie E. Faber

Registrar

Registrar

MAR 24 1942

APR 2 1942

NOV 12 1968

Certified copy issued Nov. 8, 1970. E.W.

313.215.006-769
PLACE OF BIRTH

County of Burleigh

City of Blackfoot

No. Judicial St.

Hospital L. J. Zimmerman

FULL NAME OF CHILD Lorraine Latham

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-22a-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 76336

Primary Registration District No. 1007

Registered No. 23

Sex of Child Female Twin Triplet or other? ☒ and { Number in order of birth 1st Legitimate? Yes Date of Birth Jan 15 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Raymond Latham
RESIDENCE Blackfoot
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Idaho
OCCUPATION Clerk

MOTHER
FULL MAIDEN NAME Evelyn Porter
RESIDENCE Blackfoot
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Morgan Co. Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 p.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Zimmerman

Given names added from a supplemental report.

(Physician or midwife) M.D.

Address Blackfoot Idaho

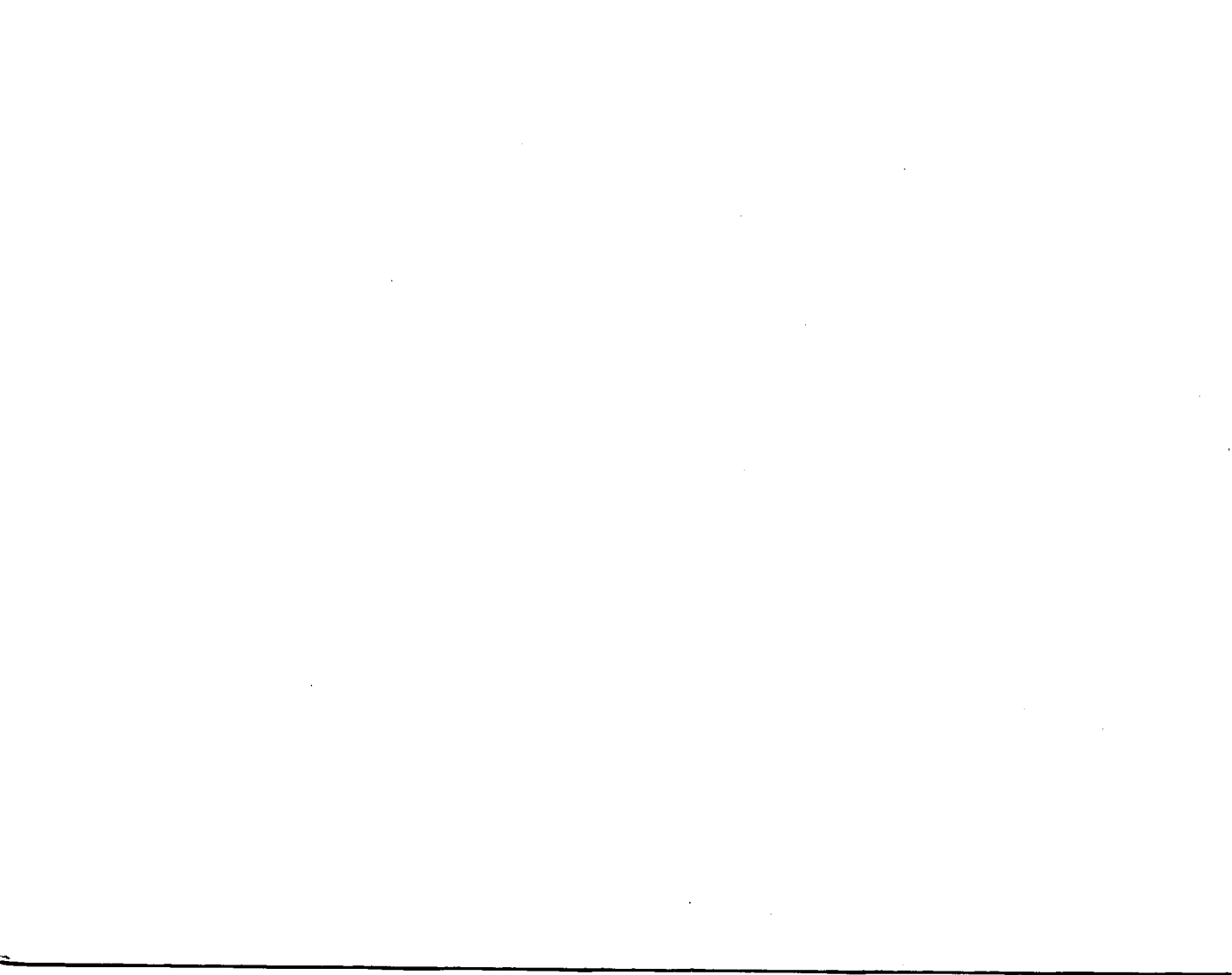
Address Blackfoot Idaho

Filed 2 10 20

Filed 2 10 20

Registrar

Registrar



259-125-006 867

PLACE OF BIRTH

County of CinghamCity of Blackfoot

No. St.

Registration District No.

Primary Registration District No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-4-17

CERTIFICATE OF BIRTH

File No.

76337

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child MaleTwin
Triplet
or other? ☒and { Number
in order
of birth } notLegiti-
mate? YesDate of
BirthJan 25 1930
(Month) (Day) (Year)

FULL NAME FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

RESIDENCE

AGE AT LAST
BIRTHDAY

BIRTHDAY

Number of child of this mother, including present birth. One Number of children of this mother now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 p. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 2-10-30

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

297.126.006.255
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C—25m-3-3-17

76338

County of BinghamCity of BlackfootNo. 121 St. Pine

Registration District No.

File No.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? <u>✓</u>	and (Number in order of birth) <u>2</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 12 1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	--

FULL NAME <u>Harrison R. Kipp</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Machinist</u>	

FULL MAIDEN NAME <u>Lyle Seely</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 m on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Harrison

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdahoFiled 2 12 1920

Registrar

Registrar



JUL 2 1976

Certified Copy Issued Nov. 6, 1970. E.W.

355-202-006-719

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BinghamCity of Fort HallRegistration District No. 121File No. 76339

No. _____ St. _____

Primary Registration District No. 2144Registered No. 26

Hospital _____

FULL NAME OF CHILD Ethel Denday

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jun 2 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------------------	------------------------	---

FULL NAME FATHER Ed DendayFULL MAIDEN NAME MOTHER Miss ParkerRESIDENCE Fort HallRESIDENCE Fort HallCOLOR IndianAGE AT LAST BIRTHDAY 48
(Years)COLOR IndianAGE AT LAST BIRTHDAY 3
(Years)BIRTHPLACE IdahoBIRTHPLACE IdahoOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at G. P. M.

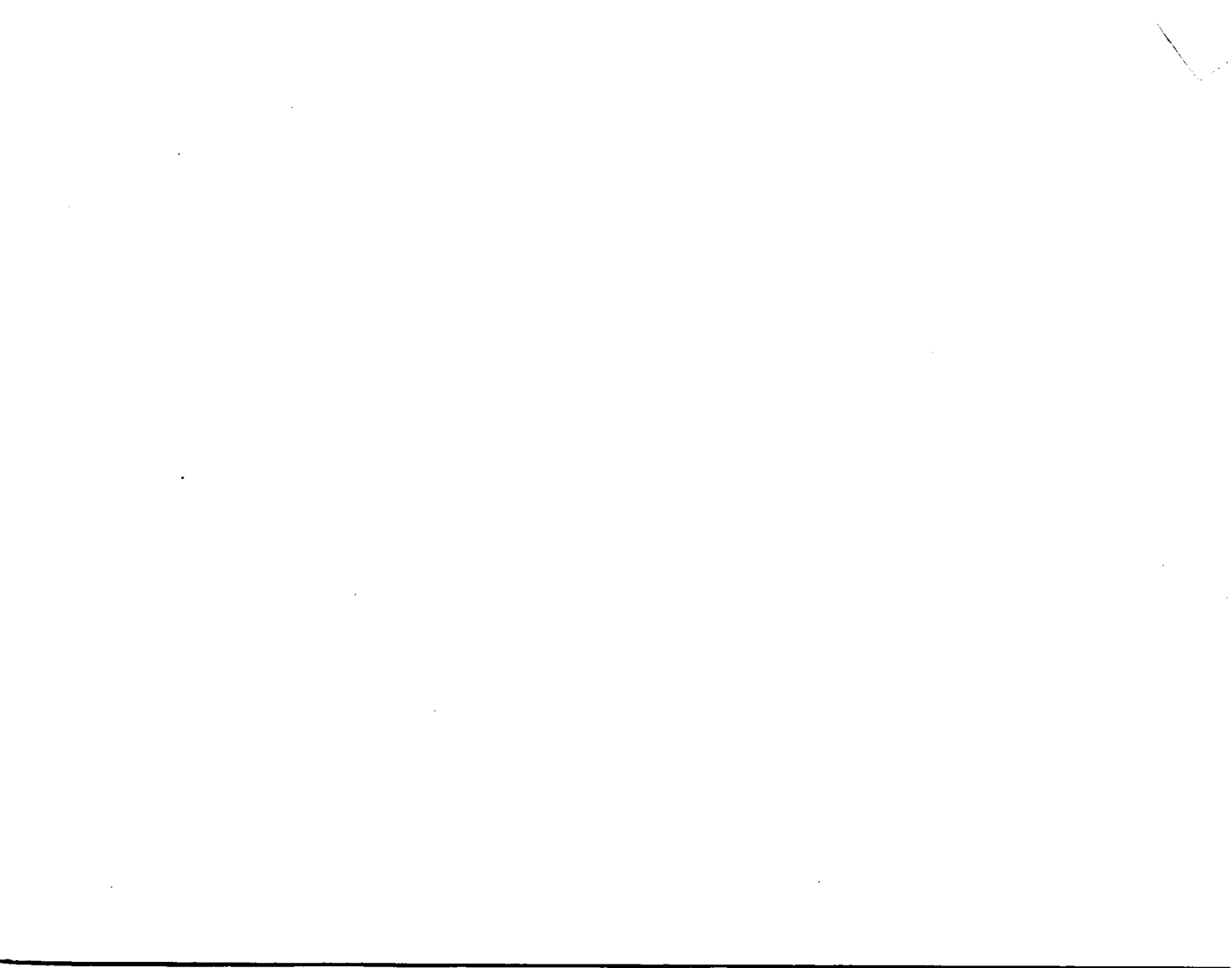
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

Address 1340 S. 8th St. BoiseFile Feb 14 1920 W. H. E. Patrick



294.106.006.257
PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootNo. Rail. Point St.Registration District No. 121File No. 76340Primary Registration District No. 2194Registered No. 27

Hospital _____

FULL NAME OF CHILD

Alva Faei Bruce

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jun 6 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------------------	------------------------	---

FULL NAME <u>William F. Bruce</u>	FATHER
RESIDENCE <u>Blackfoot, Idaho #1</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Texas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mollie M. Bensley</u>	MOTHER
RESIDENCE <u>Blackfoot, Idaho #1</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>5</u>	Number of children of this mother now living, including present birth <u>5</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

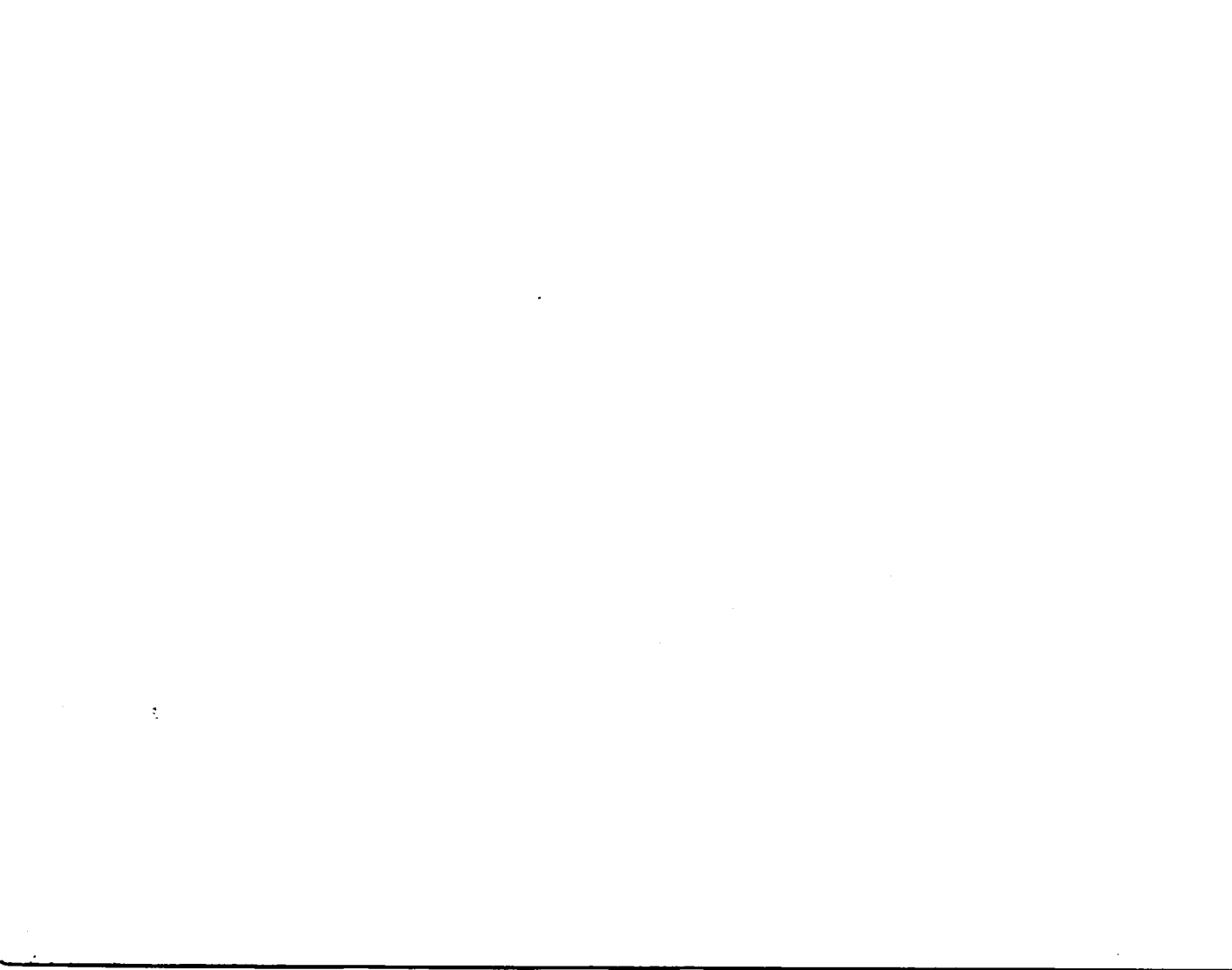
I hereby certify that I attended the birth of this child, who was Female, at 1 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) D. W. Mitchell
on 10 (Physician or midwife)

Address Blackfoot, Idaho
Filed Feb 14 1920 Dr. H. E. F. F. F.
Registrar



238-206-2006-517

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. 482 N. Main St.

Hospital _____

FULL NAME OF CHILD

Mavis Elizabeth Christina SchultzSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 121File No. 76341Primary Registration District No. 1007Registered No. 28Sex of Child FemaleTwin
Triplet
or other?{ and } Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate? yesDate of Birth Jan 6 1920
(Month) (Day) (Year)

FULL NAME

FATHER
Gottlieb SchultzFULL
MAIDEN
NAME

MOTHER

Luise Rogers

RESIDENCE

Springfield Idaho

RESIDENCE

Springfield Idaho

COLOR

White

AGE AT LAST

32

BIRTHDAY

(Years)

COLOR

White

AGE AT LAST

25

BIRTHDAY

(Years)

BIRTHPLACE

Germany

BIRTHPLACE

N. D.

OCCUPATION

Farmer

OCCUPATION

House wifeNumber of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.

(Born alive or stillborn)

at 4 P. M.* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot Idaho

Filed

Feb 14 1920

Registrar

Registrar

SEP 13 1999

JUL 18 1992

993-216

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76342

PLAC [REDACTED]
006-619
County of Cassia

City of Malta

Registration District No. 119

File No. _____

No. _____ St. _____

Hospital At Home

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child male Twin Triplet or other? and Number in order of birth Legiti mate? yes Date of Birth Jan 16 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME George R Richins FATHER
RESIDENCE Malta Idaho
COLOR white AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Grouse Creek Utah
OCCUPATION Post Master

FULL MAIDEN NAME Mabel Warburton MOTHER
RESIDENCE Malta Idaho
COLOR white AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Tooole Cy U
OCCUPATION House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 12:15 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Sater

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Malta Idaho

Filed Feb 1 1920 C. J. Sater

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



395-226-416-593

PLACE OF BIRTH

name added 8/5/80
STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

County of CarterCity of AlbionRegistration District No. 119

File No.

76343

No. _____ St.

Hospital At Home

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

Ireta Jane Tremayne

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?yes

Date of Birth

Jan 26 1920
(Month) (Day) (Year)

FULL NAME

Mathew Tremayne

RESIDENCE

Albion Idaho

COLOR

White

AGE AT LAST BIRTHDAY

43
(Years)

BIRTHPLACE

Salt Lake Co. Utah

OCCUPATION

Clerk in drug store

FULL MAIDEN NAME

Marguerite Nichols

RESIDENCE

Albion Idaho

COLOR

White

AGE AT LAST BIRTHDAY

26
(Years)

BIRTHPLACE

Kentucky

OCCUPATION

House wifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. J. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Malta Idaho

Filed

2/1 1920

Registrar

Registrar

MAY 5 1967

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.
County of Lincoln

Certificate No. 76348

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Tremayne who was born on Jan. 26, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Albion (Cassia) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>omitted</u>	<u>Ireta Jane Tremayne</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 18th day of

July, 1980.

Notary Public, Barbara Silva

Residing at Shoshone

My commission expires 2-1-83

(Seal)

Ireta Jane Tremayne
Signature of Applicant
Shoshone, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed _____)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Certif of Blessing from the LDS Church gives name as Ireta Jane Tremayne daughter of Matthew Tremayne and Margaret Nichols. born Jan 26, 1920 at Albion, Idaho
Blessed Oct 3, 1920. viewed by V. S.

AUG 5 1980

Insurance policy from Western Life Ins. Co., Helena, Montana gives name as
Ireta Jane Tremayne Graft. dated Sept 1940. viewed by VS

215-1291016-296

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76344

County of CassiaCity of IdahomeRegistration District No. 119

File No. _____

No. _____ St. _____

Hospital At Home

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

Joseph Taft Sanders

Sex of Child

BoyTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?Yes

Date of Birth

Jan 29 1920
(Month) (Day) (Year)

FULL NAME

Charles A Sanders

FATHER

RESIDENCE

Idahome Idaho

COLOR

White

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Mexico

OCCUPATION

Farmer

FULL MAIDEN NAME

Gladys Lorne Brown

MOTHER

RESIDENCE

Idahome Idaho

COLOR

White

AGE AT LAST BIRTHDAY

26
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

House wifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:20 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. J. Sater

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Malta Idaho

Filed

2/119 20C. J. Sater

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2

1957

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-11810-6-813

PLACE OF BIRTH

County of Cassia

City of Idahome

No. _____ St.

Hospital At Home

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 119

File No. 76345

Primary Registration District No. _____

Registered No. _____

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and {	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 18</u> 19 <u>30</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------------	-------------------------	--

FULL NAME <u>Symour Sturgill</u>	FATHER
RESIDENCE <u>Idahome Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Kentucky</u>	
OCCUPATION <u>Schoolteacher</u>	

FULL MAIDEN NAME <u>Flossie Hall</u>	MOTHER
RESIDENCE <u>Idahome Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Kentucky</u>	
OCCUPATION <u>House-wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6:20 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) C. I. Sater

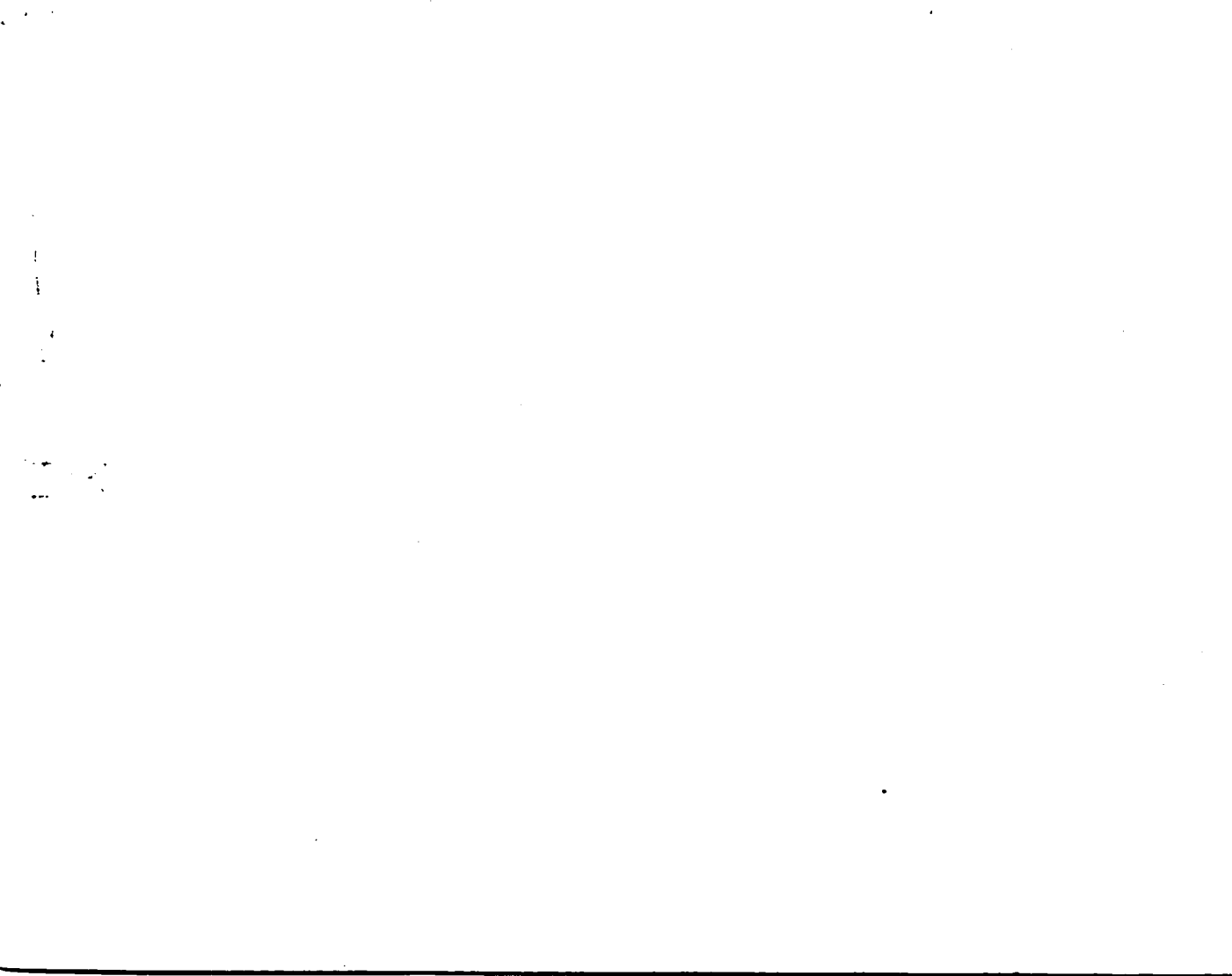
(Physician or midwife)

Address Malta Idaho

Filed Feb 1 1930 C. I. Sater

Registrar

Registrar



231-206-017-81

Form V. S. No. 11-C-25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of ClatsopCity of OubaisRegistration District No. 125File No. 76346No. Private St.Primary Registration District No. 2203Registered No. 1820

FULL NAME OF CHILD

Ruth Angeline Sealzo

Sex of Child

FemaleTwin
Triplet
or other?{ and { Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?yesDate of
Birth1 6 1820
(Month) (Day) (Year)FULL
NAMEAntonio Sealzo

FATHER

RESIDENCE

Wingsper, Ida.

COLOR

whiteAGE AT LAST
BIRTHDAY52
(Years)

BIRTHPLACE

Italy

OCCUPATION

Farmer StockmanFULL
MAIDEN
NAMEFrances H. Hall

MOTHER

RESIDENCE

Wingsper

COLOR

whiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:20 A.M.
on the date above stated. (Born alive or stillborn)(Signature) H. H. Young
Physician
(Physician or midwife)

Given names added from a supplemental report.

19Address Oubais, Idaho
Jan 10 1920
Registrar O. E. Jones M.D.

Registrar

[REDACTED]

OCT 22 1974

JUN 24 1972

9-7-113 617-432

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9

County of ClatsopCity of OubaisRegistration District No. 125File No. 76347

No. St.

Primary Registration District No. 2203

Registered No.

Hospital HomeFULL NAME OF CHILD Robert Wm Rapp

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>1</u> <u>13</u> (Month) (Day) (Year)
FULL NAME <u>Chris Wm Rapp</u>	FATHER		FULL MAIDEN NAME <u>Gladys Vincentine</u>	MOTHER
RESIDENCE <u>Oubais, Idaho</u>			RESIDENCE <u>Oubais</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>H. D.</u>			BIRTHPLACE <u>Kan.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Howard Young
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Oubais, IdahoFiled Jan 24 1920

Registrar

Registrar



12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-06-017-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. 8. No-11-C-25-32

CERTIFICATE OF BIRTH

County of Clark

City of Subois

Registration District No. 125

File No. 76348

No. St.

Primary Registration District No. 2203

Registered No.

Hospital Home

FULL NAME OF CHILD Bud Oliver Hathaway

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 6 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FATHER
FULL NAME Hayden L Hathaway

RESIDENCE Subois

COLOR White AGE AT LAST BIRTHDAY 27
(Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Addie L Lander

RESIDENCE Subois

COLOR White AGE AT LAST BIRTHDAY 22
(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 7:30 P M.
on the date above stated. (Born alive or otherwise)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W E Jones MD
(Physician or midwife)

Address Subois Idaho

Filed Jan 7 1920
Registrar W E Jones MD

APR 28 1942

493-110-017-493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

County of ClarkCity of Smual PORegistration District No. 125File No. 76349No. St.Primary Registration District No. 2203Registered No.~~Home~~ Home

Kenneth

FULL NAME OF CHILD Clifford Miller

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> and <u>.....</u> in order of birth <u>.....</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 10 1925</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME FATHER John H MillerFULL MAIDEN NAME MOTHER Nellie M MillerRESIDENCE Smual PORESIDENCE Smual POCOLOR White AGE AT LAST BIRTHDAY 30 (Years)COLOR White AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE MissouriBIRTHPLACE MissouriOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 7:40 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

AddressFiled Jan 10 1926RegistrarRegistrar

JAN 1 1944

DEC 6 1943

172-118-017-599

PLACE OF BIRTH

County of Clark,City of SuboisRegistration District No. 125

Form V. S. No. 11-C-25m-3-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. St.

Primary Registration District No. 2203

Registered No.

Hospital Home

FULL NAME OF CHILD

Lorraine Donald Apberg

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 18 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>John Apberg</u>	FATHER
RESIDENCE <u>Subois</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Clerk</u>	

FULL MAIDEN NAME <u>Otilia Erickson</u>	MOTHER
RESIDENCE <u>Subois</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 11:050 M.
on the date above stated. (Born alive ~~on stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

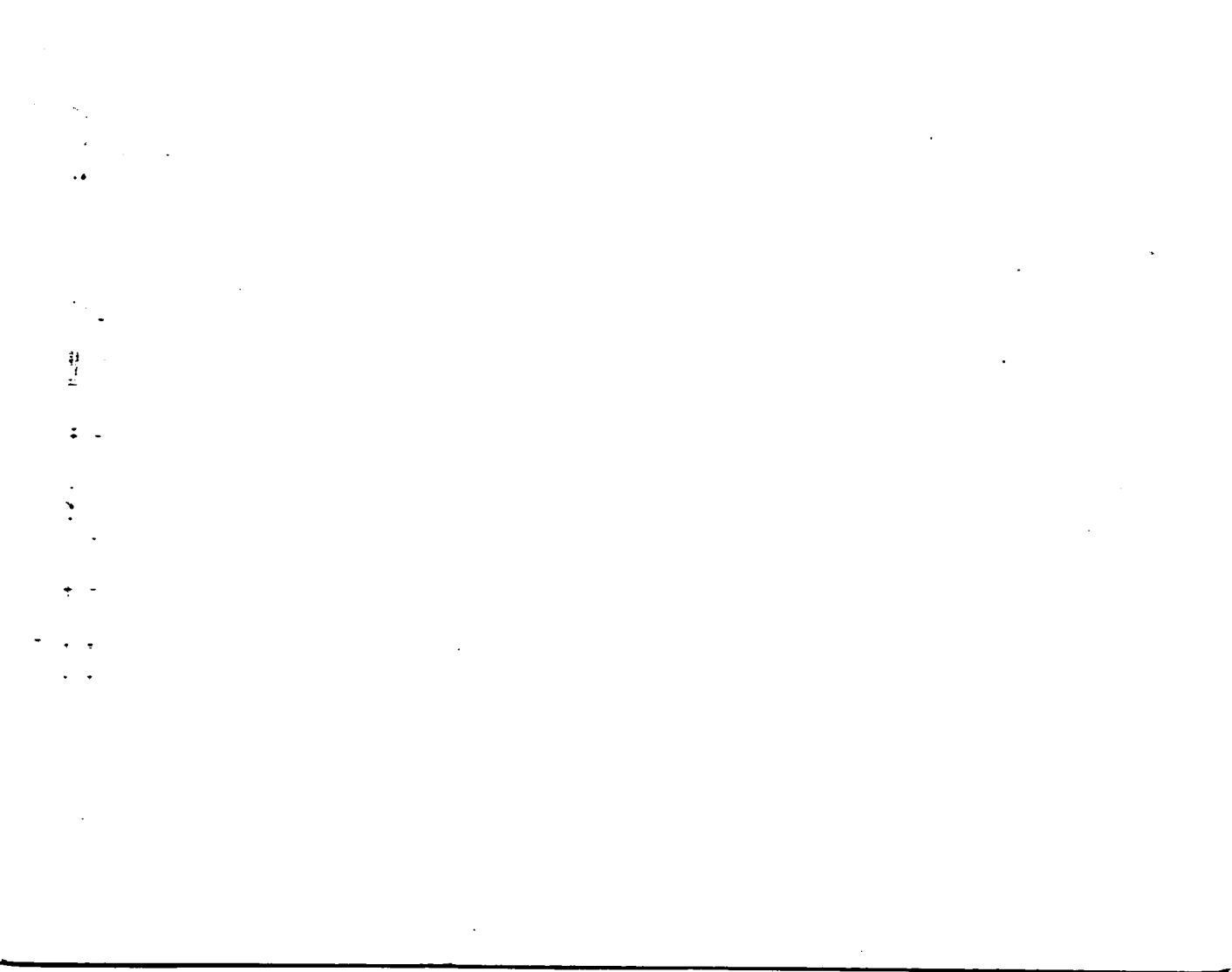
Given names added from a supplemental report.

Address

Filed Jan 19 1920

Registrar

Registrar



96222-017-652

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-17

CERTIFICATE OF BIRTH

County of Clark.....City of Small P.O......Registration District No. 125.....File No. 763.....

No.St.

Primary Registration District No. 2203.....

Registered No.

Hospital Home.....FULL NAME OF CHILD Alice Inez Ross.....

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>Yes</u>	Date of Birth <u>1</u> <u>22</u> (Month) (Day)
----------------------------	---	--	-----------------------------	---

FULL NAME <u>A. Ross</u>	FATHER
RESIDENCE <u>Small P.O.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alta West</u>	MOTHER
RESIDENCE <u>Small P.O.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive..... at 4:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Hawley Young
Physician
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Subs. Idaho

.....19.....

Filed Jan 26 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-19-44

X-19-44

263-103.028-465

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-3-15

CERTIFICATE OF BIRTH

76357

County of KootenaiCity of HarrisonRegistration District No. 122File No. 3

No. _____ St. _____

Primary Registration District No. 2204Registered No. 48Hospital SelkirkFULL NAME OF CHILD Orlando Gino BottaiSex of Child MaleTwin
Triplet
or other?{ and } Number
is order
of birthLegiti-
mate? yesDate of
Birth Jan 3 1920

(Month) (Day) (Year)

FULL
NAME

FATHER

Amvedus BottaiFULL
MAIDEN
NAME

MOTHER

Rosie Monti

RESIDENCE

Harrison Ida

RESIDENCE

Harrison Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY 30
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY 19
(Years)

BIRTHPLACE

Italy

BIRTHPLACE

Italy

OCCUPATION

Con labor

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive Jan 3 1920

(Born alive or stillborn)

at 6 P M.* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

M. D. C.

(Physician or midwife)

Given names added from a supplemental report.

Address Harrison IdaFile Feb 1 1920

JUN 15 1943,

219-206-024235

PLACE OF BIRTH

County of KootenaiCity of Dudley

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 124File No. 3Primary Registration District No. 2204Registered No. 49Myrtle Catherine Barnes

76358

Sex of Child <u>female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 6 1920</u> (Month) (Day) (Year)
----------------------------	--	--------------------------------------	-----------------------------	---

FULL NAME <u>Phillip A. Barnes</u>	FATHER
RESIDENCE <u>Dudley, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Howard county, Iowa</u>	
OCCUPATION <u>mechanic</u>	

FULL MAIDEN NAME <u>Naoma Claris Stephens</u>	MOTHER
RESIDENCE <u>Dudley, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>16</u> (Years)
BIRTHPLACE <u>Spokane county, Washington</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth oneNumber of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, on the date above stated.

(Born alive or stillborn)

1:40 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. J. Stauffer
physician
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 2-1-20

Registrar

Registrar

AUG 20 1973

269-108108-235
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

76359

County of KootenaiCity of HarrisonRegistration District No. 126File No. 3

No. _____ St. _____

Primary Registration District No. 2204Registered No. 50Hospital Unknown

FULL NAME OF CHILD _____

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 8 20</u> Month (Day) (Year)
--------------------------	---	--------------------------------------	---------------------------	---

FULL NAME <u>Tom Swegia</u>	FATHER
RESIDENCE <u>Harrison</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Wash.</u>	
OCCUPATION <u>Com labor</u>	

FULL MAIDEN NAME <u>Ada Lee</u>	MOTHER
RESIDENCE <u>Harrison</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Ida.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born at Harrison Jan 8 20, at L. P. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. FerneyJohn D. Ferney

(Physician or midwife)

Given names added from a supplemental report.

Address Harrison IdaFiled Feb 1 1920John D. Ferney

Registrar

ד"ר אריה י. יערי

44

1

MARGIN RESERVED FOR UNFADING INK—THIS RECORD

N. B. In case of more than one child at birth, a SEPARATE REPORT should be made of each, in order of birth.

Lake

Registration District No. *12*

File No. *4*

Primary Registration District No. *2244*

Registered No. *51*

NAME OF CHILD

Mary Louise Cook

Sex of Child *female* Twin Triplet or other? *no* Legitimate? *yes* Date of Birth *Jan 10 1920*
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME *Lawrence M. Cook*
Rose Lake
white AGE AT LAST BIRTHDAY *23*
(Years)
Lawrence County, Missouri
laborer in saw mill

MOTHER
FULL MAIDEN NAME *Sylvia R. Sanders*
RESIDENCE *Rose Lake*
COLOR *white* AGE AT LAST BIRTHDAY *21*
(Years)
Lawrence County, Missouri
OCCUPATION *Housewife*

Number of this mother, including present birth. *two* Number of children of this mother now living, including present birth. *two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was *Born alive*, at *6 A.M.*
(Born alive or stillborn)

If there was no attending physician or when the father, householder, etc., should return. A stillborn child is one that breathes nor shows other evidence of life.

(Signature) *L. J. Stauffer*
physician
(Physician or midwife)

Names added from a supplemental report.

Registrar

Address _____
Filed *2-1-20* *Jan 20 1920*
Registrar

OFFICE OF THE
ATTORNEY GENERAL

RECEIVED 10 3740000000000

MAR 8 1944

OFFICE OF THE
ATTORNEY GENERAL

RECEIVED

5/20/41

10

RECEIVED
MAY 13 1941

865-111-003-255
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

11-C-25m-7-21-19

County of Bannock

City of Pocatello

Registration District No. 84

File No. 56

No. 637 West Lewis St.

Primary Registration District No. 2161

Registered No. 2797

Hospital

FULL NAME OF CHILD

James J. Hoag

Sex of Child Male

Twin
Triplet
or other?
(To be answered only in event of plural births)

and
Number
in order
of birth
(To be answered only in event of plural births)

Legitimacy

Date of Birth

2 - 11 - 1920
(Month) (Day) (Year)

FULL NAME

FATHER

Hong Kee

RESIDENCE

637 West Lewis St.

COLOR

Chinese

AGE AT LAST BIRTHDAY

52
(Years)

FULL MAIDEN NAME

MOTHER

Leung Lee

RESIDENCE

637 West Lewis St.

COLOR

Chinese

AGE AT LAST BIRTHDAY

43
(Years)

BIRTHPLACE

Canton, China

BIRTHPLACE

Canton, China

OCCUPATION

Merchants

OCCUPATION

Home work

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn)

, at 8 A M.

on the date above stated.

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

O. J. Battey

(Physician or midwife)

Given names added from a supplemental report.

Address

Pocatello Idaho

Filed

Feb 17, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



314209.003-365

PLACE OF BIRTH

Form V. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76365

County of BannockCity of Idaho FallsRegistration District No. 84File No. 56

No. _____ St. _____

Primary Registration District No. 2161 Registered No. 2996

Hospital _____

FULL NAME OF CHILD

Not named MARGARET LAMBRAU

Sex of Child

FemaleTwin
Triplet
or other?{ and } Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
Birth2/9/20
(Month) (Day) (Year)FULL
NAME

FATHER

James LambrauFULL
MAIDEN
NAME

MOTHER

Annie Bonnell

RESIDENCE

345 So 3rd

RESIDENCE

345 So 3rd

COLOR

whiteAGE AT LAST
BIRTHDAY20
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY18
(Years)

BIRTHPLACE

Green

BIRTHPLACE

Texas

OCCUPATION

Sho parlour

OCCUPATION

LawyerNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 57 9 M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. H. Thompson
Phys & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls

Filed

Feb 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1954

JUN 18 1975

696109.023-753

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-10

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76366

County of BannockCity of BoothelloRegistration District No. 84File No. 56No. 342 So. Hayes St.Primary Registration District No. 2161Registered No. 2995

Hospital _____

FULL NAME OF CHILD

Sex of Child MaleTwin
Triplet
or other?

1 { and }

Number
in order
of birth

1 {

Legiti
mate?YesDate of
BirthFeb. 91920

(To be answered only in event of plural births)

(Month) (Day)

(Year)

FULL
NAME

FATHER

Raymond T. Frost

RESIDENCE

342 So. Hayes Ave.

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Accountant Virginia

OCCUPATION

AccountantFULL
MAIDEN
NAME

MOTHER

Emma Peterson

RESIDENCE

342 So. Hayes Ave.

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Maryland

OCCUPATION

HwfNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:00 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Charles K. SpencerM.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Van Bldg. Boothello Ida

Filed

Feb 11, 1920O. B. Spencer

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

695-107-003-16

PLACE OF BIRTH

County of BannockCity of ParatelloRegistration District No. 84File No. 56No. 3161 St.Primary Registration District No. 3161Registered No. 2994Hospital H. Anthony

HAWTHORNE

FULL NAME OF CHILD

Harry H. Fingert

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>Feb 7</u> (Month) (Day) (Year) <u>1920</u>
FATHER.			MOTHER	
FULL NAME <u>Henry Fingert</u>			FULL MAIDEN NAME <u>Cora Hawthorne</u>	
RESIDENCE <u>Paratello</u>			RESIDENCE <u>Paratello</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Ill</u>			BIRTHPLACE <u>S. Dakota</u>	
OCCUPATION <u>Brickman</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alvin on the date above stated. (Born alive or stillborn) 210 a.m.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John G. Roof M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address

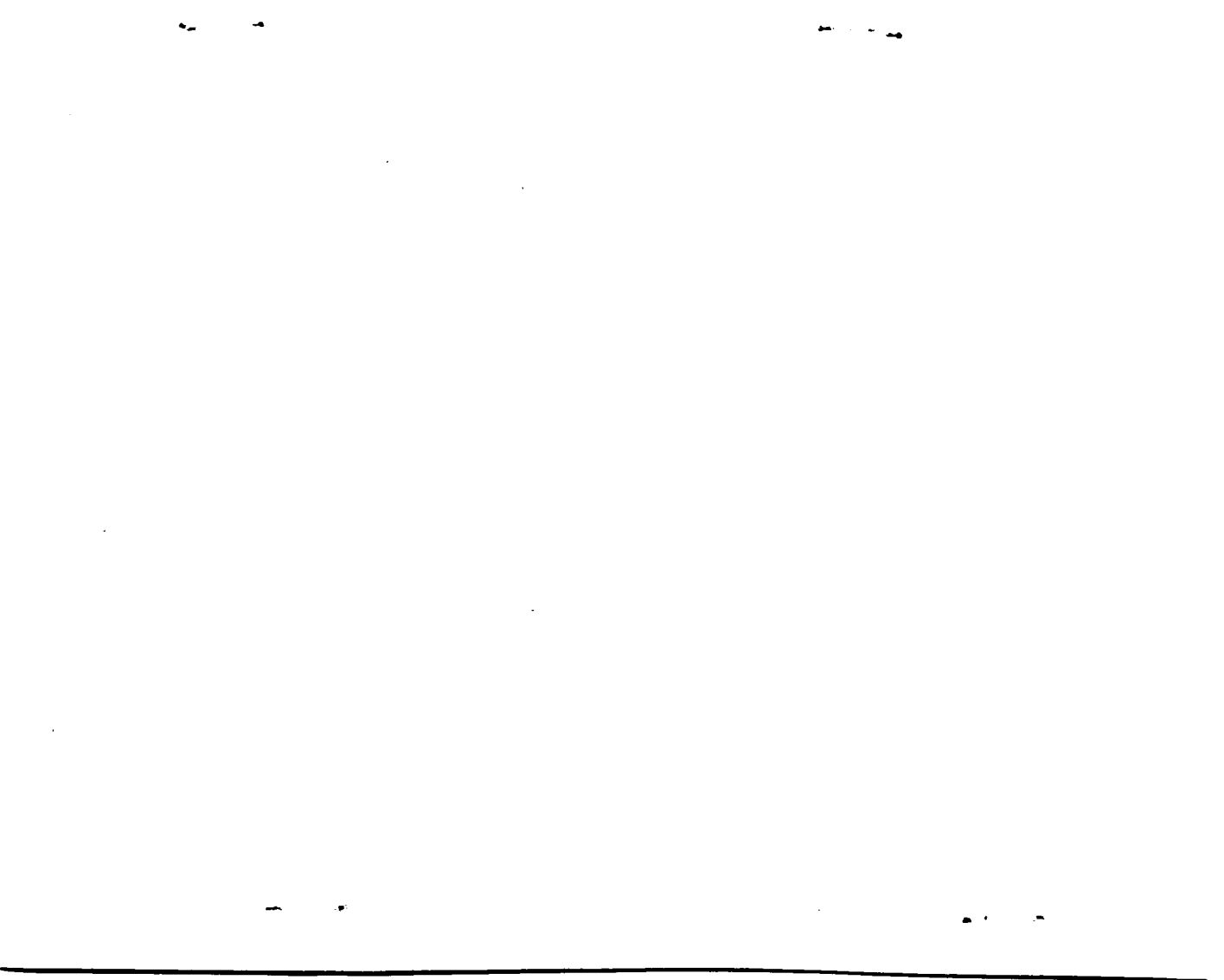
Paratello Idaho

Filed

Feb 18 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss. Certificate No. 76367
County of BANNOCK }
The undersigned does solemnly swear that certain facts on the certificate of BIRTH
for Harry H Fingerlos. who Was Born on Febr 7 1920
Pocatello Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible & Insurance prepared on Febr 14 1921, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)
FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Harry Harry Hawthorne Fingerlos

Subscribed and sworn to before me this 27th
day of March, 1942

Signed Mrs. Henry E. Fingerlos
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Pocatello, Idaho
My commission expires Sept. 15, 1944
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

APR 1 1943

866-107-003-866

PLACE OF BIRTH

County of BannockCity of PocatelloNo. 454 So. 2^d St.

Hospital _____

FULL NAME OF CHILD

Registration District No. 84 File No. 56Primary Registration District No. 210 Registered No. 2993Leslie Elmond Howard

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>Feb. 7</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------------	-----	---	----------------------------	--

FATHER
FULL NAME Robert M. Howard
RESIDENCE 454 So. 2^d Ave.
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Illinois
OCCUPATION Oilier

MOTHER
FULL MAIDEN NAME Winnie V. Howard
RESIDENCE 454 So. 2^d Ave.
COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Wisconsin
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

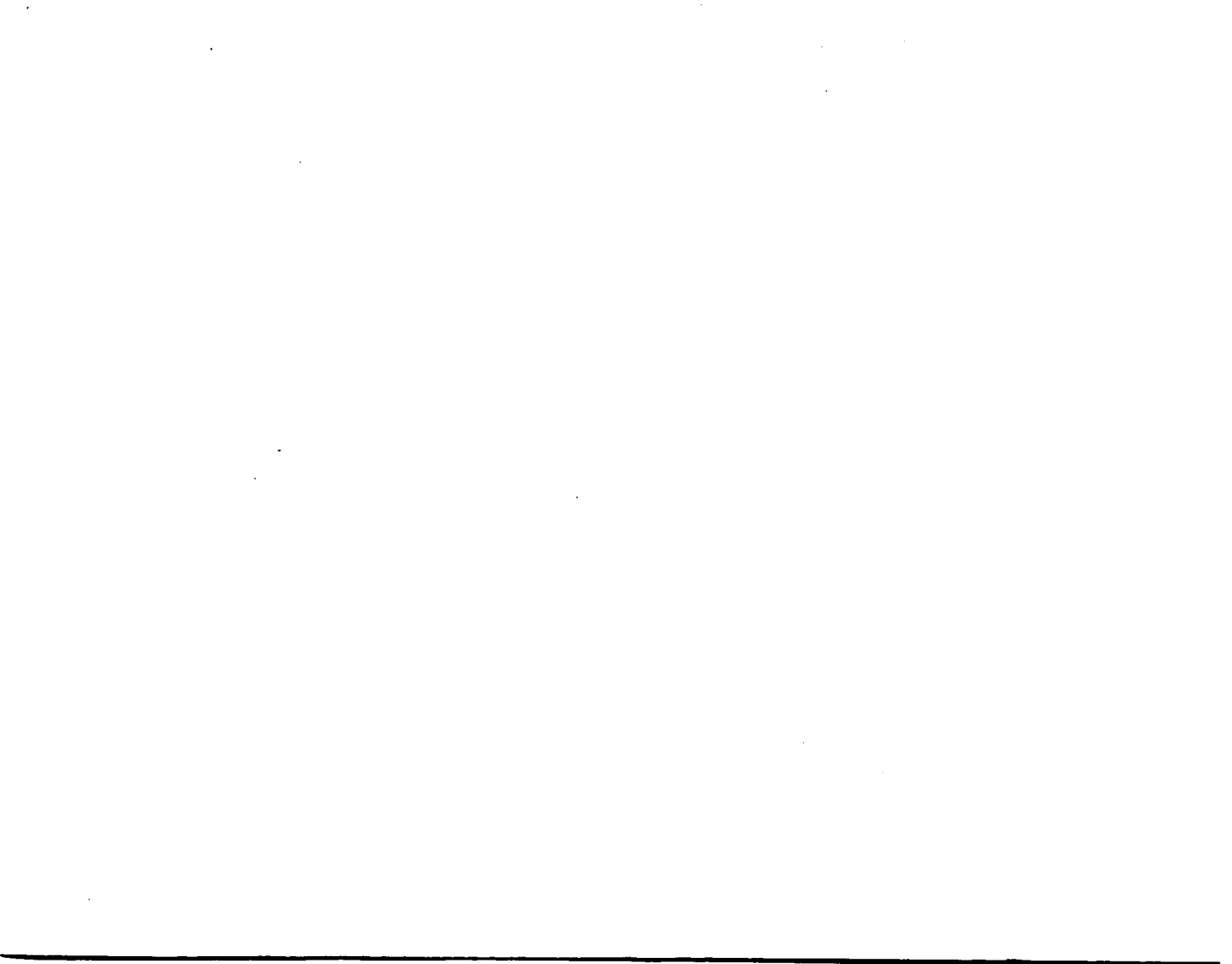
I hereby certify that I attended the birth of this child, who was Born alive, at 12³⁰ M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles R. Sprague
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Kane Bldg, Pocatello, Idaho
Filed Feb. 11 1920 O. R. Steady
Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

413-105-002-619

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

76369

County of Bannock

~~City of~~ Fort Hall (P.O. ^{my} Hamlet)

Registration District No. 84

File No. 56

No. _____ St. _____

Hospital _____

Primary Registration District No. 2161

Registered No. 2972

FULL NAME OF CHILD Minoru Matsumoto

Sex of Child <u>Male</u>	Twin, Triplet or other? <u>—</u> and { Number in order of birth <u>—</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of birth <u>Feb 5 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>Takinojo Matsumoto</u>	FATHER
RESIDENCE <u>St. Hall, Idaho</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Kaito Wjita</u>	MOTHER
RESIDENCE <u>St. Hall, Idaho</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

1 Photostat copy 1/23/42 **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

I hereby certify that I attended the birth of this child, who was born alive, at 6³⁰ P.M. on the date above stated. 1 Photostat copy 2/17/42 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler
Physician
(Physician or Midwife)

Given names added from a supplemental report

Address Fort Hall, Idaho

Filed Feb 12, 1920 O. Schreyer
Registrar

JAN 23 1942

CHAGI

FEB 17 1942

349

RECEIVED FOR THE DIRECTOR OF THE BUREAU OF INVESTIGATION

U.S. DEPARTMENT OF JUSTICE

PLACE OF BIRTH
592-2003-592
County of Bannock

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 1-1919

76370

City of Pocatello Registration District No. 84 File No. 56
No. 224 So 2nd Ave.
Hospital home Primary Registration District No. 2161 Registered No. 2991
FULL NAME OF CHILD Haruko Nishisaki

Sex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes Date of Birth Feb. 4 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Sansaku Nishisaki
RESIDENCE 224 So. 2nd Ave.
COLOR Japanese AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Japan
OCCUPATION Carpentering

MOTHER
FULL MAIDEN NAME Kenni Nishisaki
RESIDENCE 224 So. 2nd Ave.
COLOR Japanese AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Japan
OCCUPATION Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I certified copy 4/11/38
I hereby certify that I attended the birth of this child, who was alive, at 11:30 A.M.
on the date above stated. (Born alive or stillborn)

1 Photostatic copy 6/22/42
{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }
(Signature) Mrs. Anna W. Bird
midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar

905 So. Main St.
Feb. 12 1920 O. P. O'Keefe

01507

First Certified copy issued 0135

April 11, 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 76370
County of Bannock }
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Haruko Nishisaki who born on 4th of Feb 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Haruko Nishisaki

Mary Nishisaki

Subscribed and sworn to before me this 17th
day of Aug, 1942
Notary Public, residing at Pocatello, Ida
My commission expires Aug 2-1943
(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Haruko Nishisaki
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }
The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 17th
day of Aug, 1942
Notary Public, residing at Pocatello, Ida
My commission expires Aug 2-1943
(Seal)

Signed Reck M. Anthony
(Signature of Any Credible Person Other Than Previous Year)
415-707- Pocatello Idaho
(Street Address, City, State)

JUN 10

JUN 23 1942

JUL 11 1956

APR 3 1975

2210

265-227-003792
PLACE OF BIRTHCounty of BannockCity of PocatelloNo. 650 N. Seventh St.Hospital St. Anthony's

FULL NAME OF CHILD

Registration District No. 84File No. 56Primary Registration District No. 2161Registered No. 2490Elmora Theresa KoehlingSex of Child FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
BirthJanuary 27 1920
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Joseph Hermann Koehling1355 S. Fourth Ave. - Pocatello, IdahoWhite AGE AT LAST BIRTHDAY 38
(Years)GermanyLaborerFULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Martha May Gibson1355 S. Fourth Ave. - Pocatello, IdahoWhite AGE AT LAST BIRTHDAY 38
(Years)Eureka, NevadaHousewifeNumber of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:55 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Wm. Newton M.D.

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

Feb 11 1920

Registrar

Registrar

APR 8 1969

955-12-003-413

PLACE OF BIRTH

County of BannockCity of HaastelloNo. 216 N. Grant St.Hospital Home

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84File No. 76372
56Primary Registration District No. 2161Registered No. 2989Daniel Hiroshi Imukai

Sex of Child <u>male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 12</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER Saburo ImukaiRESIDENCE 216 North Grant St.COLOR Japanese AGE AT LAST BIRTHDAY 43
(Years)BIRTHPLACE JapanOCCUPATION Japanese InterpreterFULL MAIDEN NAME MOTHER Izaka MatsushitaRESIDENCE 216 North Grant St.COLOR Japanese AGE AT LAST BIRTHDAY 31
(Years)BIRTHPLACE JapanOCCUPATION HousekeepingNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:15 A.M.
on the date above stated. (Born alive or stillborn)

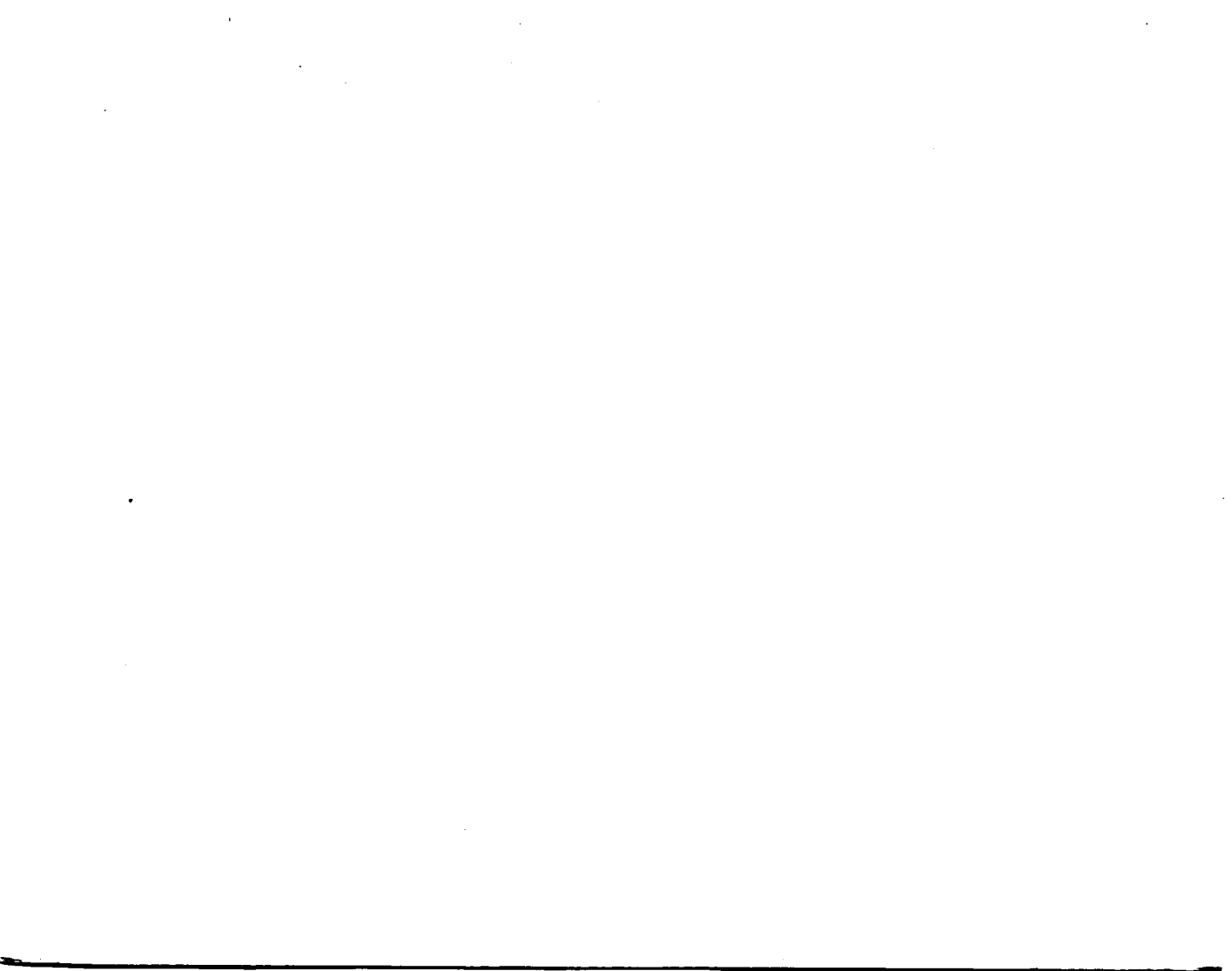
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature) Mrs. Ann M. Bird
Midwife
(Physician or midwife)Address 905 So. Main St.Filed Jan 30 1920 O. J. Seely
Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

381203.003 394

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

76373

County of BannockCity of PocatelloRegistration District No. 84File No. 56No. — St. —Primary Registration District No. 2161Registered No. 2988Hospital —

FULL NAME OF CHILD

Not namedSex of
ChildMaleTwin
Triplet
or other?

{ and }

Number
in order
of birth{
1
}Legiti
mate?yesDate of
BirthFeb 3
(Month)1920
(Day)20
(Year)FULL
NAMEWilford Eugene Chatterton

FATHER

RESIDENCE

Arvin

COLOR

whiteAGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

Utah

OCCUPATION

RancherFULL
MAIDEN
NAMEMyrtle May Crump

MOTHER

RESIDENCE

Arvin

COLOR

whiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

at 3.30 a M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. J. H. Lym
Physician & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho
Feb 9, 1920
W. H. H. H. H.

Filed

Registrar

Registrar

FEB 27 1973

819-1021003-552

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76374

56

County of BannockCity of PocatelloRegistration District No. 84File No. 56No. — St. —Primary Registration District No. 2161Registered No. 2987Hospital —FULL NAME OF CHILD Not named

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u>	and <u>—</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 2</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---------------------------------	--------------	-----------------------------------	------------------------	---

FATHER
FULL NAME Louison Harvey
RESIDENCE 341 So 6th
COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Idaho
OCCUPATION Driver

MOTHER
FULL MAIDEN NAME Elyabuth Moss
RESIDENCE 341 So 6th
COLOR white AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Nebraska
OCCUPATION Housewife

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. S. Surgeon
(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho
Filed Feb 9, 20 Registrar W. H. S.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

HARVEY
HESS

dupe of 20-298117

not

386.207-03-691

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76375

County of BannerCity of PocatelloRegistration District No. 84File No. 56No. — St. —Primary Registration District No. 2161Registered No. 2986Hospital —

NELLE RAE THOMAS

FULL NAME OF CHILD

not namedSex of Child 7Twin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?

Date of Birth

(Month)

(Day)

(Year)

FULL NAME

FATHER

Jed B. Thomas

RESIDENCE

436 E. Whiteman

COLOR

white

AGE AT LAST BIRTHDAY

25

(Years)

BIRTHPLACE

Utah

OCCUPATION

U.S. Line

FULL MAIDEN NAME

MOTHER

Verna A. Wray

RESIDENCE

436 E. Whiteman

COLOR

white

AGE AT LAST BIRTHDAY

22

(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 P M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Thomas
Phys. & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello

Filed

Feb 9, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

MAY 18 1951

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

954230-003-643

PLACE OF BIRTH

County of Bannock.City of Pocatello.No. 650 N. Seventh St.Hospital St. Anthony's

FULL NAME OF CHILD

Registration District No. 84File No. 56Primary Registration District No. 2161Registered No. 2985Barbara Dolores Reddy.Sex of
ChildFemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?Yes.Date of
BirthJanuary 30 1920
(Month) (Day) (Year)FULL
NAMEFATHER
James C. Reddy.FULL
MAIDEN
NAMEMOTHER
Irene Angela Fuller.

RESIDENCE

554 W. Benton St. Pocatello, Idaho

RESIDENCE

554 W. Benton St. Pocatello, Idaho.

COLOR

White.AGE AT LAST
BIRTHDAY32

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY21

(Years)

BIRTHPLACE

Hastings, Nebraska.

BIRTHPLACE

Montpelier, Idaho.

OCCUPATION

Conductor - O.D. & R.R.

OCCUPATION

Housewife.Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive
(Born alive or stillborn)at 9:30 A.M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello, Idaho

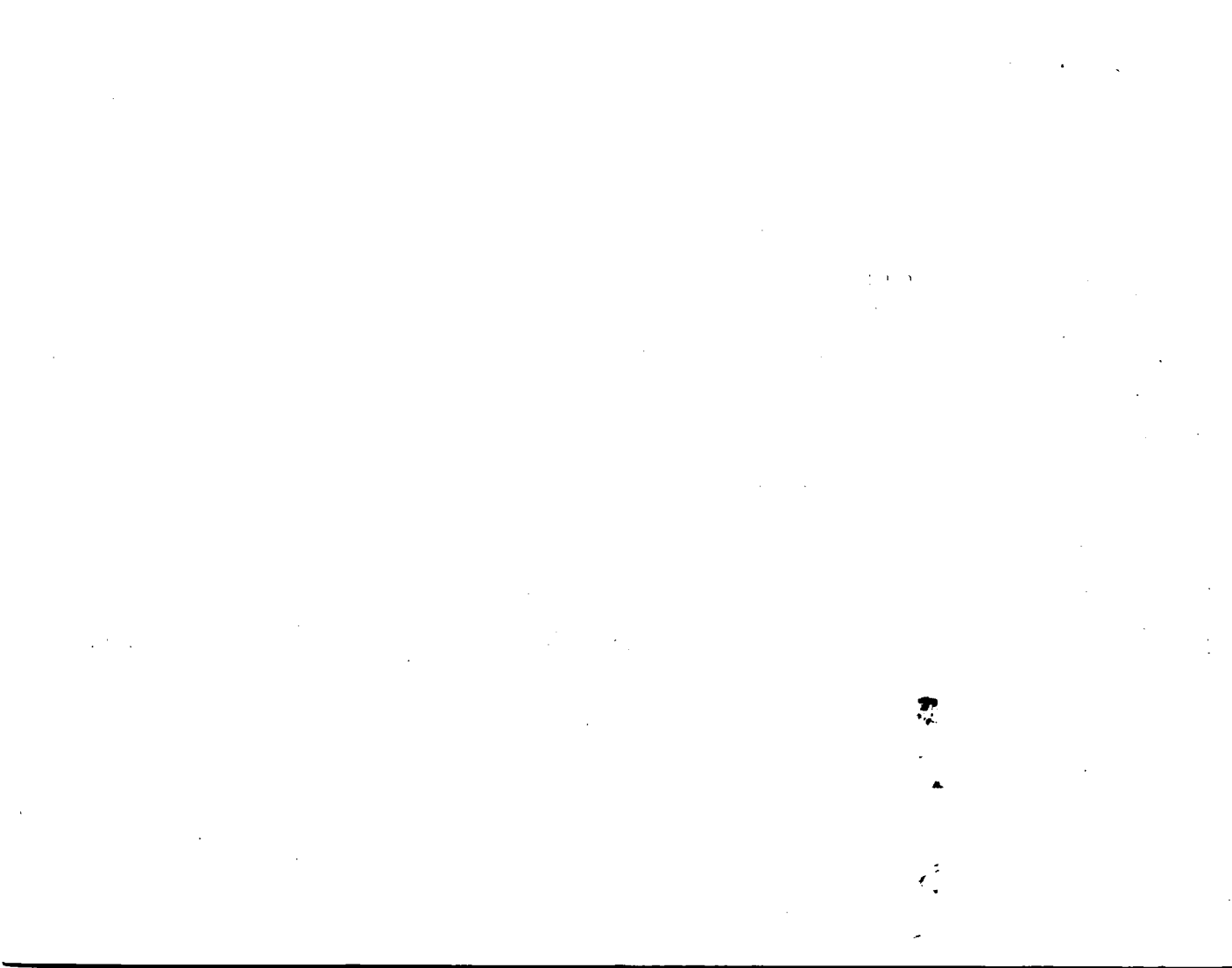
Filed

2-7-20

19

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-116003-689

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-10

76378

County of Bannock

City of Pocatello

No. 2077.9th St.

Registration District No. 84

File No. 56

Hospital _____ Primary Registration District No. 2161 Registered No. 2983

FULL NAME OF CHILD Frederick Ellis Haynes

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Jan 16</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER
FULL NAME Ellis Haynes
RESIDENCE 1207.9th
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Hooper, Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME William Elizabeth Whitlock
RESIDENCE 1207.9th
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE London, England
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tom H. [Signature]

Given names added from a supplemental report.

(Physician or midwife)

Address Pocatello, Idaho

Filed Feb 7, 1920 O. B. [Signature]

Registrar

Registrar

APR 11 1942

APR 19 1973

363-112-003-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

76379

County of BannockCity of PocatelloNo. Lynn 1st St.Hospital Lynn Bros.Registration District No. 84File No. 56Primary Registration District No. 2161Registered No. 2982

FULL NAME OF CHILD

not named.

Sex of Child

BoyTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legitimacy?

No

Date of Birth

Jan 12 1920
(Month) (Day) (Year)

FULL NAME

Joseph Colt

FATHER

RESIDENCE

Armore 2da

COLOR

white

AGE AT LAST BIRTHDAY

58
(Years)

BIRTHPLACE

Germany

OCCUPATION

Farmer

FULL MAIDEN NAME

Marie Becha main

MOTHER

RESIDENCE

435 W. Day

COLOR

white

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Logan Utah

OCCUPATION

Cook

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born, at 2:30 A.M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J W Lynn
Phys & Surg
(Physician or midwife)

Given names added from a supplemental report.

19

Address

4th Catello 2da

Filed

19

Feb 9, 1920

Registrar

Registrar



381-207-003-165

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76380

County of BannockCity of Pocatello IdahoRegistration District No. 84 File No. 56No. 430 N. LincolnPrimary Registration District No. 2161 Registered No. 2981Hospital -FULL NAME OF CHILD Not named **GLENNA CHAFFIN**

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth /	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 7 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	-------------------------------------	-------------------------------	---

FATHER
FULL NAME Edwin Rice ChaffinRESIDENCE Monroville IdahoCOLOR white AGE AT LAST BIRTHDAY 29
(Years)BIRTHPLACE UtahOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Sarah Jane JonesRESIDENCE Monroville IdahoCOLOR white AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 30 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho
Jan 10, 1920

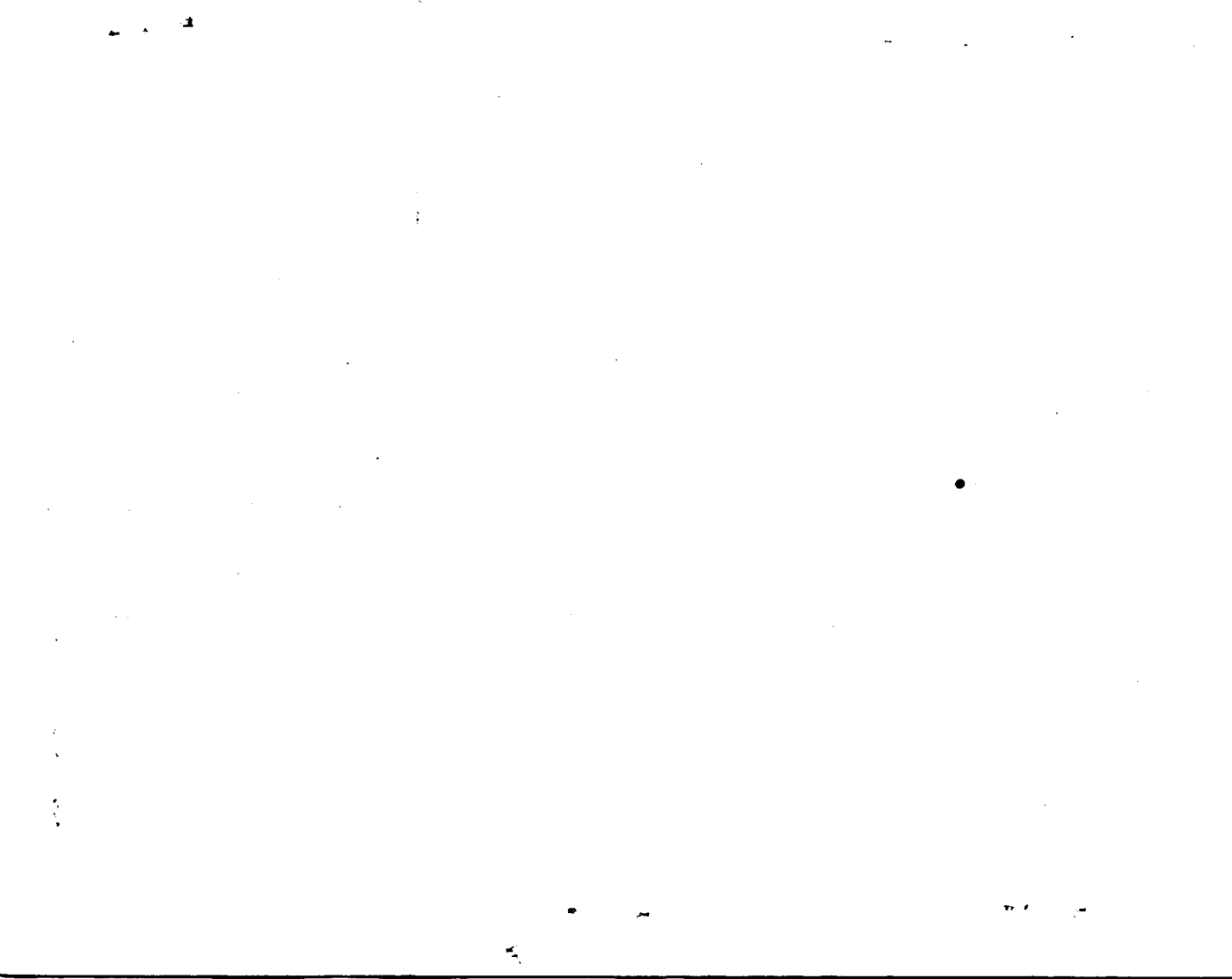
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

T



NOV 6 1942 STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 76080 76380

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Chaffin who born on Jan. 7, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Mother prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Omitted Glenna Chaffin

Subscribed and sworn to before me this 29th
day of Sept., 1942.
Frances M. Genna
Notary Public, residing at Boise, Idaho
My commission expires Nov. 6, 1944
(Seal)

Signed Sarah Jane Chaffin ✓
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R. #2, Meridian, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of Sept., 1942.
Frances M. Genna
Notary Public, residing at Boise, Idaho
My commission expires Nov. 6, 1944
(Seal)

Signed Edwin Rice Chaffin
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 19 1971

249-102,003 294

PLACE OF BIRTH

County of BernmarkCity of PocatelloNo. 324 So 5th St.

Hospital

FULL NAME OF CHILD

Registration District No. 84Primary Registration District No. 21.61

Form V. B. No. 11-0-22a-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76381

File No. 56Registered No. 2980

Sex of Child <u>male</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u> }	Legitimate? <u>yes</u>	Date of Birth <u>Jan 2 1910</u> (Month) (Day) (Year)
--------------------------	----------------------------------	--	------------------------	---

FULL NAME <u>Samuel Smith</u>	FATHER
RESIDENCE <u>324 So 5th</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Logan Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Flavia Sidwell</u>	MOTHER
RESIDENCE <u>324 So 5th</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Farmer Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 ... Number of children of this mother now living, including present birth 4 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

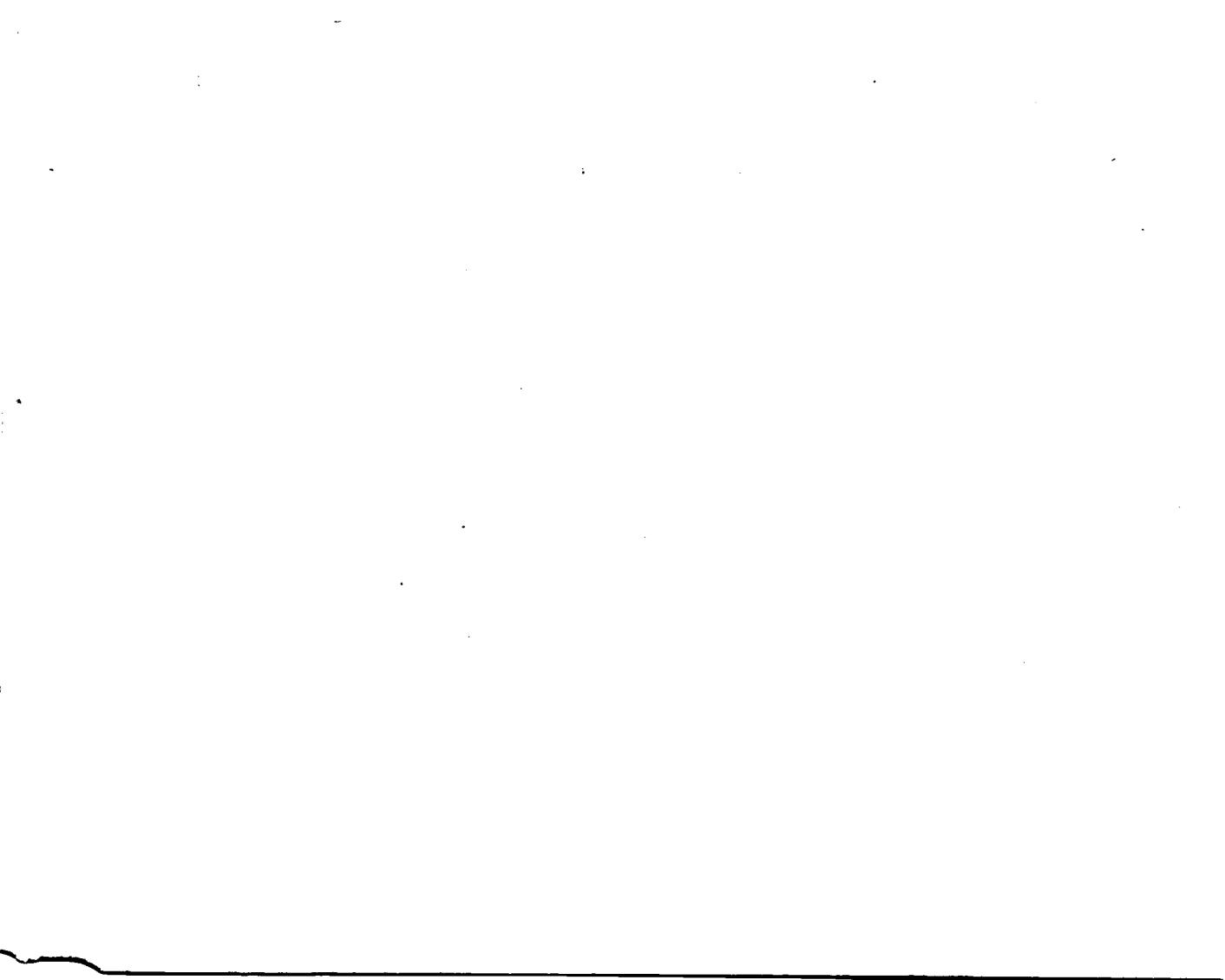
(Signature) Thos Wacey

(Physician or midwife)

Address Pocatello IdahoFiled Jan 21 1910

Registrar

Registrar



993-125-003-455

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-37

CERTIFICATE OF BIRTH

76383

County of... Bonneville...City of... Pocatello...Registration District No. 84File No. 56No. SlPrimary Registration District No. 2161Registered No. 2978

Hospital

FULL NAME OF CHILD

Richardson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { } Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>June 26</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FATHER
FULL NAME Samuel L. RichardsonRESIDENCE PocatelloCOLOR White AGE AT LAST BIRTHDAY ... 29 (Years)BIRTHPLACE IdahoOCCUPATION FrammerMOTHER
FULL MAIDEN NAME Kathleen A. ReeseRESIDENCE PocatelloCOLOR White AGE AT LAST BIRTHDAY ... 28 (Years)BIRTHPLACE OhioOCCUPATION House KeepingNumber of child of this mother, including present birth... 4 ... Number of children of this mother now living, including present birth... 4 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Born alive June 26/20 ... at... 1:00 M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. F. Miller md
Pocatello
(Physician or midwife)

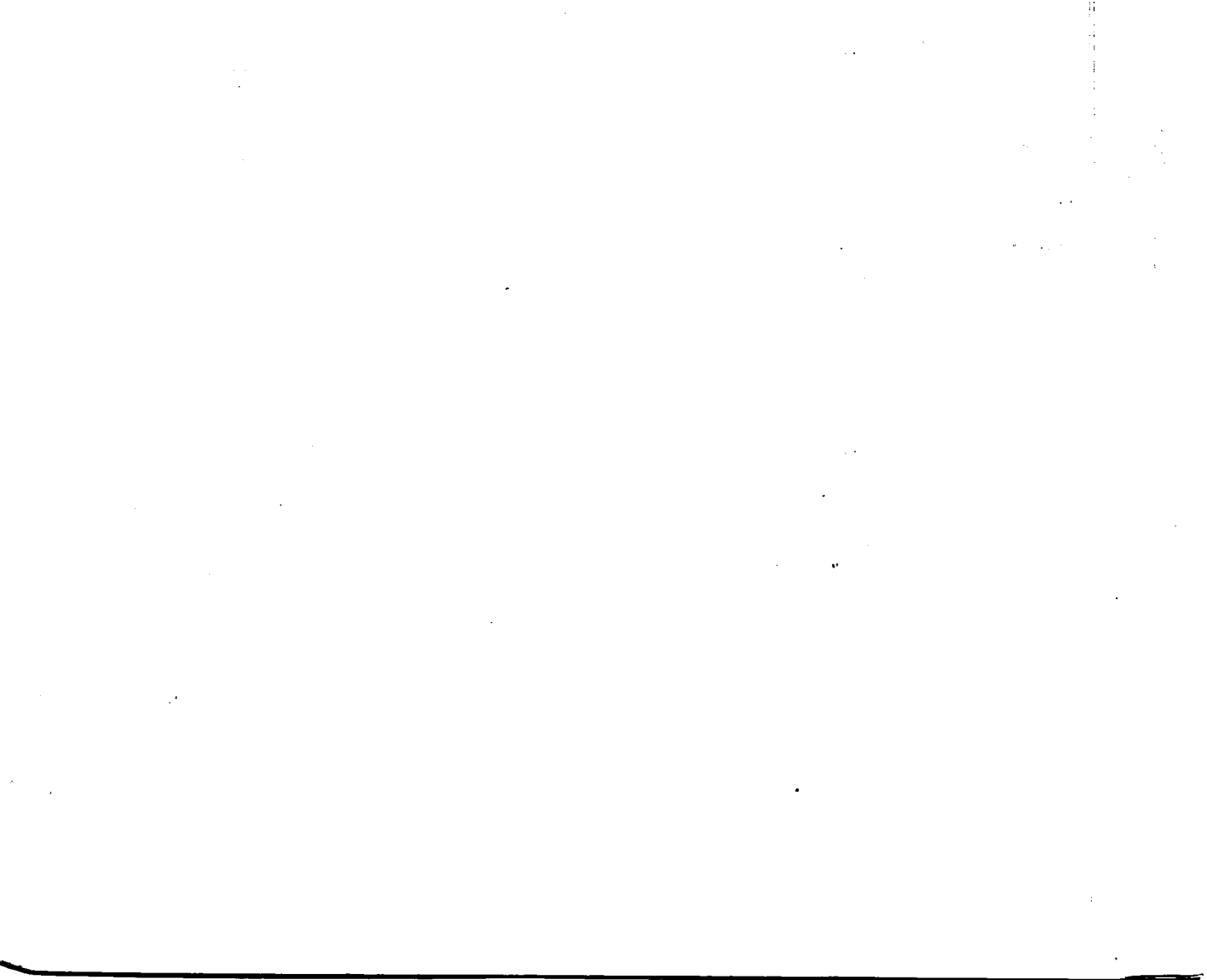
Given names added from a supplemental report.

Address

File

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

253-121-003-957

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bannock

76384

City of Pocatello

Registration District No. 84

File No. 56

No. 234 West Greeley St.

Primary Registration District No. 2161

Registered No. 2977

Hospital

FULL NAME OF CHILD

Royal Bell Frederick

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>January 21st</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FATHER
FULL NAME John Gothard Bell
RESIDENCE 234 West Greeley
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Sweden
OCCUPATION Boiler maker

MOTHER
FULL MAIDEN NAME Emma Engstrom
RESIDENCE 234 West Greeley
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:05 P. M.
on the date above stated. (Born alive or stillborn)

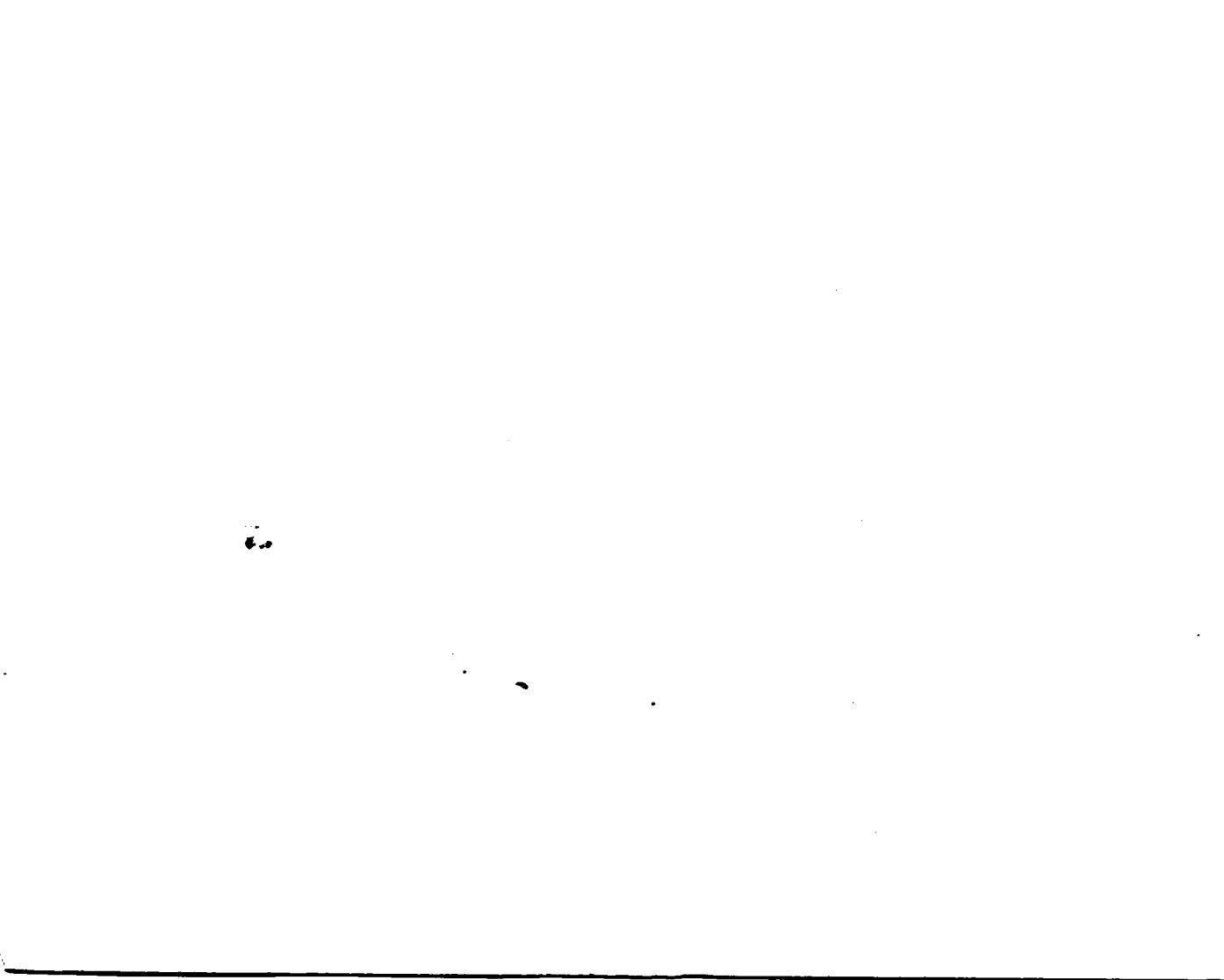
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Royal Bell
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho
Filed Feb 4, 1920 O. Bell
Registrar

Registrar



419-119-003-819
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-9-8-17

76385

County of... **Bannock**

City of... **Pocatello**

Registration District No. **84**

File No. **56**

No. **330 N. Grant St.**

Primary Registration District No. **2161**

Registered No. **2976**

Hospital **777777777**

FULL NAME OF CHILD **Victor Howard Marley**

Sex of Child **Male**

Twin
Triplet
or other? **--** } and { Number
in order
of birth **----**
(To be answered only in event of plural births)

Legitimate? **yes**

Date of Birth... **Jan. 19** **1920**
(Month) (Day) (Year)

FULL NAME FATHER
George E. Marley

RESIDENCE
330 N. Grant St.

COLOR **white** AGE AT LAST BIRTHDAY **32**
(Years)

BIRTHPLACE
Etherton, Georgia

OCCUPATION
Express Messenger

FULL MAIDEN NAME MOTHER
Mary Ellen Harlson

RESIDENCE
830 N. Grant

COLOR **white** AGE AT LAST BIRTHDAY **31**
(Years)

BIRTHPLACE
Utah

OCCUPATION
Hafr.

Number of child of this mother, including present birth. **3** Number of children of this mother now living, including present birth. **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.... **born alive** at.... **11.45AM**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **M. J. Howard**
(Physician or midwife)

Given names added from a supplemental report.

Address... **400 Kane Bldg. Pocatello, Idaho:**

Filed... **Feb 4, 1920**
Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 3 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-118.003-392

PLACE OF BIRTH

Amended 11/27/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form 7-2-20-20-20-20

70238

County of Bannock

City of Onyx

Registration District No. 84

File No. 56

No. St

Primary Registration District No. 2161

Registered No. 2975

Hospital

FULL NAME OF CHILD Cutter - William Eathan

Sex of Child <u>male</u>	Twin Triplet or other? <u>.....</u> (To be answered only in event of plural births)	and { Number in order of birth <u>.....</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 18 1920</u> (Month) (Day) (Year)
--------------------------	--	---	------------------------	--

FATHER
FULL NAME Eathan Freeman Cutter
RESIDENCE McCammon RFD #1
COLOR White AGE AT LAST BIRTHDAY 42
(Years)
BIRTHPLACE Utah
OCCUPATION Farming

MOTHER
FULL MAIDEN NAME Ida E Lish
RESIDENCE McCammon RFD #1
COLOR White AGE AT LAST BIRTHDAY 36
(Years)
BIRTHPLACE Ida
OCCUPATION Housekeeping

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Jan 18/20 at 12:50 A.M. on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) J. F. Miller MD

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

Filed Jan 26 20 Registrar J. F. Miller

05/75/11 bobrow

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Bannock } ss. EP 12 11 40 AM '79
Certificate No. 76386
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Cutler (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 18, 1920 (Date of Event) in Pocatello, Idaho (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Health Records prepared on BY VIVIANE CUTLER - 1962 are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
FATHER'S NAME	FREEMAN E. CUTLER	EATHEN FREEMAN'S
child's name	Unnamed	William Eathen Cutler
PLACE OF BIRTH	Pocatello	ONLY X

Subscribed and sworn to before me this 18th day of January, 1979

Signed Wesley H. Butler Bro.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RT 2 North Pocatello Idaho
(Street Address, City, State)

Notary Public, residing at Pocatello
My commission expires 4-2-80
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of July, 1979

Signed Wesley H. Butler Buttefield
(Signature of Any Credible Person)
1407 yellowstone Pocatello, Idaho
(Street Address, City, State)

Notary Public, residing at Pocatello, Idaho
My commission expires 4-2-80
(Seal)

IS TO BE CORRECTED FROM - TO

FATHER'S AGE AT LAST BIRTHDAY - 40 - 42

MOTHER'S AGE AT LAST BIRTHDAY - 37 -

36

NOV 27 1979

Birth Registration from Idaho gives child's name as Larry Freeman Cutler born Feb 26, 1941 at Pocatello, Idaho. Father's name as William Eathen Cutler and mother's name as Betty Leone Seybold. File No. 308529. viewed by V. S.

Family group record gives father's name as Eathen Freeman Cutler, Jr. born July 23, 1877 and mother's name as Ida Ella Lish born Feb 28, 1883. child's name as William Eathen ~~XXX~~ Cutler born Jan 18, 1920 at Onyx, Idaho. viewed by V. S.

155-117.007-231
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76387

County of Bennett

City of Boatella

Registration District No. 84

File No. 56

No. 1123 No. Arthur St.

Primary Registration District No. 2161

Registered No. 2974

Hospital _____

FULL NAME OF CHILD Verlan Stephen Jensen

Sex of Child <u>Male</u>	Twin <u>0</u> Triplet <u>0</u> or other? <u>0</u> and { Number in order of birth <u>0</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 17</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME Charles P. Jensen
FATHER
RESIDENCE 1123 No. Arthur Ave.
COLOR White AGE AT LAST BIRTHDAY 49 (Years)
BIRTHPLACE St. Charles, Idaho.
OCCUPATION Car Oiler

FULL MAIDEN NAME Annie Eliz. Blackburn
MOTHER
RESIDENCE 1123 No. Arthur Ave.
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE St. Charles, Idaho.
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:35 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles Applegate
H. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Home Bldg, Boatella, Idaho
Filed Feb 4, 1920 C. B. Stealy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1964

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of..... }
County of..... } ss.

Certificate No. 76387

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....

(Birth or death)

for..... who..... on.....
(Name on original certificate) (Was born or died) (Date of event)

in..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)

true facts as shown by..... prepared on....., are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name

Verlin S. Jensen

Verland Stephen Jensen

Subscribed and sworn to before me this.....
day of....., 1941.

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....

My commission expires.....

[SEAL]

1539 East Lander - Pocatello, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19.....

Signed.....
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at.....

My commission expires.....

[SEAL]

(Street Address, City, State)

Received for filing on.....

DEC 16 1941

By.....

SEP 23 1945

APR 16 1970

OCT 17 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666.214.1003-653

PLACE OF BIRTH

Form V. State, 11-10-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76388

County of Bannock

City of Pocatello

Registration District No. 84

File No. 56

No. Bannock 1st City

Primary Registration District No. 2161

Registered No. 2973

Hospital —

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXXXX~~ PHYLLIS MAE WOODSON

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 14 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----	-----------------------------------	------------------------	--

FATHER
FULL NAME Frank Woodson

MOTHER
FULL MAIDEN NAME Laura A. Wells

RESIDENCE May Idaho

RESIDENCE May Idaho

COLOR white AGE AT LAST BIRTHDAY 21 (Years)

COLOR white AGE AT LAST BIRTHDAY 16 (Years)

BIRTHPLACE Idaho

BIRTHPLACE Idaho (May)

OCCUPATION mechanic

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 8:00 a.m. on the date above stated. (Born alive or stillborn)

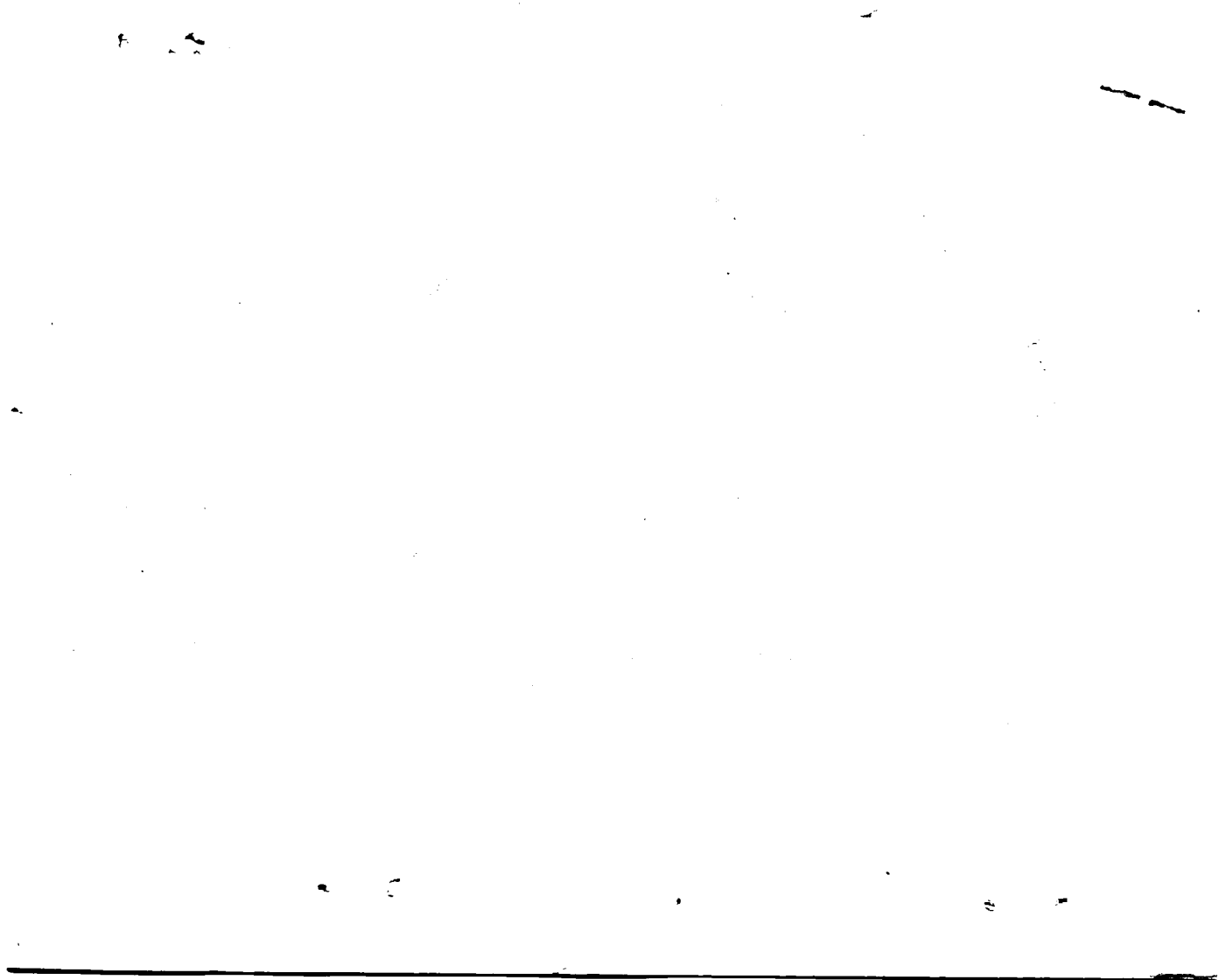
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Thompson
Phys. & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho
Filed Jan 1, 1920 J. B. Street
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

California

State of }
County of Los Angeles } ss.

Certificate No. 76388

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

Birth

(Birth or Death)

for Woodson
(Name on Original Certificate)

who was born on

January 14, 1920

(Was Born or Died)

(Date of Event)

in Pocatello, Idaho

~~XXXXXXXXXX~~

were omitted; and that, to the best of ~~her~~ knowledge, the

(Place of Event)

true facts are shown by this Mother's statement

prepared on September 22, 1943

, are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

FACTS TO BE CORRECTED

("Name", "Birth Date", "Cause of Death", Etc.)

FROM

(As on Original)

TO

(The Correct Facts)

Name

Unnamed

Phyllis Mae Woodson

Subscribed and sworn to before me this 22nd
day of September 1943

Wallace F. Mills

Notary Public, residing at Huntington Park, Calif.

My commission expires Oct. 25, 1944
(Seal)

Signed

Laura A. Buntz

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7915 Seville St., Huntington
Park, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of September 1943

Wallace F. Mills

Notary Public, residing at Huntington Park, Calif.

My commission expires Oct. 25, 1944
(Seal)

Signed

Earl F. Wright

(Signature of Any Credible Person Other Than Previous Year)

2720 Cudahy St., Huntington
Park, Calif.
(Street Address, City, State)

OCT 4 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

45114.003 849

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-7-2

76389

County of Bannock

City of Pocatello

Registration District No. 84

File No. 56

No. 650 N. Seventh St.

Primary Registration District No. 2161

Registered No. 2972

Hospital St. Anthony's

FULL NAME OF CHILD Phillip William Meader

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>January 14</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	----------------------------------	-----	-----------------------------------	------------------------	--

FATHER
FULL NAME Warren S. Meader
RESIDENCE Pocatello, Idaho
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Kenosha
OCCUPATION Plasterer

MOTHER
FULL MAIDEN NAME Ada May Russell
RESIDENCE Pocatello, Idaho
COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Inlet, Wisconsin
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:20 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) O. B. Steery
(Physician or midwife)
Address Pocatello, Idaho
Filed Jan 23, 1920 O. B. Steery Registrar

Registrar

MAR 9 1967

666-2141007-993
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

76390

County of **Bannock**City of **Pocatello**Registration District No. **84**File No. **55**No. **657 S. Main** St.Primary Registration District No. **2161**Registered No. **2971**

Hospital

FULL NAME OF CHILD **Edith Grace Fowler**

Sex of Child Female	Twin Triplet or other? --- } and { Number in order of birth ----	Legitimate? yes	Date of Birth Jan. 14 1920 (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME Nestor B. Fowler	FATHER
RESIDENCE 657 S. Main	
COLOR white	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Leitchfield, Kentucky	
OCCUPATION Foreman Ex. platform	

FULL MAIDEN NAME Goldie Richmand	MOTHER
RESIDENCE 657 S. Main	
COLOR white	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Oelwine, Iowa	
OCCUPATION Hawf.	

Number of child of this mother, including present birth **2** Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** **7.30 P. M.** on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. Howard MD
(Physician or midwife)

Given names added from a supplemental report.

Address **200 Kane Bldg. Pocatello, Idaho.**Filed **Feb 4, 1920** **J. B. Steele**

Registrar

Registrar

SEP 27 1961

NOV 21 1944

245111-003-635

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76391

County of BlannockCity of PocatelloRegistration District No. 84File No. 55No. 2nd Ave SEPrimary Registration District No. 2161Registered No. 2970

Hospital _____

FULL NAME OF CHILD Tony Luno

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>January 11th</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Joe Luno</u>	FATHER
RESIDENCE <u>306 2nd Ave Pocatello Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Mexico</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Carmen Oteran</u>	MOTHER
RESIDENCE <u>306 2nd Ave Pocatello Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Mexico</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:10 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-2081003-655

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

76392

County of BannockCity of PocatelloNo. 650 N. Seventh St.Registration District No. 84File No. 55Hospital St. Anthony'sPrimary Registration District No. 2161Registered No. 2969

FULL NAME OF CHILD

Mary Elizabeth Siegent.

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?Yes.Date of
BirthJanuary 8 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Alban Joseph Siegent.

RESIDENCE

845 N. Garfield Ave. - Pocatello, Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Fairmont, Kansas.

OCCUPATION

ElectricianFULL
MAIDEN
NAME

MOTHER

Grace Margaret O'Neill.

RESIDENCE

845 N. Garfield Ave. - Pocatello, Idaho.

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Denver, Colorado

OCCUPATION

Housewife.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Tom A. [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

Feb 4, 1920

Registrar

Registrar

MAR 1973

MAR 19 1973

693207.003-795
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-27

76393

County of Bannock.....City of Pocatello.....Registration District No. 84.....File No. 55.....No. 846 N. Grant St.Primary Registration District No. 2161.....Registered No. 2768.....Hospital -----FULL NAME OF CHILD ----- Williams.....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>--</u> } and { Number in order of birth <u>----</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 7th</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----------------------------	--

FULL NAME <u>John W. Williams</u>	
RESIDENCE <u>846 N. Grant</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Idaho Falls, Idaho.</u>	
OCCUPATION <u>Electrician</u>	

FULL MAIDEN NAME <u>Rosamond Green</u>	
RESIDENCE <u>846 N. Grant</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Tonella, Utah.</u>	
OCCUPATION <u>Hawf.</u>	

Number of child of this mother, including present birth 9..... Number of children of this mother now living, including present birth 8.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 7:30 AM gestation, 1.30 AM
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

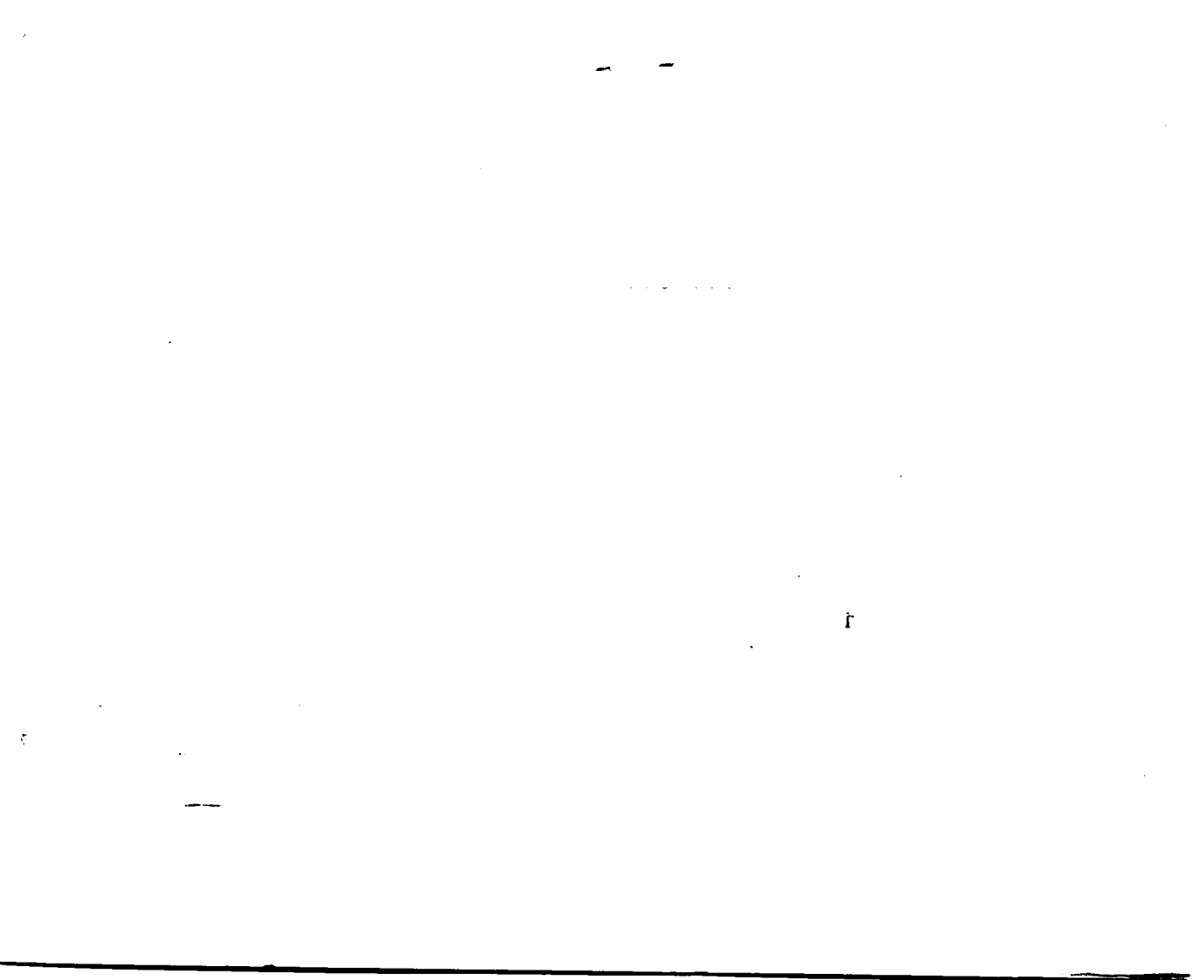
(Signature).....

W. F. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address 400 Kane Bldg. Pocatello, Idaho.....Filed Feb 4, 20 O. B. Steeg.....
Registrar

Registrar



55-204-003-356

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-6-17

76394

County of Bannock

City of Pocatello

No. 175 N Main St.

Registration District No. 84

File No. 55

Primary Registration District No. 2161

Registered No. 2967

Hospital

FULL NAME OF CHILD Maryell Irene Vesch

Sex of Child Female Twin Triplet or other? no and 1 in order of birth 1 Legitimate? yes Date of Birth Jan 4 1927
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER James Lee Vesch

FULL MAIDEN NAME MOTHER Melbrude Lewis

RESIDENCE 175 N Main St.

RESIDENCE Same

COLOR wh AGE AT LAST BIRTHDAY 20
(Years)

COLOR wh AGE AT LAST BIRTHDAY 18
(Years)

BIRTHPLACE Kentucky

BIRTHPLACE Idaho

OCCUPATION Laborer

OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5a M. on the date above stated. (Born alive or (dead))

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James L. Vesch

Given names added from a supplemental report.

Physician
(Physician or midwife)

Address Pocatello Idaho

File 84-20 173 Vesch

Registrar

Registrar

MAY 21 1945

NOV 28 1969

293203.003-416

76395

County of Bismarck

Amended 11/12/19

City of PocatelloRegistration District No. 84File No. 55No. 410 N 9 ave St.Primary Registration District No. 2161Registered No. 2966

Hospital

FULL NAME OF CHILD Sarton Melvan SuckleSex of Child FemaleTwin
Triplet
or other? } and { Number
in order
of birth
(To be answered only in event of plural births)Legitimate? yesDate of Birth Jan 3 21
(Month) (Day) (Year)

FULL NAME

Robert W Van Sickle

RESIDENCE

410 N 9 ave

COLOR

wh

AGE AT LAST BIRTHDAY

20
(Years)

BIRTHPLACE

Oregon

OCCUPATION

laborer

FULL MAIDEN NAME

Sarah A Raw

RESIDENCE

Sass

COLOR

wh

AGE AT LAST BIRTHDAY

20
(Years)

BIRTHPLACE

Utah

OCCUPATION

housewifeNumber of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hays

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello IdahoFiled Feb 4 20

Registrar

Registrar

14-00000-100-000-0-0-11

1958

BUREAU OF VITAL STATISTICS
STATE OF IDAHO

RECEIVED

APR 8 1958

MAR 16 1944

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. **Nov 6 1 46 PM '74** Certificate No. 76395
 County of _____ } Date Filed _____
 birth

The undersigned does solemnly swear that certain facts on the certificate of _____
 for **LaVon Mae VanSickle** who was born on **Jan. 3, 1920**
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in **Postello, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)

true facts are shown by _____ prepared on _____ are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name," "Birth Date," "Cause of Death," Etc.)

FROM
 (As on Original)

TO
 (The Correct Facts)

Sex of child

M

F

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires _____

(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of **Idaho** }
 County of **Bingham** } ss.

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **14th** day of **March**, 19 **74**

Signed *Mary Jean Bewley*
 (Signature of Any Credible Person)

Notary Public, residing at **Blackfoot, Idaho**

My commission expires **4-16-77**

(Seal)

1280 So. Meridian, Blackfoot, Idaho

(Street Address, City, State)

Own child's birth certif. on file in Idaho gives name as Clyde William Hansen.
born 6-12-51. father's name given as Norman Rueben Hansen and the mother's name
as LaVon Mae Van Sickle. viewed by V. S. (file No..51-06574.

NOV 12 1974

Marriage License and Certif. from Idaho gives groom's name as Norman R. Hansen
and the bride's name as Lavon Van Sickle. viewed by V. S.

966-103-003-793

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76396

County of CannonCity of LocustsRegistration District No. 84File No. 55

No. _____ St. _____

Hospital St. AnthonyPrimary Registration District No. 2161Registered No. 2965

FULL NAME OF CHILD

Robert Richard RowlandSex of Child MTwin
Triplet
or other?
(To be answered only in event of plural births)and } Number
in order
of birthLegiti
mate? Yes

Date of Birth

Jan 3 1920
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR W.AGE AT LAST
BIRTHDAY 40
(Years)BIRTHPLACE EnglandOCCUPATION Laundryman

FULL MAIDEN NAME

MOTHER

RESIDENCE SameCOLOR W.AGE AT LAST
BIRTHDAY 40
(Years)BIRTHPLACE EnglandOCCUPATION HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. May

(Physician or midwife)

Given names added from a supplemental report.

19

Address Locusts IdahoFiled Jan 20 1920

Registrar

Registrar

c.c. 5/20/41. w.h.

JUN 19 1941

443201-003-138
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

76397

County of **Bannock**.....City of **Pocatello**.....Registration District No. **84**.....File No. **55**.....No. **1785 Taft Ave. St.**Primary Registration District No. **2161**.....Registered No. **2964**.....Hospital **General Hospital**FULL NAME OF CHILD **Imogene Muck**.....Sex of Child **Female**Twin
Triplet
or other? **--** } and { Number
in order
of birth **-- --**
(To be answered only in event of plural births)Legiti-
mate? **Yes**Date of Birth **Jan 1st.** **20**
(Month) (Day) (Year)FULL
NAME

FATHER

Ralph H. Muck

RESIDENCE

1785 Taft Ave.

COLOR

whiteAGE AT LAST
BIRTHDAY **29**
(Years)

BIRTHPLACE

Dorrance Kansas

OCCUPATION

FiremanFULL
MAIDEN
NAME

MOTHER

Ruby Alquist

RESIDENCE

1785 Taft Ave.

COLOR

whiteAGE AT LAST
BIRTHDAY **25**
(Years)

BIRTHPLACE

Clay Center, Kansas

OCCUPATION

Hawf.Number of child of this mother, including present birth **1**..... Number of children of this mother now living, including present birth **1**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **born alive**..... at **9 P.**.....
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature).....

W. J. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address **Kane Bldg. Pocatello, Idaho.**File No. **Feb 4, 20**

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

MAR 12 1951

PLACE OF BIRTH

955-102-0003-293

County of... *Camrock*City of... *Pocatello*No. *531 S. Harrison*Registration District No. *84*Primary Registration District No. *2161*

Hospital.....

File No. *55*Registered No. *2963*FULL NAME OF CHILD *STEELY LAGRANDE Remington*

Sex of Child

*male*Twin
Triplet
or other?and { Number
in order
of birthLegiti-
mate?

Date of Birth

Jan 2, 1920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL NAME

FATHER

Alson H. Remington

RESIDENCE

Pocatello Idaho

COLOR

white

AGE AT LAST BIRTHDAY

27

(Years)

BIRTHPLACE

Vernal Utah

OCCUPATION

Carpenter

FULL MAIDEN NAME

MOTHER

Edith L. Siler

RESIDENCE

Pocatello Idaho

COLOR

white

AGE AT LAST BIRTHDAY

27

(Years)

BIRTHPLACE

Pleasant View Utah

OCCUPATION

*housewife*Number of child of this mother, including present birth.....*5*Number of children of this mother now living, including present birth.....*4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....*alive*..... at.....*1 a*..... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. B. Steely

(Physician or midwife)

Given names added from a supplemental report.

Address

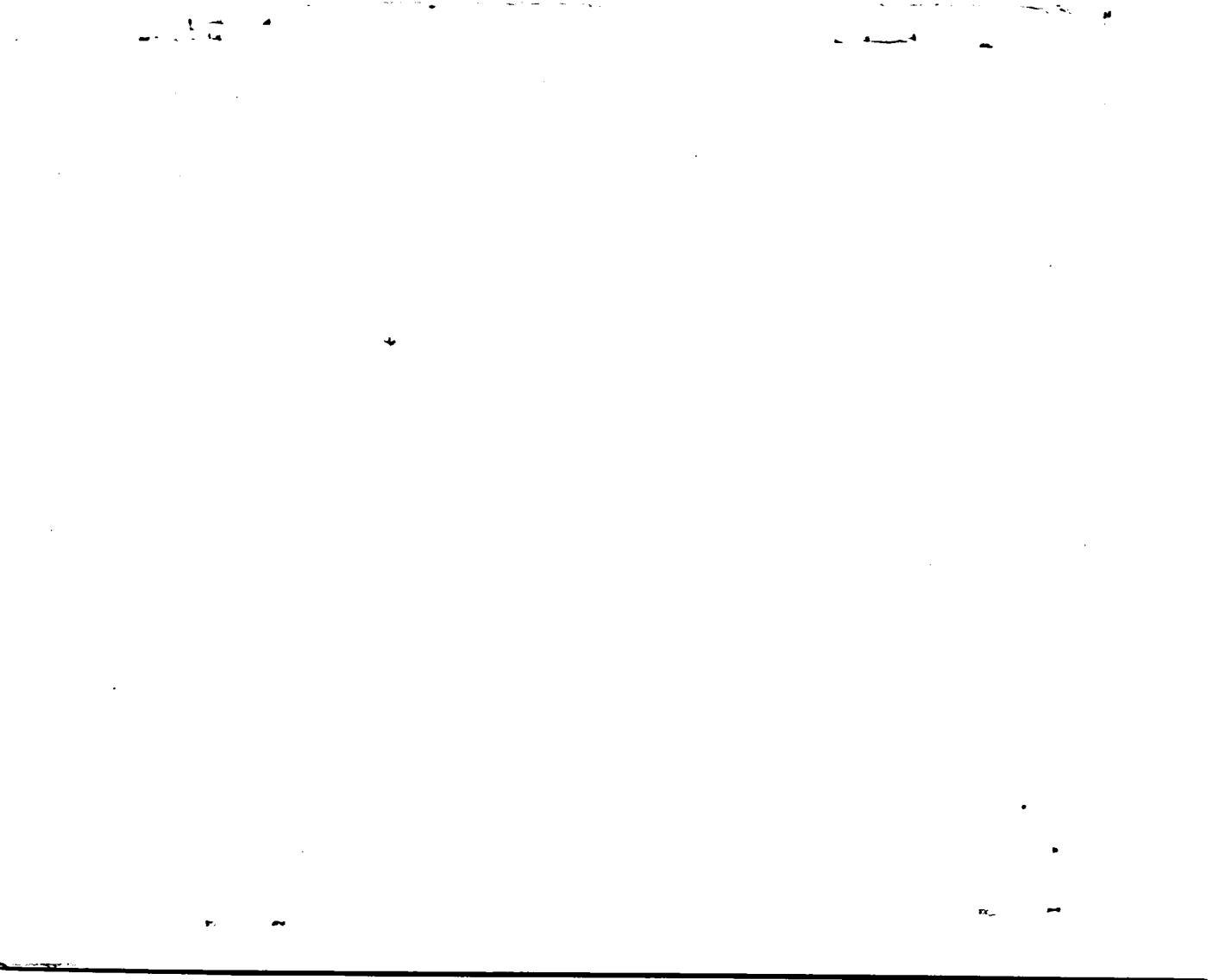
Pocatello Idaho

Filed

Jan 10, 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss. Certificate No. 76398
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed who born on Jan 2, 1919 (Birth or Death)
in Pocatello, Bannock Co. Idaho (Place of Event) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
Name <u>Unnamed</u>	<u>Unnamed</u>	<u>Steely LaGrande Remington</u>

Subscribed and sworn to before me this 30
day of August 19 42
W. C. B. Hutton
Notary Public, residing at Salt Lake City
My commission expires July 19, 1943
(Seal) 7/19/1943 Franklin H. H. H.

Signed Maxine Remington L.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Sister)
598 No. 12th West, Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Utah } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.
Subscribed and sworn to before me this 31st
day of July 19 42
L. C. Carter
Notary Public, residing at Provo Utah
My commission expires Aug 25, 1945
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed A. Merland Remington
(Signature of Any Credible Person Other Than Previous Year)
992 E 3rd South Provo Utah
(Street Address, City, State)

JUN 25 1942

AUG 24 1942

MAY 9 1974

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

454-1-09-003-419
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76420

County of Bannock

City of Pocatello

No. 305 N. Johnson St.

Hospital General

Registration District No. 84

File No. 55

Primary Registration District No. 2161

Registered No. 2741

FULL NAME OF CHILD

Frederick Edward Hempster JR.

Sex of Child

Male

Twin
Triplet
or other?

{ and }

Number
in order
of birth

1
(To be answered only in event of plural births)

Legiti
mate?

Yes

Date of
Birth

Jan. 9, 1920
(Month) (Day) (Year)

FULL
NAME

FATHER Frederick Edward Hempster

RESIDENCE

Pocatello, Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

40
(Years)

BIRTHPLACE

Lyndon, Kans.

OCCUPATION

Railway Clerk

FULL
MAIDEN
NAME

MOTHER Mary Daily

RESIDENCE

Pocatello, Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

25
(Years)

BIRTHPLACE

Muldrow, Okla home

OCCUPATION

House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Alive

at 4:30 P. M.

on the date above stated.

(Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

Ham. Newton

(Physician or midwife)

Given names added from a supplemental report.

Address

Pocatello, Idaho

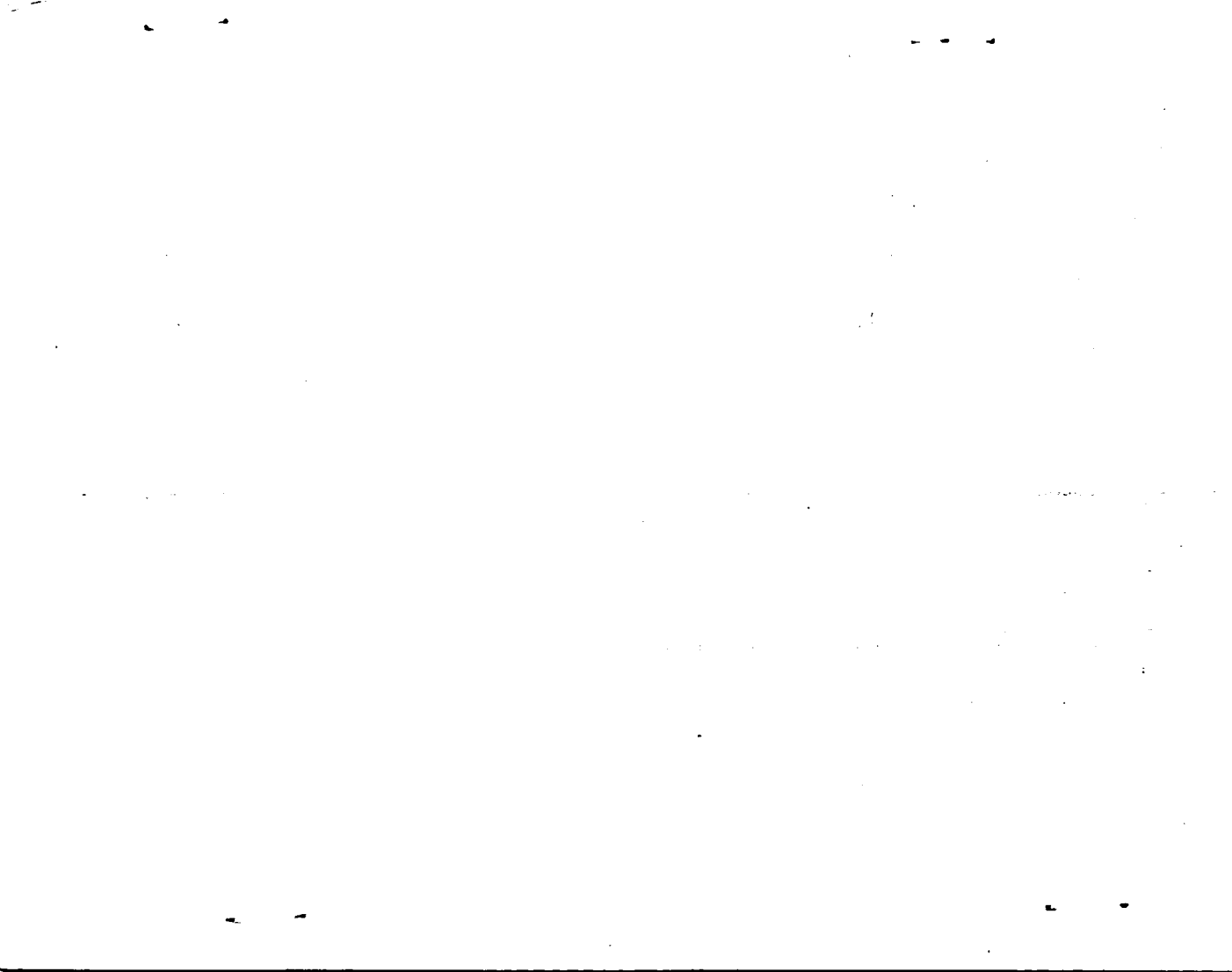
Filed

Jan 15, 1920

O. B. Street

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nebraska
 County of Douglas } ss.

Certificate No. 76420

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
Frederick Edward Dempster, Jr.,

for Pocatello, Idaho (Name on Original Certificate) who was born on January 9, 1920 (Birth or Death)
 in Pocatello, Idaho (Place of Event) (Was Born or Died) (Date of Event)

are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts are shown by "Baby Book" record prepared on January 1920, are:

FACTS TO BE CORRECTED
 ("Name", "Birth Date", "Cause of Death", Etc.)

FROM
 (As on Original)

(Give Date)

TO
 (The Correct Facts)

Name

Frederick Edward

Date

Dec. 9thJanuary 9, 1920

Subscribed and sworn to before me this 15th
 day of June, 1942.

Notary Public, residing at

My commission expires
 (Seal)

Signed

F. E. Dempster
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

820 No 42 St., Omaha, Nebraska.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
 County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
 day of July, 1942

Signed

Mabel B M C Caba
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires
 (Seal)

Gen. Hospital Pocatello Idaho.
 (Street Address, City, State)

JUL 28 1942

JUL 29 1942.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

713-215001-819

PLACE OF BIRTH

47

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Ada

CERTIFICATE OF BIRTH

City of Boise

Registration District No. _____

File No. 76480

No. 2620 Idaho St.

Primary Registration District No. 1004

Registered No. 45

Hospital _____

FULL NAME OF CHILD

Maxine Marie Patterson

Sex of Child

Female

Twins
Triplet
or other?

and

Number
in order
of birth

Legiti
mate?

Yes

Date of
Birth

1-15-1920
(Month) (Day) (Year)

FULL
NAME

FATHER

Frank E. Patterson

FULL
MAIDEN
NAME

MOTHER

Irene Hardesty

RESIDENCE

2620 Idaho St., Boise

RESIDENCE

2620 Idaho St., Boise

COLOR

White

AGE AT LAST
BIRTHDAY

26
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

19
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Stockbuyer

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:45 p. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho
430 20 L. J. Hoffman

Registrar

Registrar

JUN 23 1945

617-221001-215

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Ada

CERTIFICATE OF BIRTH

City of BoiseRegistration District No. 2File No. 76431No. 433 S. 10th St.Primary Registration District No. 1004Registered No. 4Hospital Phyllis LarnetFULL NAME OF CHILD Phyllis Larnet Wagner

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1-21-</u> (Month) (Day) (Year)
----------------------------	---	-----	-----------------------------------	------------------------	--

FULL NAME <u>Carl A. Wagner</u>	FATHER
RESIDENCE <u>433 S. 10th, Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Painter</u>	

FULL MAIDEN NAME <u>Mary Feeda Paulin</u>	MOTHER
RESIDENCE <u>433 S. 10th, Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive, at 10¹⁵ p. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, IdahoFiled 1/30 1920

Registrar

Registrar

61-213-14-1000

792-122-001-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of Boise

Registration District No. _____

File No. 76432

No. _____ St. _____

Hospital St. Luke'sPrimary Registration District No. 1004 Registered No. 47

FULL NAME OF CHILD

James Allen Gibson

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
Birth1 - 22 - 1920
(Month) (Day) (Year)FULL
NAMEJames A. Gibson

FATHER

RESIDENCE

605 Hays, Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

Washington

OCCUPATION

State Bank CommissionerFULL
MAIDEN
NAMEAmy Williams

MOTHER

RESIDENCE

605 Hays St., Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive, at 2:00 a. M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

C. M. Taylor
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address

Boise, Idaho
130 1920

Filed

L. J. Johnson

Registrar

Registrar

JAN 28 1948

5/16/41 L. B.

JUN 29 1943

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Ada
City of BoiseRegistration District No. 2File No. 76433No. — St. —Hospital St. AlphonsusPrimary Registration District No. 104Registered No. 48

FULL NAME OF CHILD

Theres Kassis

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
Birth1 28 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Wm KassisFULL
MAIDEN
NAME

MOTHER

Vicidika Angelo

RESIDENCE

820 Franklin St, Boise

RESIDENCE

820 Franklin

COLOR

WhiteAGE AT LAST
BIRTHDAY37
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Greece

BIRTHPLACE

Greece

OCCUPATION

Bookblack

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive, at 12¹⁵ p. M.
(Born alive or stillborn){ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

1/30 1920

Registrar

Registrar

MAY 26 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Ada } ss. Certificate No. 76433
Date Filed 4-23-48

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full name of child

Theros Kassis

Thero W. Kassis

Subscribed and sworn to before me this 23 day of

Signed Thero W. Kassis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

620 Franklin St
(Street Address, City, State)

Notary Public, residing at _____

My commission expires _____
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

APR 23 1948

JAN 9 1951

855-127.001-255 ADDED CHILD'S NAME 7-25-2001 MS

Form V. S. No. 11-0-21m-3-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of Bosse

Registration District No.

File No. 76435No. 2512 JeffersonPrimary Registration District No. 1064Registered No. 80

Hospital

FULL NAME OF CHILD Infant Jensen MARCUS JAY YENSEN

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 27</u> 19 <u>10</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME <u>Jay M Jensen</u>	FATHER
RESIDENCE <u>2512 Jefferson</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Nebr.</u>	
OCCUPATION <u>fireman</u>	

FULL MAIDEN NAME <u>Anna Burton</u>	MOTHER
RESIDENCE <u>2512 Jefferson</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Montana</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was....., at.....2 P..... M. on the date above stated. (Born alive or ~~born~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Parker

(Physician or midwife)

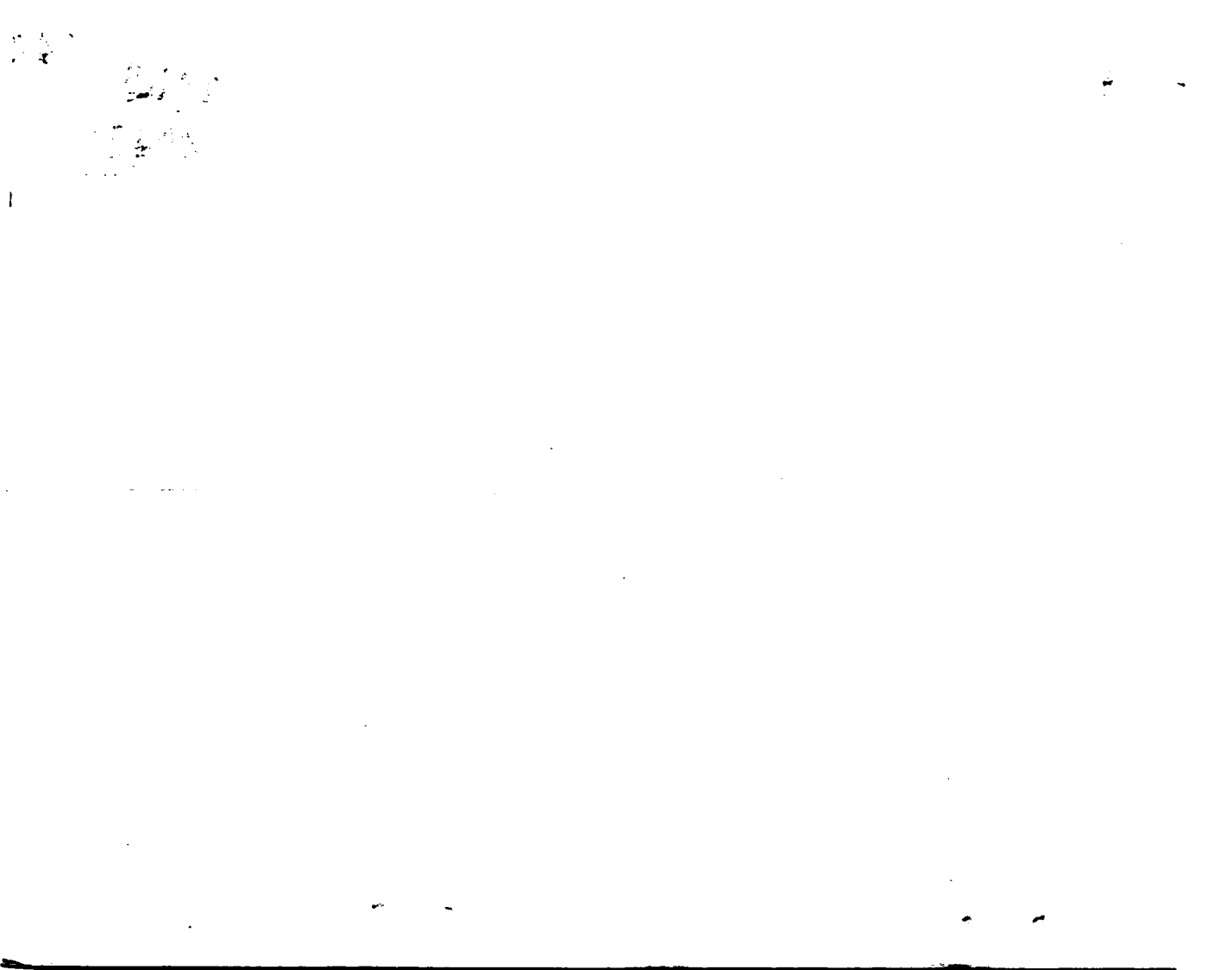
Given names added from a supplemental report.

.....19.....

Registrar

Address 503 McCarty BlvdFiled 2/2 1910 L. J. Herman

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

7-19-2001

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake

Certificate No. 1920-76435

Date Filed FEB. 2, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

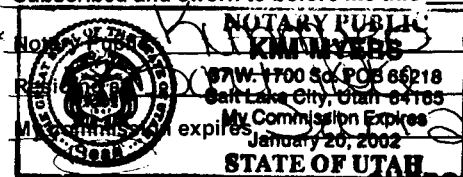
(Birth, Death, Marriage, etc.)

for INFANT YENSEN who WAS BORN on JAN. 27, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in BOISE (ADA) ID are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	INFANT YENSEN	MARCUS JAY YENSEN

Subscribed and sworn to before me this 23rd day of July, 2001



Marcus Jay Yensen
Signature of Applicant
867 Amity Dr. S.P.C. Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } (Must be completed _____)
County of _____ } SS. (Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

N. M.

NOTICE OF CLASSIFICATION SHOWS MARCUS JAY YENSEN WAS NOTIFIED
ON AUG. 21, 1941 VIEWED VS.

STATE OF UTAH MARRIAGE LICENSE ISSUED TO MARCUS JAY YENSEN AND
MADELYN ELAINE CALKINS WERE MARRIED ON OCT. 17, 1940 IN SALT
LAKE CITY UT VIEWED VS.

279-119-001-669

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoseRegistration District No. 2File No. 76436No. 1411 76 St.Primary Registration District No. 1004Registered No. 51

Hospital

FULL NAME OF CHILD

Donald Carl Sprague

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 19</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-------------------------	--

FULL NAME Carl C. Sprague FATHERRESIDENCE 1411 76COLOR W AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE Ida.OCCUPATION Ticket agentFULL MAIDEN NAME Emma Worthington MOTHERRESIDENCE 1411 76COLOR White AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE OreOCCUPATION House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:55 P. M. on the date above stated. (Born alive or stillborn)

*When the attending physician or midwife, the mother, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr John Boeck
(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 W. Barty Bldg

Filed

2/4 1920 L. R. Boman

Registrar

Registrar

FEB 10 1953

SEP 18 1973

692-119.001-391

Form V. S. No. 11-C-25m-7-21-19.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1712 State St.Registration District No. _____ File No. 76437

Hospital _____

Primary Registration District No. 1004 Registered No. 52

FULL NAME OF CHILD

Edward Othniel Fisk

Sex of Child

MTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthJan 19 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Harry L. FiskFULL
MAIDEN
NAME

MOTHER

Birdie Crawford

RESIDENCE

1712 State

RESIDENCE

1712 State

COLOR

whiteAGE AT LAST
BIRTHDAY40
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Kas.

BIRTHPLACE

Oklahoma

OCCUPATION

farmer

OCCUPATION

House wifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 7:50 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 M. Carty Bldg.

Filed

2/4 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

1920

344-109-001-453

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of AdaCity of BoiseRegistration District No. 2File No. 76438

No. _____ St.

Hospital St LukesPrimary Registration District No. 1004Registered No. 53

FULL NAME OF CHILD

Carl Clinton Lummell Jr.

Sex of Child

MTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
BirthJan 9

(Month)

(Day)

1920

(Year)

FULL
NAME

FATHER

Carl Clinton LummellFULL
MAIDEN
NAME

MOTHER

Selma M. Delain

RESIDENCE

1316 W 11 —

RESIDENCE

1316 W 11 —

COLOR

whiteAGE AT LAST
BIRTHDAY33
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

neb.

BIRTHPLACE

Sweden

OCCUPATION

machinist

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 Mc Carthy Bldg.

Filed

2/419 20

Registrar

Registrar

555 22 402

14 11 11

393-2311001-452

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-22a-2-2-17

County of Ada

City of Boise

Registration District No. 2

File No. 76439

No. St.

Primary Registration District No. 1004

Registered No. 54

Hospital St. Alph.

FULL NAME OF CHILD Little (Caesarian)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 31</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>Marion Little</u>	FATHER
RESIDENCE <u>New Plymouth</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>2.6</u> (Years)
BIRTHPLACE <u>Aransas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Chas. De Ball</u>	MOTHER
RESIDENCE <u>New Plymouth</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>2.4</u> (Years)
BIRTHPLACE <u>Aransas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Jan 31 - 1920 at St. Alph. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. W. Chambers

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

Filed 2/5 20 2020

Registrar

Registrar

143-103-001-559

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-100-100-100

County of AdaCity of BoiseRegistration District No. 2File No. 76440No. 1 St.Primary Registration District No. 1004Registered No. 55Hospital St. AlphonsusFULL NAME OF CHILD FRANCIS ALFRED JULLION

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 3</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	--	---------------------------	--

FULL NAME <u>Ernest Jullion</u>	FATHER	JULLION
RESIDENCE <u>Rupert, Idaho</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)	
BIRTHPLACE <u>France</u>		
OCCUPATION <u>Farmer</u>		

FULL MAIDEN NAME <u>Mary Hermann</u>	MOTHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>France</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... Feb 3, 1920 at..... Boise, Idaho
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Hermann

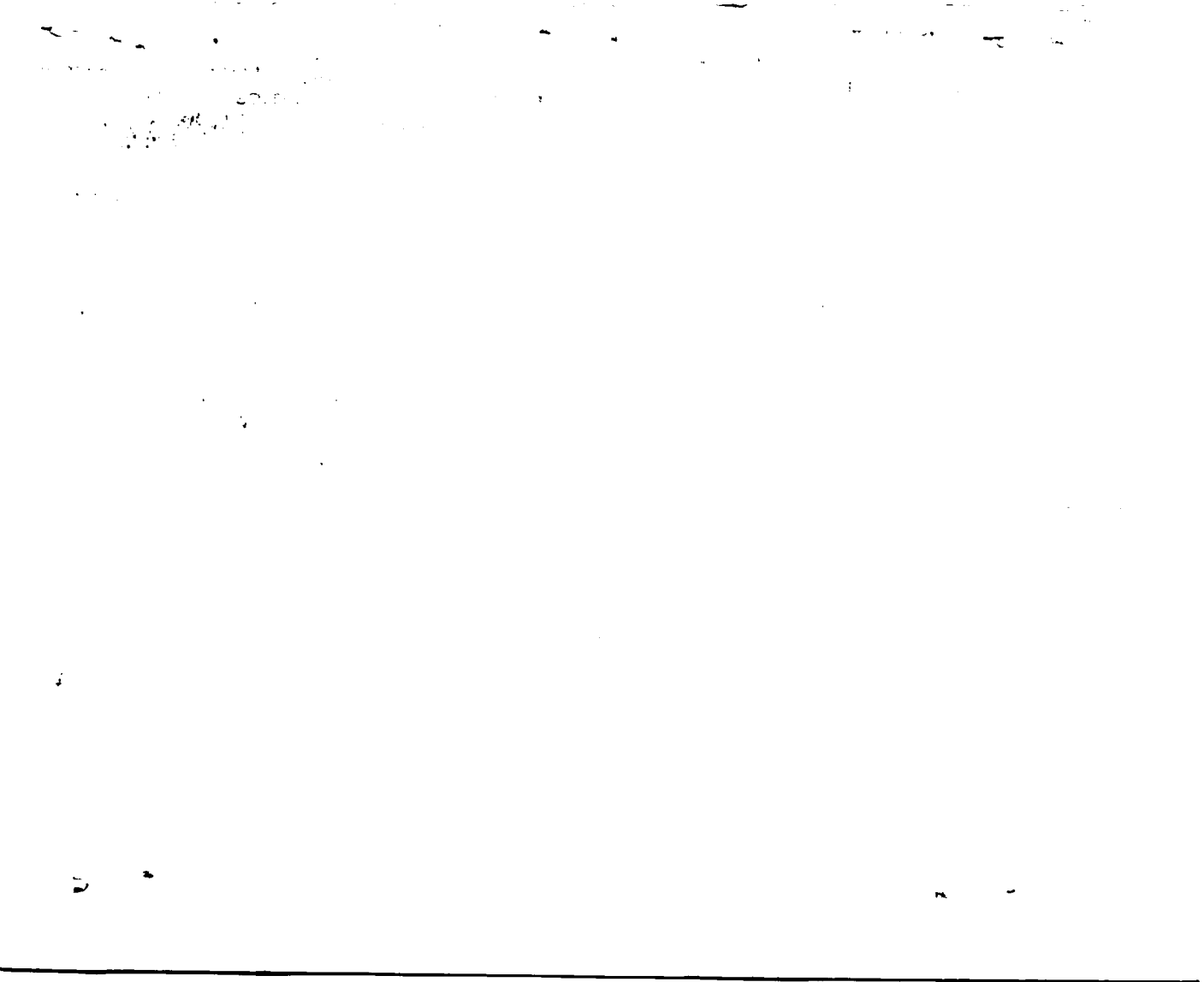
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, IdahoFiled 2/5 20 19.....

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 76440
 County of Minidoka }
 The undersigned does solemnly swear that certain facts on the certificate of birth
 for Francis Jullion who was born on Feb. 3, 1920 (Birth or Death)
 in Boise, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
 are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name", "Birth Date", "Cause of Death", Etc.)

FROM
 (As on Original)

TO
 (The Correct Facts)

Name

Francis

Francis Alfred

Surname

Jullion

Jullion

Subscribed and sworn to before me this 29th
 day of January 19 43
AB De Mary

Signed Mary Jullion
 Mother
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Rupert, Idaho

My commission expires July 6, 1943
 (Seal)

Box #186 Rupert, Idaho.
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
 County of Minidoka }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
 day of January 19 43
AB De Mary

Signed Edward Jullion
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Rupert, Idaho

My commission expires July 6, 1943
 (Seal)

Box #186 Rupert, Idaho.
 (Street Address, City, State)

MAY 20 1949

FEB 1 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-201-001-659

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form 1-1-1915-201-111

County of Ada

City of Boise

Registration District No. 2

File No. 76441

No. 310 310 St.

Primary Registration District No. 1004

Registered No. 56

Hospital St. Alphonsus

FULL NAME OF CHILD Marjorie Lillian Muncall

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 1 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>Gavin Muncall</u>	FATHER
RESIDENCE <u>310 Grove St. Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Scotland</u>	
OCCUPATION <u>Miner</u>	

FULL MAIDEN NAME <u>Mary Ferguson</u>	MOTHER
RESIDENCE <u>Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Scotland</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Feb 1 - 1920 at Boise on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. Chambers

Given names added from a supplemental report.

(Physician or midwife)

Address Boise

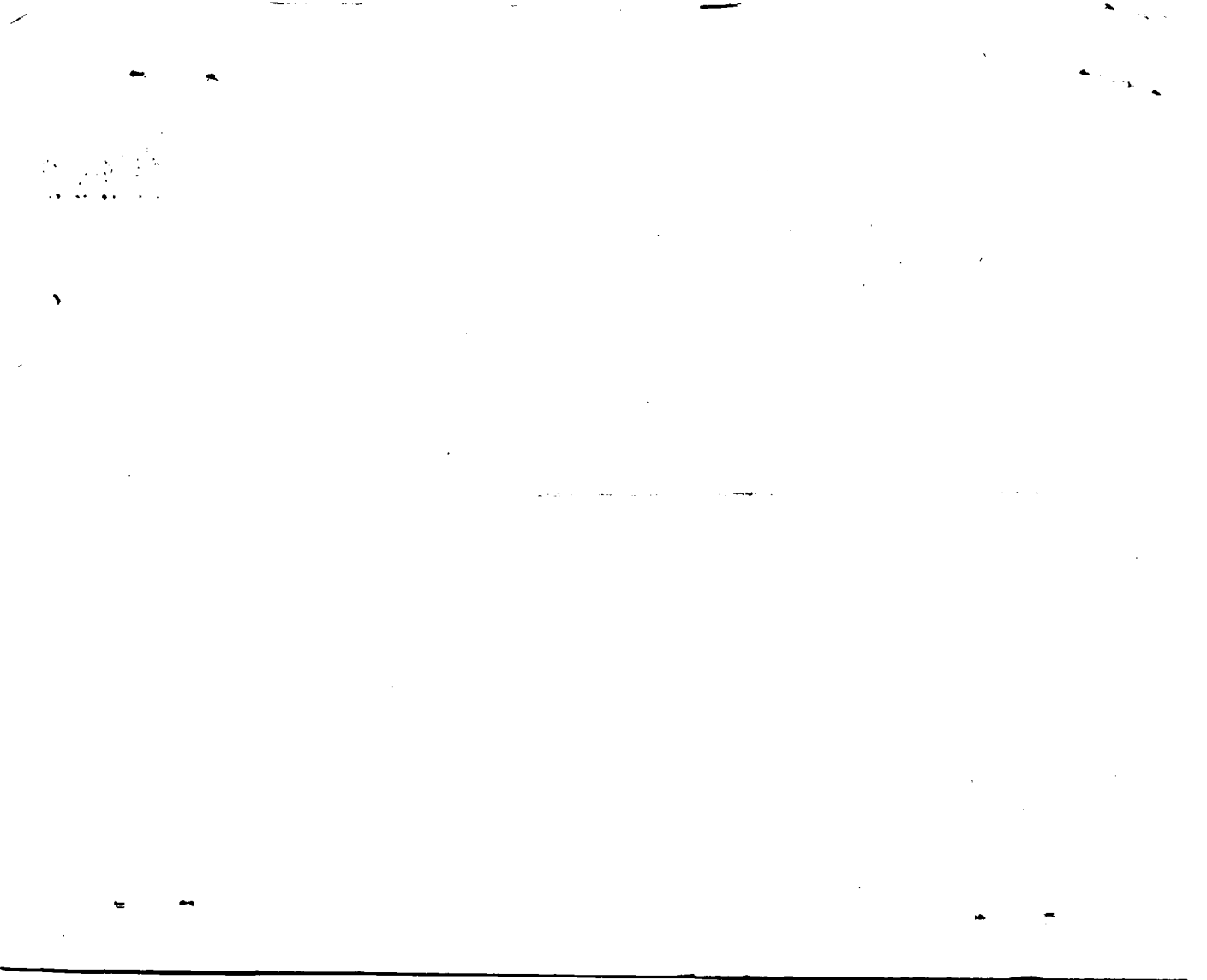
Address Boise

Filed 2/5 20

Filed 2/5 20

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 76441

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>maize</u>	<u>from none given</u>	<u>Maryjane Lillian Duncan</u>

Subscribed and sworn to before me this 10
day of Jan, 19 44
Pauline Ambrose
Notary Public, residing at Boise
My commission expires 1/10/44
(Seal)

Signed Mary Duncan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

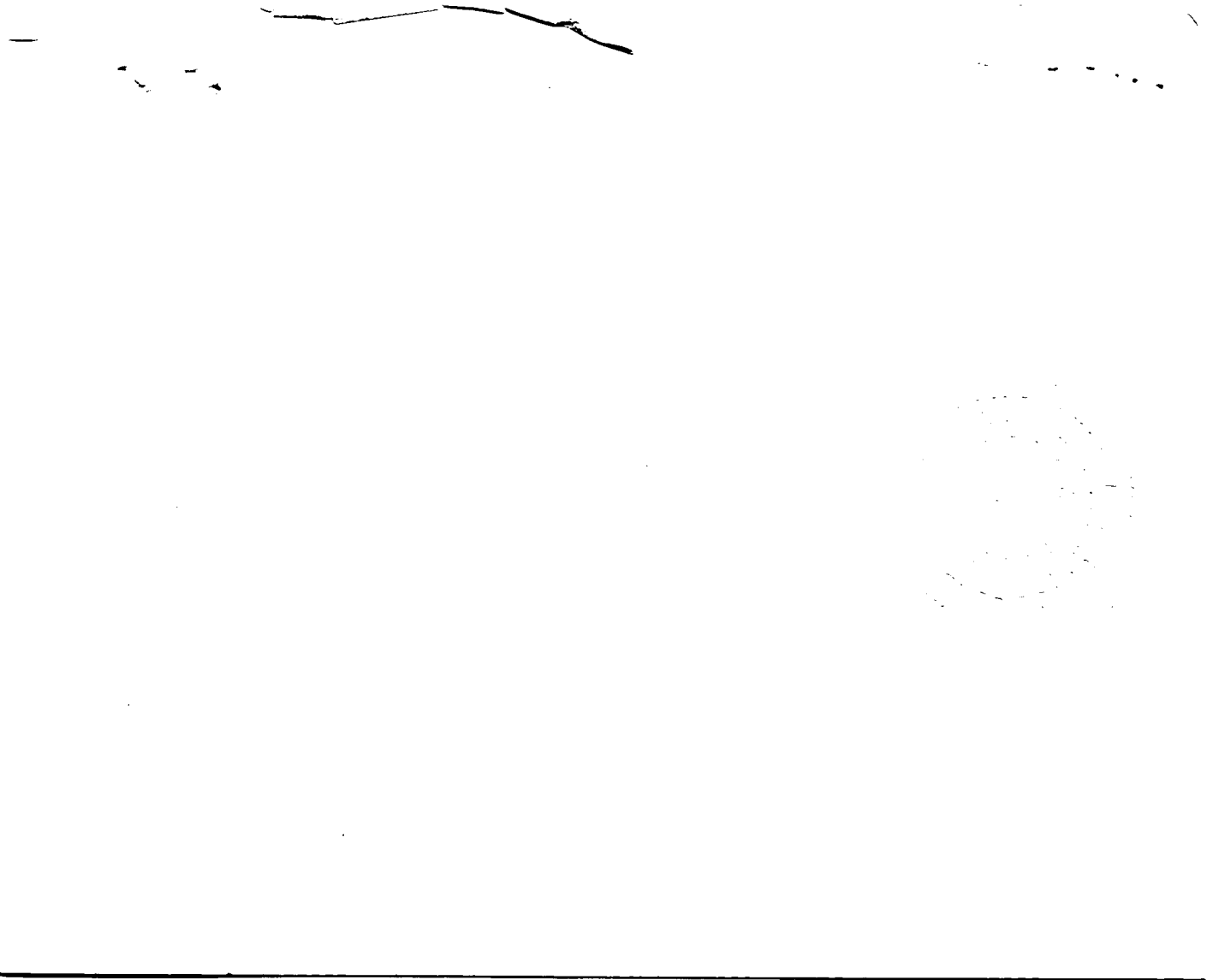
[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)



659-230.001-847

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1115 E. Jeff St.

Registration District No. 2

File No. 76443

Primary Registration District No. 1004

Registered No. 58

Hospital _____

FULL NAME OF CHILD Anna Katherine Werry

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of Birth <u>1-30-1920</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	--

FATHER
FULL NAME Norman Werry
RESIDENCE 1115 E. Jefferson, Boise
COLOR White AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Australia
OCCUPATION Piano Tuner

MOTHER
FULL MAIDEN NAME Anna M. Hughes
RESIDENCE 1115 E. Jefferson St., Boise
COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Oregon
OCCUPATION Housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:00 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Braxton
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho

Filed 2/12/20 L. J. Roman
Registrar

JUN 4 1942

794-2101-001-215

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 76444No. 1911 Eastman St.Primary Registration District No. 1004Registered No. 59

Hospital _____

FULL NAME OF CHILD

Esther Mary Pidal

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

2 - 1 - 1920
(Month) (Day) (Year)

FULL NAME

Fred Pidal

FATHER

FULL MAIDEN NAME

Sarah M. Sanchez

MOTHER

RESIDENCE

1911 Eastman St., Boise

RESIDENCE

1911 Eastman St., Boise

COLOR

White

AGE AT LAST BIRTHDAY

34
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

25
(Years)

BIRTHPLACE

Spain

BIRTHPLACE

Mexico

OCCUPATION

Sheepshearer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive, at 3:30 p. M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

2/7 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

JAN 29 1973

1973

1973

113-102 00K-235

PLACE

Form V. S. No. 11-C—25m-9-8-15

HO
STATISTICS

County of _____

BIRTH

City of _____

Registration District No. _____

File No. _____

76445

No. 1410 N. 12th St.

Primary Registration District No. 1004

Registered No. 60

Hospital _____

FULL NAME OF CHILD _____

Ray Leon Jacobs

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <i>Yes</i>	Date of Birth <i>2-2-1920</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <i>Myron M. Jacobs</i>	FATHER
RESIDENCE <i>Lenox, Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)
BIRTHPLACE <i>Kansas</i>	
OCCUPATION <i>Rancher</i>	

FULL MAIDEN NAME <i>Cora B. Glendenning</i>	MOTHER
RESIDENCE <i>Lenox, Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)
BIRTHPLACE <i>Kansas</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth. *2*Number of children of this mother now living, including present birth. *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.*born alive* at *9:45 a. m.*
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

T. N. Braxton
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Boise, Idaho

Filed _____

9/12/20

Registrar

Registrar

MAR 2

1942

OCT



DEC 10 1941

FEB 19 1952

319-103-001-693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of AdaCity of BoiseRegistration District No. 2File No. 76446No. 104 & 17- St.Primary Registration District No. 1004Registered No. 61

Hospital _____

FULL NAME OF CHILD

WE Amos Carter Jr.

Sex of Child

MTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
BirthFeb. 3, 1920
(Month) (Day) (Year)FULL
NAME

FATHER

WE Amos Carter

RESIDENCE

104 & 17th

COLOR

whiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Utah

OCCUPATION

MechanicFULL
MAIDEN
NAME

MOTHER

RESIDENCE

Elly May Williamson

COLOR

whiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Idaho

OCCUPATION

House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive; at 1:45 A.M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 Mc Cartt Bldg

Filed

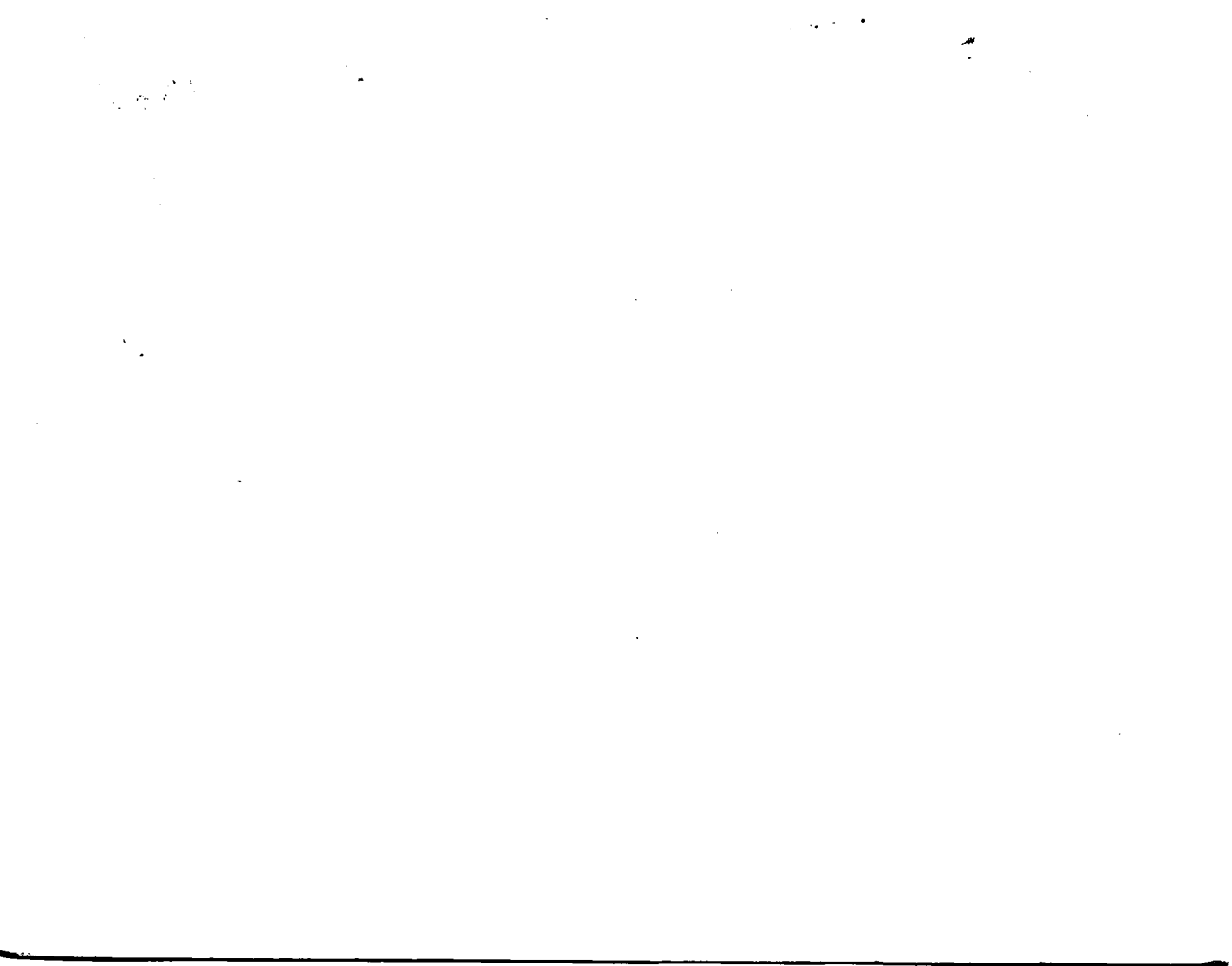
2/12

19

20

Registrar

Registrar



955-204.001-415

PLACE OF BIRTH

County of AdaCity of BoiseNo. 1205 W. 17. St.

Hospital _____

FULL NAME OF CHILD

Sex of Child <u>F.</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legiti mate? <u>yes.</u>	Date of Birth <u>Feb. 4-</u> 19 <u>20.</u> (Month) (Day) (Year)
------------------------	---	--------------------------------------	--------------------------	--

FULL NAME	FATHER <u>Geo Renshaw -</u>
RESIDENCE	<u>1205 W. 17.</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>clerk</u>	

FULL MAIDEN NAME	MOTHER <u>Andrey G. Davis -</u>
RESIDENCE	<u>1205 W. 17.</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29-</u> (Years)
BIRTHPLACE <u>Colo -</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive, at 2.45 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Dr John Boecker.

(Physician or midwife)

Address

303 Mcarty Bldg

Filed

2/12 19 20

Registrar

Registrar

Verified Copy Issued October 23, 1970. E.W.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

212-204-001-449

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Ada

City of Bosq

No. 2415 Ellis Ave St.

Registration District No. 2

File No. 76448

Hospital

Primary Registration District No. 1004

Registered No. 63

FULL NAME OF CHILD

Octavia Evelyn Baker

Sex of Child

F.

Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

yes

Date of
Birth

Feb. 4 1920
(Month) (Day) (Year)

FULL
NAME

FATHER

Henry W. Baker

RESIDENCE

2415 Ellis Ave

COLOR

White

AGE AT LAST
BIRTHDAY

29
(Years)

BIRTHPLACE

Minn.

OCCUPATION

Electrician

FULL
MAIDEN
NAME

MOTHER

Ada Evelyn Murphy

RESIDENCE

2415 Ellis Ave

COLOR

white

AGE AT LAST
BIRTHDAY

22
(Years)

BIRTHPLACE

Neb.

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive, at 8:10 P. M.
(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 Mc Party Bldg

Filed

2/12

19

Boeck

Registrar

Registrar

MAR 13 1942

AUG 9 1943

432-206.001-993
PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St. _____

Hospital St. Alphonsus Primary Registration District No. 1004

Full Name of Child Elizabeth Ann McKuegler

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

File No. 76449

Registered No. 64

Registration District No. 2

SEX OF CHILD <u>Fe</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (and in order of birth)	Legiti- mate? <u>ye</u>	DATE OF BIRTH <u>2 6</u> (Month) (Day) (Year) <u>19 20</u>
FULL NAME <u>John H. McKuegler</u>	FATHER		FULL MAIDEN NAME <u>Ruby Riley</u>	MOTHER
RESIDENCE <u>1720 N. 28th</u>			RESIDENCE <u>1720 N. 28th</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>N.D.</u>			BIRTHPLACE <u>S.D.</u>	
OCCUPATION <u>Teacher in High School</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred J. Fougler
Physician
(Physician or midwife)

Given names added from a supplemental report

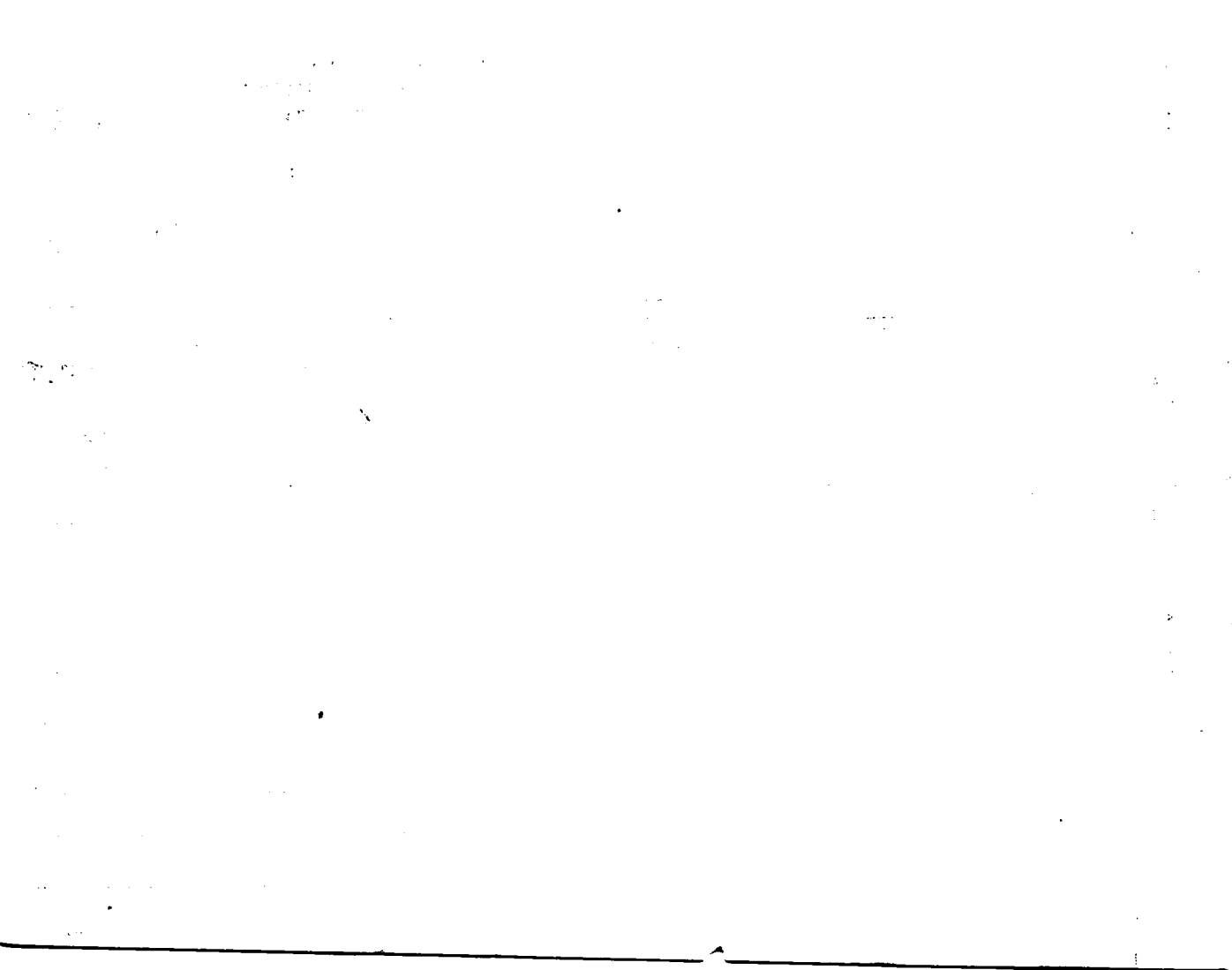
19 _____

Address _____

Filed 2/11 19 20 L. J. Fougler

Registrar

Registrar



449-107-00-8621
PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 816 FranklinRegistration District No. 2File No. 76450

Hospital _____

Primary Registration District No. 1004Registered No. 65

Full Name of Child _____

Murray

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>2-7-20</u> (Month) (Day) (Year)
FULL NAME <u>Thomas A. Murray</u>	FATHER		FULL MAIDEN NAME <u>Mary Pearl Hoss</u>	MOTHER
RESIDENCE <u>816 Franklin st</u>			RESIDENCE <u>816 Franklin</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)		COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Waiter</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:30 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Frederick J. Hunsinger
Physician or midwife

Given names added from a supplemental report

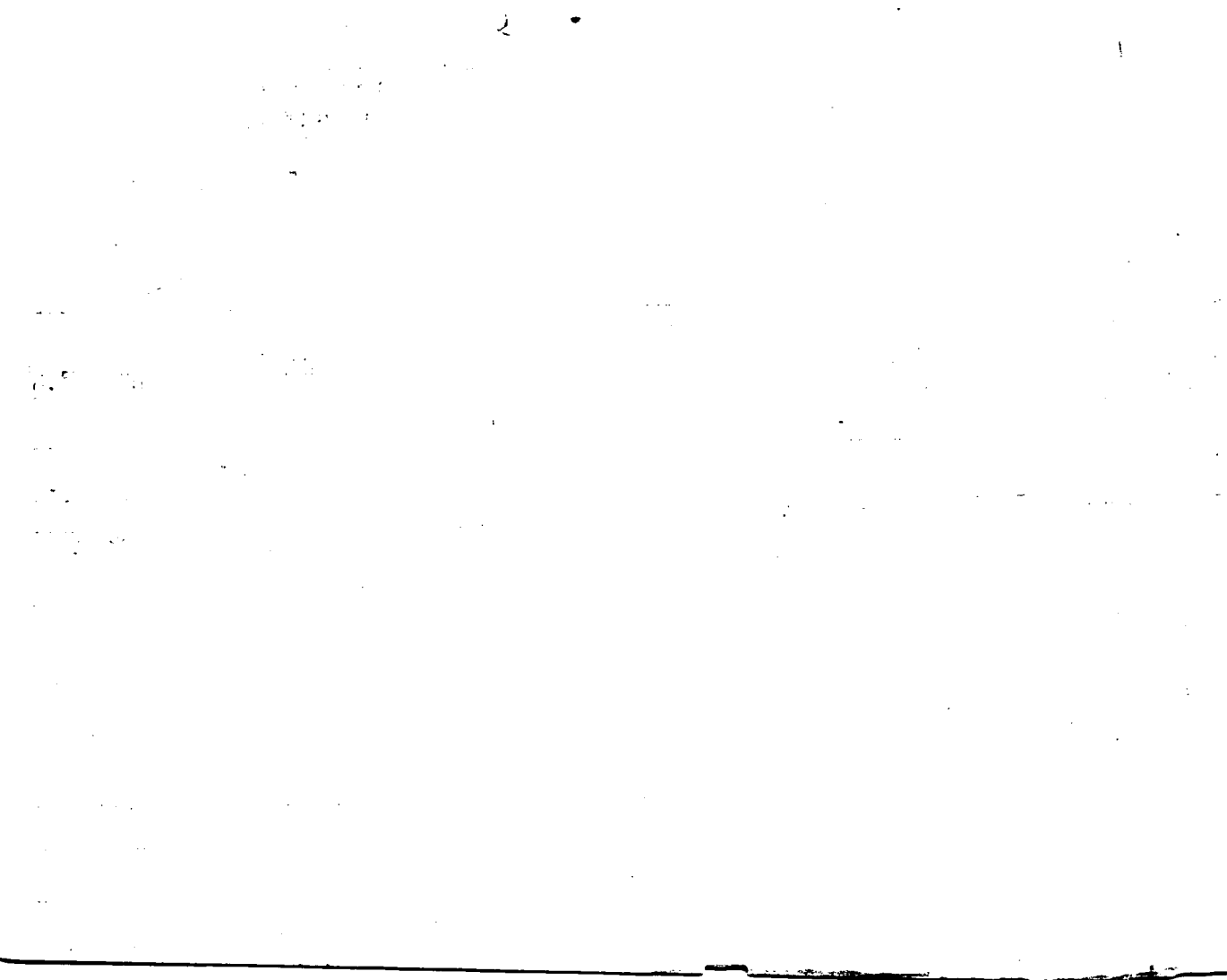
19 _____

Address _____

Filed 2/11/20

Registrar _____

Registrar _____



693-1071-001-391
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-5-21

County of Ada

City of Biose

No. 102 n 16th St.

Registration District No. 2

File No. 76451

Primary Registration District No. 1004

Registered No. 66

Hospital

FULL NAME OF CHILD William

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>2</u> <u>7</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME FATHER Allen Williams

FULL MAIDEN NAME MOTHER Nellie Crawford

RESIDENCE Richfield Ida.

RESIDENCE Richfield Ida.

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Ida.

BIRTHPLACE Oklahoma

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12 15 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Hegg (Born alive or stillborn) born alive
(Physician or midwife)

Given names added from a supplemental report.

Address 1622 Wash. St. Boise

Filed 2/9 20 L. J. Hoffman

Registrar

Registrar

POP OF 1920 - 98041

418-110-981

V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 76452No. 507 S. 12th St.Primary Registration District No. 1004Registered No. 67

Hospital _____

FULL NAME OF CHILD

Arden Preston DaytonSex of Child MaleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate?yesDate of
Birth2 - 10 - 1920
(Month) (Day) (Year)FULL
NAMEH. S. Dayton

FATHER

RESIDENCE

Barber, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY24

(Years)

BIRTHPLACE

Nebraska

OCCUPATION

FiremanFULL
MAIDEN
NAME

MOTHER

Letha A. Shaw

RESIDENCE

Barber, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY22

(Years)

BIRTHPLACE

Missouri

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive, at 6⁰⁰ a. m.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

S. M. Taylor

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise
9/17 1920 L. J. Harrison

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



JUN 8 1956

MAY 21 1957

PLAGE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

County of Ada

City of Bain

No. _____ St. _____

Registration District No. 2

File No. 76455

Hospital St. Lukes

Primary Registration District No. 1004

Registered No. 70

Full Name of Child

Emily Black William Maxwell

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>1</u> <u>17</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>F. Maxwell Black</u>	FATHER	FULL MAIDEN NAME <u>Birth</u>	MOTHER <u>M. Brown</u>
RESIDENCE <u>617 N. E</u>		RESIDENCE <u>617 - N. E</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Stationary Engineer</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated. (Born alive or stillborn) at 1 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 9/19 20 L. R. Rorman
Registrar

Registrar

Registrar

WRITE PLAINLY WITH GUM. N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated.

1948

NOV 1

1948

NOV 2

NOV 17 1950

City of BOISE

Registration District No. _____

File No. 76456

No. _____ St. _____

Primary Registration District No. _____

Registered No. 71

Hospital _____

Full Name of Child

Ernest G. Shelley

SEX OF CHILD

MaleTwin
Triplet
or other?Single

and

Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?YesDATE OF
BIRTHJan 8th 1920
(Month) (Day) (Year)FULL
NAMEGeorge Shelley

FATHER

RESIDENCE

100 S. 75

COLOR

whiteAGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

Idaho

OCCUPATION

mechanicFULL
MAIDEN
NAMEMargaret Redington

MOTHER

RESIDENCE

100 S. 75

COLOR

whiteAGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.Alive
(Born alive or stillborn)3:30 P.
at..... M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

George Redington
(Physician or midwife)

Given names added from a supplemental report

Address.....

Filed.....

2/18 20

Registrar

Registrar

OF DEVED LO
SINT JAN JAN
LAW 3 23 1943
RECEIVED
n order to be
addressed to

NAME
RESIDENCE
COLOR

No.

PLACE OF BIRTH

STATE OF IDAHO BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-4-18-18

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. St.

Registration District No. 2

File No. 76457

Primary Registration District No. 1004

Registered No. 72

Hospital St. Luke's

Full Name of Child KENNETH EARL

Meridian Coleman

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (and)	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1</u> <u>28</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Earl Coleman</u>	FATHER		FULL MAIDEN NAME <u>Oral Sebern</u>	MOTHER
RESIDENCE <u>Meridian B. D. No. 1</u>	RESIDENCE		<u>Meridian B. D. No. 1</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>2</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u> </u> (Years)	
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>			
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Idaho</u>			

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2 P. M.
on the date above stated. (Born alive or stillborn)

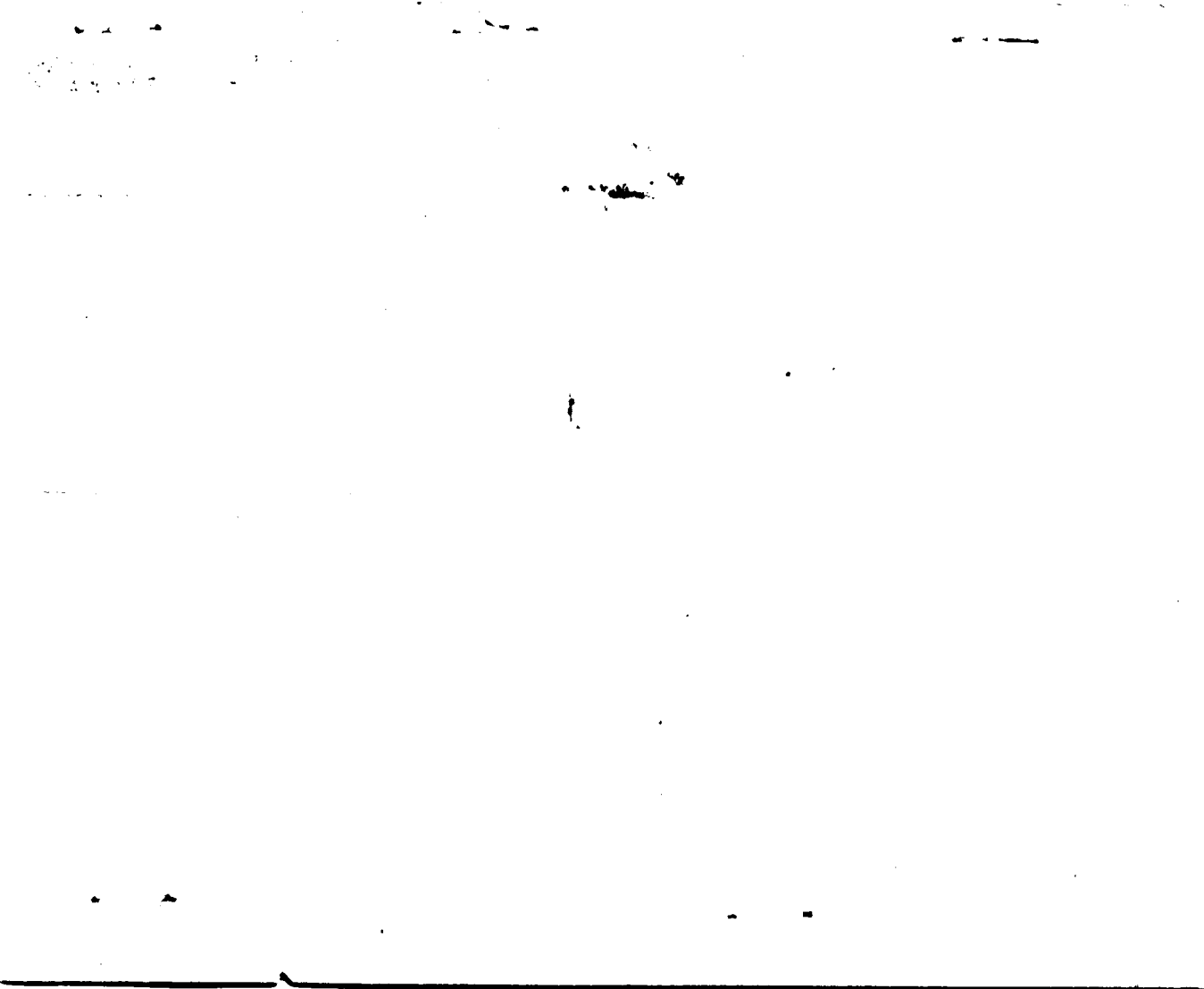
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hilly
(Physician or midwife)

Given names added from a supplemental report.

Address 2/19/20
Filed 1920
Registrar R. H. Hilly

WRITE PLAINLY. N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each and every one of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Ada } SS.

Certificate No. 76 457
 Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of
 for Baby Coleman who born on Jan 28, 1920
 (Name on original certificate) (Was born or died) (Date of event)
 in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of event)
 true facts as shown by Father prepared on _____, are:
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
 ("Name", "birth date", "cause of death", etc.)

FROM
 (As on original)

TO
 (The correct facts)

Name Omitted Kenneth Earl
Coleman

Subscribed and sworn to before me this 18th
 day of December 1941

Signed Earl Coleman
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho
 My commission expires 6-24-45
 [SEAL]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
 County of _____ } SS.

[This affidavit MUST also be executed.
 (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
 day of _____, 19____.

Signed _____
 (Signature of any credible person other than the previous affiant.)

Notary Public, residing at _____
 My commission expires _____
 [SEAL]

(Street Address, City, State)

Received for filing on _____ By _____
 (Registrar's signature)

JUL 7 1975



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

695-202-001-313

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of ALA

City of BOISE

Registration District No. 2

File No. 76458

No. _____ St. _____

Hospital St. Luke's Hospital Primary Registration District No. 1004 Registered No. 73

FULL NAME OF CHILD Jeannette Wing

Sex of Child <u>female</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb 22nd</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

FATHER
FULL NAME Willis Rodney Wing
RESIDENCE Pasadena Idaho
COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa
OCCUPATION Livery Business

MOTHER
FULL MAIDEN NAME Christian Louisa Tallmadge
RESIDENCE Pasadena Idaho
COLOR white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Nebraska
OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. J. Buerke

(Physician or midwife)

Given names added from a supplemental report.

Address 410 Orland Bldg Boise Idaho
Filed 2/25 1920 W. J. Buerke
Registrar

AUG 01 2006

PLACE OF BIRTH

562-208 1001-396
County of Ada

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of BoiseNo. 1312 Grove St.Hospital St. AlphonsusRegistration District No. 2File No. 76450Primary Registration District No. 1004Registered No. 74

Full Name of Child

Dorris Agnes Noble

SEX OF CHILD

FemaleTwin
Triplet
or other?Twin

{and}

{in order of birth}

1stNumber
in order of birth1st

(To be answered only in event of plural births)

Legiti-
mate?Yes

DATE OF BIRTH

Feb 4

(Month) (Day)

FULL NAME

FATHER
Geo. E. Noble

FULL MAIDEN NAME

MOTHER
Agnes Cronin

RESIDENCE

1312 Grove St. Boise Id.

RESIDENCE

1312 Grove St. Boise Id.

COLOR

White

AGE AT LAST BIRTHDAY

5 2
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

47
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Iowa

OCCUPATION

Veterinary Surgeon

OCCUPATION

Housewife

Number of child of this mother, including present birth.....6

Number of children of this mother now living, including present birth.....6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....Born alive
on the date above stated.

(Born alive or stillborn)

49

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

P. French M.D.

Given names added from a supplemental report

19.....

Address

417 Overland Bldg. Boise Id.

Filed

2/19 20

19.....

Registrar

(Physician or midwife)

L. J. Zeman

Registrar



PLACE OF BIRTH

562-204-1001-396

County of AdaCity of BoiseNo. 1312 Grove St.Hospital St. Alphonsus

Full Name of Child

Registration District No. 2File No. 76460Primary Registration District No. 1004Registered No. 75Lois Marie Noble

SEX OF CHILD

FemaleTwin
Triplet
or other?Twin

{and}

Number
in order
of birth 2ndLegiti-
mate?yesDATE OF
BIRTHFeb 4 1920
(Month) (Day) (Year)FULL
NAMEGeo. E. Noble

FATHER

FULL
MAIDEN
NAME

MOTHER

Agnes Cronin

RESIDENCE

1312 Grove St. Boise Ida

RESIDENCE

1312 Grove St. Boise Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY52

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY47

BIRTHPLACE

Iowa

BIRTHPLACE

Iowa

OCCUPATION

Veterinary Surgeon

OCCUPATION

HouseworkNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.9 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

P.P. French M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address

417 Overland Bldg. Boise Ida

Filed

2/19 1920

Registrar

Registrar

File No.

Registered No.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

635-109-001-229

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St. _____

Registration District No. 2

File No. 76461

Hospital St Lukes

Primary Registration District No. 1004

Registered No. 76

FULL NAME OF CHILD

Geo. W. Fletcher.

Sex of Child

m.

Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

yes

Date of Birth

Feb. 9.

1920

(Month) (Day) (Year)

FULL NAME

FATHER

Frank A. Fletcher

RESIDENCE

1014 Warm Spg. Ave

COLOR

white

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Merchant

FULL MAIDEN NAME

MOTHER

Sarah A. Skellern

RESIDENCE

1014 Warm Spg. Ave

COLOR

white

AGE AT LAST BIRTHDAY

25
(Years)

BIRTHPLACE

Ada

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive
(Born alive or stillborn)

at 9 20 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. John Baer

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 McPartly Bldg

Filed

2/24 20

Registrar

Registrar

JAN 8 1975

SEP 14 1962

Amended 7/7/72

(Be sure the information is complete and accurate)

State, File No. 76462

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

2

393-209-001-255-

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Ada		a. STATE Idaho	b. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS 811 Warm Springs	
3. CHILD'S NAME (Type or print)			
a. (First) Mary	b. (Middle) Lou	c. (Last) Lilliard	
4. SEX Female	5a. THIS BIRTH SINGLE _____ TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH 2 9 20

FATHER OF CHILD

7. FULL NAME			
a. (First) John	b. (Middle) R.	c. (Last) Lilliard	
8. AGE (At time of this birth) 30 YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) Utah	10. USUAL OCCUPATION Buch Mason	11. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME			
a. (First) Phoebe	b. (Middle) E.	c. (Last) Benson	
13. AGE (At time of this birth) YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) Utah	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?
		c. How many children were stillborn (born dead after 20 wks. pregnancy?)	

I hereby certify that
this child was born
alive on the date
stated above.

17. SIGNATURE Dr. J. Carl Hill		18. ATTENDANT AT BIRTH	
19. ADDRESS		M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____	
21. DATE REC'D BY LOCAL REG. 2/19/20		20. DATE SIGNED	
22. REGISTRAR'S SIGNATURE L. P. Pfirman		23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registrar	

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?		YES _____ NO _____ DATE _____	
Was a standard serological test for syphilis performed?		YES _____ NO _____ APPROXIMATE DATE _____	
LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.		
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White		
METHOD OF DELIVERY		Was 1% Silver Nitrate Used to prevent blindness? YES _____ NO _____	
BIRTH INJURY TO INFANT _____ YES IF YES, DESCRIBE _____ NO		CONGENITAL MALFORMATIONS OF INFANT _____ YES IF YES, DESCRIBE _____ NO	



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. **RECEIVED**
BUREAU OF
VITAL STATISTICS
JUN 24 1972
The undersigned does solemnly swear that certain facts on the certificate of birth
for **Louie Mary Lilliard** who was born on **Feb. 9, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **Boise, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Child's name **Louie Mary Lilliard** **Mary Lou Lilliard**

Subscribed and sworn to before me this **23rd** day of **June**, 19**72**

Notary Public, residing at **Sgt. Laska City, Id.**

My commission expires **10/1/75**

(Seal)

Signed **Mary Belle Snipey**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

662 Redondo ave. S.L.C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

.....
(Street Address, City, State)

T

A letter from The Borad of Education of Salt Lake City, Utah dated Sept. 23, 1970 gives child's name as Mary Lou Liddiard. Entered SLC, School Dist. on Sept. 25, 1935 as a 6th grader. Date of birth ~~fix~~given as Feb. 9, 1920. Parents: John R. & Elizabeth Liddiard. Viewed by V. S.

Social Security Card (529-14-6381) gives name as Mary lou Liddiard. Dated 8-18-39. Viewed by V. S.

813-110001-719

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BowRegistration District No. 2File No. 76463No. 221 Thatcher St.Primary Registration District No. 1004Registered No. 78

Hospital _____

FULL NAME OF CHILD

Geo Harrison Hackney

Sex of Child <u>m.</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 10, 1920</u> (Month) (Day) (Year)
------------------------	---	-----------	--------------------------------	------------------------	--

FULL NAME <u>J. P. Hackney</u>	FATHER
RESIDENCE <u>221 Thatcher St.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>clerk</u>	

FULL MAIDEN NAME <u>Lucile Gardiner</u>	MOTHER
RESIDENCE <u>221 Thatcher St.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Wash.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 445 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address 303 Mrs. Carter Bldg.
2/24 20
Filed 2/24 20
Registrar J. P. Hackney

Registrar

5/2/41 Z.J.

DEC 14 1953

DEC 11 1953

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

43-212-001-693

PLACE OF BIRTH

V. S. No. 11-C-25m-7-21-10

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 505 S 3rd St.

Registration District No. 2

File No. 76464

Hospital _____

Primary Registration District No. 004

Registered No. 79

FULL NAME OF CHILD

Elsie Pauline Pullen

Sex of Child <u>♀</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 12</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	--------------------------------	-----	-----------------------------------	------------------------	--

FATHER
FULL NAME Theodore Pullen
RESIDENCE 505 S 3rd
COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Texas
OCCUPATION Truck driver

MOTHER
FULL MAIDEN NAME Flossie A. Willis
RESIDENCE 505 S 3rd
COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Pa
OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Buck

(Physician or midwife)

Given names added from a supplemental report.

Address 303 McPartly Bldg.

Filed 2/24 1920

Registrar

Registrar,

K

AT 11:00 AM

10-11

RECEIVED MAR 11 1960

RECEIVED MAR 11 1960

10-11

10-11

2/8/41 L. B.

713-213001-369
PLACE OF BIRTH

County of.....ADA.....

City of.....BOISE.....

No.....St.....

Hospital.....

FULL NAME OF CHILD *Kathleen Mary Gallagher*

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate? <i>yes</i>	Date of Birth <i>Feb. 13 1920</i> (Month) (Day) (Year)
-------------------------------	---	--------------------------------	---------------------------	--

FULL NAME <i>Louis C. Gallagher</i>	FATHER
RESIDENCE <i>517 2nd St. Boise Idaho</i>	

COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>39</i> (Years)
-----------------------	--

BIRTHPLACE <i>Omaha, Neb.</i>

OCCUPATION <i>Manager, Amusement Co.</i>

FULL MAIDEN NAME <i>Gladys Burgess</i>	MOTHER
RESIDENCE <i>Boise Idaho</i>	

COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>30</i> (Years)
-----------------------	--

BIRTHPLACE <i>Oshtemo Wis.</i>

OCCUPATION <i>Housewife</i>

Number of child of this mother, including present birth... <i>3</i>	Number of children of this mother now living, including present birth... <i>2</i>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....*born alive*..... at.....*9 P.*..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*L. P. McCall MD*.....

(Physician or midwife)

Given names added from a supplemental report.

Address.....*1301 1st St. Boise Idaho*.....Filed.....*2/21/20*.....

Registrar

Registrar

APR 12 1967

4/24/41 /Z.J.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 5-28-59
PLACE OF BIRTH

23116.001-847
County of Ada

City of Boise

No. 405 N. 19th St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 76466

Primary Registration District No. 1004 Registered No. 81

FULL NAME OF CHILD Eugene Wiley Blake

(Certificate of no value without full name of child.)

Sex of Child Male	Twin Triplet or other? } and { Number in order of birth	Legitimate? Yes	Date of birth February 16, 1920 (Month) (Day) (Year)
(To be answered only in event of plural births)			

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER
FULL NAME John A. Blake

RESIDENCE
405 No. 19th - Boise, Ida.

COLOR White AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE
Illinois

OCCUPATION
Merchant

MOTHER
FULL MAIDEN NAME Agnes Hughes

RESIDENCE
Boise, Ida.

COLOR White AGE AT LAST BIRTHDAY 34
(Years)

BIRTHPLACE
Kansas

OCCUPATION
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:30 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers

Physician
(Physician or midwife)

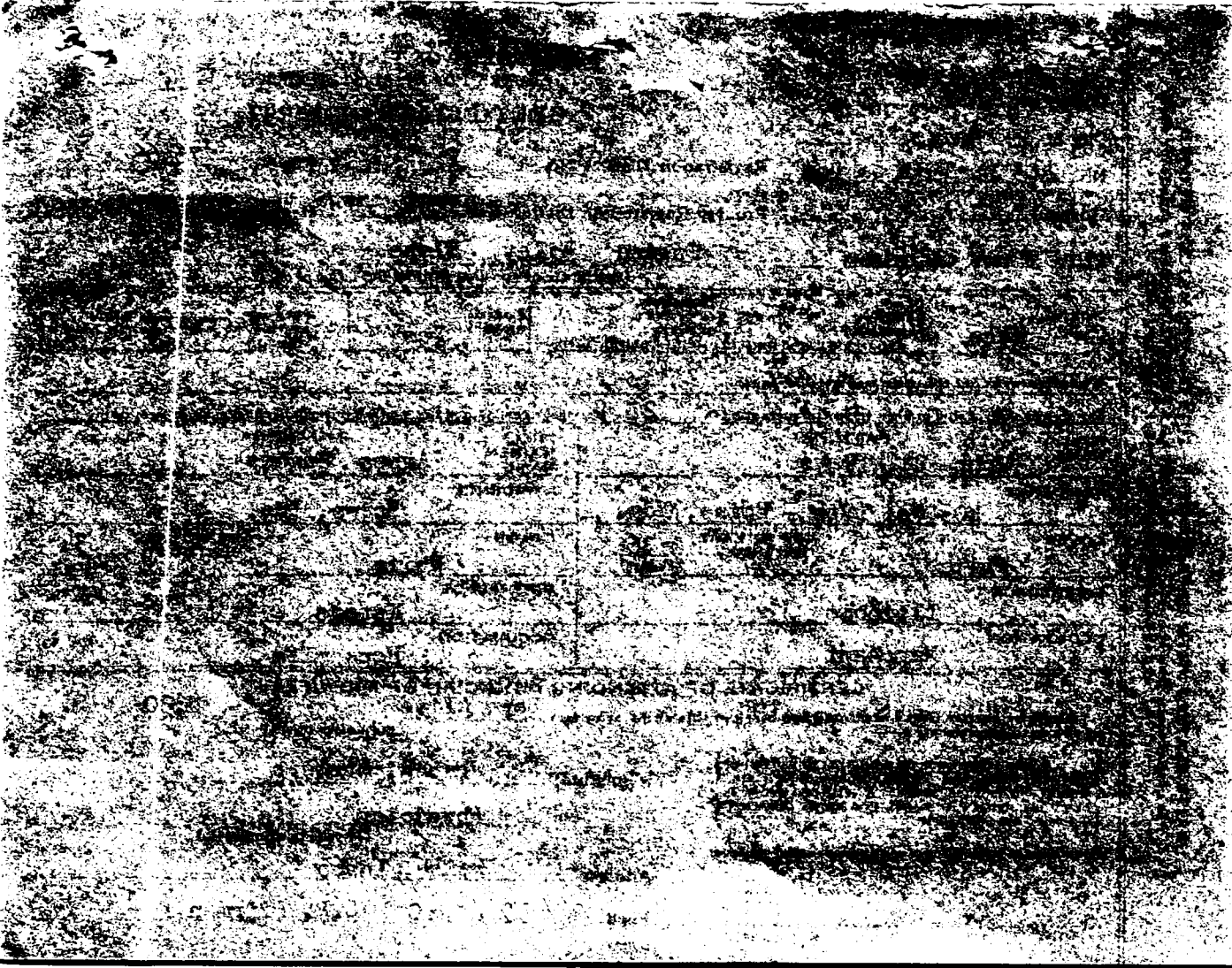
Give names added from a supplemental report.

Address Boise, Idaho

Filed 2 / 19 / 1920 L. P. Pfirman

Registrar.

Registrar.



A F F I D A V I T

State File No. 76466

I, the undersigned, do solemnly swear that I am the mother of **EUGENE WILEY BLAKE**; that he was born February 16, 1920 in Boise, Idaho; that in registering the birth three days later the doctor apparently made two errors inasmuch as the birth certificate shows the middle name as **WYLIE** and gives the date of birth as February 17, 1920.

I do hereby solemnly swear and affirm that the correct spelling of my son's name is **EUGENE WILEY BLAKE**, that the correct date of his birth is February 16, 1920, and that the record should be so corrected.

Documents -

U.S.A. Veterans Administration Certificate
of Eligibility - Cert. No. 67542, Nov. 26,
1948 gives name as Eugene Wiley Blake -
viewed by V.S. also gives birthdate as
February 16, 1920 -

Mrs. Agnes H. Blake
Mrs. Agnes H. Blake
(Signature of affiant)

Honorable Discharge, United States Coast
Guard, Feb. 11, 1946 gives name as
Eugene Wiley Blake, birthdate as Feb.
16, 1920 - viewed by V.S.

6609 Hood St.

Huntington Park, Calif.

Subscribed and sworn to before me
this 26 day of April, 1959.

Paul M. Waters
Paul M. Waters
(Notary Public)

Los Angeles County
My Commission Expires July 8, 1961

(Impression Seal)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

712-219,001-451
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

County of Ada

City of Bonnie

No. _____ St. _____

Hospital St. Alphonsus

Registration District No. 2

File No. 76467

Primary Registration District No. 1004

Registered No. 82

Full Name of Child Faustina Gabica

SEX OF CHILD <u>Fe.</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth { and } _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>2 19 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Dionisio Gabica</u>		MOTHER FULL MAIDEN NAME <u>Damaso Meate</u>		
RESIDENCE <u>219 So 9th</u>		RESIDENCE <u>219 So 9th</u>		
COLOR <u>Bl.</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>Bl.</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	
BIRTHPLACE <u>Spain</u>		BIRTHPLACE <u>Spain</u>		
OCCUPATION <u>Sheepman</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

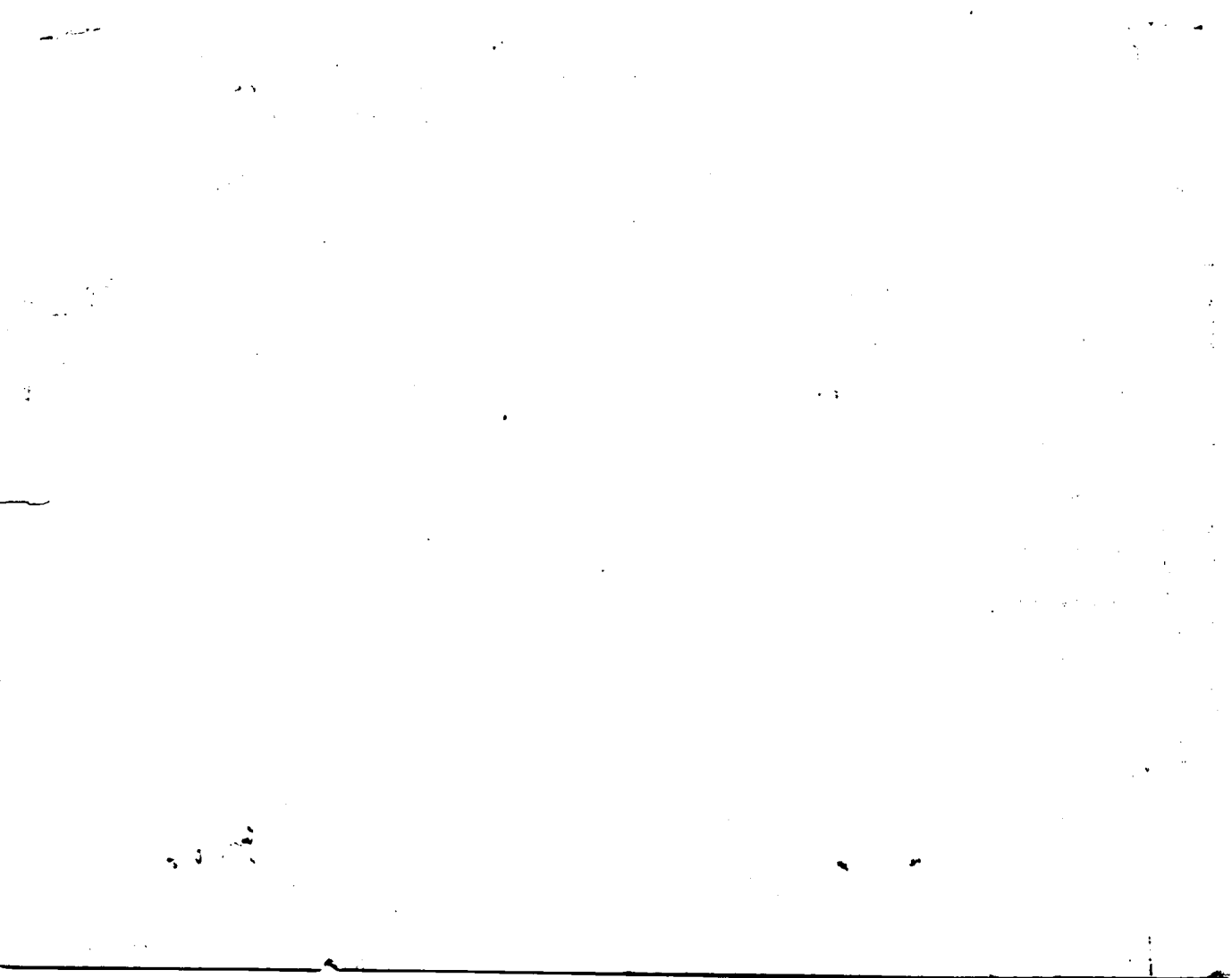
I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) , at 10:15 P.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician (Physician or midwife)

Given names added from a supplemental report
..... 19

Address 2/26 1920
Filed 2/26 1920
Registrar [Signature]



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Ada } ss.
 Certificate No. 76467
 Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of _____
 for Unmarried who born on Feb. 19, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
 in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
 true facts as shown by Physician prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name Omitted Faustina Gabica

Subscribed and sworn to before me this 10th
 day of February, 1942
[Signature]
 Notary Public, residing at Boise, Idaho
 My commission expires Nov. 12, 1944
 (SEAL)

Signed Fred. A. [Signature]
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR OR INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Eastman Bldg. - Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
 County of Ada } ss.
 [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
 (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
 Subscribed and sworn to before me this 10
 day of Feb, 1942
 Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Boise, Idaho
 My commission expires Nov. 12, 1944
 (SEAL) [Signature]
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

FEB 11 1942

793-121.001-279

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 76468

No. _____ St.

Hospital St. Luke'sPrimary Registration District No. 1004Registered No. 83

FULL NAME OF CHILD

Jack Gilbert

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?Yes

Date of Birth

2 - 21 - 1920
(Month) (Day) (Year)

FULL NAME

Burt Gilbert

FATHER

FULL MAIDEN NAME

Florence F. Spicer

MOTHER

RESIDENCE

1714 Lamp St., Boise

RESIDENCE

1714 Lamp St., Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY44

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY31

(Years)

BIRTHPLACE

Michigan

BIRTHPLACE

Michigan

OCCUPATION

Clerk

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

born aliveat 12:45 A.M.

on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. M. Taylor
MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho
2/25 20
Dr. J. M. Taylor

Filed

19

Registrar

Registrar

DEC 22 1941

DEC 31 1941

296-222.001-652

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. _____ File No. 76469

No. _____ St. _____

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 84FULL NAME OF CHILD Isabelle Louise Browning

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>2 - 22 - 19 20</u> (Month) (Day) (Year)
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FULL NAME <u>C. L. Browning</u>	FATHER
RESIDENCE <u>1513 N. 17th St. Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Travelling Salesman</u>	

FULL MAIDEN NAME <u>Ada W. Webb</u>	MOTHER
RESIDENCE <u>1513 N. 17th St. Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:15 p. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor(Physician or midwife) J. M. Taylor

Given names added from a supplemental report.

19

Address Boise, IdahoFiled 2/25 1920

Registrar

Registrar A. J. Sherman

3/12/41 L. B.

DEC 17 1941
(5)

381-214,001-353
PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of *Ada*

City of *Burien*

No. *2708 4th Avenue St.*

Hospital *St. Luke's*

Registration District No. *2*

File No. *76470*

Primary Registration District No. *2004*

Registered No. *85*

Full Name of Child *Mildred Helen Chaney*

SEX OF CHILD <i>Girl</i>	Twin Triplet or other? <input checked="" type="checkbox"/>	Number in order of birth <i>1</i>	Legiti- mate? <i>Yes</i>	DATE OF BIRTH <i>Feb 14 20</i> (Month) (Day) (Year)
FULL NAME <i>Claude Chaney</i>		FULL MAIDEN NAME <i>Bessie Lefter</i>		
RESIDENCE <i>Burien</i>		RESIDENCE <i>Burien</i>		
COLOR <i>Wk</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)	COLOR <i>Wk</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)	
BIRTHPLACE <i>Idaho</i>		BIRTHPLACE <i>Mass</i>		
OCCUPATION <i>Butcher</i>		OCCUPATION <i>Housewife</i>		

Number of child of this mother, including present birth. *1* Number of children of this mother now living, including present birth. *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *4 A* M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)
Dr. Chaney

(Physician or midwife)

Given names added from a supplemental report

Address *2/28 20*

Filed *2/28 20* Registrar *Dr. Chaney*

K

SEP 10 1943

STATE OF IDAHO
BUREAU OF DEATHS

CERTIFICATE OF DEATH

DECEASED

699-121-001-966

PLACE OF BIRTH

Form V. S. No. 11-C-25m-8-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 76471No. St.Primary Registration District No. 1004Registered No. 86Hospital St. AlphonsusFULL NAME OF CHILD John Lee Wright

Sex of Child

M.Twin
Triplet
or other?{ and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yes.Date of
Birth2-21-20

(Month) (Day) (Year)

FULL
NAME

FATHER

Oliver L. Wright

RESIDENCE

Weiser, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Missouri

OCCUPATION

ClerkFULL
MAIDEN
NAME

MOTHER

Myrtle Cowland

RESIDENCE

Weiser, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 P.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Given names added from a supplemental report.

(Signature)

M. H. Gallman, M.D.
Physician
(Physician or midwife)

Address

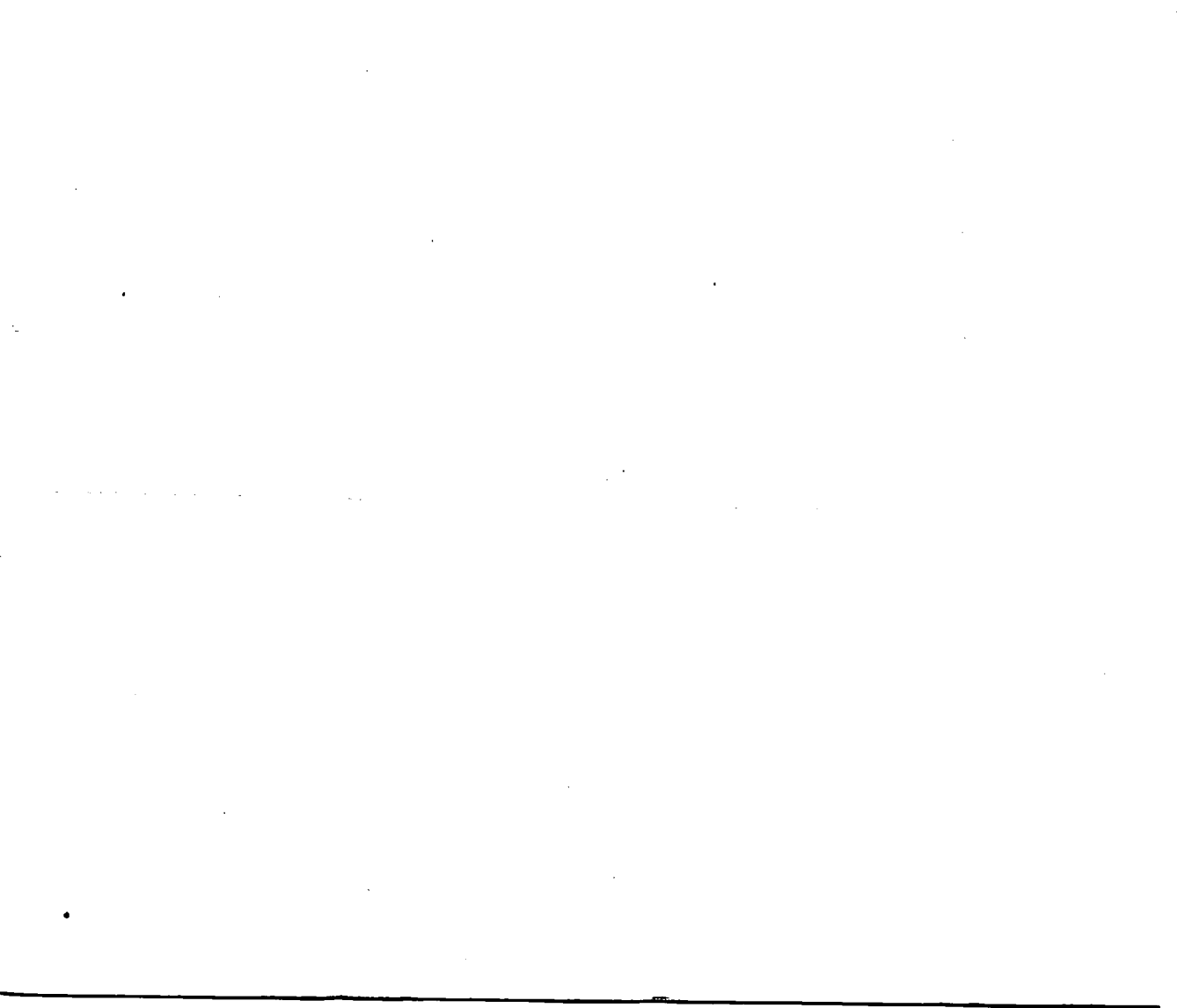
400 Idaho Bldg. Boise, Ida.

Filed

2/27/20

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

795 1241001-154
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 76472

No. 114 N. 14 St.

Primary Registration District No. 1004

Registered No. 87

Hospital _____

FULL NAME OF CHILD

Edwin Lee Pierce

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimacy? <u>Yes</u>	Date of Birth <u>2</u> - <u>24</u> - <u>1920</u> (Month) (Day) (Year)
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FATHER
FULL NAME Lee Pierce
RESIDENCE 114 N. 14th St., Boise
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE South Dakota
OCCUPATION Freight Handler

MOTHER
FULL MAIDEN NAME Gladys G. Anderson
RESIDENCE 114 N. 14th St., Boise
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Nebraska
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive, at 4:15 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) E. M. Taylor
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho
Filed 2/28 1920 L. Hoffman
Registrar

Registrar

Registrar

AUG 10 1954

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BaieRegistration District No. 2 File No. 76473No. 608 E. Jeff St.Hospital IAN Primary Registration District No. 1004 Registered No. 88FULL NAME OF CHILD Gordon Haskett

Sex of Child <u>M.</u>	Twin Triplet or other? <u>—</u> { and } Number in order of birth <u>—</u>	Legiti mate? <u>yes</u>	Date of Birth <u>2 25 1920</u> (Month) (Day) (Year)
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FATHER
FULL NAME Thos. T. Haskett
RESIDENCE Baie
COLOR W. AGE AT LAST BIRTHDAY 24
(Years)
BIRTHPLACE Hawes IDAHO
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Mable Gordon
RESIDENCE Baie
COLOR W. AGE AT LAST BIRTHDAY 20 21
(Years)
BIRTHPLACE Scotland
OCCUPATION Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Cavanaugh
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Baie Idaho
2/28 20
Filed 1920
Registrar L. J. J. J.

Registrar

Dup of 1920-149902 -

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSSTATE OF Oregon)
COUNTY OF Baker) SS.AFFIDAVITS FOR CORRECTION
OF A RECORD

Mrs G. W. Ray. of Brownlee, Oregon.

Being first duly sworn, deposes and says that she is Mother.
(if related, specify degree,if friend or otherwise, so state) of Gordon Ian Haskett.who was born in the city of Boise, County of Ada
(was born, died)on the 25th day of February, 1920, as stated in a certificate of birth
birth orfiled by M. Callaway Jeplin, M. D.
death (name of physician or midwife, or undertaker for death)with the Local Registrar for the city of Boise, County of Ada,

Idaho, on the _____ day of _____ 19____.

That the following facts set forth in said certificate are not correctly
stated therein, to wit: Father's birthplace, Mother's full maiden name.Full name of child. Age of Mother at time of this birth.That affiant upon her own knowledge states the true facts to be,
his, herand the changes necessary to make the record correct are, as follows, Age of Mother 2Father's birthplace, Cambridge, Idaho. Mother's birthplace, Glengary, OhioInverness, Scotland. Mother's full maiden name, Mabel Marie Gordon.Full name of child, Gordon Ian Haskett.Affiant Mrs G. W. Ray.Address Brownlee Oregon.Subscribed and sworn to before me this 14 day of Feb 1941Ora E. Robinette
Notary Public-STATE OF Oregon)
COUNTY OF Baker) SS.NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAY 22, 1943

_____ of _____

being first duly sworn, deposes and says that She has knowledge of the facts
hereinbefore alleged and that the said facts as stated are true.Affiant Mrs G. W. Ray.Address Brownlee Oregon.Subscribed and sworn to before me this 14 day of Feb 1941Ora E. Robinette
Notary PublicNOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAY 22, 1943

DFC 18 1241

SEP 24 1953

APR 9 1965

419-126-001-897

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 76474No. 1612 N 13 St.Primary Registration District No. 1004Registered No. 89Hospital msFULL NAME OF CHILD Wayne Russell Marsh

Sex of Child <u>m</u>	Twin Triplet or other? <u>Single</u> and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 26</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER <u>Jeane Elmer Marsh</u>	FULL MAIDEN NAME MOTHER <u>Lucy Helen Higgins</u>
---	---

RESIDENCE <u>Boise</u>	RESIDENCE <u>Boise</u>
------------------------	------------------------

COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>29</u> (Years)
---	---

BIRTHPLACE <u>Alto Wash.</u>	BIRTHPLACE <u>Denver Colo.</u>
------------------------------	--------------------------------

OCCUPATION <u>Laborer</u>	OCCUPATION <u>Housekeeper</u>
---------------------------	-------------------------------

Number of child of this mother, including present birth	Number of children of this mother now living, including present birth
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3:10 p.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

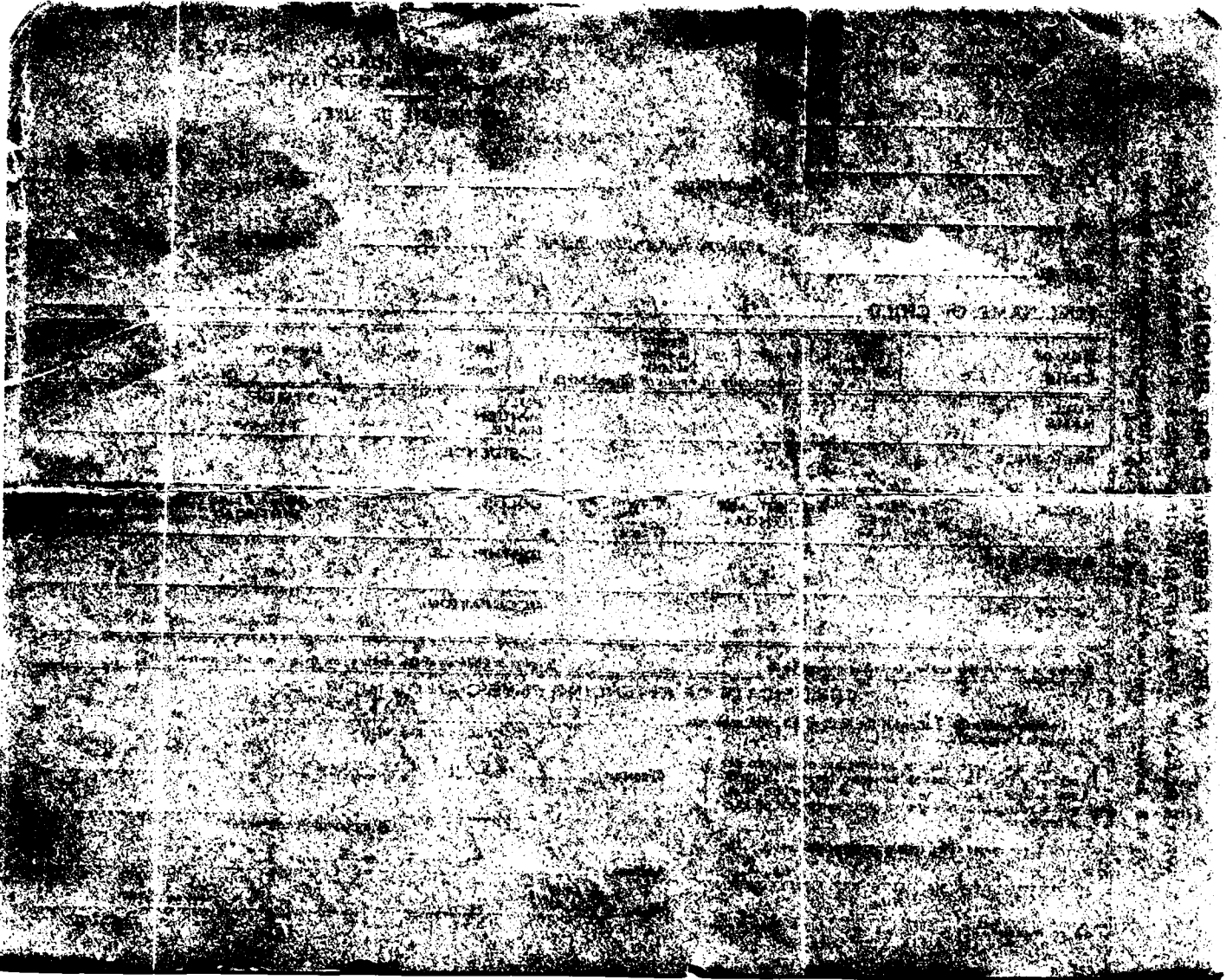
(Signature) F. W. Almond M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Boise

Filed 2/28 20 Registrar L. J. Johnson



218-727.001-253

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH
County of AdaCity of BoiseNo. 908 N. 20th St.Registration District No. 2 File No. 76475

Hospital _____

Primary Registration District No. 1004 Registered No. 90

FULL NAME OF CHILD

William Edward Bayhouse

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>2-27-</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>Al Bayhouse</u>	FATHER
RESIDENCE <u>908 N. 20th St. Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Florist</u>	

FULL MAIDEN NAME <u>Anna J. Kels.</u>	MOTHER
RESIDENCE <u>908 N. 20th St. Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was born alive, at 10²⁵ p.m.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

FEB 20 1967

253-128-001-255
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

County of Ada

City of Boise

No. 419 So 5 St.

Registration District No. 2

File No. 76476

Primary Registration District No. 1004

Registered No. 91

Hospital _____

Full Name of Child _____

SEX OF CHILD <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>3 28 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Vicente Bellon</u>			MOTHER FULL MAIDEN NAME <u>Arelina Bengardson</u>	
RESIDENCE <u>419 So 5 St</u>			RESIDENCE <u>419 So 5 St</u>	
COLOR <u>Bl.</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)		COLOR <u>Bl.</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Spain (Basco)</u>			BIRTHPLACE <u>Spain (Basco)</u>	
OCCUPATION <u>Sheepman</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Peterson
Physician
(Physician or midwife)

Given names added from a supplemental report

Address 228 East 20 St
Filed 1920
Registrar Fred A. Peterson

SECRET



SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

419-226-001-399

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada (10)
City of Boise Registration District No. 8 File No. 76477
No. Pelluvier St. Primary Registration District No. 2004 Registered No. 6
Hospital _____
FULL NAME OF CHILD Rhoda Mae Mareks.

Sex of Child <u>F</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan 26</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Leslie M Mareks</u>	FATHER	FULL MAIDEN NAME <u>Neometta Crisler</u>	MOTHER
RESIDENCE <u>Boise</u>		RESIDENCE <u>Boise</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Boise</u>		BIRTHPLACE <u>Emmett Idaho</u>	
OCCUPATION <u>Grocery clerk</u>		OCCUPATION <u>H.W.</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Boise
Filed 2/3 1920 L. J. Roman
Registrar

JUL-12 1965

SEP 29 1943

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. Beacon St - St.Registration District No. 8File No. 76478Hospital Primary Registration District No. 2004Registered No. 7FULL NAME OF CHILD CLYDE HOMER MILLER

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 28</u> <u>1920</u> (Month) (Day) (Year)
------------------------	---	---------	--------------------------------	----------------------------	--

FULL NAME <u>William Feather Miller</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
RESIDENCE <u>Beacon St - S. Boise</u>	
COLOR <u>white</u>	
BIRTHPLACE <u>West Virginia</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Mae M. Row</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
RESIDENCE <u>Beacon St - S. Boise</u>	
COLOR <u>white</u>	
BIRTHPLACE <u>Colo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address 303 Mc Party BldgFiled 2/14 1920

Registrar

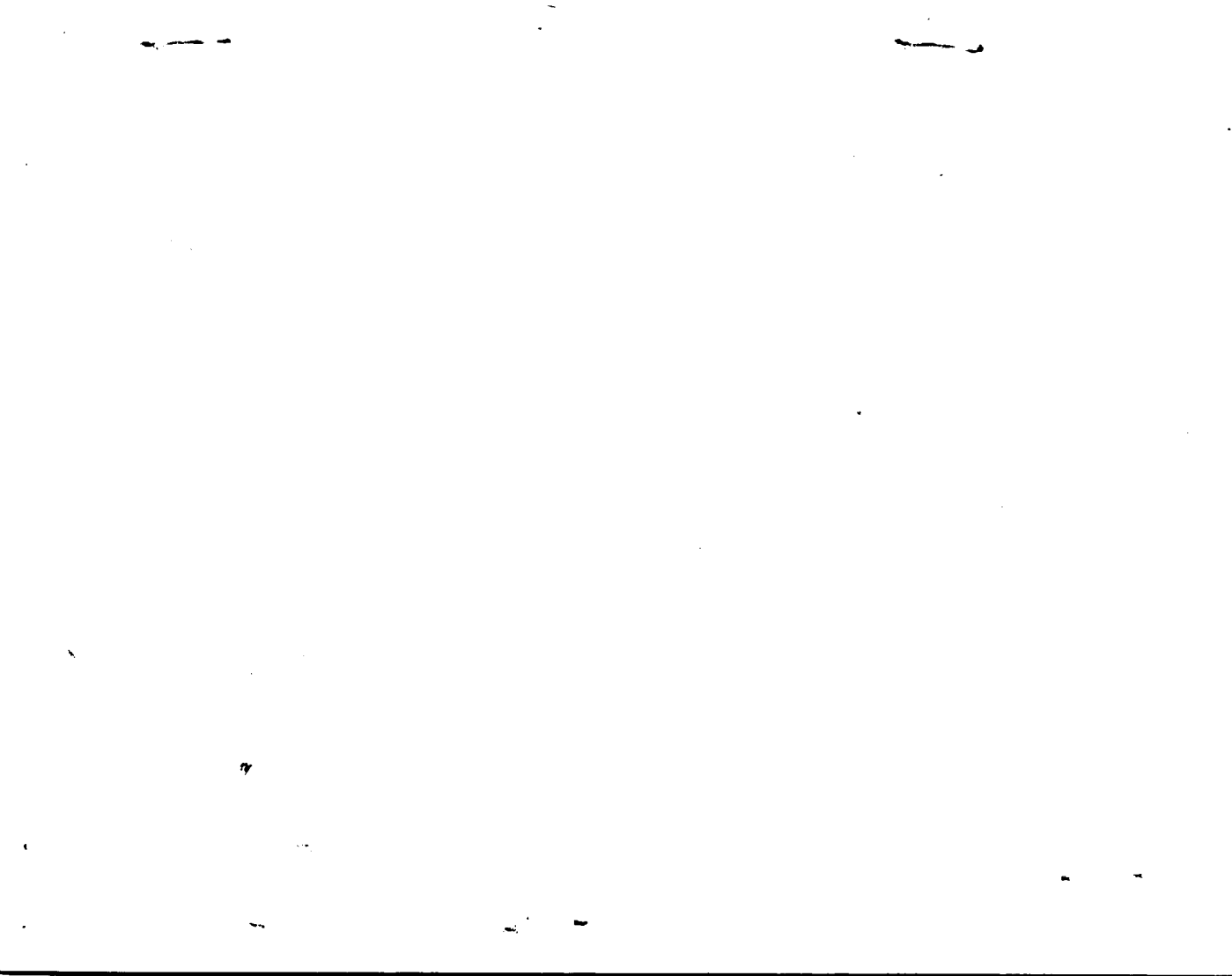
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clark } ss. Certificate No. 76478
Date Filed Jan 28 1920

The undersigned does solemnly swear that certain facts on the certificate of Birth
(BIRTH OR DEATH)
for Clyde Homer Miller who born on January 28, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Bible Record prepared on January 28, 1920 are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
<u>name</u>	<u>unnamed</u>	<u>Clyde Homer Miller</u>
<u>father's name</u>	<u>Clyde Homer Miller</u>	<u>William L. Miller</u>

Subscribed and sworn to before me this 6th
day of April 19 22 Signed Mrs Wm L Miller

Clerk of the District Court, Clark County,
Notary Public, residing at
Idaho
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

My commission expires
(SEAL) (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of 19 Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at
My commission expires
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 9 1942

112-109.001-289

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoseNo. 1110 VermontRegistration District No. 8File No. 76479

Hospital _____

Primary Registration District No. 2004Registered No. 8

FULL NAME OF CHILD

Oliver T. MahoeSex of
ChildM.Twin
Triplet
or other?
(To be answered only in event of plural births){ and }
Number
in order
of birthLegiti
mate?yesDate of
BirthJan 9 1920
(Month) (Day) (Year)FULL
NAMEOliver T. Mahoe

FATHER

RESIDENCE

1110 Vermont

COLOR

whiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Kas.

OCCUPATION

laborerFULL
MAIDEN
NAMEDorothy V. Shirley

MOTHER

RESIDENCE

1110 Vermont

COLOR

whiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Ida

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive, at 4:30 A.M.
(Born alive or stillborn){ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 Mc Carthy Bldg

Filed

2/4

19

20

Registrar

Registrar

MAR 21 1942

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-220-001-864

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 8

File No. 76480

~~Boise~~ Bench

Primary Registration District No. 2044

Registered No. 9

Hospital _____

FULL NAME OF CHILD

Dorothy Gamzow

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>1-20-1920</u> (Month) (Day) (Year)
----------------------------	------------------------------	------------------------------------	------------------------	--

FATHER
FULL NAME August L. Gamzow

RESIDENCE R. D. Boise

COLOR White AGE AT LAST BIRTHDAY 26
(Years)

BIRTHPLACE Minnesota

OCCUPATION Salesman

MOTHER
FULL MAIDEN NAME Carmelita M. House

RESIDENCE R. D. Boise

COLOR White AGE AT LAST BIRTHDAY 22
(Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth, 3 Number of children of this mother now living, including present birth, 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:20 a. m. on the date above stated.
(Born alive or stillborn)

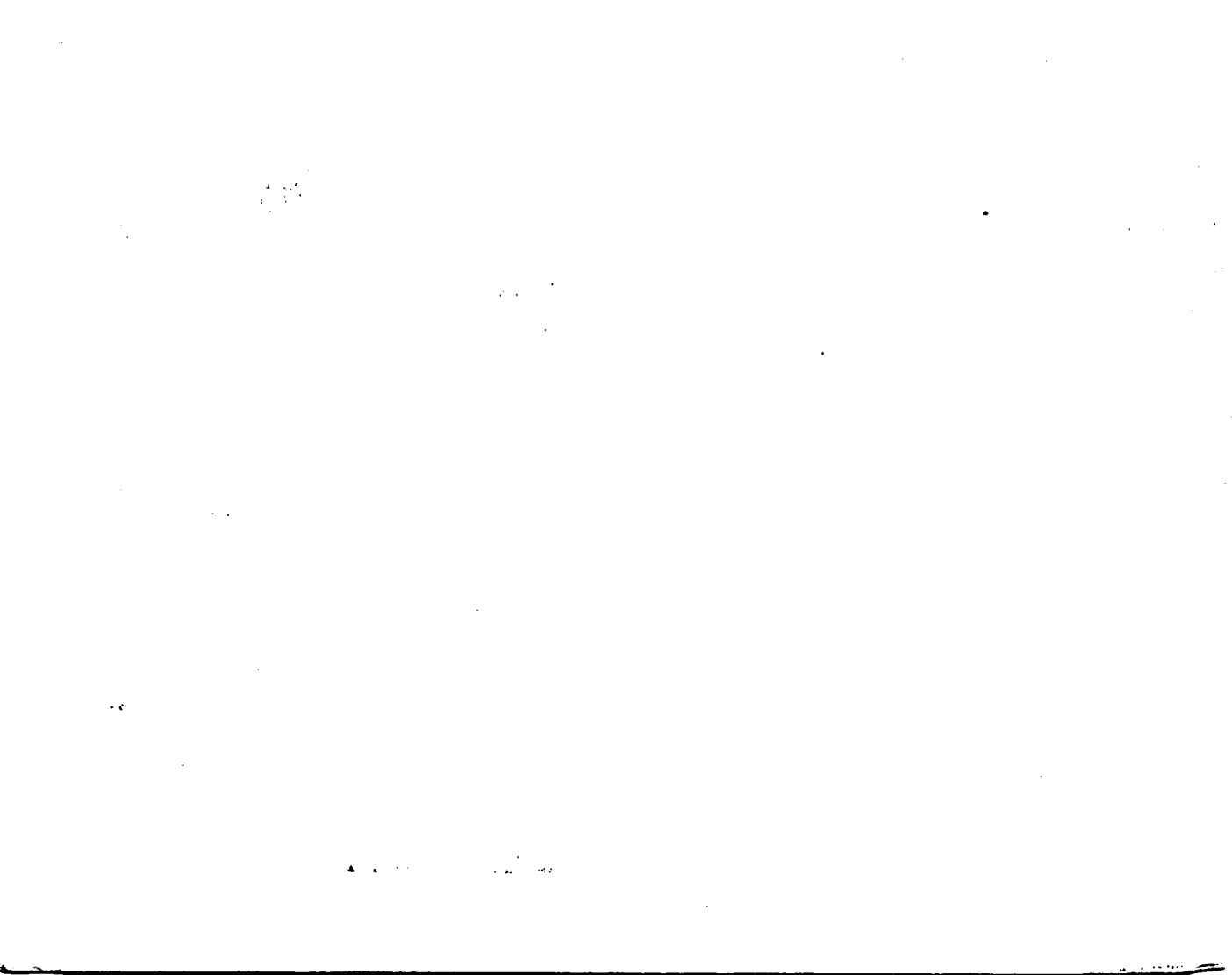
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Brantley
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho

Filed 2/12 1920 Alfman



271-129-001-356
PLACE OF BIRTH

Form V. S. No. 11-25m-4-15-18

County of AdaSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Boise R D #2Registration District No. 8File No. **76481**

No. _____ St. _____

Primary Registration District No. 2004Registered No. 10

Hospital _____

Full Name of Child

Harold Warren Spangenberg

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 29 1920</u> (Month) (Day) (Year)
--------------------------	---	---------------------------------------	-----------------------------	---

FULL NAME <u>Harold Spangenberg</u>	FATHER
RESIDENCE <u>Boise R D #2</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Lulu Leonard</u>	MOTHER
RESIDENCE <u>Boise R D #2</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5..... Number of children of this mother now living, including present birth 5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P M.
on the date above stated. (Born alive or Stillborn)

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

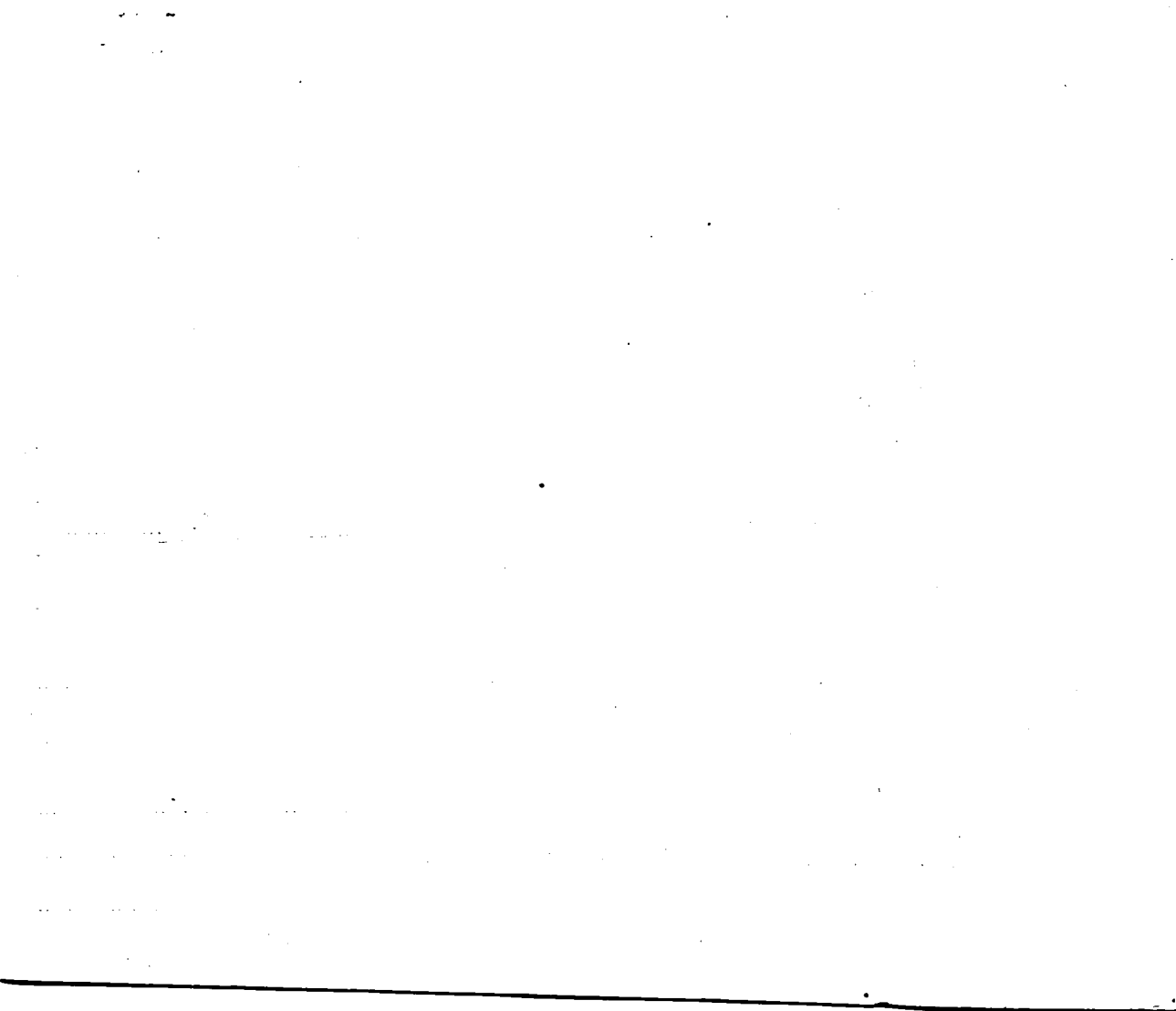
(Signature) P. P. French M D

(Physician or midwife)

Given names added from a supplemental report

Address 417 Overland Bldg Boise IdaFiled 2/9 1920Registrar L. W. Johnson

Registrar



649-218-001-138
PLACE OF BIRTH

Form V. S. No. 11-50-1000

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of ada

City of Boise

No. 216 So 9 St.

Hospital

Registration District No. 8

File No. 76482

Primary Registration District No. 2004

Registered No. 11

Full Name of Child Odiaga

SEX OF CHILD <u>Fe</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>2 18</u> (Month) (Day)
FULL NAME <u>Anastis odiaga</u>		FULL MAIDEN NAME <u>Rosa Achaal</u>	
RESIDENCE <u>216 So 9th</u>		RESIDENCE <u>216 So 9th</u>	
COLOR <u>St</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>St</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Spain</u>		BIRTHPLACE <u>Spain</u>	
OCCUPATION <u>Sheepman</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report

Address 219 So 20
Registrar [Signature]

STATE OF IOWA
DEPT. OF HEALTH
BIRTH RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 1-4-61
PLACE OF BIRTH

415-131-001-231

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. RD #4 St.

Registration District No. 8

File No. 76484

Hospital

Primary Registration District No. 2004

Registered No. 13

FULL NAME OF CHILD Standlee Joe Davis

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> and {Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>Jan. 31, 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER FULL NAME <u>Virgil Davis</u>	FULL MAIDEN NAME <u>Chettie Standlee</u>
RESIDENCE <u>Boise, Ida. - RD#4</u>	RESIDENCE <u>Boise, Ida. - RD#4</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Missouri</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housework</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

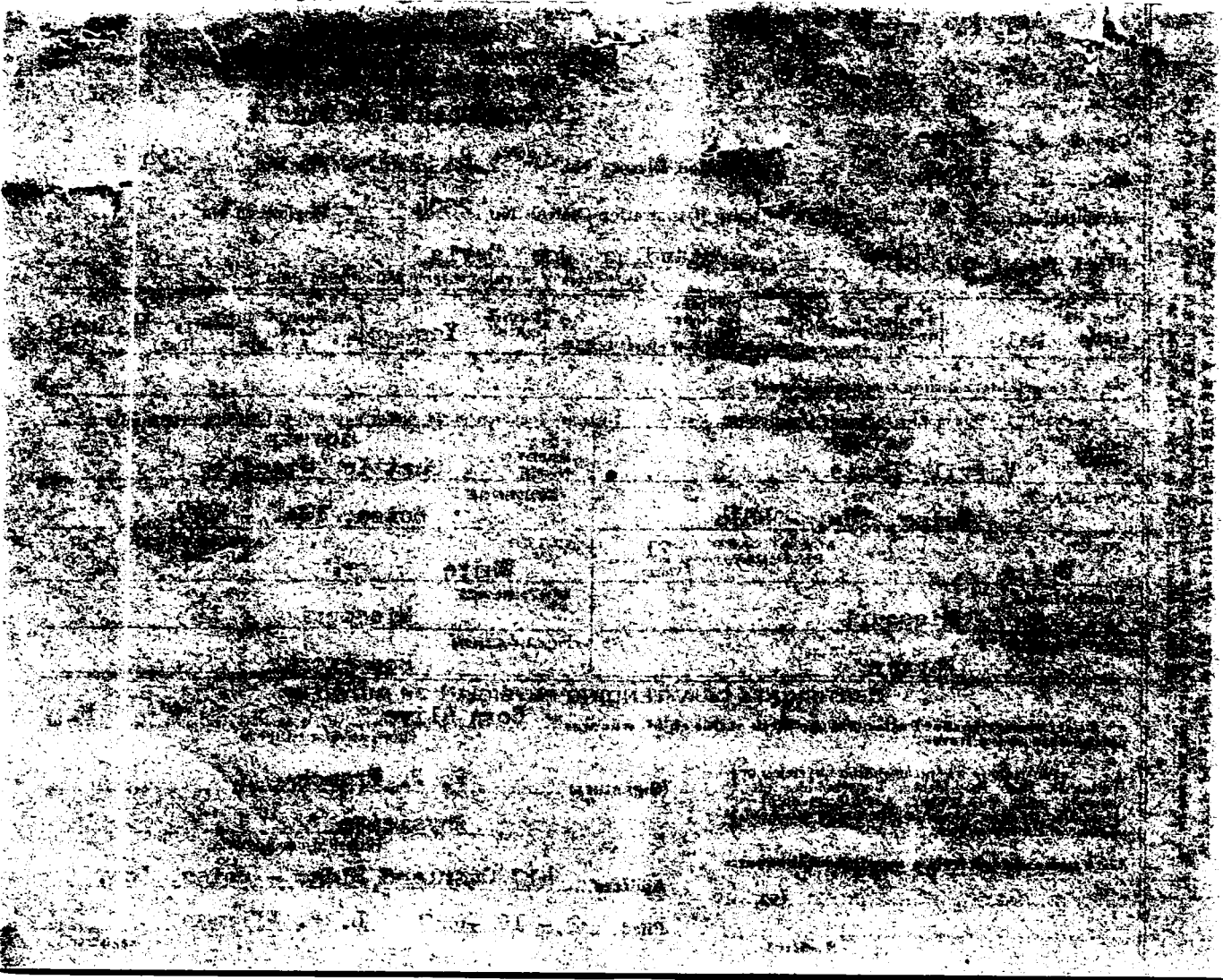
I hereby certify that I attended the birth of this child, who was Born Alive at 9 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French
Physician
(Physician or midwife)

Give names added from a supplemental report.
....., 192.....
.....
Registrar.

Address 417 Overland Bldg. - Boise, Ida.
Filed 2 - 19 - 1920 L. P. Pfirman
Registrar.



Own child's birth certificate gives name as Standlee Joe Davis dated January 31, 1930 December 13, 1940. On file in Idaho #306549.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

other documents listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of..... } ss. Certificate No. 76484
County of..... } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... birth
for..... unnamed..... who was born..... (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on January 31, 1920
(Date of Event)
in Boise, Idaho..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by..... prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

name of child..... unnamed..... Standlee Joe Davis
Mother's Maiden Name..... Chettie Stanley..... Chettie Standlee

Subscribed and sworn to before me this..... day of.....

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 122 - Eagle, Idaho
(Street Address, City, State)

Notary Public, residing at.....
My commission expires.....
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... } ss.
County of..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of.....
....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

Selective Service System, Certificate of Fitness, Jan. 16, 1945 gives full name as Standlee Joe Davis, order number S-933 - certificate issued at Boise, Idaho - viewed by V.S.

Another child's birth cert. on file: #358100 gives full maiden name of mother as Chettie Standlee - viewed by V.S.

Mother's Death Certificate on file: #55-2316 gives full name as Chettie Davis (Davis is married name), born June 30, 1891 at Viola, Missouri to Joe Standlee and Fannie Richardson, date of death, July 12, 1955 - viewed by V.S.

392-128,001-652
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Ada

City of _____

Registration District No. _____

File No. _____

76485

No. Bunch St.Primary Registration District No. 2004Registered No. 15

Hospital _____

FULL NAME OF CHILD

John Wesley Likins Jr

Sex of Child

Male

Single or other?

and

Number in order of birth

1st

Legitimate?

yes

Date of Birth

Feb 281920

(Month) (Day) (Year)

FULL NAME

John Wesley Likins

FATHER

FULL MAIDEN NAME

Bulah Webb

MOTHER

RESIDENCE

Bunch
Boise Idaho

RESIDENCE

Boise Idaho

COLOR

white

AGE AT LAST BIRTHDAY

35

(Years)

COLOR

white

AGE AT LAST BIRTHDAY

35

(Years)

BIRTHPLACE

Mich

BIRTHPLACE

Brown Co Mich

OCCUPATION

Station agent Boise Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive Feb 28 1920 at One P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. W. Cameron
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise Idaho

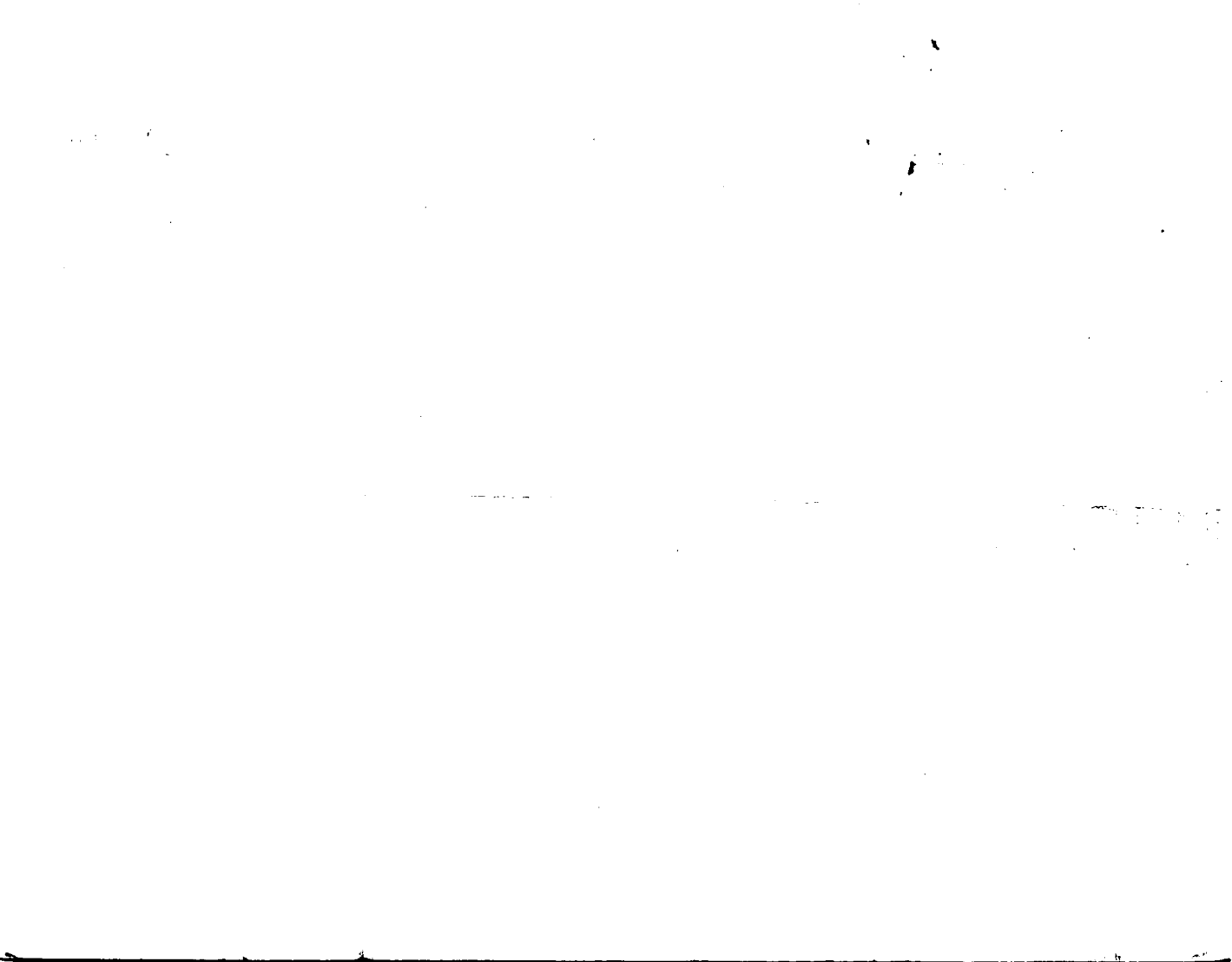
Filed

2/28 20
W. J. Cameron

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



713-121-801-713

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Ada

City of _____

No. Bunch St. _____

Registration District No. _____

File No. _____

76486

Hospital _____

Primary Registration District No. 2007Registered No. 14

FULL NAME OF CHILD

Daniel Laneone Palmer

Sex of Child

MaleTwin
Triplet
or other?{ and { Number
in order
of birth4thLegiti-
mate?yesDate of
BirthFeb 21st1920FULL
NAMEFATHER
O. P. Palmer

RESIDENCE

Boise Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY41
(Years)

BIRTHPLACE

Barber Kansas

OCCUPATION

RancherFULL
MAIDEN
NAMEMOTHER
Mora S Patterson

RESIDENCE

Boise Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Andrew Co Kansas

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Alma Feb 21stat 4 P M.

(Name and sex of child)

{ *When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth. }

(Signature)

J. L. Loffman
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise Idaho

Filed

2/28 1920L. Loffman

JAN 19 1956

c.c. 6/14/41. w.h.

436-112 001-819

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

FORM V. B. No. 11-C-25m-5-5-27

CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 11File No. 76487No. 203Primary Registration District No. 203Registered No. 203Hospital St. Luke'sFULL NAME OF CHILD Donald Clinton McGarland

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 13 1900</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER FULL NAME <u>Donald Clinton McGarland</u> RESIDENCE <u>Meridian, Ida.</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Farmer</u>	MOTHER FULL MAIDEN NAME <u>Clara E. Harmon</u> RESIDENCE <u>Meridian, Ida.</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Kansas</u> OCCUPATION <u>Housewife</u>
---	---

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive & stillborn at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. C. Dutton

(Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Ida.Filed Feb 13 1900 Dr. C. C. Dutton

Registrar

Registrar

168-215-001-133

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of aduCity of Eagle

No. _____ St. _____

Registration District No. 9File No. 76488

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD GLADYS FAE JOHNSON

Sex of Child <u>F</u>	Twin Triplet or other? <u>—</u> and <u>—</u> Number in order of birth <u>—</u>	Legit mate? <u>yes</u>	Date of Birth <u>2</u> <u>15</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME FATHER Robert E. JohnsonRESIDENCE EagleCOLOR W AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE PaOCCUPATION FarmerFULL MAIDEN NAME MOTHER Pearl AllenRESIDENCE EagleCOLOR W AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE IdaOCCUPATION Hom.Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 a. m. on the date above stated. (Born alive or stillborn)

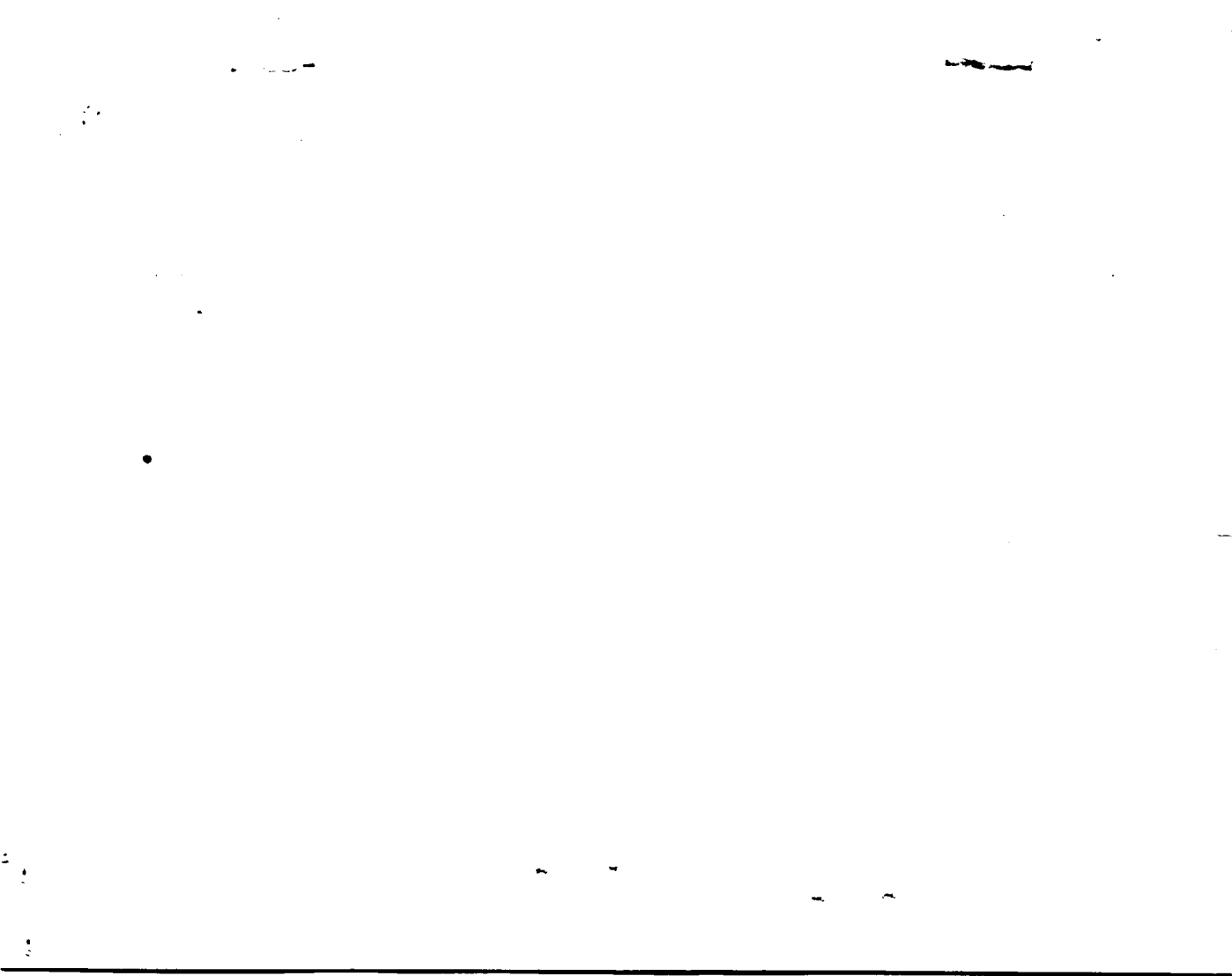
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address 1212 E. Idaho
Filed Feb. 20 1920 W. F. K. Lown
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } SS. JAN 20 1942 Certificate No. 76488
County of Ada Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth
for no name given who born on Feb. 15, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Idaho Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Physician prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
name No name given Gladys Fae Johnson

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed Mary A. Callaway
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } SS. [THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
JAN 20 1942 (REGISTRAR'S SIGNATURE)

JAN 20 1942

PLACE OF BIRTH

242-109201-219
County of Meriden

DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Meriden

Registration District No. 11

File No. 76489

No. 2003 St.

Primary Registration District No. 2003

Registered No. 2003

Hospital

FULL NAME OF CHILD Ralph Barber Barber

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate Yes Date of Birth Feb 9 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME John Barber
RESIDENCE Meriden, Conn.
COLOR White AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Conn.
OCCUPATION Carpenter

MOTHER
FULL MAIDEN NAME Cara B. Barber
RESIDENCE Meriden, Conn.
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Conn.
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 20 M. on the 9th day of Feb 1920.
(Born alive or stillborn)

When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. H. Barber

Given names added from a supplemental report.

Address Meriden, Conn.

Filed Feb 13 1920 Wm. H. Barber
Registrar

Registrar

JAN 14 1960

SEP 18 1959

469-111-001-413
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-2-2-27

CERTIFICATE OF BIRTH

County of....*Ada*
 City of....*Boise* Registration District No.*11* File No.*76490*
 No.*R. D. 1* St. Primary Registration District No.*203* Registered No.
 Hospital
 FULL NAME OF CHILD*Carl Arthur Morrison*

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth of birth	Legitimate? <i>Yes</i>	Date of Birth <i>Feb 11 1920</i> (Month) (Day) (Year)
FATHER FULL NAME <i>James G. Morrison</i> RESIDENCE <i>Boise, R. D. 1</i> COLOR <i>White</i> BIRTHPLACE <i>Idaho</i> OCCUPATION <i>Farmer</i>			MOTHER FULL MAIDEN NAME <i>Reta Wallace</i> RESIDENCE <i>Boise, R. D. 1</i> COLOR <i>White</i> BIRTHPLACE <i>Idaho</i> OCCUPATION <i>Housewife</i>	
AGE AT LAST BIRTHDAY <i>26</i> (Years)			AGE AT LAST BIRTHDAY <i>23</i> (Years)	
Number of child of this mother, including present birth.... <i>3</i>			Number of children of this mother now living, including present birth.... <i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....*born alive*..... at.....*H. P. M.*
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*Carl Arthur Morrison*.....

(Physician or midwife)

Given names added from a supplemental report.

Address.....*Meridian, Idaho*.....Filed.....*Feb 13 1920*.....

Registrar

Registrar

SEP 21 1971

331-105.001-239
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-2-17

County of AdaCity of Boise

Registration District No.

File No. 76491

No. St.

Primary Registration District No.

Registered No.

Hospital N. L. L.FULL NAME OF CHILD Howard Glenn ClayvilleSex of Child Male Twin Triplet or other? None and Number in order of birth 1 Legitimacy Yes Date of Birth Feb 5 20
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME Fred. ClayvilleRESIDENCE Witch, IdahoCOLOR White AGE AT LAST BIRTHDAY 26
(Years)BIRTHPLACE TexasOCCUPATION LaborerFULL NAME Lara M. ScrippsRESIDENCE Witch, IdahoCOLOR White AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE KansasOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Meridian, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian, IdahoFiled Feb 6 20

Registrar

Registrar

MARGIN RESERVED FOR BINDER
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1374

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 76491
County of Ada }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Howard Keith Clayville who was born on February 5, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Boise Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

middle name Kieth Howard Glenn Clayville
mother's name Lora A. Lora Martha Scrivner

Subscribed and sworn to before me this 14th
day of October, 1946.

F. H. Wegener
Notary Public, residing at Boise Idaho
My commission expires June 11th, 1944
(Seal)

Signed F. L. Clayville
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

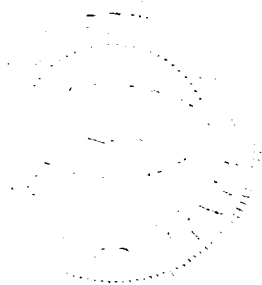
Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

OCT 15 1942
DEC 2 1942

DEC 14 1942



259 111-001-796

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. E. No. 11-0-724440

CERTIFICATE OF BIRTH

County of AdaCity of MeridianRegistration District No. 11File No. 76492

No. St.

Primary Registration District No. 203

Registered No.

Hospital

FULL NAME OF CHILD Frank Archibald Serean

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth	Legiti- mate <u>Yes</u>	Date of Birth <u>Jan 11 1920</u> (Month) (Day) (Year)
--------------------------	--	--------------------------------------	----------------------------	---

FATHER		MOTHER	
FULL NAME <u>Frank C. Serean</u>	FULL MAIDEN NAME <u>Doris Joan</u>	FULL NAME <u>Doris Joan</u>	FULL MAIDEN NAME <u> </u>
RESIDENCE <u>Meridian, Ada</u>	RESIDENCE <u>Meridian, Ada</u>	RESIDENCE <u>Meridian, Ada</u>	RESIDENCE <u> </u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>New York</u>	BIRTHPLACE <u>Nebraska</u>	BIRTHPLACE <u>Nebraska</u>	BIRTHPLACE <u> </u>
OCCUPATION <u>Truck Driver</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u> </u>

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... at 7:35 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Doris Joan Serean

Given names added from a supplemental report.

Address Meridian, AdaFile No. 203

Registrar

Registrar

No. 10-70 11-20-68

CHALLENGE TO THE
SOCIETAL ORDER OF THE
FUTURE TO BE A

H. 57-10700-11

..... 1950

APR 18 1944

219207001-363
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-17

County of... Ada

City of... Boise

Registration District No. 11

File No. 76493

No. 2003

Primary Registration District No. 2003

Registered No. 2003

Hospital... St. Alphonsus

FULL NAME OF CHILD Elizabeth Ann Barber

Sex of Child <u>Female</u>	Twin Triplet or other (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 7 20</u> (Month) (Day) (Year)
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FULL NAME FATHER Lee H. Barber

FULL MAIDEN NAME MOTHER Belle Lockman

RESIDENCE Boise, Idaho

RESIDENCE Boise, Idaho

COLOR White AGE AT LAST BIRTHDAY 22
(Years)

COLOR White AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE Kaysville

BIRTHPLACE Idaho

OCCUPATION Stockman

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive of (liveborn) at 6:10 PM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Belle Lockman
Physician or midwife

Given names added from a supplemental report.

Address Meridian, Idaho
File Feb 7 20
Registrar Alice H. Dutton

DEC 27 1946

367107-001-236

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of EagleNo. R.D. # 1 St.Registration District No. 9File No. 76494Hospital —Primary Registration District No. —Registered No. —FULL NAME OF CHILD Elwood Cope

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
Birth2 - 7 - 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Marshall E. Cope

RESIDENCE

R.D. # 1, Eagle, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY46
(Years)

BIRTHPLACE

Michigan

OCCUPATION

Farm LaborerFULL
MAIDEN
NAME

MOTHER

Mary L. Saffer

RESIDENCE

R.D. # 1, Eagle, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

Michigan

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 A. M.
on the date above stated. (Born alive or stillborn)

(Signature)

J. M. Draxton

(Physician or midwife)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

Feb. 1519 20L. F. K. Lewis

Registrar

Registrar

FEB 21 1963

DEC 5 1961

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

266131-003-397
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

76495

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Registration District No. 84

File No. 50

Hospital St. Anthony's

Primary Registration District No. 2161

Registered No. 311

FULL NAME OF CHILD Morton Booth

Sex of Child <u>Male</u>	Twins or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>January 31</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	----------------------------	-----------------------------------	------------------------	--

FATHER
FULL NAME Clarence Morton Booth

RESIDENCE 123 N. Hayes Avenue Pocatello, Idaho

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Indiana

OCCUPATION Lawyer

MOTHER
FULL MAIDEN NAME Edith Emma Lightfoot

RESIDENCE 123 N. Hayes Avenue Pocatello, Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Penns Ferry, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

19

(Physician or midwife)
Address Pocatello Idaho
Filed Feb 25, 1920 O. B. [Signature]

Registrar

Registrar

IDAHO
AL STATISTICS

OF BIRTH

84

CM

Registration District

Library Registration

Number
and in order
of birth

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

493231-003-436
PLACE OF BIRTH

County of Bennett

City of Bratello

No. 11347102 St.

Hospital No.

FULL NAME OF CHILD

Registration District No. 84

Primary Registration District No. 20

File No. 50

Registered No. 3817

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76496

Sex of Child Female Twin No Triplet No and + Number in order of birth 1 Legitimate Yes Date of Birth Jan 31 19 20
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Washmer Miller
RESIDENCE 1134 N. Arthur
COLOR White AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Benton Colorado
OCCUPATION Teacher

FULL MAIDEN NAME MOTHER Martha McFadden
RESIDENCE 1134 N. Arthur
COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Clifton Colorado
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12.30 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

(Physician or midwife)

Address

Filed

Registrar

Registrar

Pocatemoes Idaho
Feb 25, 1920
A. B. Seeger

011-100

1.0001 100

14

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-126-003-113

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

76497

County of BannockCity of PocatelloRegistration District No. 12File No. 50No. General St.Primary Registration District No. 261Registered No. 9115Hospital GeneralFULL NAME OF CHILD - Gordon N. Raymond

Sex of Child <u>M</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>1-26-20</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME FATHER Dwight D. RaymondFULL MAIDEN NAME MOTHER Grace JacksonRESIDENCE PocatelloRESIDENCE PocatelloCOLOR W AGE AT LAST BIRTHDAY 21
(Years)COLOR W. AGE AT LAST BIRTHDAY 21
(Years)BIRTHPLACE McCallum IdahoBIRTHPLACE Pocatello IdahoOCCUPATION Shipping ClerkOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

Address Pocatello IdahoFiled Feb 27 1920 [Signature]

Registrar

Registrar

APR 28 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 76497
County of Bannock }
The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Raymond (Male) who was born on Jan. 26, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

(Give Date)

TO
(The Correct Facts)

child's name Unnamed

Gordon N. Raymond

Subscribed and sworn to before me this 14th day of
May, 19 75

Signed Gordon N. Raymond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Pocatello, Idaho
My commission expires July 25, 1977
(Seal)

446 W. Whitman, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of
May, 19 75

Signed Nelson C. Love
(Signature of Any Credible Person)

Notary Public, residing at Pocatello, Idaho
My commission expires July 25, 1977
(Seal)

446 W. Whitman, Pocatello, Idaho
(Street Address, City, State)

Separation Qualification Record from the U.S. Army gives name as Gordon N. Raymond
born Jan 26, 1920. dte of separation Oct 8, 1945. viewed by V S. FEB 25 1977

Ins. Policy from Metropolitan Life Ins. Co gives name as Gordon N. Raymond.
policy No. 5 341 767. dated Oct 28, 1950. viewed by V. S.

389-125-003-684

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

76498

County of

City of

No.

Registration District No.

File No.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

George Arthur

Sex of
Child

male

Twin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?

yes

Date of
BirthJan 25 1920
(Month) (Day) (Year)FULL
NAME

Arthur R Thiel

FATHER

RESIDENCE

Pocatello Idaho

COLOR

white

AGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Salemburg Ill

OCCUPATION

Acetylene Welder

FULL
MAIDEN
NAME

Hattie Alta Wymann

MOTHER

RESIDENCE

Pocatello Idaho

COLOR

white

AGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Kansas

OCCUPATION

Housewife

Number of child of this mother, including present birth

3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

4:45 a. M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

O. B. Steeg

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

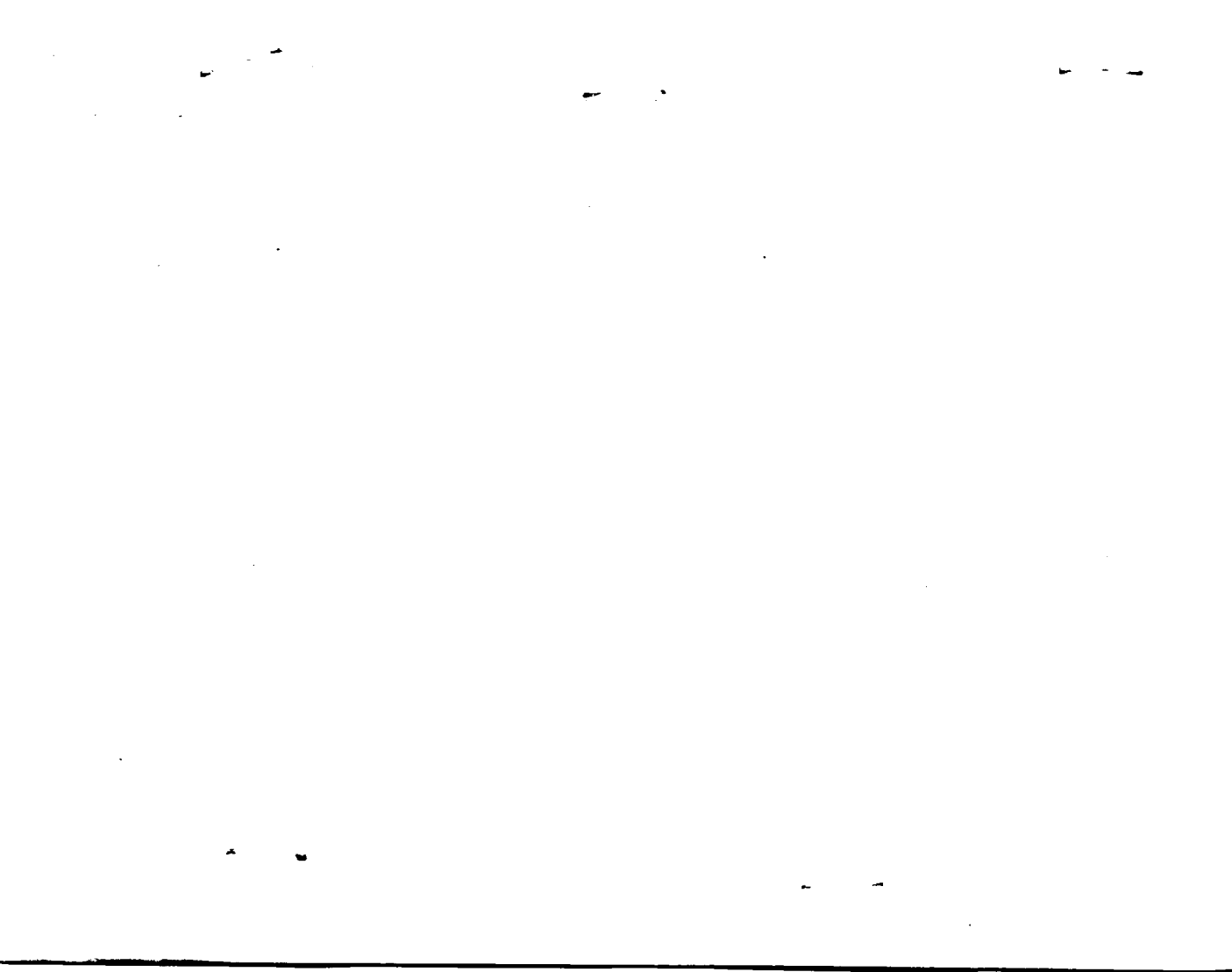
Filed

Feb 10 1920

19

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. Certificate No. 76498
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Thiel (male child) who was born on Jan. 25, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child Unnamed George Arthur Thiel

Subscribed and sworn to before me this 7 day of

August, 1963

Notary Public, residing at Pocatello, Idaho

My commission expires Sept. 28, 1964

(Seal)

Signed Francis A. Kersh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4574 Irving St.
(Street Address, City, State) Bonne.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....

(Seal)

(Street Address, City, State)

Marriage License on file Idaho, File #49-19312, gives name of groom as George Arthur Thiel. Viewed by V. S. Married Sept. 24, 1949, in Ada County.

Birth certificate of child on file Idaho, File #51-01186, gives name of father as George Arthur Thiel. Child born February 3, 1951. Viewed by V. S.

AUG 7 1963

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864125-003-291
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

76499

County of Pannock

City of Pocatello

Registration District No. 84

File No. 56

No. 301 N. Harrison St.

Primary Registration District No. 2161

Registered No. 3106

Hospital _____

FULL NAME OF CHILD

Young

Sex of Child <u>male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan 25</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FATHER
FULL NAME Eric A. Young
RESIDENCE Crystal Idaho

MOTHER
FULL MAIDEN NAME Clara A. Brandt
RESIDENCE Crystal Idaho

COLOR white AGE AT LAST BIRTHDAY 26
(Years)

COLOR white AGE AT LAST BIRTHDAY 26
(Years)

BIRTHPLACE Sweden

BIRTHPLACE Sweden

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

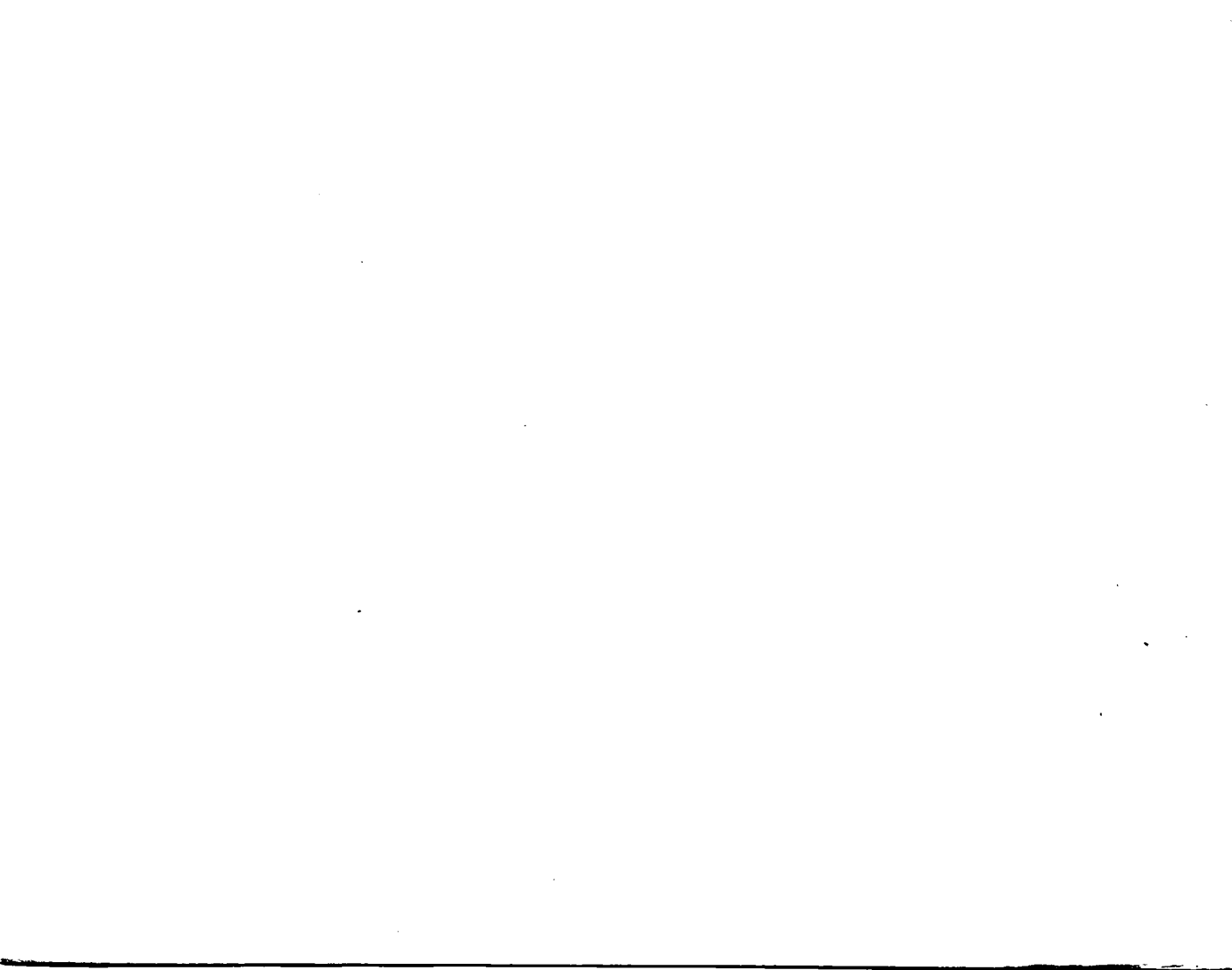
I hereby certify that I attended the birth of this child, who was above, at 4:30 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Stealy
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho
Filed Feb 10 20 1920 O. B. Stealy
Registrar



PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76500

County of DonnackCity of PocatelloNo. 307 So 7th Ave St.Registration District No. 84File No. 56

Hospital _____

Primary Registration District No. 210Registered No. 3015FULL NAME OF CHILD Iva MaudeRossallSex of Child femaleTwin
Triplet
or other?
(To be answered only in event of plural births)and
Number
in order
of birthLegiti
mate?Date of
BirthJan 23 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Donald A RossallFULL
MAIDEN
NAME

MOTHER

Ina C Shaw

RESIDENCE

Pocatello Idaho

RESIDENCE

Pocatello Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY25
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Springfield Mo.

BIRTHPLACE

Clarion Co., Penna.

OCCUPATION

Teacher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. B. Steely

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

Feb 10 1920

Registrar

Registrar O. B. Steely

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

013-95

MAY 13 1953

APR 20 1962

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLATE OF
 816-118-403-366
 County of Barren
 City of Lawrenceburg
 Registration District No. File No. 36
 No. Primary Registration District No. 2 Registered No. 3004
 Hospital
 FULL NAME OF CHILD LaVern E. Frank
 Sex of Child Male { born single } and { Number in order of birth } Legiti- Date of Jan 18 1920
 Child Male mother? (To be answered only in event of plural births) mate? yes Birth (Month) (Day) (Year)
 FULL NAME Ulan E. Frank FATHER FULL MAIDEN NAME Georgie Z. Tool MOTHER
 RESIDENCE Pebble, Ida RESIDENCE Pebble, Ida
 COLOR white AGE AT LAST BIRTHDAY 24 (Years) COLOR white AGE AT LAST BIRTHDAY 21 (Years)
 BIRTHPLACE Brester, Kansas BIRTHPLACE Ft. Collins, Colo
 OCCUPATION school teacher OCCUPATION housewife
 Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2
 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born alive at 10.4 M.
 on the date above stated. (Born alive or stillborn)
 { *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. } (Signature) O. P. Hemming, M.D.
Lawrenceburg, Ida
 (Physician or midwife)
 Given names added from a supplemental report.
 Address 19
 Filed Feb 20 20 O. P. Hemming
 Registrar Registrar

SEP 23 1970

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. **JUN 22 1970** Certificate No. **76501**
County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of **birth**
for **Milan E Hawk, Jr.** who **was born** on **Jan. 18, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **Lava Hot Springs, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)
Milan E. Hawks, Jr.

TO
(The Correct Fact(s))
L A Vern Eiven Hawk

Subscribed and sworn to before me this **17th** day of **June**, 19**70**

Signed *Milan E. Hawk*
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mary K. Gulligan
Notary Public, residing at **Spokane**
My commission expires **5/16/73**
(Seal)

E. 8605 Dalton, Spokane, wa 99203
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

Sun Life Assurance Co. of Canada No. 1511178. Age 17 years. Name: LaVern E. Hawk. Dated Sept. 10, 1936. Signed by H. W. K. Hale, Sec. Appears ~~et~~ be old Policy Viewed by V. S.

Census record from U. S. Dept. of Commerce gives name as LaVern Hawk. Date of Census 1930, April 1. Park Avenue in Shelley, Idaho. Viewed by V. S.

387-110-2003-344

County of BannockCity of PocatelloNo. 110-2003-344Hospital Bannock

FULL NAME OF CHILD

Registration District No. 12Registration District No. 26File No. 56Registered No. 3-1-3STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76502

Form V. S. No. 11-C-23m-9-8-17

Sex of Child <u>m.</u>	Twin Triplet or other? <u>-</u>	and Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>1-10-20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>George B. Chapin</u>	FATHER
RESIDENCE <u>Pocatello</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>28</u>
	(Years)
BIRTHPLACE <u>Boise, Idaho</u>	
OCCUPATION <u>Railway Mail Clerk</u>	

FULL MAIDEN NAME <u>Mary Cunningham</u>	MOTHER
RESIDENCE <u>Pocatello</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>24</u>
	(Years)
BIRTHPLACE <u>Hailey, Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1..... Number of children of this mother now living, including present birth... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 A. on the date above stated. (Born alive or stillborn)..... M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. A. [Signature]

Physician or midwife

Given names added from a supplemental report.

Address PocatelloFile Feb 27, 1920

Registrar

Registrar

100-443887-10

STATE OF TEXAS

DATE: 11/11/1964

HTSUS 40.

WV 23

5

2

365 PLACE OF BIRTH 1957

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

76503

County of BannockCity of PocatelloRegistration District No. 14File No. 10No. St. Primary Registration District No. 216Registered No. 3112Hospital St. AnthonyFULL NAME OF CHILD Robert JosephSex of Child M.Twin
Triplet
or other?

- { and

Number
in order
of birth

- {

Legitimate? yesDate of Birth 1-7-20

(Month)

(Day)

(Year)

FULL NAME Peter Edward Long

FATHER

RESIDENCE PocatelloCOLOR W.AGE AT LAST BIRTHDAY 37

(Years)

BIRTHPLACE Shrewsbury VermontOCCUPATION InsuranceFULL MAIDEN NAME Josephine Ingalls

MOTHER

RESIDENCE PocatelloCOLOR W.AGE AT LAST BIRTHDAY 27

(Years)

BIRTHPLACE Rock Spring WyoOCCUPATION HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. A. B. B. B.

Given names added from a supplemental report.

Address Pocatello IdahoRegistrar Feb 27 1920Registrar O. B. B.

816205-007-291

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-22a-9-27

County of BannockCity of Town Hot Springs

Registration District No.

84

File No.

76504

56

No. St.

Primary Registration District No. 2161Registered No. 3541

Hospital

FULL NAME OF CHILD

Dona Marin Hawkes

Sex of Child

femaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti-
mate?yesDate of
BirthJan 5
(Month) (Day) (Year)FULL
NAMEAlma W. Hawkes

FATHER

FULL
MAIDEN
NAMEAnna Kraus

MOTHER

RESIDENCE

Topay, Ida (Town Hot Springs)

RESIDENCE

Topay (Town Hot Springs, Ida)

COLOR

whiteAGE AT LAST
BIRTHDAY32
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Salt Lake City

BIRTHPLACE

Topay, Utah

OCCUPATION

farmer

OCCUPATION

housewifeNumber of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. P. Penningwell
Town Hot Springs, Ida
(Physician or midwife)

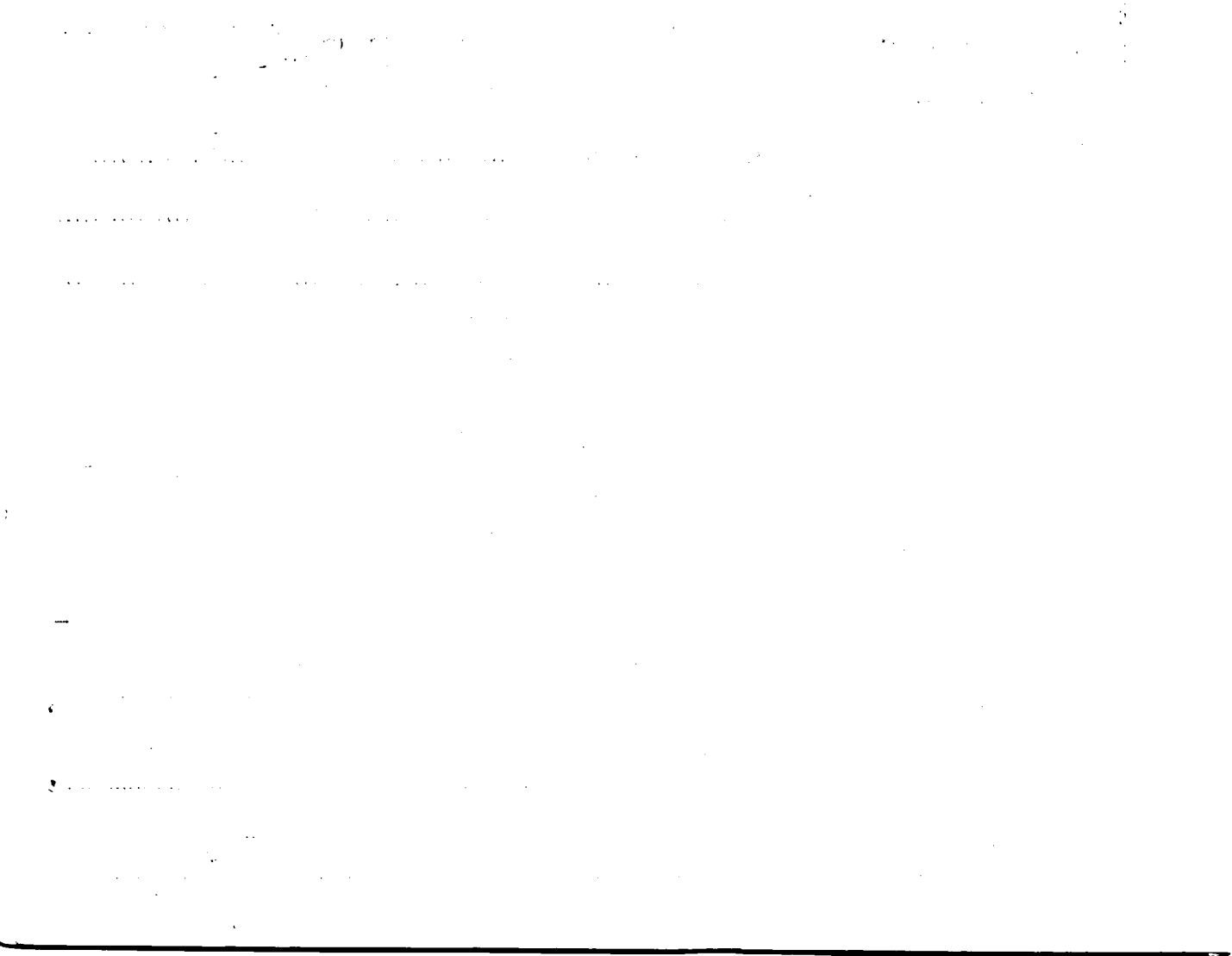
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock,City of Chesterfield.

No. _____ St.

Hospital _____

FULL NAME OF CHILD

Sidney Ford Call.

STATE OF ~~Idaho~~
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 84File No. 76508Primary Registration District No. 2161

Registered No. _____

Sex of
Child maleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
BirthFeb. 2nd.19 20

(Month) (Day) (Year)

FULL
NAME

FATHER

Sidney Call

RESIDENCE

Chesterfield

COLOR

whiteAGE AT LAST
BIRTHDAY27

(Years)

BIRTHPLACE

Chesterfield Idaho.

OCCUPATION

farmerFULL
MAIDEN
NAME

MOTHER

Amy I. Ford,

RESIDENCE

Chesterfield,

COLOR

whiteAGE AT LAST
BIRTHDAY28

(Years)

BIRTHPLACE

Centerville Utah

OCCUPATION

housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

born alive

(born alive or stillborn)

at 3.30 p. m.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

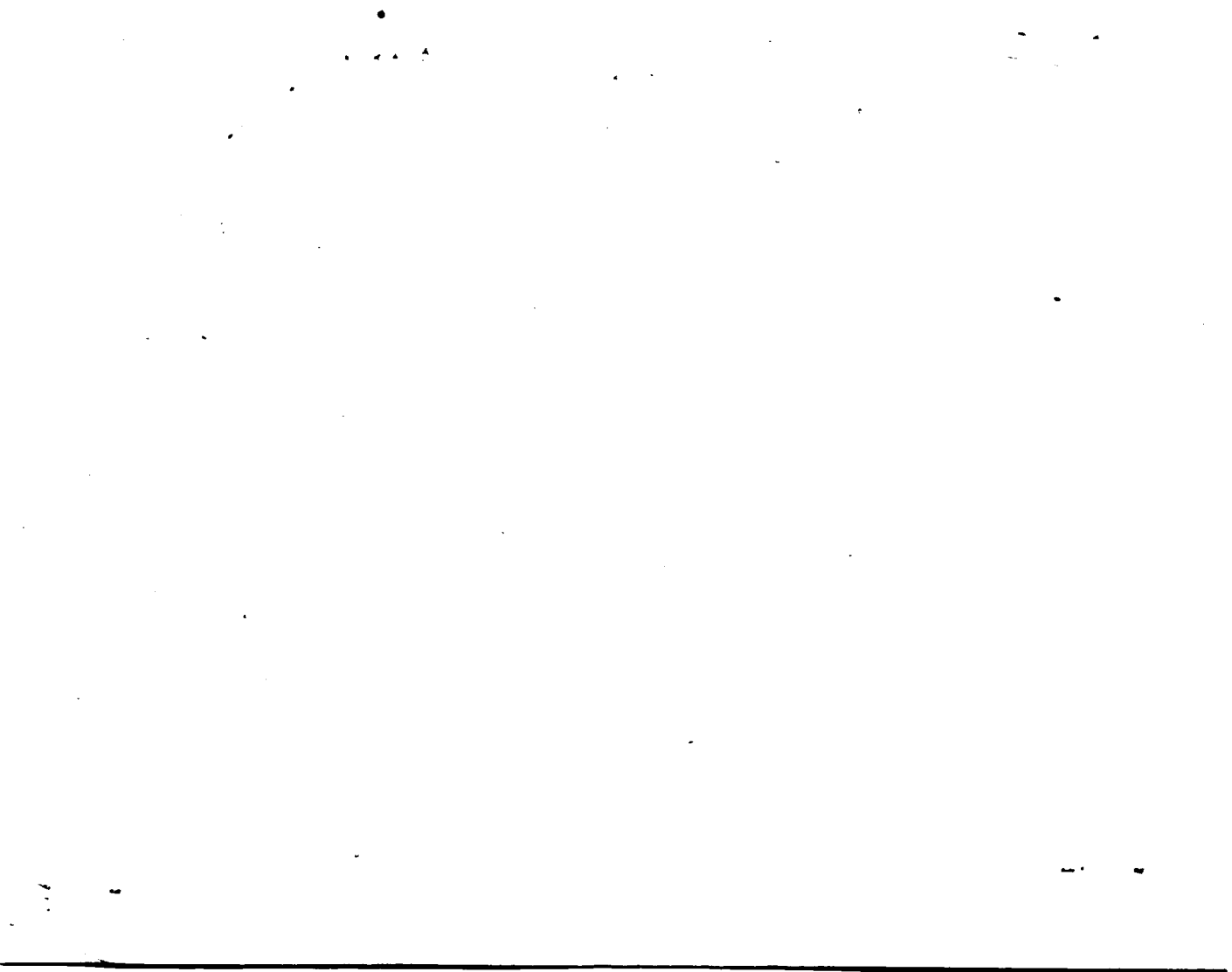
Address Bancroft Idaho.

Filed

19

Registrar

Registrar



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

APR 30 1920

SUPPLEMENTAL REPORT OF BIRTH

City

Chesterfield

Registered No.

84

Place

Street and House No.

of Birth

County

Bannock

Registration Dist. No.

5161

Sex of Child

male

Date of Birth

February 7

1920

MONTH

DAY

YEAR

Father

Sidney Cull

FULL NAME

Mother

Anna J Ford

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Sidney Ford Cull

GIVEN NAME IN FULL

SURNAME

as reported by

mother

Oscar V. Pinkerton

LOCAL REGISTRAR

NOV 24 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-103-003-867

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Battnbck

City of Hatch

Registration District No. 84

File No. 76509

No. _____ St.

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD Gerald LeRoy Christensen

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 3rd.</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-------------------------	---

FATHER
FULL NAME Alex McGee Christensen

MOTHER
FULL MAIDEN NAME R. Diana Hogan

RESIDENCE Hatch Idaho

RESIDENCE Hatch Idaho.

COLOR white AGE AT LAST BIRTHDAY 29
(Years)

COLOR white AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Thatcher Idaho

BIRTHPLACE Hatch Idaho

OCCUPATION farmer

OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10.40 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Physician
(Physician or midwife)

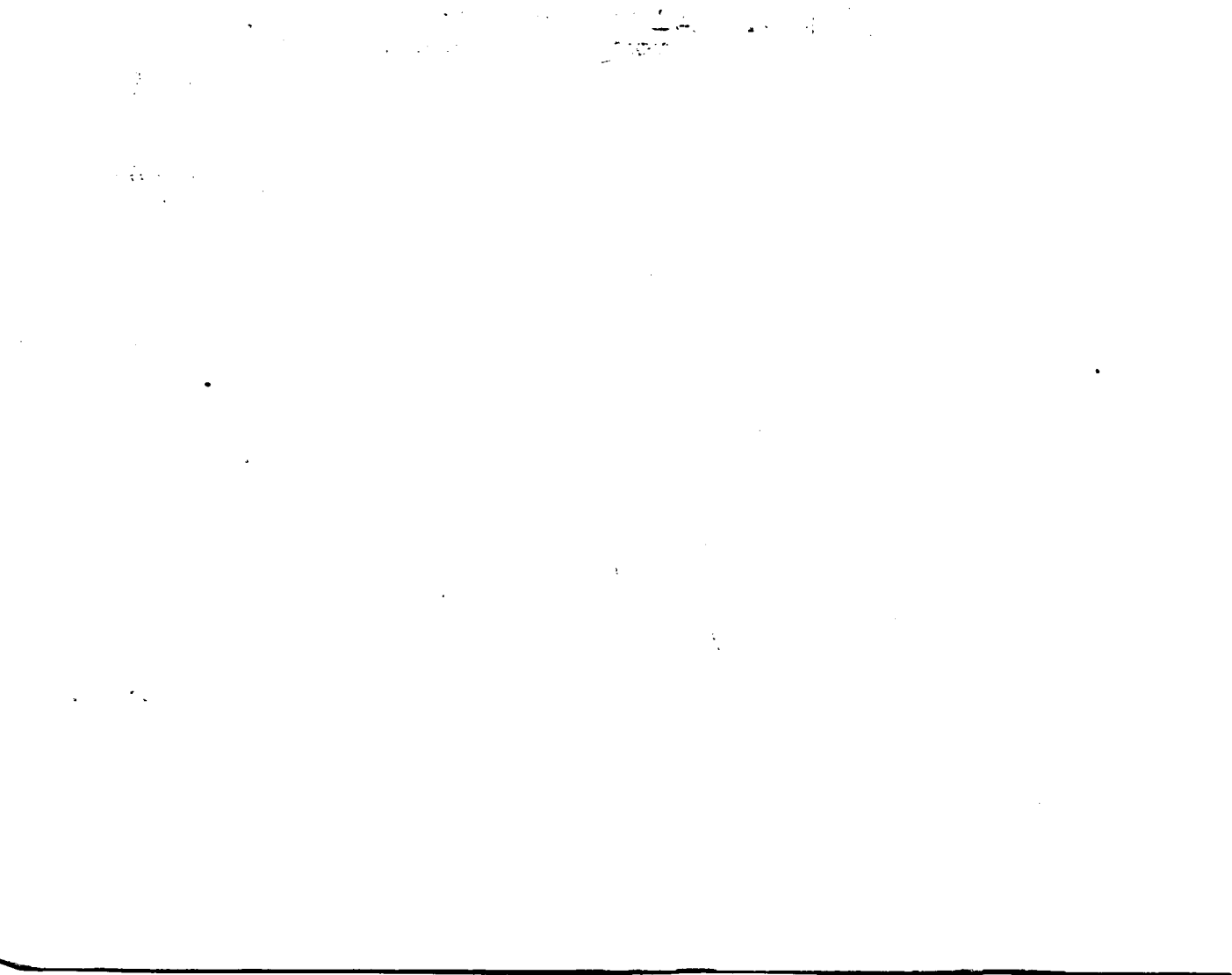
Given name added from supplemental report.

Address Bancroft Idaho.

Filed _____ 19 _____

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

466-105-003-181

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11

CERTIFICATE OF BIRTH

County of Bannock

City of Lund

Registration District No. _____

File No. _____

No. _____ St. _____

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD

James Elmo Moore

Sex of Child male

Twin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth

Legiti
mate? yes

Date of Birth Feb. 5th 1920
(Month) (Day) (Year)

FULL NAME FATHER
J. Wilson Moore

FULL MAIDEN NAME MOTHER
Margaret Ryan

RESIDENCE
Lund Idaho

RESIDENCE
Idaho.

COLOR white AGE AT LAST BIRTHDAY 30
(Years)

COLOR white AGE AT LAST BIRTHDAY 30
(Years)

BIRTHPLACE
Spanish Fork Utah

BIRTHPLACE
Wellsville Utah

OCCUPATION
farmer

OCCUPATION
housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2.45 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean V. Reinhardt
physician
(Physician or midwife)

Given names added from a supplemental report.
James Elmo Moore 1920

Address Bancroft, Idaho.

W. C. Murphy
Registrar

Filed 19 Reinhardt
Registrar

Handwritten scribbles at the top left.

Large, dark, illegible horizontal mark or stamp at the top center.

Small, faint text or mark in the upper right quadrant.

Small, dark, illegible mark or stamp at the bottom center.

STATE OF IDAHO

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

City LunaRegistered No. 84

Street and House No. _____

Registration Dist. No. 2161County BurnrockPlace
of BirthSex of Child maleDate of Birth Feb. 5 1920

MONTH

DAY

YEAR

Father J. Wilson Moore

FULL NAME

Mother Margaret Ryan

FULL MARDEN NAME

I Hereby Certify that the child described herein
has been named:

James Euno Moore
 GIVEN NAME IN FULL SURNAME
 as reported by W. H. Moore
 FATHER OR MOTHER
W. H. Moore
 LOCAL REGISTRAR

MAR 19 1971

995.207.003-238

Form V. S. No. 11-C-25m-7-21-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76511

County of BannockCity of LundRegistration District No. 84

File No. _____

No. _____ St. _____

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD DIANTHA MARY Rindlisbacher

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>yes</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 7th</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-------------------------	--

FULL NAME <u>Frederick E. Rindlisbacher</u>
RESIDENCE <u>Lund</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>49</u> (Years)
BIRTHPLACE <u>Switzerland</u>
OCCUPATION <u>farmer</u>

FULL MAIDEN NAME <u>Wilhelminia Schneider</u>
RESIDENCE <u>Lund</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Switzwrland</u>
OCCUPATION <u>housewife.</u>

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.at 2.45 p. m.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

physician
(Physician or midwife)

Given names added from a supplemental report.

Dianta Mary Rind - 19 20
W. C. Murphy
Registrar

Address _____

Bancroft Idaho

Filed _____

19 _____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2- File delete

OBV - NAME ADDED PER SROB - 11/24/2010 JCJ

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

 Place
of Birth

City

Luna

Street and House No.

County

Bunrock

Registered No.

84

Registration Dist. No.

2161

Sex of Child

Female

Date of Birth

Feb.

7

1920

MONTH

DAY

YEAR

Father

Frederick E. Rindlisbacher

FULL NAME

Mother

Wilhelmina Schneider

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Diantha Mary Rindlisbacher

GIVEN NAME IN FULL

SURNAME

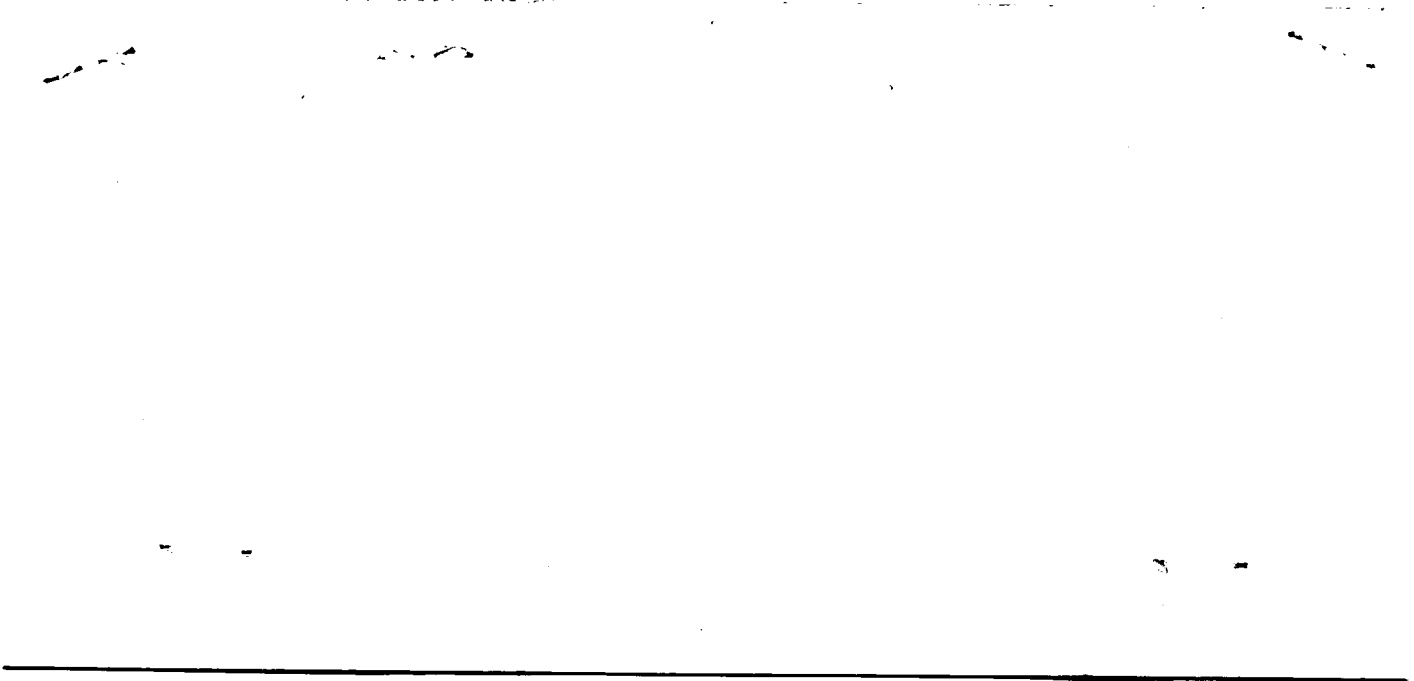
as reported by

F. E. Rindlisbacher

FATHER OR MOTHER

O. E. Rindlisbacher

LOCAL REGISTRAR



214-108003-396

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76512

County of BannockCity of BancroftRegistration District No. 84 File No. _____

No. _____ St. _____

Primary Registration District No. 2161 Registered No. _____

Hospital _____

FULL NAME OF CHILD ARTHUR LEROY Kadron.

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>?????</u>	yes	Date of Birth <u>Feb. 8th,</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---------	---	---------------------------------	-----	---

FULL NAME <u>Jack Kadron</u>	FATHER
RESIDENCE <u>at large</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>North Dakota</u>	
OCCUPATION <u>laborer (common)</u>	

FULL MAIDEN NAME <u>Lillian Croft</u>	MOTHER
RESIDENCE <u>Chesterfield Idaho.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Hailey Idaho.</u>	
OCCUPATION <u>house-servant.</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

born alive 4.15 p. m.
(Born alive or stillborn)physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Bancroft Idaho.Filed 19

Registrar

Registrar

2000

2-File data

OBV - NAME ADDED PER SROB - 11/24/2010 JCJ

STATE OF IDAHO

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

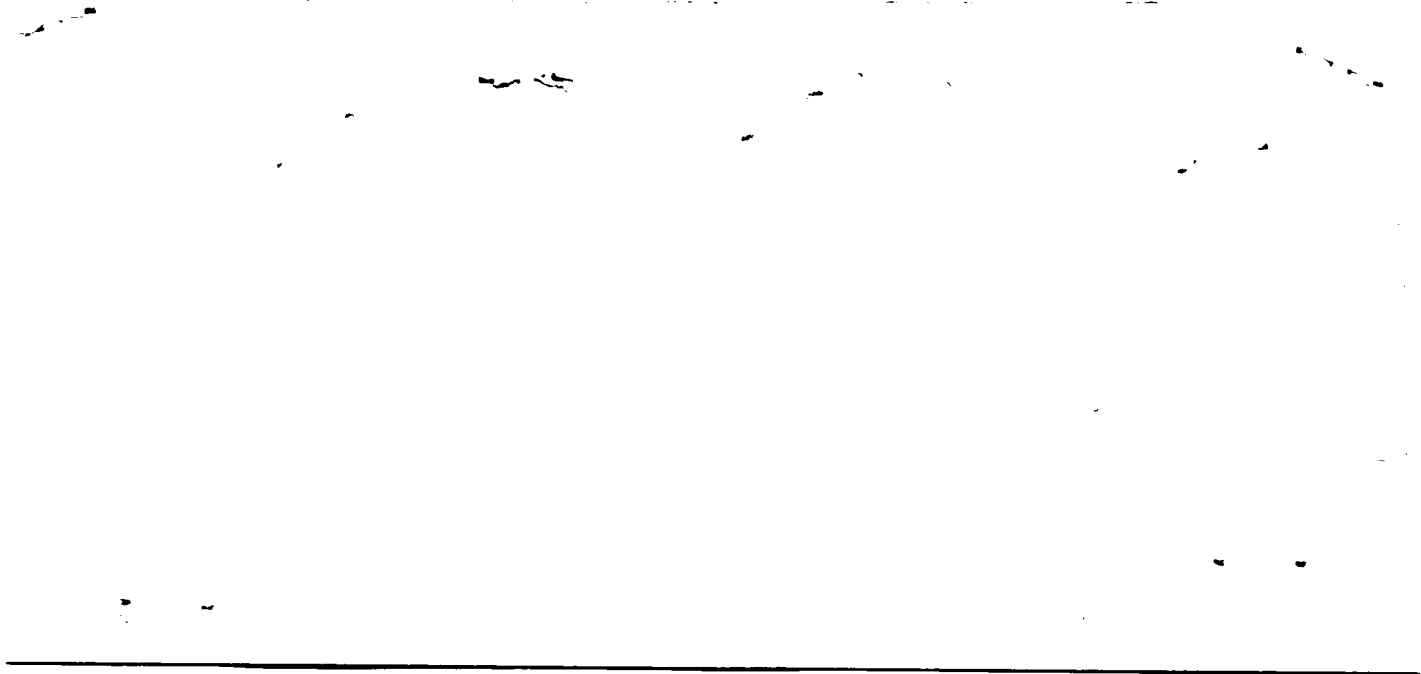
Place of Birth { City Chertfield Registered No. _____
 Street and House No. _____
 County Bannock Registration Dist. No. _____

Sex of Child male
 Date of Birth 2 / 8 1920
MONTH DAY YEAR
 Father Joseph Kadron
FULL NAME
 Mother Lillian Craft
FULL MAIDEN NAME

I Hereby Certify that the child described herein
 has been named:

Arthur Leroy Kadron ×
GIVEN NAME IN FULL SURNAME
 as reported by Lillian Kadron ×
FATHER OR MOTHER

 LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

962-212 1003-313

PLACE OF BIRTH

name added

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-3-21-19

County of Bannock 12/19/79

CERTIFICATE OF BIRTH

76513

City of Chesterfield.Registration District No. 84

File No. _____

No. _____ St. _____

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD Wenona Roberts,

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 12,</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME <u>Samuel Leo Roberts</u>	FATHER
RESIDENCE <u>Chesterfield</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Clarksville Alabama</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Elva F. Call</u>	MOTHER
RESIDENCE <u>Chesterfield</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Chesterfield</u>	
OCCUPATION <u>housewife.</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5.20 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Physician

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

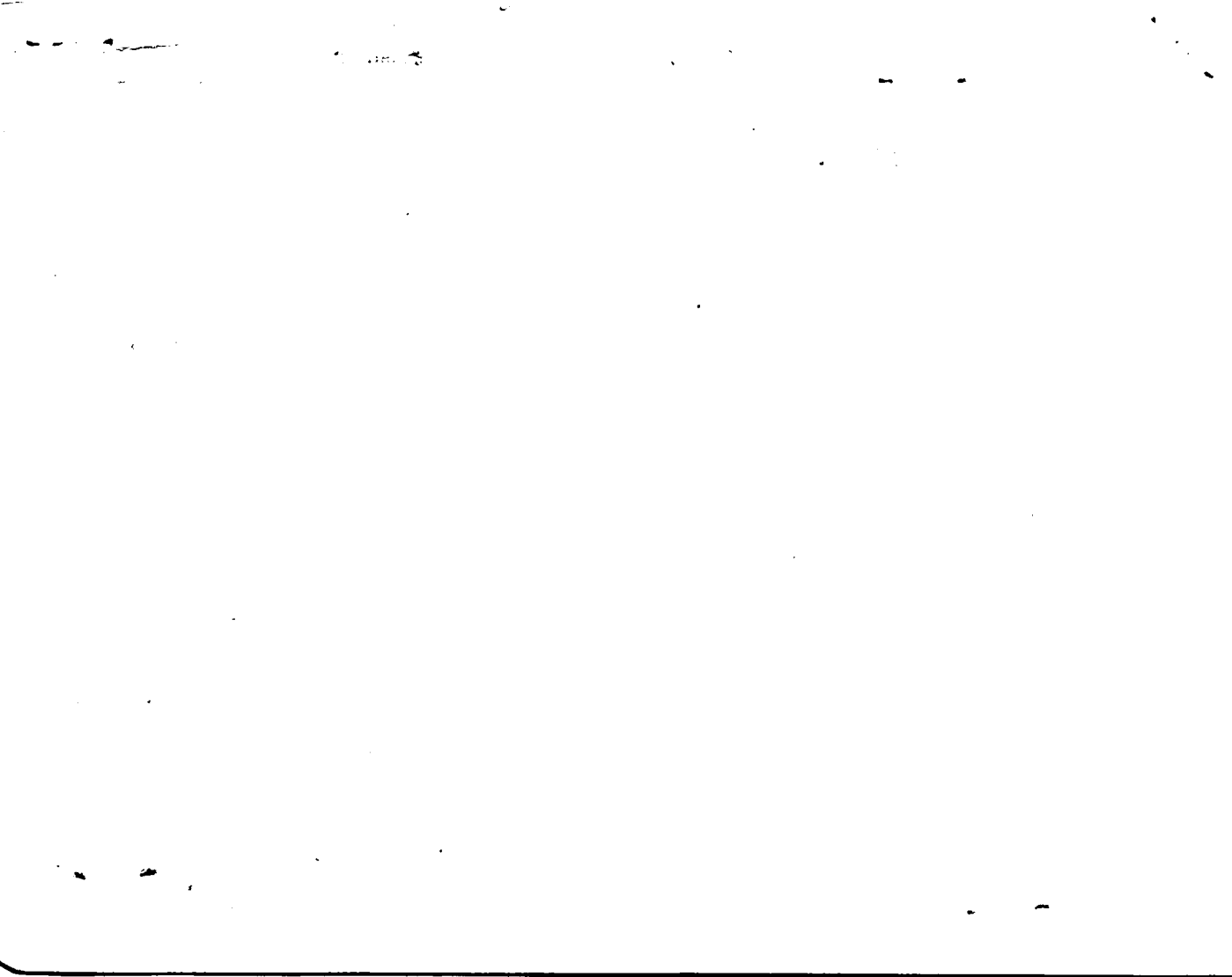
Bancroft Idaho.

Filed _____

19 _____

Registrar _____

Registrar Oliver L. Hinkley



STATE OF IDAHO

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

City

Chubbuck Idaho

Registered No. _____

Street and House No. _____

County

Bannock

Registration Dist. No. _____

Place
of Birth

Sex of Child

female

Date of Birth

2 / 12 1912
MONTH DAY YEAR

Father

Samuel L. Roberts

Mother

Elva J. Cull

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Winona Roberts

GIVEN NAME IN FULL

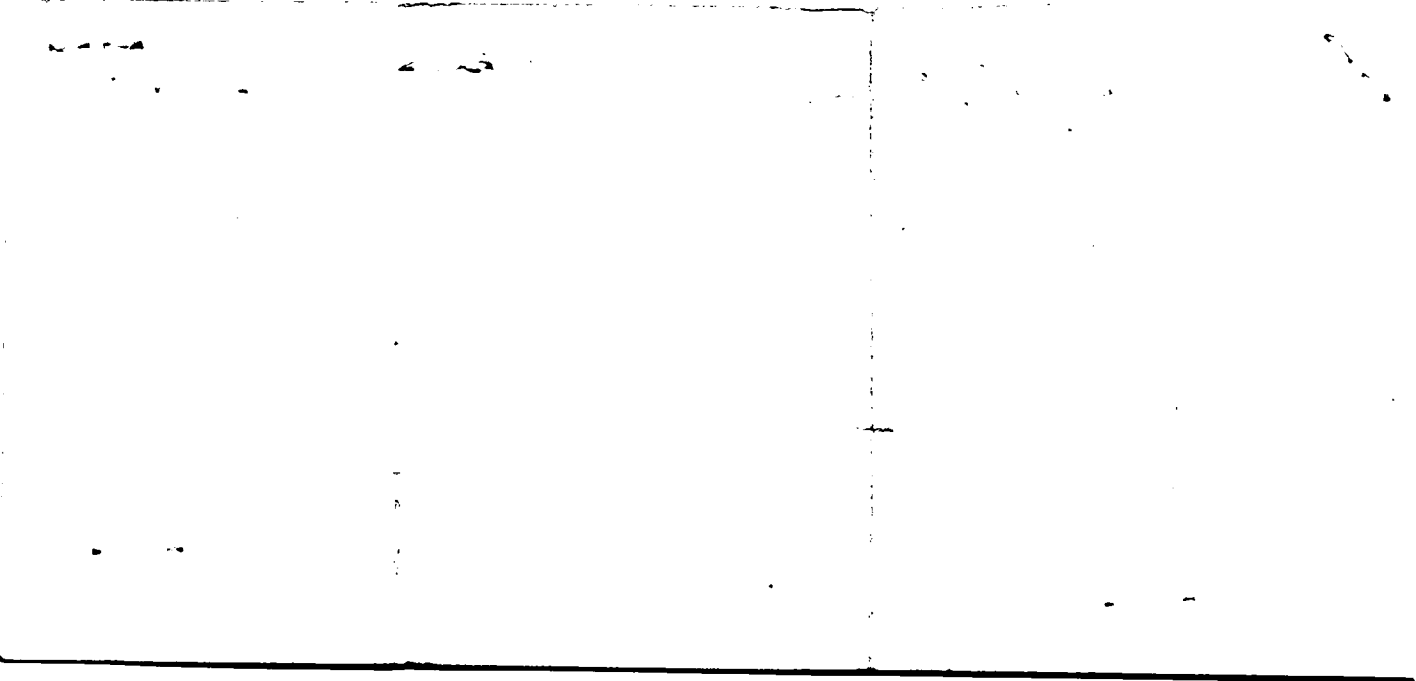
SURNAME

as reported by

Elva Roberts mother

FATHER OR MOTHER

LOCAL REGISTRAR



8-14-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS

State of Idaho
County of Bannock ss.

OCT 9 9 57 AM '79

Certificate No. 76513
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Roberts who was born on Feb. 12, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Chesterfield, (Bannock) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs name

omitted

Wenona Roberts

Subscribed and sworn to before me this 6 day of

March, 1979

Notary Public, Richard L. Baker

Residing at Boise

My commission expires Nov. 1982

(Seal)

Wenona Roberts

Signature of Applicant

Box 212 Lauriat Sp. 9da

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed _____)

(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Certif of Baptism from the LDS Church gives nameas Wenona Roberts daughter of Samuel L. Roberts and Elva Call. born Feb. 12, 1920 at Chesterfield, Idaho.

Baptized Feb 12, 1928. viewed by V. S.

DEC 20 1979

Certif of Blessing from the LDS Church gives nameas Wenon Roberts daughter of Leo Roberts and Elva Call. born Feb 12, 1920 at Chesterfied, Idaaho

Blessed May 2, 1920. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

269-220-003-769

PLACE OF BIRTH

County of Bannock,

City of Bancroft

No. _____ St.

Hospital _____

FULL NAME OF CHILD

Sorensen, Phyllis Marie

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-1-21-19

76514

Registration District No. 84 File No. _____

Primary Registration District No. 2161. Registered No. _____

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 20th,</u> (Month) (Day) (Year) <u>19 20.</u>
----------------------------	---	-----	---	-------------------------------	---

FULL NAME <u>FATHER</u> <u>Milton B. Sorensen</u>
RESIDENCE <u>Bancroft</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Pennsylvania</u>
OCCUPATION <u>engine fire-cleaner,</u> <u>O.S.L.R.R.</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Flossie G. Gordon,</u>
RESIDENCE <u>Bancroft</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Centralia Kansas,</u>
OCCUPATION <u>housewife.</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10.45 p.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address Bancroft Idaho.

Filed _____ 19. _____

Registrar

Registrar

Childs name add d. 1. 1. 1. SRO

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

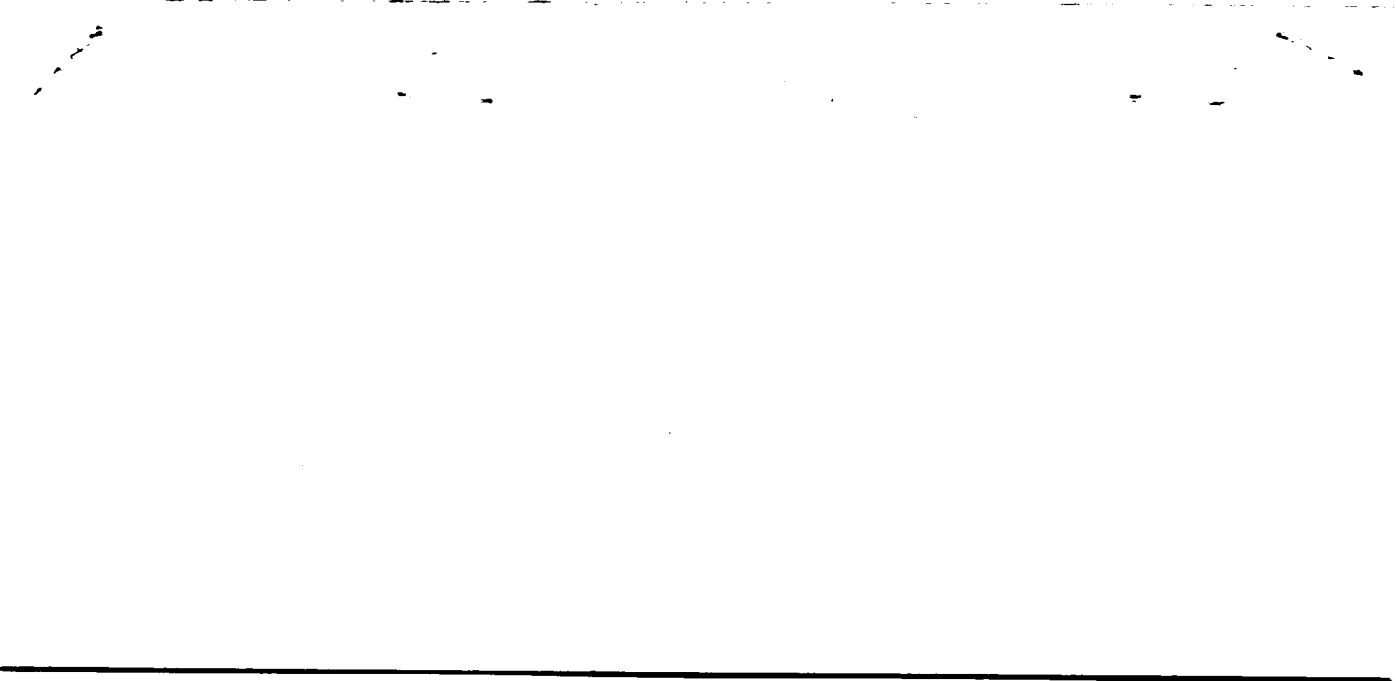
Place of Birth { City Bannock Registered No. 84
 Street and House No. _____
 County Bannock Registration Dist. No. 2161

Sex of Child Female
 Date of Birth 2/20 1910
 MONTH DAY YEAR
 Father Milton B. Sorensen
 FULL NAME
 Mother Lucie G. Gordon
 FULL MAIDEN NAME

I Hereby Certify that the child described herein
 has been named:

Phyllis Marie Sorensen
 GIVEN NAME IN FULL SURNAME

as reported by Milton Sorensen
 FATHER OR OTHER
Q. L. Runkel
 LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

144-217003-166

amended 9/23/80

Form V. S. No. 11-C-25m-7-21-10

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Kelly

Registration District No. 84

File No. 76516

No. _____ St. _____

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD Leona Dumont

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 17th</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-------------------------------	--

FATHER
FULL NAME Frank Dumont
RESIDENCE Kelly
COLOR white AGE AT LAST BIRTHDAY 26
(Years)
BIRTHPLACE Newton Iowa
OCCUPATION farmer

MOTHER
FULL MAIDEN NAME Helen Mower
RESIDENCE Kelly
COLOR white AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Pocatello Idaho.
OCCUPATION housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Gene V. Runkert

Physician

(Physician or midwife)

Given names added from a supplemental report.

Leona Dumont 19 20

Address

Bancroft Idaho

W. C. Murphy

Registrar

Filed

19

Gene V. Runkert

Registrar

K

Dup of 1920-D52-2374.

STATE OF IDAHO

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTHPlace
of Birth

City

Street and House No.

County

Registered No.

Registration Dist. No.

Sex of Child

Date of Birth

Father

Mother

MONTH

DAY

YEAR

FULL NAME

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

GIVEN NAME IN FULL

SURNAME

as reported by

FOR MOTHER

LOCAL REGISTRAR

OCT

7 1980



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.
County of Ada

Certificate No. 76516
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth

for Unnamed Durmont, female who was born on Feb 17, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Kelly, Idaho (Bannock) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Leona Durmont

Subscribed and sworn to before me this 23 day of

Sept 19 80
Notary Public, Leona Byington

Residing at 4500 West State Boise Ida

My commission expires 83703

(Seal)

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 ____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

9/23/80

Social Security card #519-10-6209 gives name as Leona Byington. viewed by V. S.

Group ins. Certi gives name as Leona Byington. effective date as June 1, 1970

Cock O' the Walk Rest. viewed by V. S. Benef. Pat Dumont
Brother.

Father's Death Certif. on file in Globe. # 66-1985.
gives his name as Frank Dumont, died 5-24-66.
received by U.S.

Sister B.C. on file in Globe. # 131051. Child's name as
Ellen Dumont. Born 4-8-25. Father's name as Frank
Dumont. received by U.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

166-138,003-296
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 1-C-25m-7-21-19

76517

County of Bannock

City of Pocatello

Registration District No. 84

File No. 57

No. _____ St.

Hospital St. Anthony's

Primary Registration District No. 2161

Registered No. 3026

FULL NAME OF CHILD

HARLEY Mowery

Sex of Child <u>Male</u>	Twins, Triplets or other? <u>0</u> and {	Number in order of birth <u>0</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 28</u> <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FATHER
FULL NAME Doris Mowery
RESIDENCE 440 W. Hayden, Pocatello
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Salt Lake City
OCCUPATION Bookkeeper

MOTHER
FULL MAIDEN NAME Anna Brown
RESIDENCE 440 W. Hayden, Pocatello
COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Eureka, Utah
OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

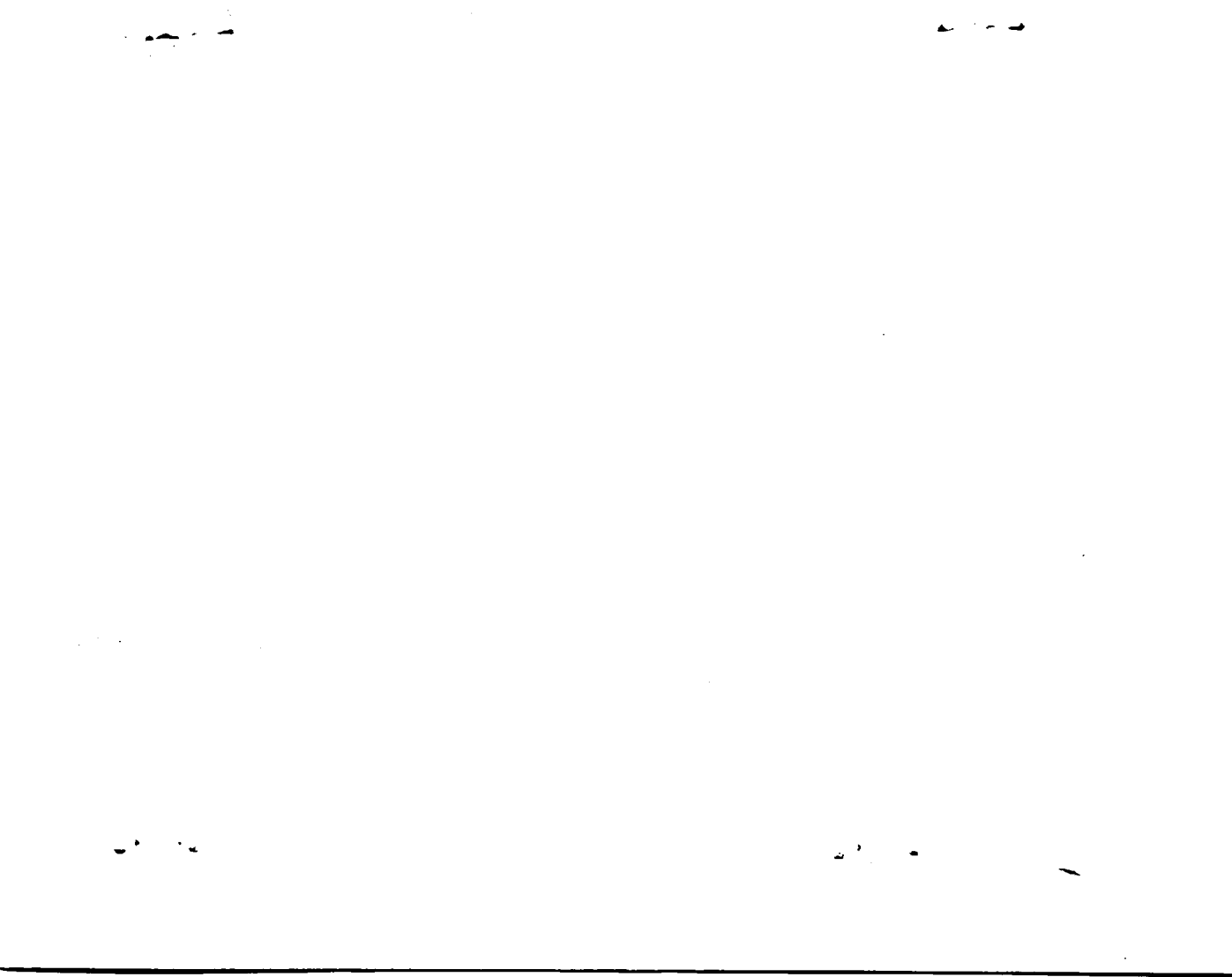
I hereby certify that I attended the birth of this child, who was born alive, at 4:50 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles K. Speague
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Kane Bldg
Filed Mar 2, 1920 W. B. Steeg
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Mowrey who was born on February 28, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Pocatello, are erroneous or were omitted; and that, to the best of her knowledge, the
also Seaman's Certification of Identification, July 2, 1937
true facts as shown by Prudential Ins. Policy prepared on January 24, 1938, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

Name

FROM
(As on original)

Unnamed Mowrey

TO
(The correct facts)

Harley Mowrey

Subscribed and sworn to before me this 29th
day of September, 1941

Morton B. Flickinger

Notary Public, residing at Wilmington, California

My commission expires March 13th 1944
[SEAL]

Signed Anna E. Lyke Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

923 Lagoon, Wilmington, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 29th
day of September, 1941

Morton B. Flickinger

Notary Public, residing at Wilmington,

My commission expires March 13th 1944
[SEAL]

[This affidavit MUST also be executed.
(See Chapter 189, 1937 Idaho Session Laws.)]

Signed Emma L. Brown Grandmother
(Signature of any credible person other than the previous affiant.)

631 Neptune, Wilmington, Calif.
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

FEB 9 1976

2/11/76

145-228-003-363
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76518

County of Bannock

City of Pocatello

Registration District No. 84

File No. 57

No. _____ St.

Primary Registration District No. 216

Registered No. 3025

Hospital _____

FULL NAME OF CHILD

Lucas Lulla Ames

Sex of Child

Female

Twin
Triplet
or other?

and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

yes

Date of
Birth

Feb. 28

1920

(Month) (Day) (Year)

FULL
NAME

FATHER

Walter L. Ames

RESIDENCE

1137 N. Main St.

COLOR

white

AGE AT LAST
BIRTHDAY

27
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Shops

FULL
MAIDEN
NAME

MOTHER

Delia Francis Collins

RESIDENCE

1137 N. Main St.

COLOR

white

AGE AT LAST
BIRTHDAY

24
(Years)

BIRTHPLACE

Kansas

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or Stillborn)

at 3:10 p. M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

(Signature)

J. T. Brown
Phys. & Surgeon
(Physician or midwife)

Address

Pocatello Idaho

Filed

Mar 2, 1920

O. B. Steele

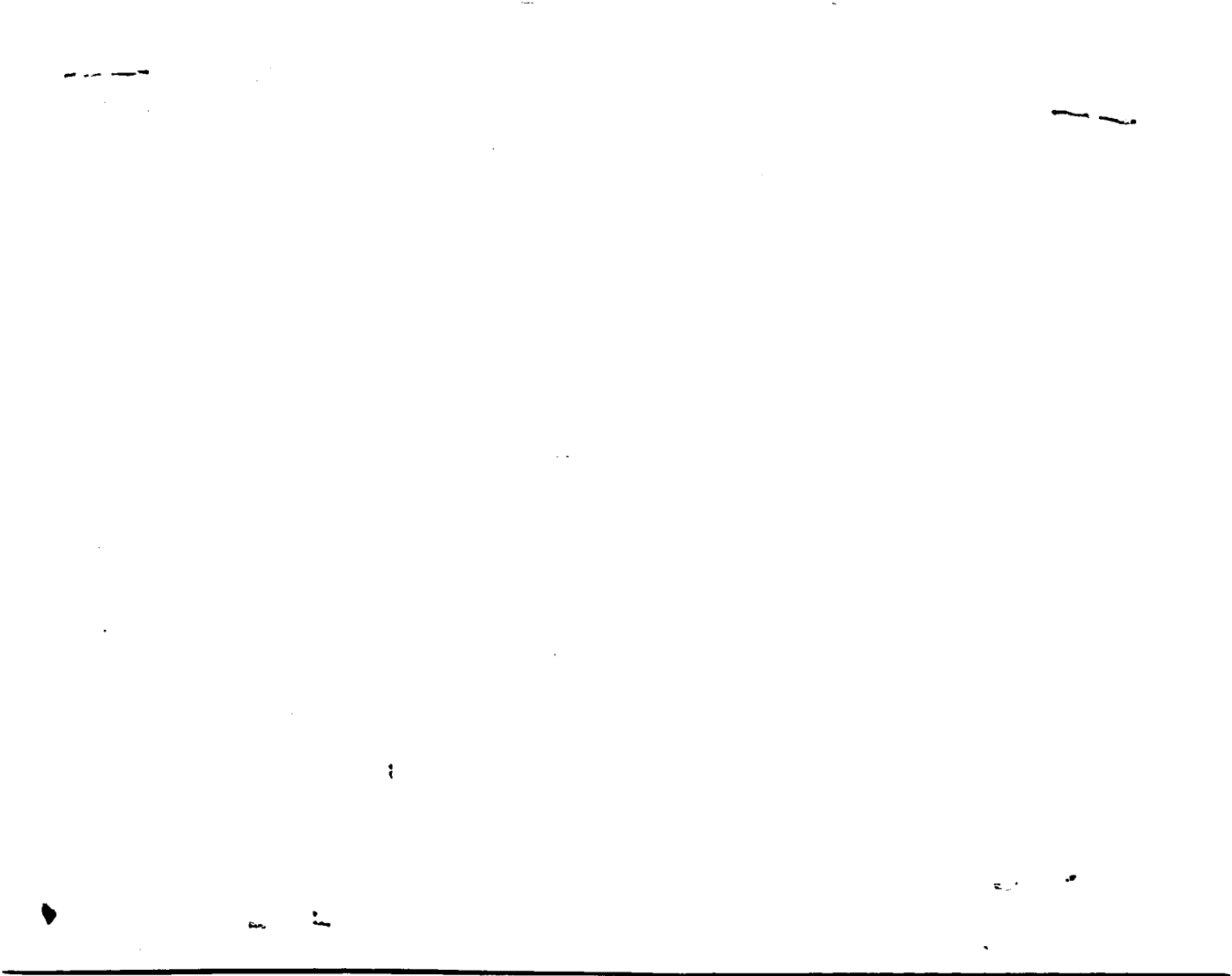
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss. Certificate No. 76518
County of _____ Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name Ursel Luella Luella Luciel Ames

Subscribed and sworn to before me this 15
day of June, 1943
Pauline Pauline
Notary Public, residing at Boni
Signed Delila Frances Guffey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

My commission expires 7/14/47
(Seal) _____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

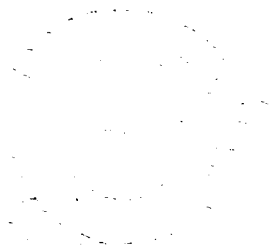
State of _____ } ss. [This Affidavit **MUST** Also be Executed.
County of _____ (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____
Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal) _____
(Street Address, City, State)

JUN 16 1913



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-228-003-556

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

76519

County of Bannock

City of Pocatello

Registration District No. 84

File No. 57

No. _____ St. _____

Primary Registration District No. 2161

Registered No. 3024

Hospital _____

FULL NAME OF CHILD Verma Trauer

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 28</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------	------------------------	---

FATHER
FULL NAME George Trauer
RESIDENCE 1138 N. Arthur
COLOR white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Kentucky
OCCUPATION Brickman

MOTHER
FULL MAIDEN NAME Alice Newman
RESIDENCE 1138 N. Arthur
COLOR white AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Kentucky
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alice at 4:10 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

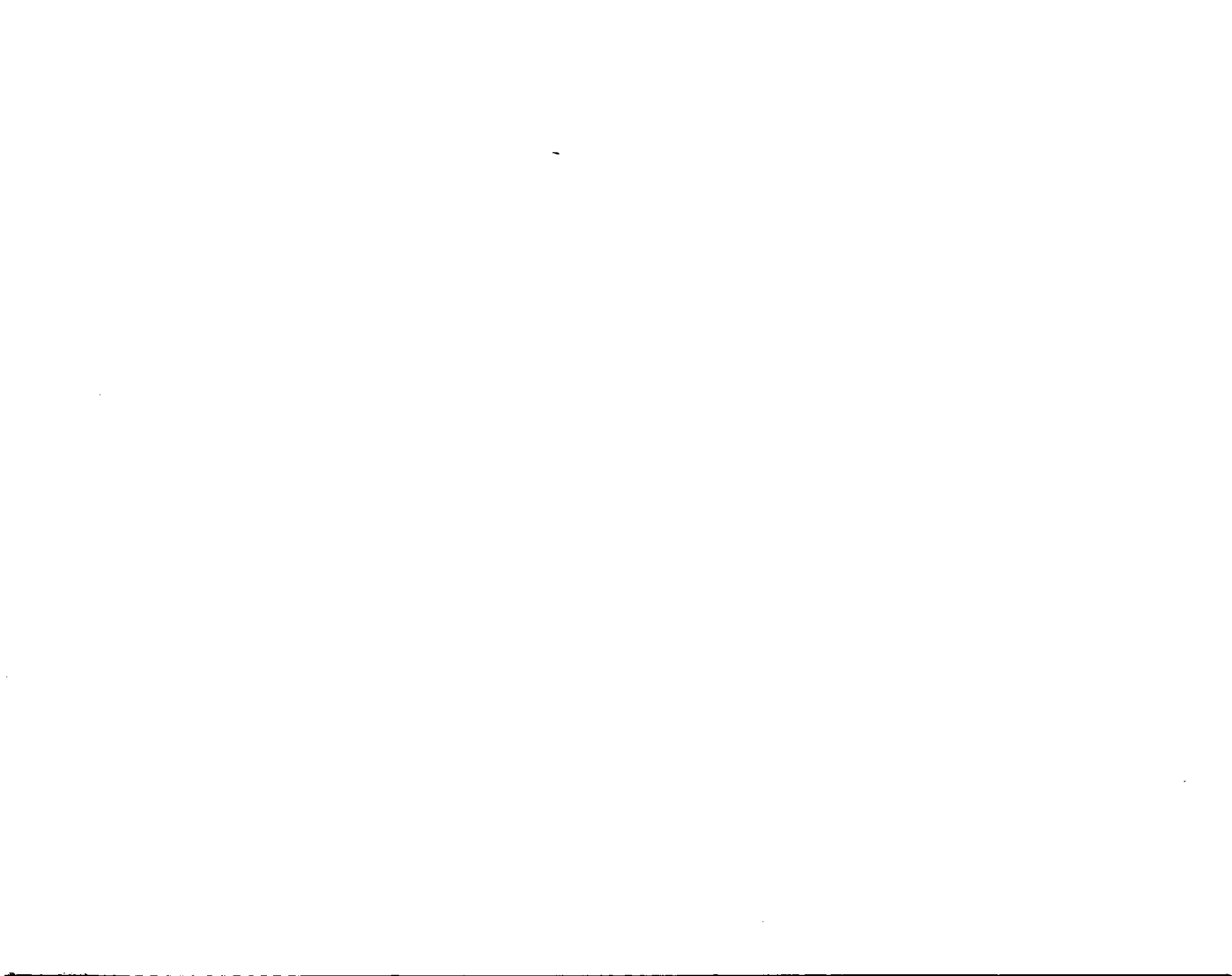
(Signature) [Signature]
Phys. & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho
Filed Mar 2, 1920 O. B. Deery

Registrar

Registrar



364.225.003-789
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-37

76521

County of... BonawilleCity of... Pocatello IdaRegistration District No. 84File No. 57No. StPrimary Registration District No. 2161Registered No. 3022

Hospital

FULL NAME OF CHILD

Bouros

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth of plural births }	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 26 1920</u> (Month) (Day) (Year)
----------------------------	---	--	-----------------------------	--

FULL NAME

Sam Bouros

FATHER

FULL
MAIDEN
NAMEMary Philipopoulos

MOTHER

RESIDENCE

Pocatello Ida (RFD)

RESIDENCE

Portneuf Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY42
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Greece

BIRTHPLACE

Greece

OCCUPATION

Section Foreman OS RR

OCCUPATION

H MWNumber of child of this mother, including present birth Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... born alive Feb 26 1920 ... at 3 a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ... J. J. Miller MDPocatello Ida

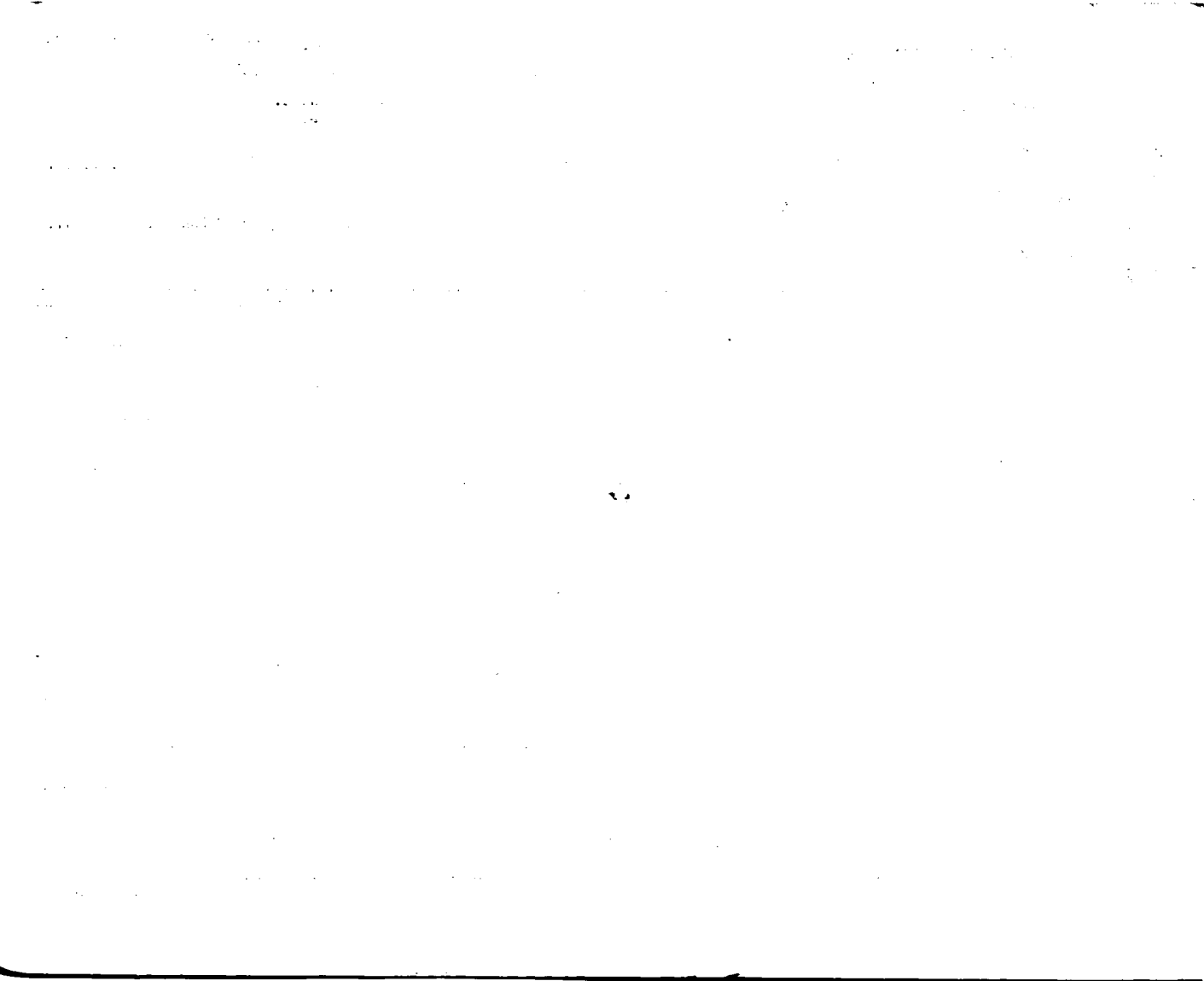
(Physician or midwife)

Given names added from a supplemental report.

Address... Pocatello IdaFiled Feb 26 1920

Registrar

Registrar 7



753225-007-433

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-15

76522

County of GannockCity of PocatelloNo. 345 N. Buchanan St.Registration District No. 84File No. 57

Hospital _____

Primary Registration District No. 2161Registered No. 3021

FULL NAME OF CHILD

BONNIE LEONA

Peterson

Sex of Child

FemaleTwin
Triplet
or other?

- } and {

Number
in order
of birth

✓

Legiti
mate?YesDate of
BirthFeb 251920
(Month) (Day) (Year)FULL
NAMEFATHER
Henry M. Peterson

RESIDENCE

Farm near Blackfoot

COLOR

whiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMEMOTHER
Matilda E. McCullough

RESIDENCE

Farm near Blackfoot

COLOR

whiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Oregon

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

O. Peterson

(Physician or midwife)

Address

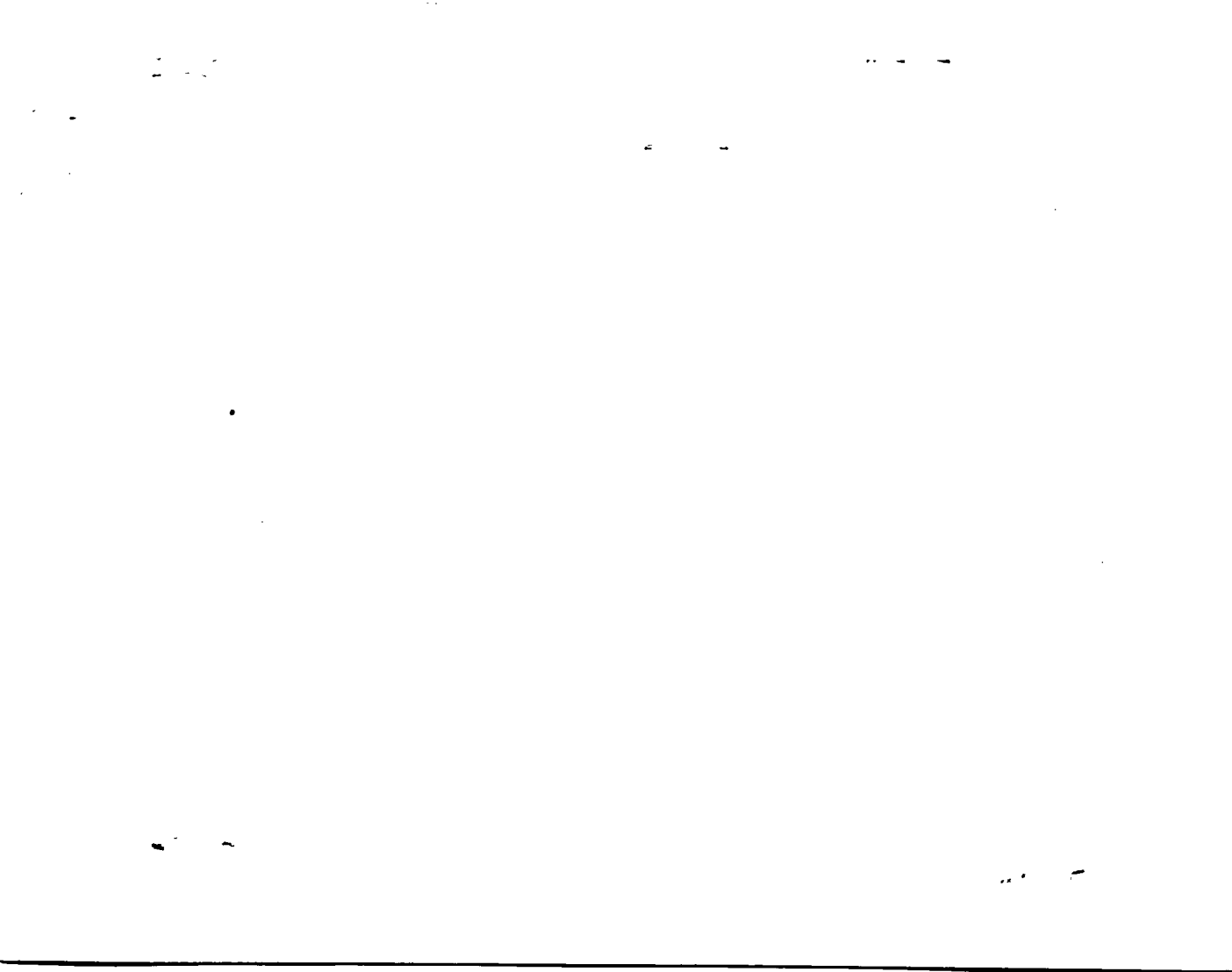
Pocatello, Idaho
Feb 28, 1920

Filed

19

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS —

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss. Certificate No. 76522
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Bonnie Leona Peterson who born on Feb. 25, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
for Bonnie Leona Peterson who born on Feb. 25, 1920
in are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by prepared on , are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
<u>NAME</u> <u>Peterson</u>	<u> </u>	<u>Bonnie Leona Peterson</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Subscribed and sworn to before me this 18th
day of March, 19 42
John L. Schuster
Notary Public, residing at Los Angeles, Calif.

Signed Bonnie Leona Peterson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

My commission expires My Commission Expires March 22, 1942.
(SEAL) (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at
My commission expires
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on MAR 26 By
(REGISTRAR'S SIGNATURE)

1000

1000

1000

1000

1000

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
624-2281003-719
County of Bannock

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76523

City of Pocatello Idaho

Registration District No. 84

File No. 57

No. _____ St. _____

Primary Registration District No. 2161

Registered No. 3020

Hospital _____

FULL NAME OF CHILD ~~Robert E.~~ MARION DOREEN O'SULLIVAN

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 24</u> (Month) (Day) 19 <u>20</u> (Year)
-------------------------------	---	-----	---	-------------------------------	---

FULL NAME FATHER O'SULLIVAN
Robert E. Sullivan
RESIDENCE 455 So. Main
COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho
OCCUPATION fireman

FULL MAIDEN NAME MOTHER
Lillian F. Garbutt
RESIDENCE 455 So. Main
COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Salt Lake City Utah
OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

alive at 3:30 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Lynn
Phys & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

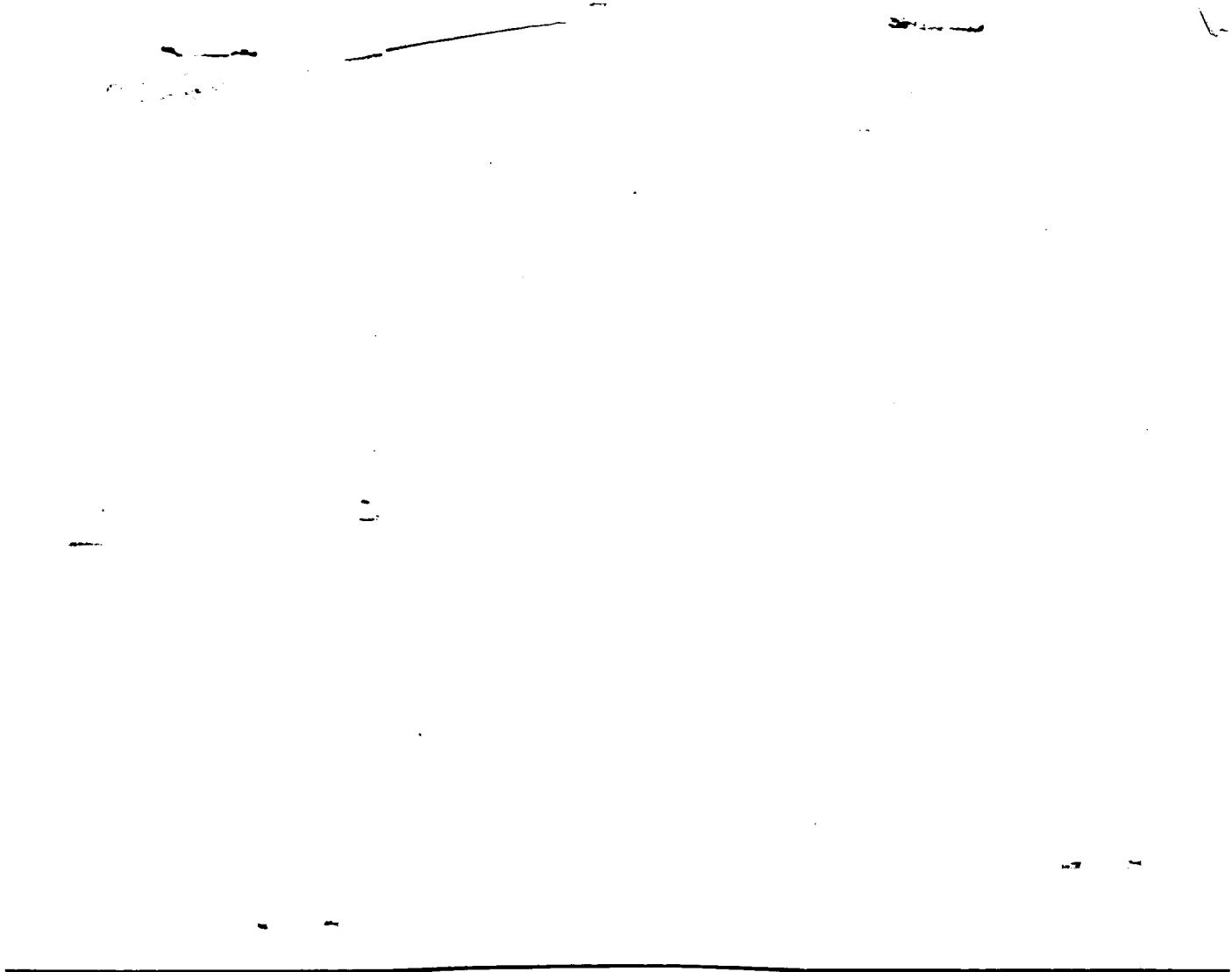
19. _____

Address Pocatello Idaho

Filed Mar 2, 1920 O. B. Lacey

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California

Certificate No. 76523

County of Los Angeles

ss.

OCT 26 1942

Date Filed

birth

The undersigned does solemnly swear that certain facts on the certificate of

(Birth or Death)

for Marion Doreen O'Sullivan

who was born

on Feb. 24, 1920

(Name on Original Certificate)

(Was Born or Died)

(Date of Event)

in Pocatello Idaho

(Place of Event)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by

prepared on

(Give Date)

, are:

FACTS TO BE CORRECTED

FROM

TO

("Name", "Birth Date", "Cause of Death", Etc.)

(As on Original)

(The Correct Facts)

Name

Unnamed

Marion Doreen O'Sullivan

Surname

Sullivan

O'Sullivan

Subscribed and sworn to before me this 16th
day of October, 1942.

Signed Marion Doreen O'Sullivan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Long Beach, Cal

October 11, 1944

My commission expires
(Seal)

335 W. Pacific Coast Hiway

(Street Address, City, State)

Long Beach, Cal.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California

ss.

County of Los Angeles

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th

day of October, 1942.

Signed Robert G. O'Sullivan
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Long Beach, Cal

October 11, 1944

My commission expires
(Seal)

335 W. Pacific Coast Hiway

(Street Address, City, State)

Long Beach Cal

OCT 27 1942

234.223.003-559
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-37

76524

County of BannockCity of PocatelloNo. 708 S 2nd St.Registration District No. 84File No. 56Primary Registration District No. 2161Registered No. 3019

Hospital

FULL NAME OF CHILD Alberta May Stuart 1920

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 23 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>Ernest A Stuart</u>	FATHER
RESIDENCE <u>Pocatello Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Truck Driver</u>	

FULL MAIDEN NAME <u>Belia Kirby</u>	MOTHER
RESIDENCE <u>Pocatello Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Pocatello Ida</u>	
OCCUPATION <u>H M</u>	

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Feb 23/20 at 238 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Miller MD
Pocatello Ida
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho
File Feb 26 20 O. B. Beech

Registrar

Registrar

APR 5 1967

562-121-003-259

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-9-17

76525

County of Bannock

City of Pocatello

Registration District No. 84

File No. 56

No. 744 No. Hayes Sen

Primary Registration District No. 2161

Registered No. 3018

Hospital George Noble

FULL NAME OF CHILD George Noble

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb 21</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME George N. Noble

FULL MAIDEN NAME Laura Olive Berger

RESIDENCE 1406 E. Clark St Pocatello, Ida.

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Fraserburgh Scotland

BIRTHPLACE Shelby Nebraska

OCCUPATION Accountant

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho

Filed Mar 2, 1920

Registrar

Registrar

Certified Copy issued Nov. 20, 1940. E.W.

335-220-003-495

PLACE OF BIRTH

County of BannerCity of Pocatello

No. St.

Hospital General

FULL NAME OF CHILD

Registration District No. 84File No. 56Primary Registration District No. 2161Registered No. 3017

MARGARET RAE

Margaret Rae

Sex of Child

FTwin
Triplet
or other?

- }

and

Number
in order
of birth

- }

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
Birth2-201920

(Month) (Day) (Year)

FULL
NAMEReginald Henry Clear

FATHER

RESIDENCE

Pocatello

COLOR

W-AGE AT LAST
BIRTHDAY26

(Years)

BIRTHPLACE

Pocatello, Idaho

OCCUPATION

ClarkFULL
MAIDEN
NAMEBernice Dietrich

MOTHER

RESIDENCE

Pocatello

COLOR

W-AGE AT LAST
BIRTHDAY25

(Years)

BIRTHPLACE

Carbondale, Kansas

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:45 P. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Pocatello, Idaho

Filed

Feb. 27, 1920

Registrar

Registrar

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1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

40

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of }
County of } ss. Certificate No. 76526
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Rae Margaret Cleare who was born on Feb. 20, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT) (DATE OF EVENT)
true facts as shown by baptism record prepared on Aug. 9, 1921, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Rae Margaret Margaret Rae Cleare
.....
.....

Subscribed and sworn to before me this 16th
day of December, 19 42

Thos. Turner
Notary Public, residing at Pocatello, Idaho

My commission expires Oct 15th 1944
(SEAL)

Signed Reginald H. Cleare
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
327 No. Lincoln, Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho,
County of Bannock } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of December, 19 42

Thos. Turner
Notary Public, residing at Pocatello, Idaho

My commission expires Oct 15th 1944
(SEAL)

Signed Al Smith
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
746 So 4 Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 21 1942

997-115.003-816
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V, S. No. 11-C-25m-7-21-19

76527

County of BannockCity of PocatelloNo. Gen Hospital St.Registration District No. 84File No. 56

Hospital

Primary Registration District No. 2161Registered No. 3016FULL NAME OF CHILD Riggs

Sex of Child <u>male</u>	Twin Triplet or other? <u>✓</u> and {	Number in order of birth <u>✓</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 15</u> 19 <u>20</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FULL NAME <u>Leroy C. Riggs</u>	FATHER
RESIDENCE <u>Pocatello Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ella V. Hawkes</u>	MOTHER
RESIDENCE <u>Pocatello Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Salt Lake City Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

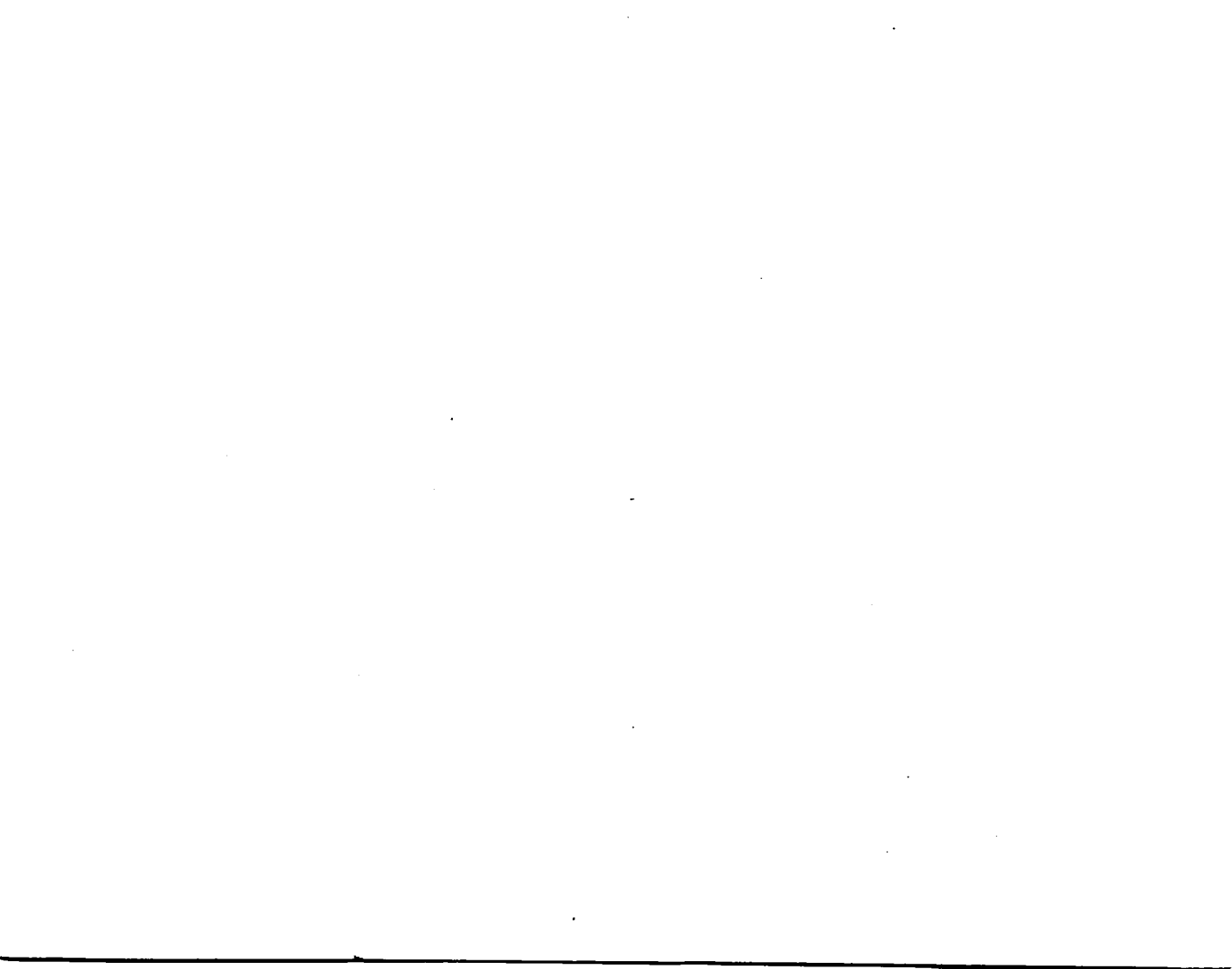
(Signature) O. B. Stealy

(Physician or midwife)

Address Pocatello IdahoFiled Feb 28 1920

Registrar

Registrar O. B. Stealy



219-213007-955
PLACE OF BIRTHCounty of Bannock.....City of Pocatello.....No. 244-N-7 ².....St.

Hospital.....

FULL NAME OF CHILD.....

Registration District No. 84.....Primary Registration District No. 2161.....STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-2237

CERTIFICATE OF BIRTH

76528

File No. 56.....Registered No. 3015.....

Sex of Child <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 13</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	---------------------------	--

FULL NAME <u>Henry M. Karstad</u>	FATHER
RESIDENCE <u>244-N-7th Ave</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Whitehall, Michigan</u>	
OCCUPATION <u>Locomotive Engineer</u>	

FULL MAIDEN NAME <u>Jessie M. Reese</u>	MOTHER
RESIDENCE <u>244-N-7th Ave</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Oshkosh, Wisconsin</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth...6.... Number of children of this mother now living, including present birth...6....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive..... at 6:10 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dram Newton.....

(Physician or midwife).....

Given names added from a supplemental report.

.....19.....

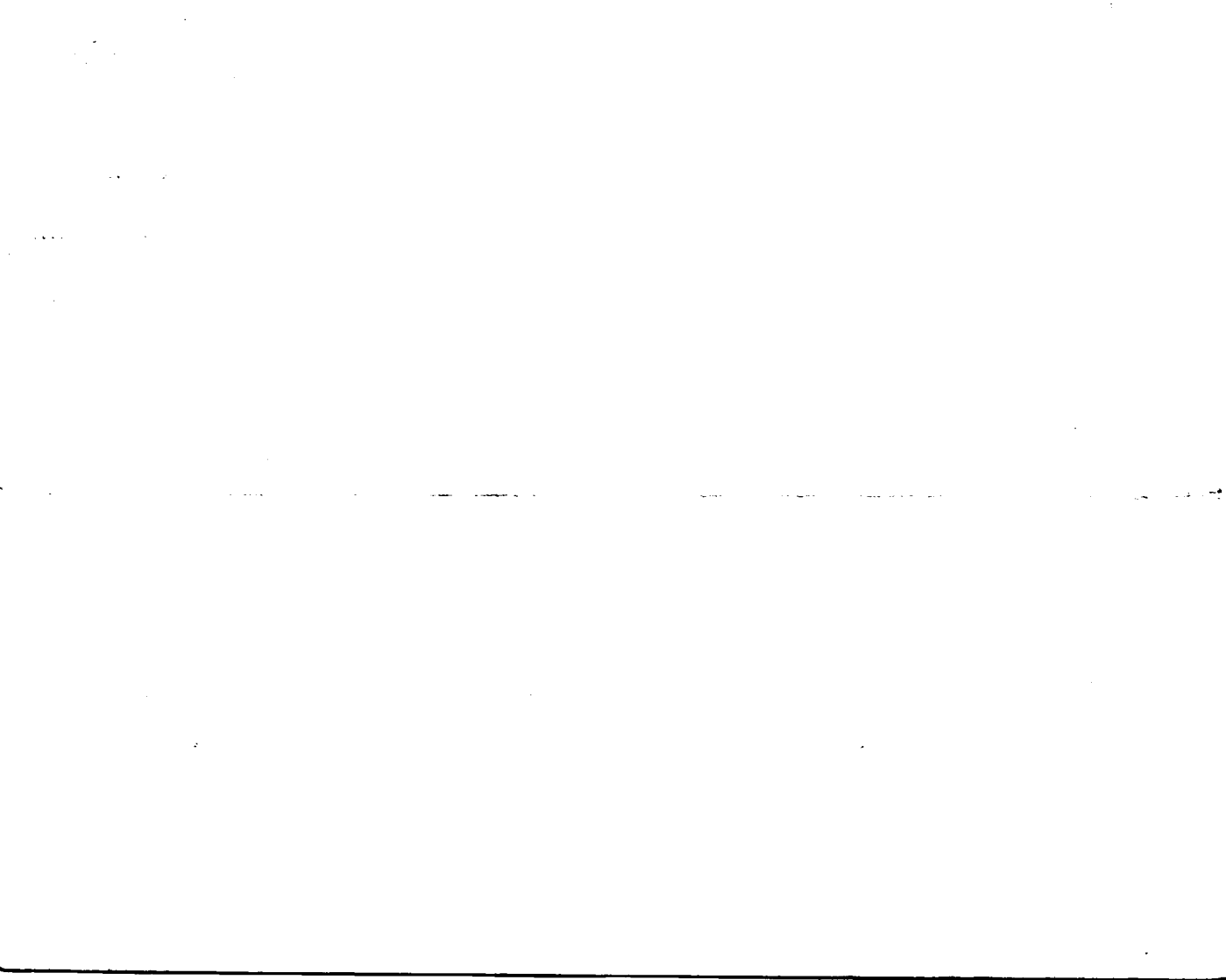
Address Pocatello Idaho.....

.....19.....

Filed Mar 2, 20 J. B. B........

Registrar

Registrar



253-101-003-133

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76529

County of BannockCity of PocatelloNo. 415 So. Hayes St.Registration District No. 84File No. 56

Hospital _____

Primary Registration District No. 2161Registered No. 3014FULL NAME OF CHILD BecksteadSex of Child maleTwin
Triplet
or other?
(To be answered only in event of plural births){ and } Number
in order
of birthLegiti
mate? yesDate of
BirthFeb 1, 1920
(Month) (Day) (Year)FULL
NAMEOrson Lee Beckstead

RESIDENCE

Pocatello Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY18
(Years)

BIRTHPLACE

Spanish Fork, Utah

OCCUPATION

Rod cup fillerFULL
MAIDEN
NAMEMother Josephine Allen

RESIDENCE

Pocatello Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Victor Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive
on the date above stated.at 12:15 a.m.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

O. B. Beery

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

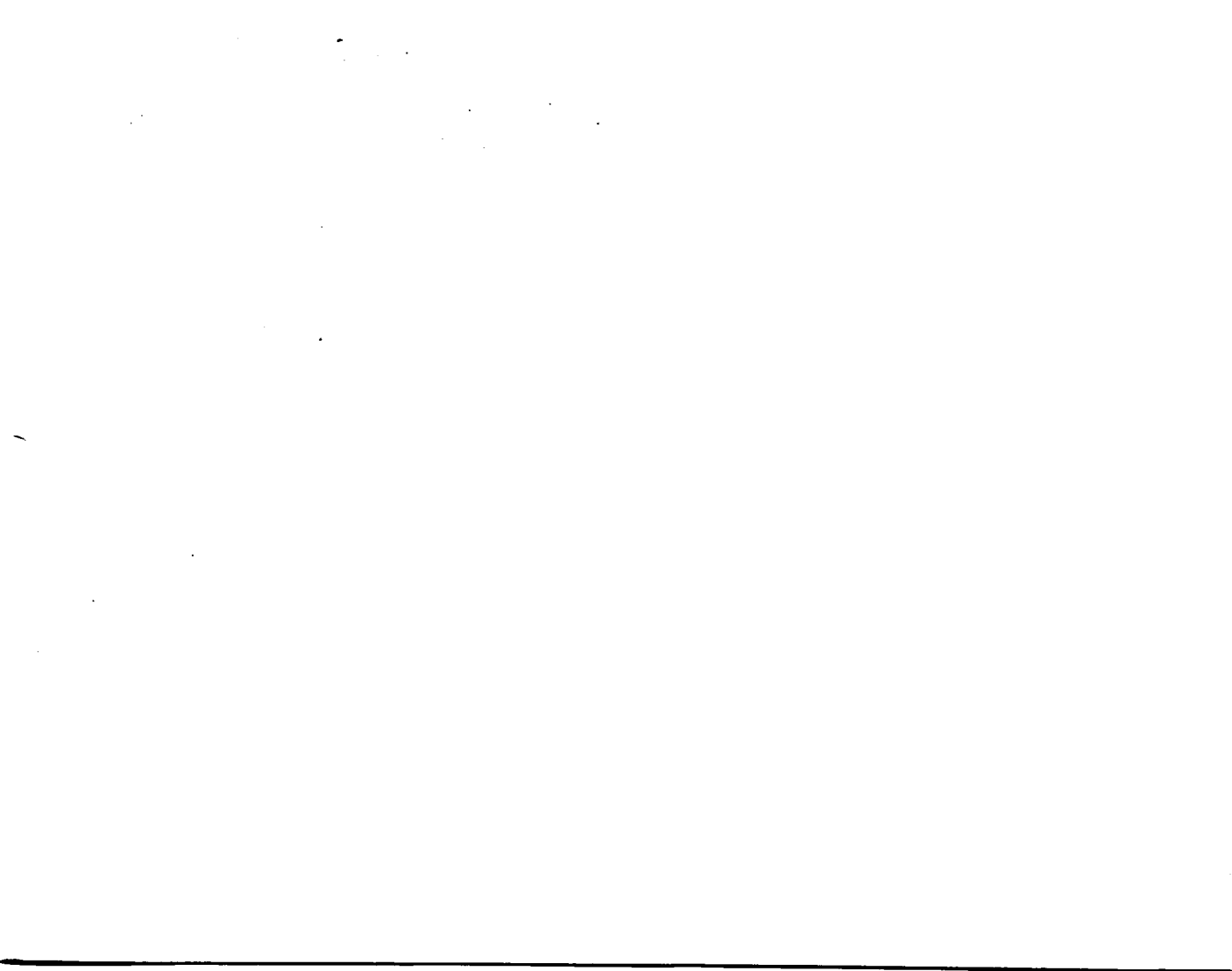
Feb 12, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



245.109.007-691

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76530

County of PannockCity of Pocatello IdahoRegistration District No. 84File No. 56No. 1142 N. Harrison St.Primary Registration District No. 2161 Registered No. 3013

Hospital _____

FULL NAME OF CHILD Bunce

Sex of Child <u>male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and } Number in order of birth	Legitimacy <u>yes</u>	Date of Birth <u>Feb 9 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------	-----------------------	---

FULL NAME FATHER Henry D BunceRESIDENCE Pocatello IdahoCOLOR white AGE AT LAST BIRTHDAY 31
(Years)BIRTHPLACE Kexburg IdahoOCCUPATION BrokermanFULL NAME MOTHER Caroline P. FrazerRESIDENCE Pocatello IdahoCOLOR white AGE AT LAST BIRTHDAY 32
(Years)BIRTHPLACE Franklin, IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

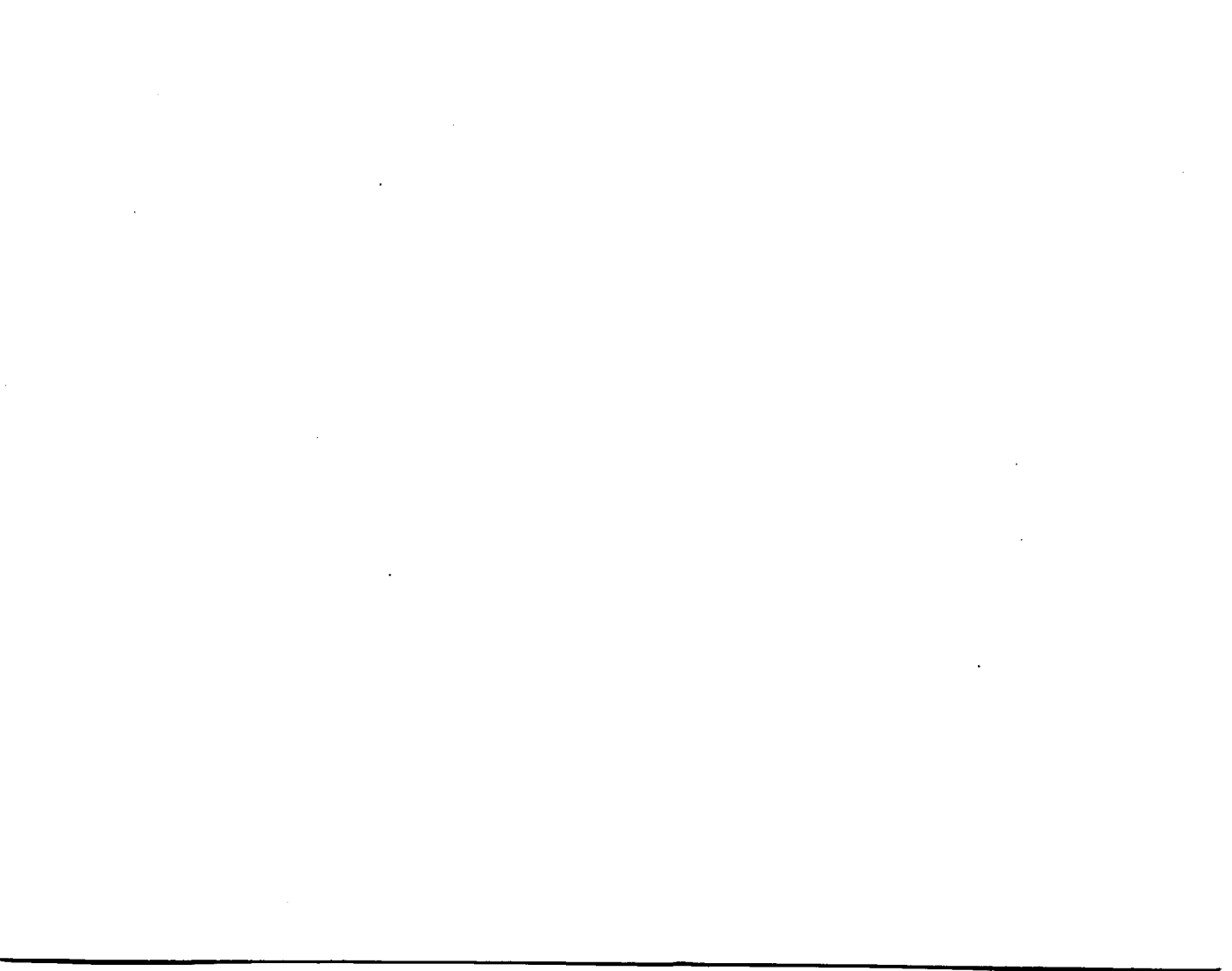
(Signature) O. B. Seely

(Physician or midwife)

Address Pocatello IdahoFiled Feb 28 1920

Registrar

Registrar O. B. Seely



492-109-003-869

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-28m-9-3-37

CERTIFICATE OF BIRTH

76531

County of BennettPocatelloRegistration District No. 84File No. 56Primary Registration District No. 2161Registered No. 3012

NAME OF CHILD

Wesley

male	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 9</u> (Month) (Day) (Year) <u>1920</u>
------	---	---------------------------------------	-----------------------------	---

FATHER
John H. Wesely
RESIDENCE Pocatello - Ida
COLOR White AGE AT LAST BIRTHDAY 27
(Years)
PLACE Ohio
OCCUPATION Auto Mobile Mechanic

MOTHER
Edna Louise Horgner
RESIDENCE Pocatello
COLOR White AGE AT LAST BIRTHDAY 20
(Years)
BIRTHPLACE Idaho
OCCUPATION H. W.

Number of children of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Feb 9th/20, at 1 a.m.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life at birth.

(Signature) J. J. Miller M.D.

(Physician or midwife)

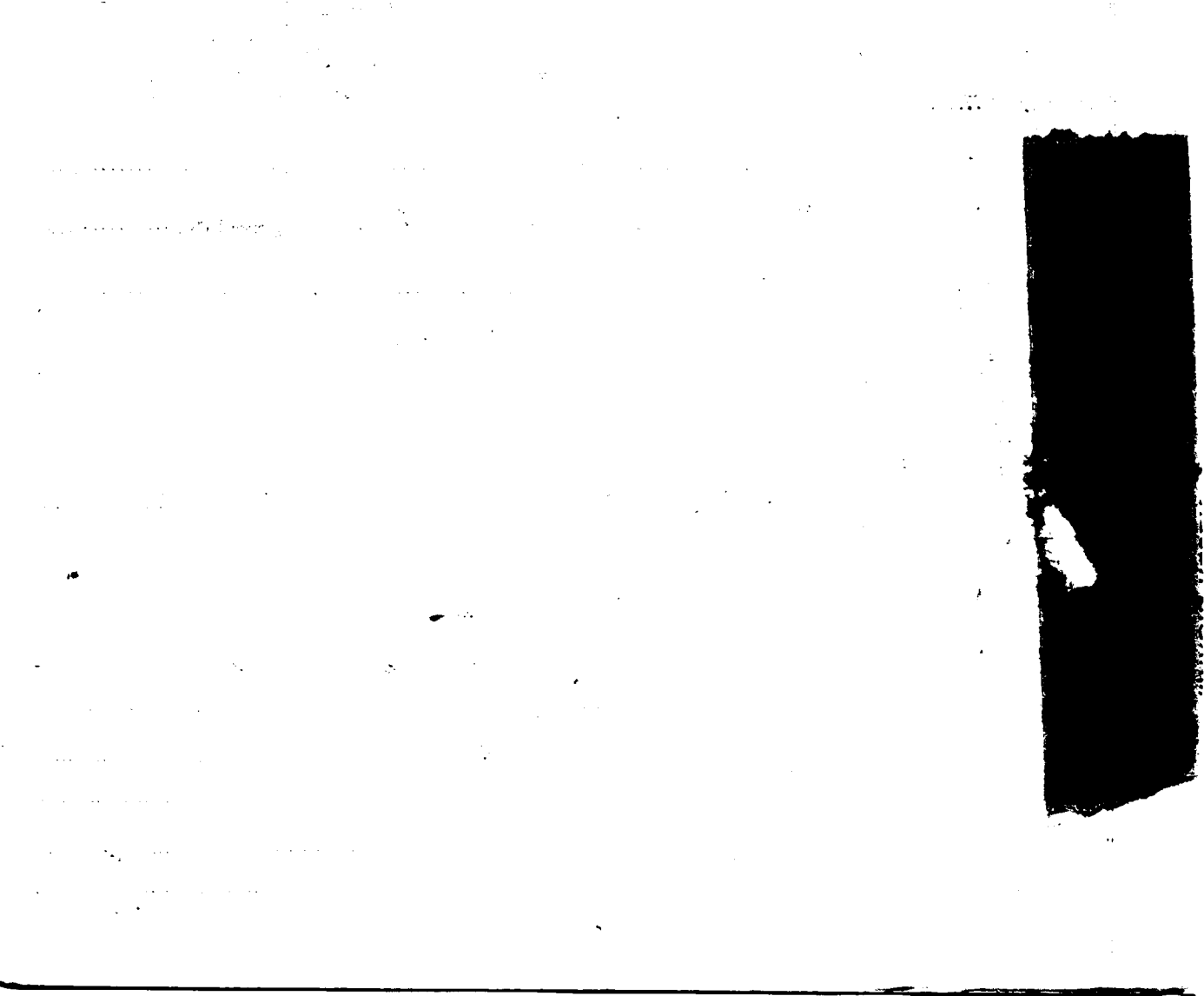
Given names added from a supplemental report.

Address Box 174 Pocatello Ida.Filed Feb 26 20 W. J. Miller

Registrar

Registrar

WRIT
N.



766105-003-845
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-4-17

76532

County of BannockCity of PocatelloRegistration District No. 84File No. 56No. 1 St.Primary Registration District No. 2161Registered No. 3011Hospital Pocatello General

FULL NAME OF CHILD

Louis Augustus Goochey

Sex of Child <u>Male</u>	Twin Triplet or other? <u>✓</u> } and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 5 1911</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Augustus A. Goochey</u>	FATHER	FULL MAIDEN NAME <u>Ellen Hunter</u>	MOTHER
RESIDENCE <u>San Francisco, Calif.</u>		RESIDENCE <u>San Francisco, Calif.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Lincoln, Nebraska</u>		BIRTHPLACE <u>Virginia City, Nevada</u>	
OCCUPATION <u>Teamster</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>10</u>	Number of children of this mother now living, including present birth <u>7</u>
---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:45 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Howard, M.D.

Given names added from a supplemental report.

Address Pocatello, IdahoFiled Mar. 20 1911 J. V. Street

Registrar

Registrar

JUN 5 1942

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Amended 8/21/72

(Be sure the information is complete and accurate)

State File No. 76533

Local Reg. No. _____

Reg. Dist. No. 27

345-202-007-212

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Bannock		a. STATE Idaho	b. COUNTY Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mound Valley, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mound Valley, Idaho	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME (Type or print)		a. (First) Phyllis	b. (Middle) Amanda	c. (Last) Condie
4. SEX Female	5a. THIS BIRTH SINGLE _____ TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____		6. DATE OF BIRTH (Month) (Day) (Year) Feb. 2, 1920

FATHER OF CHILD

7. FULL NAME		a. (First) Joseph	b. (Middle) Condie	c. (Last) Condie
8. AGE (At time of this birth) 51 YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) Croyden, Utah	10. USUAL OCCUPATION Farmer		11. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME		a. (First) Ida	b. (Middle) Baker	c. (Last) Baker
13. AGE (At time of this birth) 40 YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) Escalante, Utah	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 2 b. How many OTHER children were born alive but are now dead? c. How many children were stillborn (born dead after 20 wks. pregnancy?)		
16. INFORMANT'S SIGNATURE OR NAME (Relationship)				

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE G. W. States		18. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____	
19. ADDRESS Preston, Idaho		20. DATE SIGNED	
21. DATE REC'D BY LOCAL REG. Mar. 4, 1920	22. REGISTRAR'S SIGNATURE Dr. A. R. Cutler		23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES _____ NO _____ DATE _____	
Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____	
LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.
RACE OR COLOR OF FATHER	RACE OR COLOR OF MOTHER
METHOD OF DELIVERY	
Was 1% Silver Nitrate Used to prevent blindness? YES _____ NO _____	

BIRTH INJURY TO INFANT

YES ☒ IF YES, DESCRIBE
NO _____

CONGENITAL MALFORMATIONS OF INFANT

YES ☒ IF YES, DESCRIBE
NO _____

DECEASED

5-5-08
1D
08-3982

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO Certificate No. 76533
County of KOOTENAI AUG 11 10 58 AM '72 Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth
for Phyllis Amanda Condie who was born on Feb. 2, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Mound Valley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) Certificate of Baptism
true facts are shown by INSURANCE policy prepared on 9/9/54 or 2/20/46 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Child's name Phyllis Amanda Condie Phyllis Amanda Condie

Subscribed and sworn to before me this 15th day of AUGUST, 1972
[Signature]
Notary Public, residing at [Address]
My commission expires 11-1-74
(Seal)

Signed Ida B. Condie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P.O. Box 681 - Coeur d'Alene
(Street Address, City, State) Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of KOOTENAI } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of AUGUST, 1972
[Signature]

Signed Reed Condie
(Signature of Any Credible Person)

Notary Public, residing at [Address]
My commission expires 11-1-74
(Seal)

P.O. Box 681 - Coeur d'Alene
(Street Address, City, State) Idaho

Certificate of Baptism from Perth Amboy, New Jersey gives name as Diane Savel daughter of Mr. Stephen Savel, Jr and Phyllis A. Condie was Baptized Sept. 19, 1954 Was born Aug. 24, 1954. Viewed by V. S.

Life Insurance Policy from The Colonial Life Ins. Co. of America gives name as Phyllis A. Savel. Dated Feb. 20, 1946. Viewed by V. S.

City of _____ Registration District No. 3 File No. 76535
 No. _____ St. _____ Primary Registration District No. 2007 Registered No. 14
 Hospital _____
 FULL NAME OF CHILD Robert Melvina Wright

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 24</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>James Earl Wright</u> RESIDENCE <u>Canyon Co., Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>22</u> (Years) BIRTHPLACE <u>Canyon Co., Idaho</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Jamita H. Bilderbach</u> RESIDENCE <u>Canyon Co., Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>19</u> (Years) BIRTHPLACE <u>Kansas</u> OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____
 on the date above stated.

Born alive

(Born alive or stillborn)

at 6 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. L. Newell

Physician
(Physician or midwife)

Given names added from a supplemental report.


Address

Wilder, Idaho

Filed

Mar 1 1920 Kulu Waldorf

Registrar



JUN 23 2000

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

—25m-6-18-18

CERTIFICATE OF BIRTH

County of Blaine City of Blaine

No. 2692131004/693 St.

Registration District No. 52

File No. 76537

Primary Registration District No. 2136

Registered No. _____

Hospital _____

Full Name of Child _____

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>1 13 20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>W. C. Burman</u>			FULL NAME MOTHER <u>Harry Wilkes</u>		
RESIDENCE <u>Blaine, Idaho</u>			RESIDENCE <u>Blaine, Idaho</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	
BIRTHPLACE <u>Cabesville, Mo.</u>			BIRTHPLACE <u>Bloomington</u>		
OCCUPATION <u>Laborer</u>			OCCUPATION <u>miner</u>		

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

(Born alive or stillborn) at _____ M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife) _____

Given names added from a supplemental report.

19 _____

Address _____

Registrar _____

Filed _____

19 20

Registrar _____

CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

37

18 50
(Year)

ORDER

8
(Age)

M
M

19
19

Child to

Twin
Twins
or others
I
BIRTH

the mother's

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293 209-004-417
PLACE OF BIRTH

County of Dear Sir Child's & Father's names amended 10-2-92. **CERTIFICATE OF BIRTH**

City of Novene MCM 52 File No. 76538

No. St. Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD **ANGELO DEMITRAKIKES**

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 9, 1920</u> (Month) (Day) (Year)
FULL NAME <u>Louis Demittrakikes</u>	FATHER <u>DEMITRAKIKES</u>	FULL MAIDEN NAME <u>Yasiliki Maglores</u>	MOTHER
RESIDENCE <u>Novene Ida</u>		RESIDENCE <u>Novene Ida</u>	
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>42</u> (Years)		COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)	
BIRTHPLACE <u>Greece</u>		BIRTHPLACE <u>Greece</u>	
OCCUPATION <u>Section Foreman</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P. M. on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) J. P. Gaertner
M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Montheliez Ida
3-1-20

Filed 3-1-20
Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss. *[Signature]*
County of _____

Certificate No. 76538

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of 12-22-1982 birth

for Baby Boy Kikes who was born on Jan 9, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Novene (Bear Lake) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Child's name

Baby Boy Kikes

Angelo Demitrakikes

Father's name

Louis Kikes

AD ~~Louis~~ Demitrakikes

Mother's maiden name

Vasilike Maglores *AD*

Subscribed and sworn to before me this 21st day of September, 19 92

X Notary Public, *[Signature]*
Residing at Clackamas, County, Oregon

My commission expires 1/24/93



OFFICIAL SEAL
LINDA J. GIFFORD
NOTARY PUBLIC - OREGON
COMMISSION NO. A211870

MY COMMISSION EXPIRES JAN. 24, 1993

State of _____
County of _____

X *[Signature]*
Signature of Applicant
1812 N.E. TILLAMORE ST
PORTLAND, OREGON
Street Address, City, State

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 ____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

(Must be completed _____)


(Is not necessary ☒)

OR voter registration from Multnomah County shows Angelo Demitrakikēs
born Jan 9, 1920 in Novena, ID to Louis Demitakikes and Vasileke Maglaris
and registered Apr 19, 1982. Viewed by VS.

OCT 2 1992

Social Security print out shows Angelo Demitrakikes born Jan 9, 1920
in Novene, ID to Vasileke Maglaris and Louis Demitrakikes. Viewed by VS.

from Portland, OR
Holy Trinity Greek Orthodox Church baptism certificate shows Euangelos
(Angelos) Demitrakakis born Jan 9, 1920 in Novene, ID to Elisa (Louis)
Demitrakakis and Vasiliki Maglores and baptized June 6, 1920 by Rev
F Bartholomew Karachalios and translated by F Elisa Stephanopoulos Sept 9, 1992.
Viewed by VS.



753-117.004-212

PLACE OF BIRTH

County of *Geor. Lake*City of *Quid*

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IOWA
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-5-27

CERTIFICATE OF BIRTH

Registration District No. *52*File No. *76539*Primary Registration District No. *2136*

Registered No.

Sex of Child <i>male</i>	Twin Triplet or other? <i>and</i> { Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>Jan 17 1920</i> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <i>John S. Peterson</i>	FATHER
RESIDENCE <i>Quid</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>23</i> (Years)
BIRTHPLACE <i>I da.</i>	
OCCUPATION <i>merchant</i>	

FULL MAIDEN NAME <i>Georgia Baptista</i>	MOTHER
RESIDENCE <i>Quid</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
BIRTHPLACE <i>Utah</i>	
OCCUPATION <i>housewife</i>	

Number of child of this mother, including present birth	Number of children of this mother now living, including present birth
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was *Born alive* at *12:30 P.M.* on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. P. Gaertner*(Physician or midwife) *Montpelier, Ia.*

Given names added from a supplemental report.

Address

Filed *31-1-20* *A. H. Myers*

Registrar

Registrar

MAY 21 1942

639-218-004-391

PLACE OF BIRTH

County of *Ben Lake*City of *Montpelier*No. *St.*Registration District No. *52*Primary Registration District No. *2136*

Form V. S. No. 11-C-23m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. *76540*

Hospital

FULL NAME OF CHILD

Sex of Child <i>Female</i>	Twin Triplet or other? <i>and</i> { Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>Jan 18 1920</i> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME *FLOYD OLIVER*RESIDENCE *Montpelier*COLOR *white* AGE AT LAST BIRTHDAY *35*
(Years)BIRTHPLACE *Id.*OCCUPATION *Ry Conductor*

FULL MAIDEN NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER *Winifred Crawford**Montpelier*COLOR *white* AGE AT LAST BIRTHDAY *29*
(Years)*Id.**Housewife*

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... *B. u. m. alive*..... at..... *7308*.....
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) *L. P. Giesler*.....Address..... *Montpelier Idaho*.....Filed..... *3-1-20*.....

Registrar

Registrar

JUN 6 1973

245-21.71004-343 Name added 5/5/81

PLACE OF BIRTH

Form V. S. No. 11-25m-6-14-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Mangelsen

Registration District No. 52

File No. 76541

No. _____ St. _____

Primary Registration District No. 2136

Registered No. _____

Hospital _____

Full Name of Child Viona Yvonne Kunz

SEX OF CHILD <u>girl</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>1 17 20</u> (Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <u>Jacob Kunz</u>		FULL MAIDEN NAME <u>Emma Luther</u>		
RESIDENCE <u>Mangelsen</u>		RESIDENCE <u>Mangelsen</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)	
BIRTHPLACE <u>Mangelsen</u>		BIRTHPLACE <u>Mangelsen</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth. 11 Number of children of this mother now living, including present birth. 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

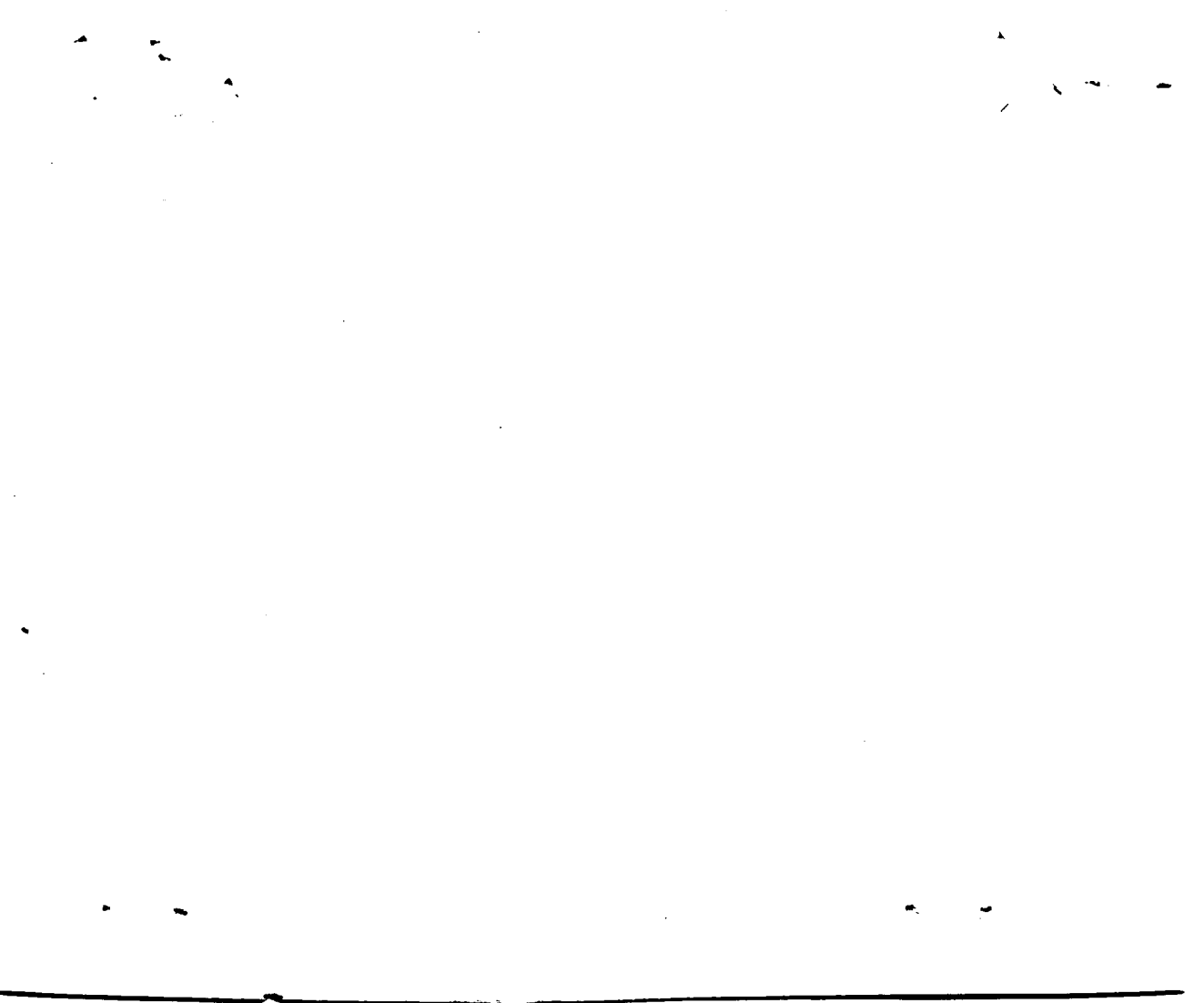
(Signature) Geo F. Luley
Mangelsen
(Physician or midwife)

Given names added from a supplemental report.

Address 3-1-20
Filed 19

Registrar

Registrar



12-22-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss. 20 9 59 AM '81 Certificate No. 76541
 County of Bear Lake } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Kunz who was born on 1-17-20
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in Montpelier (Bear Lake) are erroneous or were omitted:
 (Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedViona Yvonne Kunz

Subscribed and sworn to before me this 6th day of

April, 19 81.

Notary Public, Tern K. Sullivan

Residing at Bear Lake, Idaho

My commission expires Sept 1981

(Seal)

X _____
 Signature of Applicant

 Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
 County of Bear Lake }

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of

April, 19 81.

Notary Public, Tern K. Sullivan

Residing at Bear Lake, Idaho

My commission expires Lifetime

(Seal)

#1 Lara Dunn
 #2 Marilyn J. Kunz
 Supporting Signature

#3 825 Quint St. Evanston Wyoming
 Street Address, City, State

1 cc pd

#1 940 Monroe
Montpelier, Idaho 83254

Church of Jesus Christ Of Latter-Day Saints shows name as
Viona Yvonne Kunz recorded in Montpelier Stake, Montpelier 3rd
Ward .Record of Births and Blessings, 1920, Page 1320,
Line 639. Date Correction Completed December 17, 1980
Viewed by VS

MAY 5 1981

A Notary Public appointment shows name as Viona Y. Seward issued
by the State of Nevada on June 25, 1971.
Viewed by VS.

164-117-004-485
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-20-1-1-1

County of Bear Lake

CERTIFICATE OF BIRTH

City of Mangelsen

Registration District No. 52

File No. 76542

No. _____ St. _____

Primary Registration District No. 2136

Registered No. _____

Hospital _____

Full Name of Child _____

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>1 7 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>A. J. Jansley</u>		MOTHER FULL NAME <u>Ellen Myers</u>		
RESIDENCE <u>Mangelsen</u>		RESIDENCE <u>Mangelsen</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)	COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>42</u> (Years)		
BIRTHPLACE <u>Mangelsen</u>		BIRTHPLACE <u>Id</u>		
OCCUPATION <u>labor</u>		OCCUPATION <u>nurse</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest J. Jansley
Myers
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed 2-1-20 _____
Registrar _____ Registrar _____

100-100-100-100

100-100-100-100

100-100-100-100

165-222-004-819

PLACE OF BIRTH

County of BeauregardCity of Montpelier

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 52File No. 76543Primary Registration District No. 2136

Registered No. _____

Full Name of Child

VELDRON LILA JONES

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth {and}	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>1-22-20</u> (Month) (Day) (Year)
FULL NAME <u>Frank J. Jones</u>	FATHER		FULL MAIDEN NAME <u>Lila C. Haring</u>	MOTHER
RESIDENCE <u>Montpelier</u>			RESIDENCE <u>Montpelier</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Wyo.</u>			BIRTHPLACE <u>St. Charles</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P. M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Haring

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address _____

Registrar

Filed 3-1-20

19. _____

Registrar

NOV 2 1951

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735 7121 004 - 962

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?

(To be answered only in event of plural births)

Number
and in order
of birthLegiti-
mate?Date of
Birth

(Month) (Day) (Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No.

File No.

Primary Registration District No.

Registered No.

Male

Twin
Triplet
or other?Number
and in order
of birthLegiti-
mate?Date of
Birth

(Month) (Day) (Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

OCT 17 1974

269-123-004-445

PLACE OF BIRTH

County

City of

No.

St.

Registration District No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

File No. 76545

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child

Male

Twin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

Jun 23 1911

Month (Day) (Year)

FULL NAME

FATHER
David Ernest Borkdum

FULL MAIDEN NAME

MOTHER
Edra Dunn

RESIDENCE

Montpelier Idaho

RESIDENCE

Montpelier Ida.

COLOR

White

AGE AT LAST BIRTHDAY

27 (Years)

COLOR

White

AGE AT LAST BIRTHDAY

19 (Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Clerk-Hardware Store

OCCUPATION

Wife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Born alive or stillborn? M.

Given names added from a supplemental report.

Address

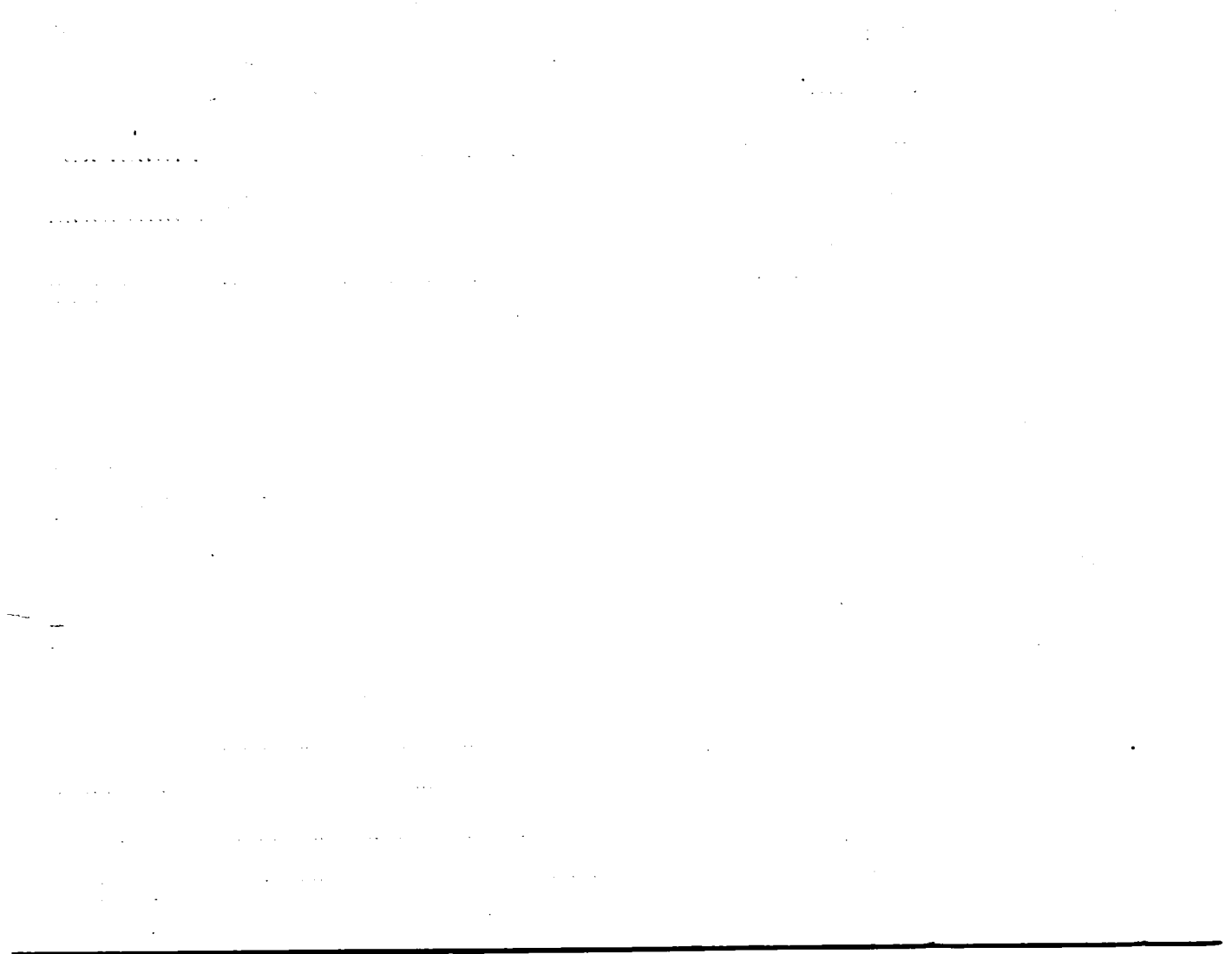
Montpelier Idaho

Filed

3-1-1912

Registrar

Registrar



819-124-004-253

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of
ChildTwin
Triplet
or other?and
(Number
in order
of birth)Legiti-
mate?Date of
Birth

(Month) (Day) (Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address

Filed

Registrar

(Physician or midwife)

Registrar

APR 21 1965

154-113,00X-114
PLACE OF BIRTH

County of Bear Lake

City of Hauppauge

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 52

Primary Registration District No. 2136

File No. 76547

Registered No. _____

Alvin Lamar Anderson

SEX OF CHILD

Boy

Twin
Triplet
or other?

{ and } Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

DATE OF

BIRTH

2-13-20

(Month) (Day) (Year)

FULL
NAME

A. R. Anderson

FATHER

FULL
MAIDEN
NAME

Elpha James

MOTHER

RESIDENCE

Hauppauge

RESIDENCE

Hauppauge

COLOR

W

AGE AT LAST

27

BIRTHDAY (Years)

COLOR

W

AGE AT LAST

19

BIRTHDAY (Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Chief

OCCUPATION

Wife

Number of child of this mother, including present birth. 1

Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John C. White

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address

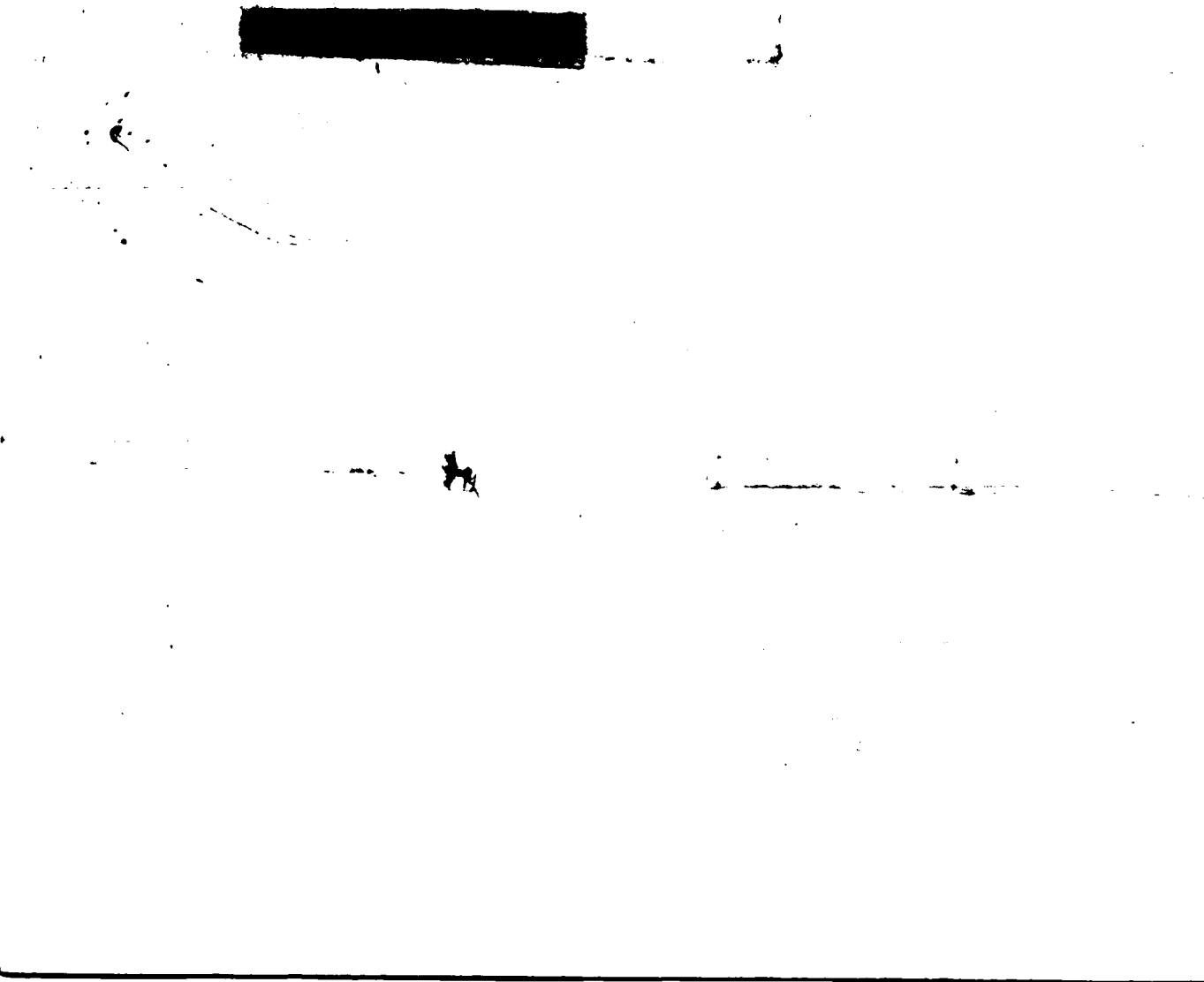
Filed

2-1-20

19. _____

Registrar

Registrar



PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-17

County of Benewah

CERTIFICATE OF BIRTH

City of Montpelier

296-104-004-863

No.

Registration District No.

File No. 76549

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Robert Dale Brown

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 4th 1920</u> (Month) (Day) (Year)
--------------------------	----------------------------------	--------------------------------	------------------------	--

FATHER Jergus Brown

RESIDENCE Montpelier Ida

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER May Holmes

RESIDENCE Montpelier Ida

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Idaho

OCCUPATION Wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. King M.D.
Physician
(Physician or midwife)

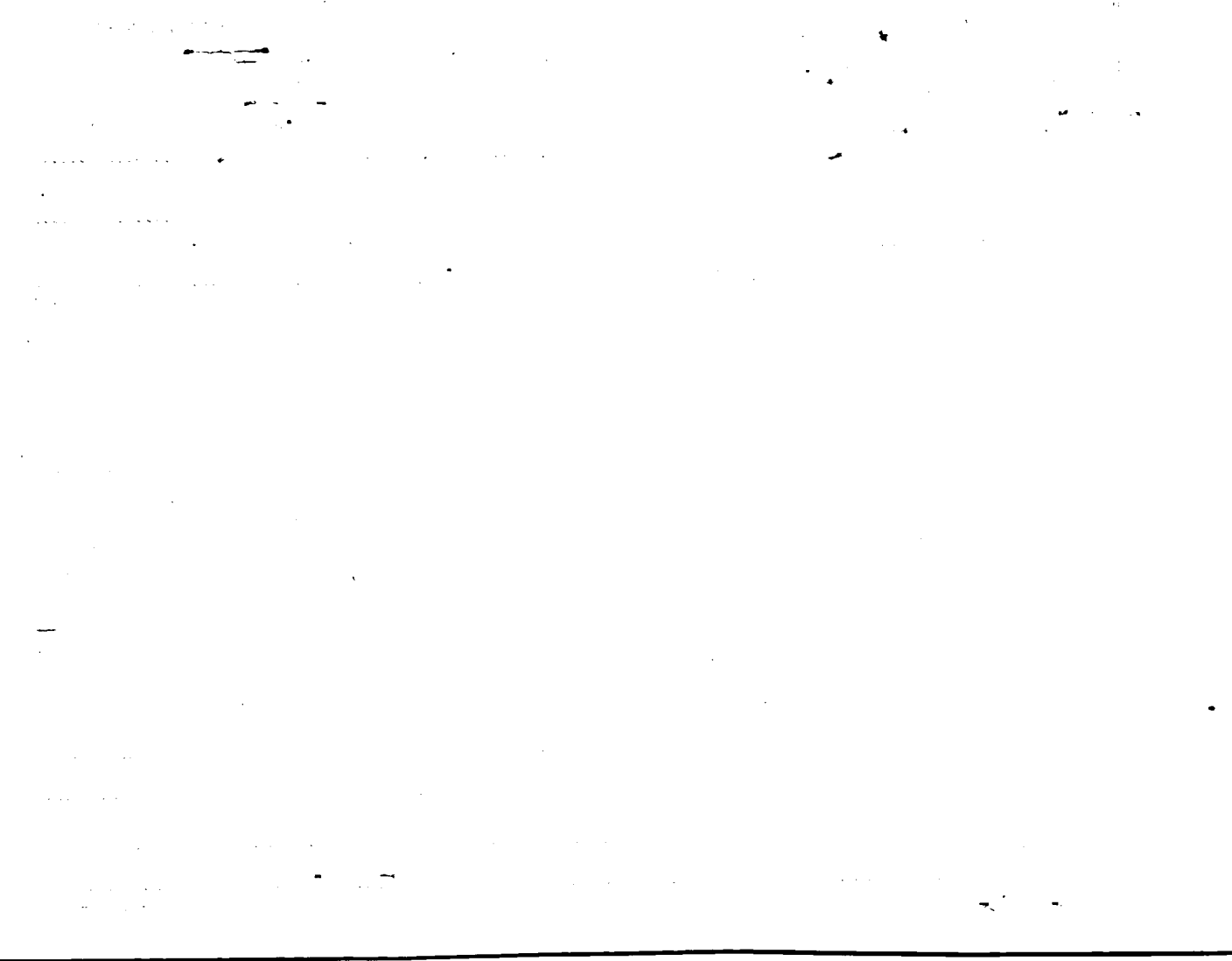
Given names added from a supplemental report.

Address Montpelier Idaho

Filed 3-1-20

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

MAR 13 1946

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 76549
County of Beaumont }

The undersigned does solemnly swear that certain facts on the certificate of birth
for Robert Dale Brown who was born on February 4, 1920 (Birth or Death)
in Montpelier, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance New York Life prepared on March 9, 1939, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name not named Robert Dale Brown

Robert Dale Brown
Subscribed and sworn to before me this 9th
day of March, 1942
Chas E. Harris

Notary Public, residing at Montpelier, Idaho
My commission expires March 7-1946
(Seal)

Signed [Signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. [This Affidavit MUST Also be Executed.
County of _____ } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____
Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal) (Street Address, City, State)

MAR 19 1942

JAN 6 1970

769-204-004-845
PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-37

File No. 76550

Registered No.

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 4</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Robert E. Gordon</u> RESIDENCE <u>Georgetown</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>37</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Forest Ranger</u>		MOTHER FULL MAIDEN NAME <u>Lizzie Hunt</u> RESIDENCE <u>Georgetown</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>22</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Galt
(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier
3-1-20
Registrar

AUG 11 1960

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form No. 11-C-22a-9-17

County of BlaineCity of Montpelier386-105-004-465No. St.Registration District No. 52No. 76551Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD HARVEY WILLIAM Thompson

Sex of Child

MaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti-
mate?yes

Date of Birth

Feb 5 20
(Month) (Day) (Year)

FULL NAME

Fred Thompson

FULL MAIDEN NAME

Hannah Olsen

RESIDENCE

Montpelier

RESIDENCE

Montpelier

COLOR

white

AGE AT LAST BIRTHDAY

42
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

39
(Years)

BIRTHPLACE

Canada

BIRTHPLACE

Idaho

OCCUPATION

Ry. Conductor

OCCUPATION

Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... Born alive..... at 12:30 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

J. P. Galentine

(Physician or midwife)

Given names added from a supplemental report.

Address.....

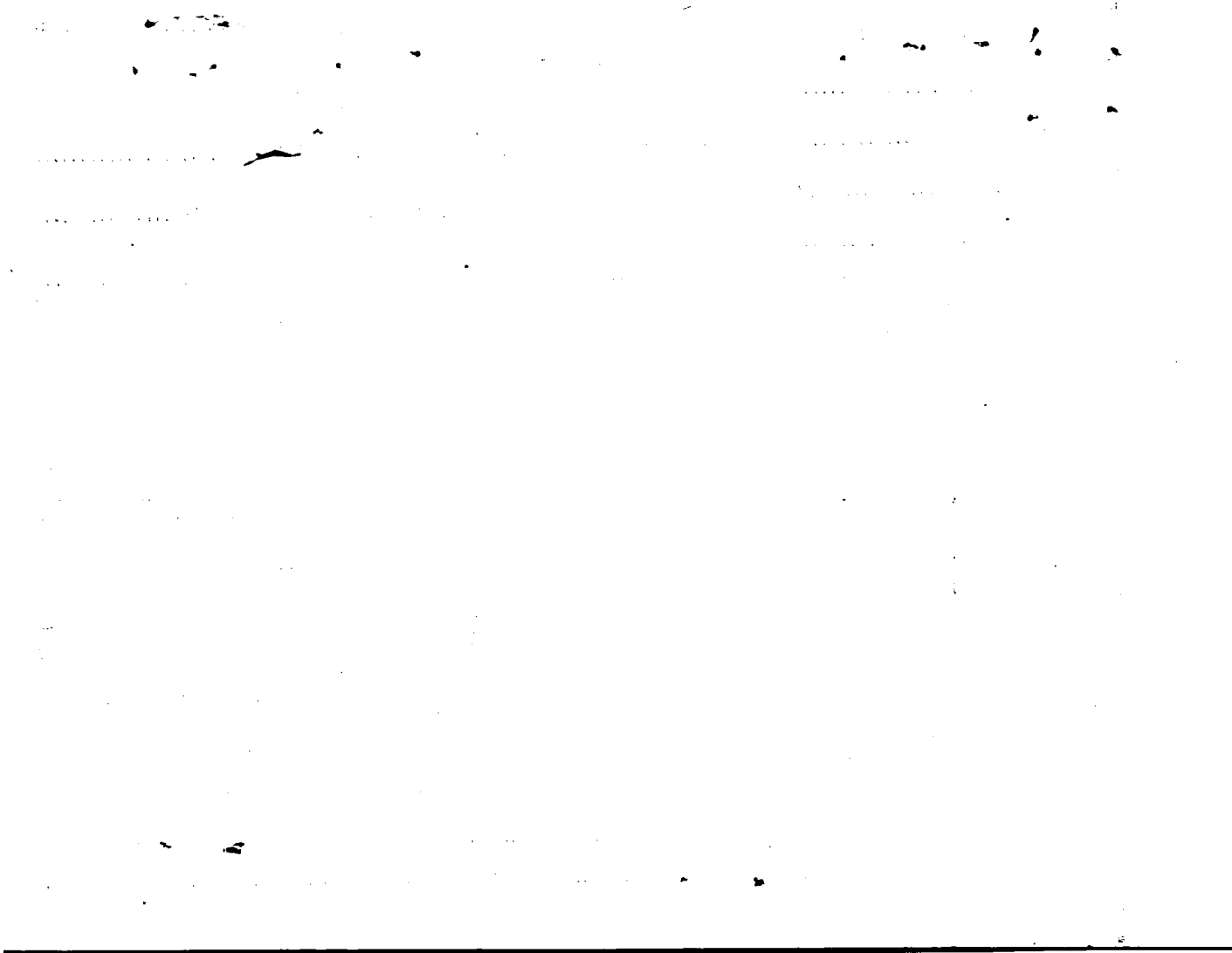
Montpelier Idaho

Filed.....

3-1-20

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss. **NOV 3 1941**
The undersigned does solemnly swear that certain facts on the certificate of birth
for Harvey William Thomson who was born on March 5, 1920
in Montpelier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record prepared on year 1920, are:
(Name on original certificate) (Was born or died) (Date of event)
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

SurName	Thompson	Thomson
Name	Unnamed	Harvey William

Subscribed and sworn to before me this 30th
day of October, 1941

Notary Public, residing at Nampa, Idaho

My commission expires March 9, 1945
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jannah Olson Thomson
1624 3rd St. So Nampa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This affidavit MUST also be executed.
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

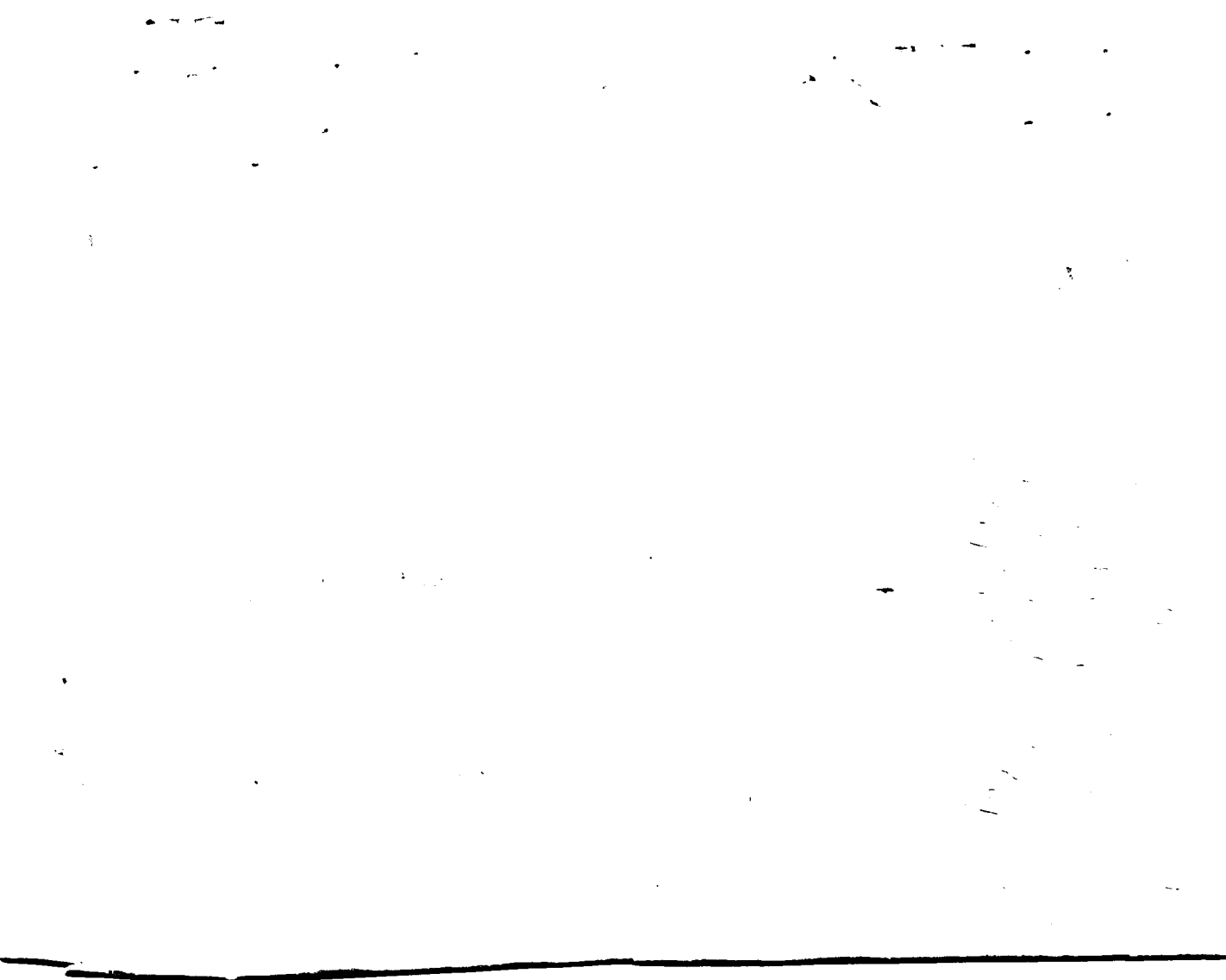
Subscribed and sworn to before me this 30th
day of October, 1941

Notary Public, residing at Nampa, Idaho

My commission expires March 9th 1945
[SEAL]

Signed George W. Thomson
(Signature of any credible person other than the previous affiant.)

1624 3rd St. So Nampa, Idaho
(Street Address, City, State)



FEB 29 1972

CHASE A. CLARK, GOVERNOR
EX-OFFICIO COMMISSIONER

E. L. BERRY, M. D. DIRECTOR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE

June 29, 1942

H.H. King, M.D.
Montpelier, Idaho.

#76551

Dear Doctor King:

We have in our files the birth record for Harvey William Thomson, born in Montpelier Feb. 5, 1920, filed with your certificates in March 1, 1920.

There seems to be a discrepancy in this boy's birthdate, according to church records, mother's statements and school records. They claim his birth occurred Mar. 5, 1920, Dr. Gaertner, the physician, is willing to change the birthdate. Is it possible the filing date on this record is in error, and should have been filed with your March 25, recordings?

If you are willing that we change the filing date, we should be pleased to hear from you as soon as possible, as this record is holding up this boy's enlistment in the Navy.

A notation on the bottom of this letter will be satisfactory, and returned.

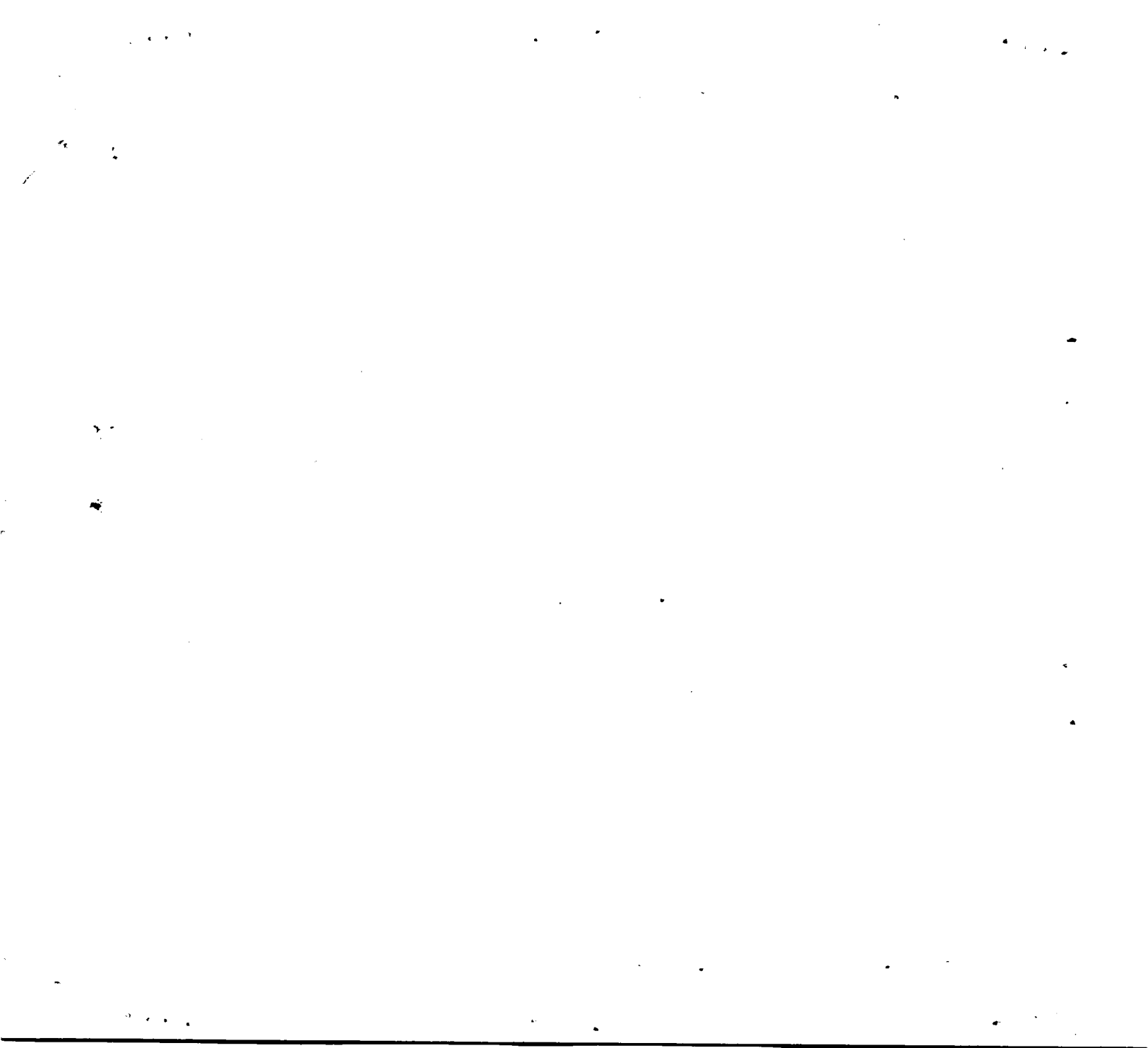
Very truly yours,

BUREAU OF VITAL STATISTICS

Mabel F. Elder

Mabel F. Elder, Director

*Would suggest that above birthdate be
changed at Feb. 5, 1920 - This agrees with
my record & Dr. Gaertner's N. King*



1624 3rd Street South
Nampa, Idaho
June 26, 1942

Doctor Gaertner
Montpelier, Idaho

Dear Sir:

I am writing to you with hope that you will be able to help me straighten out the true date of my birth. Some twenty-two years ago in Montpelier, Idaho Mrs. W. F. Thomson had a son and you was the attending physician. I have always used the birth date of March 5, 1920, however, I now find that my birth certificate show me to have been born on February 5, 1920. Mother assures me that there must be an error on the certificate.

The discrepancy of only one month seems very trivial, but my being able to verify my true date of birth will determine my success or failure of gaining a commission in the United States Navy. The information that mother gives me is that I was born: 12:01 A.M. March 5, 1920

Physician: Doctor Gaertner, Montpelier, Idaho

Nurse: Geneva Nelson Hart, now operating a beauty parlor in Montpelier.

Place: Home of parents, Montpelier.

Parents: Mr. and Mrs. W. F. Thomson, Railway Conductor

I sincerely hope that you will be able to clarify this situation for me. I will appreciate hearing from you at your earliest possible convenience.

Yours sincerely,

Harvey W. Thomson
Harvey William Thomson

Dear Sir: Write to the Bureau of Vital Statistics Boise Idaho and state that you wish to have your birth certificate corrected. Obtain the proper forms and have them correctly filled out - and your mother and I will sign them...
Yours truly, J. P. Garthies

June 29, 1942

H.H. King, M.D.
Montpelier, Idaho.

Dear Doctor King:

We have in our files the birth record for Harvey William Thomson, born in Montpel: Feb. 5, 1920, filed with your certificates in March 1, 1920.

There seems to be a discrepancy in this boy's birthdate, according to church records, mother's statements and school records. They claim his birth occurred Mar. 5, 1920. Dr. Gaertner, the physician, is willing to change the birthdate. Is it possible the filing date on this record is in error, and should have been filed with your March 25, recordings?

If you are willing that we change the filing date, we should be pleased to hear from you as soon as possible, as this record is holding up this boy's enlistment in the Navy.

A notation on the bottom of this letter will be satisfactory, and return it.

Very truly yours,

BUREAU OF VITAL STATISTICS

Nabel P. Elder, Director

445-210-004-108

PLACE OF BIRTH

Name added 4-28-82

STATE OF IDAHO

Form V. S. No. 11-C-25m-3-3-17

BUREAU OF VITAL STATISTICS

County of

City of

CERTIFICATE OF BIRTH

Registration District No.

File No.

No.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Twila Dunn

Sex of Child

Girl

Twin
Triplet
or other?

4

and

Number
in order
of birth

4

Legitimate?

yes

Date of Birth

Feb. 10

1920

(Month) (Day) (Year)

FULL NAME

William A. Dunn

FATHER

FULL MAIDEN NAME

Alice Johnston

MOTHER

RESIDENCE

Mountpelier

RESIDENCE

Mountpelier

COLOR

White

AGE AT LAST BIRTHDAY

25

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

Paris

BIRTHPLACE

Randolph, Wt.

OCCUPATION

Farming

OCCUPATION

Housekeeping

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Oliver E. Kinckley

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Mountpelier, Idaho

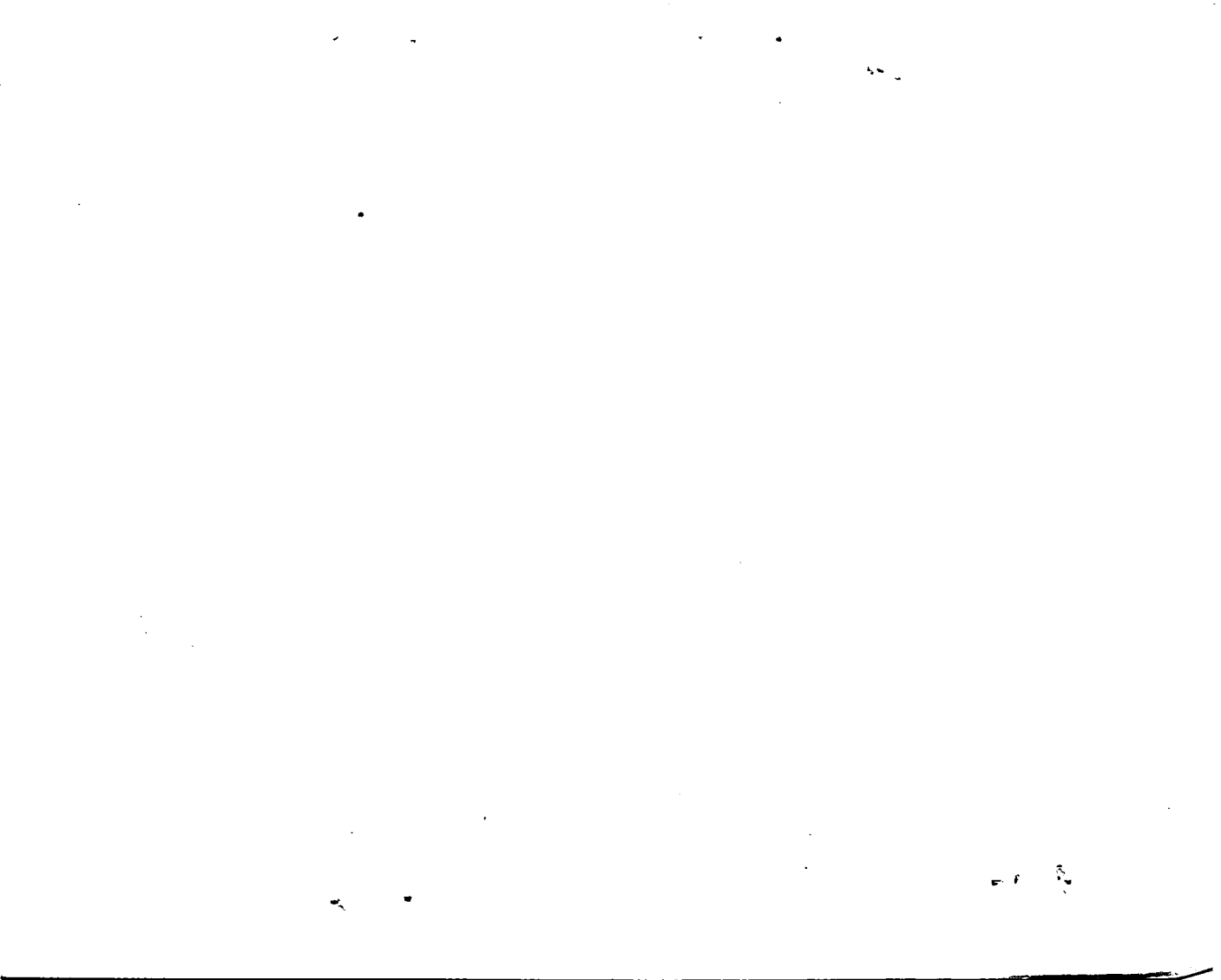
Filed

3-17-20

1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE
VITAL STATISTICS

State of _____ } ss. APR 27 3 21 PM '82 Certificate No. 76552
County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Dunn who was born on Feb. 10, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Montpelier (Bear Lake) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>omitted</u>	<u>Twila Dunn</u>

Subscribed and sworn to before me this 2ND day of APRIL 1982

Notary Public, [Signature]
Residing at 3652 HILLEMANN
My commission expires 8/18/85
(Seal)

[Signature]
Signature of Applicant
P.O. Box 176, Centerville Utah
Street Address, City, State 84014

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. _____ (Must be completed ___)
County of _____ } (Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

~~APR 28 1982~~

Senior High School Diploma gives TwilaDunn graduated from high school in Rock Springs, Wyoming on May 26, 1938. Viewed by V.S.

Beneficial Life Ins Co policy gives Twila Dunn Guymon as insured . age at nearest birthday as 53. Policy dated 4-28-73.
Insurance age :50. Viewed by V.S.

847-111-004-318

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Brugger

Registration District No. 02

File No. 76553

No. _____ St. _____

Primary Registration District No. 2136

Registered No. _____

Hospital _____

Full Name of Child _____

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legiti- mate?	DATE OF BIRTH <u>2</u> <u>11</u> <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Robert E. Hughes</u>	FATHER		FULL MAIDEN NAME <u>M. J. Sargent</u>	MOTHER
RESIDENCE <u>Sack Lake City</u>	RESIDENCE		RESIDENCE <u>Sack Lake City</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	
BIRTHPLACE <u>Sack Lake City</u>	BIRTHPLACE	BIRTHPLACE <u>Sack Lake City</u>	BIRTHPLACE	
OCCUPATION <u>Engineer USN RA</u>	OCCUPATION	OCCUPATION <u>Single Man</u>	OCCUPATION	

Number of child of this mother, including present birth. _____ Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 39 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Registrar _____

Filed 2-1 20

19 _____

Registrar _____

AUG 29 1969

MAR 3 1971

229-111-004-154
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

County of *Bear Lake*

City of *Hamman*

Registration District No. *52*

File No. *76554*

No. *2*

Primary Registration District No. *2136*

Registered No.

Hospital... Amended. 3/3/76..

FULL NAME OF CHILD *Bryce Skinner*

Sex of Child <i>Boy</i>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <i>yes</i>	Date of Birth <i>Feb 11, 1920</i> (Month) (Day) (Year)
-------------------------	---	-----	---	-----------------------------	--

FULL NAME <i>Jesse Skinner</i>	FATHER
RESIDENCE <i>Hamman</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>Paris, Ida.</i>	
OCCUPATION <i>Farming</i>	

FULL MAIDEN NAME <i>Nellie Anderson</i>	MOTHER
RESIDENCE <i>Hamman</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)
BIRTHPLACE <i>North Dakota</i>	
OCCUPATION <i>Housekeeping</i>	

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *11 A* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Ernest C. Hinchley*
Physician

Given names added from a supplemental report.

.....19.....

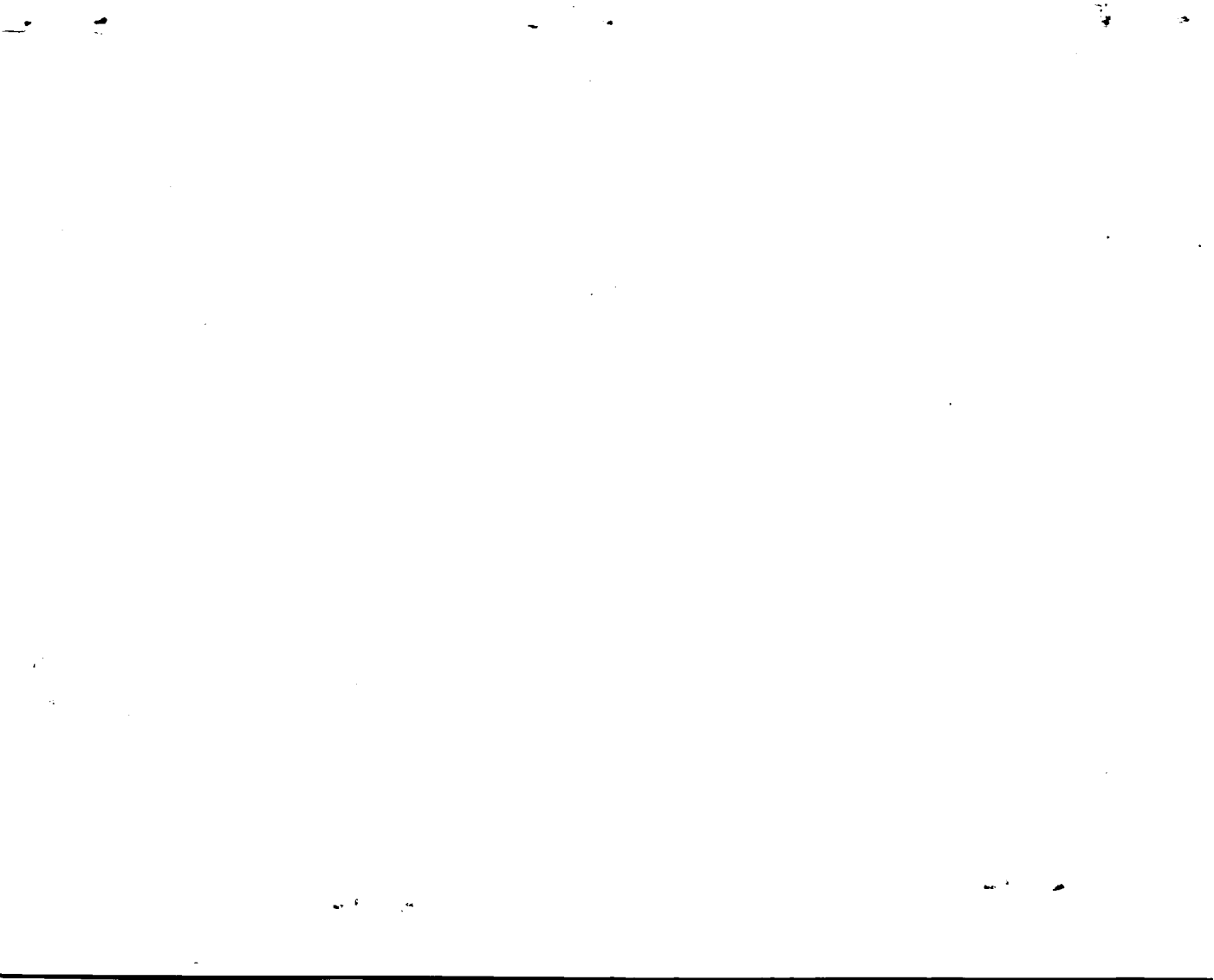
Address *Monmouth, Idaho*

.....19.....

Filed *3-1-20*

Registrar

Registrar



3/3/76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. **RECEIVED**
County of } **BUREAU OF VITAL STATISTICS**
Certificate No. 76554
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Boy Skinner who was born on February 11, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Nounan, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)
Name

FROM
(As on Original)
Boy Skinner

TO
(The Correct Facts)
Bryce Skinner

Subscribed and sworn to before me this 3rd day of
March, 1976
Therese C. Centright
Notary Public, residing at
My commission expires 4-20-78
(Seal)

Signed Marnie R. Peters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
7215 N. Hstick Rd. Meridian, Id.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

- Family record lists Bryce Skinner born February 11, 1920 in Nounan, Idaho to Jesse Kelsey Skinner and Nellie Anderson. Record Old. Viewed by V.S.

Death certificate filed in Idaho File #84798 filed June 22, 1933, name as Bryce Skinner age 13 years 3 months 29 days. died June 9, 1933. viewed by V.S.

MAR 3 1976

912-213-004-219

PLACE OF BIRTH

County of Bear LakeCity of Hailey

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 52File No. 76555Primary Registration District No. 2136

Registered No. _____

Full Name of Child Bernice Rasmussen

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>2-13-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>James Rasmussen</u>		MOTHER FULL MAIDEN NAME <u>Mary E. Rasmussen</u>		
RESIDENCE <u>Hailey</u>		RESIDENCE <u>Hailey</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	
BIRTHPLACE <u>Black Creek Ida</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Lab</u>		OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth... 6 ... Number of children of this mother now living, including present birth... 49

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 49 M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Rasmussen

(Physician or midwife)

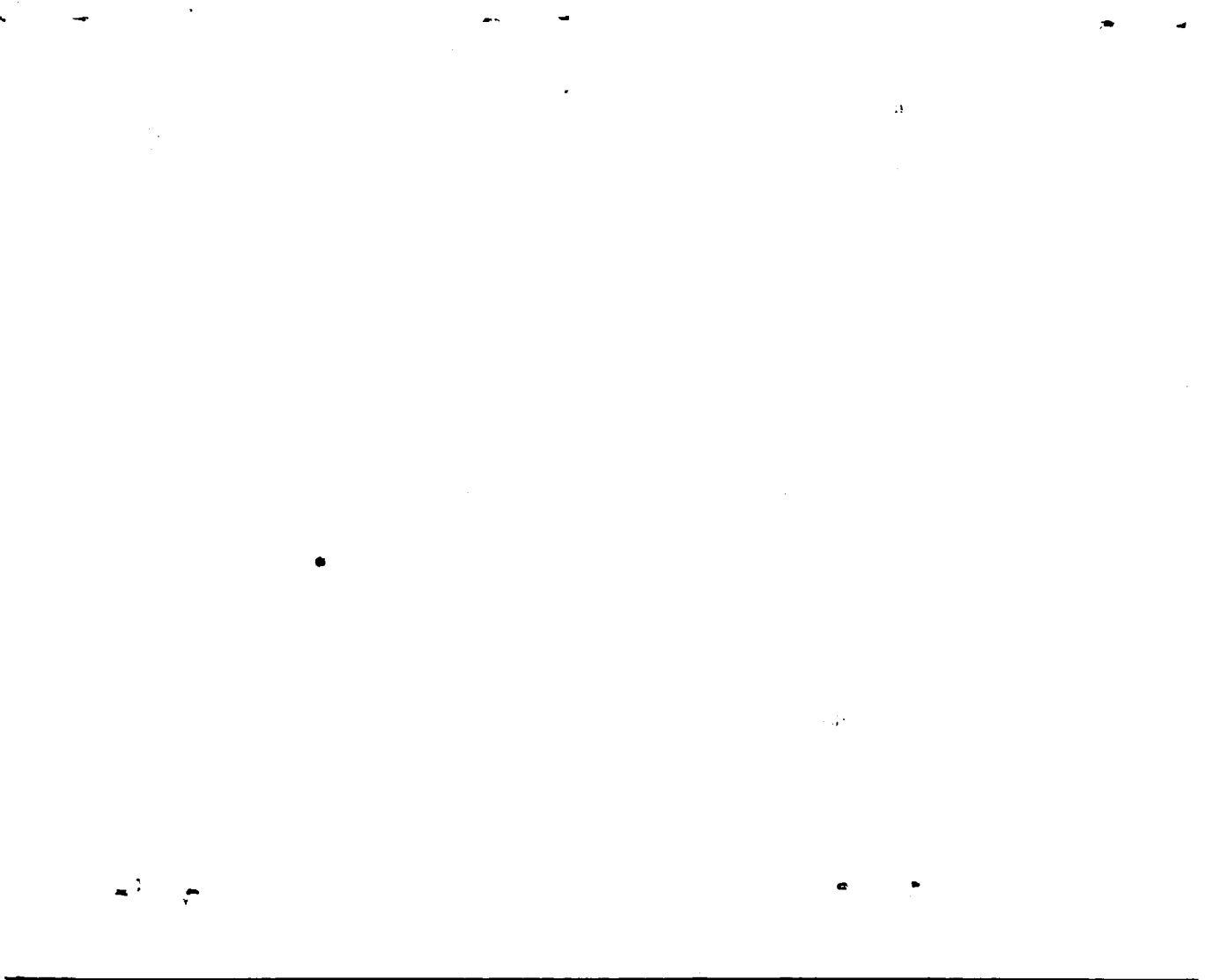
Given names added from a supplemental report.

Address _____

Filed 2-1-20

Registrar _____

Registrar _____



2-10-76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. **VITAL STATISTICS**
Certificate No. **76555**
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for **Unnamed Rasmussen** who was born (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on **Feb. 13, 1920**
(Place of Event) (Date of Event)
in **Montpelier** are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)
Bernice Rasmussen

Childs name

Subscribed and sworn to before me this **11** day of

FEBRUARY, 19**76**

Notary Public, residing at **BOISE, IDAHO**

My commission expires **3/31/77**

(Seal)

Signed **Ref. Lord**

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of **IDAHO** }
County of **ADA** } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **11** day of

FEBRUARY, 19**76**

Notary Public, residing at **BOISE, IDAHO**

My commission expires **3/3/77**

(Seal)

Signed **Shirley G. Harris**

(Signature of Any Credible Person)

3400 Bogus Basin Rd. Boise, Idaho
(Street Address, City, State)

Own child's birth certificate on file with Bureau of Vital Statistics,
state file # 369822. Child born March 2, 1943 in Pocatello, Idaho. This
certificate gives mother's name as Bernice Rasmussen.

Viewed by V.S.

FEB 11 1976

Marriage certificate issued by State of Idaho 7 March 1958 gives
bride's name as Bernice Rasmussen. Viewed by V.S.

415-113.004-759
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of *Blaine*
City of *Sheep Creek*

Registration District No. *52*

File No. *76556*

No. St.

Primary Registration District No. *2136*

Registered No.

Hospital

FULL NAME OF CHILD *Jack Mani*

Sex of Child <i>boy</i>	Twin Triplet or other? <i>no</i>	Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>Feb. 13, 1920</i> (Month) (Day) (Year)
-------------------------	----------------------------------	-----------------------------------	------------------------	--

FULL NAME FATHER <i>John Mani</i>
RESIDENCE <i>Sheep Creek</i>
COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>43</i> (Years)
BIRTHPLACE <i>Switzerland</i>
OCCUPATION <i>Palming</i>

FULL MAIDEN NAME MOTHER <i>Bertha Gertsch</i>
RESIDENCE <i>Sheep Creek</i>
COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>23</i> (Years)
BIRTHPLACE <i>Switzerland</i>
OCCUPATION <i>Housekeeping</i>

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *2 A* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Chas E Hinkley*
Physician
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address *Montpelier Idaho*

.....19.....

Filed *3-1-20*

Registrar

Registrar

1778 - 8 1962

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-216-00K-751

PLACE OF BIRTH

County of *Dear Lake*

City of *Montpelier*

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. *52*

Primary Registration District No. *2136*

File No. *7.6557...*

Registered No.

Sex of Child <i>Girl</i>	Twin Triplet or other? <i>1</i>	and Number in order of birth <i>5</i>	Legitimate? <i>yes</i>	Date of Birth <i>Feb 16, 1920</i> (Month) (Day) (Year)
--------------------------	---------------------------------	---------------------------------------	------------------------	---

FATHER
FULL NAME *Mr Louis Perkins*
RESIDENCE *Montpelier*
COLOR *White* AGE AT LAST BIRTHDAY *34* (Years)
BIRTHPLACE *Montpelier*
OCCUPATION *Farming*

MOTHER
FULL MAIDEN NAME *Nellie Pearce*
RESIDENCE *Montpelier*
COLOR *White* AGE AT LAST BIRTHDAY *34* (Years)
BIRTHPLACE *Montpelier*
OCCUPATION *Housekeeping*

Number of child of this mother, including present birth *5* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive*, at *3 P. M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

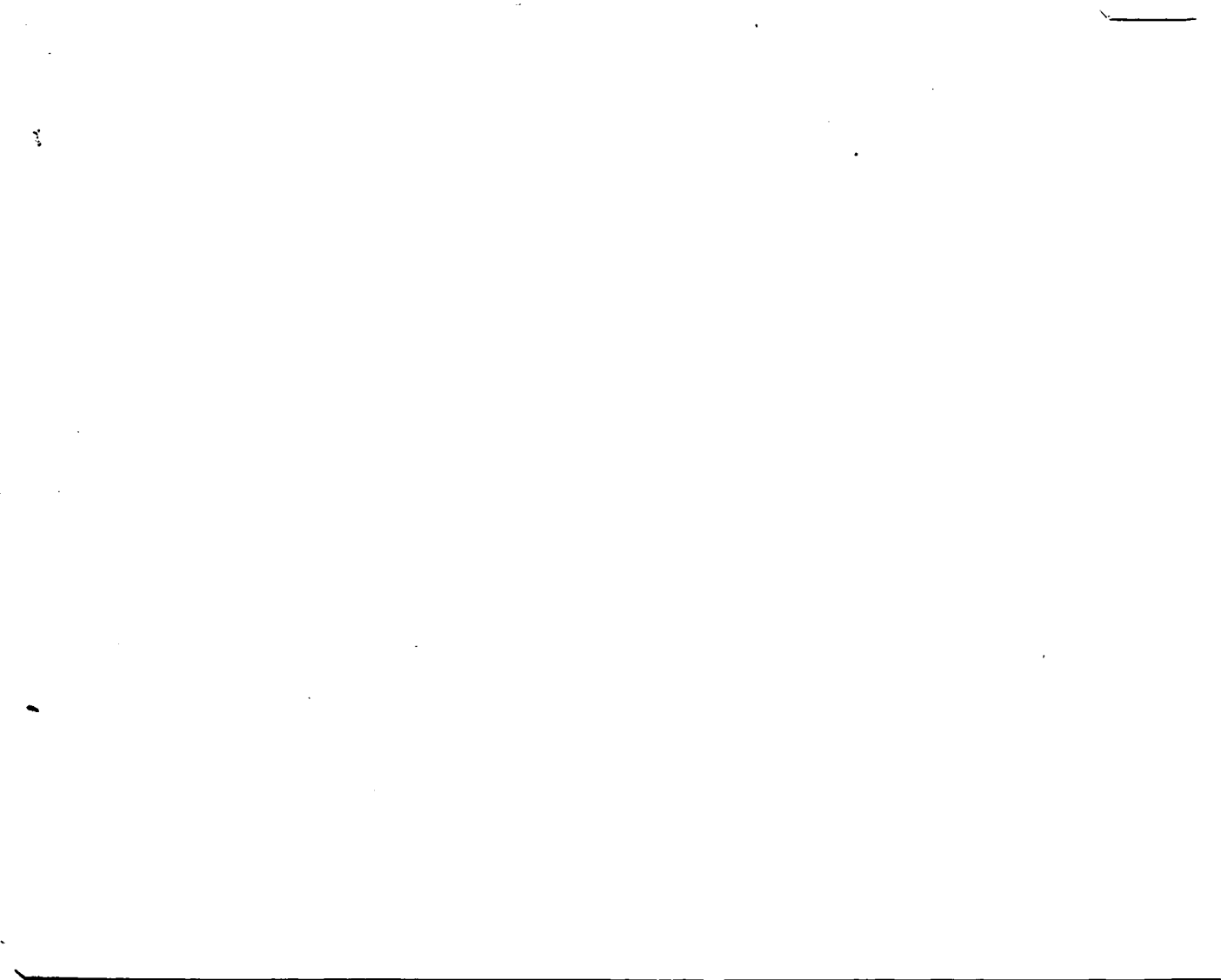
(Signature) *Elmer E. Finckley*
Physician
(Physician or midwife)

Address *Montpelier, Idaho*

Filed *3-1-20*

Registrar

Registrar



CK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

512-218004-867
Amended Feb 19, 1969

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 76558

Local Reg. No.

Reg. Dist. No. 52

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bear Lake	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Montpelier	b. COUNTY	Bear Lake
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Montpelier
		d. STREET ADDRESS	(If rural, give location)
3. CHILD'S NAME			
a. (First)		b. (Middle)	
Marie		Lavina	
		c. (Last)	
		Nash	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	(Month) (Day) (Year)
			February 18, 1920

FATHER OF CHILD

7. FULL NAME		a. (First)		b. (Middle)		c. (Last)	
John		C.				Nash	
8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION		11. KIND OF BUSINESS OR INDUSTRY			
27 YEARS	Utah	Laborer					

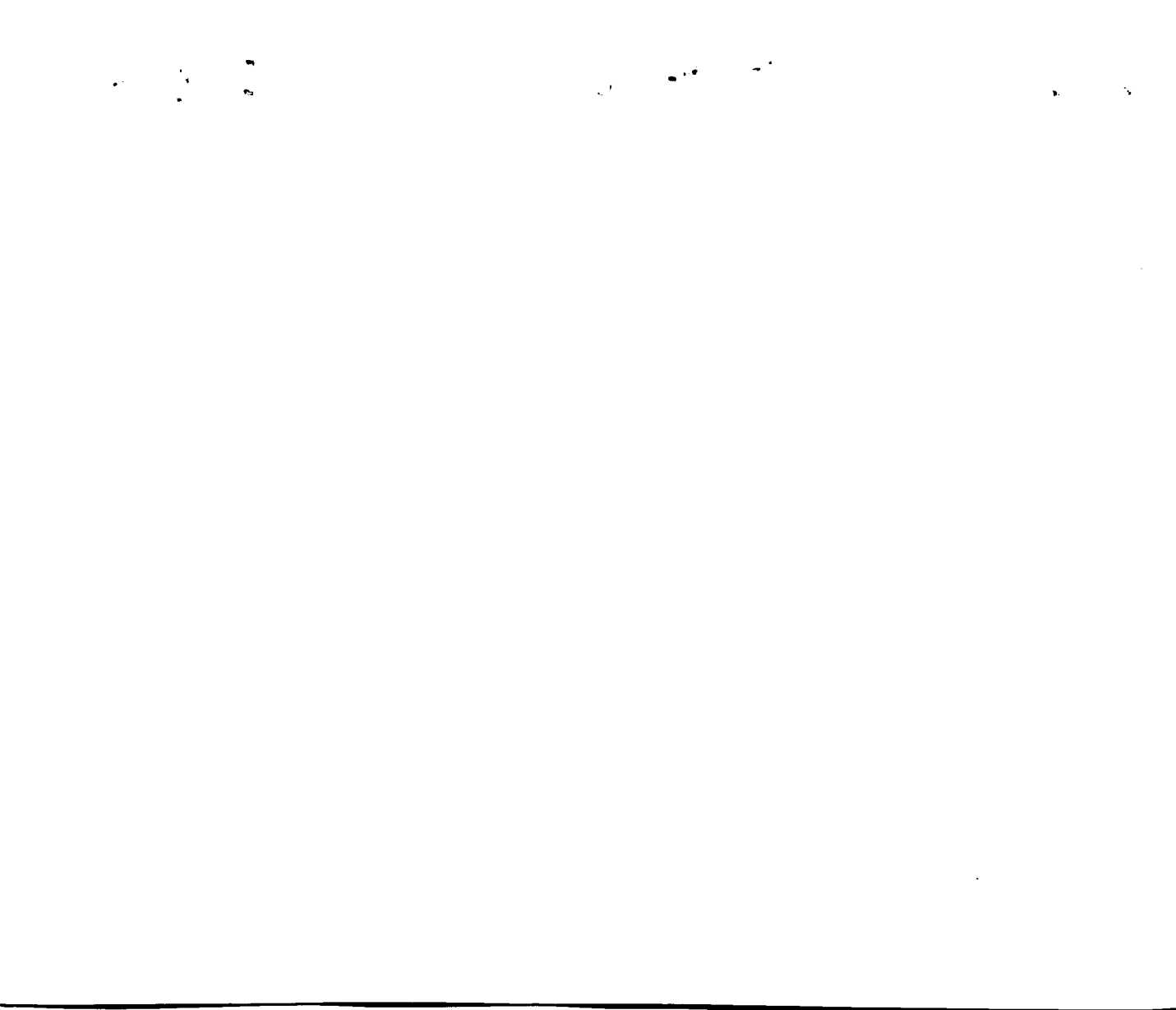
MOTHER OF CHILD

12. FULL MAIDEN NAME		a. (First)		b. (Middle)		c. (Last)	
Louise						Hoppert	
13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)					
20 YEARS	Idaho	a. How many OTHER children are now living?		b. How many OTHER children were born alive but are now dead?		c. How many children were stillborn (born dead after 20 wks. pregnancy?)	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)							

<i>I hereby certify that this child was born alive on the date stated above.</i>	17. SIGNATURE	18. ATTENDANT AT BIRTH	
	H. H. King, M.D.	M.D. _____ OTHER (Specify) _____	
	19. ADDRESS	20. DATE SIGNED	
	Montpelier, Idaho		
21. DATE REC'D BY LOCAL REG.	22. REGISTRAR'S SIGNATURE	23. DATE ON WHICH GIVEN NAME ADDED	
3-1-1920	H. H. King	BY _____ Registrar	

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?		YES _____	NO _____	DATE _____
Was a standard serological test for syphilis performed?		YES _____	NO _____	APPROXIMATE DATE _____
LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.			
RACE OR COLOR OF FATHER	RACE OR COLOR OF MOTHER			
White	White			
Was 1% Silver Nitrate Used to prevent blindness?				



L.D.S. Church of Jesus Christ of Latter-day Saints, April 1, 1928 gives full name of child as Marie Lavina Nash, born Feb. 18, 1920 at Montpelier, Idaho to John C. Nash and Louise E. Hoppart - viewed IDAHO DEPARTMENT OF HEALTH by V.S.

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California }
County of San Bernardino } ss. Certificate No. 76558
Date Filed March 1, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth for Maome Nash who was born February 18, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event)

in Montpelier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism prepared on April 1-1928 (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

name of child Maome Nash Marie / Nash
father's name J.C. Nash Lavina
John C. Nash

Subscribed and sworn to before me this 21 day of Oct 1928
Lucille Conklin
Notary Public, residing at Valley Wells St
My commission expires Nov 3, 1963
(Seal)

Signed Louise H. Dixon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Nipton Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Bernardino } ss. [This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of Oct 1928
Lucille Conklin
Notary Public, residing at Valley Wells St
My commission expires Nov 3, 1963
(Seal)

Signed S. A. Dixon
(Signature of Any Credible Person)
Nipton California
(Street Address, City, State)

Junior High School Diploma, Sparks, Nevada dated June 7, 1935 gives
name as Marie Nash. viewed by V.S.

114-123004-351

PLACE OF BIRTH

County of Bear LakeCity of Hailey

No. _____ St. _____

Hospital _____

Full Name of Child _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-18-18

Registration District No. 52File No. 76559Primary Registration District No. 2136

Registered No. _____

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>2 28 20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Preslee James</u>		FULL MAIDEN NAME MOTHER <u>C. M. Oestor</u>		
RESIDENCE <u>Hailey</u>		RESIDENCE <u>Hailey</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	
BIRTHPLACE <u>Pocatello</u>		BIRTHPLACE <u>Pocatello</u>		
OCCUPATION <u>Blacksmith</u>		OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alma, at 39 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest F. Leck

(Physician or midwife)

Given names added from a supplemental report.

Address 3-11-20Filed 3-11-20

Registrar

Registrar

1000

1000

292-126-004363
PLACE OF BIRTH

Form V. S. No. 11-25m-6-14-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Grover

No. _____ St. _____

Registration District No. 5-2

File No. 76560

Hospital _____

Primary Registration District No. 2136

Registered No. _____

Full Name of Child _____

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>2 26 20</u> (Month) (Day) (Year)
FULL NAME <u>David Bischoff</u>		MOTHER <u>Mary Luchford</u>		
RESIDENCE <u>Grover</u>		RESIDENCE <u>Grover</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	
BIRTHPLACE <u>Hailey</u>		BIRTHPLACE <u>Grover</u>		
OCCUPATION <u>Sawyer</u>		OCCUPATION <u>None</u>		

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. L. Luchford

Given names added from a supplemental report.

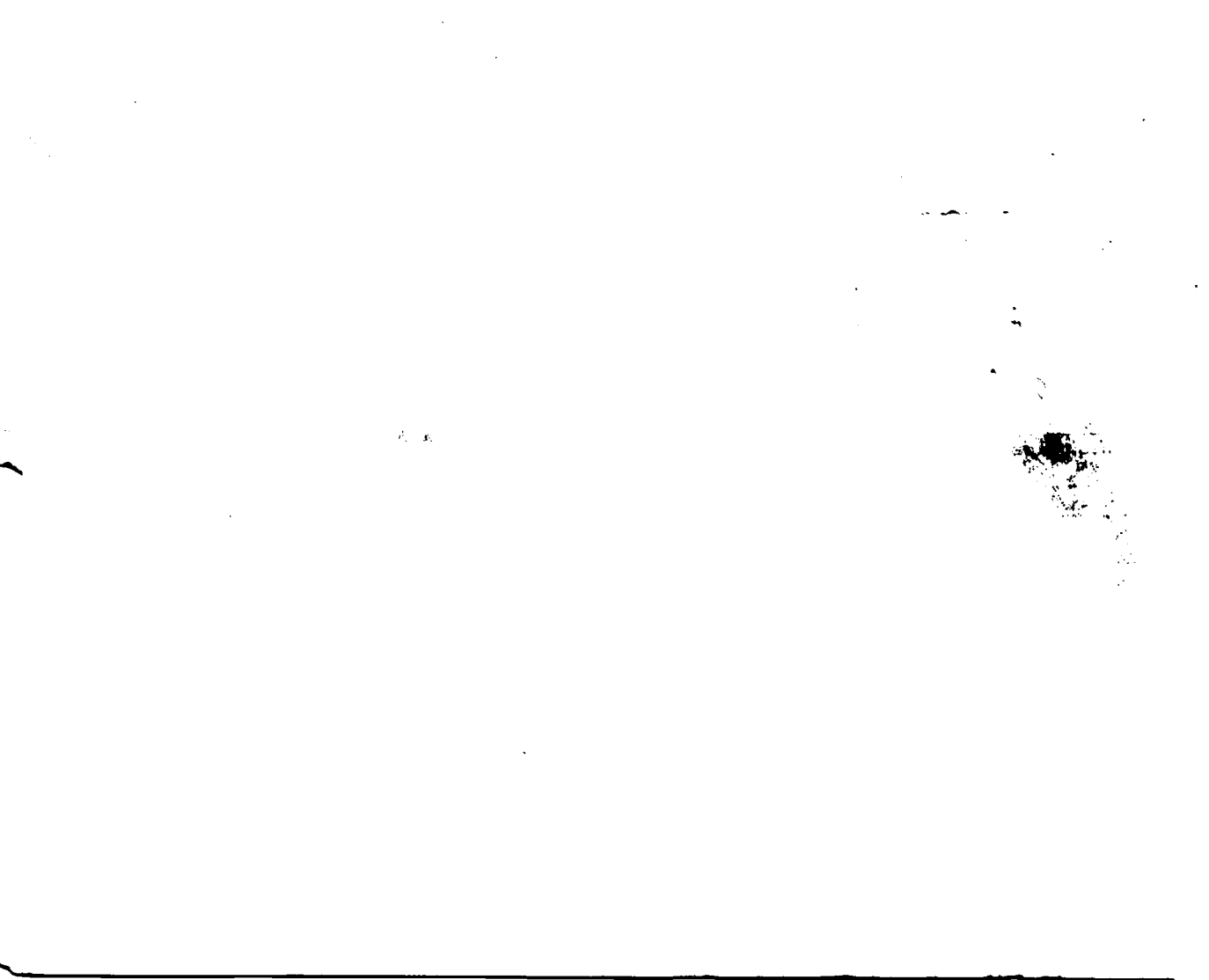
(Physician or midwife)

Address _____

Filed 3-1-20

Registrar

Registrar



90-28000-434
 DATE OF BIRTH
 County of Blaine Lake
 City of Montpelier
 No. 52 Registration District No. 52 File No. 76561
 No. St. Primary Registration District No. 2136 Registered No. 2136
 Hospital St. Vincent
 FULL NAME OF CHILD Arthur Winston Richards

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth <u>1</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 28th 1911</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Arthur S. Richards</u>		FULL MAIDEN NAME MOTHER <u>Emma McDonald</u>	
RESIDENCE <u>Montpelier Idaho</u>		RESIDENCE <u>Montpelier Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Arizona</u>	
OCCUPATION <u>Asst. Signal Supervisor</u>		OCCUPATION <u>Wife</u>	
Number of child of this mother, including present birth <u>4</u>		Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 305 a on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address Montpelier Idaho
 Filed 3-1-11
 Registrar W. H. King

8-25-41

JUN 1 1948

2

864-101004-219

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?and { Number
in order
of birthLegiti-
mate?Date of
Birth

(Month) (Day) (Year)

FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address

Filed

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-4-17

CERTIFICATE OF BIRTH

File No.

Registered No.

76562

Registration District No.

Primary Registration District No.

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

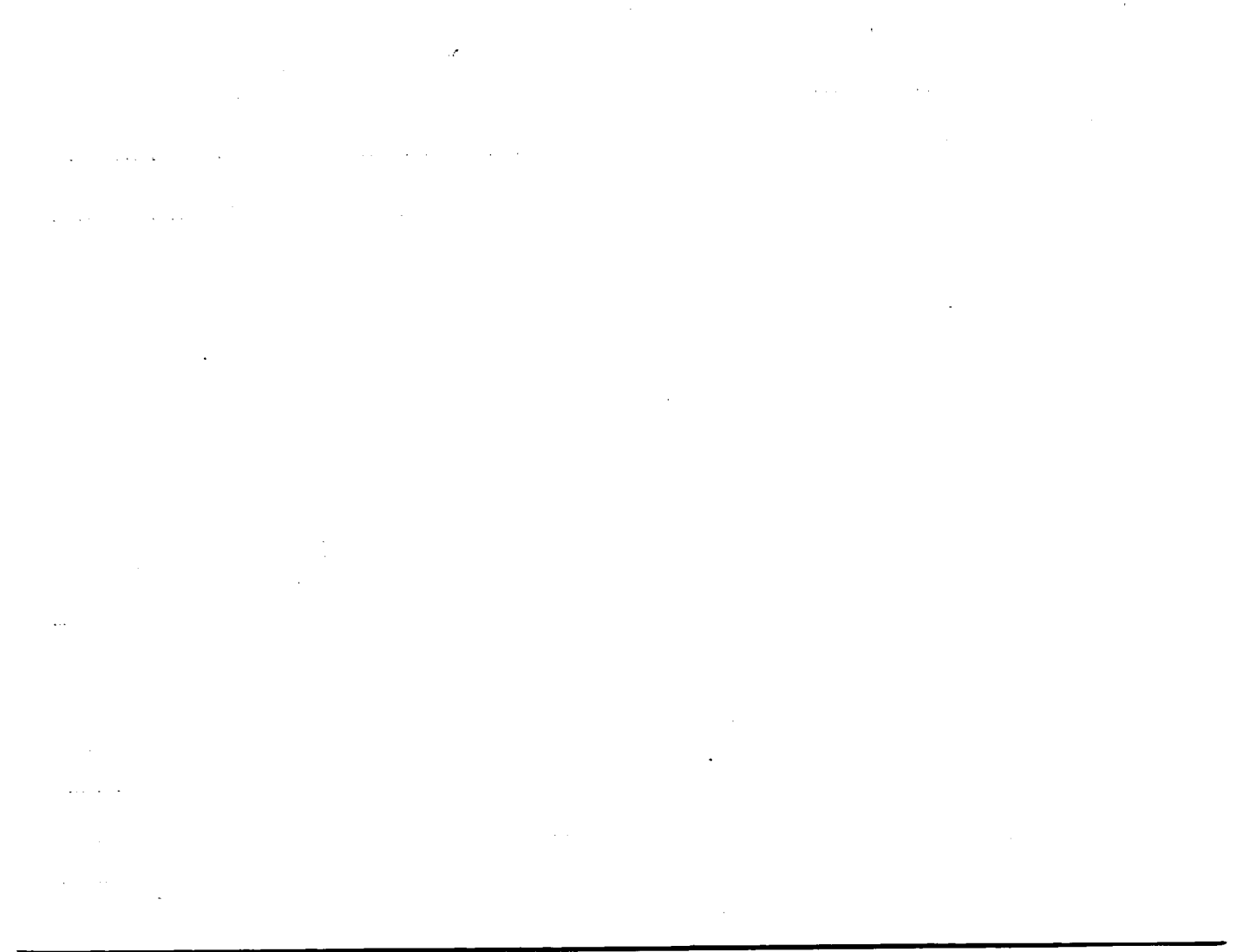
(Signature)

Given names added from a supplemental report.

Address

Filed

Registrar



497-203-44-49
PLACE

S. No. 11-25m-6-18-18

County of _____

City of _____

Registration District No. _____

File No. _____

76563

No. _____ St. _____

Primary Registration District No. 2, 36

Registered No. _____

Hospital _____

Full Name of Child _____

SEX OF CHILD

Eng

Twin
Triplet
or other?

(To be answered only in event of plural births)

{ and } Number
in order
of birthLegiti-
mate?

fr

DATE OF
BIRTH

3 2 20

(Month) (Day) (Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

St Charles

RESIDENCE

St Charles

COLOR

W

AGE AT LAST

BIRTHDAY 40

(Years)

COLOR

W

AGE AT LAST

BIRTHDAY 36

(Years)

BIRTHPLACE

St Charles

BIRTHPLACE

St Charles

OCCUPATION

Labor

OCCUPATION

nurse

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

29 M

(Signature)

G. F. L. L. L.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

3-25-20

19

Registrar

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



243-1007907-253

PLACE OF BIRTH

County of *Boise*City of *Montpelier*Registration District No. *52*No. *2136*Primary Registration District No. *2136*File No. *76564*Hospital *Putnam*FULL NAME OF CHILD *Jack R. Putnam Sullivan*

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>Mar 4th 1917</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <i>Putnam J. Sullivan</i>	FATHER
RESIDENCE <i>California</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>Ill.</i>	
OCCUPATION <i>R.R. Trainman</i>	

FULL MAIDEN NAME <i>Bertha E. Beechwith</i>	MOTHER
RESIDENCE <i>Montpelier Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>Wyoming</i>	
OCCUPATION <i>Wife</i>	

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *704* on the date above stated. (Born alive or stillborn) *M.*

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. H. King, M.D.*

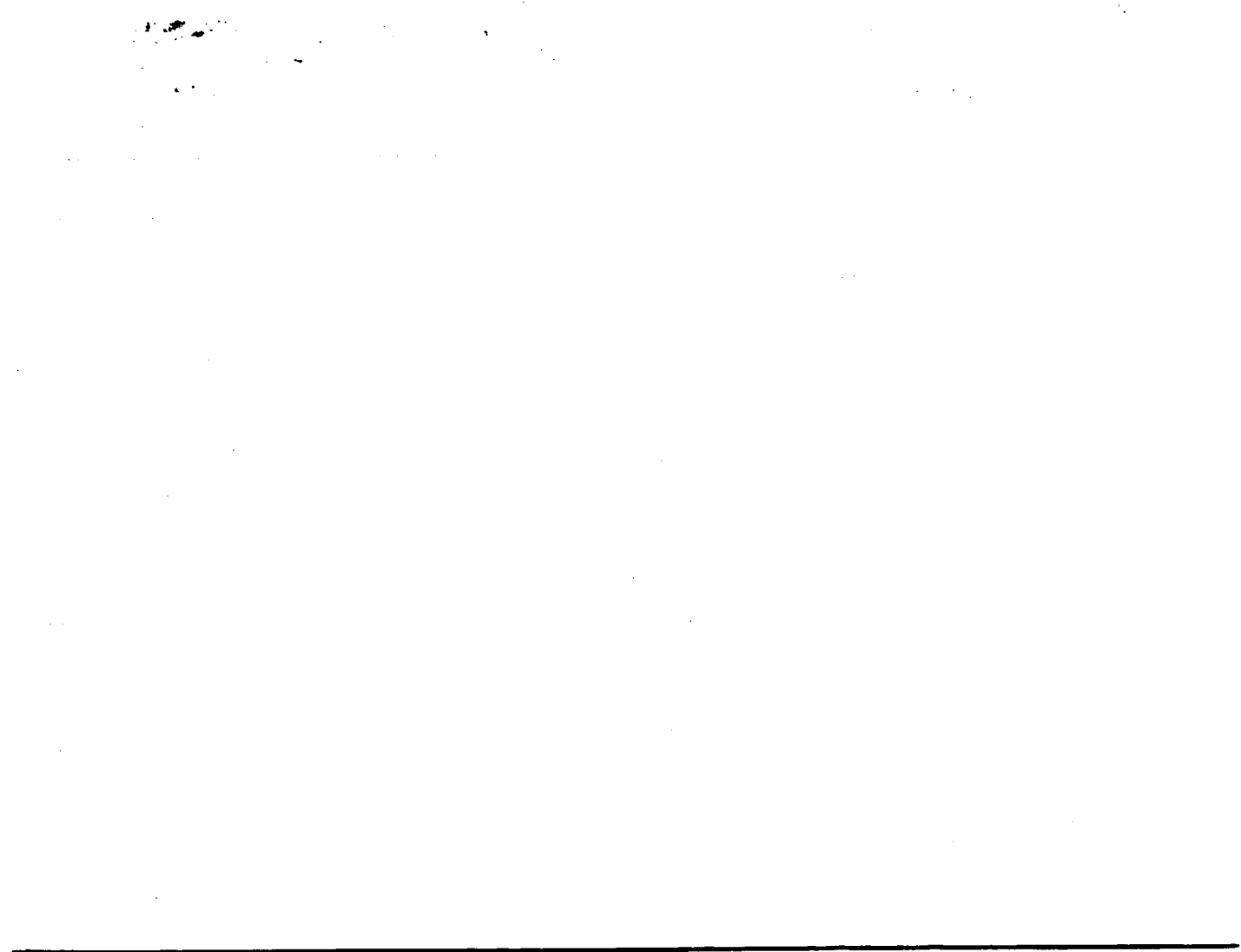
(Physician or midwife)

Given names added from a supplemental report.

Address *Montpelier Idaho*Filed *3-25-19*

Registrar

Registrar



N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated.

City of Bear
245-213-004-767
No. _____ St.

Registration District No. 02
Primary Registration District No. 2130

File No. 76565

Registered No. _____

Hospital _____

Full Name of Child

SEX OF CHILD <u>Female</u>	Twin <input checked="" type="checkbox"/> or other? <u>yes</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>3-13-20</u> (Month) (Day) (Year)
FULL NAME <u>William King</u>		FATHER		
RESIDENCE <u>Bear</u>		FULL MAIDEN NAME <u>William Pope</u>		
COLOR <u>W</u>		RESIDENCE <u>Bear</u>		
AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>W</u>		
BIRTHPLACE <u>Bear</u>		AGE AT LAST BIRTHDAY <u>27</u> (Years)		
OCCUPATION <u>Farmer</u>		BIRTHPLACE <u>Gardner City</u>		
		OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 29 M on the date above stated.
(Born alive or stillborn)

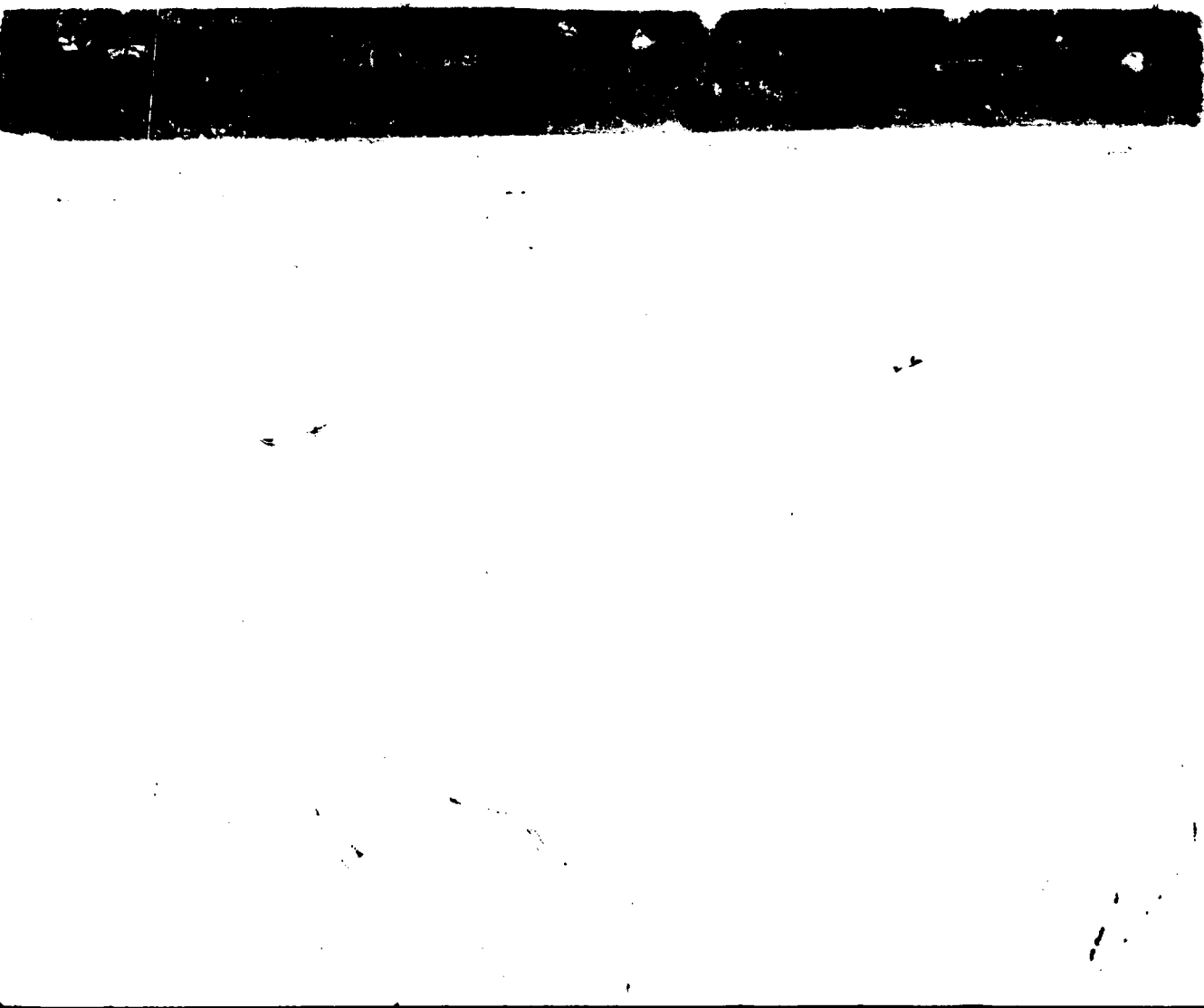
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Luddy
Physician or midwife

Given names added from a supplemental report.

19____
Registrar

Address _____
Filed 3-25-20 19____
Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
No. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

245-113-004-767

PLACE OF BIRTH

Form V. S. No. 11-22-23

County of Bear Lake

DEPARTMENT OF VITAL STATISTICS

City of Bear

PLACE OF BIRTH

No. _____ St. _____

Registration District No. 54

File No. 76566

Hospital _____

Primary Registration District No. 2136

Registered No. _____

Full Name of Child

Alfred R.

Kunz

SEX OF CHILD

Boy

Twin
Triplet
or other?

yes

{and}

Number
in order
of birth

2

Legit-
imate?

yes

DATE OF

BIRTH

3-13-20

(Month) (Day) (Year)

FULL
NAME

FATHER

W. A. Kunz

FULL
MAIDEN
NAME

MOTHER

Caroline Page

RESIDENCE

Bear Lake

RESIDENCE

Bear Lake

COLOR

W

AGE

30

(Years)

COLOR

W

AGE AT LAST

BIRTHDAY

27

(Years)

BIRTHPLACE

Bear Lake

BIRTHPLACE

Garden City Utah

OCCUPATION

turner

OCCUPATION

wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

9 30 AM

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

H. L. Luchley

Given names added from a supplemental report.

(Physician or midwife)

Address

Filed

3-25-20

Registrar

Registrar

DEC 19 1942

JAN 6 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC SAFETY - BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 28 Certificate No. 76566

County of Bear Lake } Date Filed Jan 28-42

The undersigned does solemnly swear that certain facts on the certificate of _____
for Alfred Kunz who Born on March 13-1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Bear Lake Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)
FACTS TO BE CORRECTED FROM TO
(NAME, "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
name unnamed Alfred Kunz
birth date March 7, 1920 March 13, 1920

Subscribed and sworn to before me this 27th
day of January, 19 42 Signed Alma A. Kunz

Alma A. Kunz
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Montpelier, Idaho
My commission expires July 15, 1945
(SEAL) (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

County of Bear Lake }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of January, 19 42 Signed Myrtle Steckler

Myrtle Steckler
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Montpelier, Idaho
My commission expires July 15, 1945
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 28 By _____
(REGISTRAR'S SIGNATURE)

[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

242-208004-395
PLACE OF BIRTHCounty of Bear LakeCity of Genesee amended 12/10/81Registration District No. 52

No. _____ St. _____

Primary Registration District No. 2136File No. 76567

Registered No. _____

Hospital _____

Full Name of Child

Virginia Naomi

Bischoff

SEX OF CHILD

FemaleTwin
Triplet
or other?{and} Number
in order
of birth
(To be answered only in event of plural births)

Legitimate?

YesDATE OF
BIRTH3 8 20
(Month) (Day) (Year)FULL
NAMEEligio Bischoff

FATHER

FULL
MAIDEN
NAMEElija Tucker

MOTHER

RESIDENCE

Genesee

RESIDENCE

Genesee

COLOR

WAGE AT LAST
BIRTHDAY36

(Years)

COLOR

WAGE AT LAST
BIRTHDAY37

(Years)

BIRTHPLACE

Montpelier

BIRTHPLACE

Montpelier

OCCUPATION

Farmer

OCCUPATION

WifeNumber of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo F. Buckley

(Physician or midwife)

Given names added from a supplemental report.

19

Address

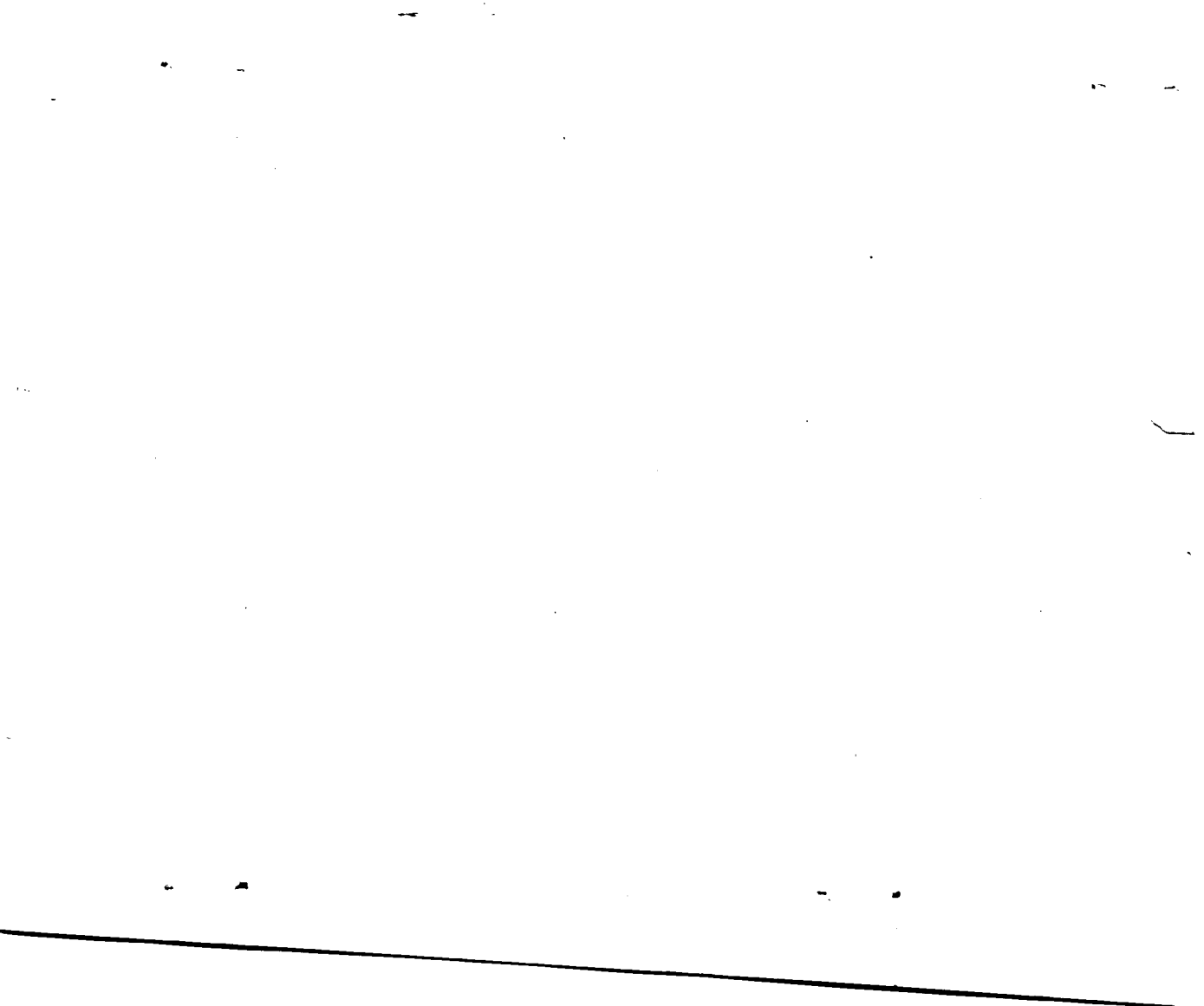
Filed

19

Registrar

Registrar

N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

Certificate No. 76567

Date Filed _____

birth

The undersigned does solemnly swear that certain facts on the certificate of _____
for Unnamed Bishoff (female) who was born on Mar 8, 1920
in Genewa, Idaho (Bear Lake,) are erroneous or were omitted:
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	Virginia Naoma Bischoff

Subscribed and sworn to before me this 10th day of

December, 1981.

Notary Public, Jeresa L. Cleverly

Residing at Boise, Idaho

My commission expires April 3, 1985

(Seal)

x Virginia Naoma
Signature of Applicant

x 311 Opal St Boise, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Social Security card #519-30-5839 gives name as Virginia Nate. obviously old.
viewed by V. S.

DEC 10 1981

Child birth certif on file in Idaho #52-14949 born Dec 5, 1952 in Boise
gives mother's name as Virginia Naomi Bischoff born in Geneva, Idaho. viewed by VS

693-210,004-219

PLACE OF BIRTH

Child's name added 12-05-05 ns

Amended

STATE OF IDAHO

Form V. S. No. 11-25m-6-18-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76568

County of Bear LakeCity of HaileyRegistration District No. 52

File No. _____

No. _____ St. _____

Primary Registration District No. 2136

Registered No. _____

Hospital _____

Full Name of Child Lucille Welker

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>3 18 20</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u>		FULL NAME <u>MOTHER</u> <u>Barkdall</u>		
RESIDENCE <u>Hailey</u>		RESIDENCE <u>Hailey</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	
BIRTHPLACE <u>Bloomington</u>		BIRTHPLACE <u>Bear River</u>		
OCCUPATION <u>Club</u>		OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 49 M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

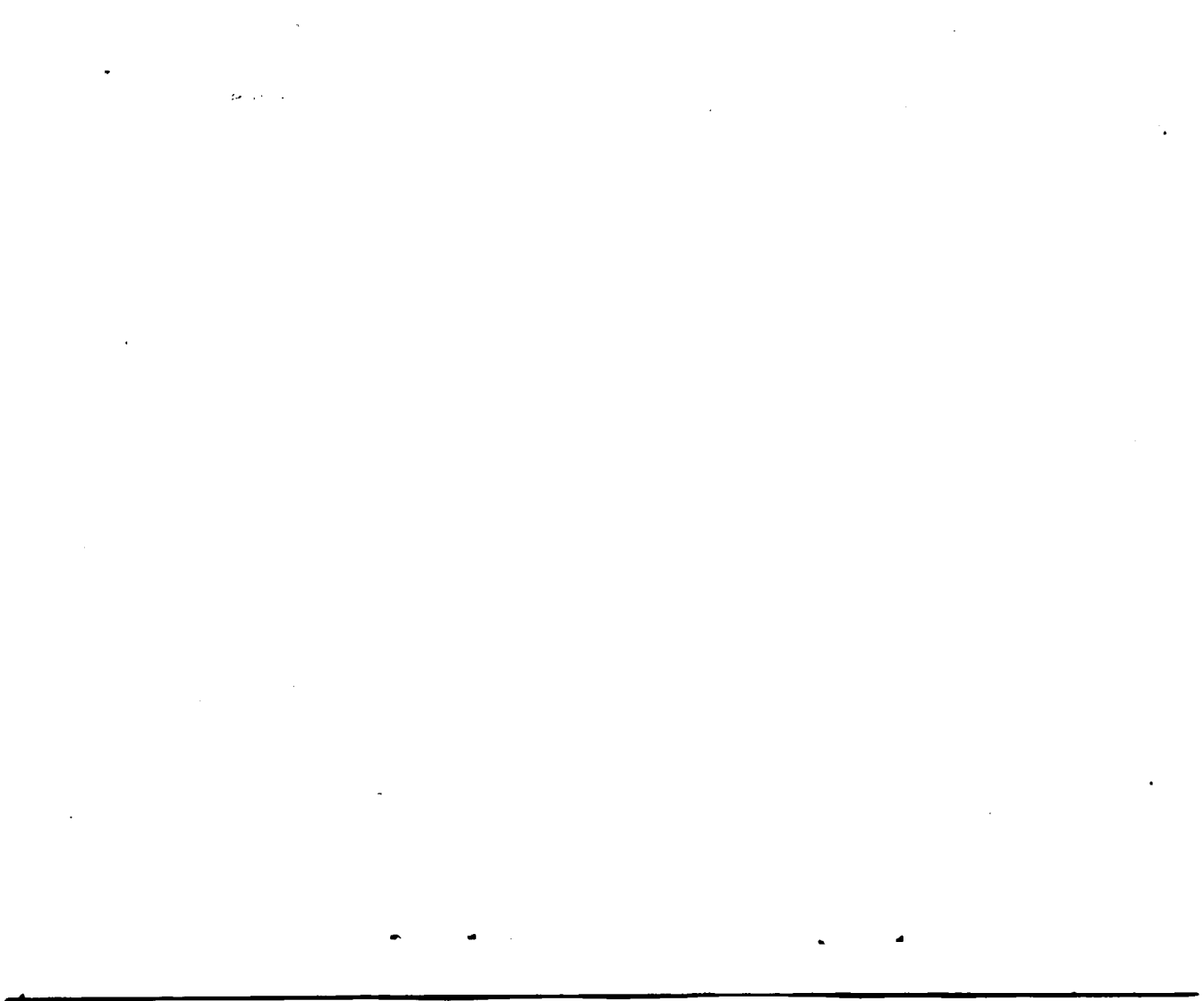
Filed 3 25 20

Registrar

Registrar

A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

2006 DEC -4 PM 3:32

State of _____ }
County of _____ } SS

Certificate No. 20-76568
Date Filed March 25, 1920

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
(Birth, Death, Marriage, etc.)
for baby girl Welker who was born on March 10, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Montpelier (Bear Lake Co.)
(Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED

FROM

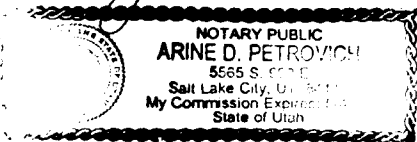
TO

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unlisted	Effie Lucille Welker
Mother's maiden surname	Barkdall	Barkdull

Subscribed and sworn to before me this 30th day of November
Notary Public, Arine D. Petrovich
Residing at Salt Lake City, Utah
My commission expires May 4, 2008
(Seal)

Effie Lucille Welker Davis
Signature of Applicant

Street Address, City, State and Zip



SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } SS
(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)
Signature of Applicant _____
Street Address, City, State and Zip _____

ID BC 44-397131 FOR DIANE MARIE DAVIS BORN 10-19-44 IN BOISE (ADA CO) SHOWING MOTHER'S
NAME AS LUCILLE WELKER VIEWED BY VS

MARRIAGE CERTIFICATE FOR SUTARD DAVIS AND LUCILLE WELKER MERRIED 06-17-40 IN BOISE
(ADA CO) VIEWED BY VS

GRADUATION PROGRAM FOR THE CLASS OF 1938 SHOWING LUCILLE WELKER VIEWED BY VS

ID BC 26-143908 FOR RUTH LENORE WEKER BORN 07-17-26 IN IDAHO FALLS (BONNEVILLE CO)
SHOWING PARENTS AS CARSON N WELKER AND EFFIE BARKDULL

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated.

CERTIFICATE OF BIRTH

76569

City of Los Angeles

Registration District No. 52

File No. _____

No. _____ St. _____

Primary Registration District No. 2136

Registered No. _____

Hospital _____

Full Name of Child MELBA YVONNE GRUNIG

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>3-7-20</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Chas. Grunig</u>		FULL MAIDEN NAME <u>MOTHER</u> <u>ESTHER SORENSON</u>		
RESIDENCE <u>Monterey</u>		RESIDENCE <u>Los Angeles</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	
BIRTHPLACE <u>Los Angeles</u>		BIRTHPLACE <u>Los Angeles</u>		
OCCUPATION <u>Laber</u>		OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11:19 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. C. Kelley
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

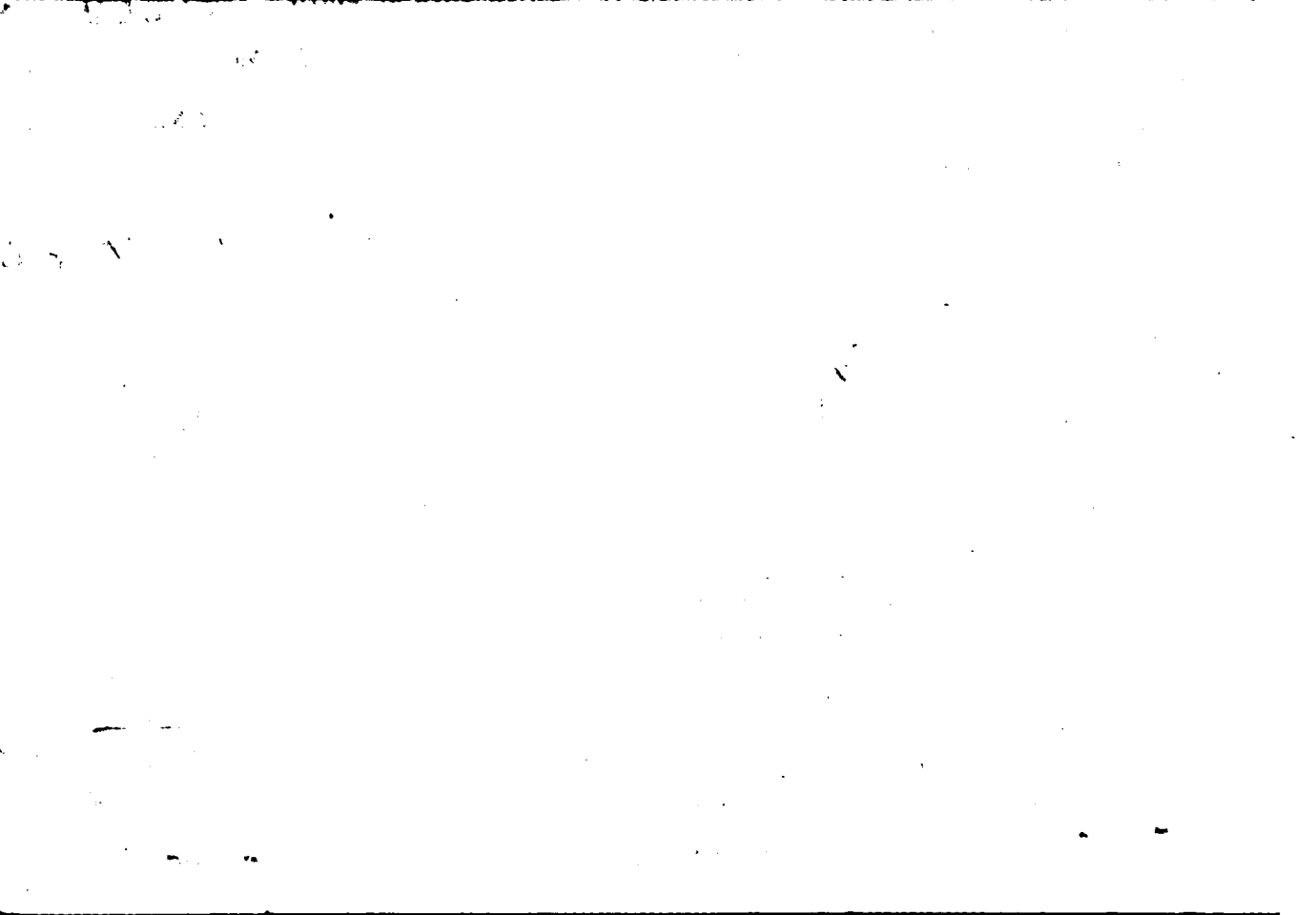
Address _____

_____ 19____

Filed 3-25-20 19____

Registrar

Registrar



864-210.004-719

PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear LakeCity of MontpelierRegistration District No. 57File No. 76570

No. _____ St. _____

Primary Registration District No. 2, 36

Registered No. _____

Hospital _____

Full Name of Child _____

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>3 10 20</u> (Month) (Day) (Year)
FULL NAME <u>Edgar</u>	FATHER		FULL MAIDEN NAME <u>Mary</u>	MOTHER <u>Carver</u>
RESIDENCE <u>Navalburg</u>			RESIDENCE <u>Navalburg</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Calg</u>			BIRTHPLACE <u>Lanark</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

19

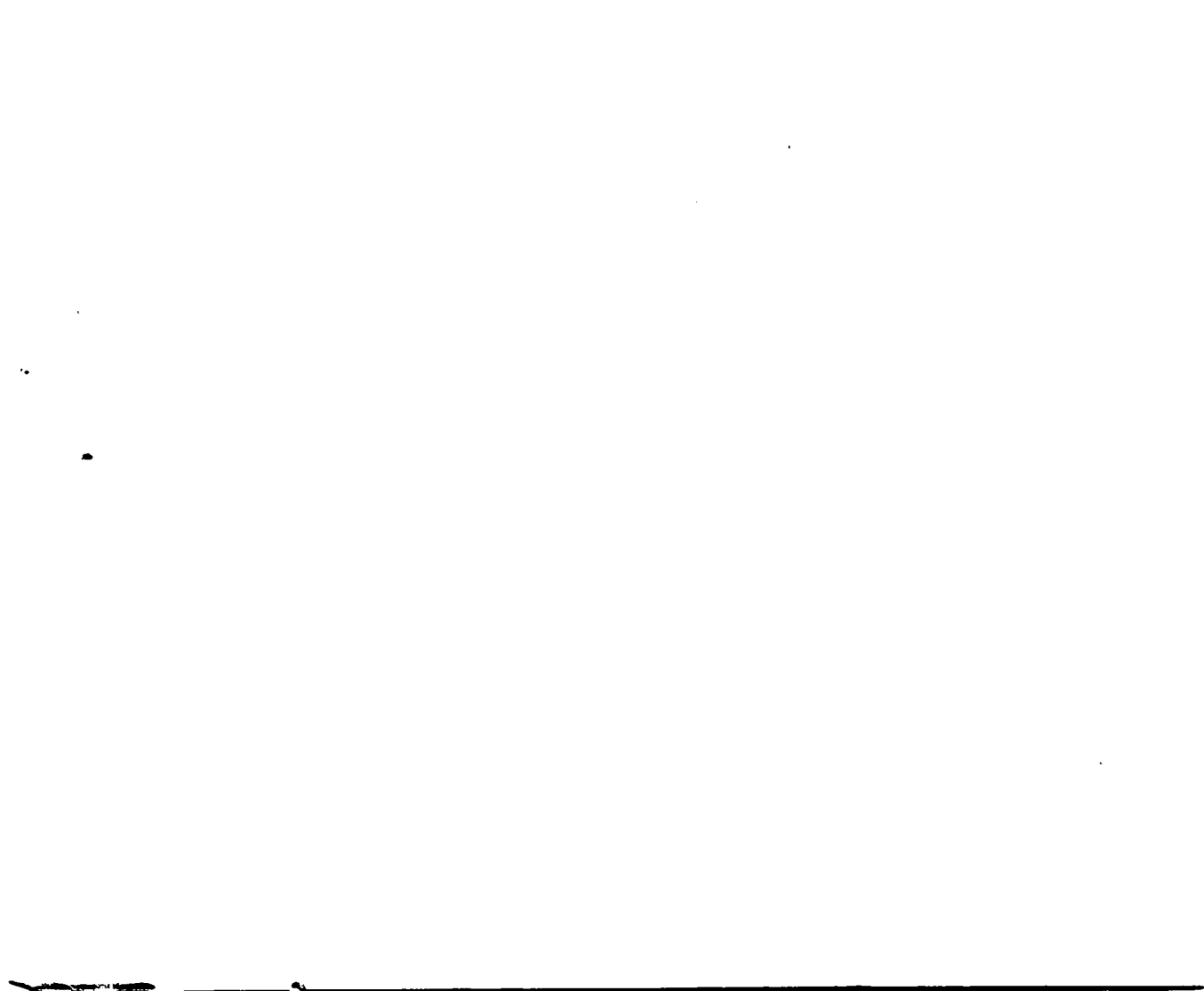
Address _____

Filed 3-25-20

19

Registrar

Registrar



693-215004-251

PLACE OF BIRTH

Amended 5-7-79

County of Great Lake

City of Manuelito

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 76571

Primary Registration District No. 2134

Registered No. _____

Full Name of Child ISABELL TENNESSEE WILLIAMS

SEX OF CHILD Female

Twin
Triplet
or other?

Number
in order
of birth
(To be answered only in event of plural births)

Legiti-
mate?

DATE OF BIRTH 3-15-20
(Month) (Day) (Year)

FULL
NAME

FATHER.

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY 40
(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY 30
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alma (Born alive or stillborn) at 90 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Signature

(Physician or midwife)

Address

Filed

Registrar

Registrar

JAN 19 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. **MAR 23 2 28 PM '79**
Certificate No. 76571
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Williams (Male) who was born on Mar 15, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Montpelier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
child's name	Unnamed	Isabell Tennessee Williams	
Sex of child	male	female	

Subscribed and sworn to before me this 19th day of March, 1979

Notary Public, residing at Smithfield, Utah
My commission expires 12-10-82
(Seal)

Signed Euphemia Hittins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

Primary Service Award issued to Isabell Williams
for teaching in Primary for 7 years by L. N. S.
Church. (Small) Issued 1966.
Viewed by V.S.

Record of Blessing gives name as Isabel. Tennessee
Williams, daughter of James + Elizabeth Williams.
Blessed May 2, 1920 - Bndt - March 15, 1920, in
Montpelier, Idaho.
Viewed by V.S.

PLACE OF BIRTH
31802 6-004-693
County of Boise

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

City of Boise

Registration District No. 02

File No. **76572**

No. _____ St. _____

Primary Registration District No. 2136

Registered No. _____

Hospital _____

Full Name of Child Bonita Larson

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>3 16 20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Frank E. Larson</u>		FULL MAIDEN NAME MOTHER <u>Mary Wilson</u>		
RESIDENCE <u>Boise</u>		RESIDENCE <u>Boise</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	
BIRTHPLACE <u>Guilford Utah</u>		BIRTHPLACE <u>Frederick Utah</u>		
OCCUPATION <u>Labor</u>		OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 10:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T. L. Luley

(Born alive or stillborn)

at 10:00 P.M.

(Physician or midwife)

Given names added from a supplemental report.

Registrar

Address 3-20-20

Filed 19

Registrar

JUN 10 1969

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } BUREAU OF
County of Merced } VITAL STATISTICS
Certificate No. 76572
Date Filed birth
The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Larsen who was born on March 16, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Montpelier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)
child's name Unnamed Larsen

TO
(The Correct Facts)
Bonita Larson

X Subscribed and sworn to before me this 4th day of
October, 1973

X Signed Jerry L. Hogan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Merced, Calif.
My commission expires September 7, 1976
(Seal)

(Street Address, City, State)

State of CALIFORNIA **SUPPORTING AFFIDAVIT OF A SECOND PERSON**
County of MERCED **SHIRLEY R. ARKINS**
Notary Public - CALIFORNIA
ss. MERCED COUNTY

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of

Signed (Signature of Any Credible Person)

Notary Public, residing at (Seal)
My commission expires (Seal)

(Street Address, City, State)

Marriage Certificate from Nevada gives groom's name as Joseph Cinquini and the bride's name as ~~E~~ Bonita Larson. Dated April 24, 1943. Viewed by V. S. OCT 24 1973

Certificate of Baptism and Confirmation from the LDS Church gives name as Bonita Larson daughter of Frank E. Larson and Inez Wilson. Born Mar. 16, 1920 Was Baptized July 11, 1929. Viewed by V. S.

253-118,004-968

PLACE OF BIRTH

County of Bear LakeCity of Hamlet

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-16-18

CERTIFICATE OF BIRTH

Registration District No. 52File No. 76573Primary Registration District No. 2136

Registered No. _____

Full Name of Child _____

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate	DATE OF BIRTH <u>3-18-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Edward Beckwith</u>			MOTHER FULL MAIDEN NAME <u>Stena Palmer</u>		
RESIDENCE <u>Hamlet</u>			RESIDENCE <u>Hamlet</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	
BIRTHPLACE <u>Wyo</u>			BIRTHPLACE <u>Hamlet</u>		
OCCUPATION <u>John</u>			OCCUPATION <u>Wage</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alvin at 3:00 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. C. C. C.

Given names added from a supplemental report.

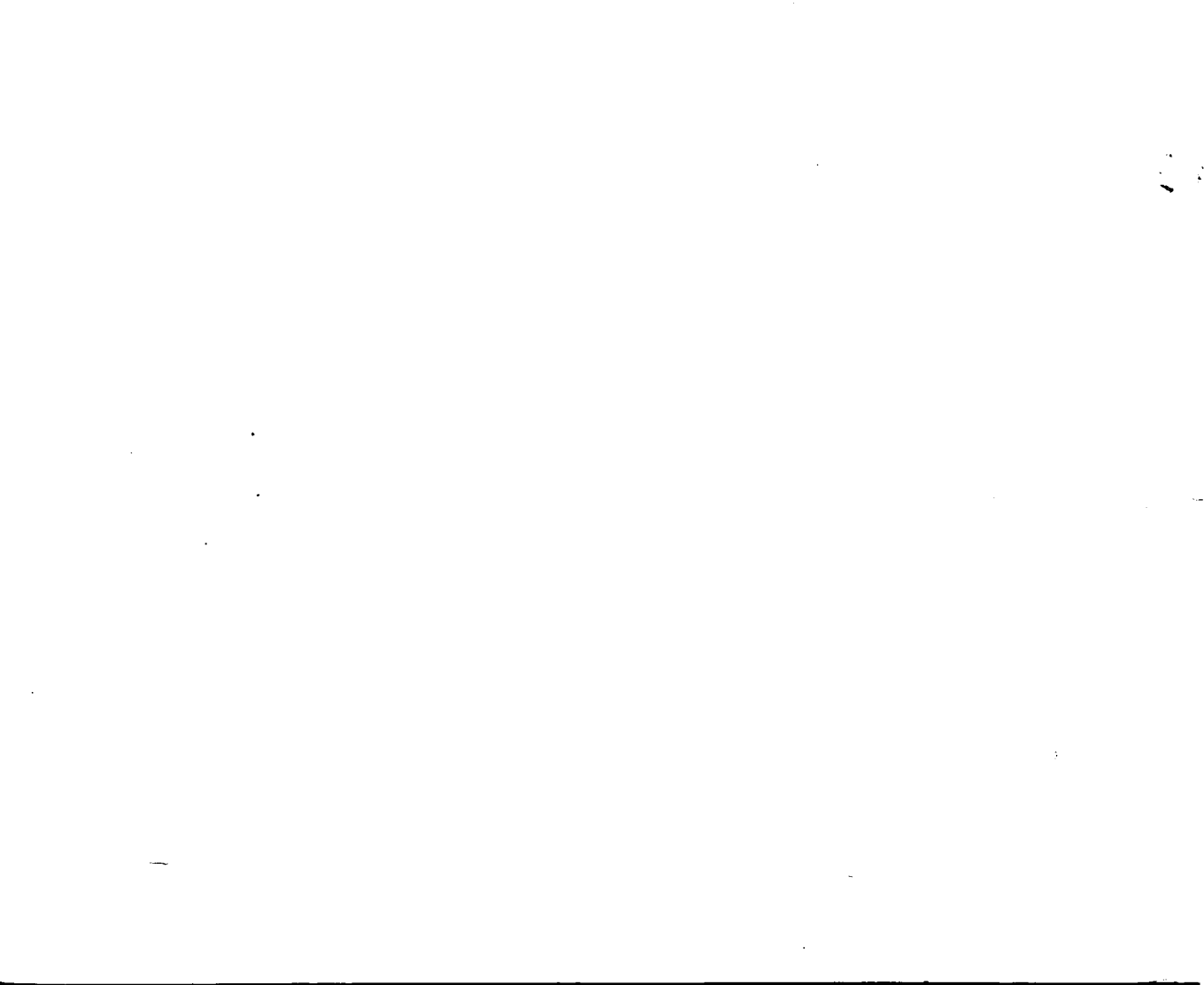
19. _____

Address _____

Registrar _____

Filed 3-25-20 19. _____

Registrar _____



155-118-004819

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear LakeCity of HammerRegistration District No. 52File No. 76574

No. _____ St. _____

Primary Registration District No. 2136

Registered No. _____

Hospital _____

Full Name of Child Eugene Richard Jensen

SEX OF CHILD <u>Bo</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>3-15-20</u> (Month) (Day) (Year)
FULL NAME <u>Eugene Jensen</u>	FATHER		FULL MAIDEN NAME <u>Cherry Harris</u>	MOTHER
RESIDENCE <u>Hammer</u>			RESIDENCE <u>Hammer</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Hammer</u>			BIRTHPLACE <u>Rundelagh</u>	
OCCUPATION <u>Farm</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Eugene Jensen(Born alive or stillborn) 39

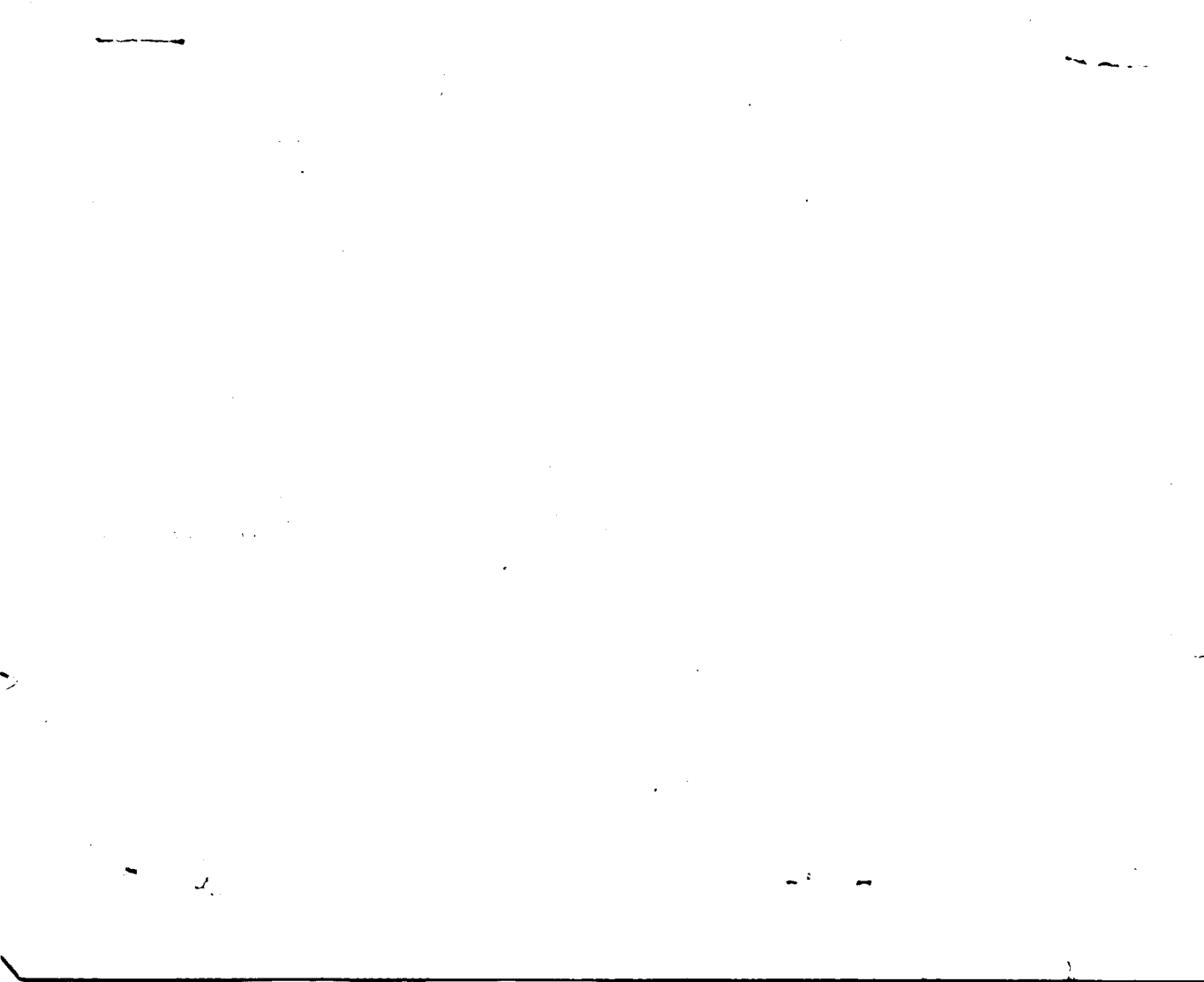
at _____ M

Address _____

Filed 3-25-20 19 _____

Registrar _____

Registrar _____



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss. Certificate No. 76574
County of Bear Lake }

The undersigned does solemnly swear that certain facts on the certificate of birth

for none who born on March 18, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Montpelier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by me, the mother, prepared on of my own knowledge, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
Name	Unnamed	Eugene Richard Jensen

My maiden name should read AmeyHarris, instead of AmeyJensen.

Subscribed and sworn to before me this 5th
day of April, 1943
Chas E Harris

Signed Amey Harris Jensen
(Signature of parent or attendant at birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Montpelier, Idaho

My commission expires March 7, 1946
(Seal)

Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Bear Lake }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of April, 1943
Chas E Harris

Signed Stena Jensen
(Signature of Any Credible Person Other Than Previous Year)
Grand mother of registrant

Notary Public, residing at Montpelier, Idaho

Montpelier, Idaho
(Street Address, City, State)

My commission expires March 7, 1946
(Seal)

APR 12 1943

245-121,004-845
PLACE OF BIRTH

Form V. S. No. 11—25m-6-14-18

County of Bear LakeIDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCity of Hailey

No. _____ St. _____

Registration District No. 52File No. 76575

Hospital _____

Primary Registration District No. 2136

Registered No. _____

Full Name of Child _____

SEX OF CHILD

BoyTwin
Triplet
or other?{ and } Number
in order
of birthLegiti-
mate?DATE OF
BIRTH3 24 20
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

W

AGE AT LAST

BIRTHDAY 30
(Years)

COLOR

W

AGE AT LAST

BIRTHDAY 24
(Years)

BIRTHPLACE

Colo

BIRTHPLACE

Idaho

OCCUPATION

Baker

OCCUPATION

WifeNumber of child of this mother, including present birth... 1 ... Number of children of this mother now living, including present birth... 1 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alma, at 9 P M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. L. Luskley

(Physician or midwife)

Given names added from a supplemental report.

19...

Address

Filed

19...

Registrar

Registrar



747-222-004-299
PLACE OF BIRTH

Form V. S. No. 11-25m-6-16-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear LakeCity of MantuelRegistration District No. 52File No. 76576

No. _____ St. _____

Primary Registration District No. 2136

Registered No. _____

Hospital _____

Full Name of Child _____

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>3-22-20</u> (Month) (Day) (Year)
FULL NAME <u>R. D. Piquette</u>	FATHER			MOTHER
RESIDENCE <u>Mantuel</u>	RESIDENCE			<u>Ella E. Bridger</u>
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)			COLOR <u>W</u>
BIRTHPLACE <u>St Charles</u>	BIRTHPLACE			<u>Idaho</u>
OCCUPATION <u>Laber</u>	OCCUPATION			<u>Wife</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male, at 90 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Buckley

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address 3-25-20Filed 3-25-20

19 _____

Registrar

Registrar

104

Amended 5-7-58

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear LakeCity of MontpelierNo. St.Registration District No. 52File No. 76577Hospital -----Primary Registration District No. 2136Registered No. -----

FULL NAME OF CHILD

Harold B. Hulme

(Certificate of no value without full name of child.)

Sex of
ChildMaleTwin
Triplet
or other?

{ and }

{ Number
in order
of birth }

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
birthMarch 23, 1920

(Month) (Day) (Year)

What bacteriocidal solution was used in eyes? -----Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1FULL
NAME

FATHER

Ben HulmeFULL
MAIDEN
NAME

MOTHER

Louise Krogue

RESIDENCE

Montpelier, Idaho

RESIDENCE

Montpelier, Idaho

COLOR

White

AGE AT LAST

BIRTHDAY 30

(Years)

COLOR

White

AGE AT LAST

BIRTHDAY 26

(Years)

BIRTHPLACE

Bloomington

BIRTHPLACE

Bloomington

OCCUPATION

Teacher

OCCUPATION

Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated.at 12 A M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo. F. Ashley, M.D.Montpelier

(Physician or midwife)

Give names added from a supplemental report.

Address -----Filed March 25, 1920H. H. King

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

[The page contains several lines of extremely faint, illegible text.]

100-443887-100

14

10-10-68

1017-1110-01

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

.....

.....

.....

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
APR 24 1958

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of UTAH
County of SANPETE } ss.

Certificate No. 76577
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Harold B. Hulme who born on 3-23-20
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Montpelier are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by FAMILY RECORD prepared on DATE of BIRTH, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **Cert. of Baptism &**
("Name," "Birth Date," "Cause of Death," Etc.) ("As on Original") " of Bkssing **TO**
Also, #122570 June 6, 1920 & April 17, 1928
(The Correct Facts)

Mother's Maiden Name Luella Kogue x Louise Kogue

Subscribed and sworn to before me this 7 th day of
April, 19 58.

Signed Benjamin F. Hulme - PARENT
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

198 W. 1st N. Manti, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Sanpete } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

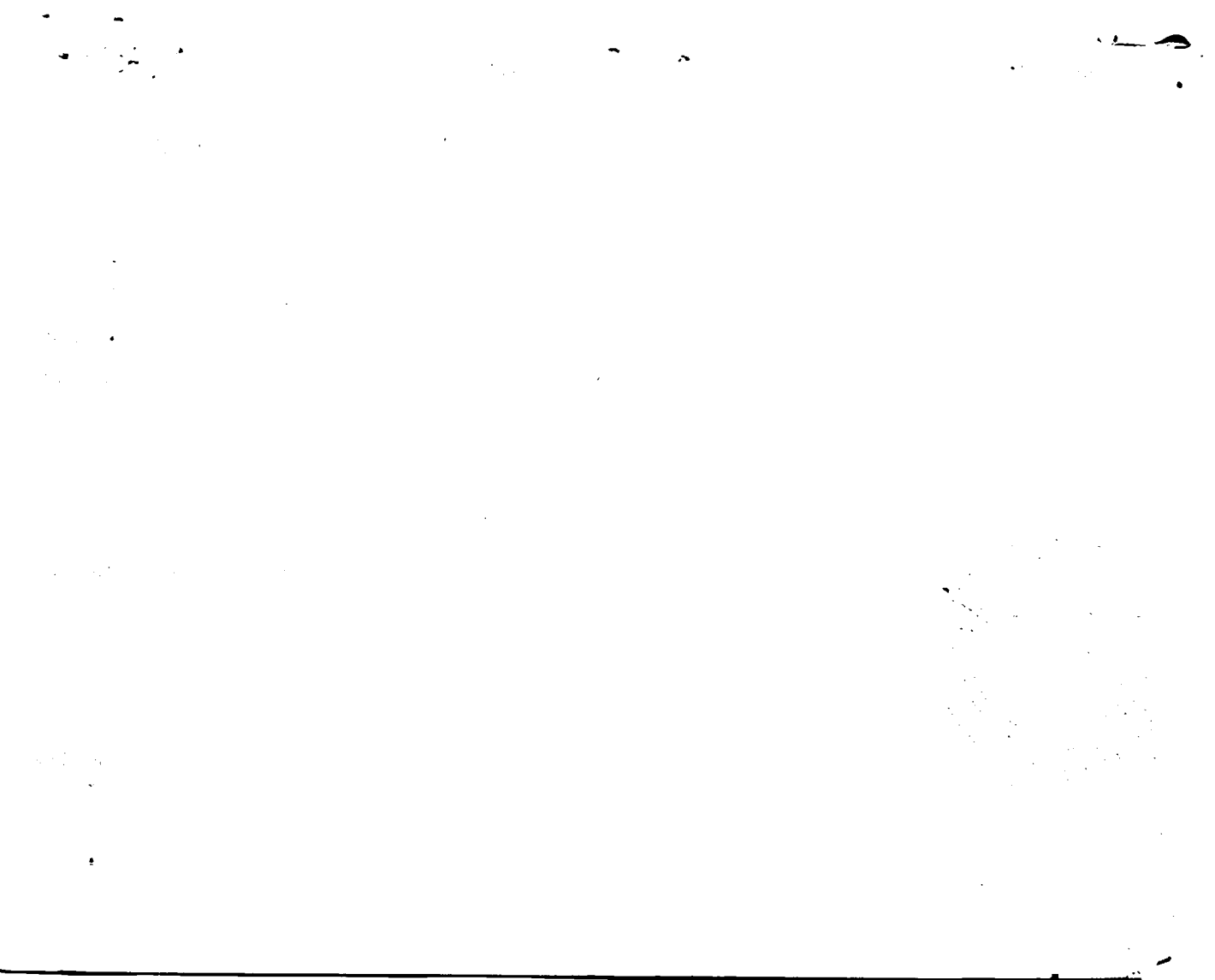
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 th day of
April, 19 58.

Signed Louise Kogue Hulme mother
(Signature of Any Credible Person)

198 West 1st North Manti, Utah
(Street Address, City, State)

Notary Public, residing at Manti, Utah
My commission expires April 29, 1961
(Seal)



719-1230004-132

PLACE OF BIRTH

amended 6/23/78

Form V. S. No. 11-25-6-15-38

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Wardboro

Registration District No. 52

File No. 76578

No. _____ St. _____

Primary Registration District No. 2136

Registered No. _____

Hospital _____

Full Name of Child Nola Parker

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>1-23-20</u> (Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <u>Gen & Parker</u>		FULL MOTHER NAME <u>Mina J. Olson</u>		
RESIDENCE <u>Wardboro</u>		RESIDENCE <u>Wardboro</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth... 4 ... Number of children of this mother now living, including present birth... 4 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 79 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gen & Parker
Mina J. Olson
(Physician or midwife)

Given names added from a supplemental report.

Address 3.25.20
Filed 19

Registrar

Registrar

CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Amended 6/23/78

STATE OF IDAHO

178

(Year)

(Years)

Month

M

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

4 17 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of
County of } ss.

Certificate No. 76578

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Parker who was born on Jan. 23, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Wardboro, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)
Name

FROM
(As on Original)
Omitted

TO
(The Correct Facts)
Nola Parker

Subscribed and sworn to before me this 14 day of

May 1973
Elaine White

Notary Public, residing at Pars

My commission expires May 13, 1977

(Seal)

Signed George H. Parker - Father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gemma Ann Parker - Mother
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires

(Seal)

(Street Address, City, State)

Own son's birth certifon file in Idaho gives name as Terry Ray Peterson
born Aug 3, 1941 in Montpelier, Idaho. gives father's name as ~~Ed~~ Eldon-LaMont
Peterson and mother's name as Nola Parker. viewed by V. S.

JUN 23 1978

Child's certificate of blessing lists mother as Nola Parker. Child, Rosemarie
Peterson, born Oct. 16, 1952, blessed Nov. 2, 1952.
viewed by vs June 23, 1978

556-124-000-666
PLACE OF BIRTH

County of Clear Lake
City of Montpelier

No. St.

Registration District No.

Primary Registration District No. 2136

File No.

76579

Hospital
FULL NAME OF CHILD Wm H Newman Jr

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Mar 27th 1917</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------------	------------------------	---

FULL NAME <u>Wm H Newman</u>	FATHER
RESIDENCE <u>Montpelier Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Mgr. O.S. Club House</u>	

FULL MAIDEN NAME <u>Ethel Wooden</u>	MOTHER
RESIDENCE <u>Montpelier Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

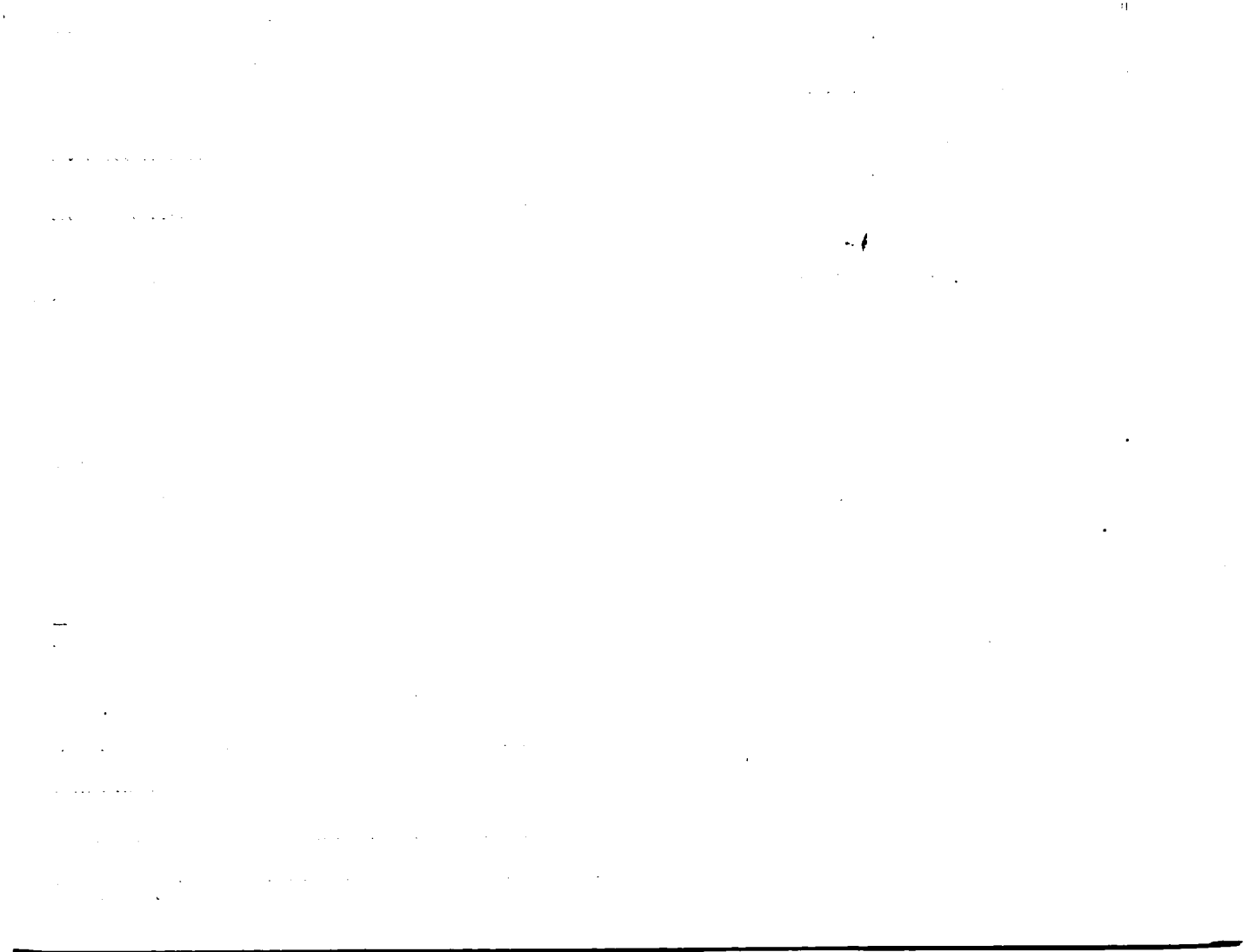
I hereby certify that I attended the birth of this child, who was at on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho
Filed 3-25-20
Registrar



951-215-004-299

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

County of *Blaine*City of *Single*Registration District No. *52*File No. *76580*No. *2136*Primary Registration District No. *2136*Registered No. *2136*Hospital *St. Helen*FULL NAME OF CHILD *St. Helen Mae Ream*

Sex of Child <i>Girl</i>	Twin Triplet or other? <i>✓</i>	and	Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>Nov. 15 1920</i> (Month) (Day) (Year)
--------------------------	---------------------------------	-----	-----------------------------------	------------------------	---

FULL NAME <i>John Wesley Ream</i>	FATHER	FULL MAIDEN NAME <i>Marnie Irvine</i>	MOTHER
RESIDENCE <i>Single</i>		RESIDENCE <i>Single</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)
BIRTHPLACE <i>Single</i>		BIRTHPLACE <i>Single</i>	
OCCUPATION <i>Farming</i>		OCCUPATION <i>Housekeeping</i>	

Number of child of this mother, including present birth *3*..... Number of children of this mother now living, including present birth, *3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *J. P. M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Chas. E. Hinkley*
Physician
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address *St. Helen*

.....19.....

Filed *3-28-20*

Registrar

Registrar

JUN 9 1944

1125

785-119004-652

PLACE OF BIRTH

Form V. S. No. 11-O-25m-9-9-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear LakeCity of MontpelierRegistration District No. 52File No. 76581

No.St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Morris Hest Phelps

Sex of Child <u>boy</u>	Twin or other? <u>1</u>	and (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>March 19, 1920</u> (Month) (Day) (Year)
-------------------------	-------------------------	---	------------------------	---

FULL NAME <u>George L. Phelps</u>	FATHER
RESIDENCE <u>Montpelier</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Montpelier</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Reta Hest</u>	MOTHER
RESIDENCE <u>Montpelier</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Ogden, Utah</u>	
OCCUPATION <u>Housekeeping</u>	

Number of child of this mother, including present birth 4
Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive at J.P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer C. Hinckley
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier, Idaho
Filed 3-28-20

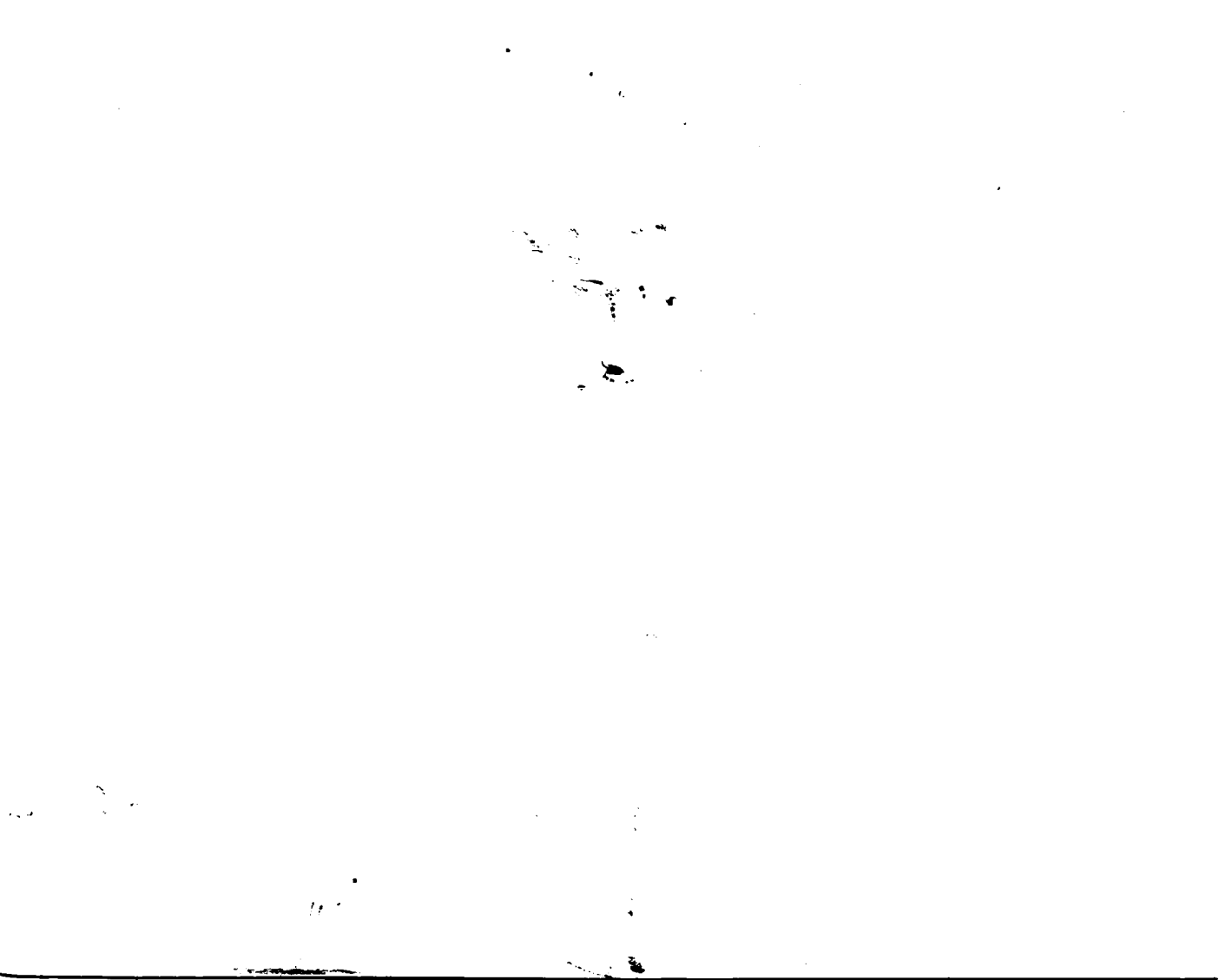
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



84K-221-004-942

Name added 2/5/82

Form V. S. No. 11-C-25m-9-3-27

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of *Beauregard*

City of *Montpelier*

Registration District No. *52*

File No. *76582*

No. St.

Primary Registration District No. *2136*

Registered No.

Hospital

FULL NAME OF CHILD *Girl* Hazel Jacqueline Humburg

Sex of Child <i>Girl</i>	Twin Triplet or other? <i>and</i> (To be answered only in event of plural births)	(Number in order of birth) <i>1</i>	Legitimate? <i>✓</i>	Date of Birth <i>March 21 1900</i> (Month) (Day) (Year)
--------------------------	---	-------------------------------------	----------------------	--

FATHER *R. E. Humburg*
RESIDENCE *Single*
COLOR *White* AGE AT LAST BIRTHDAY *39* (Years)
BIRTHPLACE *Paris, Ind.*
OCCUPATION *Stockman*

MOTHER *Janett Quayle*
RESIDENCE *Single*
COLOR *White* AGE AT LAST BIRTHDAY *40* (Years)
BIRTHPLACE *S. L. City, Utah*
OCCUPATION *Housekeeping*

Number of child of this mother, including present birth *6* Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *S. L. City, Utah* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Elmer E. Hinckley*
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address *Montpelier, Idaho*

Filed *3-27-20*

Registrar

Registrar

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF
VITAL STATISTICSState of _____ }
County of _____ } ss.

FEB 5 2 38 PM '82

Certificate No. 76582

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Humburg who was born on 3-21-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Montpelier (Bear Lake) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamed~~2-21-20~~
Hazel Jacqueline HumburgSubscribed and sworn to before me this 4th day ofFebruary, 1982
Notary Public Richard L. ConnerResiding at Boise, IdahoMy commission expires 10/25/84

(Seal)

X Hazel Jacqueline Humburg
Signature of Applicant
2642 McKinney Boise
Street Address, City, State 83704

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.(Must be completed)(Is not necessary)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Police record

FEB 5 1982

Certificate of Baptism gives name as Hazel Jacqueline Humburg daughter of Albert E. Humburg and Jeanette Quayle born Mar. 21, 1920 at Dingle, ID. Baptized Sept. 2, 1928 at Dingle, ID LDS Church.
Viewed by V.S.

Certificate of Blessing gives name as Hazel Jacqueline Humburg born to Albert E Humburg and Jeanette Quayle on Mar 21, 1920 at Dingle ID. Blessed June 6th 1920 at Dingle, ID LDS Church
Viewed by V.S.

747-108.004-389
PLACE OF BIRTH

Form V. S. No. 11-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear LakeCity of St CharlesRegistration District No. 33File No. 76583

No. _____ St.

Primary Registration District No. 2/32

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Charles Reed Pugmire

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of Birth <u>2-8</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Johnnie James Pugmire</u>			FULL MAIDEN NAME <u>Ada Lillian Christensen</u>	
RESIDENCE <u>St Charles</u>			RESIDENCE <u>St Charles</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)		
BIRTHPLACE <u>St Charles</u>			BIRTHPLACE <u>Bloomington</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 5Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive 4:30 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 2/10 1920

Registrar

Registrar

MAY 10 1954

652-1150043855

PLACE OF BIRTH

Form V. S. No. 11-25m-9-8-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear LakeCity of St CharlesRegistration District No. 33File No. 76584

No. _____ St.

Primary Registration District No. 2/32

Registered No. _____

Hospital _____

FULL NAME OF CHILD

RAYMOND HENDERSON WEBB

Sex of
ChildBoyTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
Birth2-15-1920

(Month) (Day) (Year)

FULL
NAME

FATHER

Raymond Webb

RESIDENCE

St Charles

COLOR

whiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Lake Town

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Josephine Henderson

RESIDENCE

St Charles

COLOR

whiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Lake Town

OCCUPATION

House wifeNumber of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive
(Born alive or stillborn)at 100 P. M.

(Signature)

[Signature]

(Physician or midwife)

* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Given names added from a supplemental report.

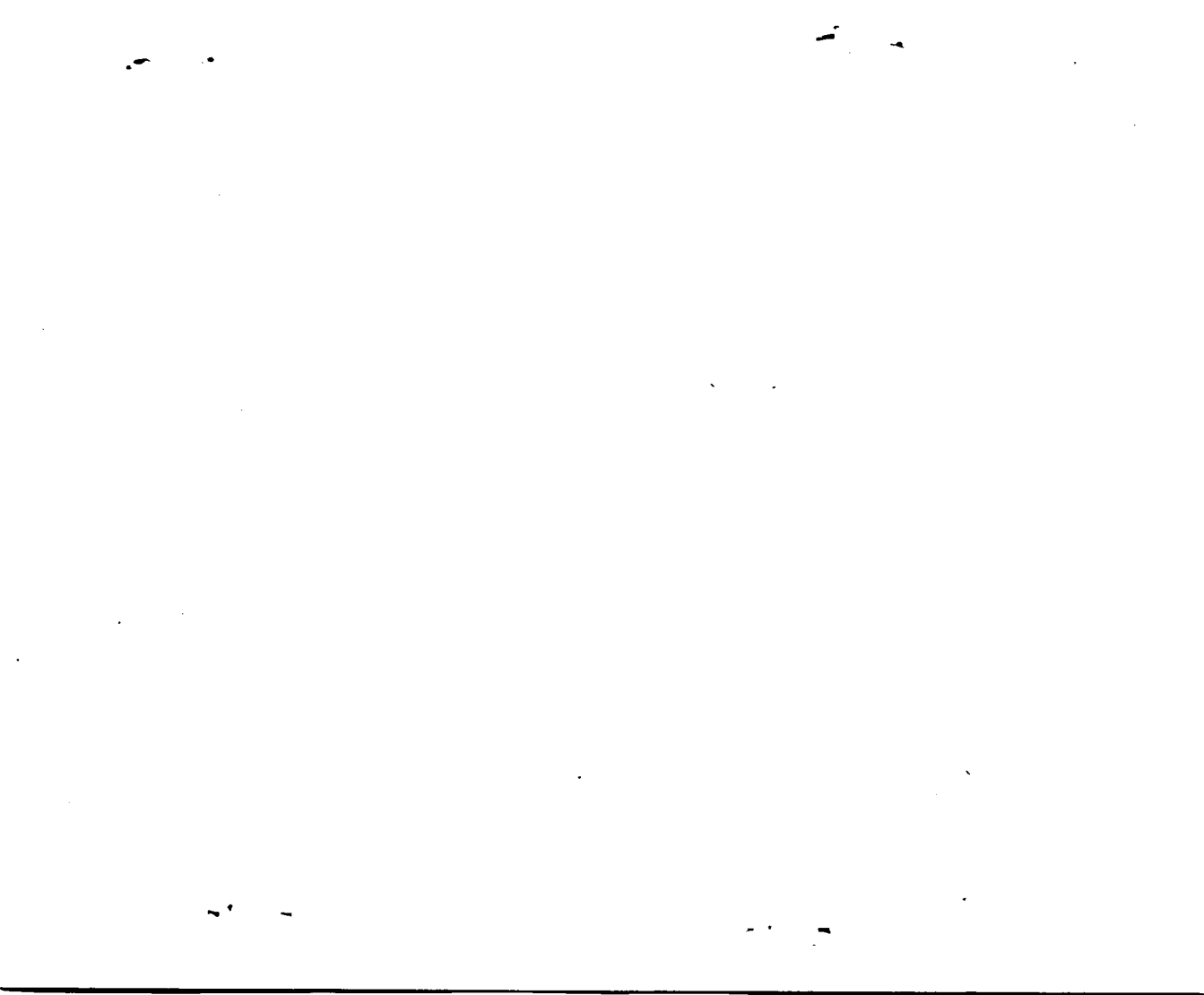
Address

Filed

3/1019 20

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of UTAH } ss. Certificate No. 76584
County of RICH }

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
for Ray and Henderson Webb who ^(BIRTH OR DEATH) was BORN on FEB. 15, 1920
^(NAME ON ORIGINAL CERTIFICATE) ST. CHARLES, IDAHO ^(WAS BORN OR DIED) are erroneous or were omitted; and that, to the best of his knowledge, the
^(PLACE OF EVENT) true facts as shown by PERSONAL KNOWLEDGE ^(GIVE DATE) prepared on , are:

FACTS TO BE CORRECTED (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name <u> </u>	Unnamed <u> </u>	Raymond Henderson Webb <u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Subscribed and sworn to before me this 8TH
day of JANUARY, 1943
Amos B. Robinson
Notary Public, residing at Laketown
My commission expires July 5, 1946
(SEAL)

Signed Josephine Henderson Lamb ^{mother}
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
LAKE TOWN, UTAH
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of RICH }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of January, 1943
Amos B. Robinson

Signed Amos B. Robinson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Laketown Utah
My commission expires Nov. 5, 1943
(SEAL)

LAKE TOWN, UTAH
(STREET ADDRESS, CITY, STATE)
(Clark H. D. S. Ward)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 23 1943

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-1-22-204-366
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

76585

County of Bear Lake

City of Paris

Registration District No. 39

File No. 420

No. _____ St.

Primary Registration District No. 2132

Registered No. _____

Hospital _____

FULL NAME OF CHILD

LUND COOK STUCKI

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>2-12</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Ezra S. Stucki</u> RESIDENCE <u>Paris</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>24</u> (Years) BIRTHPLACE <u>Paris</u> OCCUPATION <u>Farmer</u>		MOTHER FULL MAIDEN NAME <u>Lenna Cook</u> RESIDENCE <u>Paris</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>26</u> (Years) BIRTHPLACE <u>Paris</u> OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

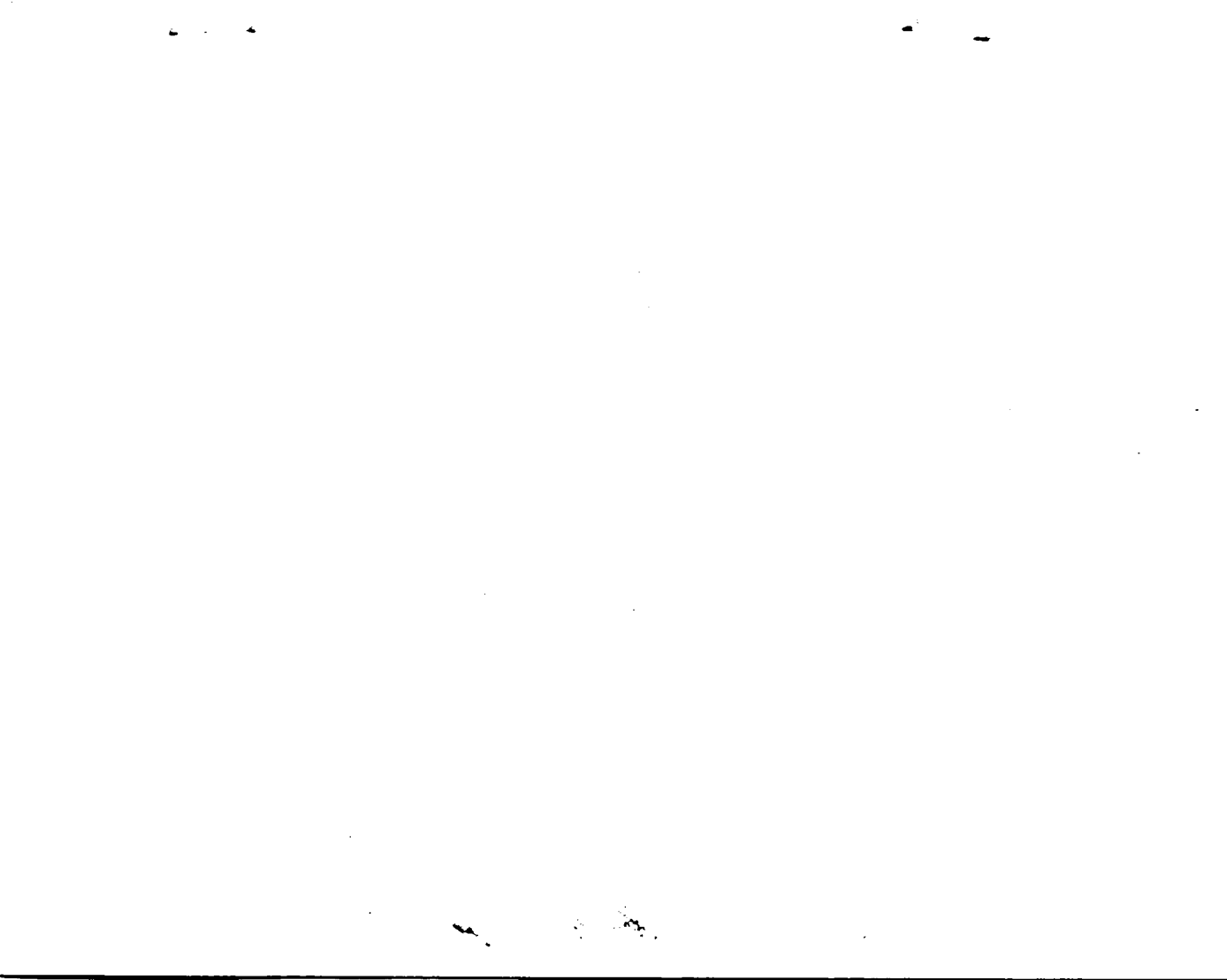
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Bongaline at 9:43 a. M.
(Born alive or stillborn)
(Physician or midwife)
Address Paris, Idaho
Filed 2/10 1920 Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 16585

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for _____ who was born on February 12, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Paris, Bear Lake County are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Family History prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Lund Cook Stucki

Subscribed and sworn to before me this 27th
day of August, 1942
Wile Lawrence
Notary Public, residing at Boise, Idaho
My commission expires Jan 25, 1946
(Seal)

Signed Coral Kerr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rephung, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of August, 1942
Wile Lawrence
Notary Public, residing at Boise, Idaho
My commission expires Jan. 25, 1946
(Seal)

Signed Robert M. Kerr
(Signature of Any Credible Person Other Than Previous Year)
(Cousin)

Rephung, Idaho
(Street Address, City, State)

AUG 23 1943

NOV 24 1943

469-215-004-849

PLACE OF BIRTH

STATE OF ~~MASS~~
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

County of Bear Lake

CERTIFICATE OF BIRTH

76586

City of BloomingtonRegistration District No. 33File No. 429

No. _____ St.

Primary Registration District No. 2132

Registered No. _____

Hospital _____

FULL NAME OF CHILD

DOROTHY ESTHER MORRALL

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>2-15-1920</u> (Month) (Day) (Year)
FULL NAME <u>Persey Morrall</u>			FULL MAIDEN NAME <u>Francis Quinton</u>	
RESIDENCE <u>Bloomington</u>			RESIDENCE <u>Bloomington</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)		
BIRTHPLACE <u>England</u>			BIRTHPLACE <u>Bloomington</u>	
OCCUPATION <u>Laborman</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 9¹⁰ A. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 3/1019 20

Registrar

Registrar

MAY 21 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.
Certificate No. 4R 76586
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth
for unnamed Morrall who born on Feb. 15, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Bloomington, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by mother prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
Name <u>Dorothy Ester Morrall</u>	<u>Unnamed Morrall</u>	<u>Dorothy Esther</u>

Subscribed and sworn to before me this 22
day of May 19 45
Sanctum
Notary Public, residing at Clerk of the
My commission expires District Court
(Seal)

Signed Mrs. Frances Morrall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 22
day of May 19 45
Sanctum
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed Eltony Burr
(Signature of Any Credible Person)
my antipater Idaho
(Street Address, City, State)

MAY 20 1945

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76587

PLACE OF BIRTH
86 V-12004-618
County of Bear LakeCity of ParisRegistration District No. 99File No. 431

No. _____ St. _____

Primary Registration District No. 2/32

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legit- mate? <u>Yes</u>	Date of Birth <u>2-12-1900</u> (Month) (Day) (Year)
FATHER FULL NAME <u>William Budge Hodge</u>			MOTHER FULL MAIDEN NAME <u>Mae Wahlen</u>	
RESIDENCE <u>Paris Idaho</u>			RESIDENCE <u>Paris Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth. _____

Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive
(Born alive or stillborn)at 3 45 P. M.

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

G. O. Moore
M. W.

(Physician or midwife)

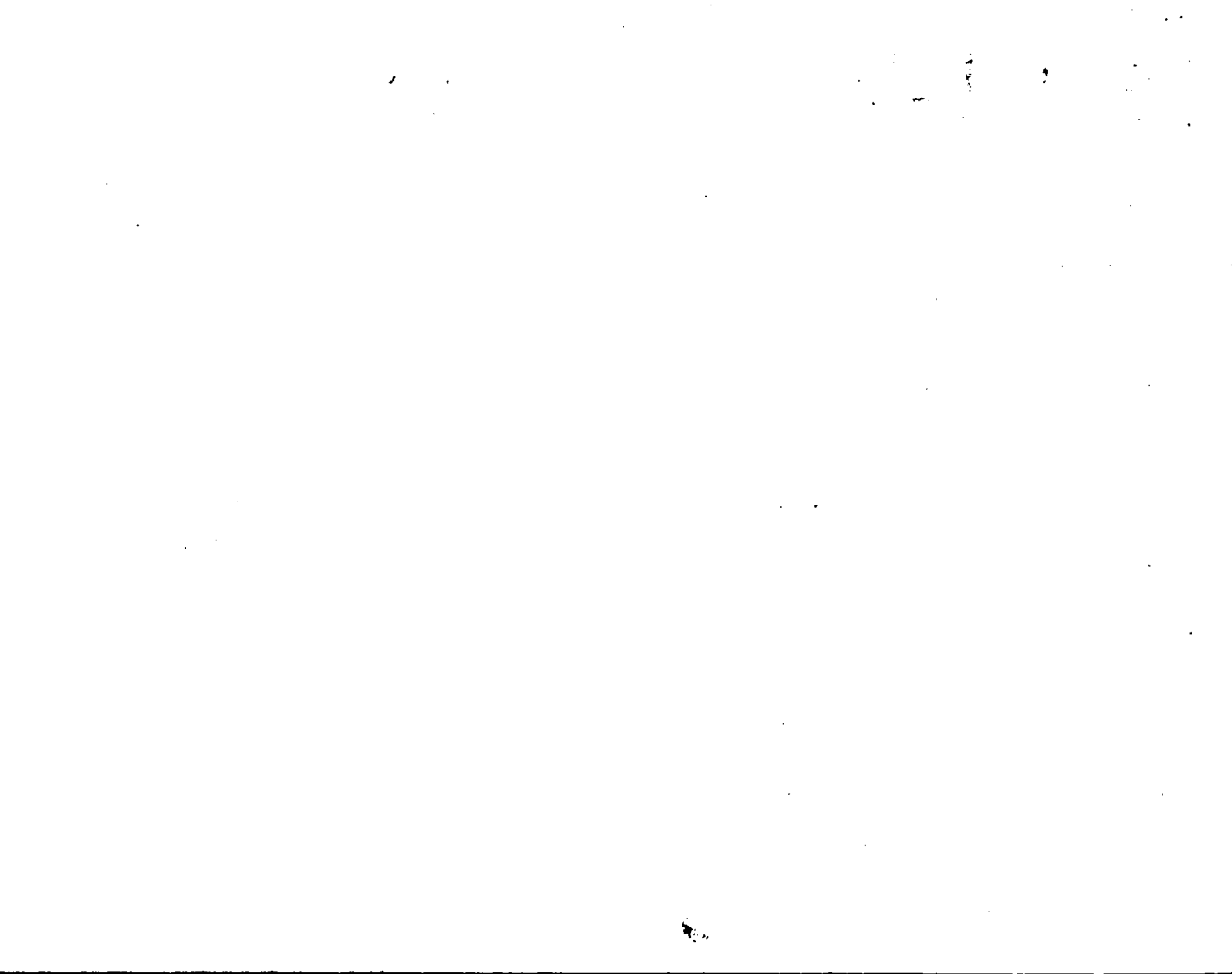
Given names added from a supplemental report.

Address

Paris Idaho

Filed

3/101920



WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3662-5-433

PLACE

STATE OF IDAHO
Amended 11/6/79 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-2-5-17

County of... Be...

CERTIFICATE OF BIRTH

City of... Plummer, Idaho

Registration District No. 46

File No. 76588

No. St.

Primary Registration District No. 2123

Registered No. 3

Hospital

FULL NAME OF CHILD Eloise May Cook

Sex of Child Female

Twin
Triplet
or other
(To be answered only in event of plural births)

Single

Number
in order
of birth

2

Legitimate? Yes

Date of Birth... Feb 21 1920
(Month) (Day) (Year)

FULL NAME

CLOYD L. COOK FATHER

FULL MAIDEN NAME

Ethel M. McCabe MOTHER

RESIDENCE

Plummer, Idaho

RESIDENCE

Plummer, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

23

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

22

(Years)

BIRTHPLACE

Newton, Kansas

BIRTHPLACE

Prairie, Wash.

OCCUPATION

Clerk

OCCUPATION

Housewife

Number of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Feb 21, 1920, at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Plummer, Idaho.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed Feb 23, 1920

Registrar

Registrar

11-20-1935-20-11-20-1935

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
DEPT. OF HEALTH

1042

PLACE

DATE



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____ } ss. **SEP 28 12 53 PM '79** Certificate No. 76588
 County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ethel Louise Cook who was born on Feb 21, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in Plummer, Idaho (Benewah) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

ITEMS TO BE CORRECTED	FROM	TO
<u>child's name</u>	<u>Ethel Louise Cook</u>	<u>Eloise May Cook</u>

Subscribed and sworn to before me this 25th day of

September, 1979.

Notary Public, Stanton Mowrey

Residing at Yakima, Washington

My commission expires April 12, 1981

(Seal)

Ethel M. Cook (Mother)
 Signature of Applicant
914 20 36th Ave.
 Street Address, City, State
Yakima, Wash
98907

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. (Must be completed ___)
 County of _____ } (Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of

_____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

CL 9/20/79 nm

Confirmation certif from ~~XXXXXXXXXXXXXXXXXXXX~~. a church, name to faint to make
out full name gives name of child as Eloise May Cook Germais ~~born for~~ confirmed.
Sept.7, 1950. viewed by V. S.

NOV 9 1979

Marriage record from Washington gives names as Rueben S. Gervais and Eloise M.
Cook dated Aug 23, 1941. viewed by V. S.

Family Bible record gives name as Eloise May Cook. given to her by parents on
Christman 1928. viewd by V. S.

469-1161005-394
PLACE OF BIRTH

County of **Benewah**
City of **Plummer, Idaho.**

No. St.

Hospital

FULL NAME OF CHILD **George Roy Morgan**

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. **46**

File No. **76589**

Primary Registration District No. **2123**

Registered No. **4**

Sex of Child **Male** **Single** and **second** Legitimate? **Yes** Date of Birth **Feb. 16, 1920**
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME **FATHER Hobart L Morgan**
RESIDENCE **Arkansas**
COLOR **White** AGE AT LAST BIRTHDAY **22**
(Years)
BIRTHPLACE **Tennessee**
OCCUPATION **Laborer**

FULL MAIDEN NAME **MOTHER Bessie M Timmons**
RESIDENCE **Plummer, Idaho**
COLOR **White** AGE AT LAST BIRTHDAY **21**
(Years)
BIRTHPLACE **Arkansas**
OCCUPATION **Housewife**

Number of child of this mother, including present birth **2** Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

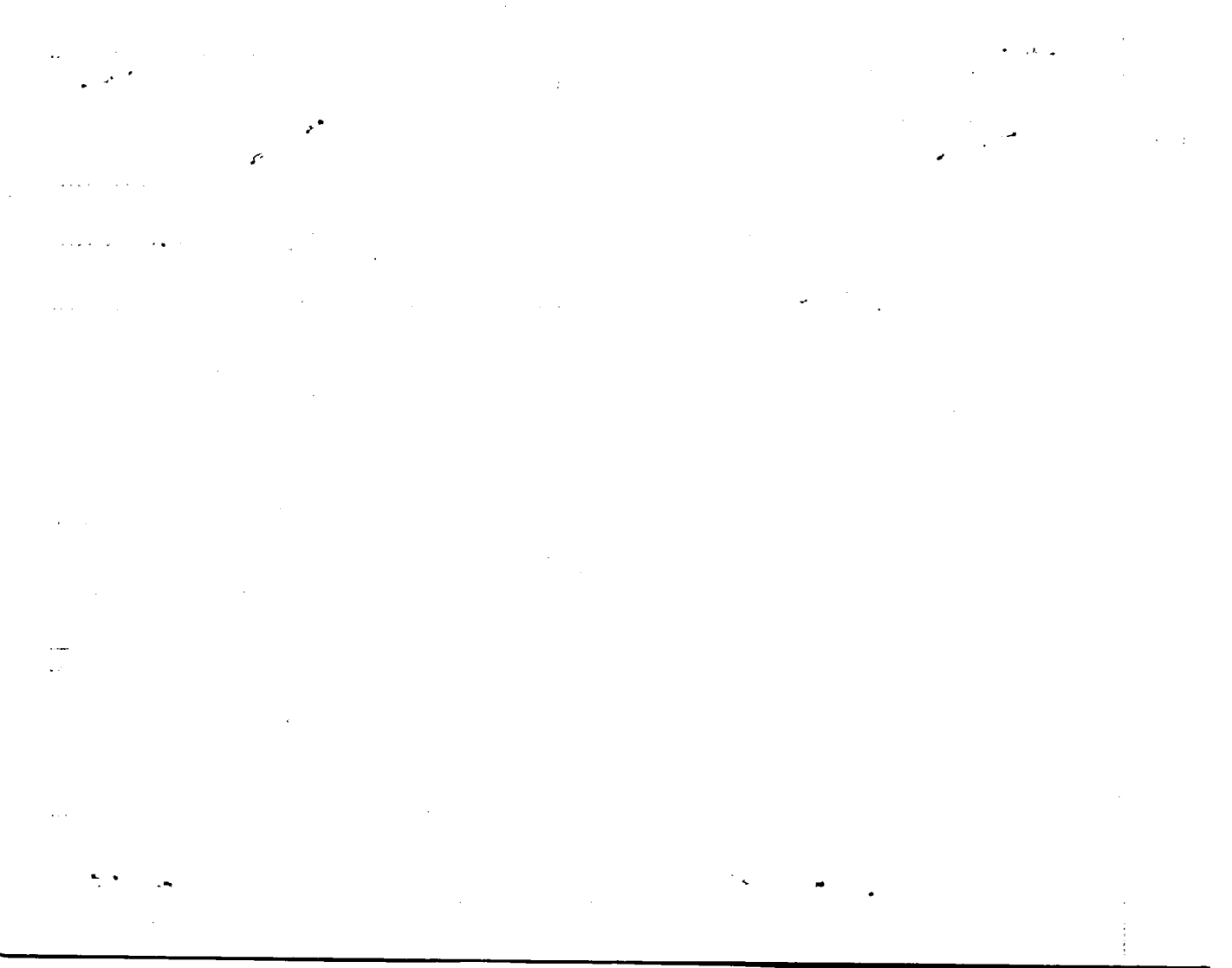
I hereby certify that I attended the birth of this child, who was **born alive Feb. 16, 1920** at **4:00 P**
on the date above stated. (Born alive or stillborn) M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **W. D. Davis**
Plummer, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed **Feb 18 1920** Registrar **W. D. Davis**



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
 County of Los Angeles } ss.

Certificate No. 76589
 Date Filed Feb 18, 1920
 birth

The undersigned does solemnly swear that certain facts on the certificate of
 for Roy Morgan who was born on Feb 16, 1920
 (Name on original certificate) (Was born or died) (Date of event)
 in Plummer are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of event)
 true facts as shown by _____ prepared on _____, are:
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
 ("Name", "birth date", "cause of death", etc.)
 name _____

FROM
 (As on original)

TO
 (The correct facts)

Roy Morgan

George Roy Morgan

Subscribed and sworn to before me this 12th
 day of February, 1942

Signed

Arthur J. Johnston
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Alhambra, Calif

My commission expires 9/15/45
 [SEAL]

341 N. Garfield Ave. Alhambra, Calif
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
 County of _____ } ss.

[This affidavit MUST also be executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
 day of _____, 19 _____

Signed

(Signature of any credible person other than the previous affiant.)

Notary Public, residing at _____

My commission expires _____
 [SEAL]

 (Street Address, City, State)

Received for filing on _____ By _____

(Registrar's signature)

DEC 14 1961

Aug 10 1942

May 2 1944

643225-005-113

PLACE OF BIRTH

County of BennahCity of St. MariesNo. Country - St

Hospital

FULL NAME OF CHILD

Registration District No. 32

File No.

76590

Primary Registration District No. 2099

Registered No.

27

Ruth Matilda FuchsSex of Child FemaleTwin
Triplet
or other?{ and {
Number
in order
of birthLegiti
mate?YesDate of
BirthFeb. 25
(Month) (Day)1920
(Year)FULL
NAMEFATHER
Paul Edward Fuchs

RESIDENCE

Dead

COLOR

WhiteAGE AT LAST
BIRTHDAY33

(Years)

BIRTHPLACE

Switzerland

OCCUPATION

FarmerFULL
MAIDEN
NAMEMOTHER
Ulvine Rose Jacob

RESIDENCE

St. Maries, Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY26

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.alive, at 9:40 A.M.
(Born alive or stillborn){ *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. H. Washington, D.
Phys.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

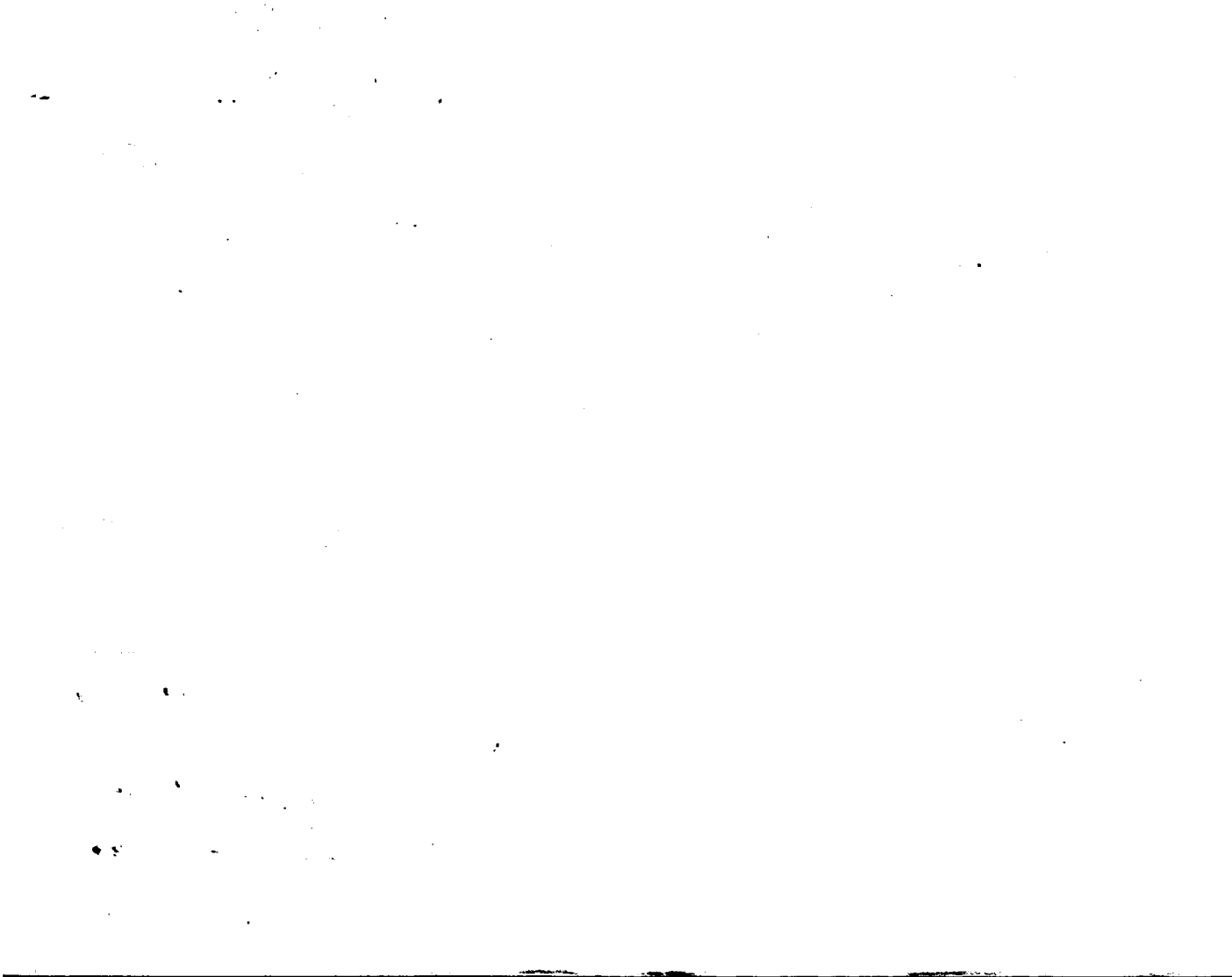
St. Maries, Idaho

Filed

Mar 8 1920

Registrar

Registrar



271-220.005-993

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BenewahCity of St. MariesRegistration District No. 82File No. 76591

No. _____ St.

Primary Registration District No. 2029 Registered No. 26

Hospital _____

FULL NAME OF CHILD

Betty Pearl SpauldingSex of Child FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
BirthFeb. 20
(Month)

(Day)

1920
(Year)

(To be answered only in event of plural births)

FULL
NAMEJames I. Spaulding

FATHER

RESIDENCE

St. Maries, Ida.

COLOR

whiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Mo.

OCCUPATION

FiremanFULL
MAIDEN
NAMEElsie Pearl Ritter

MOTHER

RESIDENCE

St. Maries, Ida.

COLOR

whiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Wis.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.alive, at 10:52 P.M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. H. Kinsolving
Phys.

(Physician or midwife)

Given names added from a supplemental report.

19____

Address

St. Maries

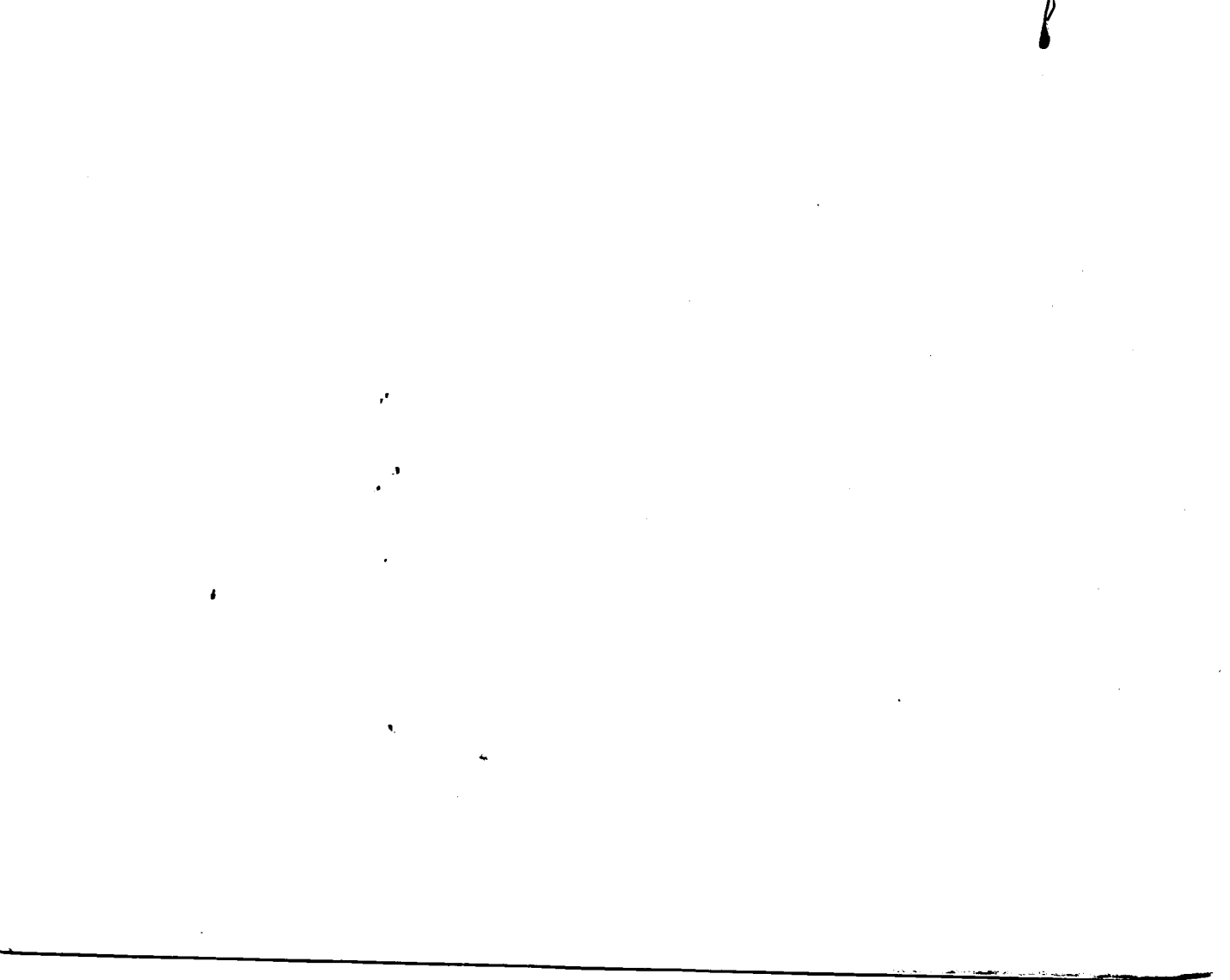
Filed

Mar 8 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



559-112-005-766

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BennahCity of St. MariesRegistration District No. 32File No. 76592

No. _____ St. _____

Primary Registration District No. 2049 Registered No. 25-

Hospital _____

FULL NAME OF CHILD

William Jerome Neilson

Sex of Child <u>Male</u>	Twin Triplet or other?	and	Number in order of birth	Legiti mate?	Date of Birth	19	(Year)
(To be answered only in event of plural births)				<u>Yes</u>	<u>Feb. 12</u>	<u>20</u>	
					(Month)	(Day)	

FULL NAME FATHER Oliver NeilsonRESIDENCE St. Maries, Ida.COLOR white AGE AT LAST BIRTHDAY 53 (Years)BIRTHPLACE SwedenOCCUPATION MerchantFULL MAIDEN NAME MOTHER Lillian Agnes GoodwinRESIDENCE St. Maries, Ida.COLOR white AGE AT LAST BIRTHDAY 33 (Years)BIRTHPLACE Ida.OCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:10 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. Linsolving M.D.
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

St. Maries

Filed

Mar. 8 1920H. E. Huns

Registrar

Registrar

JUN 12 1942

214-203-005-315

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BennettCity of St. MariesRegistration District No. 32File No. 76593

No. _____ St. _____

Primary Registration District No. 2049Registered No. 24

Hospital _____

FULL NAME OF CHILD

Frances Danborn

Sex of Child <u>Female</u>	Twin <input type="checkbox"/> Triplet <input type="checkbox"/> or other? <input type="checkbox"/>	{ and {	Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>Feb. 3</u> 19 <u>21</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME Rupert R. DanbornRESIDENCE St. Maries, Ida.COLOR white AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE Wash.OCCUPATION Car manFULL MAIDEN NAME Clara Belle LaValleyRESIDENCE St. Maries, Ida.COLOR white AGE AT LAST BIRTHDAY 39 (Years)BIRTHPLACE Minn.OCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:10 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. J. Schindler, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St. Maries

Filed

Mar. 8 1920H. E. Hensh

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

77A 10 QP

77A 10 QP

419-230-005-219

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76594

County of BennettCity of St. MariesRegistration District No. 52

File No. _____

No. _____ St. _____

Primary Registration District No. 2049 Registered No. 23

Hospital _____

FULL NAME OF CHILD

Betty Lee Darest

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Jan. 30</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FATHER
FULL NAME Reynold M. DarestRESIDENCE St. Maries, IdaCOLOR white AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE Ida.OCCUPATION R.R. manMOTHER
FULL MAIDEN NAME Hazel G. BarrettRESIDENCE St. Maries, IdaCOLOR white AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.alive at 8:27 A.M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. Kinsphing
Phys.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St MariesFiled Mar 8 1920H. E. Hunt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

K

AUG 28 1951

213-2241005-769

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BennettCity of St. MariesRegistration District No. 33File No. 76595

No. _____ St.

Primary Registration District No. 2049 Registered No. 23

Hospital _____

FULL NAME OF CHILD Florence Odette KaelSex of Child Female Twin Triplet or other? _____ and _____ Number in order of birth _____ Legiti mate? Yes Date of Birth Jan 24 1920
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER William Frederick KaelRESIDENCE St. Maries, IdahoCOLOR white AGE AT LAST BIRTHDAY 26
(Years)BIRTHPLACE IdahoOCCUPATION MechanicFULL MAIDEN NAME MOTHER Marcelle A PoirierRESIDENCE St. Maries, Ida.COLOR white AGE AT LAST BIRTHDAY 24
(Years)BIRTHPLACE FranceOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:50 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinschling M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address St. MariesFiled Mar 8 1920 H. E. Hunt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1941

291-1171005-699

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76596

County of BennettCity of St. MariesRegistration District No. 32

File No. _____

No. _____ St. _____

Primary Registration District No. 2049 Registered No. 21

Hospital _____

FULL NAME OF CHILD

Rudolph Wright Brandvold

Sex of Child

maleTwin
Triplet
or other?

{ and }

Number
in order
of birth

Legitimate?

Yes

Date of Birth

Jan 17 1920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME

Rudolph Brandvold

FATHER

RESIDENCE

St. Maries, Ida.

COLOR

white

AGE AT LAST BIRTHDAY

26
(Years)

BIRTHPLACE

Ida.

OCCUPATION

Printer

FULL MAIDEN NAME

Vida Elizabeth Wright

MOTHER

RESIDENCE

St. Maries, Ida.

COLOR

white

AGE AT LAST BIRTHDAY

21
(Years)

BIRTHPLACE

Ida.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:35 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. H. Shingler, M.D.
Phys.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St. MariesFiled Mar 81920H. E. Hunt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1961

249.211-005-699

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BenedictCity of St. MariesRegistration District No. 3File No. 76597

No. _____ St. _____

Primary Registration District No. 2049 Registered No. 20

Hospital _____

FULL NAME OF CHILD

Elda Elizabeth Smith.

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Jan. 11</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	---------	--------------------------------	----------------------------	---

FATHER
FULL NAME Charles A. Smith
RESIDENCE Cunningham, Wash.
COLOR White AGE AT LAST BIRTHDAY 31
(Years)
BIRTHPLACE Tenn.

MOTHER
FULL MAIDEN NAME Hazel V. Wright
RESIDENCE Cunningham, Wash.
COLOR White AGE AT LAST BIRTHDAY 24
(Years)
BIRTHPLACE Wis.

OCCUPATION ClerkOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Phys.
(Physician or midwife)

Given names added from a supplemental report.

Address St. Maries
Filed Mar 8 1920 HE Hunt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SUL 24-1942

GOT 13 1942

455-1101005-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

County of BenedictCity of St. MariesRegistration District No. 32File No. 76598

No. _____ St.

Primary Registration District No. 2049 Registered No. 19

Hospital _____

FULL NAME OF CHILD

Edmond Joseph Denault

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of Birth <u>Jan. 10</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	------------------	---

FULL NAME FATHER Arsene DenaultRESIDENCE St. Maries, Ida.COLOR White AGE AT LAST BIRTHDAY 40 (Years)BIRTHPLACE Ida.OCCUPATION LaborerFULL MAIDEN NAME MOTHER Mary Agnes MartinRESIDENCE St. Maries, Ida.COLOR White AGE AT LAST BIRTHDAY 38 (Years)BIRTHPLACE Ind.OCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:45 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]
Phys.
(Physician or midwife)

Given names added from a supplemental report.

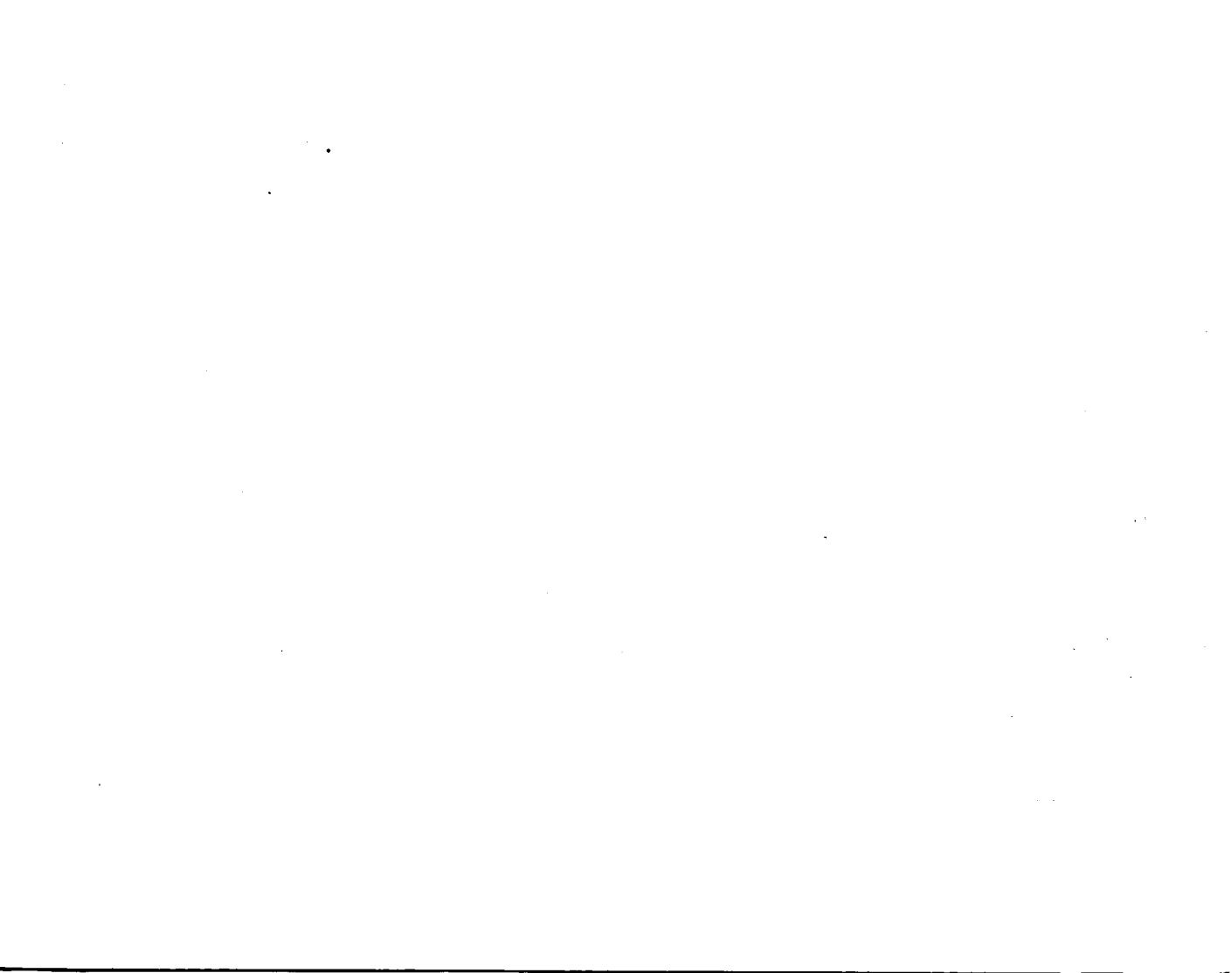
19

Address

St. MariesFiled Jan 8 1920H. E. Smith

Registrar

Registrar



295.121.005-993

PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Beneviah

City of St. Maries

No. _____ St.

Hospital St. Maries

Registration District No. 32

File No. 76599

Primary Registration District No. 2049

Registered No. 18

Full Name of Child Lymard Vincent- Kenard

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (and in order of birth)	Legiti- mate? <u>yes</u>	DATE OF BIRTH... (Month) (Day) (Year) <u>2-21-20</u>
FATHER FULL NAME <u>Thomas Cleburne Kenard</u>		MOTHER FULL MAIDEN NAME <u>Mable Lucille Rice</u>		
RESIDENCE <u>St Maries Ida</u>		RESIDENCE <u>St Maries Ida</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY... (Years) <u>31</u>	COLOR <u>white</u>	AGE AT LAST BIRTHDAY... (Years) <u>27</u>	
BIRTHPLACE <u>Arkansas</u>		BIRTHPLACE <u>Wallace Ida</u>		
OCCUPATION <u>Express messenger</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:59 on the date above stated. (Born alive or stillborn) M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

St. Maries
(Physician or midwife)

Given names added from a supplemental report.

_____ 19

Address

_____ 19

Filed

Mar 4 1920

Registrar

Registrar

: Dup of 1920-255614

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 7-17-58

PLACE OF BIRTH

265-119-005-168

County of Benewah

City of St. Maries, Ida.

No. St.

Hospital

FULL NAME OF CHILD

Carl Leonard Bong

(Certificate of no value without full name of child.)

Sex of
Child

Male

Twin
Triplet
or other?

} and

{ Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of
birth

2 - 19 1920

(Month) (Day) (Year)

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

FULL
NAME

FATHER

Pete O. Bong

RESIDENCE

St. Maries, Ida.

COLOR

White

AGE AT LAST

BIRTHDAY 45

(Years)

BIRTHPLACE

Sweden

OCCUPATION

Logger

FULL
MAIDEN
NAME

MOTHER

Edla Johnson

RESIDENCE

St. Maries, Ida.

COLOR

White

AGE AT LAST

BIRTHDAY 30

(Years)

BIRTHPLACE

Finland

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Alive

2:10

P. M.

(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

D. E. Cornwall

Physician

(Physician or midwife)

Give names added from a supplemental report.

Address

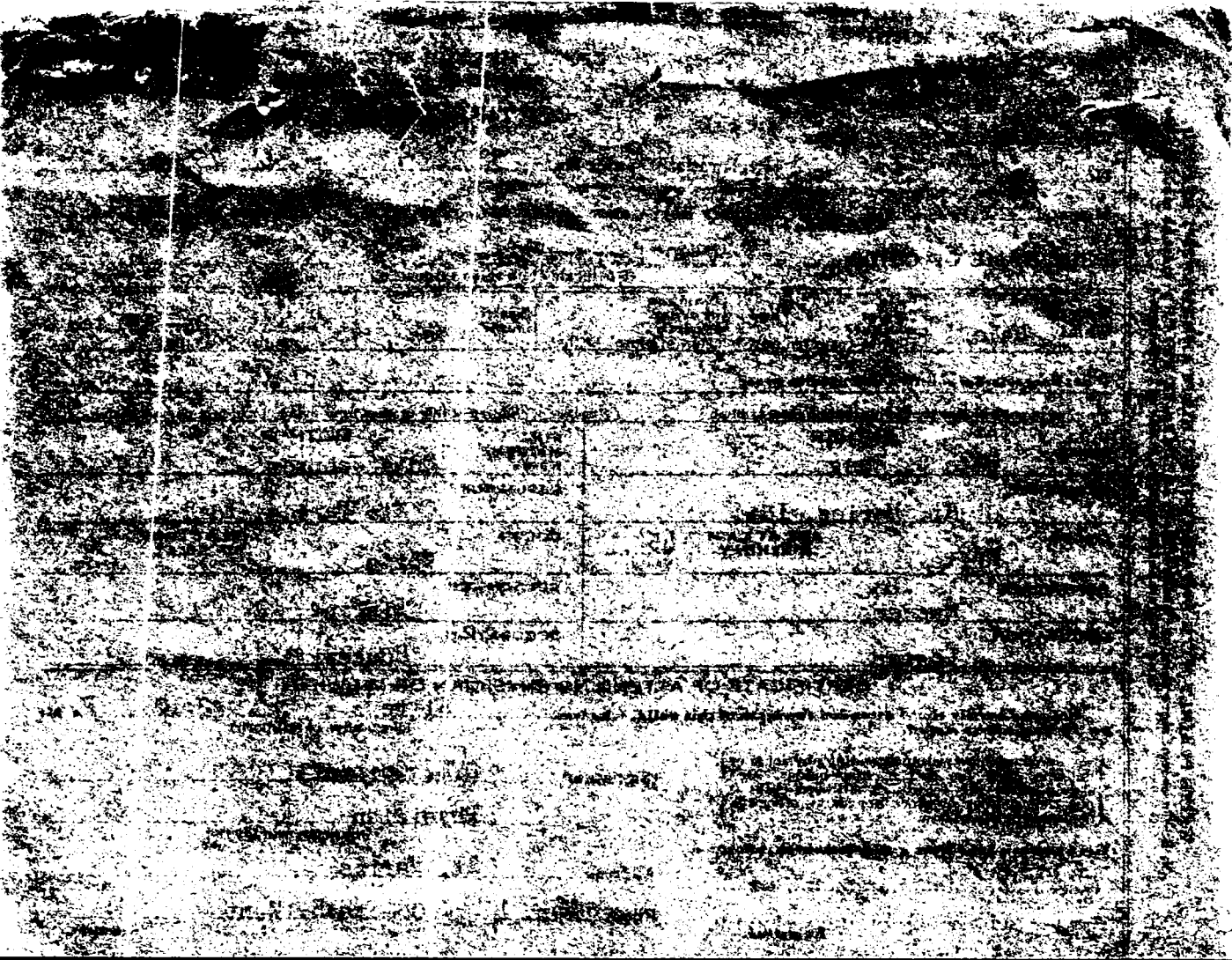
St. Maries

Filed Mar. 4 1920

H. E. Hunt

Registrar.

Registrar.



Receipt to the Lutheran Brotherhood Life Insurance Company, Jan. 8, 1947 viewed by
V.S. Social Security Card #537-12-1748 viewed by V.S.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

JUN 23 1958

State of WASHINGTON

County of Clark

ss.

Certificate No. 76600

Date Filed June 23 1958

The undersigned does solemnly swear that certain facts on the certificate of birth
for Jack Leonard Bong who born on Feb. 19, 1920
(Name on Original Certificate) (Birth or Death) (Was Born or Died) (Date of Event)

in St. Maries, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) Bible record of
true facts are shown by Carl Leonard Bong prepared on 1923, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Jack Leonard

Carl Leonard

Subscribed and sworn to before me this 7th day of
September, 1957

M. Grimm
Notary Public, residing at La Center, Washington
My commission expires Dec. 22, 1959
(Seal)

Signed Mrs. Edla Bong (mother)
(Signature of parent or attendant in correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

La Center, Wash. Route 1 Box 372
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Clark } ss.

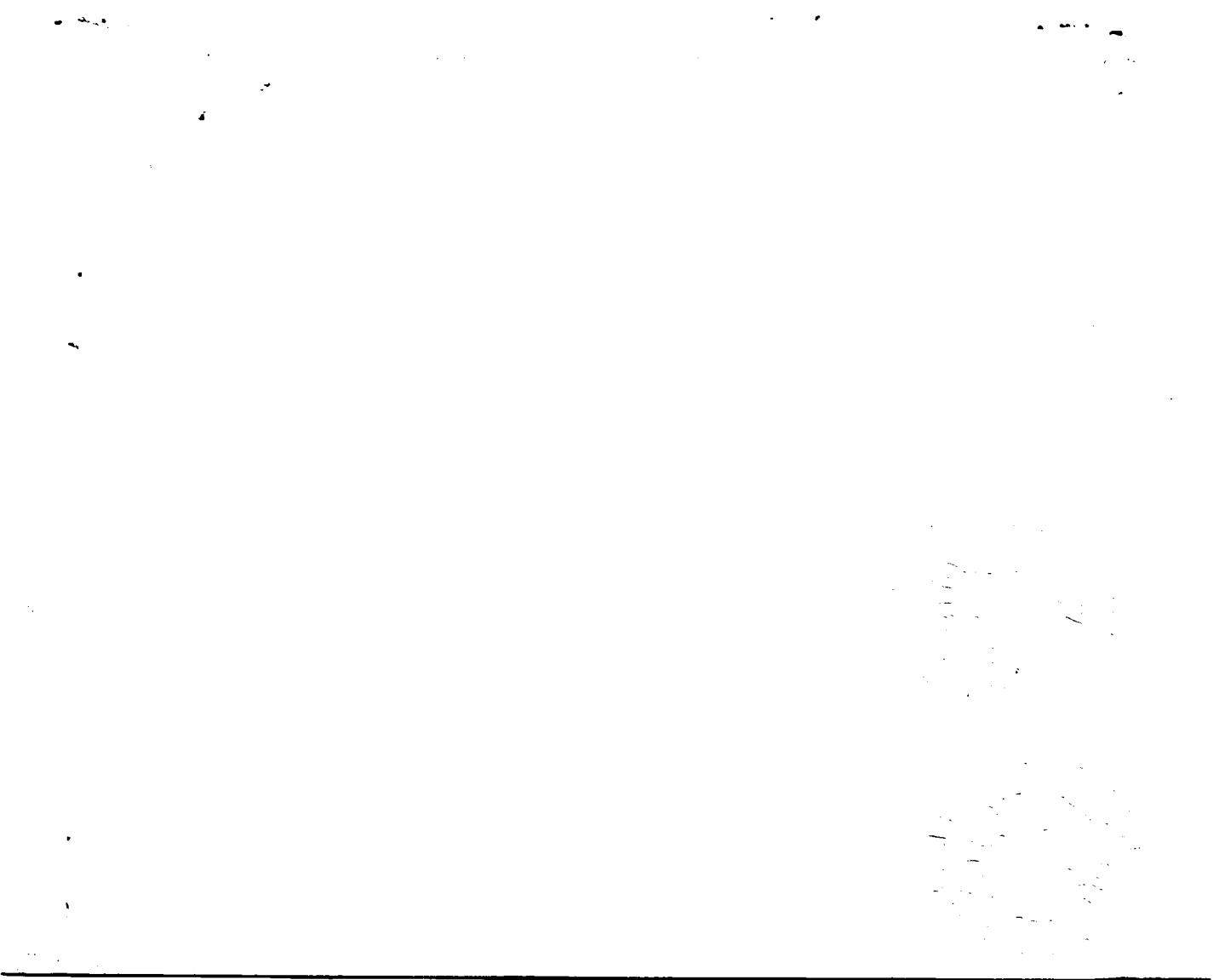
[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of

June, 1958
M. Grimm
Notary Public, residing at La Center
My commission expires Dec 22 - 1959
(Seal)

Signed Oscar Bong
(Signature of Any Credible Person)
Route 1 Box 372
La Center, Washington
(Street Address, City, State)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-101005-293
PLACE OF BIRTH

amend 12-16-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-9-8-17

County of... **Renewah**

City of.... **St. Maries**

Registration District No. **32**

File No. **76601**

No. **St.**

Primary Registration District No. **2049**

Registered No. **16**

Hospital

FULL NAME OF CHILD **Gail Patrick Siler**

Sex of Child male	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? yes	Date of Birth Mar 1 1920 (Month) (Day) (Year)
-----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME Beslie Sidney Siler	FATHER
RESIDENCE St. Maries	
COLOR white	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Rosalia, Wash.	
OCCUPATION R.R. Fireman	

FULL MAIDEN NAME Pearl Siler	MOTHER
RESIDENCE St. Maries	
COLOR white	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE NezPerce, Idaho.	
OCCUPATION Housewife	

Number of child of this mother, including present birth... **3** Number of children of this mother now living, including present birth... **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **alive** at **2.30 P.M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **C.B. Smith**
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address **St. Maries**
Filed **Mar 4 1920** **H.E. Hunk** Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICSState of Oregon } ss.
County of Multnomah

DEC 15 12 05 PM '81

Certificate No. 76601

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Siler who was born on 3-1-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in St Maries (Benewah) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedGail Patrick SilerSubscribed and sworn to before me this 10 day ofDecember, 1981.Notary Public, James J. StaleyResiding at Portland, OregonMy commission expires My Commission Expires 2-28-85

(Seal)

X Gail Patrick Siler
Signature of Applicant
2737 S.E. 162nd apt. 3
Street Address, City, State
Portland, Ore. 97236

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah

(Must be completed ___)

(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day ofDecember, 1981.Notary Public, James J. StaleyResiding at Portland, Ore.My commission expires My Commission Expires 2-28-85

(Seal)

X Alvin Siler
Supporting Signature
2737 S.E. 162nd apt. 3
Street Address, City, State
Portland, Ore. 97236

1 cc pd

DEC 16 1981

Marriage License from state of Montana gives Gail Patrick Siler and Alice Florence Ekholt were married on 5-7-44 in Shelby, Montana, Viewed by V.S.

Discharge from the ARmed Forces of the United States gives Gail Patrick Siler born 3-1-20 in St. Maries, Idaho was discharged 2-24-53. Viewed by V.S.

587-126-008-225

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BenevolenceCity of St. MariesRegistration District No. 32 File No. 76602

No. _____ St.

Primary Registration District No. 2049 Registered No. 15

Hospital _____

FULL NAME OF CHILD William Desmond Engle

Sex of Child <u>m</u>	Twin <u>-</u> Triplet <u>-</u> or other? <u>-</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>2 26</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER
FULL NAME Roy J. Engle
RESIDENCE St. Maries, Ida
COLOR w AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Colefax, Wash
OCCUPATION Boorman

MOTHER
FULL MAIDEN NAME Lena Skelton
RESIDENCE St. Maries, Ida
COLOR w AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE St. Maries, Ida
OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy J. Engle

(Physician or midwife)

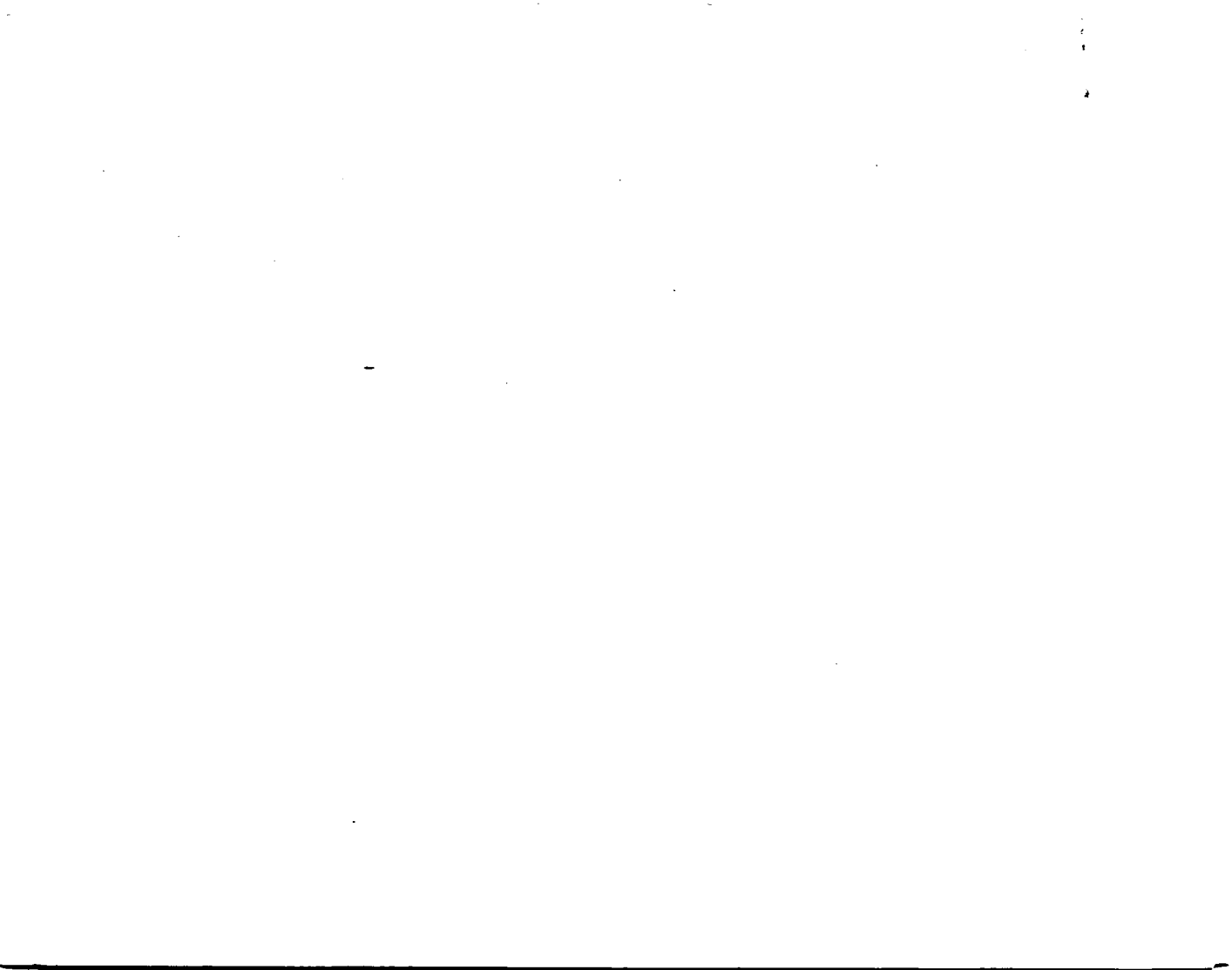
Given names added from a supplemental report.

19

Address St. MariesFiled Mar 4 1920 H. E. Skelton

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

156-114-005-713

PLACE OF BIRTH

County of BenedictCity of Lewistown

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births) <u>—</u>	and	Number in order of birth (To be answered only in event of plural births) <u>2</u>	Legiti mate? <u>yes</u>	Date of Birth <u>2</u> <u>18th</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	--	-----	--	-------------------------------	--

FULL NAME FATHER Marshall A. JewellRESIDENCE Lewistown IdaCOLOR w AGE AT LAST BIRTHDAY 23
(Years)BIRTHPLACE Mont.OCCUPATION ClerkFULL MAIDEN NAME MOTHER Edna (Edna)RESIDENCE Lewistown IdaCOLOR w AGE AT LAST BIRTHDAY 20
(Years)BIRTHPLACE MoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 12:30 9 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edna A. Ralt

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address St. Mary'sFiled Mar 4 19 20 St. E. Hunk

Registrar

Registrar

Dup of 1920-DSI-978

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296.210:005-795

PLACE OF BIRTH

County of Benedict

City of St. Maries

Registration District No. 32

File No. 76604

No. _____ St.

Primary Registration District No. 2049 Registered No. 13

Hospital _____

FULL NAME OF CHILD

Simpson, Lydia, Lena

Sex of Child <u>7</u>	Twin <u>—</u> Triplet <u>—</u> or other? <u>—</u> and { Number in order of birth <u>2</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>2</u> / <u>10</u> / <u>1920</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FULL NAME Samuel David Simpson FATHER
RESIDENCE St. Maries, Ida
COLOR W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Idaho
OCCUPATION Woodsmen

FULL MAIDEN NAME Emilia C. Cier MOTHER
RESIDENCE St. Maries, Ida
COLOR W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho
OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt
Phys
(Physician or midwife)

Given names added from a supplemental report.

Address St. Maries
Filed Mar. 4 19 20 H. E. Smith
Registrar

Registrar

JUL 11 1974

319-1071005-469

PLACE OF BIRTH

Form V. S. No. 11-25m-4-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BenedictCity of St. Maries Ida.Registration District No. 32File No. 76605

No. _____ St.

Primary Registration District No. 2049Registered No. 12Hospital St. MariesFull Name of Child Charles Vincent Carroll

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>Feb. 7th</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Charles Vincent Carroll</u>	FATHER		FULL MAIDEN NAME <u>Mamie Edna Moran</u>	MOTHER
RESIDENCE <u>Marble Creek Ida</u>			RESIDENCE <u>Marble Creek Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Pocatello Ida</u>			BIRTHPLACE <u>Glenmore Wisconsin</u>	
OCCUPATION <u>Section Foreman</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12 25 M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edna Moran

Given names added from a supplemental report.

(Physician or midwife)

Address St. MariesFiled Feb. 9 1920 H. E. Hunt

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



818-104-005-349

PLACE OF BIRTH

County of BureauCity of St. MarieRegistration District No. 32

Form V S. No. 11-C-25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. _____ St. _____

File No. 76606

Hospital _____

Primary Registration District No. 2049Registered No. 11

FULL NAME OF CHILD

George Asa Hayter

Sex of Child

mTwin
Triplet
or other?
(To be answered only in event of plural births)and
Number
in order
of birth
6Legiti
mate?
yesDate of
Birth2 4
(Month) (Day)1920
(Year)FULL
NAME

FATHER

Asa Hayter

RESIDENCE

St. Marie, Ida

COLOR

w

AGE AT LAST

BIRTHDAY

42
(Years)

BIRTHPLACE

MO

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Myrtle Burton

RESIDENCE

St. Marie, Ida

COLOR

w

AGE AT LAST

BIRTHDAY

37
(Years)

BIRTHPLACE

MO

OCCUPATION

House wifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 2. 15 P M.
on the date above stated.

(Born alive or stillborn)

{ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

Averett P. Pitt

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

St. Marie

Filed

Feb. 9 1920

Registrar

Registrar

JUN 8 1957

533-107-005-365
PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BenedictCity of St. MariesRegistration District No. 32File No. 76607

No. _____ St. _____

Hospital St. M. Hospital Primary Registration District No. 3049Registered No. 10Full Name of Child Fred Thomas Ellis

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>Feb. 27, 1920</u> (Month) (Day) (Year)
FULL NAME <u>Marshall R. Ellis</u>	FATHER		FULL MAIDEN NAME <u>Beatrice Luisa Lane</u>	MOTHER
RESIDENCE <u>St. Maries</u>			RESIDENCE <u>St. Maries</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>North Dakota</u>			BIRTHPLACE <u>Liverpool, England</u>	
OCCUPATION <u>Woodman</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 P. M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Delonwall

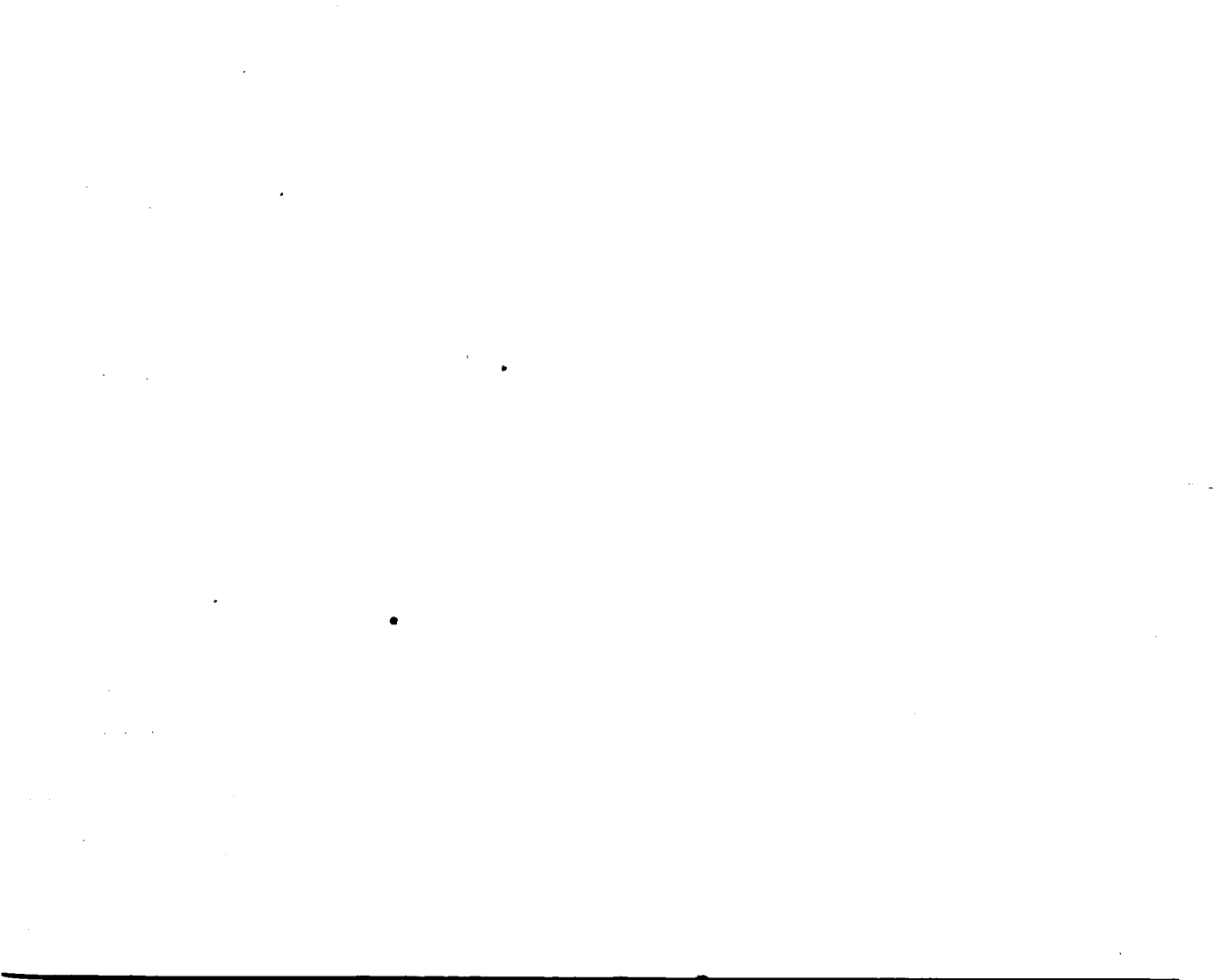
(Physician or midwife)

Given names added from a supplemental report.

Address St. MariesFiled Feb. 9, 1920 H. C. H. H. H.

Registrar

Registrar



236-120-005-412

PLACE OF BIRTH

County of BannockCity of St. Maries, Ida.

No. _____ St.

Hospital St. Luke's Hospital

Full Name of Child

Registration District No. 32Primary Registration District No. 2049STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

CERTIFICATE OF BIRTH

File No. 76608Registered No. 9James Robert Stocking

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH... <u>June</u> <u>20</u> <u>1920</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>George L. Stocking</u>			FULL MAIDEN NAME <u>Gertrude L. Mackay</u>	
RESIDENCE <u>St. Maries, Ida.</u>			RESIDENCE <u>St. Maries, Ida.</u>	
COLOR <u>white</u>			COLOR <u>white</u>	
AGE AT LAST BIRTHDAY... <u>30</u> (Years)			AGE AT LAST BIRTHDAY... <u>32</u> (Years)	
BIRTHPLACE <u>Bannock, Minn.</u>			BIRTHPLACE <u>Idaho City, Mich.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was single (Born alive or stillborn), at 12:15 P. M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edmonwall

Given names added from a supplemental report.

(Physician or midwife) _____

Address St. MariesFiled Feb. 9 1920 H. E. Nunn

Registrar

Registrar

JUN 18 1968

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-108'005355
PLACE OF BIRTH

County of Benedict

City of St. Maries

No. _____ St. _____

Hospital St. M. Hospital Primary Registration District No. 20419

File No. 76609

Registered No. 7

Full Name of Child Joseph Benjamin Kirkpatrick

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>6-8-20</u> (Month) (Day) (Year)
FULL NAME <u>Robert V. Kirkpatrick</u>	FATHER		FULL MAIDEN NAME <u>Edith L. Valley</u>	MOTHER
RESIDENCE <u>St. Maries Idaho</u>			RESIDENCE <u>St. Maries Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Silver Spring Colorado</u>			BIRTHPLACE <u>Maplewood Minn.</u>	
OCCUPATION <u>Railway Postal Club</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Delomwall (Born alive or stillborn) _____ at 7 25 P. M.

Given names added from a supplemental report.

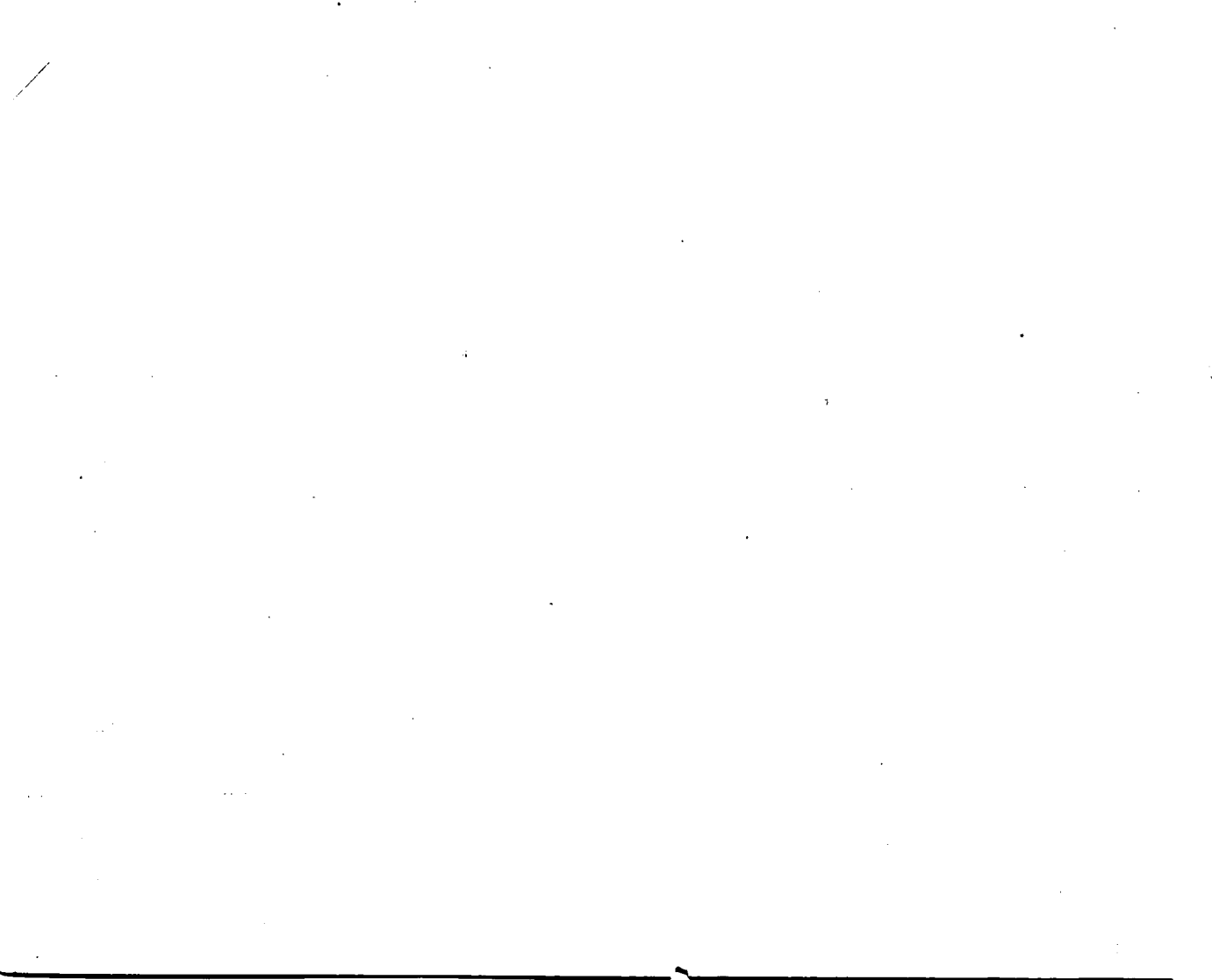
(Physician or midwife) _____

Address St. Maries

Filed Feb. 9 1920 H. E. Hunt

Registrar

Registrar



231-215-005783

PLACE OF BIRTH

County of BenedictCity of St. Marie

No. _____ St. _____

Hospital St. M. HospitalFull Name of Child Jessie ElaineBlakeRegistration District No. 32File No. 76610Primary Registration District No. 2049Registered No. 8

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate <u>yes</u>	DATE OF BIRTH <u>May 15 1920</u> (Month) (Day) (Year)
FULL NAME <u>Oscar Willis Blake</u>	FATHER		FULL MAIDEN NAME <u>Maile Lucy Tyler</u>	MOTHER
RESIDENCE <u>St. Marie Idaho</u>			RESIDENCE <u>St. Marie Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Dallas Oregon</u>			BIRTHPLACE <u>Butler Missouri</u>	
OCCUPATION <u>Logger</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:45 am on the date above stated. (born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Stonewall

(Physician or midwife)

Given names added from a supplemental report.

Address St. MarieFiled Feb 9 1920

Registrar

Registrar

JUN 12 1942

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-109,006-966
 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-37

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76613

County of Bingham

City of

Registration District No. 116

File No.

No. St.

Primary Registration District No. 2195

Registered No. 440

Hospital

FULL NAME OF CHILD George Werner Clasen

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { } Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>2 9 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FATHER FULL NAME <u>George Clasen</u>		MOTHER FULL MAIDEN NAME <u>Martha Ross</u>	
RESIDENCE <u>Bingham Co</u>		RESIDENCE <u>Bingham Co</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Germany</u>		BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nott M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Amelia Falls Ida

Filed 2-9-20 Registrar

Registrar

Registrar



1

2

3
4
5

788-2131006-231

PLACE OF BIRTH

County of BinghamCity of AberdeenRegistration District No. 116File No. 76614

No. _____ St. _____

Primary Registration District No. 2193Registered No. 441

Hospital _____

FULL NAME OF CHILD Theda Marie Phillips

Sex of Child <u>female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 13</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	-----	---	----------------------------	---

FATHER
FULL NAME Leonard Harvey PhillipsRESIDENCE Aberdeen IdaCOLOR white AGE AT LAST BIRTHDAY 39
(Years)BIRTHPLACE UtahOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Jennie May SlauchRESIDENCE Aberdeen IdaCOLOR white AGE AT LAST BIRTHDAY 38
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Markinson
physician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Aberdeen, IdaFiled Feb 13 19 20

Registrar _____

Registrar _____



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss.
Certificate No. 76614
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Phillips (female child) who was born on Feb. 13, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Aberdeen, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Unnamed

Theda Marie Phillips

Subscribed and sworn to before me this 12th day of April, 1972

Signed Theda Marie Phillips
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Aberdeen, Idaho
My commission expires December 8, 1974
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

Certif. of Baptism and Confirmation from LDS Church dated Sept. 3, 1928 gives name as Theda Marie Phillips daughter of L. H. Phillips and Jennie Slauch. Born Feb. 12, 1920 at Aberdeen, Idaho. Was Baptized Sept. 1, 1928. and confmd. Sept. 2, 1928. Viewed by V. S.

MAY 11 1972

Diploma from Aberdeen High School class of 1938 gives name as Theda Marie Phillips. Dated May 13, 1938. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

365-213-006-556

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 116

File No. 76615

Primary Registration District No. 2195

Registered No. 442

FULL NAME OF CHILD DOROTHY LOUISE TOEVS

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>-</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>Feb 13</u> (Month) (Day) (Year) <u>1920</u>
(To be answered only in event of plural births)					

FATHER
FULL NAME Herman J Toevs
RESIDENCE Aberdeen Ida
COLOR White AGE AT LAST BIRTHDAY 26
(Years)
BIRTHPLACE Kansas
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Sadie Newman
RESIDENCE Aberdeen Ida
COLOR White AGE AT LAST BIRTHDAY 19
(Years)
BIRTHPLACE Colorado
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Female, at 12¹⁰ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

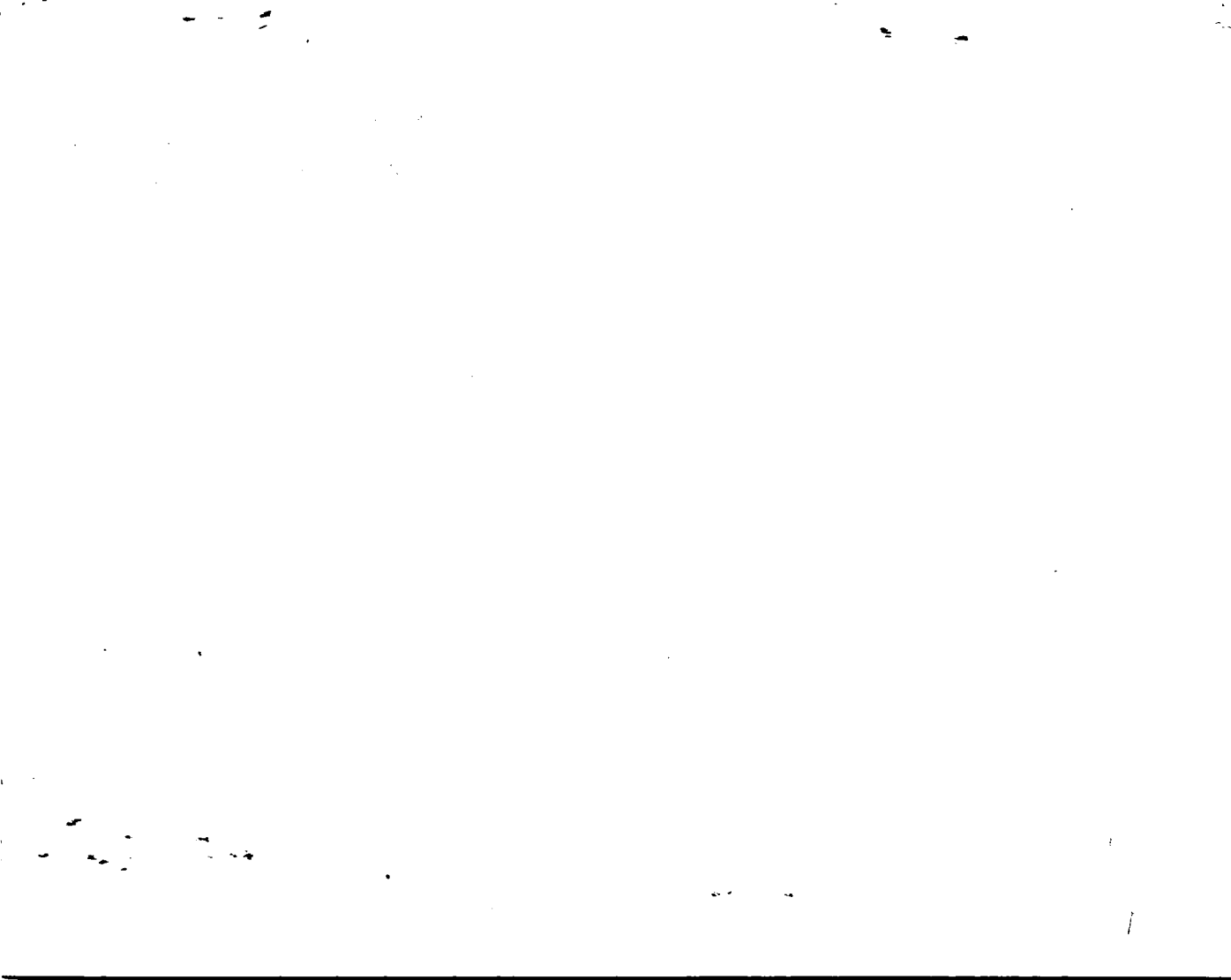
(Signature) M. C. Markum
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Aberdeen Ida
Filed 2-13 20 McMurtre
19 _____

Registrar

Registrar



NOV 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kansas } ss. Certificate No. 76615
County of Harvey }

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Toeys (unnamed) who was born on February 13, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event)
in Aberdeen, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)
true facts are shown by an insurance policy prepared on March 24, 1926, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Dorothy Louise Toeys

Subscribed and sworn to before me this 29 day of October 1942
Notary Public, residing at Newton, Kansas
My commission expires June 15, 1943
(Seal)
Signed: Lessie Toeys (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
625 86 Second, Newton, Kan.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas } ss. [This Affidavit **MUST** Also be Executed.
County of Harvey } (See Chapter 139, 1937 Idaho Session Laws.)
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 2nd day of November 1942
Notary Public, residing at Newton, Kan.
My commission expires June 15, 1943
(Seal)
Signed: R. R. Whitewater
(Signature of any Credible Person Other Than Previous Year)
R. R. Whitewater, Kansas
(Street Address, City, State)

NOV 12 1942

331-220.006-689

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BinghamCity of StirlingRegistration District No. 116File No. 76616

No. _____ St. _____

Primary Registration District No. 2193

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and {	Number in order of birth _____ (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 20</u> <u>20</u> (Month) (Day) (Year)
----------------------------	---	-------	--	----------------------------	---

FULL NAME <u>Lloyd Blamink</u>	FATHER
RESIDENCE <u>Stirling Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Kentucky</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mora Whiting</u>	MOTHER
RESIDENCE <u>Stirling Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Kentucky</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Martin, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

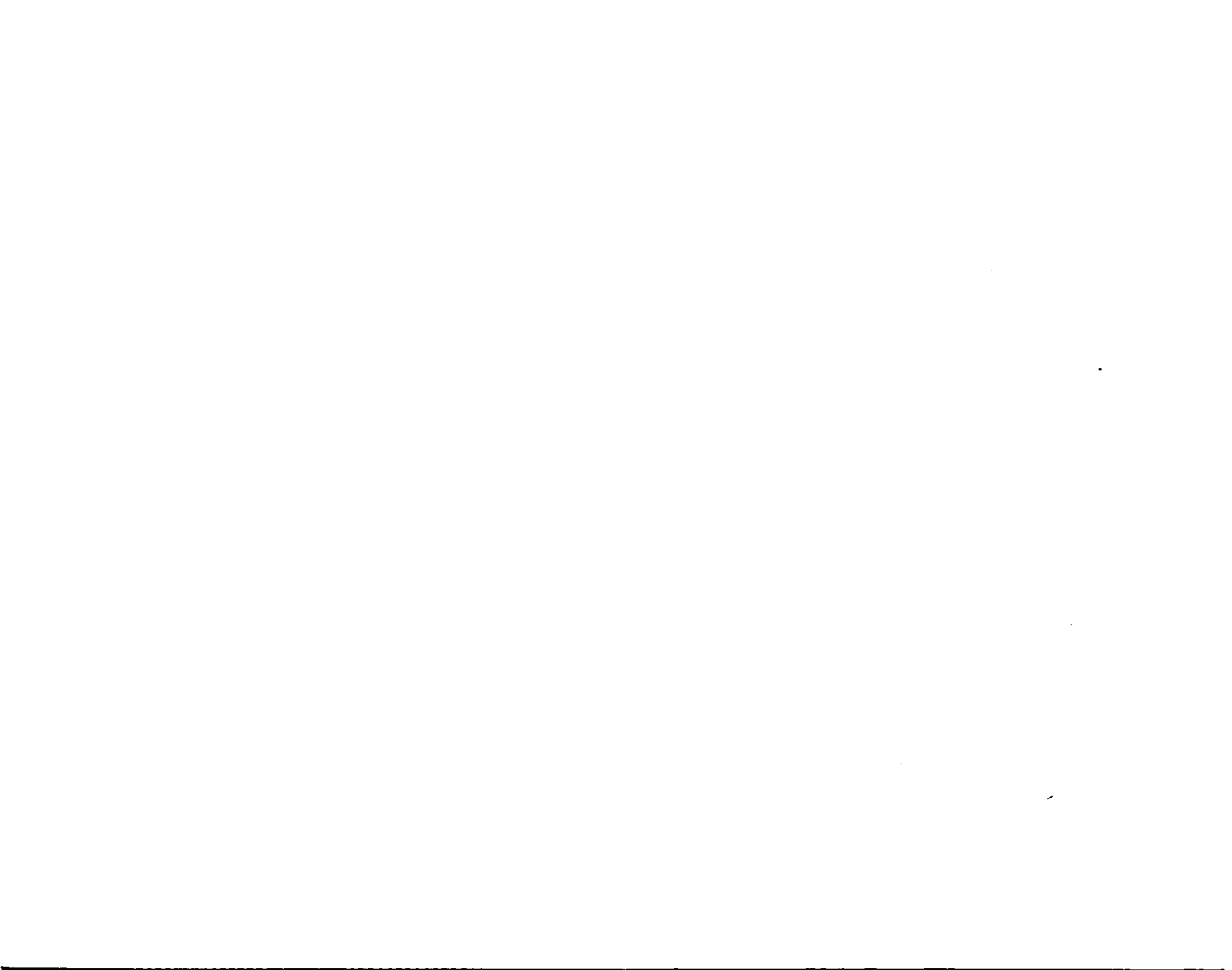
Address Cherleen Ida
Filed 2-20 20 M. C. Martin
19 _____

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



359-105-406-268

PLACE OF BIRTH

County of BinghamCity of Stirling

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 116File No. 76617Primary Registration District No. 2185Registered No. 435FULL NAME OF CHILD Johna Robert Henry Teichert

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 5</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER		MOTHER	
FULL NAME <u>Herman Adolph Teichert</u>	FULL MAIDEN NAME <u>Minerva Kohlkepp</u>	FULL NAME <u>Herman Adolph Teichert</u>	FULL MAIDEN NAME <u>Minerva Kohlkepp</u>
RESIDENCE <u>Stirling, Ida.</u>	RESIDENCE <u>Stirling Ida</u>	RESIDENCE <u>Stirling, Ida.</u>	RESIDENCE <u>Stirling Ida</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 6 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) M. C. McKinnon, M.D.

(Physician or midwife)

Address Stirling IdaFiled 2-5-20 1920 McKinnon

Registrar

Registrar

11-11-11

11-11-11

11-11-11

- STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming }
County of Lincoln } ss.

MAR 22 1943

Certificate No. 76617

Date Filed Mar. 29, 1943

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Robert Henri Teichert who was born on 5 Feb 1920 (Date of Event)
in Sterling, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name _____	John _____	Robert Henri Teichert _____
<u>Robert Henri Teichert</u>		<u>Robert Henri Teichert</u>

Subscribed and sworn to before me this 20th
day of March, 1943,
Earl O. Leysaw
Notary Public, residing at Bokehville Wyo.
My commission expires Mar. 1, 1944
(Seal)

Signed Herman A. Teichert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed /s/
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 23 1943

153-113-006-155
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-9-3-37

County of BrighamCity of BlackfootNo. Route 3 St.

Registration District No.

121

File No.

76618Hospital No

Primary Registration District No.

2194

Registered No.

29

FULL NAME OF CHILD

Vale Anthony

Sex of Child

BoyTwin
Triplet
or other?

{ and {

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
Birth2 13
(Month) (Day)1920
(Year)FULL
NAME

FATHER

Albert AnthonyFULL
MAIDEN
NAME

MOTHER

Ester Jensen

RESIDENCE

Blackfoot Idaho

RESIDENCE

Blackfoot Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth twoNumber of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. 9-30 P. (Born alive or stillborn) M.

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

Given names added from a supplemental report.

(Signature)

Mrs. L. P. BatteyMidwife

(Physician or midwife)

Address

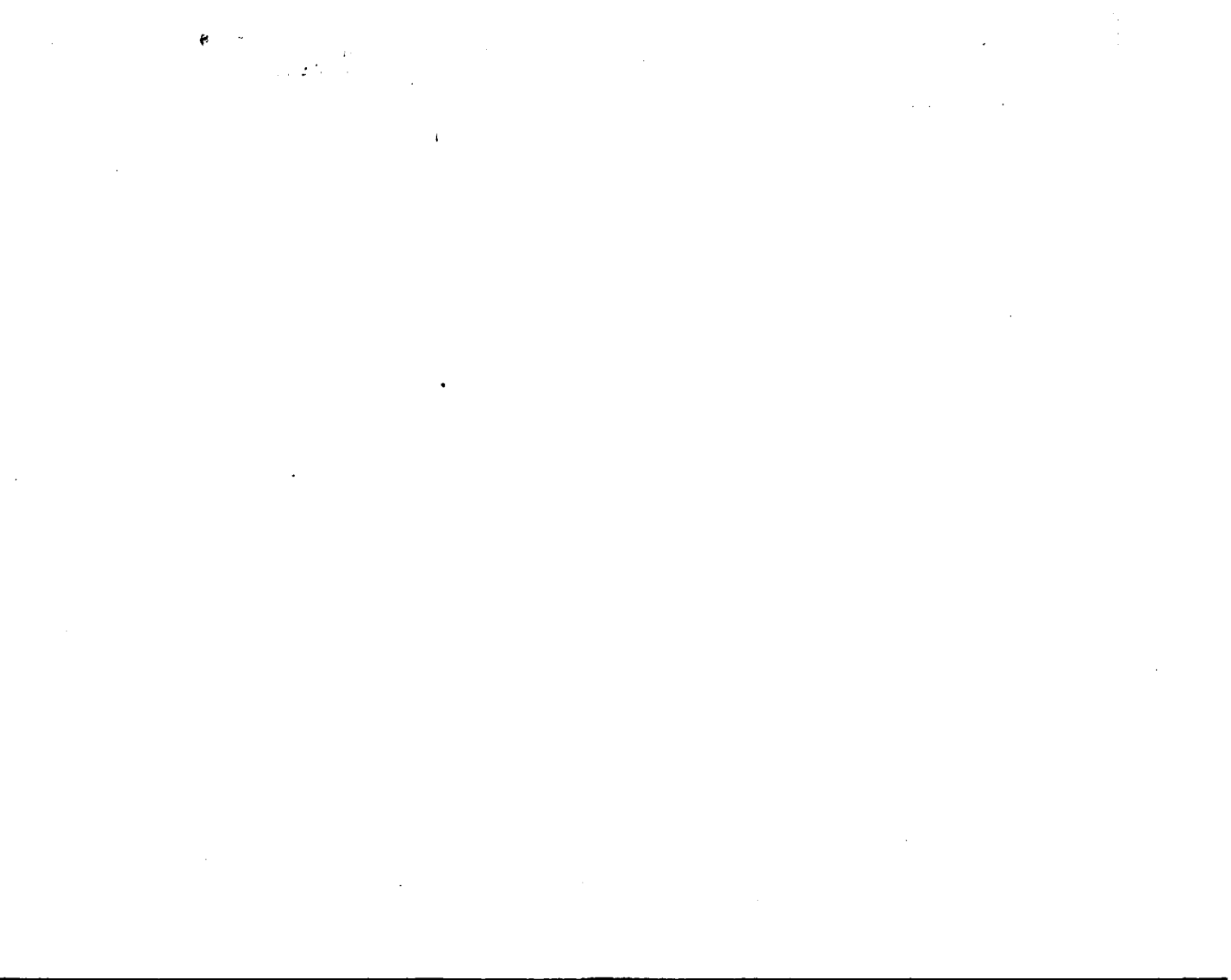
Blackfoot Idaho

Filed

Nov-6-20

Registrar

Registrar



763-129-006-796

PLACE OF BIRTH

County of BrighamCity of BeyrNo. Behind factory St.Registration District No. 121File No. 76619Primary Registration District No. 2194 Registered No. 30

Hospital

FULL NAME OF CHILD

Eloy M. Goecker

Sex of Child

M.Twin
Triplet
or other?and { Number
in order
of birthLegiti-
mate?yes

Date of Birth

Jan 29 1916

(Month) (Day) (Year)

FULL NAME

Sam

FATHER

GoeckerFULL
MAIDEN
NAME

MOTHER

Proctor

RESIDENCE

Beyr Behind factory

RESIDENCE

Beyr Behind factory

COLOR

WAGE AT LAST
BIRTHDAY32
(Years)

COLOR

WAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Laborer Sugar factory

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at U.A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Davis

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot, Idaho

Filed

5-6

19

20 Modesto E. Patric

Registrar

Registrar



JUL 22 1946

659-108-006-296

PLACE OF BIRTH name added 3-12-82

STATE OF IDAHO

Form V. S. No. 11-C-25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BinghamCity of Beyr R 714

Registration District No.

121

File No.

76620No. N.W. part of City

Primary Registration District No.

2194

Registered No.

31

Hospital

FULL NAME OF CHILD Amil Charles Weiland

Sex of Child

MTwin
Triplet
or other?XNumber
in order
of birthXLegiti-
mate?YesDate of
BirthFeb 8

(Month)

(Day)

(Year)

1920FULL
NAME

FATHER

Wm WeilandFULL
MAIDEN
NAME

MOTHER

Lillian Broadbent

RESIDENCE

15 miles West

RESIDENCE

Beyr R 714, 15 miles West

COLOR

WAGE AT LAST
BIRTHDAY36

(Years)

COLOR

WAGE AT LAST
BIRTHDAY32

(Years)

BIRTHPLACE

Illinois

BIRTHPLACE

Minnesota

OCCUPATION

farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

7:20 P

M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Davis

(Physician or Midwife)

Given names added from a supplemental report.

Address

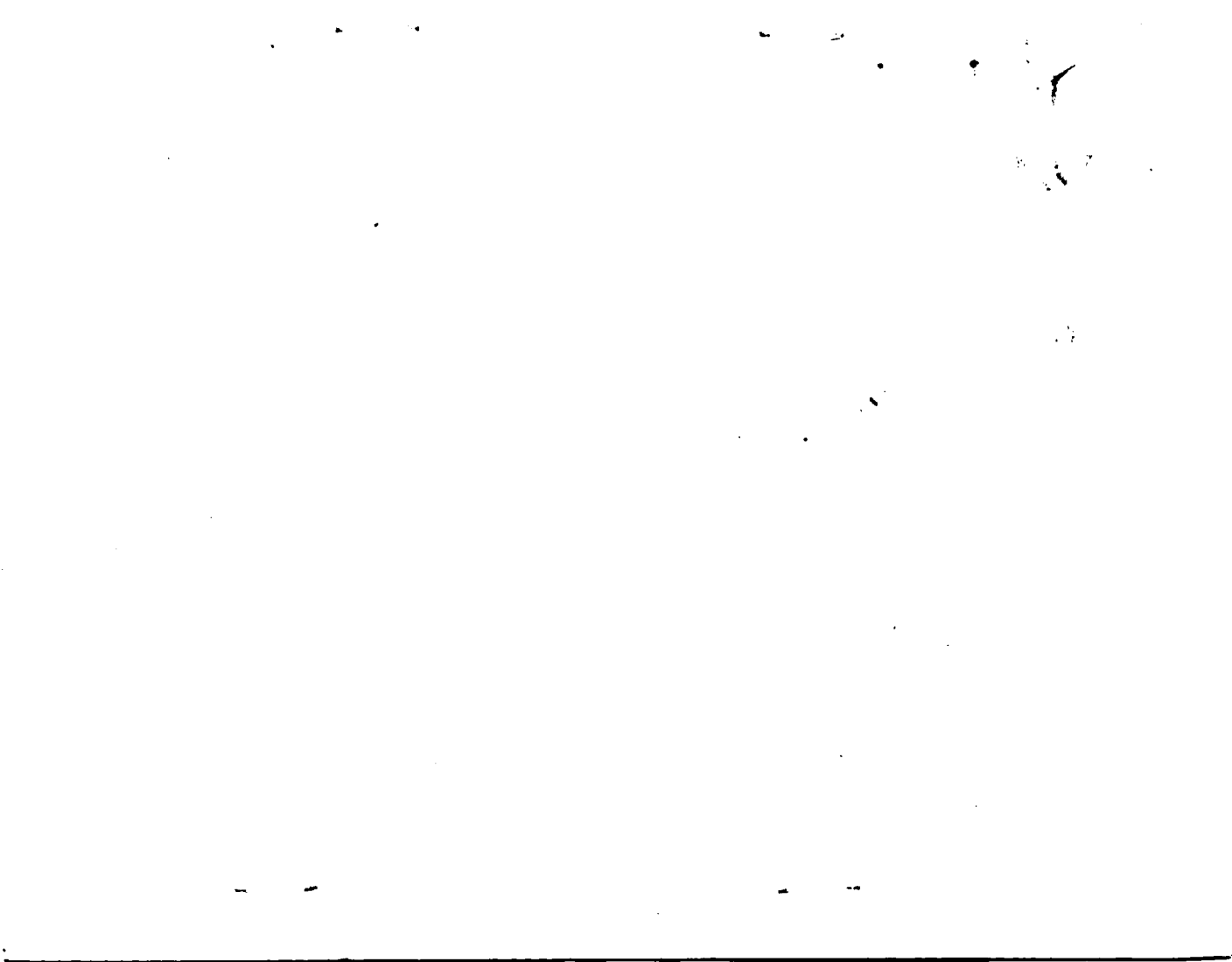
1242 1/2 S. 1st St. Idaho

Filed

March 5 - 1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____ } ss.
County of _____ }

MAR 10 11 56 AM '82

Certificate No. 76620

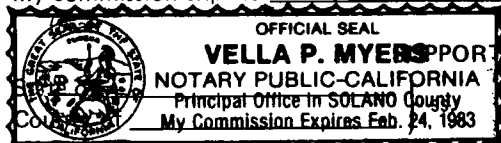
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Weiland who was born on 2-8-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Blackfoot (Bingham) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedAmil Charles WeilandSubscribed and sworn to before me this 8th day of
March 1982Notary Public, [Signature]
Residing at Vacaville, Solano County, California
My commission expires Feb. 24, 1983X Amil Charles Weiland
Signature of Applicant_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19____.Notary Public, _____
Residing at _____
My commission expires __________
Supporting Signature_____
Street Address, City, State

(Seal)

Social Security Card Account # 564-09-6335 gives Amil Charles
Weiand as Participant date of issue 4-2-37. Viewed by V.S.

MAR 12 1982

Honorable Discharge from U.S. Military gives Amil C Weiand born
2-8-20 in Blackfoot was discharged 10-16-45. Viewed by V.S.

659-109,006-385

PLACE OF BIRTH

County of BrighamCity of BerkfootNo. W. Rexton St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

Registration District No. 121File No. 76621Primary Registration District No. 1007Registered No. 32

Sex of Child <u>M</u>	Twin <u>X</u> Triplet <u>X</u> or other? <u>X</u> and (Number in order of birth <u>X</u>)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 9</u> 191 <u>20</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME <u>FATHER</u> <u>Harry Weigel</u>
RESIDENCE <u>Berkfoot</u>
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Iowa</u>
OCCUPATION <u>Auto Mechanic</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Pearl Cherrington</u>
RESIDENCE <u>Berkfoot</u>
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Nebraska</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth.....	Number of children of this mother now living, including present birth.....
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 435 P.
on the date above stated. (Born alive or stillborn) at M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis MD

Given names added from a supplemental report.

(Physician or midwife)

Address Blackfoot, IdahoFiled 3-6 1920 Dr. H. E. Patrick

Registrar

Registrar

1/15/47/ FH

693-212-006-236

PLACE OF BIRTH

County of BinghamCity of BekytNo. R F D 3 St.

Hospital

FULL NAME OF CHILD LAVERSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

Registration District No. 121File No. 76622Primary Registration District No. 2194Registered No. 33FULL NAME OF CHILD LAVER Wieknie

Sex of Child

MTwin
Triplet
or other?X

and

Number
in order
of birthX

(To be answered only in event of plural births)

Legitimate
mate?Yes

Date of Birth

Feb 121920

FULL NAME

Eugene Wieknie

RESIDENCE

Bekyt R F D 3

COLOR

WAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Utah

OCCUPATION

farmer

FULL MAIDEN NAME

Dottie Stone

RESIDENCE

Bekyt R F D 3

COLOR

WAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 735 P.
on the date above stated. (Born alive or stillborn) at M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot, Idaho

Filed

3-5-20

Registrar

Registrar

MARGIN RESERVED FOR INDEXING - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 25 1942

169-1131006-315

Form V. S. No. 11-O-25m-3-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BinghamCity of MorelandRegistration District No. 121File No. 76623No. 174 St.Primary Registration District No. 2194Registered No. 34Hospital Idaho TanagerFULL NAME OF CHILD Elizabeth Jordan

Sex of Child

MTwin
Triplet
or other?Xand { Number
in order
of birthX

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

Feb 13 1917
(Month) (Day) (Year)

FULL NAME

Elijah Jordan

FATHER

FULL MAIDEN NAME

Mary S. Tanner

MOTHER

RESIDENCE

Moreland

RESIDENCE

Moreland

COLOR

W

AGE AT LAST BIRTHDAY

35
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

26
(Years)

BIRTHPLACE

England

BIRTHPLACE

Idaho

OCCUPATION

farmer

OCCUPATION

HousewifeNumber of children of this mother, including present birth... 5Number of children of this mother now living, including present birth... 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

12:00 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

Edna M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1958

DECEASED

719-217-006-713

PLACE OF BIRTH

County of BinghamCity of BuxtonNo. E. Judicial St.Hospital E. ParsonsFULL NAME OF CHILD Commerce E. ParsonsSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-4-4-17

CERTIFICATE OF BIRTH

Registration District No. 121File No. 76624Primary Registration District No. 1007Registered No. 30

Sex of Child <u>M</u>	Twin Triplet or other? <u>X</u> and {Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 17</u> 19 <u>21</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME <u>Chas Parsons</u>	FATHER	FULL MAIDEN NAME <u>Myrtle Patterson</u>	MOTHER
RESIDENCE <u>Buxton E. Judicial</u>		RESIDENCE <u>Buxton E. Judicial</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)
BIRTHPLACE <u>Iowa</u>		BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>11</u>	Number of children of this mother now living, including present birth <u>10</u>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis M.D.

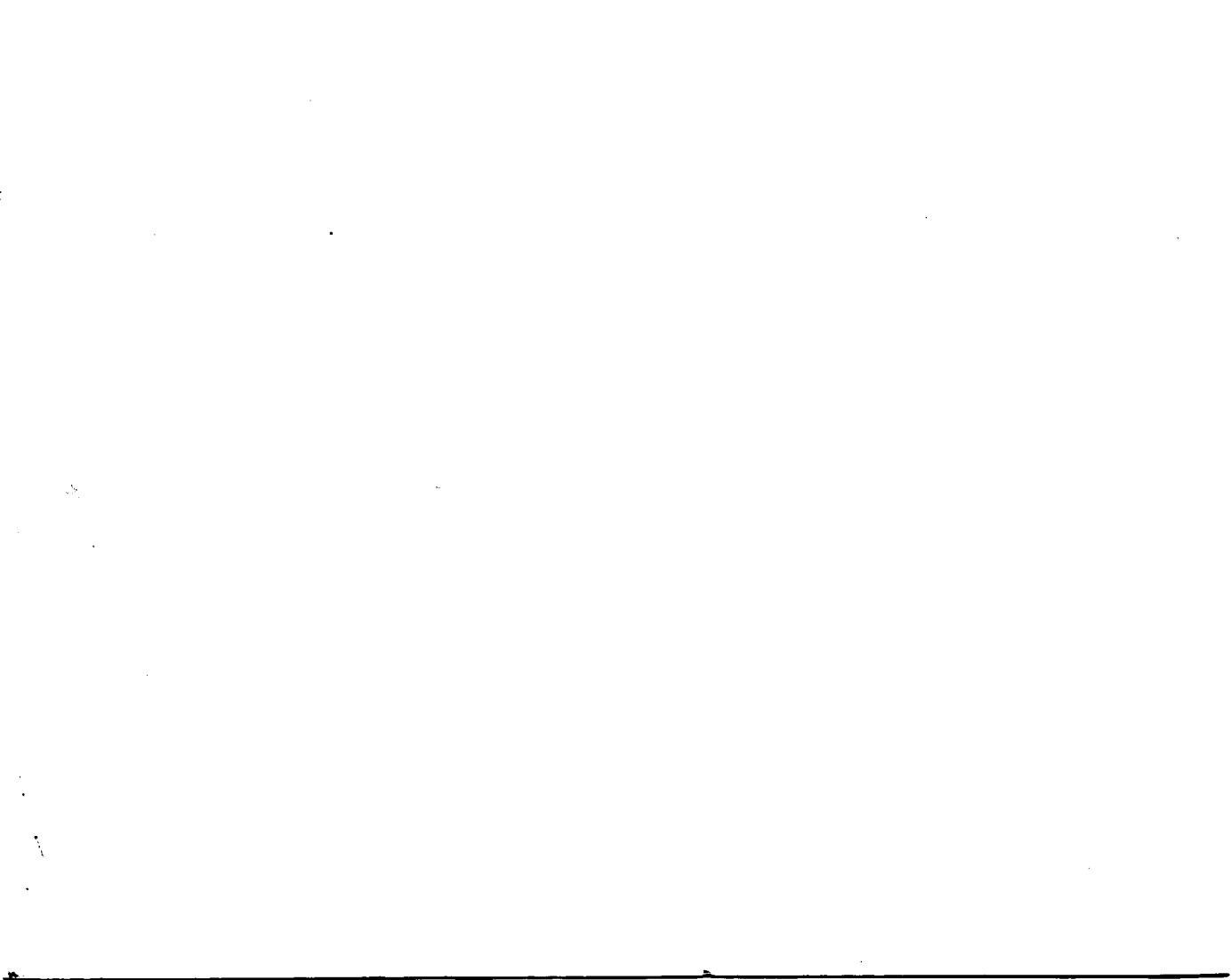
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, IdaFiled 3-6-21 Wm. H. Allen E. J. Parsons

Registrar

Registrar



386-123 1006-958

PLACE OF BIRTH

County of BinghamCity of BerksNo. R H S 4 St.

Hospital

FULL NAME OF CHILD Elwood L. ThorpeSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-9-5-17

CERTIFICATE OF BIRTH

Registration District No. 121File No. 76625Primary Registration District No. 2194Registered No. 36

Sex of Child <u>M</u>	Twin <u>X</u> Triplet <u>X</u> or other? <u>X</u> and (Number in order of birth of plural births) <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 23</u> 191 <u>20</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FULL NAME <u>David Thorpe</u>	FATHER
RESIDENCE <u>Berks R A 4</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Edith Ivy</u>	MOTHER
RESIDENCE <u>Berks R A 4</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>4</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 2:50 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edith Ivy

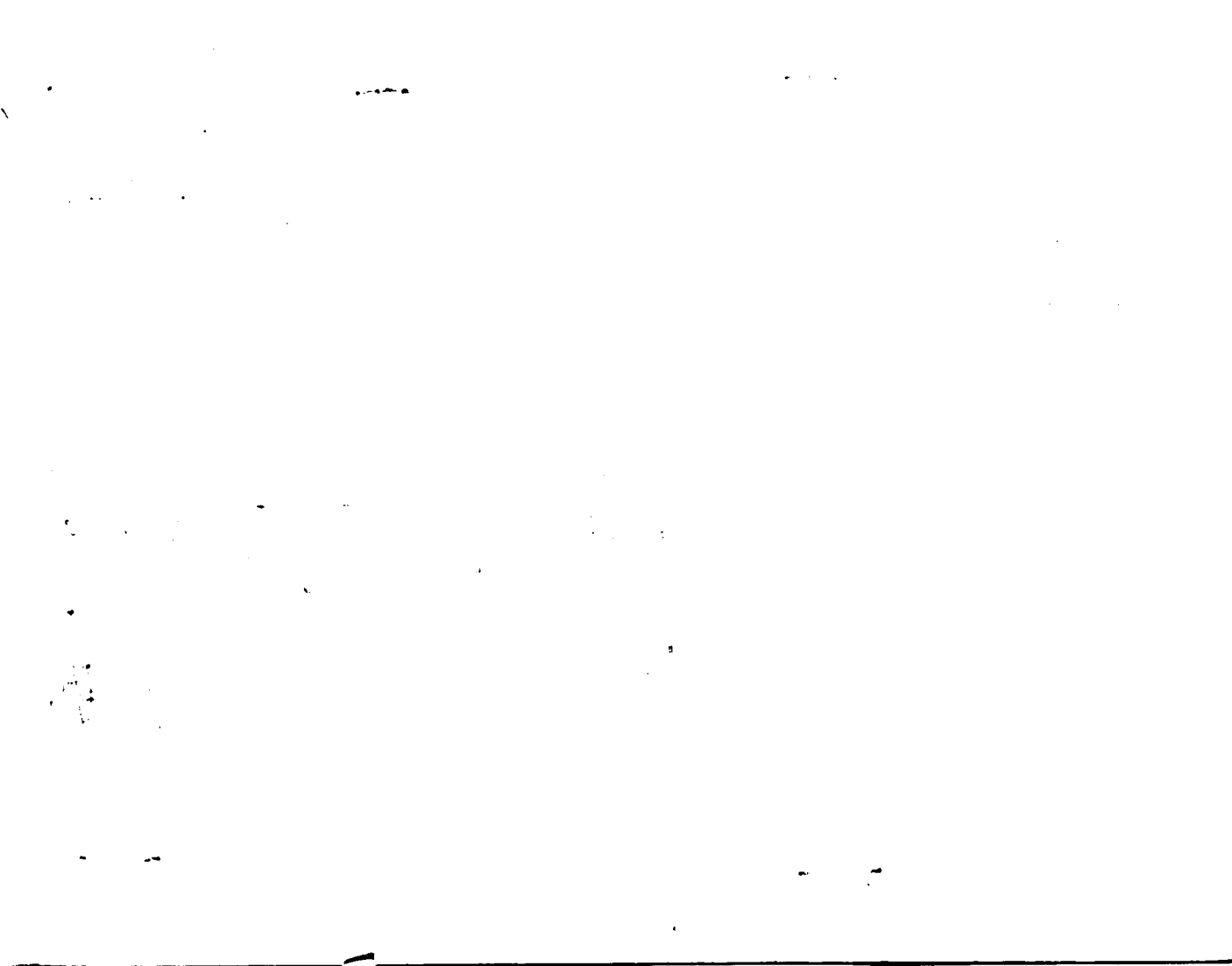
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, IdaFiled 3-6-20

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of Idaho }
County of Bingham } ss. OCT 17 9 3 AM '77
Certificate No. 76625
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Thorpe (Male) who was born on Feb 25, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by CERTIFICATE OF BAPTISM prepared on 6 JAN 1929 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name	Unnamed	Elwood Luchus Thorpe
date of birth	Feb 25, 1920	Feb 23, 1920

Subscribed and sworn to before me this 21ST day of SEPT.
1977

Signed Elwood Luchus Thorpe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting CA, death record; or other credible person.)

Notary Public, residing at 5399 EL CAJON BLVD. S. D. CA. 92115
My commission expires MARCH 24, 1978
(Seal)

1345-49 E. MARION ST. EL CAJON, CA. 92021
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA }
County of SAN DIEGO } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21ST day of
SEPTEMBER 1977

Signed Lane E. Bennett
(Signature of Any Credible Person)

Notary Public, residing at 5399 EL CAJON BLVD. S. D. CA. 92115
My commission expires MARCH 24, 1978
(Seal)

4528-49th ST. SAN DIEGO, CA. 92119
(Street Address, City, State)

USING PRESENT GIVEN NAME 57 YEARS AND 6 MONTHS.

CL 9/9/77 lcc sent as is

Certif of Baptism and confirmation from the LDS Church gives name as Elwood L. Thorp
son of David Thorp and Edith Ivy. born Feb 23, 1920 at Moreland, Idaho. Baptized
Jan 5, 1929. viewed by V. S.

NOV 1 1977

Certificate of Ordination to the Holy Priesthood gives name as Elwood Lucius Thorpe
dated Feb 28, 1932. born Feb 23, 1920 Baptized Jan 5, 1929. father's name as
David and mother's name as Edith Ivy. viewed by V. S.

RECEIVED
FBI
NOV 1 1977
FBI
NOV 1 1977

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-201-006-386

PLACE OF BIRTH

County of *Bingham*

City of *Blackfoot*

No. *R-2* St.

Hospital

FULL NAME OF CHILD

Registration District No.

121

File No.

76626

Primary Registration District No.

2194

Registered No.

37

Lorraine Broodhead

Sex of Child *Female*

Twin Triplet or other? *1* and (Number in order of birth) *1*
(To be answered only in event of plural births)

Legitimate? *yes*

Date of Birth *2 1 30*
(Month) (Day) (Year)

FULL NAME FATHER *David Lester Broodhead*

RESIDENCE *Blackfoot*

COLOR *White* AGE AT LAST BIRTHDAY *31*
(Years)

BIRTHPLACE *Utah*

OCCUPATION *Farming*

FULL MAIDEN NAME MOTHER *Mary Thomas*

RESIDENCE *Blackfoot*

COLOR *White* AGE AT LAST BIRTHDAY *30*
(Years)

BIRTHPLACE *Utah*

OCCUPATION *Housewife*

Number of child of this mother, including present birth *5*

Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive at *9 20 A* M.
(Both alive or stillborn)

{ "When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot Idaho

Filed

3-6

1920 Mrs Helen E. Pattee

Registrar

Registrar

AUG 13 1974

265-101-006-113

PLACE OF BIRTH

County of BrighamCity of BlackfootNo. City St.Registration District No. 121File No. 76629Primary Registration District No. 0007Registered No. 38

Hospital

FULL NAME OF CHILD Vernon Barton Bonner

Sex of Child <u>Male</u>	Twin Triplet or other? <u>C</u> and (Number in order of birth <u>C</u>) (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>2</u> <u>1</u> <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>Charles Bonner</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Waite Ida.</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Letha Jacobs</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 3 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot
Filed 3-6-20 M. H. Lewis Registrar

Registrar

Registrar

C.C. 5/3/41. W.H.

235-102-006-719

PLACE OF BIRTH

County of

City of

No.

Registration District No.

Primary Registration District No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?Number
in order
of birthLegiti-
mate?Date of
Birth

(Month) (Day) (Year)

FULL
NAME

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

at 3 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. J. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

File No.

Registered No.

76628

39

Eduard Rudell Stewart

Male

L

L

yes

2-2-20

David L. Stewart

Blackfoot

White

28

Utah

Farming

Edna L. Gardner

Blackfoot

White

28

Utah

Housewife

NOV 08 1999

JAN 2 1942

193-1041006-893

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-4427

County of Bingham

City of Blackfoot

No. R 3 St.

Registration District No. 121

File No. 76629

Primary Registration District No. 2194

Registered No. 40

Hospital

FULL NAME OF CHILD Low Mickleson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>✓</u> and (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>2</u> <u>4</u> <u>1940</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME Peter Mickleson FATHER

FULL MAIDEN NAME Hannah Hill MOTHER

RESIDENCE Blackfoot

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 49
(Years)

COLOR White AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE Utah

BIRTHPLACE Utah

OCCUPATION Farming

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Beck

Given names added from a supplemental report.

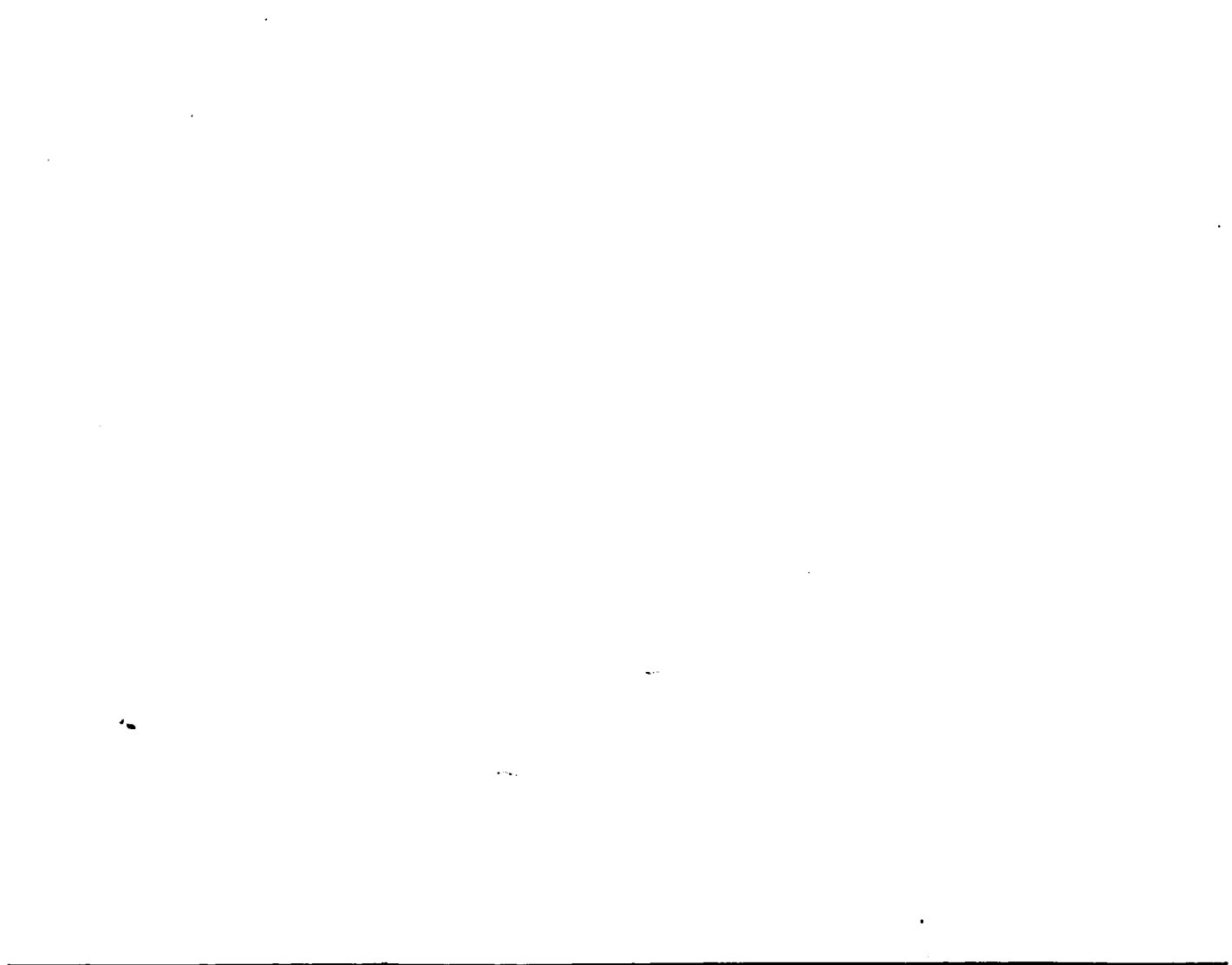
Physician (Physician or midwife)

Address Blackfoot, Ida.

Filed 3-6-20 Dr. H. E. Tubel

Registrar

Registrar



515-2041006 235

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. R.D. # St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-33

CERTIFICATE OF BIRTH

File No.

Registered No.

76630

41

Sex of Child

FemaleTwin
Triplet
or other?{ } and { } Number
in order
of birth
(To be answered only in event of plural births)Legiti-
matedyes

Date of Birth

Feb 4 30
(Month) (Day) (Year)

FULL NAME

FATHER
Jacob L. Van Orden

RESIDENCE

Blackfoot

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmingFULL
MAIDEN
NAMEMOTHER
Minnie Steubeland

RESIDENCE

Blackfoot

COLOR

WhiteAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Germany

OCCUPATION

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

at 9:30 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. W. BeckPhysician

(Physician or midwife)

Given names added from a supplemental report.

Address

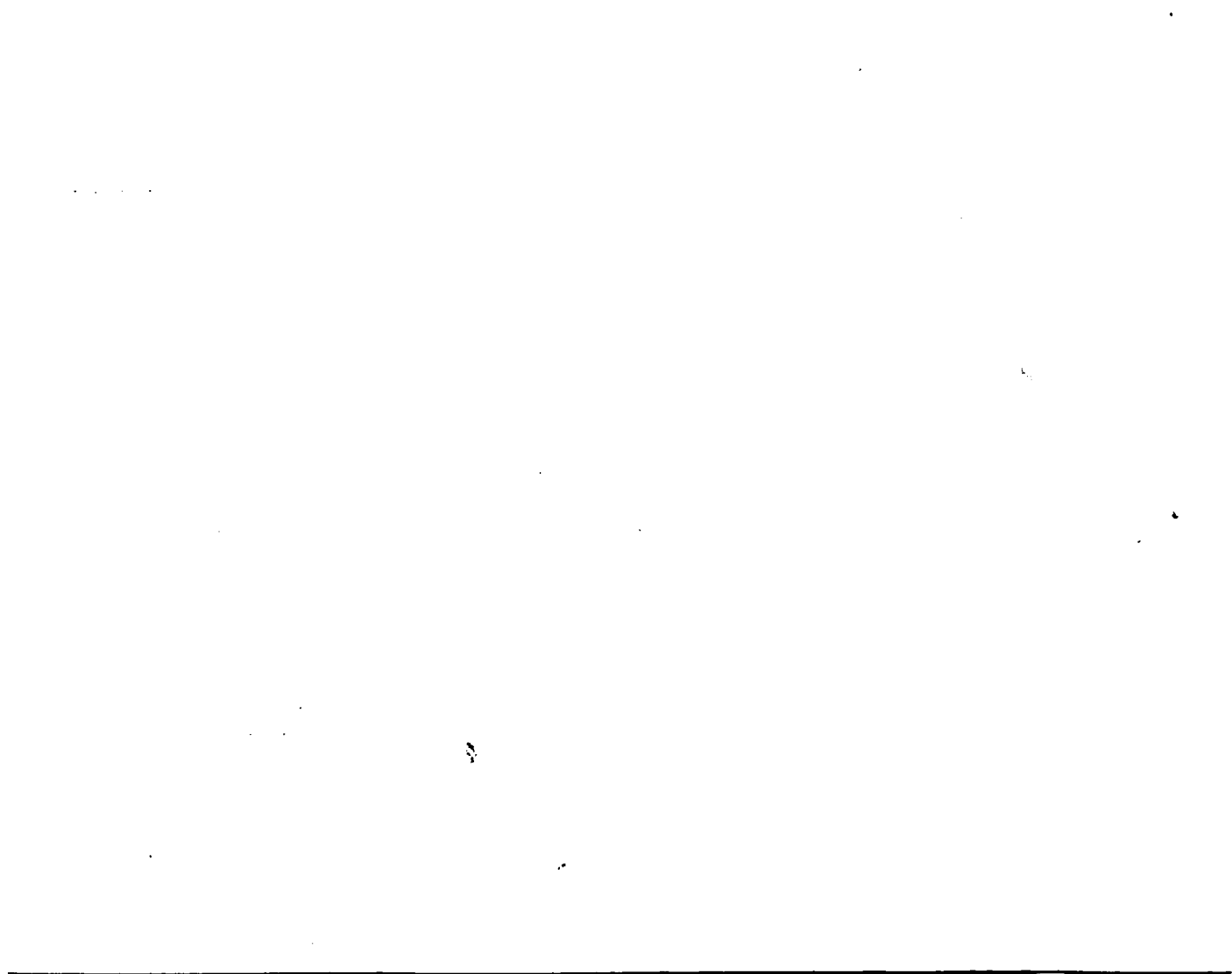
Blackfoot, Idaho

Filed

3-6-30 Mrs. Helen E. Fabre

Registrar

Registrar



368-2081006-314

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R 3 St.

Hospital

FULL NAME OF CHILD Anita Marie

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-23-17

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 76631

Primary Registration District No. 2194

Registered No. 42

Sex of Child Female Twin Triplet or other? ✓ and (Number in order of birth) ✓ Legitimate? yes Date of Birth 2 8 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME John A. Tolmie FATHER
RESIDENCE Blackfoot
COLOR White AGE AT LAST BIRTHDAY 32
(Years)
BIRTHPLACE Bell Ida.
OCCUPATION Farming

FULL MAIDEN NAME Bulah Campbell MOTHER
RESIDENCE Blackfoot
COLOR White AGE AT LAST BIRTHDAY 20
(Years)
BIRTHPLACE Ida.
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Blackfoot M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Beck
Physician
(Physician or midwife)

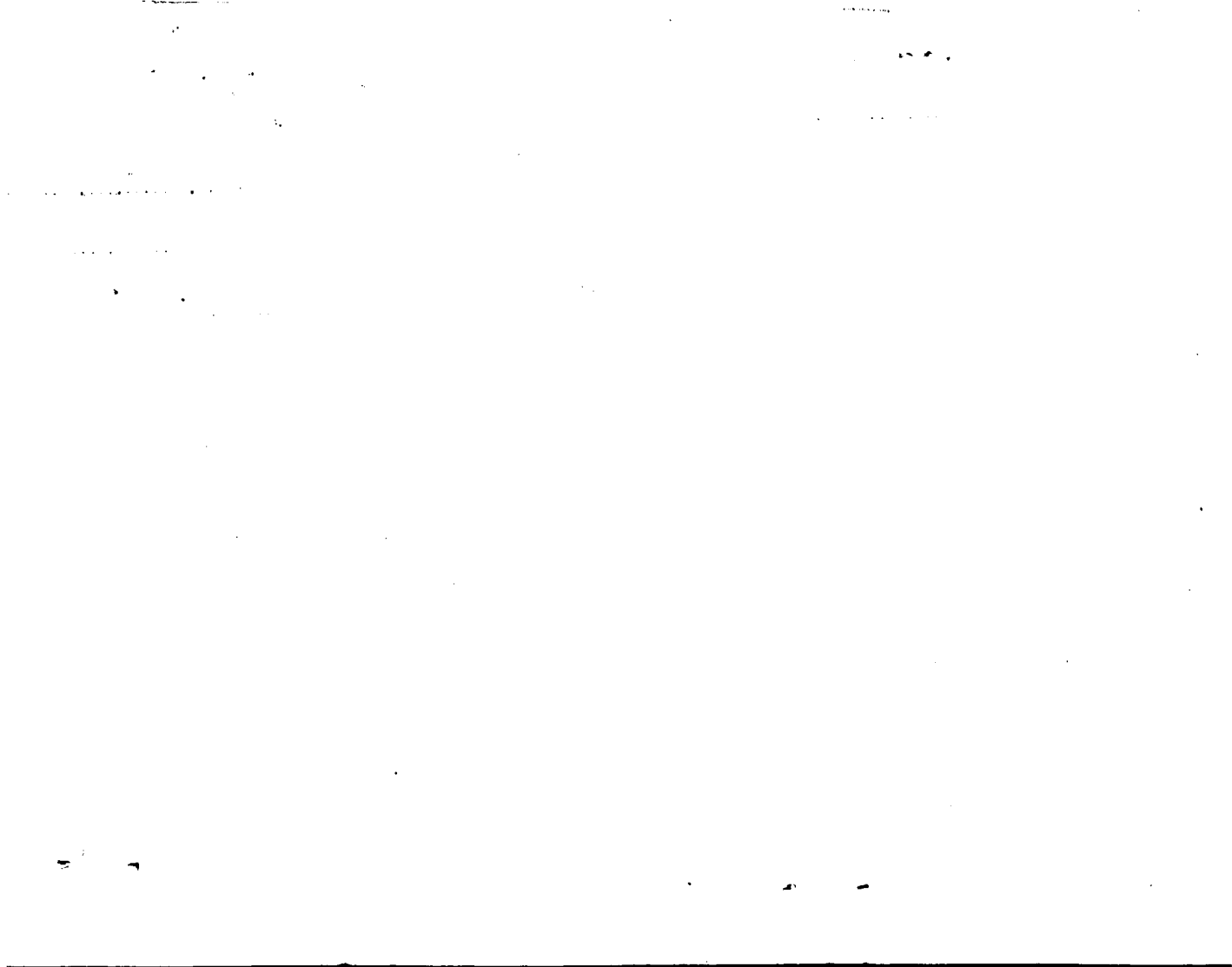
Given names added from a supplemental report.

Address Blackfoot Ida.

Filed 3-6 20 Mr. Hale & E. Patrick

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California
County of San Diego

Certificate No. 76631

Date Filed 11/26/71

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Tolmie (female) who was born on Feb. 8, 1920 in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School record & Social Security card prepared on 1926 and 1937 are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)
Child's name

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Anita Marie Tolmie

Subscribed and sworn to before me this 26th day of November 1971
MARGARET E. BELL
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE Oceanside, CA 92054
My Commission Expires May 9, 1975

Signed William M. Jackson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
751 East Vista Way, Vista, CA 92083
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Diego } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 26th day of November 1971

MARGARET E. BELL
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE Oceanside, CA 92054
My Commission Expires May 9, 1975
SAN DIEGO COUNTY
My Commission Expires May 9, 1975 returned \$1 ck.

Signed W. M. Jackson
(Signature of Any Credible Person)
751 East Vista Way, Vista, CA 92083
(Street Address, City, State)

Report card from Public School in Pocatello, Idaho gives name as Anita Tolmie first grade, B Class, Lincoln School Viewed by V. S. (school year 1926)

NOV 30 1971

Social Security Card (#518-10-0455) gives name as Anita Marie Tolmie, Date of Issue 11-4-37. Viewed by V. S.

793210-00-368

PLACE OF BIRTH

County of *Bingham*City of *Blackfoot*No. *019* St.

Hospital

FULL NAME OF CHILD

Registration District No. *121*Primary Registration District No. *1007*

Form V. & No. 11-C-25m-8-33

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. *76632*Registered No. *43*

Sex of Child *Female* Twin Triplet or other? *L* } and { Number in order of birth *2* Legitimate? *yes* Date of Birth *2 10* (Month) (Day) (Year)

FATHER
FULL NAME *Wade H. Rickett*
RESIDENCE *Blackfoot*
COLOR *White* AGE AT LAST BIRTHDAY *26* (Years)
BIRTHPLACE *Utah*
OCCUPATION *Freight office*

MOTHER
FULL MAIDEN NAME *Pearl Chubb*
RESIDENCE *Blackfoot*
COLOR *White* AGE AT LAST BIRTHDAY *22* (Years)
BIRTHPLACE *Idaho*
OCCUPATION *Housewife*

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *2:10 A.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. H. Beck*
Physician (Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot Idaho*Filed *3-6 1920* *Ms Helen E. Patton*

Registrar

Registrar

NOV 28 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 76652

County of Davis } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for unnamed Pickett who born on Feb. 12, 1920

in Blackfoot, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by insurance policy prepared on Mar. 1, 1926, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Unnaned Bonita Pickett

Subscribed and sworn to before me this 10th

day of November, 1947

L. Harry Venable

Notary Public, residing at Campbellville

My commission expires March 7, 1948

(SEAL) 108 So. Main, Bountiful, Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.

County of Davis } (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th

day of November, 1947

L. Harry Venable

Notary Public, residing at Campbellville

My commission expires March 7, 1948

(SEAL) 35 West 1st South

(STREET ADDRESS, CITY, STATE)

Bountiful - Utah

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

NOV 13 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

157-114,006-594

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V-2, No. 11-C-25m-2-27

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 76633

Primary Registration District No. 2194

Registered No. 44

FULL NAME OF CHILD THEODORE VALENTINE Jeppson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>L</u> and in order of birth <u>L</u> (To be answered only in event of plural births)	Legitimate <u>Yes</u>	Date of Birth <u>9</u> <u>14</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----------------------	--

FULL NAME <u>Royal M. Jeppson</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Blauche A. Erdmann</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive
(Born alive or stillborn) at 12:15 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

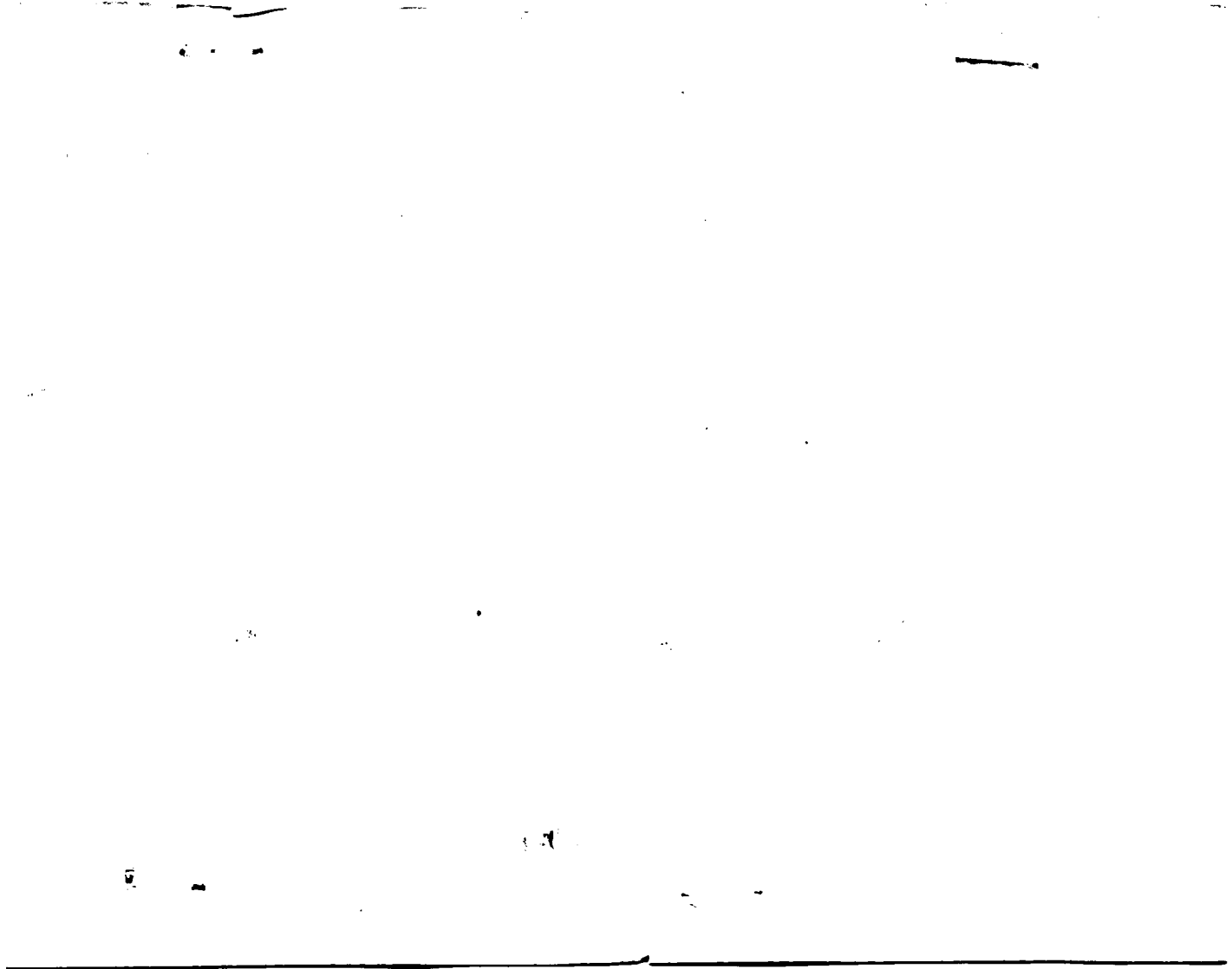
(Signature) W. H. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho
Filed 3-6-20 Mr. H. L. H. H. H.

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 76633
 County of Bingham } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
 for Theodore V. & Paul W. Jeppson where born on February 14, 1920
 (Name on original certificate) (Was born or died) (Date of event)
 in Blackfoot, Idaho given name are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of event)
 true facts as shown by Family and church prepared on date of birth and christening are:
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
 ("Name", "birth date", "cause of death", etc.)Name Feb. 14 1920
October 4 1921FROM
 (As on original)

Unnamed Jeppson

TO
 (The correct facts)Theodore Valentine Jeppson
Paul Warren Jeppson

Subscribed and sworn to before me this 5th
 day of Dec., 1941

At Blackfoot, Idaho
W. E. Biles
 Notary Public, residing at Blackfoot, Idaho

My commission expires May 20, 1943
 [SEAL] W. E. Biles

Signed Royal M. Jeppson
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

416 West Bridge St., Blackfoot, Idaho
 (Street, Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
 County of Bingham }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
 day of Dec., 1941

At Blackfoot, Idaho
W. E. Biles
 Notary Public, residing at Blackfoot, Idaho

My commission expires May 20, 1943
 [SEAL] W. E. Biles

Signed Dennis J. Cox
 (Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on DEC 6 1941 By _____ (Registrar's signature)

JUN 27 1972

795-215-006-235
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. 11-C-25m-9-8-17

County of BinghamCity of BlackfootRegistration District No. 121File No. 76634No. South Broadway St.Primary Registration District No. 1007Registered No. 45

Hospital

ALMEDA CLEONE

FULL NAME OF CHILD

Almeda Cleone Green

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> and <u> </u> in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 15 1910</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>FATHER</u> <u>Alma L. Green</u>
RESIDENCE <u>Blackfoot</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>50</u> (Years)
BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Vulcanizing Shop</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Almeda A. Stephens</u>
RESIDENCE <u>Blackfoot</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 7... Number of children of this mother now living, including present birth... 6...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

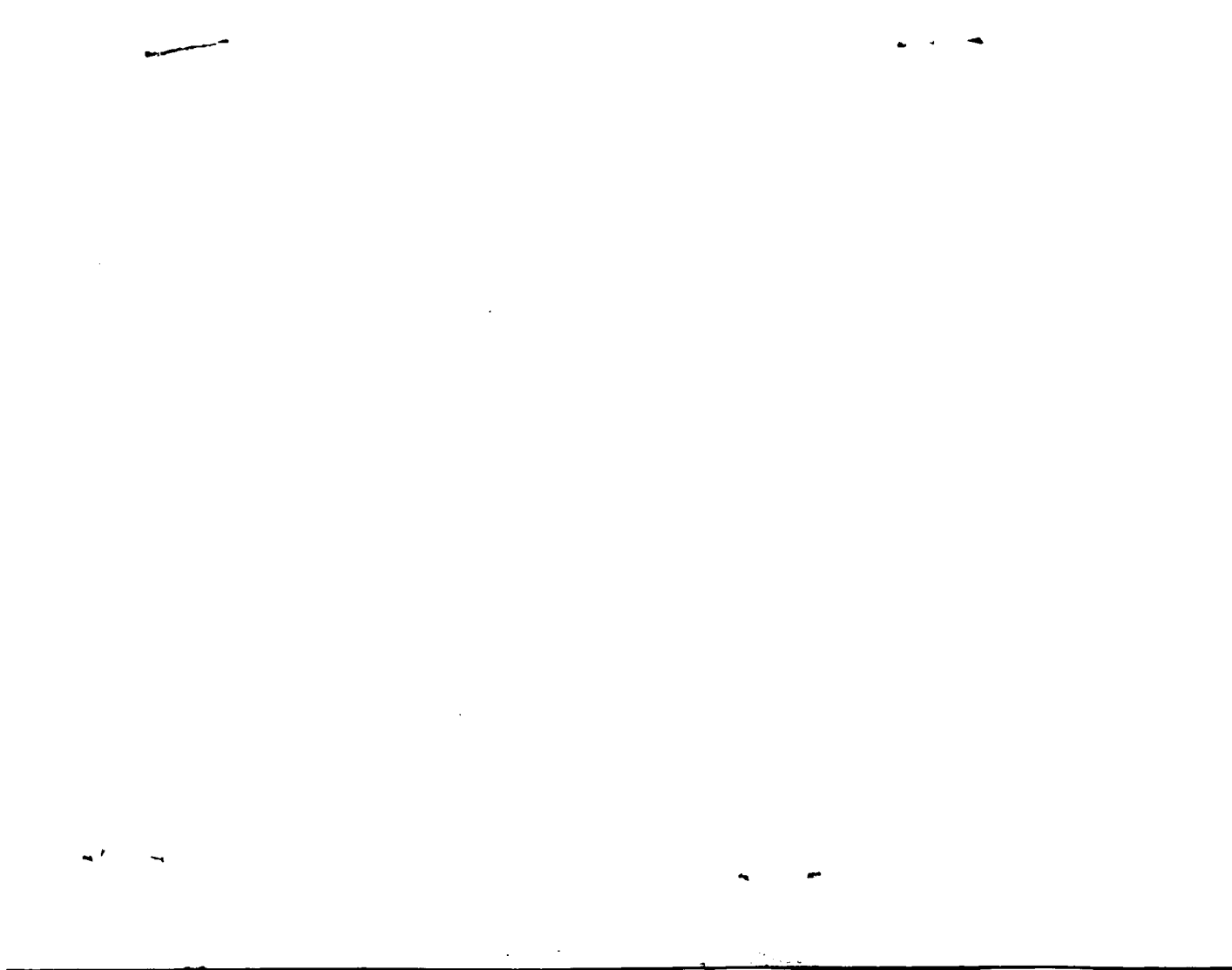
I hereby certify that I attended the birth of this child, who was Born alive at 5:15 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Id.
3-6 200 Mrs. Thales E. Patric
Filed 1910
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Sacramento } ss.
The undersigned does solemnly swear that certain facts on the certificate of Almeda A. Green
for Almeda A. Green who Born? on Feb. 15-1928
in Christening record (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)
(PLACE OF EVENT) (DATE OF EVENT)
true facts as shown by Christening record prepared on May 2-1928, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name <u>Miriam</u>		Almeda Cleone Green

Subscribed and sworn to before me this 16th
day of February, 19 43

Signed Almeda A. Green

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Sacramento, Calif.

5133 Dover Ave. Sacramento
(STREET ADDRESS, CITY, STATE)

My commission expires May 31, 1943
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Sacramento } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of February, 19 43

Signed Mrs. Minnie L. DuTrain
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Sacramento, Calif.

5133 Dover Ave. Sacramento, Calif.
(STREET ADDRESS, CITY, STATE)

My commission expires February 5, 1943
(SEAL)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

FEB 23 1943

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-217-006-343

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. P 3 St.Registration District No. 121Primary Registration District No. 2194

Hospital

File No. 76635Registered No. 46FULL NAME OF CHILD Unnamed Moore

Sex of Child <u>Female</u>	Twin Triplet or other? <u>C</u> and in order of birth <u>C</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>2 17</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>Philip R. Moore</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Myrtle Lutz</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 10.... Number of children of this mother now living, including present birth 10....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

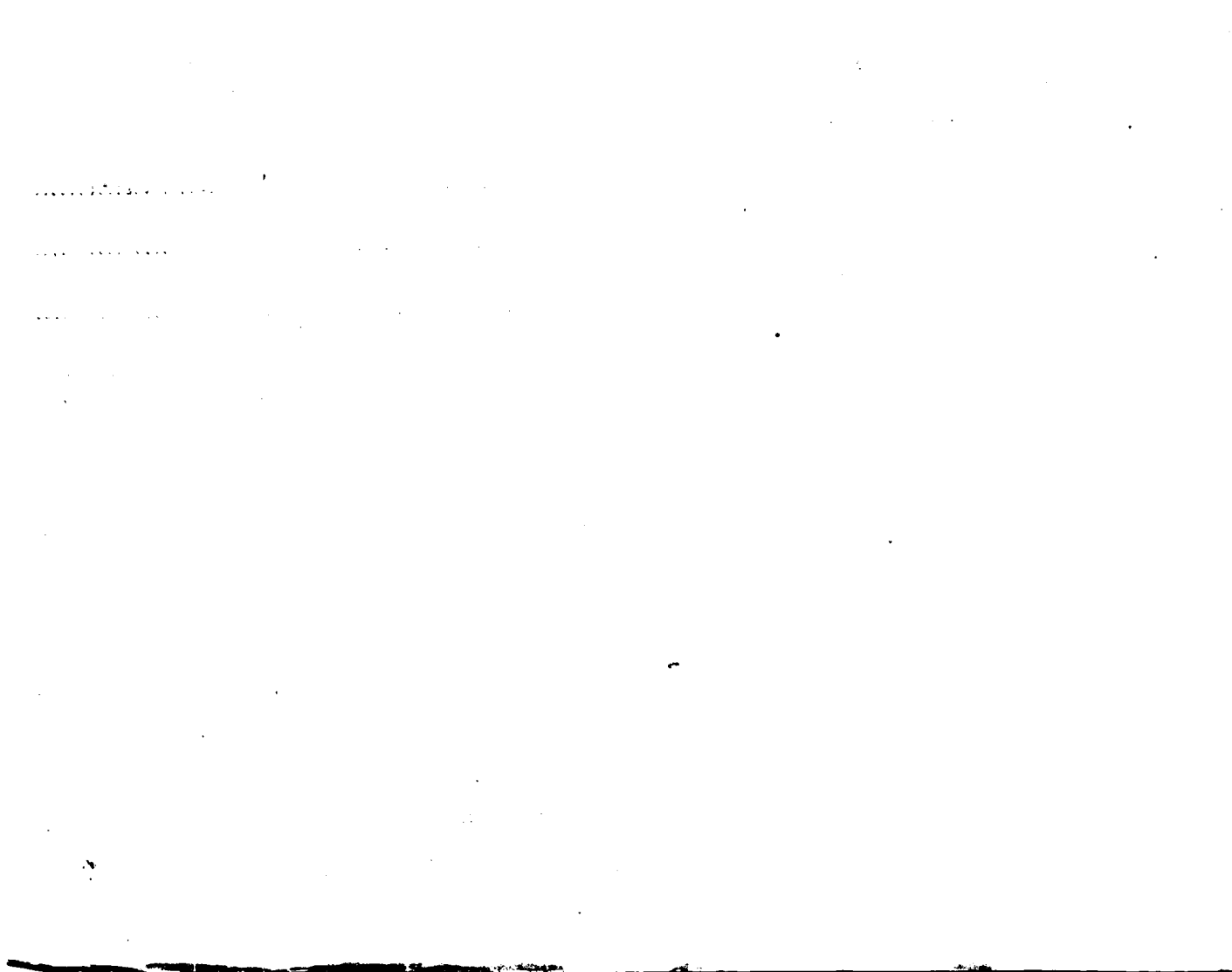
I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature) W. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida
Filed 8-6 20 Mrs. Helen E. Patra
Registrar



243-118-006-553
PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootNo. 23 St.Registration District No. 121File No. 7.6.6.3.6Primary Registration District No. 2194Registered No. 47

Hospital

FULL NAME OF CHILD James Welcome Buttcane

Sex of Child <u>Male</u>	Twin Triplet or other? <u>2</u> and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>2</u> <u>18</u> <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

FULL NAME <u>Alfred Buttcane</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Agnes Nelson</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10-10 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdahoFiled 3-6-20 Mrs. Helen E. Pattee

Registrar

Registrar

OCT 17 1974

793-2191006-753

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. R 2 St.

Hospital

FULL NAME OF CHILD

Sex of Child Female Twin Triplet or other? C and C Number in order of birth C Legitimate? yes Date of Birth 2 (19) 20 (Month) (Day) (Year)FULL NAME Tom H. Bitton FATHERRESIDENCE BlackfootCOLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE UtahOCCUPATION FarmingSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-2-2-17

CERTIFICATE OF BIRTH

Registration District No. 121File No. 76637Primary Registration District No. 2194Registered No. 48FULL NAME OF CHILD Welma BittonSex of Child Female Twin Triplet or other? C and C Number in order of birth C Legitimate? yes Date of Birth 2 (19) 20 (Month) (Day) (Year)FULL NAME Tom H. Bitton FATHERRESIDENCE BlackfootCOLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE UtahOCCUPATION FarmingFULL MAIDEN NAME Sarah Alice Peterson MOTHERRESIDENCE BlackfootCOLOR White AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdaFiled 3-6 20 Mrs Helen E. Patrie

Registrar

Registrar

AUG 21 2014

AUG 21 2014

819-221,006-613

PLACE OF BIRTH

County *Bingham*

City of *Blackfoot*

No. *Pv* St.

Registration District No.

Primary Registration District No.

Hospital

FULL NAME OF CHILD

Tilby Harding

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-25m-2-27

CERTIFICATE OF BIRTH

121

File No. *76638*

Registered No. *49*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>L</i>	Number in order of birth <i>L</i>	Legitimate? <i>yes</i>	Date of Birth <i>2. 21. 1920</i> (Month) (Day) (Year)
FULL NAME FATHER <i>Lyman Harding</i>			FULL MAIDEN NAME MOTHER <i>Edith Walker</i>	
RESIDENCE <i>Blackfoot</i>			RESIDENCE <i>Blackfoot</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)		COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>22</i> (Years)
BIRTHPLACE <i>Idaho</i>			BIRTHPLACE <i>Ida</i>	
OCCUPATION <i>Farming</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth... *5*..... Number of children of this mother now living, including present birth... *3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

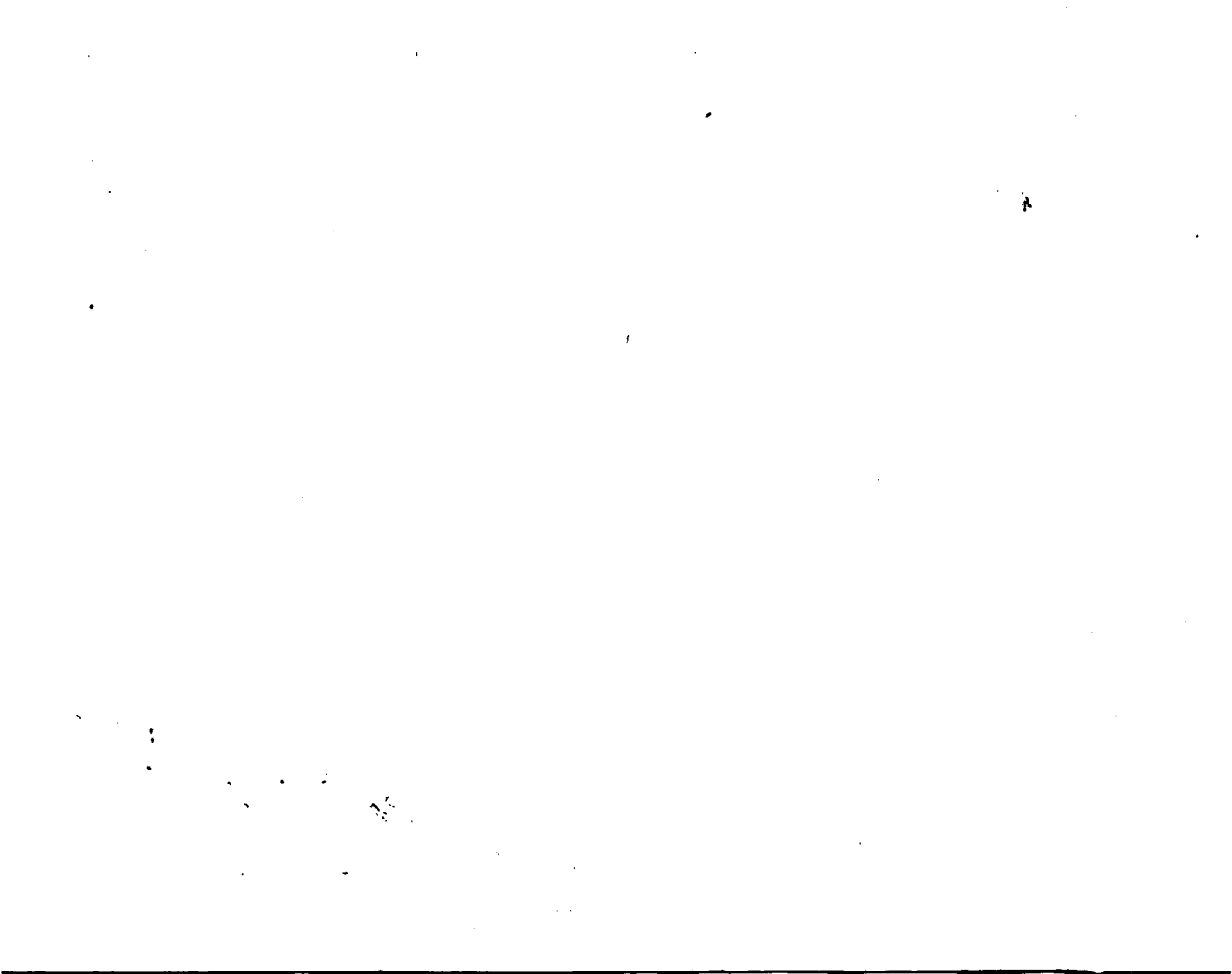
I hereby certify that I attended the birth of this child, who was *Born alive* (Born alive or stillborn) at *11:30 P.* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. B. Beck*
.....
Physician (Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot Idaho*
.....
Filed *3-6 1920* *Wm. H. Miller E. Tubbs*
Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395127.006-253

PLACE OF BIRTH

County of *Bingham*

City of *Blackfoot*

No. *Rd # 4* St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-8-17

CERTIFICATE OF BIRTH

Registration District No. *121*

File No. *76640*

Primary Registration District No. *2174*

Registered No. *51*

Hospital *Rex B Lindsay*

FULL NAME OF CHILD *James Russell Lindsay*

Sex of Child <i>Male</i>	Twins Triplet or other? <i>C</i> and { Number in order of birth <i>C</i>	Legitimate? <i>yes</i>	Date of Birth <i>2 27 1920</i> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FATHER
FULL NAME *James Russell Lindsay*
RESIDENCE *Blackfoot*

COLOR *White* AGE AT LAST BIRTHDAY *27*
(Years)

BIRTHPLACE *Idaho*

OCCUPATION *Farming*

MOTHER
FULL MAIDEN NAME *Hazel Belnap*
RESIDENCE *Blackfoot*

COLOR *White* AGE AT LAST BIRTHDAY *27*
(Years)

BIRTHPLACE *Utah*

OCCUPATION *Housewife*

Number of child of this mother, including present birth. *1* Number of children of this mother now living, including present birth. *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

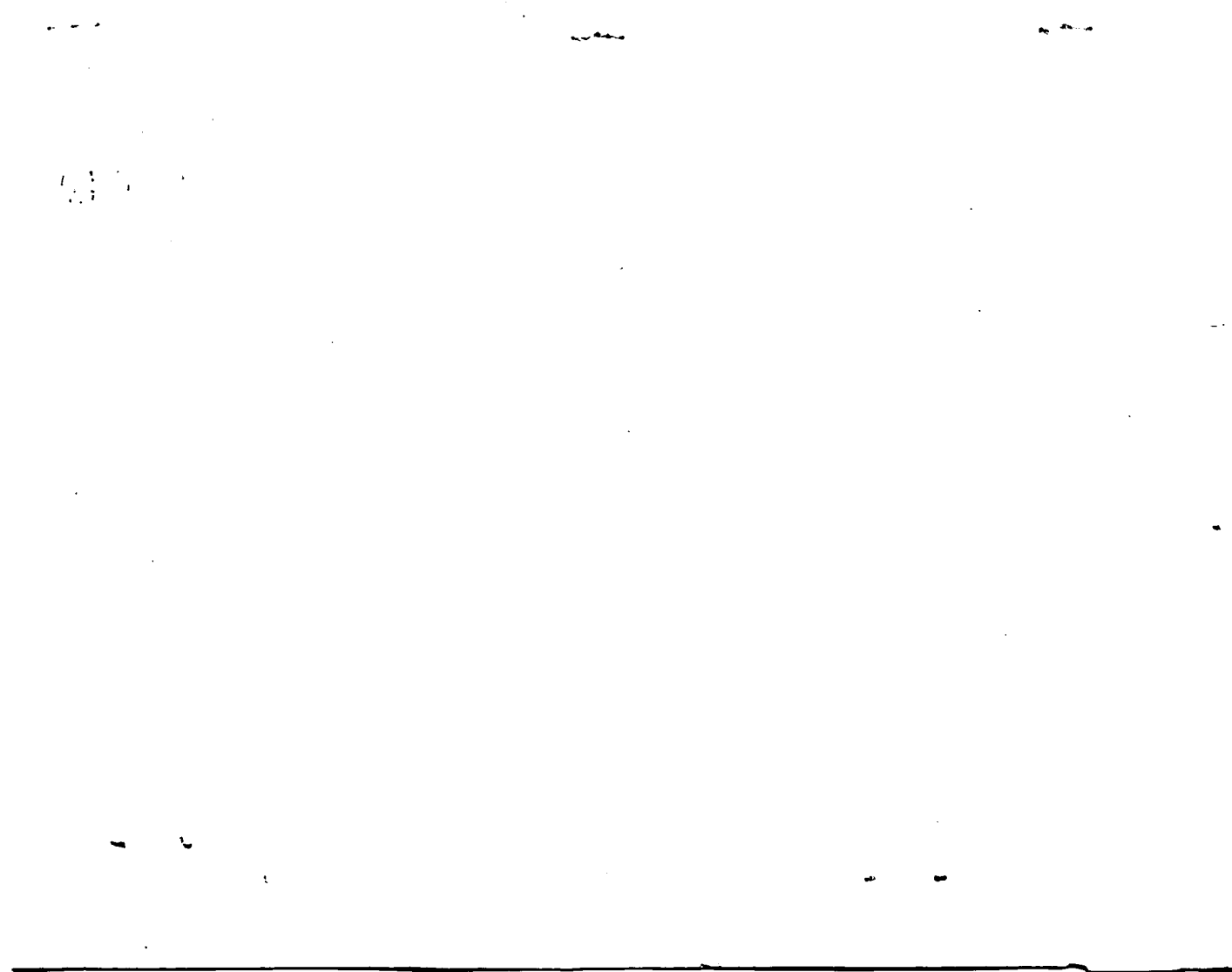
I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. (Born alive or stillborn) at *8:45 P* M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. B. Beck*
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot, Idaho*
Filed *3 6 1920* *W. B. Beck*
Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss.

JUN 1 8 1965

Certificate No. 76640

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for Unnamed Lindsay (male child) Bureau of Vital Statistics (Birth or Death)
in Blackfoot, Idaho - RD #4 who was born on Feb. 27, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Genealogical record prepared on May 26, 1965, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Rex B Lindsay

Full Name of Child

Rex B Lindsay

Rex B Lindsay

Subscribed and sworn to before me this 26 day of
May, 1965

Signed Hazel Belnap Lindsay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Blackfoot, Idaho
My commission expires March 3, 1966
(Seal)

Rt 3 Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of
May, 1965

Signed Jennie L. Williams
(Signature of Any Credible Person)

Notary Public, residing at Blackfoot, Idaho
My commission expires March 3, 1966
(Seal)

Rt. #4 Blackfoot Idaho
(Street Address, City, State)

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Teacher, gives full name as Rex B Lindsay, ordained May 5, 1935 - viewed by V.S.

JUN 30 1965

Certificate of Marriage, State of Utah, County of Salt Lake, married April 3, 1946 gives full name of groom as Rex "B" Lindsay and full name of bride as Roberta Leatham-viewed by V.S.

168-204-006-292

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-6-3-37

CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootNo. 11. J. D. 2 St.Registration District No. 121File No. 76641Primary Registration District No. 2194Registered No. 52

Hospital

FULL NAME OF CHILD Alene Margaret Johnson

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 4th 1920</u> (Month) (Day) (Year)
-------------------------------	---	--	--------------------------------	---

FULL NAME <u>Harry A Johnson</u>	FATHER
RESIDENCE <u>Rt. 2 Blackfoot</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Ind.</u>	
OCCUPATION <u>Farmer</u>	

FULL NAME <u>Oliver Morris Bible</u>	MOTHER
RESIDENCE <u># 2 Blackfoot</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>neb.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.... / Number of children of this mother now living, including present birth.... /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at H.A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Hampton M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Blackfoot Idaho

..... 19

Filed 3-6-20 Marshall E. Patrick
Registrar

FEB 26 1942

FEB 19 1944

389212-006-632

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-5-17

CERTIFICATE OF BIRTH

County of BonnevilleCity of BlackfootNo. 1 5643 St.Registration District No. 121File No. 76642Primary Registration District No. 2144Registered No. 53

Hospital

FULL NAME OF CHILD Isabelle Christensen

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 12</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>William Christensen</u> RESIDENCE <u>Blackfoot Ida #2</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>35</u> (Years) BIRTHPLACE <u>Utah</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Louisa Olsen</u> RESIDENCE <u>Blackfoot Ida #2</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>34</u> (Years) BIRTHPLACE <u>Utah</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Blackfoot, Idaho on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, IdaFiled 36 20 Mr. Hales 7 1920

Registrar

Registrar

JAN 8 1957

269-217.006-819

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-37

CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121File No. 76643No. 54 St.Primary Registration District No. 2194Registered No. 54

Hospital

FULL NAME OF CHILD Zola Larson

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth {	Legitimate? <u>yes</u>	Date of Birth <u>Jan 17 1920</u> (Month) (Day) (Year)
-------------------------------	---	---	---------------------------	---

FULL NAME <u>Maria Larson</u>	FATHER
RESIDENCE <u>Blackfoot Id</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lucille Harper</u>	MOTHER
RESIDENCE <u>Blackfoot Id</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at H. P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton
(Physician or midwife)

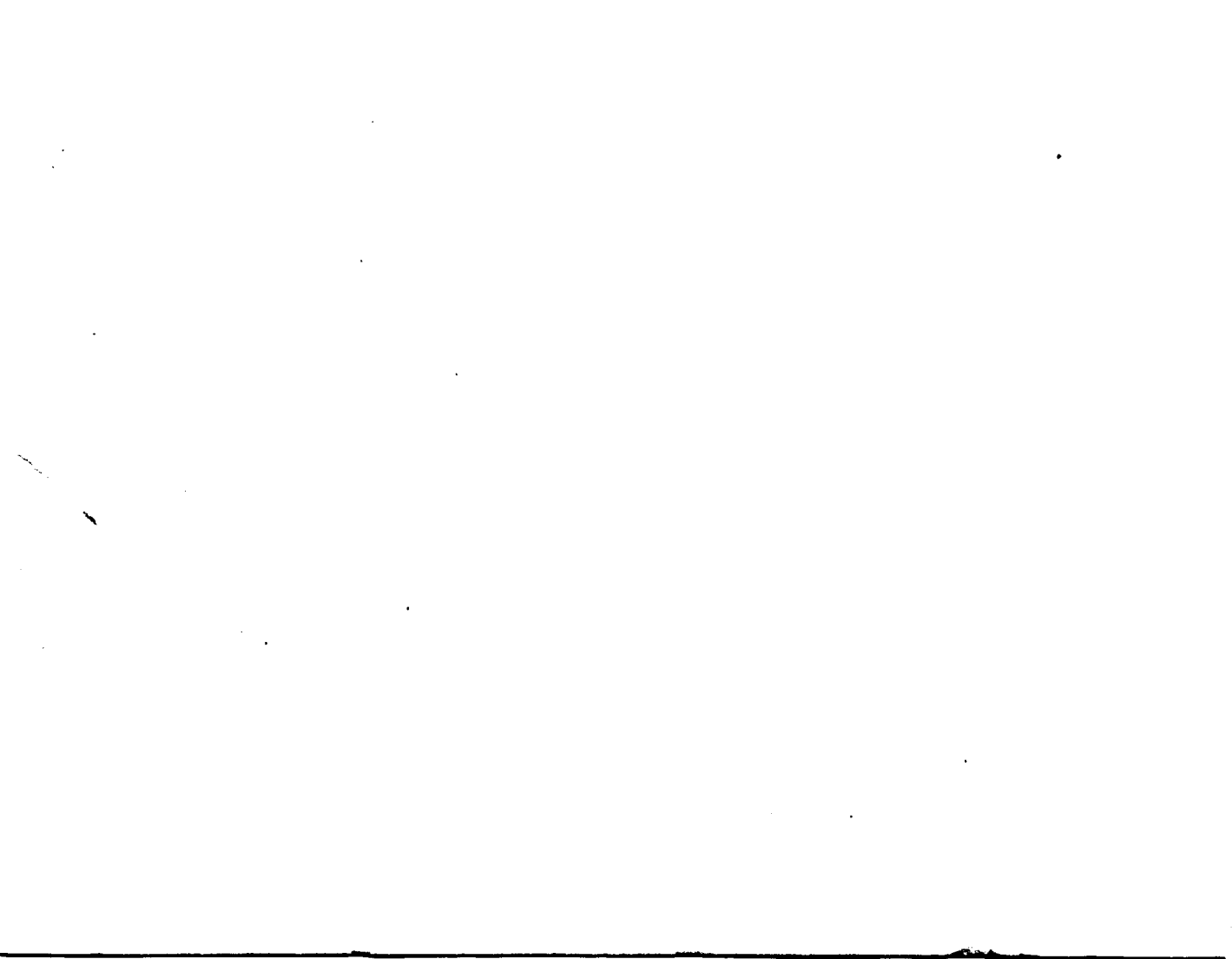
Given names added from a supplemental report.

Address Blackfoot IdFiled 3-6-20 Dr. H. E. Felt

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



154-120-006-649

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-3-27

County of BinghamCity of Blackfoot

CERTIFICATE OF BIRTH

Registration District No. 121File No. 76644

No. St.

Primary Registration District No. 2194Registered No. 53

Hospital

FULL NAME OF CHILD

Johias AndersonSex of
ChildmaleTwin
Triplet
or other?and
{ Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthFeb 20 1920
(Month) (Day) (Year)FULL
NAMEHeber Anderson

FATHER

FULL
MAIDEN
NAME

MOTHER

Eva Larsen

RESIDENCE

Blackfoot Ida

RESIDENCE

Blackfoot Ida

COLOR

whiteAGE AT LAST
BIRTHDAY33
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth.....2 Number of children of this mother now living, including present birth.....2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....born alive..... at.....3 A.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. A. Hampton

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot Ida

Filed

3-620Mrs. Helen E. Pabst

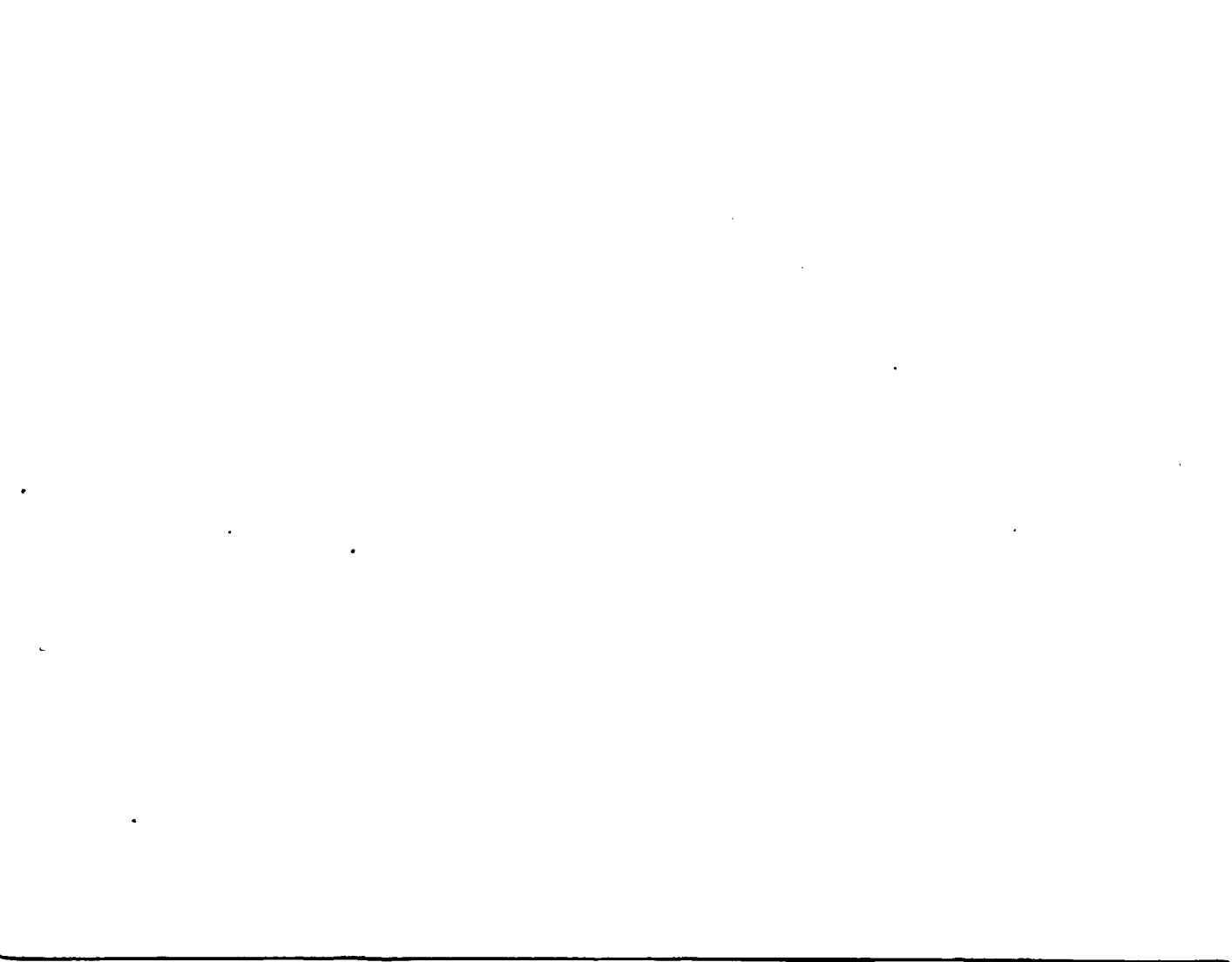
Registrar

Registrar

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



285-2 011006-514

PLACE OF BIRTH

County of BinghamCity of PingreeNo. ✓ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22a-3-3-17

CERTIFICATE OF BIRTH

Registration District No. 121File No. 76645Primary Registration District No. 2194Registered No. 56FULL NAME OF CHILD Grace Theo Sheldon

Sex of Child <u>Female</u>	Twin Triplet <u>✓</u> } and { Number in order of birth <u>1st</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 1 - 1900</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>Robert Sheldon</u>	FATHER
RESIDENCE <u>Pingree</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Cattle Buyer</u>	

FULL MAIDEN NAME <u>Sadie Vaughan</u>	MOTHER
RESIDENCE <u>Pingree</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons - MD
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

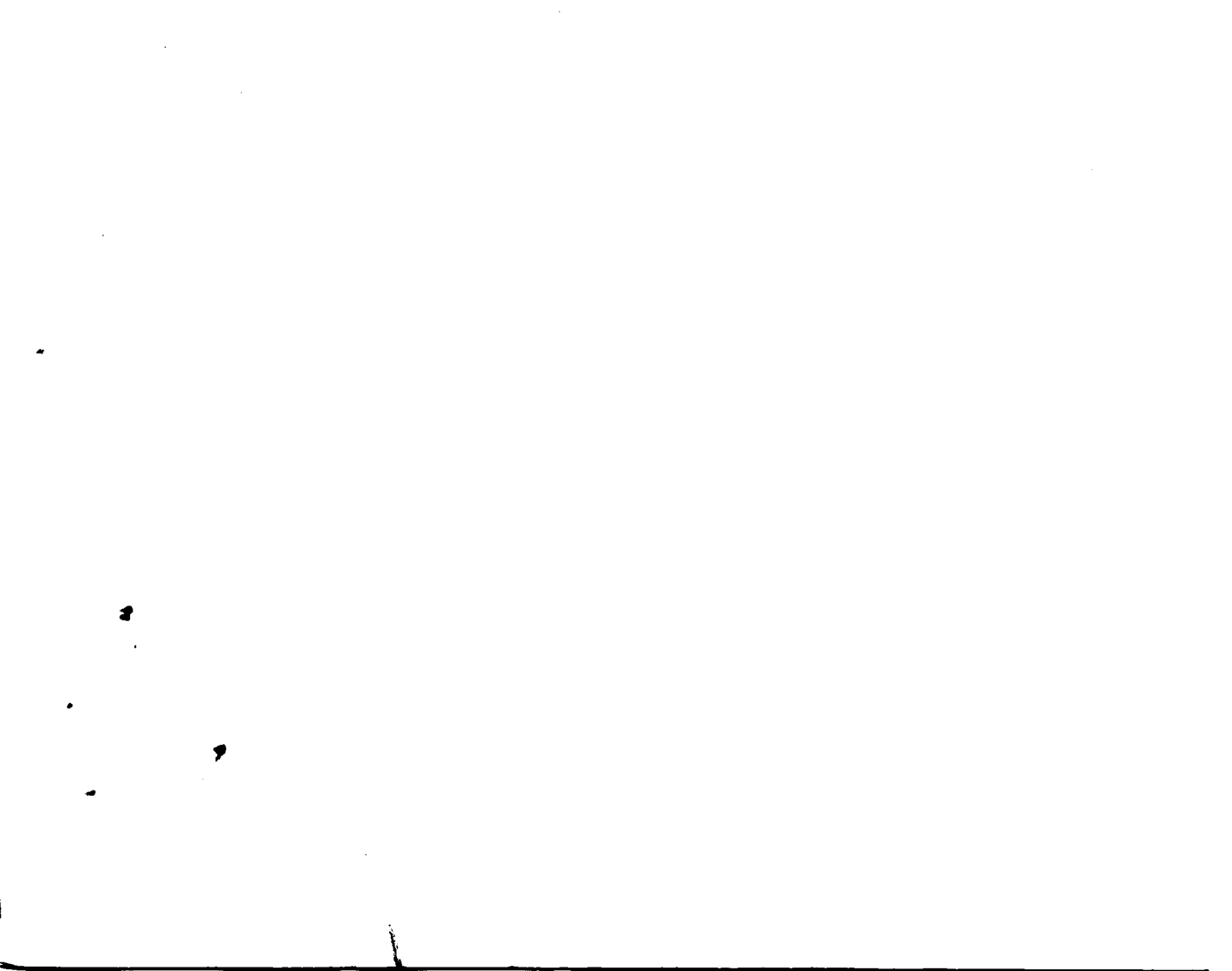
Address 31 North Main, Blackfoot

.....19.....

Filed 3-6 20 Mr. H. J. Simmons

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

AMENDED MAR. 19 1951
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

212-213-006-795
County of Bingham
City of Blackfoot
No. St. Registration District No. 121 File No. 76646
Hospital St. Primary Registration District No. 2194 Registered No. 57

FULL NAME OF CHILD THORA LEOTA BAKER
(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u> and {Number in order of birth <u>5</u>	Legitimate? <u>yes</u>	Date of birth <u>Feb. 13</u> 192 <u>0</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What bactericidal solution was used in eyes?.....

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

FATHER
FULL NAME John Lorenzo Baker
RESIDENCE Blackfoot
COLOR white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah
OCCUPATION Farmer West of town

MOTHER
FULL MAIDEN NAME Goldy Trego
RESIDENCE Blackfoot
COLOR white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Nebr.
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons MD

(Physician or midwife)

Give names added from a supplemental report.
....., 192.....
.....
Registrar.

Address 31 N. Main St. Blackfoot, Idaho
Filed 3-6 1920 Mrs. Walter E. Patrie
Registrar.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of El Dorado } ss. Certificate No. 76846
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Thora Neeta Baker who was born on February 13, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by bible entry prepared on September 5, 1887, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
<u>mother's name</u>	<u>Thora Trego</u>	<u>Goldy Trego</u>
<u>date of birth</u>	<u>Feb. 2, 1920</u>	<u>Feb. 13, 1920</u>

Subscribed and sworn to before me this 12th
day of March, 1951
Jeffrey A. Hynes
Notary Public, residing at Placerville, Calif.
My commission expires December 18, 1953
(Seal)

Signed Goldy Trego Baker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sheridan St. Placerville, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of El Dorado } ss. [This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of March, 1951
Jeffrey A. Hynes
Notary Public, residing at Placerville, Calif.
My commission expires December 18, 1953
(Seal)

Signed Ned J. Baker
(Signature of Any Credible Person)
Coloma Road, Placerville, Calif.
(Street Address, City, State)

MAR 20 1951

2194203-006-533

PLACE OF BIRTH

County of BinghamCity of Groveland

No. St.

Registration District No. 121Primary Registration District No. 2194

Hospital

FULL NAME OF CHILD

Ella Baird

Sex of Child

FemaleTwin
Triplet
or other?✓

and

(Number
in order
of birth)1-2-9Legiti-
mate?YesDate of
BirthFeb 3-

(Month) (Day) (Year)

FULL
NAMEFATHER
James Baird

RESIDENCE

Groveland

COLOR

whiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMEMOTHER
Ora Elliot

RESIDENCE

Groveland

COLOR

whiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth TwoNumber of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 25 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. J. Summers

Given names added from a supplemental report.

Address

31 Main St Blackfoot Idaho

Filed

3-6-19

Registrar

Filed

3-6-19E. T. Patrice

Registrar



553-106-006-231

PLACE OF BIRTH

County of BurghamCity of Porterville

No. St.

Hospital

FULL NAME OF CHILD Thomas NelsonSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 121File No. 76648Primary Registration District No. 2194Registered No. 59

Sex of Child <u>Male</u>	Twin Triplet or other? <u>✓</u> and (Number in order of birth <u>2nd</u>) (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 6 - 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>Andrew Nelson</u>	FATHER
RESIDENCE <u>Porterville</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Sheep Man</u>	

FULL MAIDEN NAME <u>Mildred Clayton</u>	MOTHER
RESIDENCE <u>Porterville</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 99 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

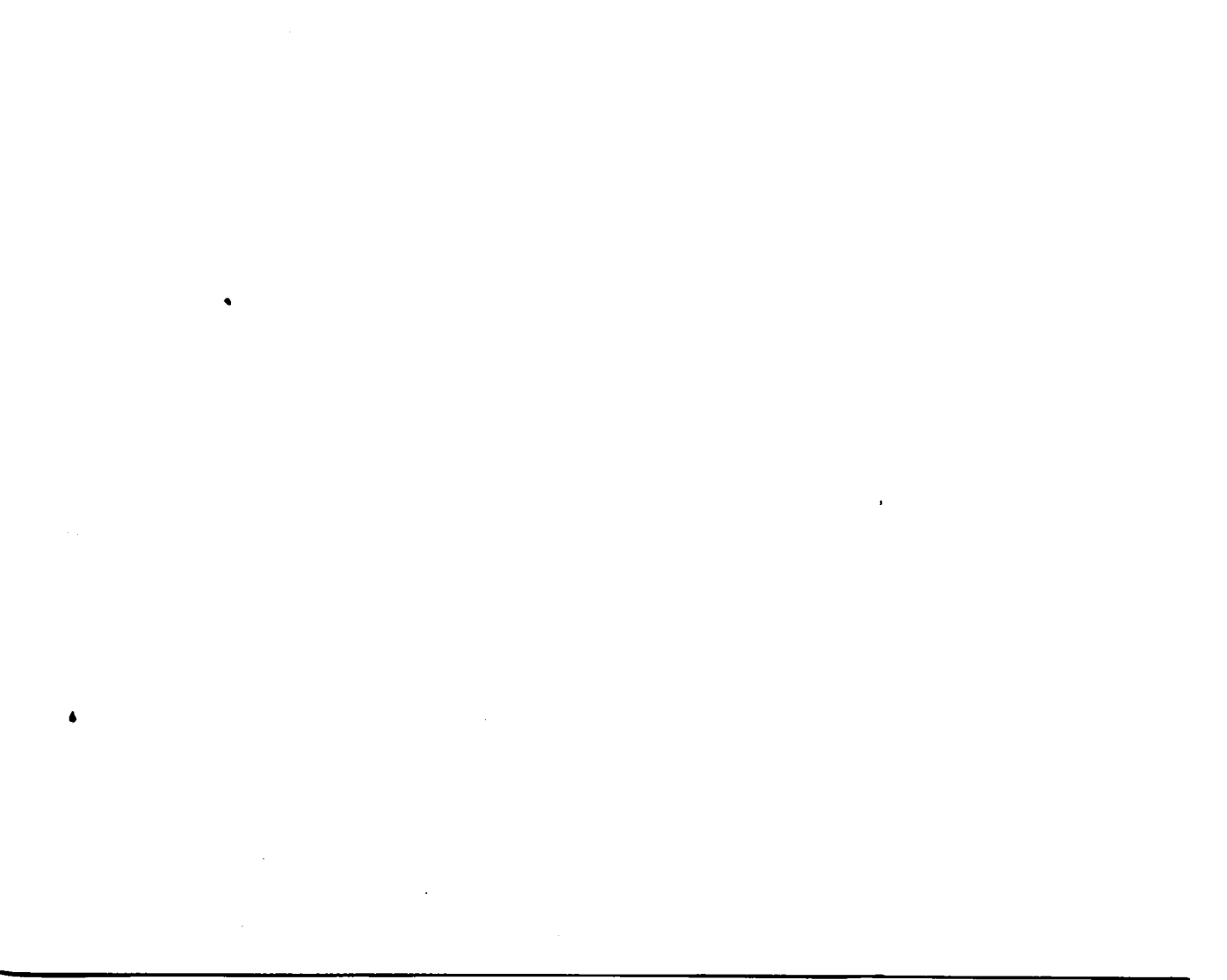
(Signature) Dr. J. J. Sumner

Given names added from a supplemental report.

Address 31 N Main St Blackfoot, IdahoFiled 3-6-20 Dr. J. J. Sumner Registrar

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

City of Kalamazoo.....

No. 627 *St. Thelma*

Hospital

FULL NAME OF CHILD

CERTIFICATE OF BIRTH

Registration District No.

Primary Registration District No.

File No.....10049....

Registered No.

Sex of Child <i>Male</i>	Twin <input checked="" type="checkbox"/> Triplet <input type="checkbox"/> or other? <input type="checkbox"/>	and	Number <input type="checkbox"/> in order <input type="checkbox"/> of birth <input type="checkbox"/>	Legitimate? <i>Yes</i>	Date of Birth. <i>July 4th 1912</i> (Month) (Day) (Year)
--------------------------	--	-----	---	------------------------	---

FULL NAME Fred FATHER Christ

RESIDENCE Blackfoot Id.

COLOR white AGE AT LAST BIRTHDAY 39
(Years)

BIRTHPLACE *Pennsylvania*

OCCUPATION *Jeweler*

FULL MAIDEN NAME Edith Morrison MOTHER

RESIDENCE *Blackfoot*

COLOR White AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE Nevada

OCCUPATION *Housewife -*

Number of child of this mother, including present birth Three..... Number of children of this mother now living, including present birth Two.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ap on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or ~~analyst~~)

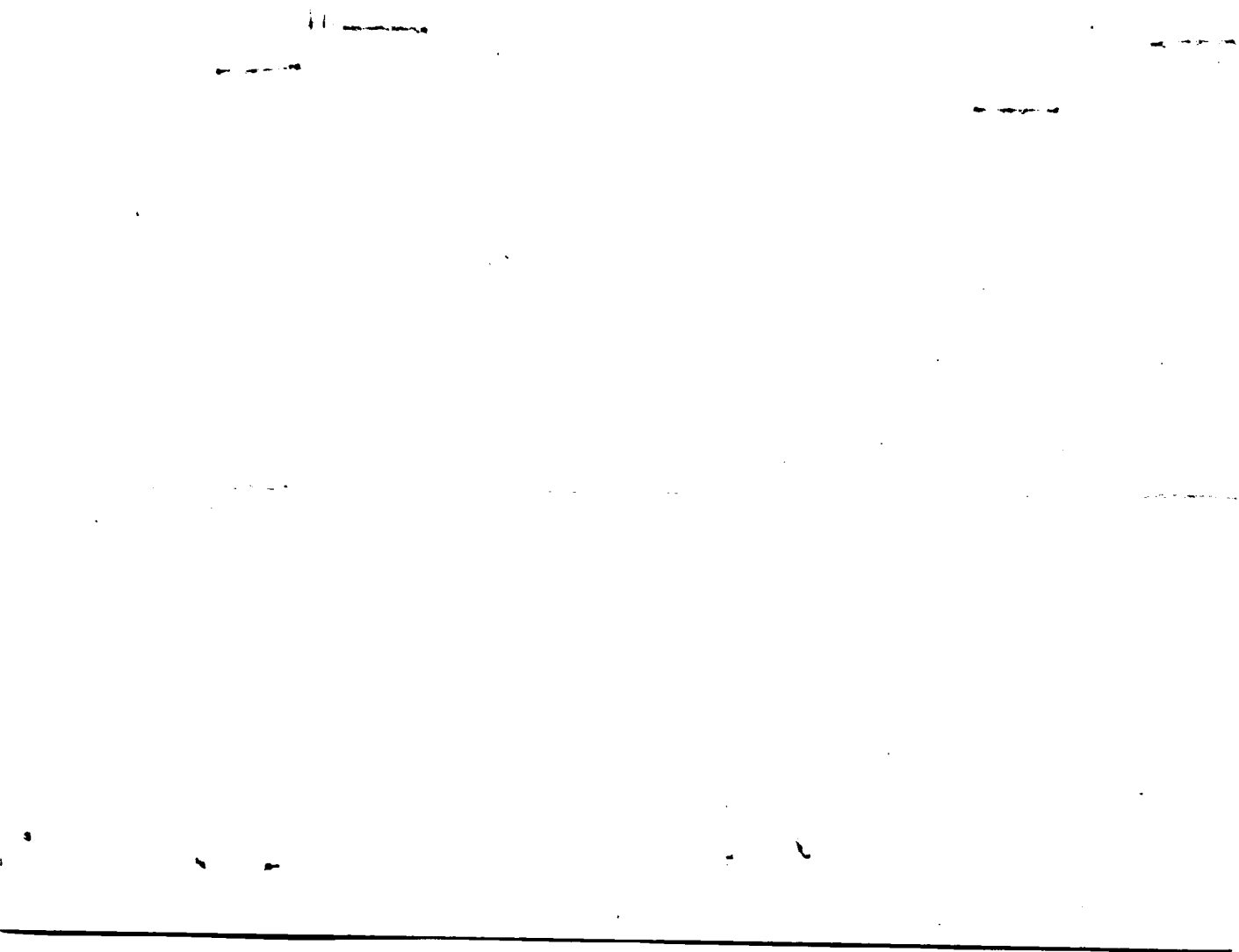
Given names added from a supplemental report.

Address 31 N Main St, Blackfoot

Filed 3-6-20 Mr. Kallish Pat

.....
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 23 1942 Certificate No. 76649
County of Bingham } Date Filed 3-6-20
Birth

The undersigned does solemnly swear that certain facts on the certificate of
for Jack Morrison Christ who born on February 4, 1920
in Blackfoot, Ida. (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record prepared on September 26, 1920, are:
(PLACE OF EVENT) (GIVE DATE)

FACTS TO BE CORRECTED FROM
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Address 611 N. Shilling Ave. 637 So. Shilling Ave.
Data on Plural Births triplet, 3rd order be left blank, no trip.
Date of Birth February 6, 1920 February 4, 1920
Subscribed and sworn to before me this 21 st
day of January, 19 42

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 6, 1944
(SEAL)

Signed [Signature]
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.

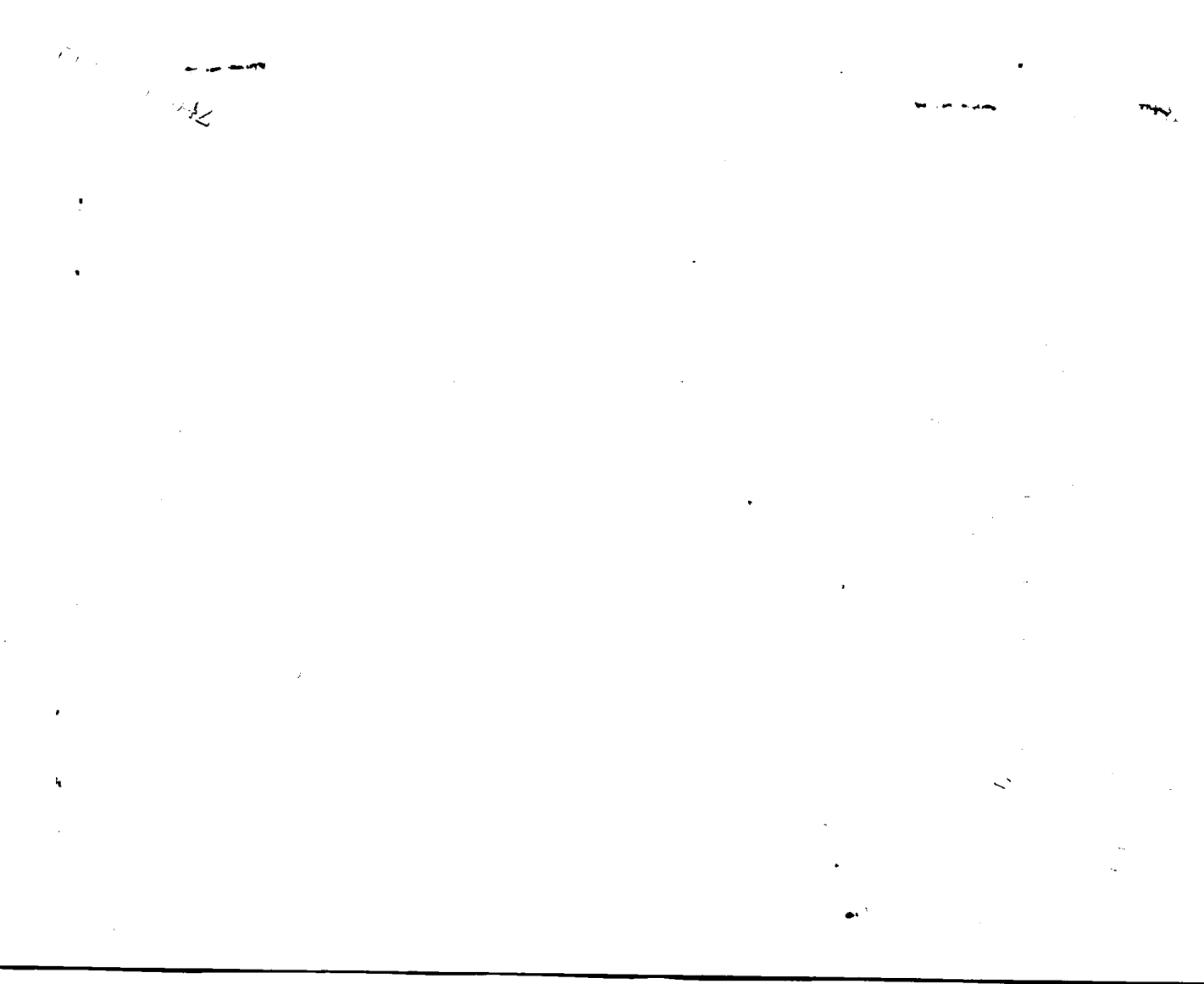
Subscribed and sworn to before me this 21st
day of January, 19 42

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 6, 1944
(SEAL)

Signed [Signature]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIAN.)

Blackfoot, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By _____
(REGISTRAR'S SIGNATURE)



- - AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Bingham } ss. **OCT 21 1941** Certificate No. 76649
 Date Filed _____

The undersigned does solemnly swear that certain facts on ~~the~~ certificate of Birth
 (Birth or death)
 for Jack Morris Christ who Was Born on February 4, 1920
 (Name on original certificate) (Was born or died) (Date of event)
 in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of event)
 true facts as shown by Baptismal prepared on September 26, 1920, are:
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
 ("Name", "birth date", "cause of death", etc.)

FROM
 (As on original)

TO
 (The correct facts)

Name

Jack Morris Christ

Jack Morrison Christ

Subscribed and sworn to before me this 20th
 day of September, 19 41

Notary Public, residing at Blackfoot, Idaho
 My commission expires Jan. 6, 1944
 [SEAL]

Signed [Signature]
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

W. Bridge St., Blackfoot, Idaho
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
 County of Bingham } ss.

[This affidavit MUST also be executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

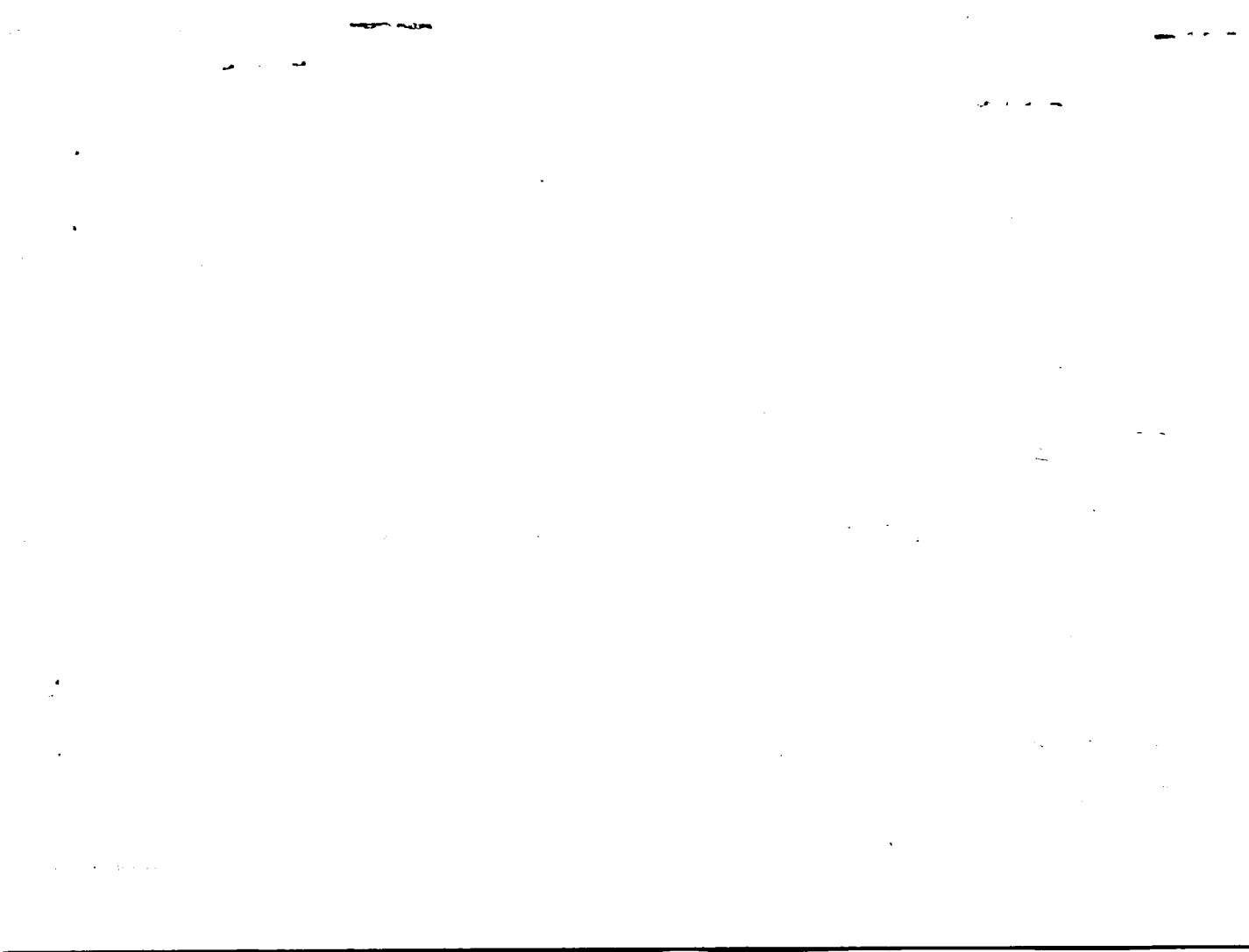
Subscribed and sworn to before me this 20th
 day of October, 19 41

Notary Public, residing at Blackfoot, Idaho
 My commission expires Jan. 6, 1944
 [SEAL]

Signed Dorothy M. Johnson
 (Signature of any credible person other than the previous affiant)

Blackfoot, Idaho
 (Street Address, City, State)

Received for filing on _____ By _____
 (Registrar's signature)



WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269 210.006-114

PLACE OF BIRTH

County of BinghamCity of Blackfoot

No. St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

Edna Sorenson

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-2Rev. 8-8-17

File No.

Registered No.

Sex of Child Female Twin Triplet or other? ☒ and { Number 8th in order of birth } Legitimate? Yes Date of Birth Feb 10 - 20
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME William Sorenson FATHERRESIDENCE BlackfootCOLOR White AGE AT LAST BIRTHDAY 35
(Years)BIRTHPLACE UtahOCCUPATION TeamsterFULL MAIDEN NAME Glorence James MOTHERRESIDENCE BlackfootCOLOR White AGE AT LAST BIRTHDAY 33
(Years)BIRTHPLACE UtahOCCUPATION Housewife

Number of child of this mother, including present birth. 8th Number of children of this mother now living, including present birth. 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11:40 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Sorenson

Given names added from a supplemental report.

(Physician or midwife)

Address 317 N. Main St. BlackfootFiled 3-6-20 M. Sorenson

Registrar

Registrar

NOV 24 1944

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-213-006-133
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-8-17

County of Bingham

City of Moreland

Registration District No. 121

File No. 7.665.1

No. 2194

Primary Registration District No. 2194

Registered No. 62

Hospital

FULL NAME OF CHILD

Evelyn Treasure

Sex of Child <u>Female</u>	Twin Triplet or other? <u>✓</u> and (Number in order of birth) <u>2nd</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 13 - 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>John Treasure</u>	FATHER
RESIDENCE <u>Moreland</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Kentucky</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna Alley</u>	MOTHER
RESIDENCE <u>Moreland</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Ky</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3rd

Number of children of this mother now living, including present birth. Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born, at 29 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Harrison

Given names added from a supplemental report.

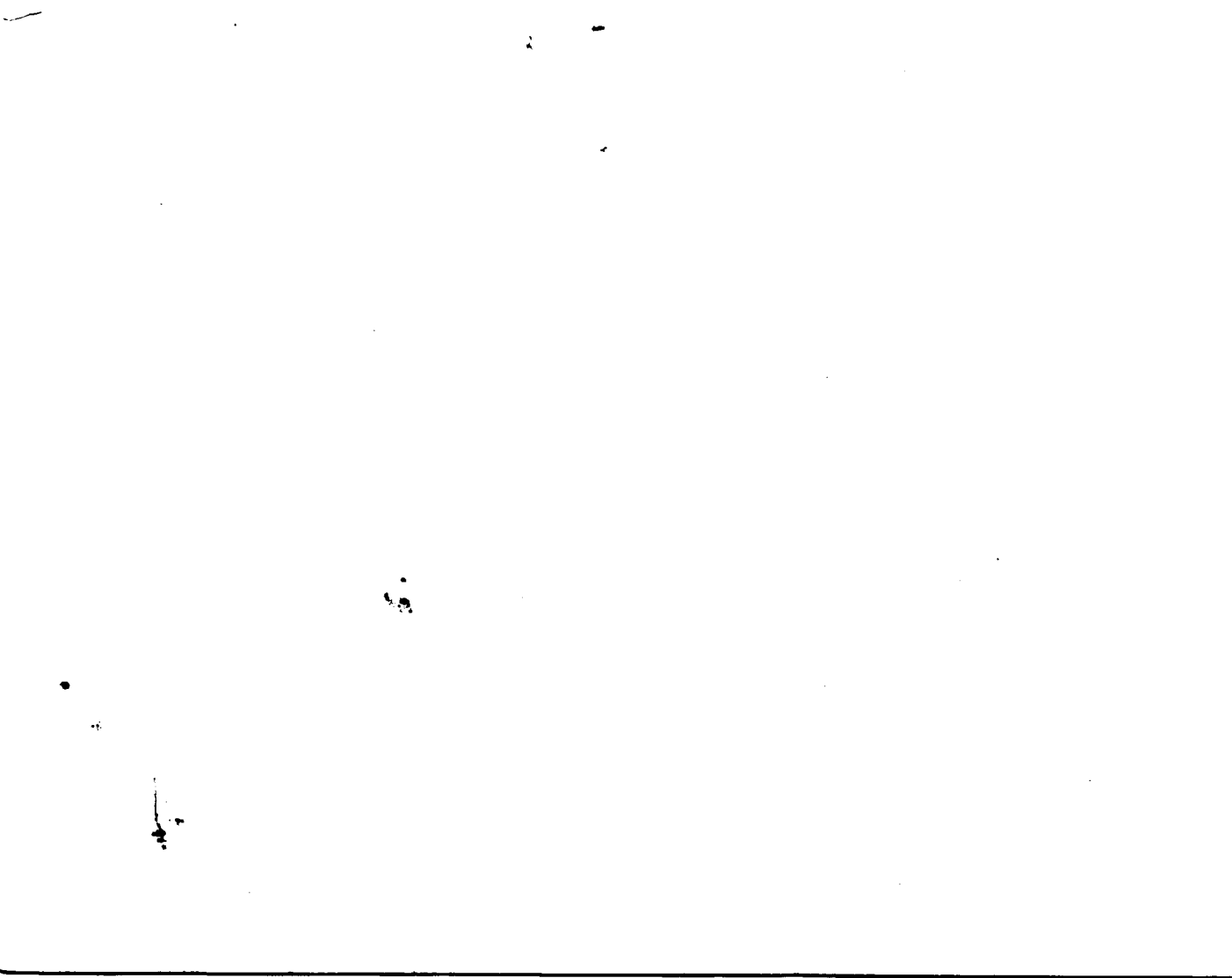
(Physician or midwife)

Address 317 N. Main St. - Blackfoot Idaho

Filed 3-6-20 Imm. Division

Registrar

Registrar



577-115-006-551

PLACE OF BIRTH

County of BinghamCity of Blackfoot

No. St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-8-17

CERTIFICATE OF BIRTH

File No.

Registered No.

Sex of Child <u>Male</u>	Twin Triplet or other? <u>✓</u> (To be answered only in event of plural births)	and (Number in order of birth <u>1st</u>)	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb 15-20</u> (Month) (Day) (Year)
--------------------------	--	--	-----------------------------	--

FULL NAME <u>Edgar Epperson</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Colo.</u>	
OCCUPATION <u>Laborer in Laundry</u>	

FULL MAIDEN NAME <u>Clara Evans</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.....
Number of children of this mother now living, including present birth.....4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....Born alive....., at.....3:40.....M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

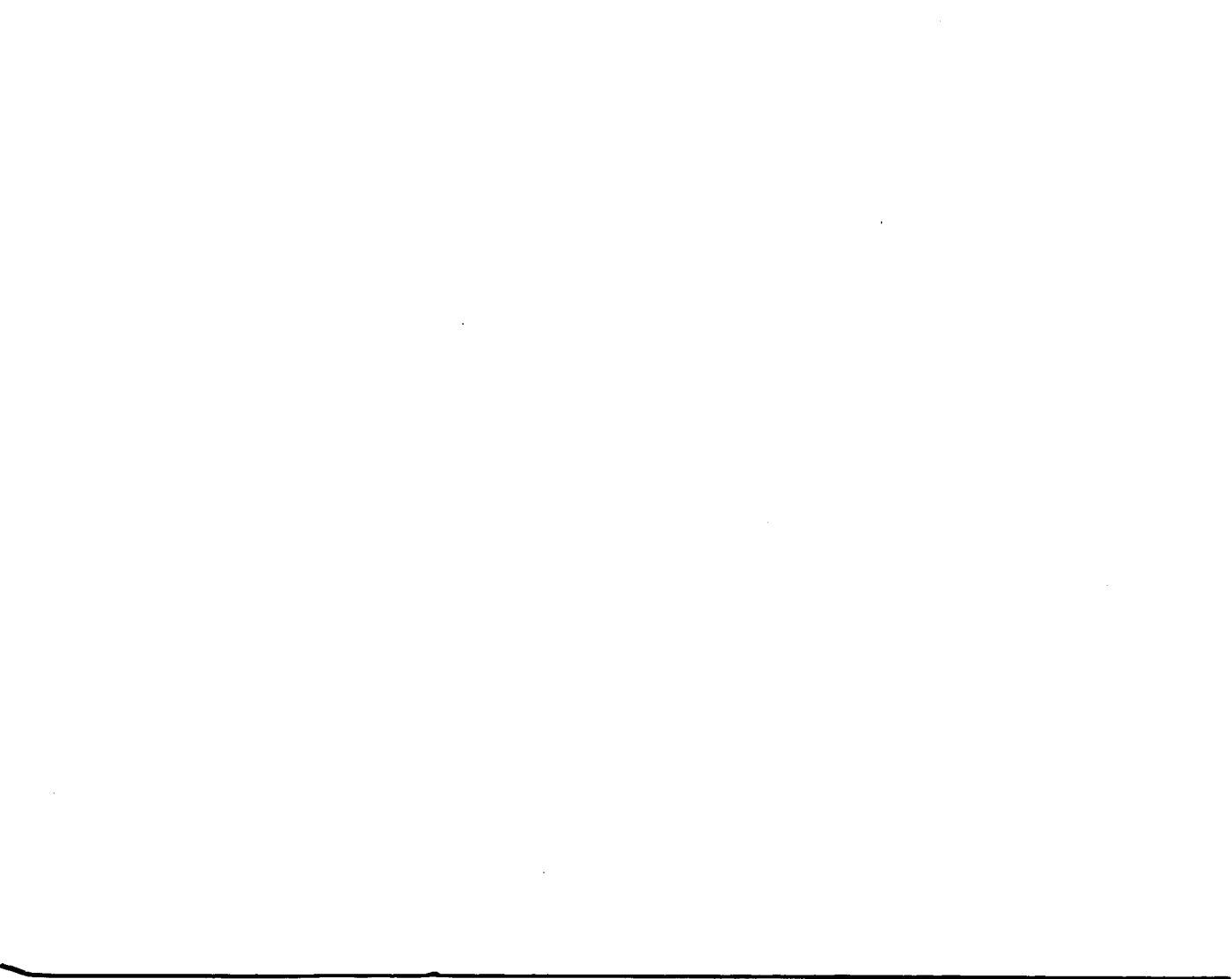
(Signature) H. J. Simmons

Given names added from a supplemental report.

Address 317 N. Main Blackfoot IdahoFiled 3-2-20 W. W. Jones Registrar

Registrar

Registrar



384-116-006-395

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti-
mate?Date of
Birth191...
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY ...
(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY ...
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth.....3 Number of children of this mother now living, including present birth.....3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....Born alive.....at.....6 p.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

76653

Registration District No.

File No.

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti-
mate?Date of
Birth191...
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY ...
(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY ...
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth.....3 Number of children of this mother now living, including present birth.....3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....Born alive.....at.....6 p.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

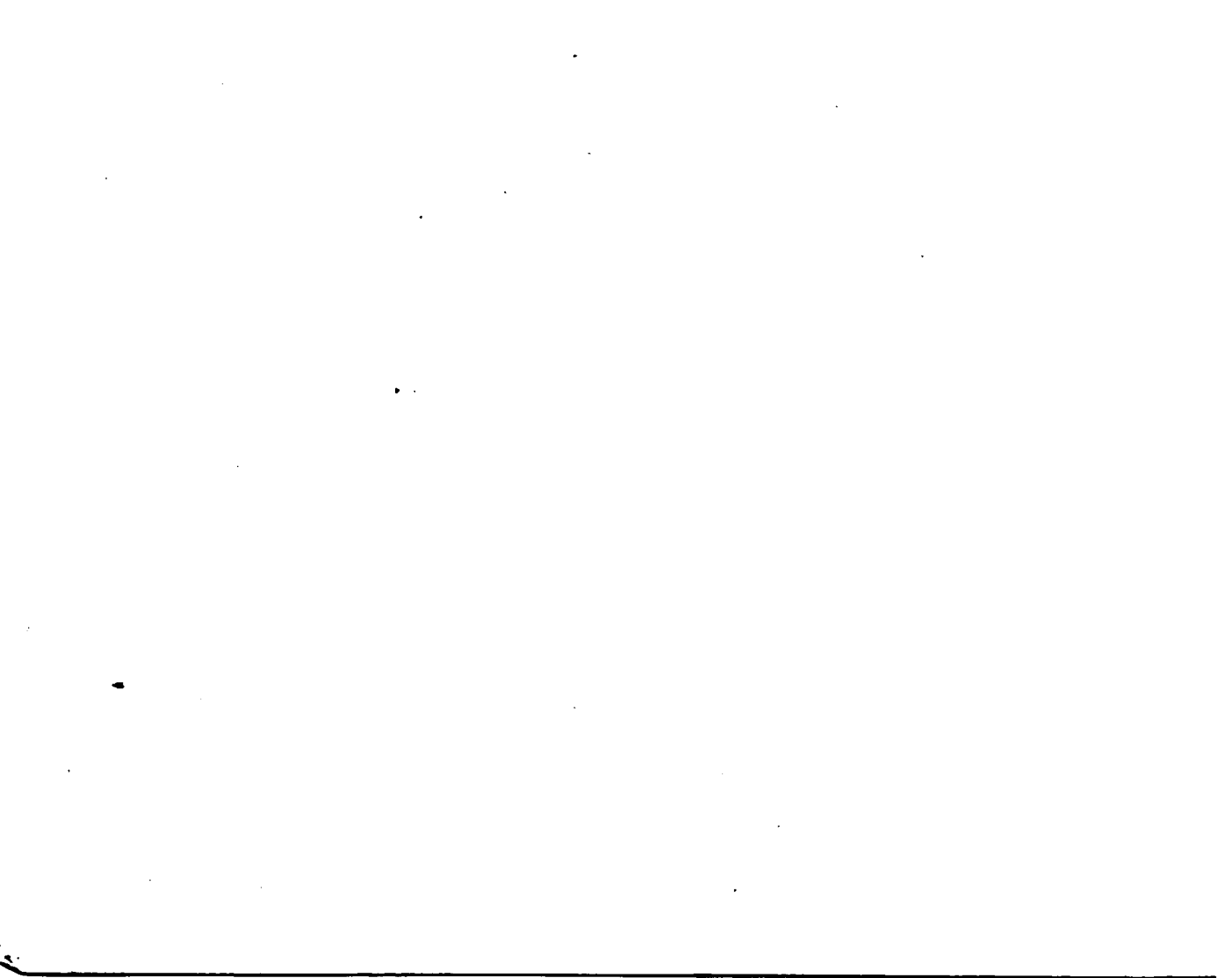
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



414-118.006-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-2 Rev. 9-3-17

CERTIFICATE OF BIRTH

County of BannockCity of BlackfootRegistration District No. 121File No. 76654No. 7150 St.Primary Registration District No. 2174Registered No. 65

Hospital

FULL NAME OF CHILD John Guston Munch

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>38</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 15 1920</u> (Month) (Day) (Year)
--------------------------	-----------------------------------	------------------------------------	------------------------	--

FULL NAME <u>John Munch</u>	FATHER
RESIDENCE <u>Shelly R. 7 W. 71</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Shays Peterson</u>	MOTHER
RESIDENCE <u>Shelly R. 7 W. 71</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Sweden</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. SummersM.D.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Blackfoot, Idaho

.....19.....

Filed 2-15-20 Ms. Kel...

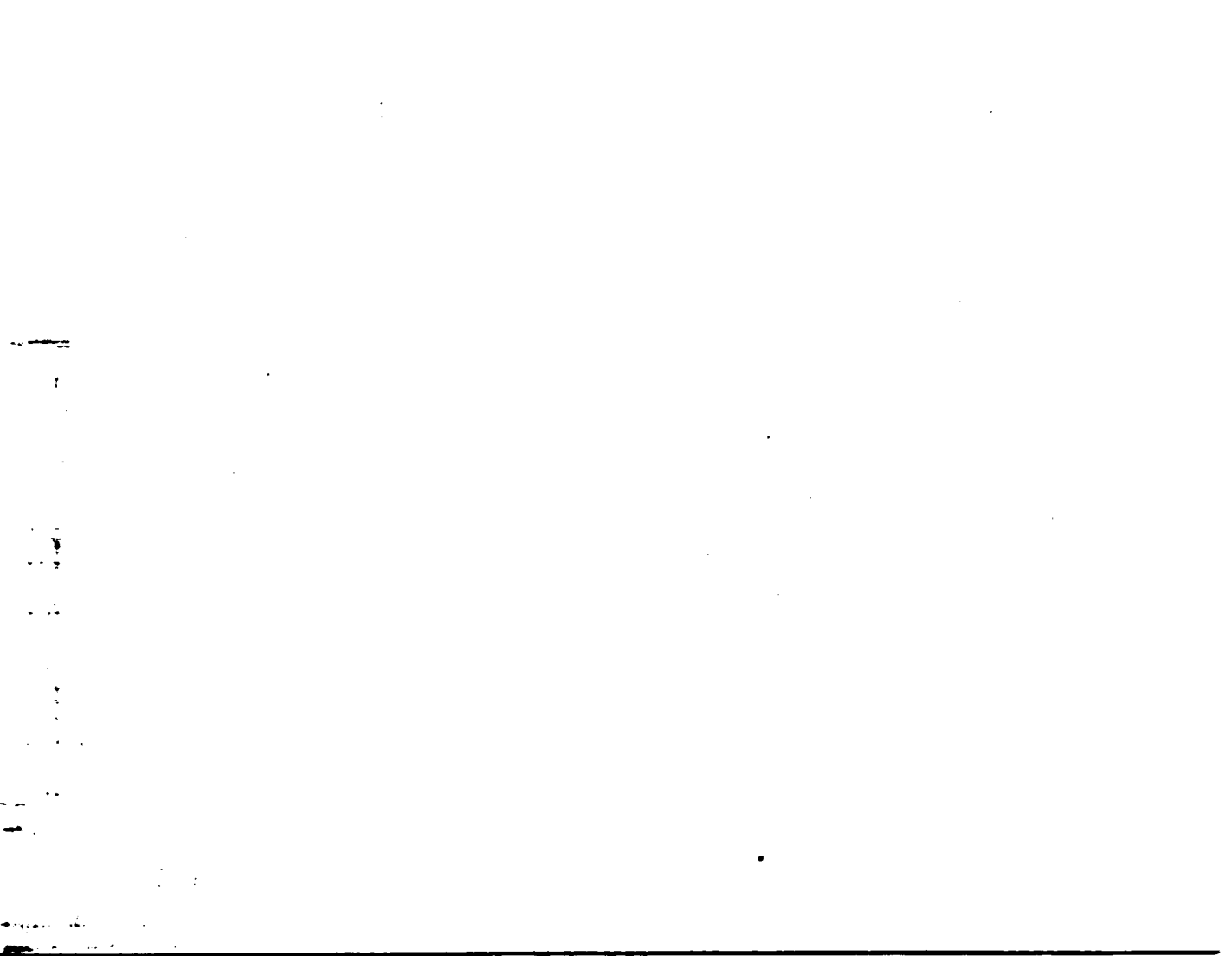
Registrar

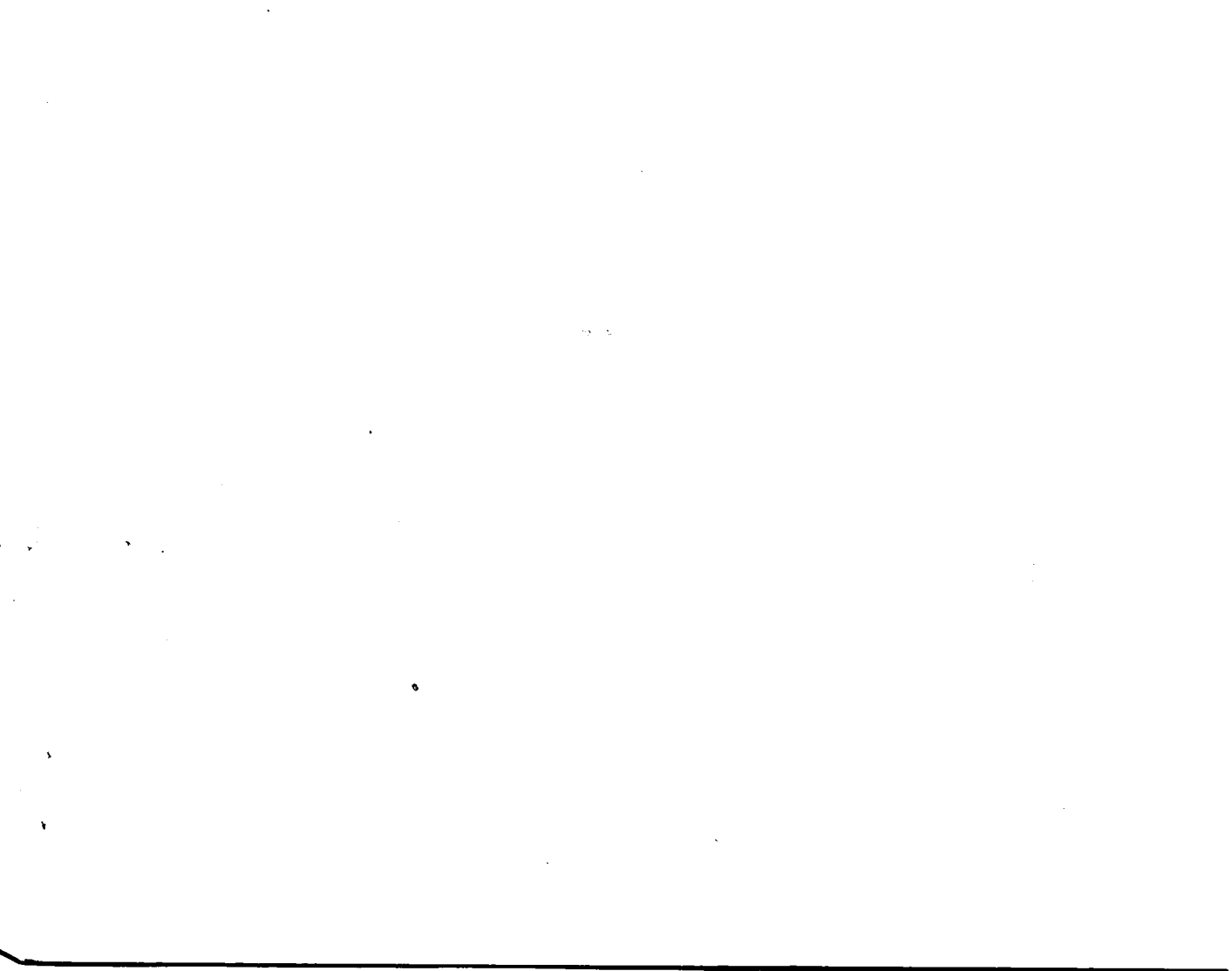
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





381207.006-493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of BinghamCity of BlufftonRegistration District No. Y 21File No. 76657No. 208 So. Main St.Primary Registration District No. 1007Registered No. 68

Hospital _____

FULL NAME OF CHILD Proxine May ChalmersSex of Child FemaleTwin
Triplet
or other?and
Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate? YesDate of
Birth Feb 7 1920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY 23

(Years)

COLOR

AGE AT LAST
BIRTHDAY 20

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth, 1Number of children of this mother now living, including present birth, 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 4 A. M. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Muter

(Physician or midwife)

Given names added from a supplemental report.

Address Bluffton, IdahoFiled 3-8 19 20

Registrar

Registrar

MAY 12 1943

843-214-006-719 child's name & father's surname

PLACE OF BIRTH

amended 5-13 88th STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Bingham

CERTIFICATE OF BIRTH

City of BluffRegistration District No. 121File No. 76658No. Word #1 St.Primary Registration District No. 100Registered No. 69

Hospital

JEAN

HUTCHISON

FULL NAME OF CHILD

Carl P. Hutchison

Sex of Child

MaleTwin
Triplet
or other?

(To be answered only in event of plural births)

{ and } Number
in order
of birthLegiti-
mate?yesDate of
BirthFeb. 14 1920
(Month) (Day) (Year)FULL
NAMECarl P. Hutchison

FATHER

Hutchison

FULL
MAIDEN
NAME

MOTHER

Arabella Parks

RESIDENCE

Bluff, Idaho

RESIDENCE

Bluff, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY27
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc, should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

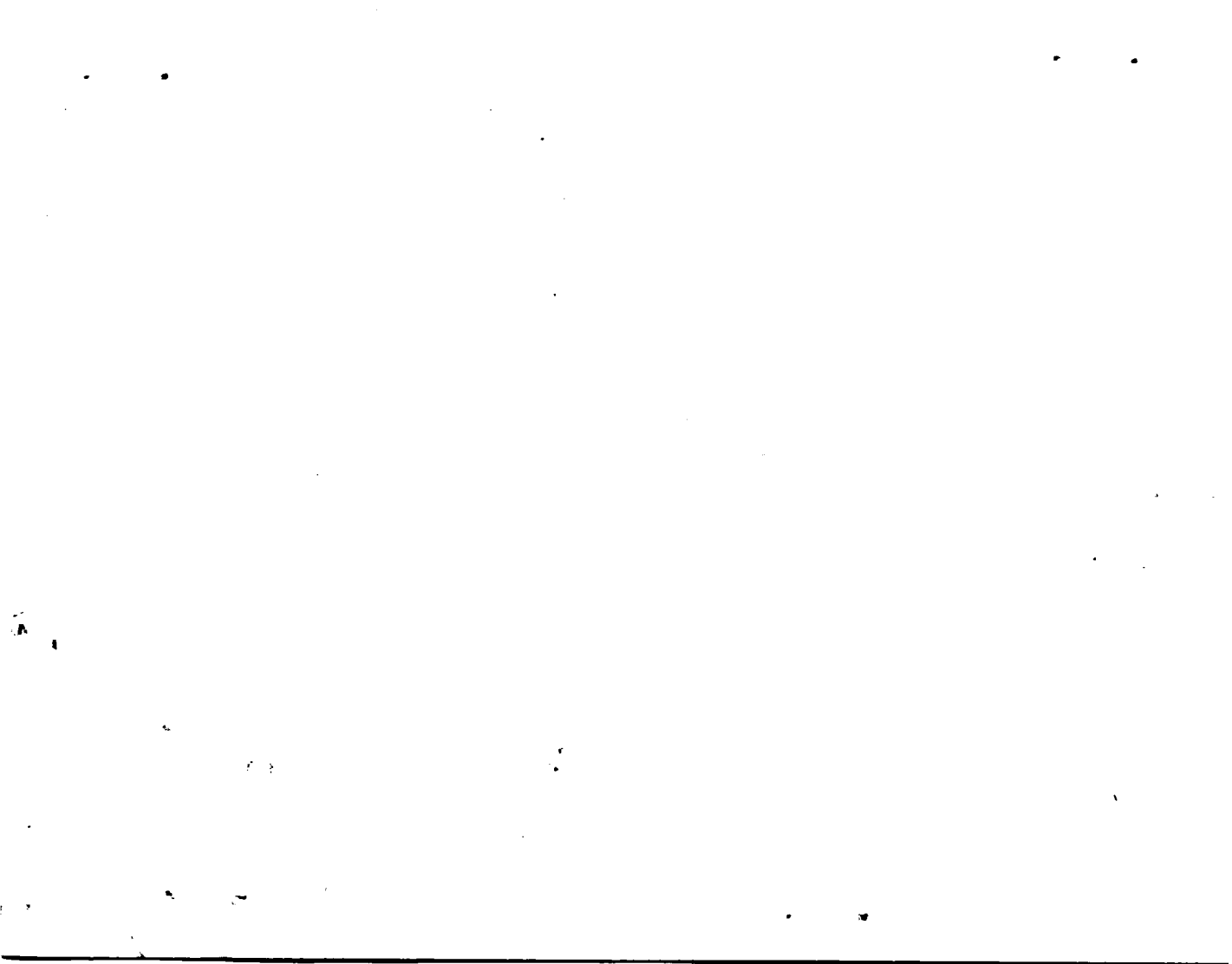
Bluff, Idaho

Filed

5-8 1920

Registrar

Registrar



4-30-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

NOV 20 1987

Certificate No. 76658

Date Filed _____

VITAL STATISTICS UNIT

The undersigned does solemnly swear that certain facts on the certificate of birth

for Gene Hutchinson who was born on Feb 14, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Blackfoot (Bingham) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

<u>childs name</u>	<u>Gene Hutchinson</u>	<u>Jean Hutchison</u>
<u>fathers last name</u>	<u>Hutchinson</u>	<u>Hutchison</u>

Subscribed and sworn to before me this 16 day of

November, 1987

Notary Public, [Signature]

Residing at St. Regis

My commission expires March 30, 1990

(Seal)

[Signature]
Signature of Applicant
Box 2119
St. Regis, ID 83986
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Blaine } ss.

(Must be completed X)

(Is not necessary)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of

November, 1987

Notary Public, [Signature]

Residing at Salmon, Idaho

My commission expires 4-12-1991

(Seal)

[Signature]
Supporting Signature
803 Jefferson Salmon Idaho
Street Address, City, State

MAY 13 1988

Marriage certificate from Bingham Co., ID #18534 gives name as Jean Hutchison married to Denzel Stevens on Aug. 30, 1938 at Blackfoot, ID.
Viewed by V.S.

State of Idaho marriage certificate gives name as Jean Stevens (Hutchison) born in Blackfoot, married to Dael Rodies on Jan. 12, 1957 at Salmon, ID S.F.#57-358.
Viewed by V.S.

Birth certificate of sister born June 12, 1918 in Blackfoot S.F.#60635 gives father as Carl P. Hutchison.
Viewed by V.S.

742-119-006-551

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of BannockCity of BladfootNo. Post. Precinct St.Registration District No. 121File No. 76659Primary Registration District No. 2194Registered No. 70

Hospital

FULL NAME OF CHILD

Frank L. Gushwa

Sex of Child

MaleTwin
Triplet
or other?
(To be answered only in event of plural births){ and } Number
in order
of birthLegiti-
mate? yes

Date of Birth

Feb 19 1920
(Month) (Day) (Year)

FULL NAME

FATHER
Frank W. Gushwa

FULL MAIDEN NAME

MOTHER
Flora B. Neal

RESIDENCE

Bladfoot, Idaho #1

RESIDENCE

Bladfoot, Idaho #1

COLOR

White

AGE AT LAST BIRTHDAY

31
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Colorado

BIRTHPLACE

Kans.

OCCUPATION

Automobile Mechanic

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 4 A. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. W. Mitchell M.D.

Given names added from a supplemental report.

Address

Bladfoot, Idaho

Filed

3-8-20 Mr. Nelson E. Pattee

JUN 24 1942

NOV 16 1955

AUG 21 1959

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

318-112-006-113
Amended 11-4-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **76660**

Local Reg. No. **71**

Reg. Dist. No. **121**

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Bingham		a. STATE Idaho	b. COUNTY Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR Blackfoot		c. CITY (If outside corporate limits, write RURAL and give township) OR Blackfoot	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS Rt. #1	
3. CHILD'S NAME			
a. (First) Darrell		b. (Middle) Lincoln	
		c. (Last) Taylor	
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) February 12, 1920
FATHER OF CHILD			
7. FULL NAME a. (First) Charles		b. (Middle) A.	
		c. (Last) Taylor	
8. AGE (At time of this birth) 38 YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) Utah	10. USUAL OCCUPATION Farmer	11. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Harriet		b. (Middle) Jackman	
		c. (Last)	
13. AGE (At time of this birth) 29 YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) Utah	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		a. How many OTHER children are now living? 4	b. How many OTHER children were born alive but are now dead? 1
		c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0	
<i>I hereby certify that this child was born alive on the date stated above.</i>		17. SIGNATURE F. W. Mitchell, M.D.	
		18. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____	
19. ADDRESS Blackfoot, Idaho		20. DATE SIGNED	
21. DATE REC'D BY LOCAL REG. 3-8-1920	22. REGISTRAR'S SIGNATURE Mrs. Walter E. Patrie		23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registrar

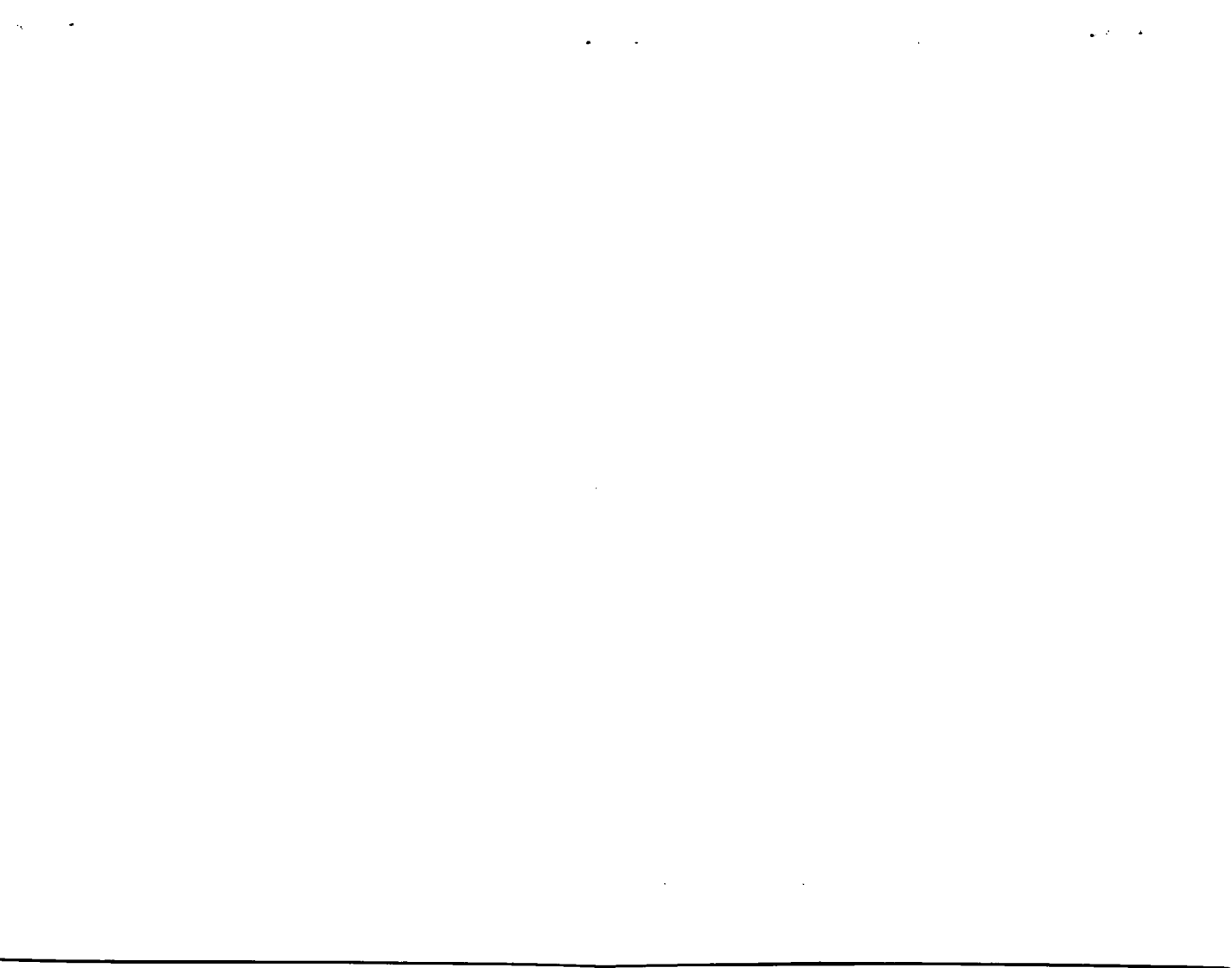
FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?

YES _____

NO _____

DATE _____



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. Certificate No. 76660
County of BINGHAM }
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Abe Taylor (Name on Original Certificate) was born on Feb. 22, 1920 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Abe Taylor

Darrell Lincoln Taylor

Child's Date of Birth

Feb. 22, 1920

February 12, 1920

Mother's First Name

Hattie

Harriet

Subscribed and sworn to before me this 29th day of
November, 1965

Signed: Ernest Ann Taylor Willes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Blackfoot, Idaho

My commission expires Jan. 14, 1967

(Seal)

1548 South W. Lewi Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of BINGHAM } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of
Nov, 1965

Signed: Lona Lutz
(Signature of Any Credible Person)

Notary Public, residing at BLACKFOOT, IDAHO

My commission expires Jan. 14, 1967

(Seal)

329 N. Spruce St. Blackfoot, Ida
(Street Address, City, State)

L.D.S. Temple Record, date July, 1950 gives one full name as Darrell Lincoln Taylor, born Feb. 12, 1920 at Blackfoot, Idaho to Charles Abraham Taylor and Harriett Ann Jackman - viewed by V.S. - baptized June 6, 1931 -

Statement from Grace Williams, Bingham County Clerk & Ex-Officio Recorder, dated Nov. 29, 1965, gives full name of one child as Darrel Taylor, age 8, born Feb. 12, 1920, School District No. 29, Rose, Idaho - Census Marshall's Report for the year 1928. - parents' name is given as C. A. Taylor - viewed by V.S.
entered on record

L.D.S. Church Cert. of Birth, May 2, 1920 gives full name as Darrell Lincoln Taylor, born Feb. 12, 1920 at Blackfoot, Idaho to Charles Abraham Taylor and Harriet Ann Jackman - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 6-6-60

PLACE OF BIRTH

141-127-006-719

County of Bingham

City of Blackfoot

No. Riverside St.

Hospital

FULL NAME OF CHILD Theron Alfred Adams

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> and <u> </u> { Number in order of birth <u> </u> }	Legitimate? <u>Yes</u>	Date of birth <u>Feb. 27, 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

What bacteriocidal solution was used in eyes?.....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER
FULL NAME Roy F. Adams

RESIDENCE Blackfoot, Idaho #2

COLOR White AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Cora Parsons

RESIDENCE Blackfoot, Idaho #2

COLOR White AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

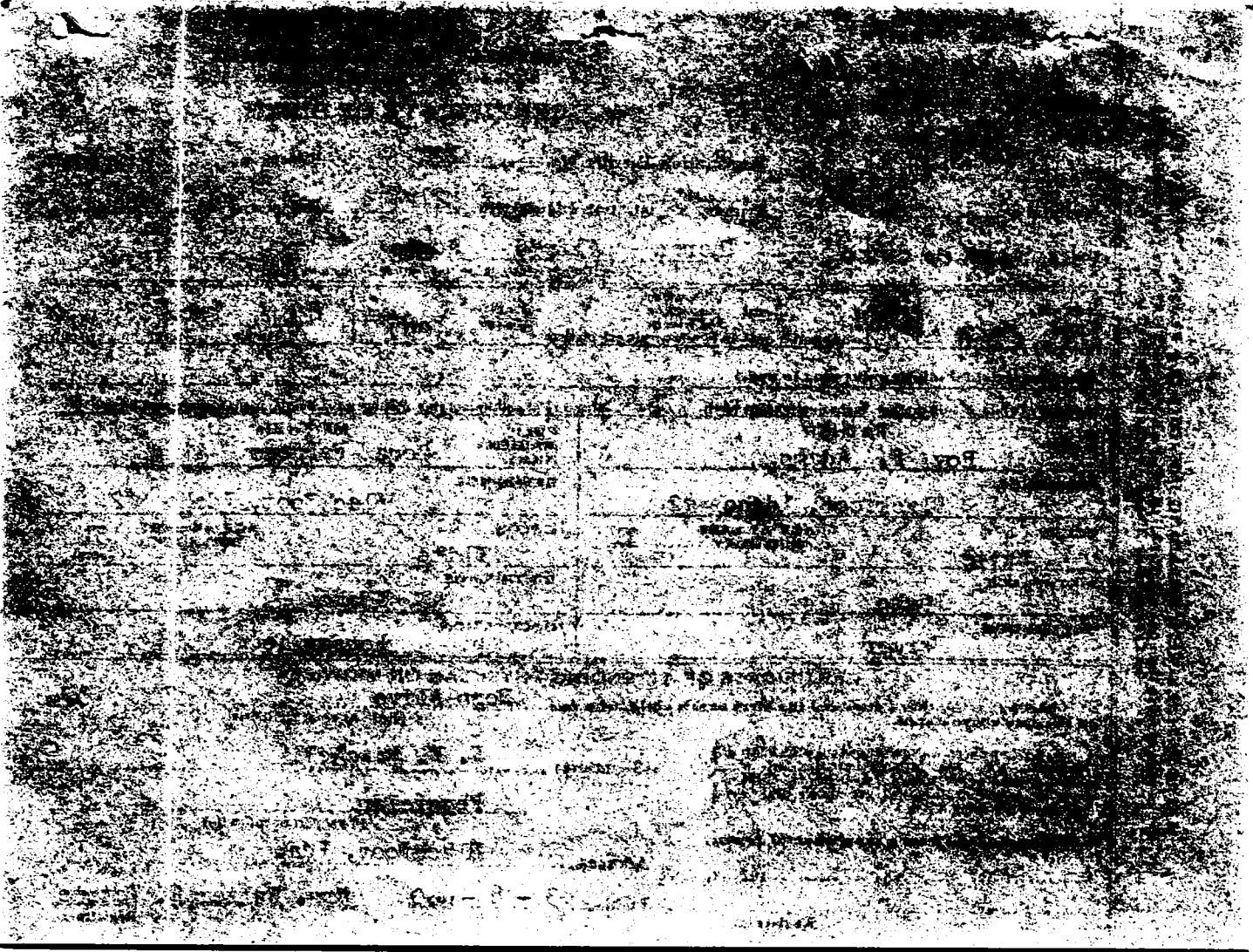
(Signature) F. W. Mitchell

Physician
(Physician or midwife)

Give names added from a supplemental report.
....., 192.....

Address Blackfoot, Ida.

Filed 3 - 8 - 1920 Mrs. Walter E. Patrie
Registrar.



L.D.S. Church Certificate of Blessing, May 2, 1920 gives full name of child as ~~Theron Alfred~~ Theron Alford Adams, born Feb. 27, 1920 at Riverside, Idaho to Roy F. Adams and Cora Parsons - viewed by ~~USAHO~~ IDAHO STATE BOARD OF HEALTH and L.D.S. Church Certificate of DIVISION OF VITAL STATISTICS Baptism and Confirmation, March 4, 1950 gives full name of child as Theron Alfred Adams

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ and father's name as } Roy F. Adams - viewed by V.S. Certificate No. 76661
County of _____ } ss.
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for Theron Adams (Name on Original Certificate) who born (Birth or Death)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child
Full Name of Father

Theron Adams
Leroy Adams

Theron Alfred Adams
Roy F. Adams

Subscribed and sworn to before me this 7 day of

April 19 60
Mary M. Ruff
Notary Public, residing at _____
My commission expires 5/13/62
(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of

April 19 60
Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person)

(Street Address, City, State)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 6-29-60

PLACE OF BIRTH

367226.006-395

County of Bingham

City of Blackfoot

No. 512 No. Shilling St.

Hospital.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 76662

Primary Registration District No. 1007

Registered No. 73

FULL NAME OF CHILD Verda Belle Cox

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	<u>Twin</u> Triplet } and { <u>Number</u> or other? } in order (To be answered only in event of plural births)	Legiti- mate? <u>Yes</u>	Date of birth..... <u>Feb. 26, 1920</u> (Month) (Day) (Year)
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What bacteriocidal solution was used in eyes?.....

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

FULL NAME <u>FATHER</u> <u>William M. Cox</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Laura H. Lindquist</u>
RESIDENCE <u>Blackfoot, Idaho</u>	RESIDENCE <u>Same</u>
COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY..... <u>32</u> (Years)	AGE AT LAST BIRTHDAY..... <u>32</u> (Years)
BIRTHPLACE <u>Nebr.</u>	BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Ry. Baggage-man</u>	OCCUPATION <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... Born Alive..... at..... 2:55 A. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) W. E. Patrie, M.D.

(Physician or midwife)

Give names added from a supplemental report.

Address Blackfoot, Idaho

Filed Mar. 7, 1920 Mrs. Walter E. Patrie

Registrar.

Registrar.

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Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death
Certificate No. 76662

State of } ss.
County of

Date Filed

Birth

The undersigned does solemnly swear that certain facts on the certificate of
for Vernona Belle Cox who was born on Feb 26, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on (Give Date)
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name
Father's Name
Mother's Name

Vernona Belle Cox
William Cox
Laura Lindquist

Verda Belle Cox
William M. Cox
Laura H. Lindquist

Subscribed and sworn to before me this 5th day of
Sept. 1959

Signed William M. Cox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Notary Public, residing at
My commission expires
(Seal)

309-80th St. San Bernardino
(Street Address, City, State) Calif

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho } ss.
County of Blaine

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.
Subscribed and sworn to before me this 5th day of
Sept. 1959

Signed Leland L. Baker
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

965 N. 8th St.
(Street Address, City, State)

L. 4-10-59

L.D.S. Church Certificate of Blessing, April 4, 1920 gives full name of child as Verda Belle Cox, born February 26, 1920 at Blackfoot, Idaho to William Monroe Cox and Laura Lindquist - viewed by V.S.

State of California, Certificate of Marriage, May 25, 1940 gives full name of groom as Richard G. Jones and full name of bride as Verda Belle Cox - viewed by V.S.

Another child's birth cert. on file, #51840 gives full name of parents as William Monroe Cox and Laura Hilda Lindquist - viewed by V.S.

Copy of State of Utah, Certificate of Death, May 1, 1951 gives full name of deceased as Laura Hilda Lindquist Cox, born May 2, 1888 at Koosharen, Sevier, Utah to Victor Lindquist and Anna Lingvall - died May 1, 1951 - viewed by V.S.
State File No. of Cert. - 51-030069.

City of Carey Registration District No. 21 File No. 76663
 No. St. Primary Registration District No. 2025 Registered No. 1
 Hospital
 FULL NAME OF CHILD Pierre Auguste Peyron

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 3</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Pierre J. Peyron</u>		FULL MAIDEN NAME MOTHER <u>Marie J. Lebrun</u>	
RESIDENCE <u>Carey</u>		RESIDENCE <u>Carey</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>France</u>		BIRTHPLACE <u>France</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:40 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Houston E. Snyder

(Physician or midwife)

Given names added from a supplemental report.

Pierre Auguste Peyron
W. C. Murphy State Registrar

Address

Filed

Carey Idaho
1/10 20 Robert H. Wright
 Registrar

23

2210

[illegible]

10-10-10
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[illegible]

76663

BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

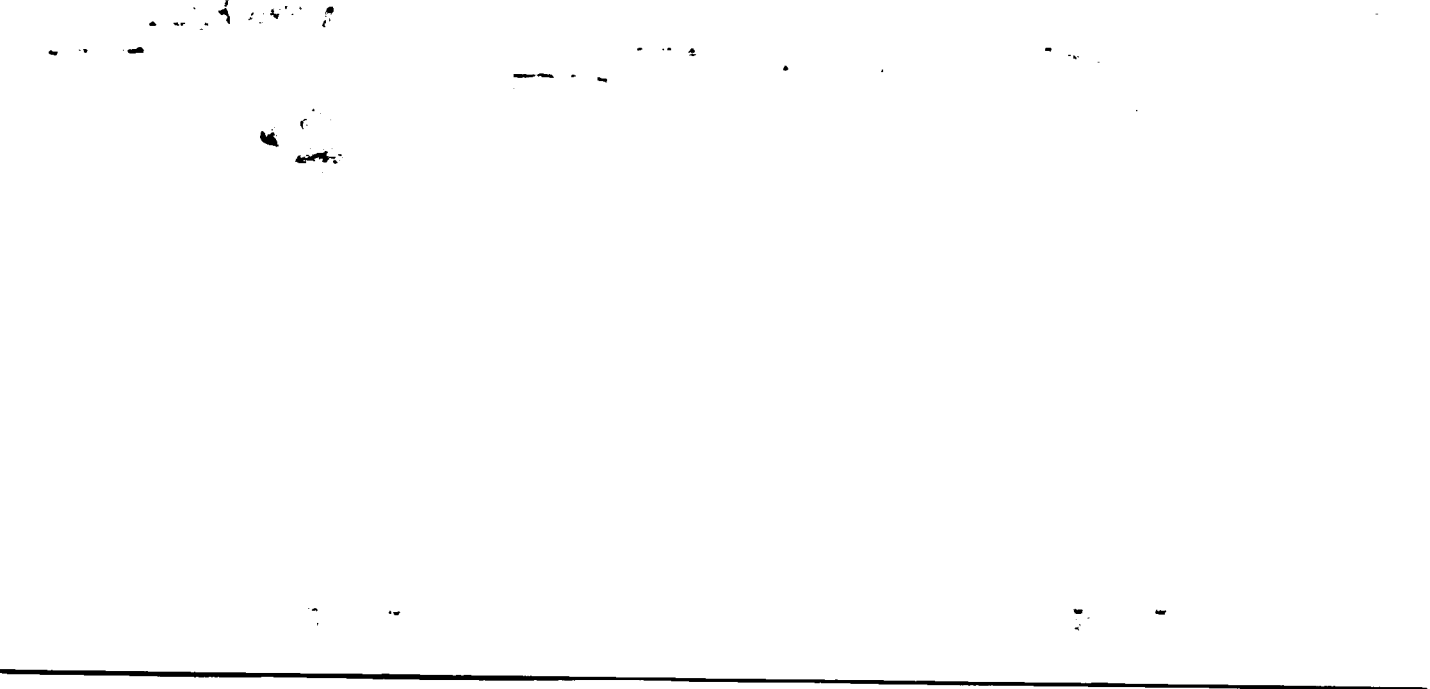
Place of Birth { City Carey
Street and House No. _____
County Blaine

Registered No. 1Registration Dist. No. 21

Sex of Child Male
Date of Birth Jan 3 1912
MONTH DAY YEAR
Father Pierre J. Peyron
FULL NAME
Mother Marie J. Lebrun
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Pierre Auguste Peyron
GIVEN NAME IN FULL SURNAME
as reported by Pierre Peyron
FATHER OR MOTHER
Robert H. Wright
LOCAL REGISTRAR



819-204007-897

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-8-17

CERTIFICATE OF BIRTH

County of Blaine

Amended March 17, 1959

City of CareyRegistration District No. 21File No. 7.666.4

No. St.

Primary Registration District No. 2025Registered No. 2

Hospital

FULL NAME OF CHILD Vonda L. Harris

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 4</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Harold P. Harris</u>			FULL MAIDEN NAME MOTHER <u>Sola E. Hip</u>	
RESIDENCE <u>Carey</u>			RESIDENCE <u>Carey</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Carey Idaho</u>			BIRTHPLACE <u>Carey Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:26 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Karsten E. Snyder

(Physician or midwife)

Given names added from a supplemental report.

Vonda L. Harris 19.....Address Carey IdahoW. P. Murphy State RegistrarFiled Jan 10 19 20Robert H. Wright Registrar



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

76664

Place of Birth { City Carey
Street and House No. _____
County Blaine

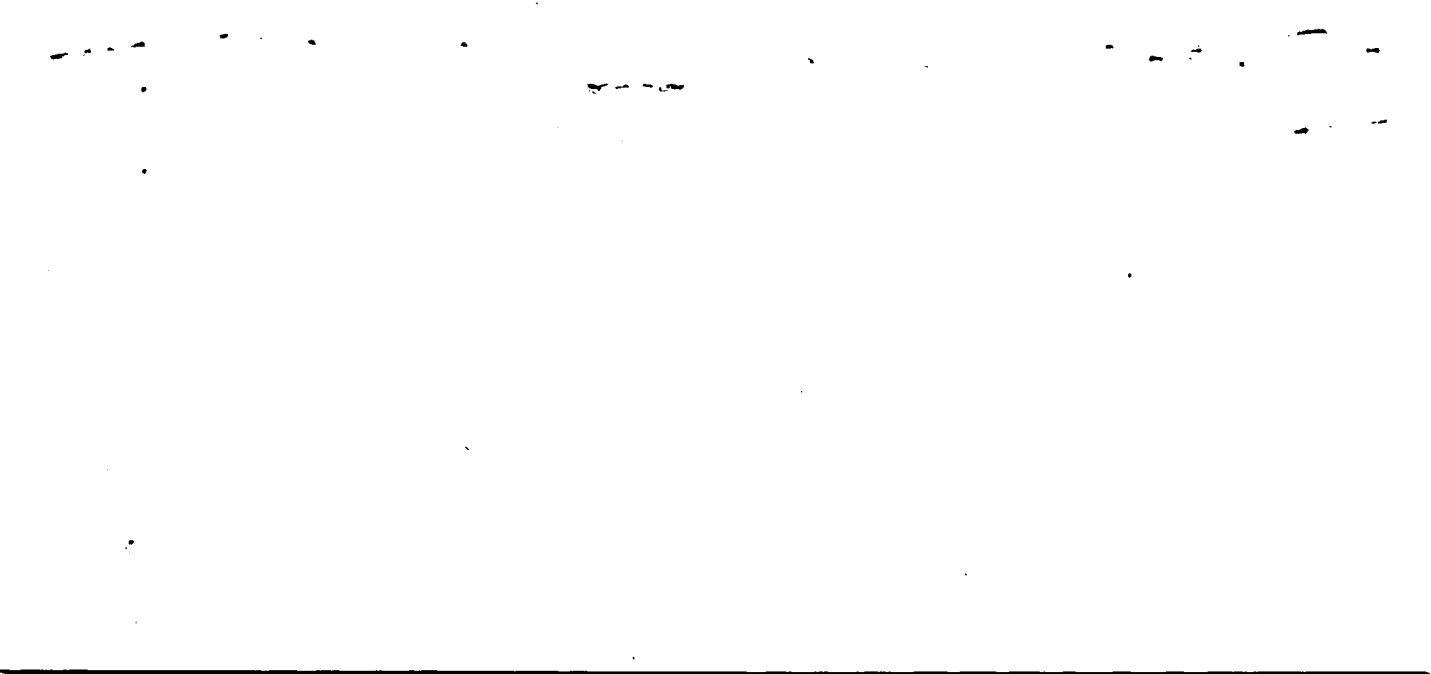
Registered No. 2Registration Dist. No. 21

Sex of Child Female
Date of Birth Jan 4 1920
MONTH DAY YEAR
Father Harold P. Harris
FULL NAME
Mother Lola E. Diet
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Jonda L. Harris
GIVEN NAME IN FULL SURNAME

as reported by Mrs. H. P. Harris
FATHER OR MOTHER
Mrs Robert H. Wright
LOCAL REGISTRAR



Certificate of Blessing, shows name as Vonda L. Harris, blessed March 7, 1920,
viewed by V.S.; Own child's birth certificate #360734, viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Blaine } ss. Certificate No. 76664
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed (Name on Original Certificate) who was born Jan. 4, 1920 (Birth or Death)
in Carey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:

(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>name</u>	<u>unnamed</u>	<u>Vonda L. Harris</u>
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 18 day of
December, 1958
Bessie Stanford
Notary Public, residing at Carey, Idaho
My commission expires Nov. 21 - 1960
(Seal)

Signed Lola E. Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1654 Reinhart Drive Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Blaine } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of
December, 1958
Bessie Stanford
Notary Public, residing at Carey, Idaho
My commission expires Nov. 21 - 1960
(Seal)

Signed Ethel M. Patterson
(Signature of Any Credible Person)
Carey, Idaho
(Street Address, City, State)

MAR 18 1959

493-114,007-366

PLACE OF BIRTH

County of BlaineCity of Carry

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-21m-8-8-17

Registration District No. 21

File No. 76665

Primary Registration District No. 2025

Registered No. 3

FULL NAME OF CHILD ... Quentin Lee Lilworth

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 14</u> 1920 (Month) (Day) (Year)
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FULL NAME <u>Milton Lilworth</u>	FATHER
RESIDENCE <u>Carry</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Auto Salesman</u>	

FULL MAIDEN NAME <u>Ada Cooper</u>	MOTHER
RESIDENCE <u>Carry</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ... 3 ... Number of children of this mother now living, including present birth ... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:22 P.M. on the date above stated. (Born alive or stillborn)

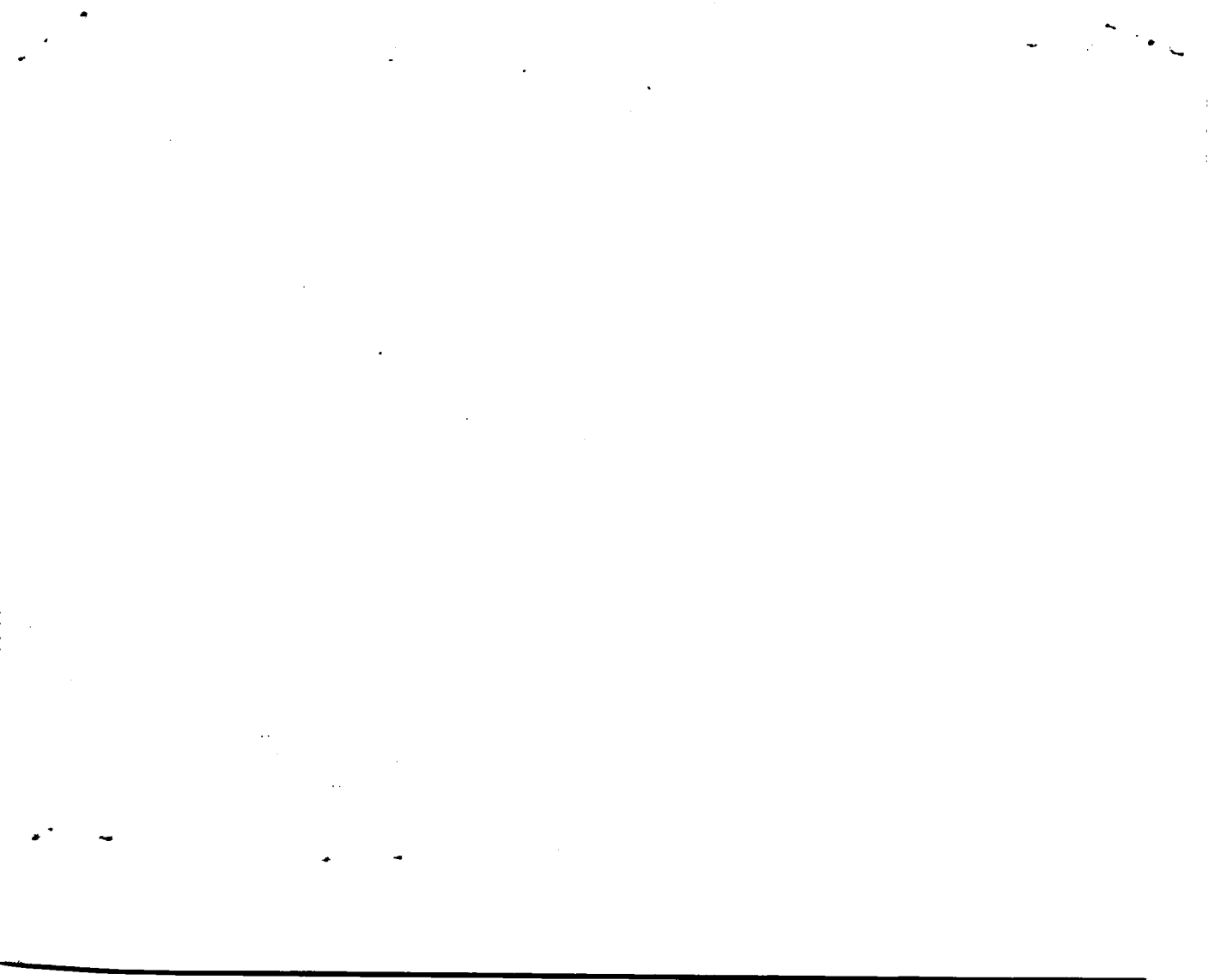
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ... Houston E. Snyder

(Physician or midwife)

Given names added from a supplemental report.

Quentin Lee Lilworth 19Address ... Carry, IdahoV. C. Murphy State RegistrarFiled 2/20/20 19Robert H. Wright Registrar



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Carey
Street and House No. _____
County Blaine

76668-

Registered No. 3Registration Dist. No. 21

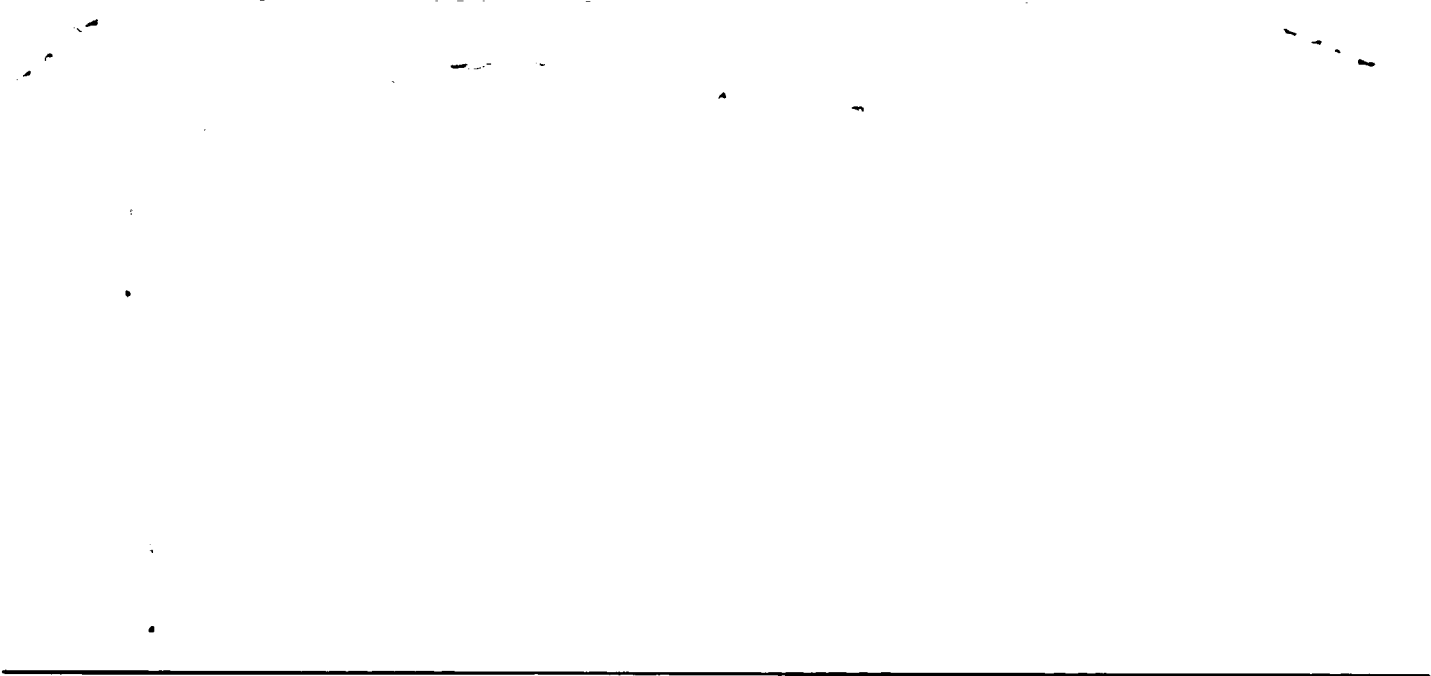
Sex of Child Male
Date of Birth 1 14 1912
MONTH DAY YEAR
Father Melton Dilworth
FULL NAME
Mother Ada Cooper
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Quentin Lee Dilworth
GIVEN NAME IN FULL SURNAME

as reported by Milton P. Dilworth

Robert H. Wright
FATHER OR MOTHER
LOCAL REGISTRAR



799-126-002-795

PLACE OF BIRTH

County of Blaine

City of Carey

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-3-17

Registration District No. 21

File No. 76666

Primary Registration District No. 2075

Registered No. 4

FULL NAME OF CHILD Merland William Grieb

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>1 36</u> 1912 (Month) (Day) (Year)
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FULL NAME <u>William E Grieb</u>	FATHER
RESIDENCE <u>Hutton Wn.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Ill.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Clara E. Griebing</u>	MOTHER
RESIDENCE <u>Hutton Wn.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 1 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

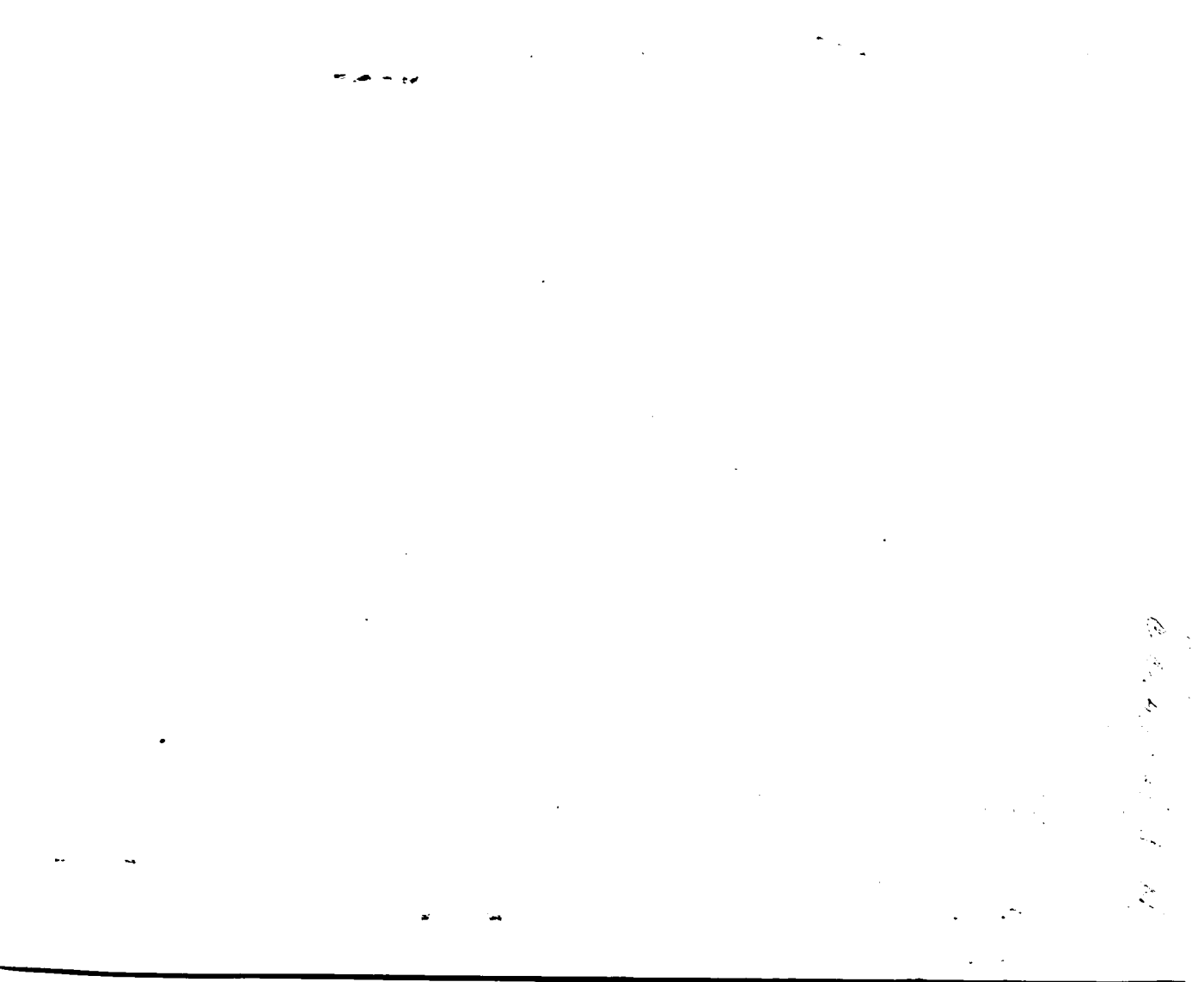
I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:26 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harston E. Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.
Merland William Grieb 19...
W. C. Murphy Registrar
State

Address Carey Idaho
Filed 2/20 19 20 Robert H. Wright Registrar



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Carey
Street and House No. _____
County Blaine

Registered No. 4Registration Dist. No. 57

Sex of Child Male
Date of Birth 1 26 1912
 MONTH DAY YEAR
Father Wm C. Grieb
 FULL NAME
Mother Clara E. Greving
 FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Merland William Grieb
GIVEN NAME IN FULL SURNAME

as reported by Mrs. Wm. C. Grieb

Robert A. Wright
FATHER OR MOTHER
LOCAL REGISTRAR

JAN 5 1970

265-215-007-799

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-22a-4-27

County of Blaine

City of Hailey

No. St.

Registration District No. 21

File No. 76667

Primary Registration District No. 2122

Registered No. 5

Hospital

FULL NAME OF CHILD Catherine Janet Sonnenleitner

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and } in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 15 1920</u> (Month) (Day) (Year)
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FATHER
FULL NAME Charles Sonnenleitner
RESIDENCE Hailey, Ida
COLOR white AGE AT LAST BIRTHDAY 69 (Years)
BIRTHPLACE Germany
OCCUPATION Miner

MOTHER
FULL NAME Katherine Greinisch
RESIDENCE Hailey, Ida
COLOR white AGE AT LAST BIRTHDAY 49 (Years)
BIRTHPLACE Milwaukee, Wis.
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. at 10:45 P.M.

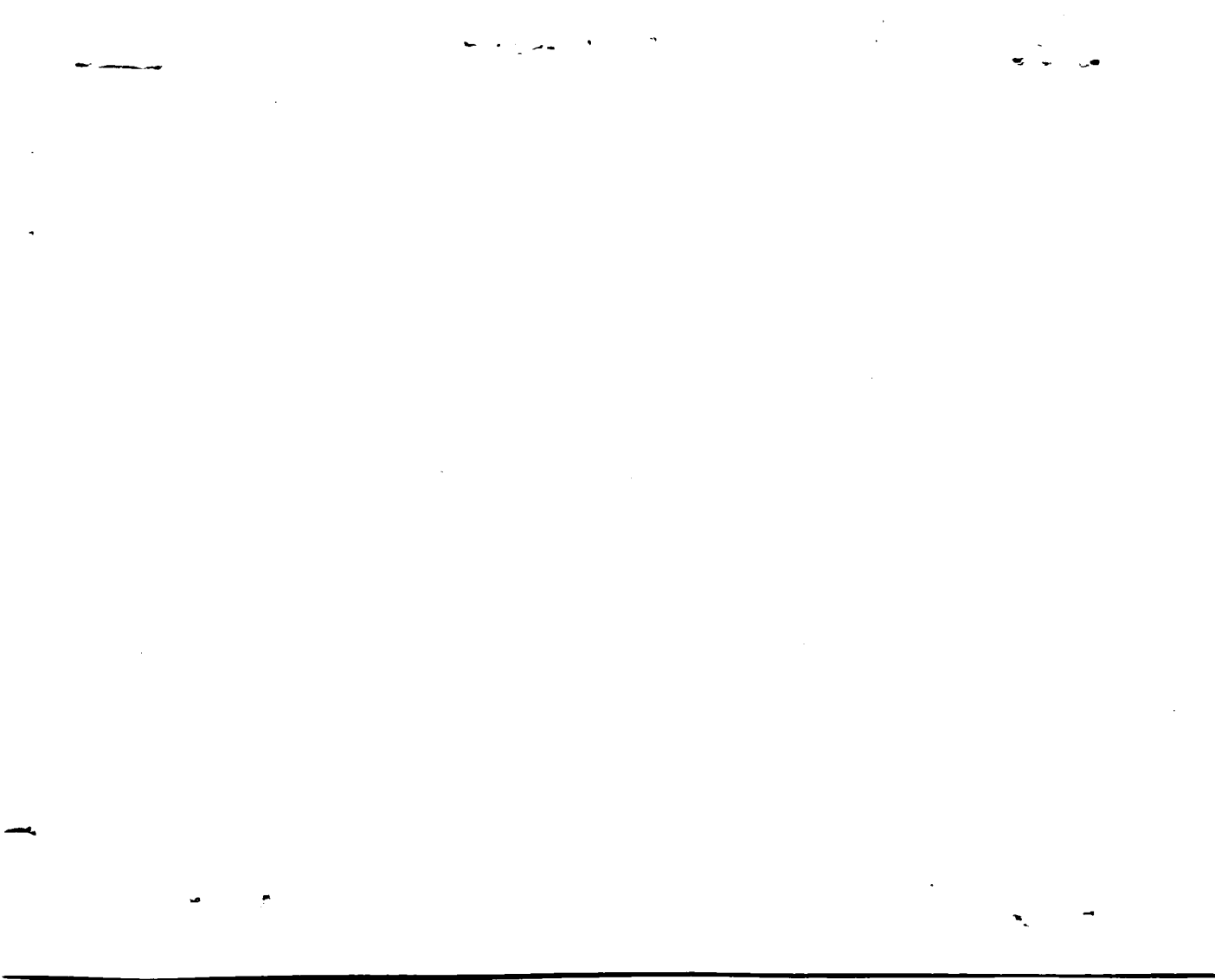
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright - M.D. (Born alive or stillborn)

Given names added from a supplemental report.

Catherine Janet Sonnenleitner
W. P. Humphrey Registrar

(Physician or midwife)
Hailey, Ida
Address Jan 20 1920
Filed Robert H. Wright Registrar



76667

BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTHPlace
of Birth

City

Hailey

Street and House No.

County

Blaine

Registered No.

5

Registration Dist. No.

21

Sex of Child

Female

Date of Birth

1

15

1912

0

MONTH

DAY

YEAR

Father

Charles Sonnlleitner

FULL NAME

Mother

Katherine Griewich

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Katherine Janet Sonnlleitner

GIVEN NAME IN FULL

SURNAME

as reported by

Chas. Sonnlleitner

FATHER OR MOTHER

Robert H. Wright

LOCAL REGISTRAR

MAR 28 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-105007-195

PLACE OF BIRTH

County of Blaine

City of Hailey

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 21

Primary Registration District No. 2022

Form V. B. No. 11-O-22m-2-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 76668

Registered No. 6

Ira George Dary

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 5</u> <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>James L. Dary</u>	FATHER
RESIDENCE <u>Hailey, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Hailey, Ida.</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Francis Arnold</u>	MOTHER
RESIDENCE <u>Hailey, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Hailey, Ida.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Born alive 2:30 P.
(Born alive or stillborn) at

(Signature) Robert H. Wright, M.D.

.....
(Physician or midwife)

Given names added from a supplemental report.

Address Hailey, Ida.

Filed 1/10 20 Robert H. Wright
Registrar

5/27/41 L. B.

9552281007-366

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-9-3-17

County of BlaineCity of BeauneRegistration District No. 21File No. 76669No. St.Primary Registration District No. 2022Registered No. 7

Hospital

FULL NAME OF CHILD

Virginia Diane Reed

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 28 1920</u>
(To be answered only in event of plural births)			Month	(Day) (Year)

FULL NAME <u>Rodney C. Reed</u>	FATHER
RESIDENCE <u>Beaune, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Ethel M. Lawrence</u>	MOTHER
RESIDENCE <u>Beaune, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

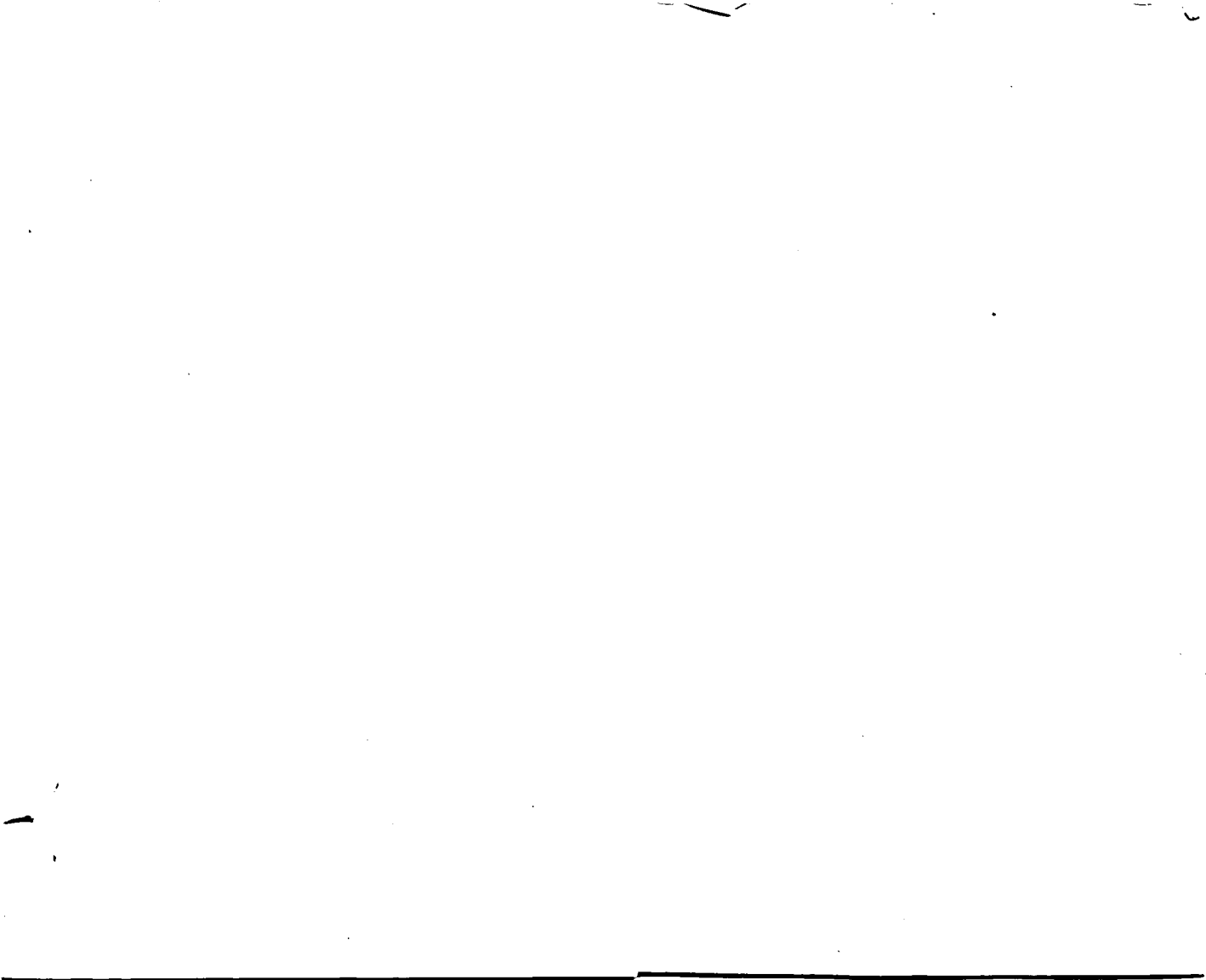
I hereby certify that I attended the birth of this child, who was Born alive 8:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright, M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Hailey, Ida
Filed Feb-1 1920 Robert H. Wright
Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-104007-819

PLACE OF BIRTH

County of Blaine

City of Carney

No.St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2 Rev. 8-8-17

Registration District No. 21

File No. 76670

Primary Registration District No. 7075

Registered No. 8

FULL NAME OF CHILD ... HAROLD MARVIN HOWARD

Sex of Child <u>Boy</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>2-4</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------	---	------------------------	---

FULL NAME <u>John W. Howard</u>	FATHER
RESIDENCE <u>Carney</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>England</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Rachel A. Harris</u>	MOTHER
RESIDENCE <u>Carney</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 4 ... Number of children of this mother now living, including present birth... 4 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:10 A.M. on the date above stated.

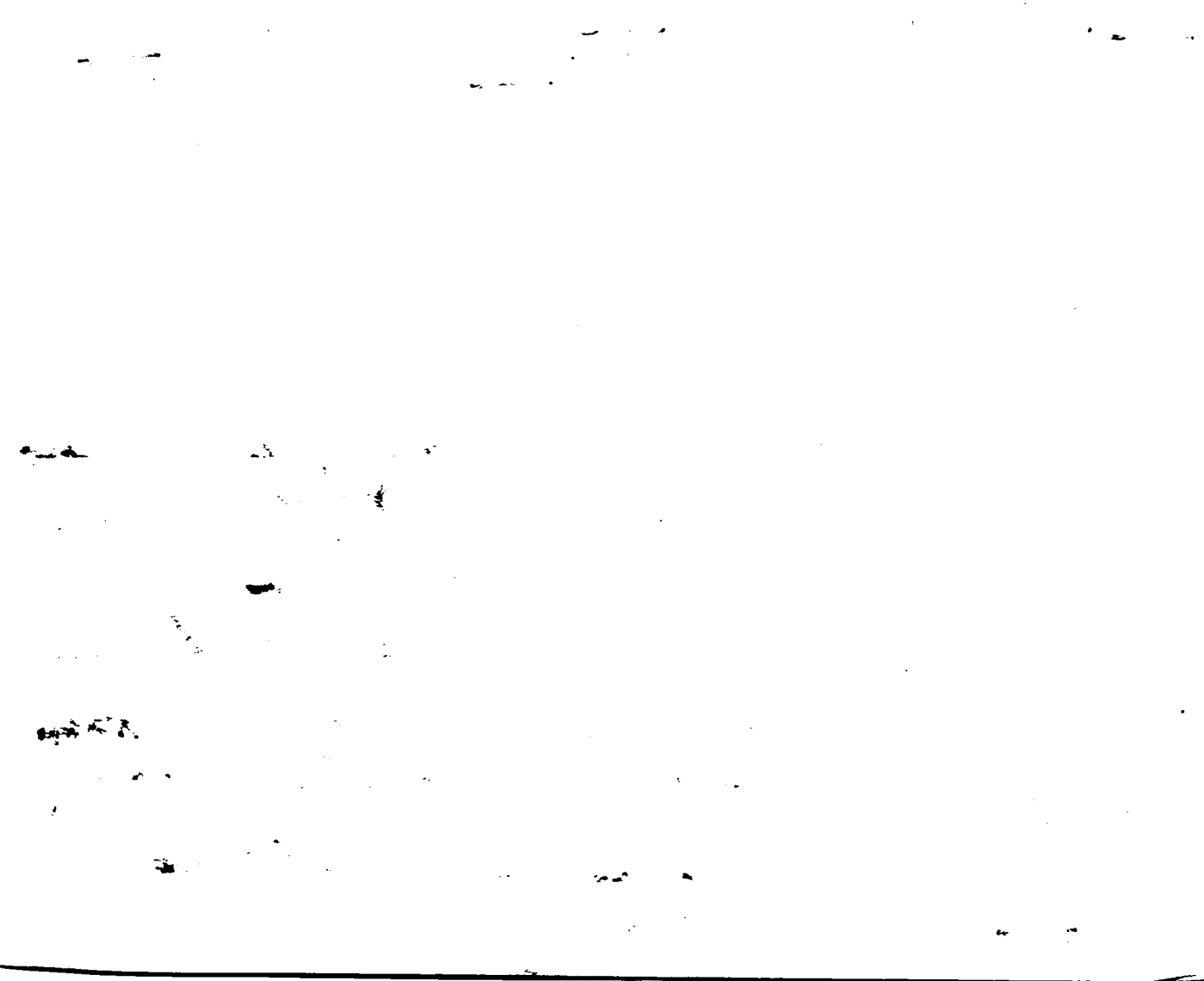
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.

Harold Marvin Howard
W.C. Murphy State Registrar

Address Carney, Ida
Filed 3-10-20 1920 Robert H. Wright
Registrar



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

176670

Place
of BirthCity Carey

Street and House No. _____

County BlaineRegistered No. 8Registration Dist. No. 21

Sex of Child	<u>Male</u>
Date of Birth	<u>Feb 4 1912</u>
	MONTH DAY YEAR
Father	<u>John W. Howard</u>
	FULL NAME
Mother	<u>Rachel A. Harris</u>
	FULL MAIDEN NAME

I hereby Certify that the child described herein
has been named:Harold Marvin Howard

GIVEN NAME IN FULL

SURNAME

as reported by

Rachel A. Howard

FATHER OR MOTHER

Robert H. Wright

LOCAL REGISTRAR

- MAR 2 1942

JUN 19 1962

793-110-007-763

PLACE OF BIRTH

County of BlaineCity of Carry

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 21File No. 76671Primary Registration District No. 2075Registered No. 9FULL NAME OF CHILD JAMES WILLIAM PITTMANSex of Child MaleTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
Birth2-10

(Month) (Day) (Year)

FULL
NAME

FATHER

James M. Pitman

RESIDENCE

Carry

COLOR

WhiteAGE AT LAST
BIRTHDAY24

(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Bella Potter

RESIDENCE

Carry

COLOR

WhiteAGE AT LAST
BIRTHDAY20

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:15 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Harvey E. SnyderPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address

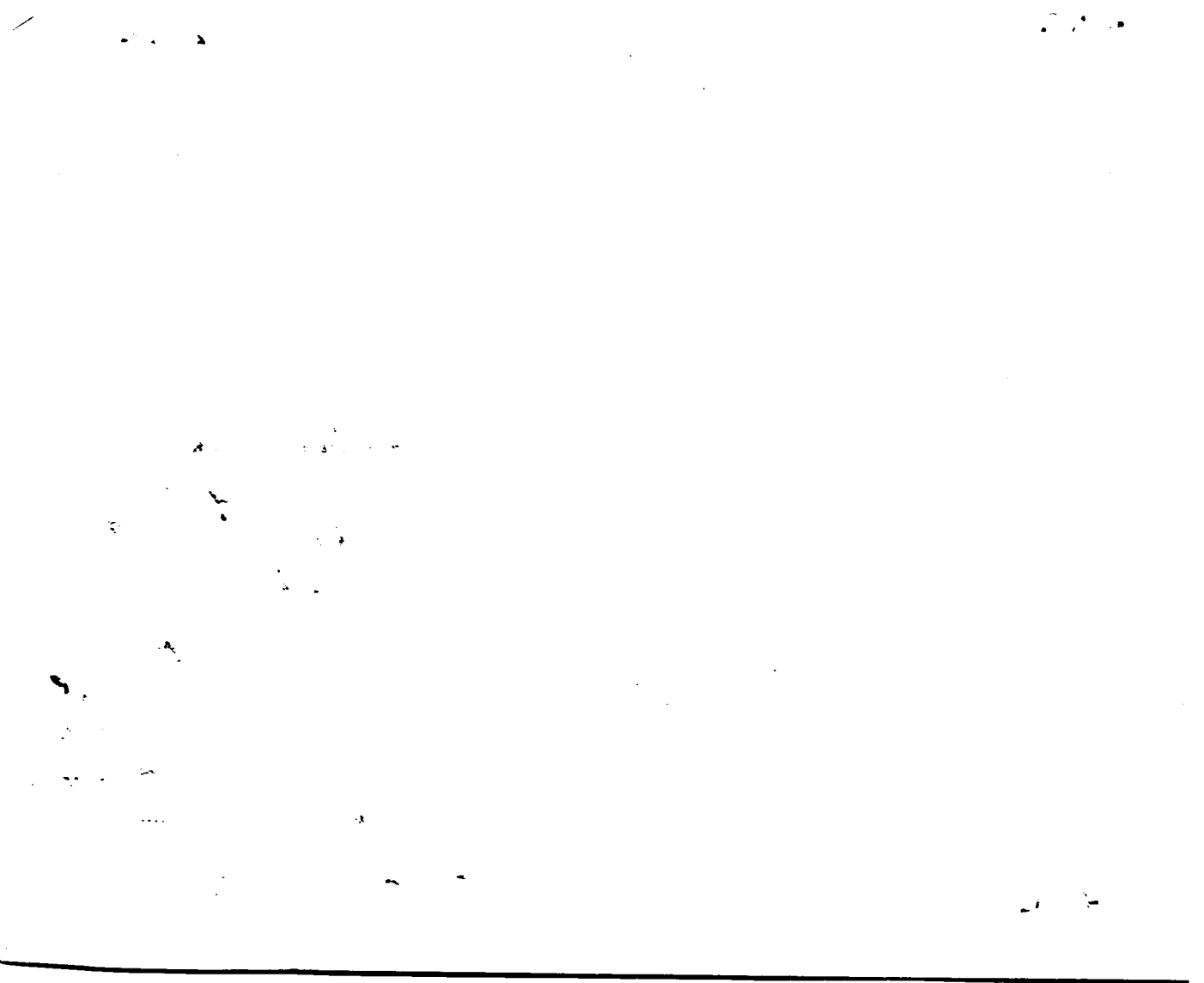
Carry Idaho

Filed

3-10-20Robert H. Wright

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } SS.Certificate No. 76671County of AdaDate Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of

for Unmarried Pitman who born on Feb. 10, 1920

(NAME ON ORIGINAL CERTIFICATE)

(WAS BORN OR DIED)

(BIRTH OR DEATH)

(DATE OF EVENT)

in Cary, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the

(PLACE OF EVENT)

true facts as shown by Ann prepared on _____, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.)

(GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Name Ann James H. PitmanSubscribed and sworn to before me this 4thday of February, 19 42Marion E. OrrNotary Public, residing at Boise IdahoMy commission expires 6-24-45

(SEAL)

Signed Mrs. Alice Pitman

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR OR INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Meridian, Ida.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS.

County of _____

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19 _____

Signed _____

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____

My commission expires _____

(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

FEB 4 1942

239-1101007-639

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-O-25m-2-27

County of BonneCity of Hailey

No. St.

Registration District No. 2022File No. 760

Hospital

Primary Registration District No. 21

Registered No.

FULL NAME OF CHILD

Robert Heyum Klingler

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>2</u> <u>10</u> <u>1912</u> (Month) (Day) (Year)
--------------------------	--	------------------------------	------------------------	--

FULL NAME Thomas J. Klingler FATHERFULL MAIDEN NAME Kellie Flint MOTHERRESIDENCE Hailey, Ida.RESIDENCE Hailey, Idaho.COLOR White AGE AT LAST BIRTHDAY 28 1/2
(Years)COLOR White AGE AT LAST BIRTHDAY 38 3/4
(Years)

BIRTHPLACE

BIRTHPLACE IdahoOCCUPATION County farm agt.OCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:50 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright, M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Hailey, Ida.Filed 2/15 1920 Robert H. Wright

Registrar

1807

1807

36K/117-007-291

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-28a-28-17

County of Blaine

City of Carey

Registration District No. 21

File No. 76673

No. St.

Primary Registration District No. 2075

Registered No. 11

Hospital

FULL NAME OF CHILD Albert Edward Loucks

Sex of Child Male

Twin
Triplet
or other?
(To be answered only in event of plural births)

Legiti-
mate? Yes

Date of Birth 2-17 1920
(Month) (Day) (Year)

FATHER
FULL NAME Arthur A. Loucks

RESIDENCE Carey

COLOR White AGE AT LAST BIRTHDAY 52
(Years)

BIRTHPLACE N. Y.

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Hattie E. Branson

RESIDENCE Carey

COLOR White AGE AT LAST BIRTHDAY 35
(Years)

BIRTHPLACE Ida.

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Carey, Ida. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) Norman E. Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Carey, Ida.
Filed 3-10-20 1920 Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING
RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/22/41 HMM

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-122-007-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. 2, No. 11-C—Rev. 3-3-17

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 21

File No. 76675

No. St.

Primary Registration District No. 2095

Registered No. 131

Hospital

FULL NAME OF CHILD Howard Houston Smith

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>2 22 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Clarence Smith</u> RESIDENCE <u>Carey</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>38</u> (Years) BIRTHPLACE <u>Carey Ida.</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Susan E. Gettig</u> RESIDENCE <u>Carey</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>39</u> (Years) BIRTHPLACE <u>Penn.</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3.... Number of children of this mother now living, including present birth 3....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

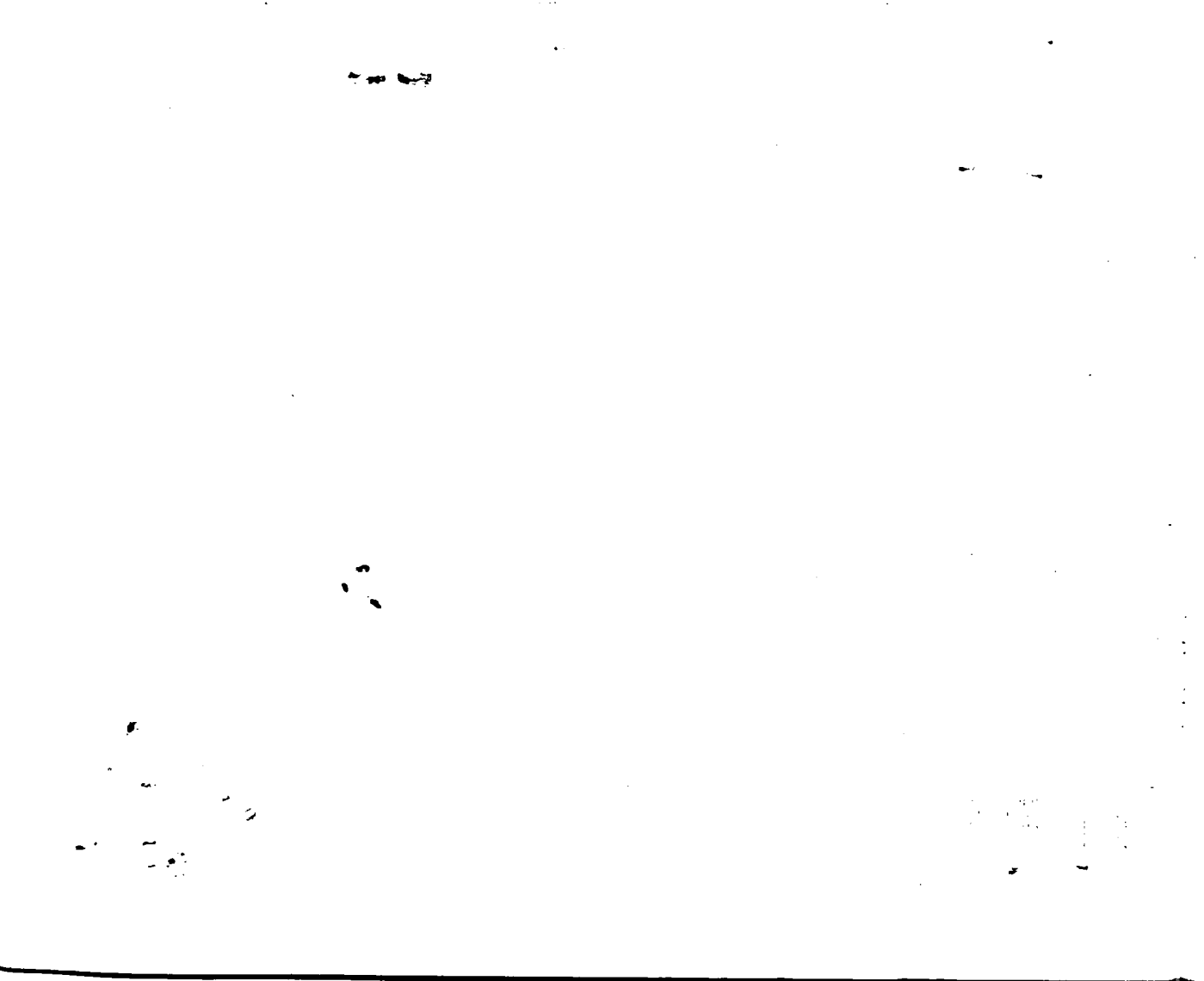
(Signature) Howard Houston Smith

Physician or midwife

Given names added from a supplemental report.

Howard Houston Smith
W. C. Murphy Registrar

Address Carey Idaho
Filed 3-10-20 Robert H. Wright Registrar



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTHPlace
of Birth

City

Carey

Street and House No.

County

Blaine

Registered No.

13

Registration Dist. No.

57

Sex of Child

Male

Date of Birth

2

22

1912

MONTH

DAY

YEAR

Father

Clarence Smith

FULL NAME

Mother

Susan E. Gettig

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Howard Houston Smith

GIVEN NAME IN FULL

SURNAME

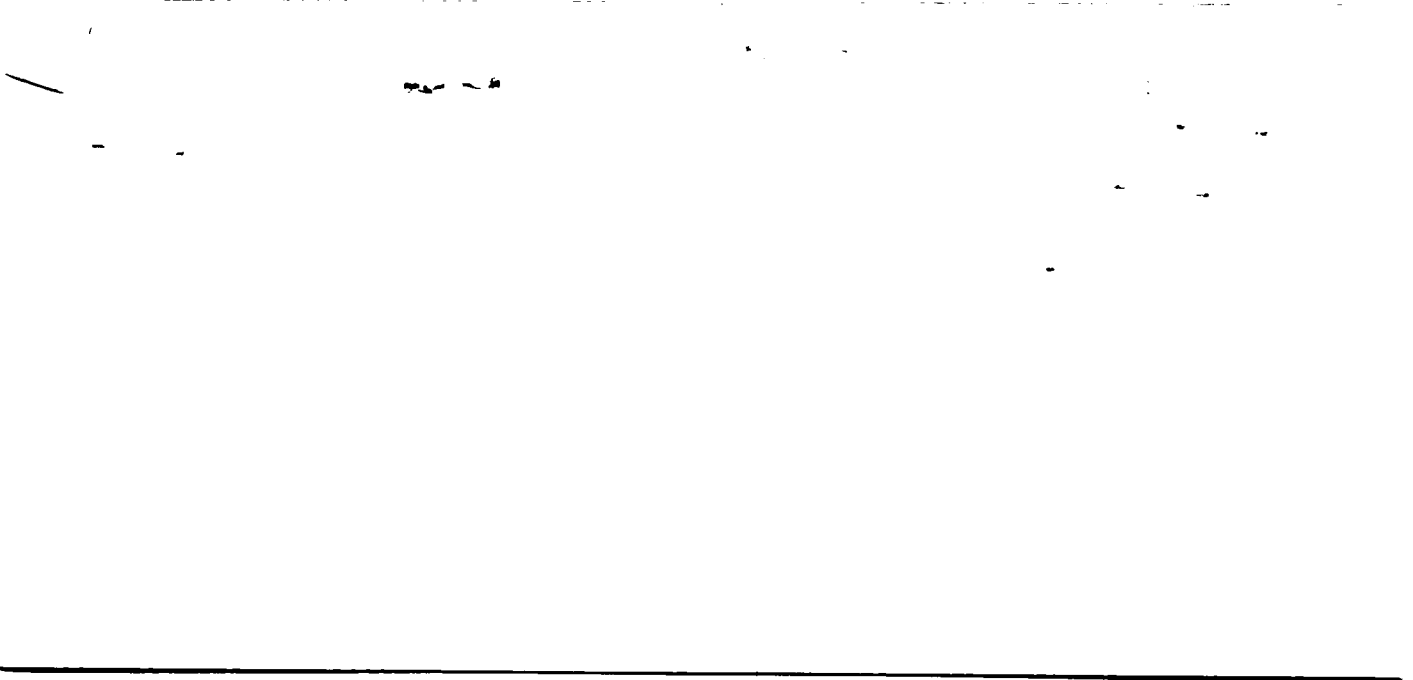
as reported by

Susan E. Smith

FATHER OR MOTHER

Robert H. Wright

LOCAL REGISTRAR



296-125-207-1914

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BlaineCity of CareyRegistration District No. 21File No. 76676

No.St.

Primary Registration District No. 2095Registered No. 14

Hospital

FULL NAME OF CHILD Bruce Lloyd Brooks

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>2-28</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Lloyd G. Brooks</u>	FATHER
RESIDENCE <u>Carey</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Kellie O. Bruce</u>	MOTHER
RESIDENCE <u>Carey</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Carey</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth....2 Number of children of this mother now living, including present birth....2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

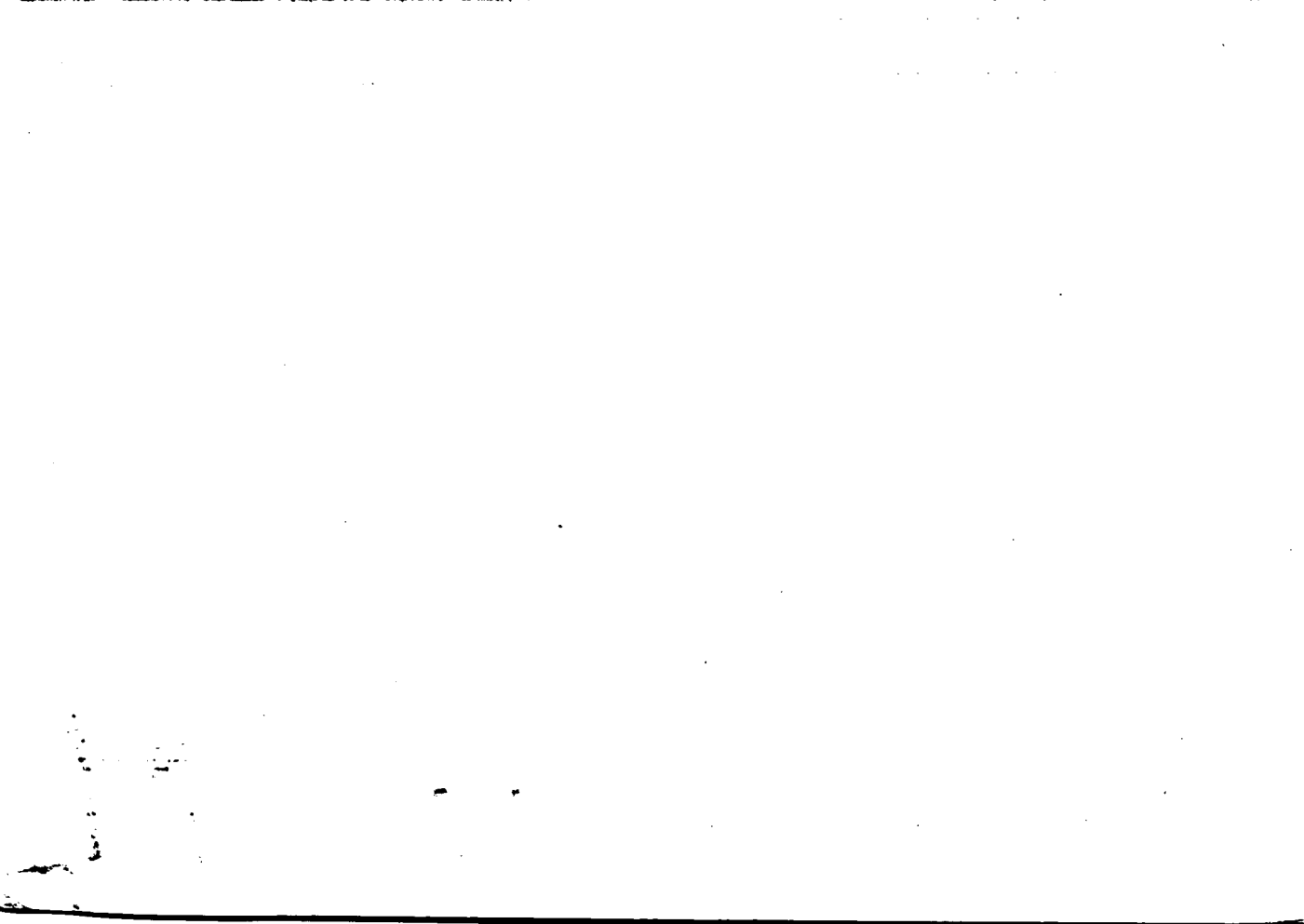
I hereby certify that I attended the birth of this child, who was.....Barnaline at 1240 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Fryer
Physician
(Physician or midwife)

Given names added from a supplemental report.
Bruce Lloyd Brooks 19.....

Address Carey, Idaho
Filed 3-10-20 1920 Robert H. Wright
Registrar



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

76676

Place of Birth { City Carey
Street and House No. _____
County Blaine

Registered No. 14Registration Dist. No. 21

Sex of Child Male
Date of Birth 2 75 1912
MONTH DAY YEAR
Father Lloyd G. Brooks
FULL NAME
Mother Nellie O. Bruce
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Bruce Lloyd Brooks
GIVEN NAME IN FULL SURNAME

as reported by Lloyd G. Brooks
FATHER OR MOTHER
Robert H. Wright
LOCAL REGISTRAR

MAR 6 1962

36622-1007-437

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-2-1-1-1-1

County of BlaineCity of Hailey

No. St.

Registration District No. 21

File No.

Primary Registration District No. 2022

Registered No.

Hospital

FULL NAME OF CHILD Lelia Berteen Comstock

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>2 22 20</u> (Month) (Day) (Year)
----------------------------	------------------------------------	--	------------------------	--

FULL NAME FATHER Robert W. ComstockRESIDENCE Hailey, IdaCOLOR white AGE AT LAST BIRTHDAY 38
(Years)BIRTHPLACE New YorkOCCUPATION FarmerFULL MAIDEN NAME MOTHER Lelia McPhetersRESIDENCE Hailey, IdaCOLOR white AGE AT LAST BIRTHDAY 32
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 12 M.
on the date above stated. (Born alive or stillborn) At M.

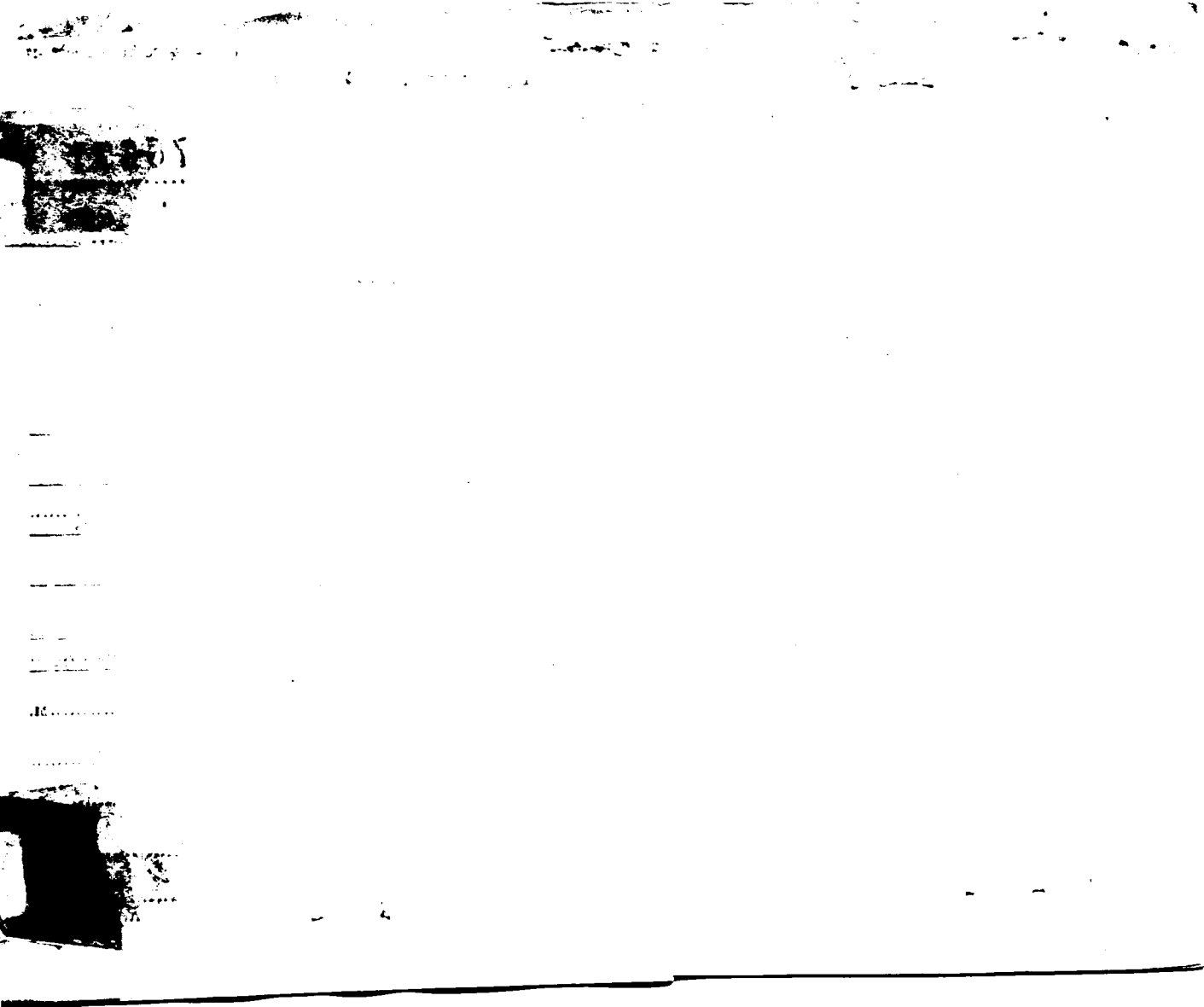
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

Given names added from a supplemental report.

Lelia Berteen Comstock 19Address Hailey, IdaW. R. Murphy 19Filed 2/29 20 Robert H.

Registrar



STATE OF IDAHO

BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

76627

Place
of Birth

City

Hailey

Street and House No.

County

Blaine

Registered No.

15

Registration Dist. No.

21

Sex of Child

Female

Date of Birth

2

22

1912

MONTH

DAY

YEAR

Father

Albert W. Comstock

FULL NAME

Mother

Lelia McPheters

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Lelia Berdeen Comstock

GIVEN NAME IN FULL

SURNAME

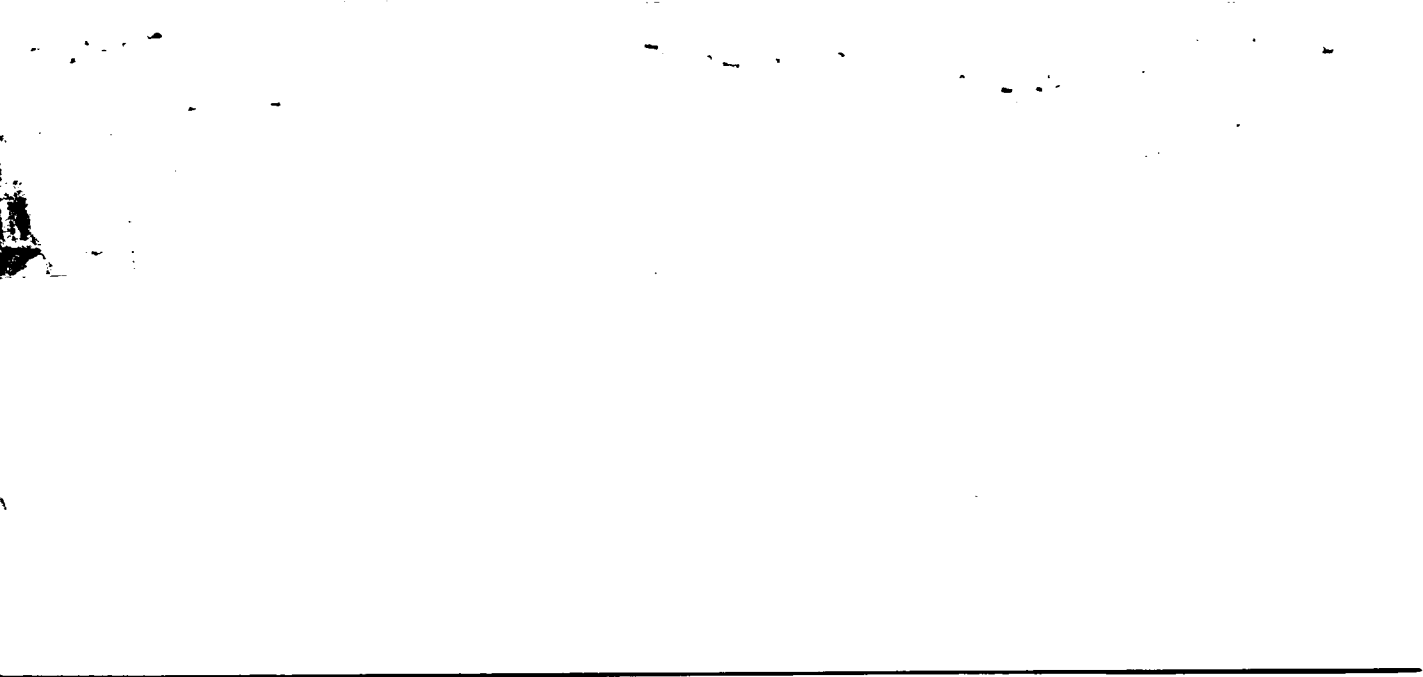
as reported by

Father

FATHER OR MOTHER

Robert H. Wright

LOCAL REGISTRAR



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of..... }
County of..... } ss.

Certificate No. 76677
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... Birth
for Unnamed Comstock (female child) who was born on Feb. 22, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Hailey, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by..... prepared on..... are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) **TO**
Full Name of Child Unnamed Lelia Berteen Comstock
(The Correct Facts)

Subscribed and sworn to before me this 10 day of
April 1965

Notary Public, residing at Orick, Calif.
My commission expires July 23, 1966
(Seal) Humboldt County State of California

Signed Albert L. Comstock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

P.O. Box 55 Orick, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of
....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

cert. copy of Own Child's Birth Certificate, copy issued June 18, 1956, State of California, gives full name of child as Steven Kenneth Ambrose, born Dec. 3, 1950 at Sacramento, California to Lelia Berteen Comstock and Kenneth William Ambrose - viewed by V.S.

JAN 3 1966

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-10-1

CERTIFICATE OF BIRTH

County of Blaine

766-129-007-791

City of HaileyRegistration District No. 21File No. 7667No. 2072 St.Primary Registration District No. 2072Registered No. 16HospitalFULL NAME OF CHILD THOMAS CLARK POWERS

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>2 29 20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Ira C. Powers</u>	FATHER	FULL MAIDEN NAME <u>Katherine Graham</u>	MOTHER
RESIDENCE <u>Hailey, Ida</u>		RESIDENCE <u>Hailey, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Montana</u>		BIRTHPLACE <u>Hailey, Ida</u>	
OCCUPATION <u>Laborer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>1st</u>	Number of children of this mother now living, including present birth <u>1st</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert N. Wright - M.D.

Given names added from supplemental report.

Thomas Clark Powers 19
W. C. Murphy 19
 Registrar

 Address Hailey, Ida
 Filed 2/29 1920 Robert N. Wright
 Registrar

OBV - NAMEE ADDED PER SROB - 02/01/2011 JCJ

STATE OF IDAHO

BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH*file misplaced*
*76628*Place
of Birth

City

Hailey

Street and House No.

County

Blaine

Registered No.

16

Registration Dist. No.

21

Sex of Child

male

Date of Birth

*2**29**1912*

MONTH

DAY

YEAR

Father

Ira C. Powers

FULL NAME

Mother

Katherine Graham

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:*Thomas Clarke Powers*

GIVEN NAME IN FULL

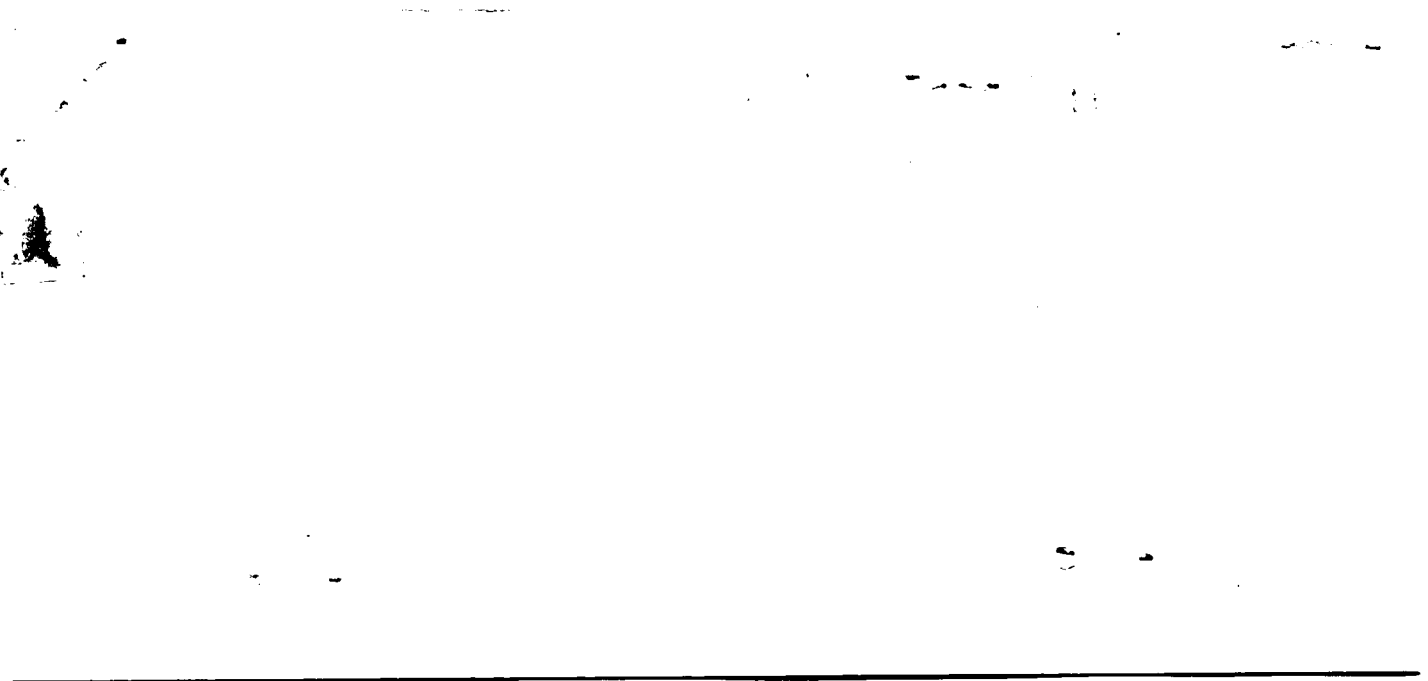
SURNAME

as reported by

*Mrs. Ira Powers**Robert H. Wright-*

FATHER OR MOTHER

LOCAL REGISTRAR



168-218-009-261

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BonnerCity of Sandpoint, IdahoRegistration District No. 78File No. 76681No. 517 Church St.Primary Registration District No. 2153

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Sigrid Genevieve JohnsonSex of Child femaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate? YesDate of Birth Feb. 18 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Gusta Albert Johnson

RESIDENCE

Sandpoint, Idaho.

COLOR

WhiteAGE AT LAST
BIRTHDAY 26
(Years)

BIRTHPLACE

Sweden

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Emmy Swanson

RESIDENCE

Sandpoint, Idaho.

COLOR

WhiteAGE AT LAST
BIRTHDAY 25
(Years)

BIRTHPLACE

Sweden

OCCUPATION

House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10 A. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.

Filed

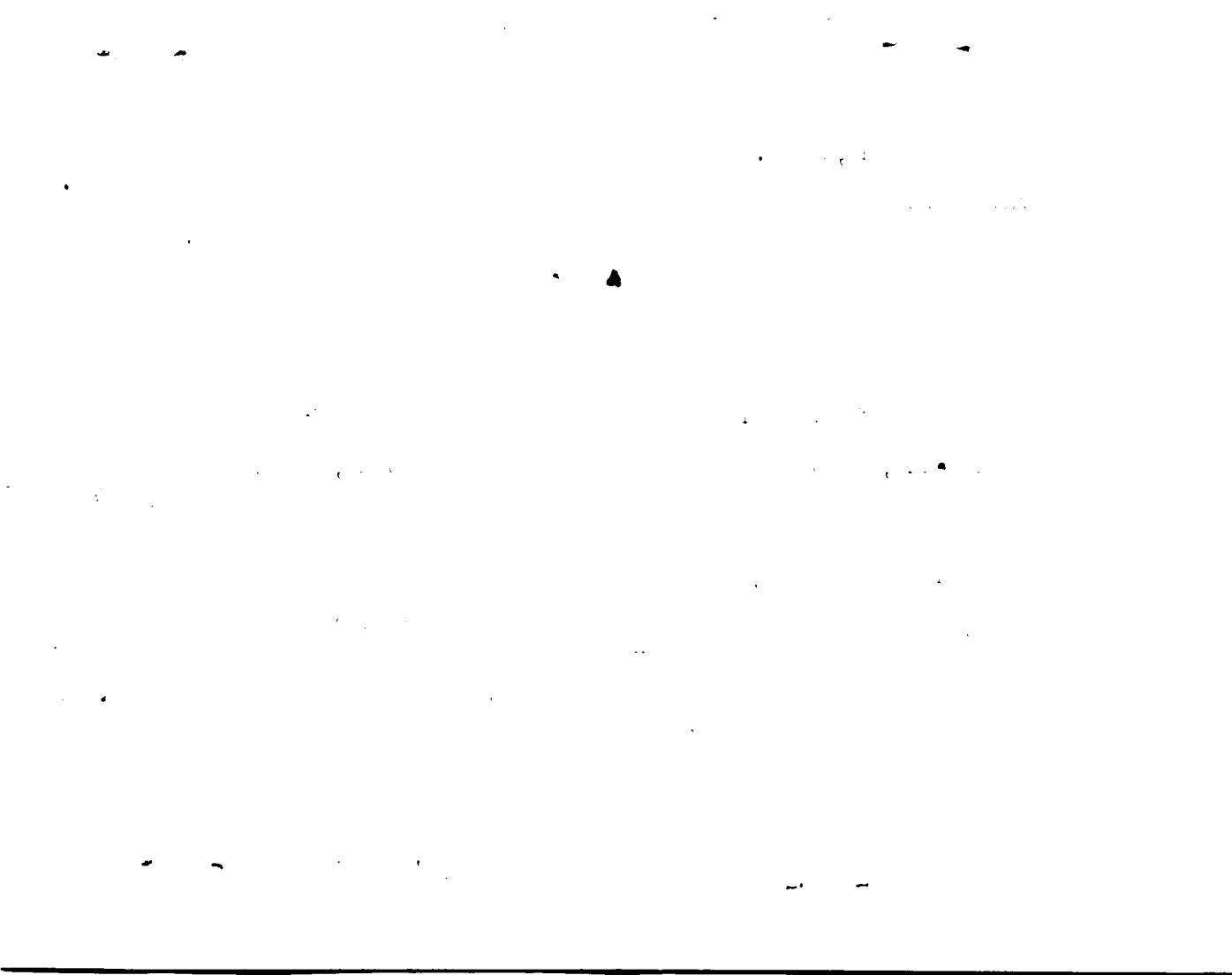
1920

FLOYD G. WENDLE

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.
The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or death)
for Sigrid Genevieve Johnson who was born on February 18, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Sandpoint, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by none prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name

Astride Geneva Johnson Sigrid Genevieve Johnson

Subscribed and sworn to before me this 24th
day of November, 19 41.

Signed Gustav A. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Spokane, Wash.

Route #6, Spokane, Washington

My commission expires Feb. 16, 1945.

(Street Address, City, State)

[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of November, 19 41.

Signed Ed Johnson
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Spokane, Wash.

Route #6, Spokane, Washington

My commission expires Feb. 16, 1945.

(Street Address, City, State)

[SEAL]

Received for filing on _____ By _____

(Registrar's signature)

NOV 21 1971

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

1133-2311009-663
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 76682

No. _____ St.

Hospital City Hospital

Primary Registration District No. 2155

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child Female

Twin
Triplet
or other?
(To be answered only in event of plural births)

and
Number
in order
of birth

Legiti
mate?

No.

Date of
Birth

Jan 31 19 20
(Month) (Day) (Year)

FULL
NAME

FATHER

Russel McTaggart

RESIDENCE

Sandpoint, Idaho

COLOR

White

AGE AT LAST

21

BIRTHDAY

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Laborer

FULL
MAIDEN
NAME

MOTHER

Helen Wold

RESIDENCE

Sandpoint, Idaho

COLOR

White

AGE AT LAST

BIRTHDAY

17

(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

Telephone operator

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho

Filed

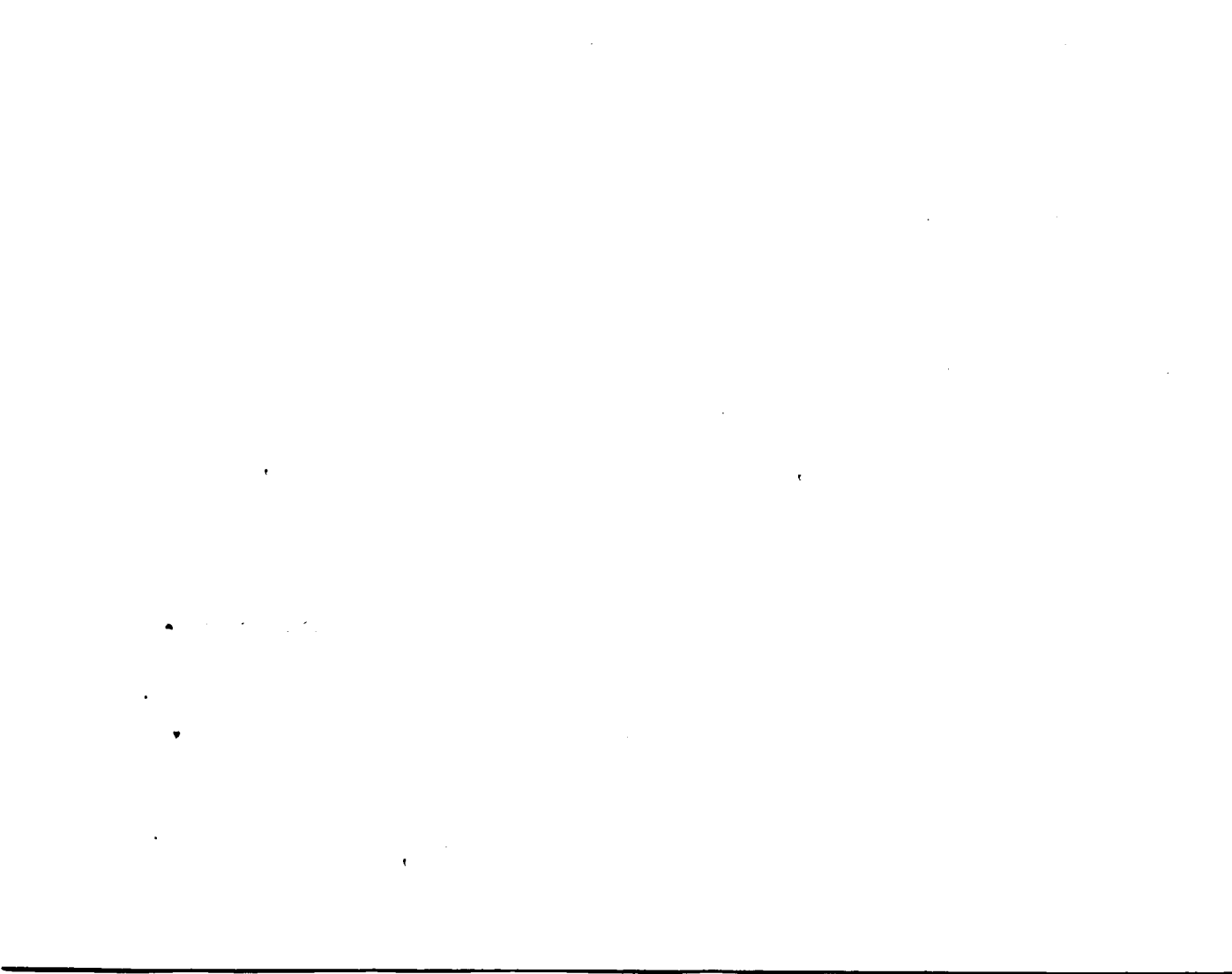
Feb 8

1920

FLOYD G. WENDLE

Registrar

Registrar



85K:127.009-653

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of BorrarCity of SandpointRegistration District No. 78File No. 76683No. Cadar St.Primary Registration District No. 2155

Registered No. _____

Hospital _____

FULL NAME OF CHILD Virgle Lee HembreeSex of
Child

Male

Twin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?

Yes

Date of
Birth

Feb

27

19 20

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Earnest C. Hembree

RESIDENCE

Sandpoint, Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY 23

(Years)

BIRTHPLACE

Ark.

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Maude G. Waller

RESIDENCE

Sandpoint, Idaho.

COLOR

WhiteAGE AT LAST
BIRTHDAY 22

(Years)

BIRTHPLACE

Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 A. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint, Idaho.

Filed

McK 8 1920

FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

OCT 27 1948

819-177009-291
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V-8 No. 11-C-25m-7-21-19

County of BonnevilleCity of SandpointRegistration District No. 78File No. 76685No. 416 Poplar St.Primary Registration District No. 2133

Registered No. _____

Hospital _____

FULL NAME OF CHILD LLOYD ALBERT HardSex of
Child MaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?yesDate of
BirthJan 17 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Spencer Jacob Hard

RESIDENCE

416 Poplar - Sandpoint -

COLOR

whiteAGE AT LAST
BIRTHDAY28

(Years)

BIRTHPLACE

Garden City, Kan.

OCCUPATION

Farmer.FULL
MAIDEN
NAME

MOTHER

Mabel Irene Bramwell

RESIDENCE

416 Poplar - Sandpoint

COLOR

whiteAGE AT LAST
BIRTHDAY24

(Years)

BIRTHPLACE

Alamosa, Colo.

OCCUPATION

Housewife

Number of child of this mother, including present birth. _____ Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Alive, at 10:20 P. M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. StackhouseM.D.
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address

Sandpoint

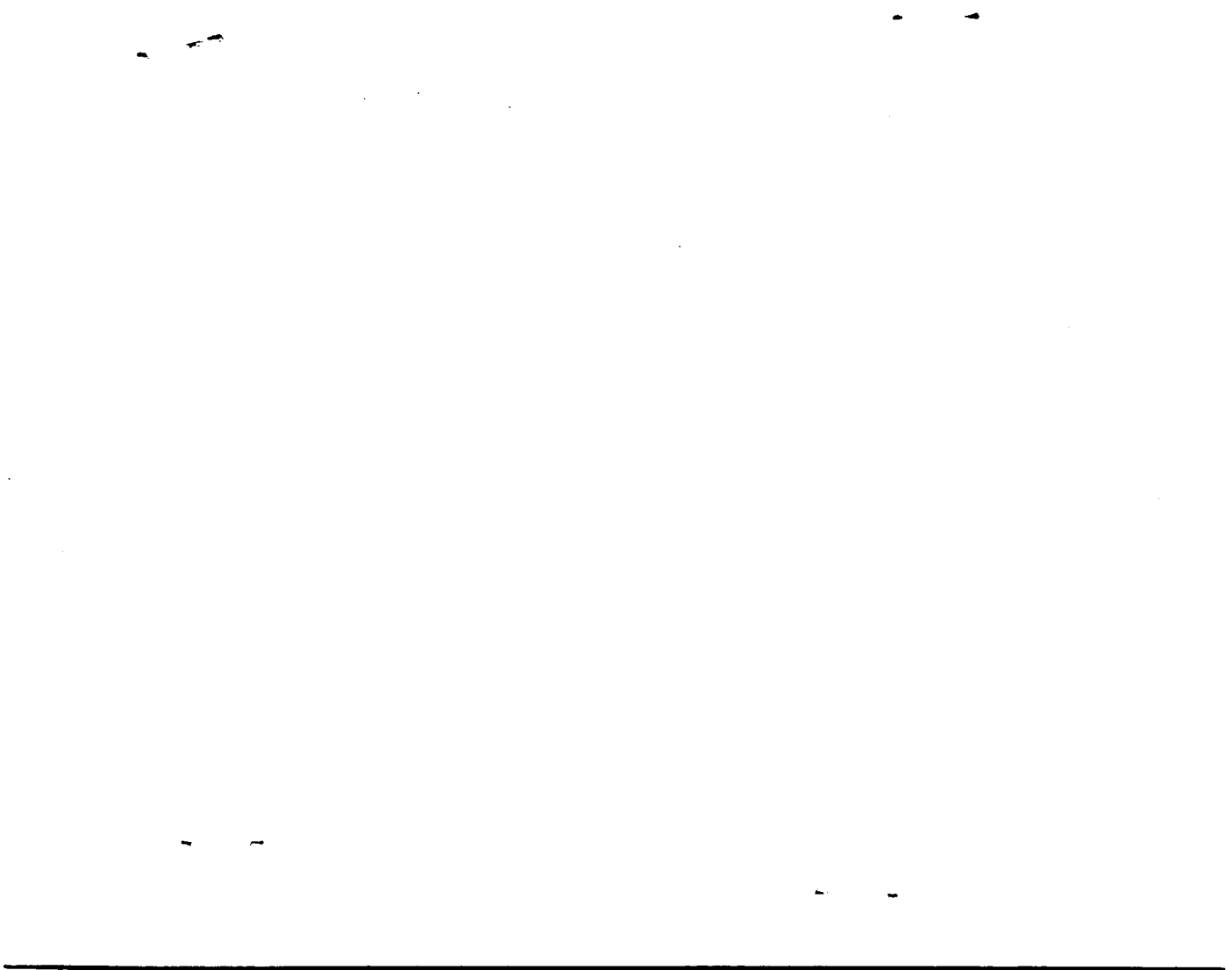
Filed

Apr 81920

FLOYD G. WENDLE

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Klamath } SS. Certificate No. 76685
Date Filed Jan. 17, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Hard who born on Jan. 17, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)
in Sand Point, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT) (DATE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name Unnamed Lloyd Albert Hard

Subscribed and sworn to before me this 26th day of January, 1943. Signed Clarence C Hard
Earl A. Gardner (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
DEATH RECORD; OR OTHER CREDIBLE PERSON)
Notary Public, residing at Klamath Falls, Oregon
My commission expires June 22, 1943 (STREET ADDRESS, CITY, STATE)
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Klamath } SS. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 1943. Signed AB. Whitwood
Earl A. Gardner (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Klamath Falls, Ore.
My commission expires June 22, 1943 (STREET ADDRESS, CITY, STATE)
(SEAL)

Received for filing on JAN 29 1943 By _____ (REGISTRAR'S SIGNATURE)

FEB 1 1943

FEB 10 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-220-009-437
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Banner

City of Sandpoint

No. 818 Lake St.

Registration District No. 7A

File No. 76686

Hospital —

Primary Registration District No. 2155

Registered No. —

FULL NAME OF CHILD DORIS GRETCHEN HEIEN ~~placenta~~

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 20 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	-----------------------------------	-------------------------	--

FULL NAME FATHER Albert Heien
RESIDENCE 818 Lake Sandpoint
COLOR white AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE N. Dak.
OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Gladys Mc. Quire
RESIDENCE 818 Lake Sandpoint
COLOR white AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Ida.
OCCUPATION Housewife

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Staechel

(Physician or midwife)

Given names added from a supplemental report.

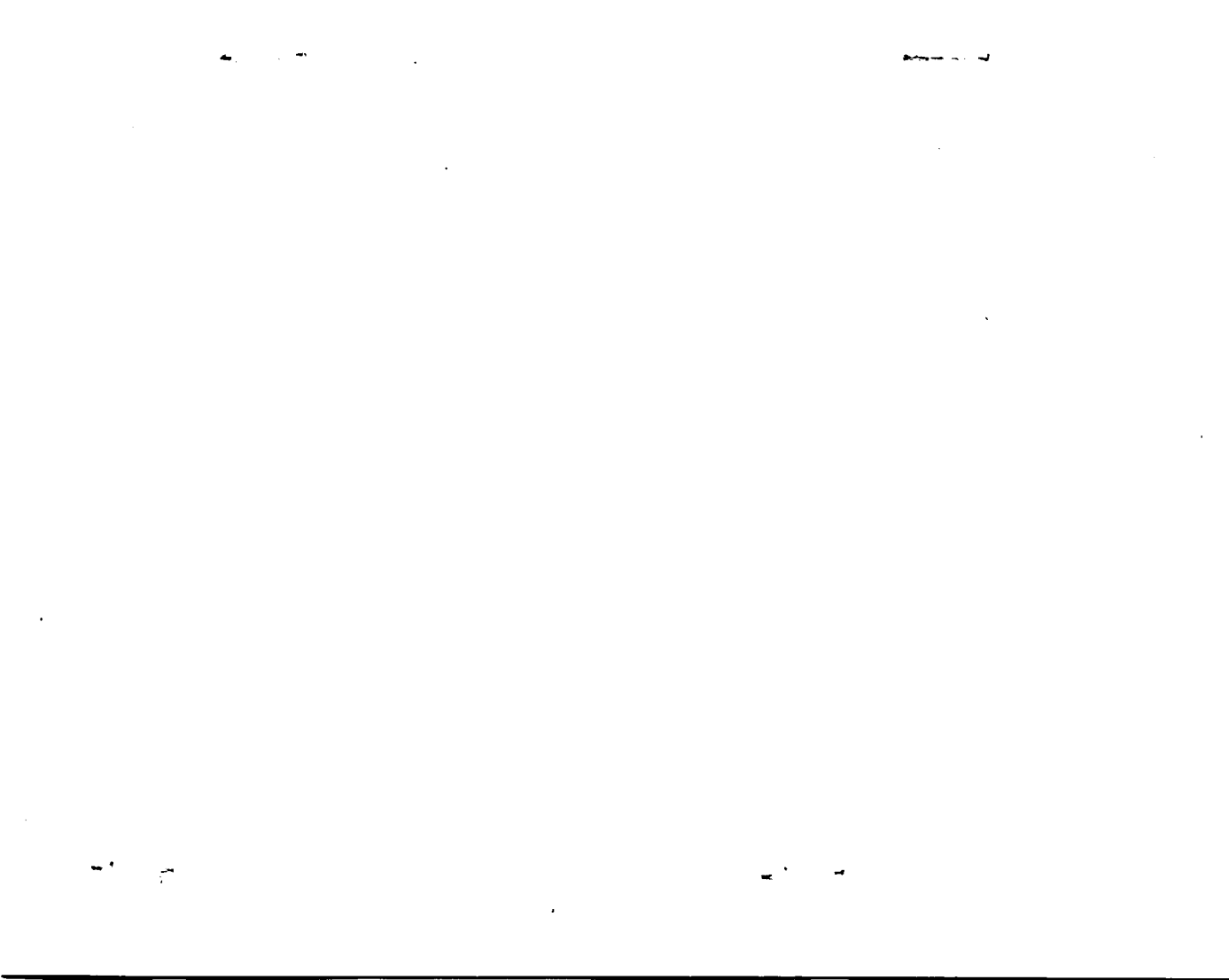
Address Sandpoint

Filed Feb 8 1920

FLOYD G. WENDLE

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss. JAN 20 1942 Certificate No. 76686
County of Pondera } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of
for Doris Gretchen Heien who Born on Feb. 20, 1920
in Sand Point, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by prepared on, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
name.....	<u>Unnamed Heini</u>	<u>Doris Gretchen Heien</u>
name of father.....	<u>Albert Heini</u>	<u>Albert Heien</u>

Subscribed and sworn to before me this 26th
day of Jan., 19 42 * Signed Albert Heien
Patsch Puma (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
Notary Public, residing at Brady, Mont. (CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
My commission expires Feb. 18, 1942 A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
(SEAL) Brady, Montana
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
County of Pondera } (SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.
Subscribed and sworn to before me this 26th,
day of Jan., 19 42 * Signed Mrs. Gladys Heien
Patsch Puma (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Notary Public, residing at Brady, Mont.
My commission expires Feb. 18, 1942 Brady, Montana
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 30 1942 By
(REGISTRAR'S SIGNATURE)

FEB 14 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

281-208009-593
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Postonai

Registration District No. 78

File No. 76694

No. _____ St.

Hospital _____ Primary Registration District No. 2133

Registered No. _____

FULL NAME OF CHILD

Anna May Shaver

Sex of
Child F

Twin
Triplet
or other? } and { Number
in order
of birth
(To be answered only in event of plural births)

Legiti
mate? Yes

Date of Birth Feb 8 1920
(Month) (Day) (Year)

FULL
NAME

Geo. L. Shaver

FATHER

RESIDENCE

Postonai

COLOR

White

AGE AT LAST
BIRTHDAY

39
(Years)

BIRTHPLACE

Stafford Co. Kans

OCCUPATION

Lawyer

FULL
MAIDEN
NAME

Lena Nichols

MOTHER

RESIDENCE

Postonai

COLOR

White

AGE AT LAST
BIRTHDAY

23
(Years)

BIRTHPLACE

Knigsville Mo.

OCCUPATION

Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9-30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Floyd Wendle
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sanapoint Idaho

Filed

Feb 8 1920

FLOYD G. WENDLE
Registrar

Registrar

JAN 27 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

763212009-493
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

No. 530 Pine St.

Registration District No. 78

File No. 76695

Hospital _____

Primary Registration District No. 2153 Registered No. _____

FULL NAME OF CHILD

Lois Polar

Sex of Child <u>F</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 12</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----------	--------------------------------	------------------------	--

FULL NAME FATHER Henry C Polar

RESIDENCE Sandpoint 530 Pine

COLOR W. AGE AT LAST BIRTHDAY 30
(Years)

BIRTHPLACE Rockford Wash.

OCCUPATION R.R. Brakeman

FULL MAIDEN NAME MOTHER Edith Miller

RESIDENCE 530 Pine St

COLOR W. AGE AT LAST BIRTHDAY 26
(Years)

BIRTHPLACE Autumn Minn.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 1-30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle M.D.
Sandpoint
(Physician or midwife)

Given names added from a supplemental report. _____

Address Sandpoint Idaho
Filed Feb 8 1920 FLOYD G. WENDLE

Registrar

Registrar

MAY 22 1944

235-207.009-349

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of BonnerCity of SandpointRegistration District No. 7DFile No. 76696No. 116 Euclid St.Primary Registration District No. 2123

Registered No. _____

Hospital _____

FULL NAME OF CHILD

StellpflugSex of Child MTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?YesDate of
BirthMarch 71920
(Month) (Day) (Year)FULL
NAME

FATHER

Floyd E. StellpflugFULL
MAIDEN
NAME

MOTHER

Alice Turnbull

RESIDENCE

116 Euclid Sandpoint

RESIDENCE

116 Euclid Sandpoint

COLOR

MAGE AT LAST
BIRTHDAY32
(Years)

COLOR

MAGE AT LAST
BIRTHDAY91
(Years)

BIRTHPLACE

Gale Erie

BIRTHPLACE

Hudsonville Erie

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Floyd Ellen De We

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint Idaho.

Filed

March 81920

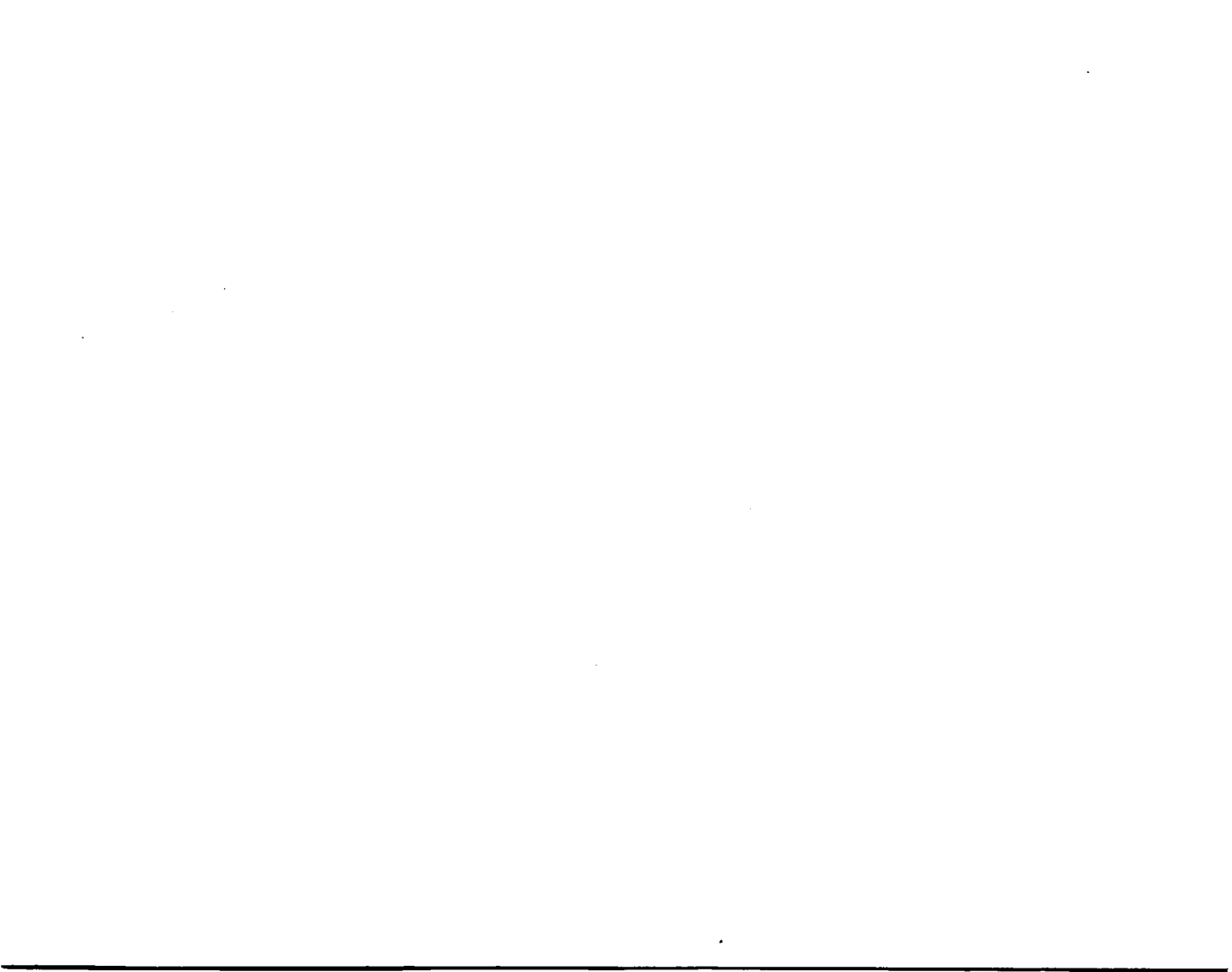
FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

45K-116.009-419
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

76697

County of BonnerCity of Sandpoint,Registration District No. 7D

File No. _____

No. _____ St. _____

Primary Registration District No. 2/53

Registered No. _____

Hospital _____

FULL NAME OF CHILD Helair Joseph DemersSex of Child MaleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate? YesDate of
BirthFeb. 16 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Thomas E. Demers

RESIDENCE

Sandpoint, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Violet May March

RESIDENCE

Sandpoint, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

South Dakota

OCCUPATION

house wifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:56 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Mrs. Demers (Mother)Sandpoint Informant
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.

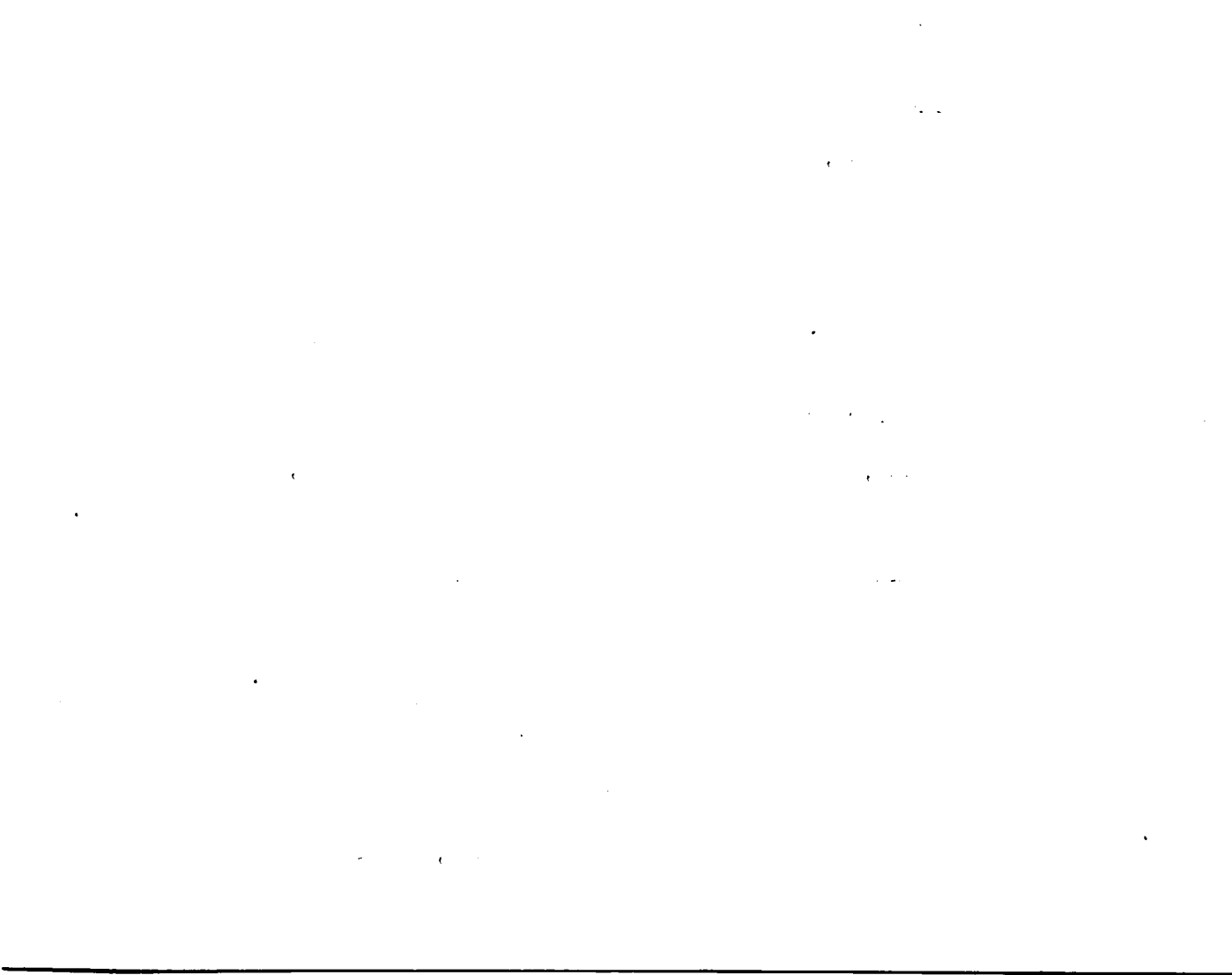
Filed

Mar 4 1920

FLOYD G. WENDLE

Registrar

Registrar



15K-226.009-257
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

County of Bonner

City of Lacleda

Registration District No. _____

File No. 76698

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Mary Elizabeth Anderson

Sex of Child <u>Female</u>	Twins Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb - 26 - 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FATHER
FULL NAME Oscar Anderson
RESIDENCE Lacleda, Idaho
COLOR white AGE AT LAST BIRTHDAY 33
(Years)
BIRTHPLACE Wisconsin
OCCUPATION Time Keeper Saw mill

MOTHER
FULL MAIDEN NAME Hazel Beatty
RESIDENCE Lacleda, Idaho
COLOR white AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Canada
OCCUPATION Housewife

Number of child of this mother, including present birth. 1

Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

alive at 4.30 A.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. R. King
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Lacleda, Idaho

Filed Feb 26, 1920

Registrar

M. R. King
Registrar

OCT 19 1973

849-223,009-364
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

No. _____ St. _____

Registration District No. 81

File No. 76699

Primary Registration District No. _____

Registered No. 40

Hospital _____

FULL NAME OF CHILD Alie Marie Queen

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u>	and	Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 22</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER
FULL NAME Herbert Queen
RESIDENCE Laclede Idaho
COLOR white AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho
OCCUPATION Sawmill employee

MOTHER
FULL MAIDEN NAME Lela Todd
RESIDENCE Oklahoma Laclede Idaho
COLOR white AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Oklahoma
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 12 years on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M R King
Physician -
(Physician or midwife)

Given names added from a supplemental report.

Address Laclede Idaho

Filed Feb 23 1920 M R King

JUL 8 1962

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Form V. B. No. 11-2-20

CERTIFICATE OF BIRTH

76701

City of PRIST RIVER, IDAHO Registration District No. 85 File No. 1
No. _____ St. _____
Primary Registration District No. 185 Registered No. 13
Hospital _____
FULL NAME OF CHILD Anita May Atkinson
Sex of Female Child Female { and } Number in order of birth 1 Legit mate? Yes Date of Birth Feb. 12 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER FULL NAME <u>Claude Eugene Atkinson</u> RESIDENCE _____ COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> (Years) BIRTHPLACE <u>Mo.</u> OCCUPATION <u>Lumberjack</u>		MOTHER FULL MAIDEN NAME <u>May Dunn</u> RESIDENCE <u>PRIEST RIVER, IDAHO</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housewife</u>	
--	--	---	--

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11.30 A.M. on the date above stated. (Born alive or stillborn)

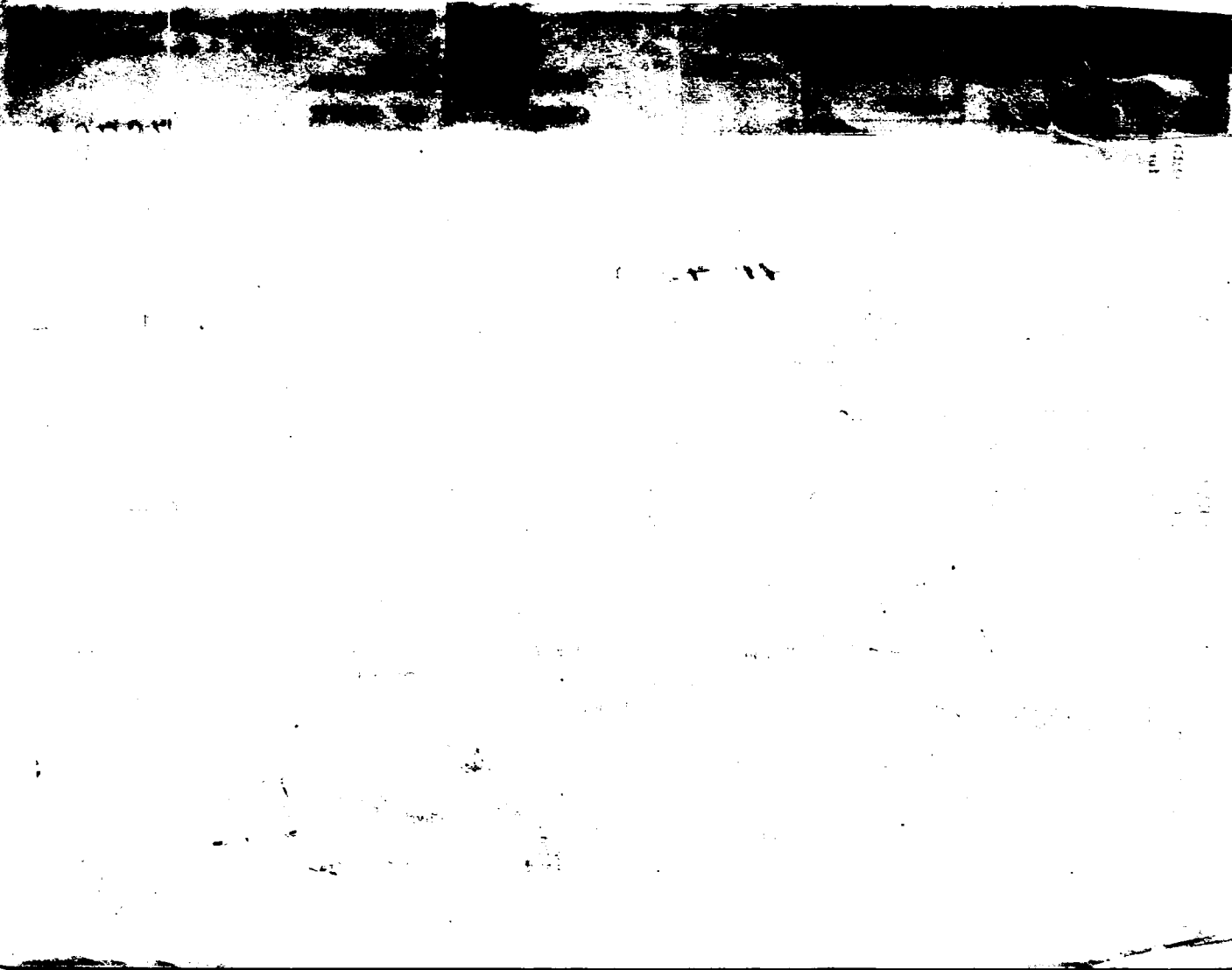
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Getzloff M.D.
[Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address PRIEST RIVER, IDAHO
Filed Feb 14 1920 E. P. Getzloff
Registrar

Registrar



254-228009-234

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnerCity of Priest River, IdahoRegistration District No. 85File No. 76702

No. _____ St. _____

Primary Registration District No. 2182Registered No. 14

Hospital _____

FULL NAME OF CHILD

Mary Elizabeth KempffSex of Child FemaleTwin
Triplet
or other _____

and _____

Number
in order
of birth
_____Legiti
mate? YesDate of Birth Feb. 2819 20

(Month) (Day) (Year)

FULL NAME Gerhard FATHER
KempffFULL MAIDEN NAME Lilly M. MOTHER
KussendorfRESIDENCE Priest River, Idaho.RESIDENCE Priest River, Idaho.COLOR WhiteAGE AT LAST BIRTHDAY 29
(Years)COLOR WhiteAGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE British South IndiaBIRTHPLACE Wisconsin

OCCUPATION

Experiment Station Operator

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive, at 5 A.M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) _____

C. P. Getzloff M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed Feb 31 19 20

Registrar _____

Registrar _____

JUN 12 1942

296-104-009-743

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnerCity of Priest River, Idaho.Registration District No. 85File No. 76703

No. _____ St. _____

Primary Registration District No. 2185Registered No. 12

Hospital _____

FULL NAME OF CHILD Edward Brown.

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>January 4</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Month) (Day) (Year)

FULL NAME FATHER
Edward B. BrownFULL MAIDEN NAME MOTHER
EloiseRESIDENCE Priest River, Idaho.

RESIDENCE _____

COLOR White AGE AT LAST BIRTHDAY 33 (Years)COLOR White AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE New York.BIRTHPLACE New York.OCCUPATION LumberjackOCCUPATION HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at _____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

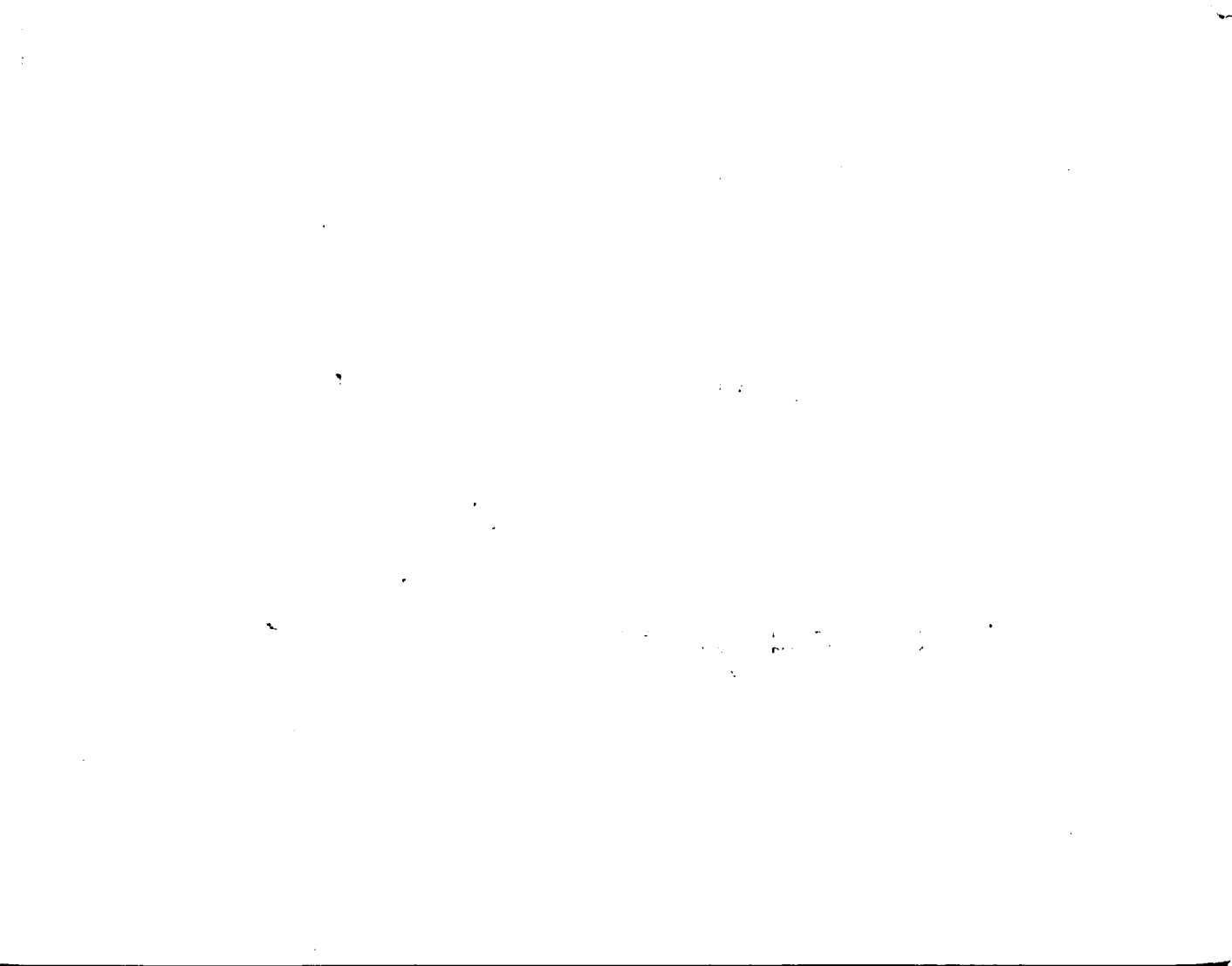
Filed _____

Registrar _____

Registrar _____

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

258-106-009-248

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Priest River, Idaho.

Registration District No. 85

File No. 1

76704

No. _____ St. _____

Primary Registration District No. 2185

Registered No. 11

Hospital _____

FULL NAME OF CHILD Wilfred John Keyser

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____ (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>February 6</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-------------------------	--

FULL NAME FATHER
Henry Keyser

FULL MAIDEN NAME MOTHER
Helena Kuhnhofer

RESIDENCE Priest River, Idaho.

RESIDENCE Priest River, Idaho.

COLOR White AGE AT LAST BIRTHDAY 33
(Years)

COLOR White AGE AT LAST BIRTHDAY 32
(Years)

BIRTHPLACE Trent, Wash.

BIRTHPLACE Germany

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 11:15 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. P. Gettel
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Priest River, Idaho

Filed Feb 14 19 20

E. P. Gettel
Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814.113.010-682
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-37

County of... **Bonneville**...

City of... **Idaho Falls**...

No. **R.F.D. # 4** St.

Registration District No. **7.3**

File No. **76708**

Primary Registration District No. **21.3**

Registered No. **6**

Hospital

FULL NAME OF CHILD **Shinji Yamasaki**

Sex of Child Male	Twin Triplet or other? X	and Number in order of birth X	Legitimate? Yes	Date of Birth 1-13-40 (Month) (Day) (Year)
--------------------------	---------------------------------	---------------------------------------	------------------------	--

FATHER
FULL NAME **Arata Yamasaki**
RESIDENCE **R.F.D. # 4 Idaho Falls Idaho**
COLOR **Oriental**
AGE AT LAST BIRTHDAY **25** (Years)
BIRTHPLACE **Fukuoka-ken, Japan**
OCCUPATION **Farmer**

MOTHER
FULL MAIDEN NAME **Fujino Ohkushi**
RESIDENCE **R.F.D. # 4 Idaho Falls, Idaho**
COLOR **Oriental**
AGE AT LAST BIRTHDAY **24** (Years)
BIRTHPLACE **Fukuoka-ken Japan**
OCCUPATION **House Wife**

Number of child of this mother, including present birth **2** Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive**, at **Idaho Falls, Idaho**, on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **J. D. Hollister**

(Physician or midwife)

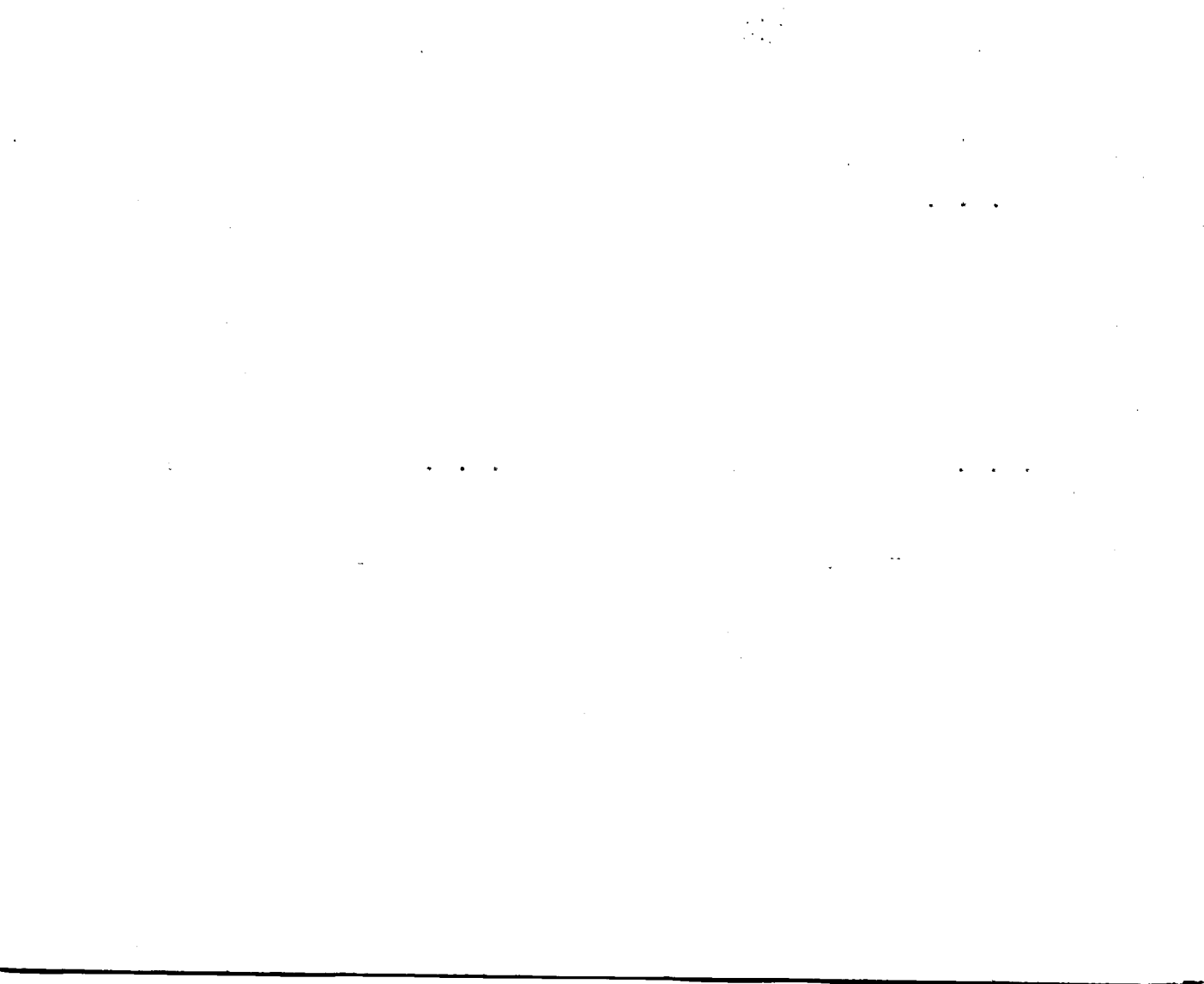
Given names added from a supplemental report.

Address **Idaho Falls, Idy.**

Filed **1/20 40**

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-204010-719
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Bannock

City of _____

Registration District No. 73

File No. 76709

No. _____ St. _____

Primary Registration District No. 2150

Registered No. 4

Hospital _____

FULL NAME OF CHILD Florence Martha

Sex of Child <u>female</u>	Twin Triplet or other? <u>no</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 4 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FATHER
FULL NAME Earnest R Bowles
RESIDENCE Garfield
COLOR white
BIRTHPLACE Coalville Wt
OCCUPATION Farmer
AGE AT LAST BIRTHDAY 32
(Years)

MOTHER
FULL MAIDEN NAME Garfield
RESIDENCE Clarissa Hancock
COLOR white
BIRTHPLACE Thistlejuene Wt
OCCUPATION Housewife
AGE AT LAST BIRTHDAY 32
(Years)

Number of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8.20 P.M. on the date above stated.

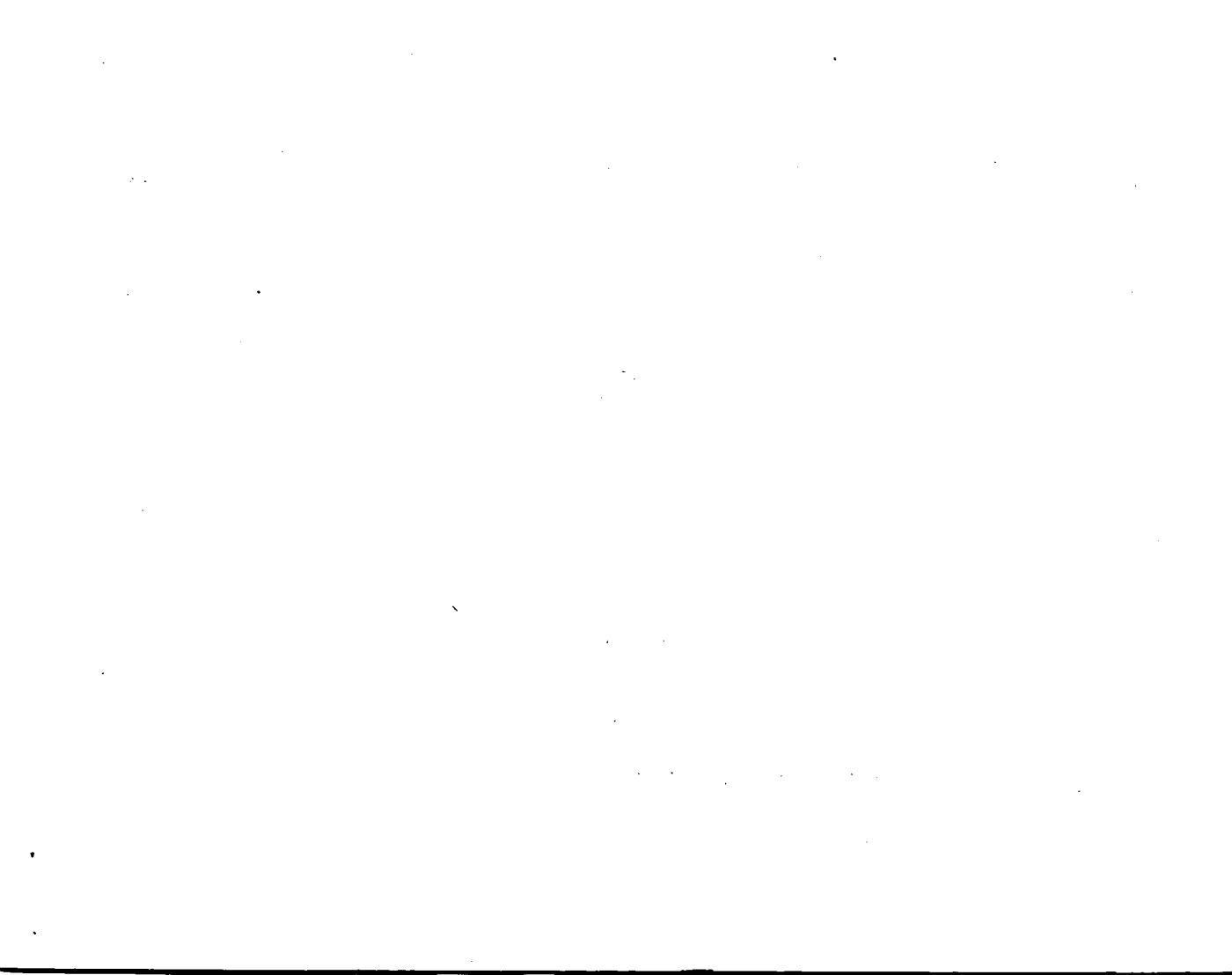
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard

Given names added from a supplemental report.

Address Rigby Ida RA

Filed 1/19 19 20 Registrar Wm. H. ...



266-2141010-314

PLACE OF BIRTH

name added 2-26-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Bennett

CERTIFICATE OF BIRTH

City of _____

Registration District No. 73File No. 76710

No. _____ St. _____

Primary Registration District No. 211-0Registered No. 3

Hospital _____

FULL NAME OF CHILD Alice Bowles

Sex of Child <u>female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 14</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Samuel C. Bowles</u> RESIDENCE <u>Milo</u> COLOR <u>white</u> BIRTHPLACE <u>Nephi Ut.</u> OCCUPATION <u>farmer</u>			MOTHER FULL MAIDEN NAME <u>Sarah Campbell</u> RESIDENCE <u>Milo</u> COLOR <u>white</u> BIRTHPLACE <u>Bennett</u> OCCUPATION <u>housewife</u>	
AGE AT LAST BIRTHDAY <u>28</u> (Years)			AGE AT LAST BIRTHDAY <u>27</u> (Years)	

Number of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

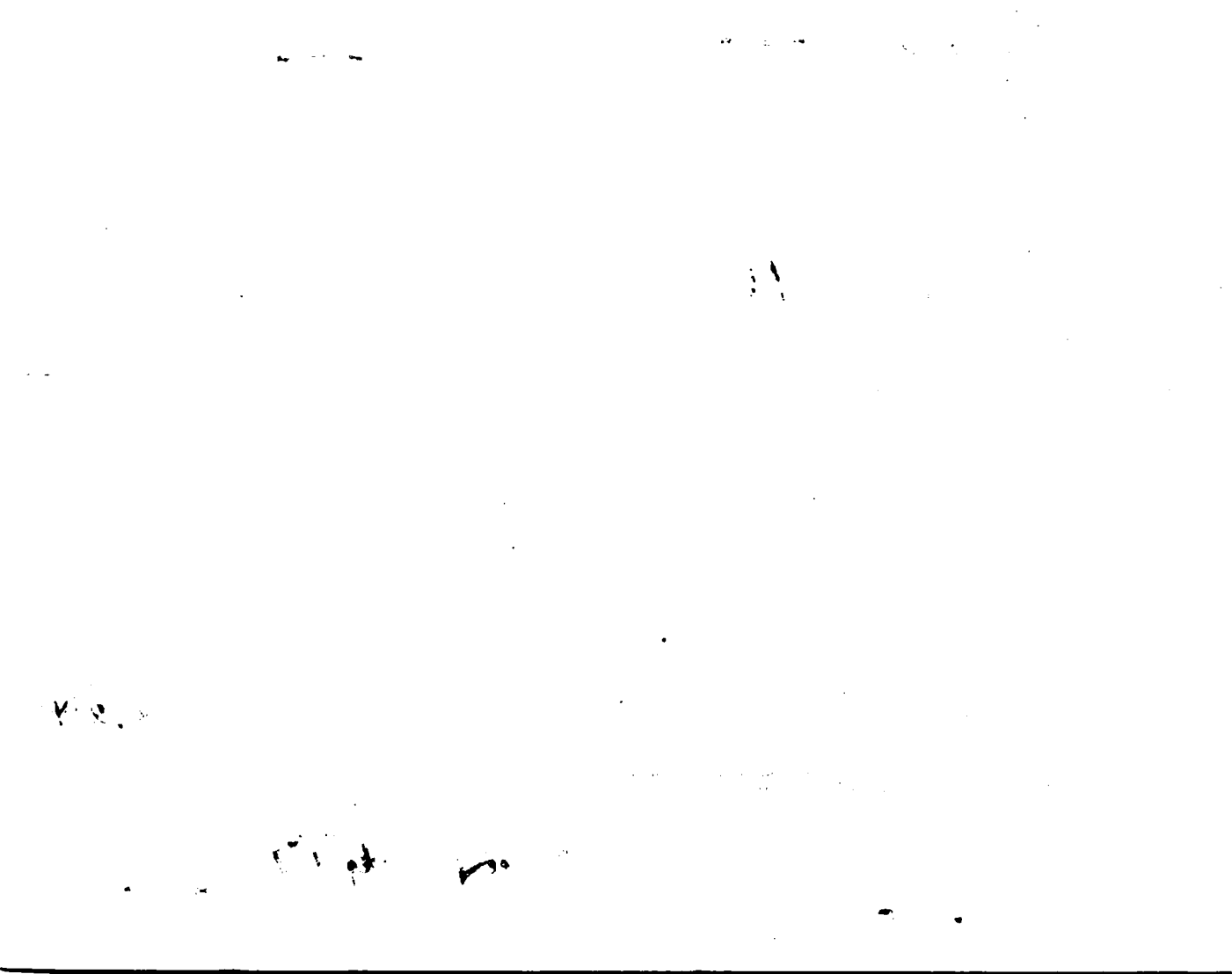
I hereby certify that I attended the birth of this child, who was born alive at 7:20 P.M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Rigby Ida P 1Filed 1/19 1920 Campbell



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah } ss.
County of Utah

Certificate No. 76710

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bowles who was born on 1-14-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Milo (Bonnevillle) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

<u>childs name</u>	<u>Unnamed</u>	<u>Alice Bowles</u>

Subscribed and sworn to before me this 22 day of

February, 1982

Notary Public, Quia J. Jenkins

Residing at Lehi Utah

My commission expires 1-7-84

(Seal)

Alice Bowles Carter

Signature of Applicant

1027 No. 3rd West Lehi, Utah

Street Address, City, State

84043

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of

February, 1982

Notary Public, Quia J. Jenkins

Residing at Lehi Utah

My commission expires 1-7-84

(Seal)

Thelda B. Turner

Supporting Signature

111 So 2nd St.

Street Address, City, State

Farmington, Utah

Cert of Blessing from LDS Church gives Alice Bowles born 1-14-20 in Milo to Samuel C Bowles and Sarah E Campbell was blessed 4-4-20.
Viewed by V.S.

FEB 26 1982

Cert of Baptism from LDS Church gives Alice Bowles born 1-14-20 in Milo to Samuel C Bowles and Sarah E Campbell was baptised 2-11-28.
Viewed by V.S.

466-2041010-713
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-8-17

County of BannockCity of Idaho FallsRegistration District No. 73File No. 76711No. St.Primary Registration District No. 21.1.0Registered No. 2HospitalFULL NAME OF CHILD DOROTHY ANN DOWD

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 4</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	---

FULL NAME <u>FATHER</u> <u>Charles A. Dowd</u>
RESIDENCE <u>Idaho Falls</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Nephi Utah</u>
OCCUPATION <u>Mechanic</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Rose Casata</u>
RESIDENCE <u>Idaho Falls Ida</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Europe</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan 4 at 1920 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

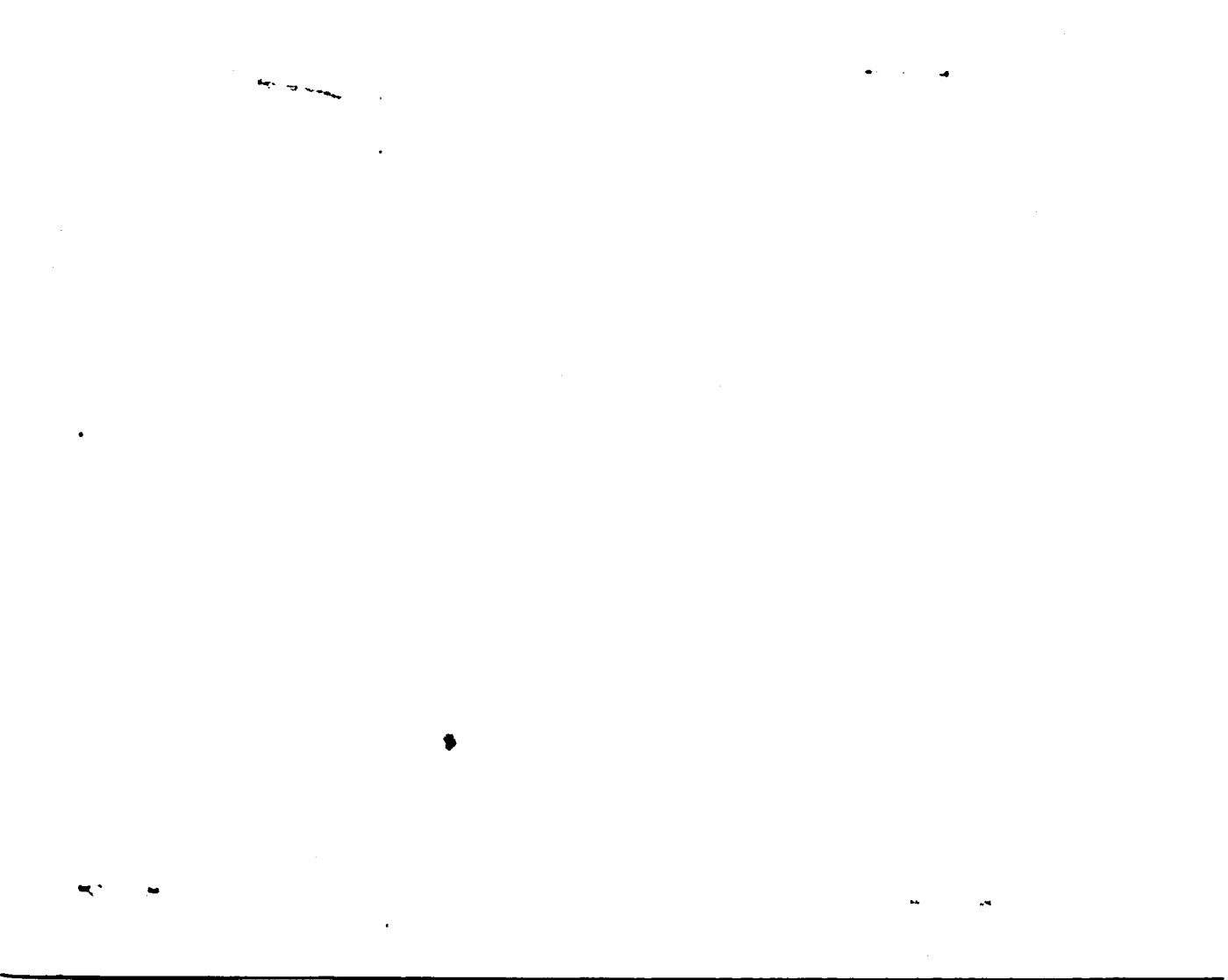
(Signature) [Signature]Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls IdahoFiled 1/6 1920 West

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Bonneville, Idaho } ss. Certificate No. 76711
County of Bonneville }
EB / 11 14 AM '78 Date Filed Jan. 25, 1978

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Dowd (female) who was born on Jan 4, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Idaho Falls, Idaho (Bonneville) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are correctly known personally propose to live next door at birth are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name Unnamed Dowd Dorothy Ann Dowd

Subscribed and sworn to before me this 25th day of

January, 1978
Loren L. MacFarley
Notary Public, residing at Idaho Falls, ID
My commission expires Aug. 1, 1981
(Seal)

Signed Mary B. Dowd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
676 - 10th St Idaho Falls
(Street Address, City, State) Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of

February, 1978
Mark Martensen
Notary Public, residing at Nevada
My commission expires Feb. 16, 1981
Notary Public—State of Nevada

Signed Roy B. Dowd
(Signature of Any Credible Person)

2205 Piper Ave Mo. Las Vegas, Nev
(Street Address, City, State)



60-155 COUNTY OF CLARK
My Commission Expires Nov. 16, 1981

RUSH ret'd \$5 check

Certificate of Baptism gives name as Dorothy Annette Down child of Charles A. Dowd and Rose Pacosta born January 4, 1920 and Baptized Feb. 7, 1920, in the Roman Catholic Church of Idaho Falls, Idaho. Thomas J. Purcell, Rev. of the Holy Rosary Church.
Viewed by V.S.

Family Record issued May 26, 1929 gives name as Dorothy Down born Idaho Falls Idaho on Jan. 4, 1920, to Charles and Rose Dowd.
Viewed by V.S.

PLACE OF BIRTH

255-24118-296

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11-25m-6-15-18

County of JeffersonCity of Heaton

No. _____ St. _____

Hospital _____

Registration District No. 23File No. 76713Primary Registration District No. 2100Registered No. 18

Full Name of Child

John Kenneth Kennedy

SEX OF CHILD

FemaleTwin
Triplet
or other?Number
in order
of birthLegiti-
mate?YesDATE OF
BIRTHJan 14 1920
(Month) (Day) (Year)FULL
NAMEJohn Kenneth Kennedy

RESIDENCE

Heaton Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Alma Wyoming

OCCUPATION

LawyerFULL
MAIDEN
NAME

MOTHER

Paul Brough

RESIDENCE

Heaton

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Randolph

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. Henry S. Humphreys
(Born alive or stillborn) at 6:45 p.m.
(Physician or midwife)

Given names added from a supplemental report.

Address

Regdon Idaho

Filed

2/2719 20

Registrar

Registrar

100V.

100V.

100V.

100V.

FEB 16 1954

249-121-010-51
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of BannockCity of IdahoRegistration District No. 73File No. 76714No. P. O. B. 136 St.Primary Registration District No. 21-1-10Registered No. 12

Hospital

FULL NAME OF CHILD Masie Kurashige

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u>	Legitimacy <u> </u>	Date of Birth <u>1</u> <u>21</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	--	------------------------	--

FULL NAME <u>Gurichi Kurashige</u>	FATHER
RESIDENCE <u>Idaho</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u> </u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Kiyono Wakamizu</u>	MOTHER
RESIDENCE <u>Idaho</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u> </u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....
on the date above stated. Born alive at 4 a M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. R. W. DenningMidwife
(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed Feb 9

Registrar

19 20

Registrar

SEP 11 1969

KURUSHIGE

Dup of 1920-82407

8433-29-30-

PLACE OF BIRTH

OF IDAHO

Form V. S. No. 11-6-22-3-4-17

VITAL STATISTICS

County of Bonneville

DATE OF BIRTH

City of Idaho FallsRegistration District No. 73File No. 76715No. 14th St.Primary Registration District No. 2117Registered No. 11

Hospital

FULL NAME OF CHILD

Poland Deiray Hutchinson

Sex of Child

maleTwin
Triplet
or other?

} and {

Number
in order
of birth

1

Legiti-
mate?yesDate of
BirthJan 29 1920

(Month) (Day) (Year)

FULL
NAME

FATHER

Deiray HutchinsonFULL
MAIDEN
NAME

MOTHER

Oliver Hutchinson

RESIDENCE

Idaho Falls Ida

RESIDENCE

Idaho Falls Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY22
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY18
(Years)

BIRTHPLACE

Firth Idaho

BIRTHPLACE

Idaho Falls Ida

OCCUPATION

Contractor

OCCUPATION

housework

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Jan 29 at 12 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. R. DeirayPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address

Idaho Falls Ida

Filed

2/41920W. J. Munn

Registrar

Registrar

OFFICE OF
INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

CONFIDENTIAL

763208-20-316

amended 4-25-62

(Be sure the information is complete and accurate)

State File No. 76716

Local Reg. No. 10

Reg. Dist. No. 73

Federal Security Agency
United States Public Health ServiceCERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print)			
a. (First) Caroline		b. (Middle) Ann	
		c. (Last) Goldsworthy	
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) February 8, 1920
FATHER OF CHILD			
7. FULL NAME a. (First) John		b. (Middle) Goldsworthy	
		c. (Last) white	
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) (City or Town) England	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Grace		b. (Middle) Lafray	
		c. (Last) 2hite	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) (City or Town) Montana	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 1 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)			
18a. SIGNATURE C. M. Cline		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
18c. ADDRESS Idaho Falls, Idaho		18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG. 2-11-20	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG. | 22b. WEIGHT AT BIRTH | 23.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
AUG 14 1957

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Bonneville } ss.

Certificate No. 76716
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed who was born on Feb. 8, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Idaho Falls are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Bible Record prepared on February 10, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's Name Unnamed Caroline Ann
Father's Last Name Goldworthy Goldworthy

Subscribed and sworn to before me this 8th day of
August, 19 57

Signed Mrs. Grace Goldworthy
(Signature of parent or attendant correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls, Idaho
My commission expires July 15, 1961
(Seal)

465 - 7th. Street, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of
August, 19 57

Signed [Signature]
(Signature of Any Credible Person)
First Security Bank Building
Idaho Falls, Idaho
(Street Address, City, State)

Notary Public, residing at Idaho Falls, Idaho
My commission expires July 15, 1961
(Seal)

School Record from Southern Branch, University of Idaho gives her name as Caroline Ann Goldsworthy. Dated 1939-1940. Viewed by V.S.

Insurance Enrollment Card gives name as Caroline Ann Goldsworthy
Dated July 1, 1949. Viewed by B.S.

Bible Record obviously old gives fathers name as John Goldsworthy
and child's name as Caroline Ann Goldsworthy. Viewed by V.S.

Fathers death certificate gives his name as John Goldsworthy. Dated May 5, 1931.
File # 75146 in Idaho.

MARGIN RESERVED FOR BINDING THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-204-011-683

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-2-8-17

County of *Boundary*

City of *Port Hill*

Registration District No. *79*

File No. *76718*

No. St.

Primary Registration District No. *3156*

Registered No.

Hospital

FULL NAME OF CHILD

Betty Doris King

Sex of Child *Female*

Twin
Triplet
or other? -

and { Number
in order
of birth
(To be answered only in event of plural births)

Legiti-
mate? *yes*

Date of
Birth

Jan. 4, 1920
(Month) (Day) (Year)

FULL
NAME

Glen Wesley King

FATHER

RESIDENCE

Port Hill, Ida.

COLOR

white

AGE AT LAST
BIRTHDAY

26
(Years)

BIRTHPLACE

Wis.

OCCUPATION

Farmer.

FULL
MAIDEN
NAME

Maude Wesley

MOTHER

RESIDENCE

Port Hill, Ida.

COLOR

white

AGE AT LAST
BIRTHDAY

17
(Years)

BIRTHPLACE

New York

OCCUPATION

Housewife

Number of child of this mother, including present birth *1*

Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Born alive

7:30 A.

(Born alive or stillborn)

E. E. King

Phys. King
(Physician or midwife)

Given names added from a supplemental report.

Address

Bonners Ferry, Ida.

Filed *Jan. 4, 1920*

Registrar

Registrar



243209-011-963

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-21m-3-8-17

CERTIFICATE OF BIRTH

County of *Boundary*City of *Bonner Ferry*Registration District No. *79*File No. *76719*

No. St.

Primary Registration District No. *2186*

Registered No.

Hospital

FULL NAME OF CHILD *Margaret Lucile Becker*

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <i>yes</i>	Date of Birth <i>Jan. 9th 20</i> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	---

FULL NAME <i>Henry Becker</i>	FATHER
RESIDENCE <i>Bonner Ferry, Ida.</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>Ill.</i>	
OCCUPATION <i>woodman</i>	

FULL MAIDEN NAME <i>Anna Roth</i>	MOTHER
RESIDENCE <i>Bonner Ferry, Ida.</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>20</i> (Years)
BIRTHPLACE <i>Ohio</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* *6:40 P*
on the date above stated. (Born alive or stillborn) at *6:40 P* (M.

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.
(Signature) *Ed. H. Brown*

(Physician or midwife)

Given names added from a supplemental report.

Address *Bonner Ferry, Ida.*Filed *1/12/19 20*

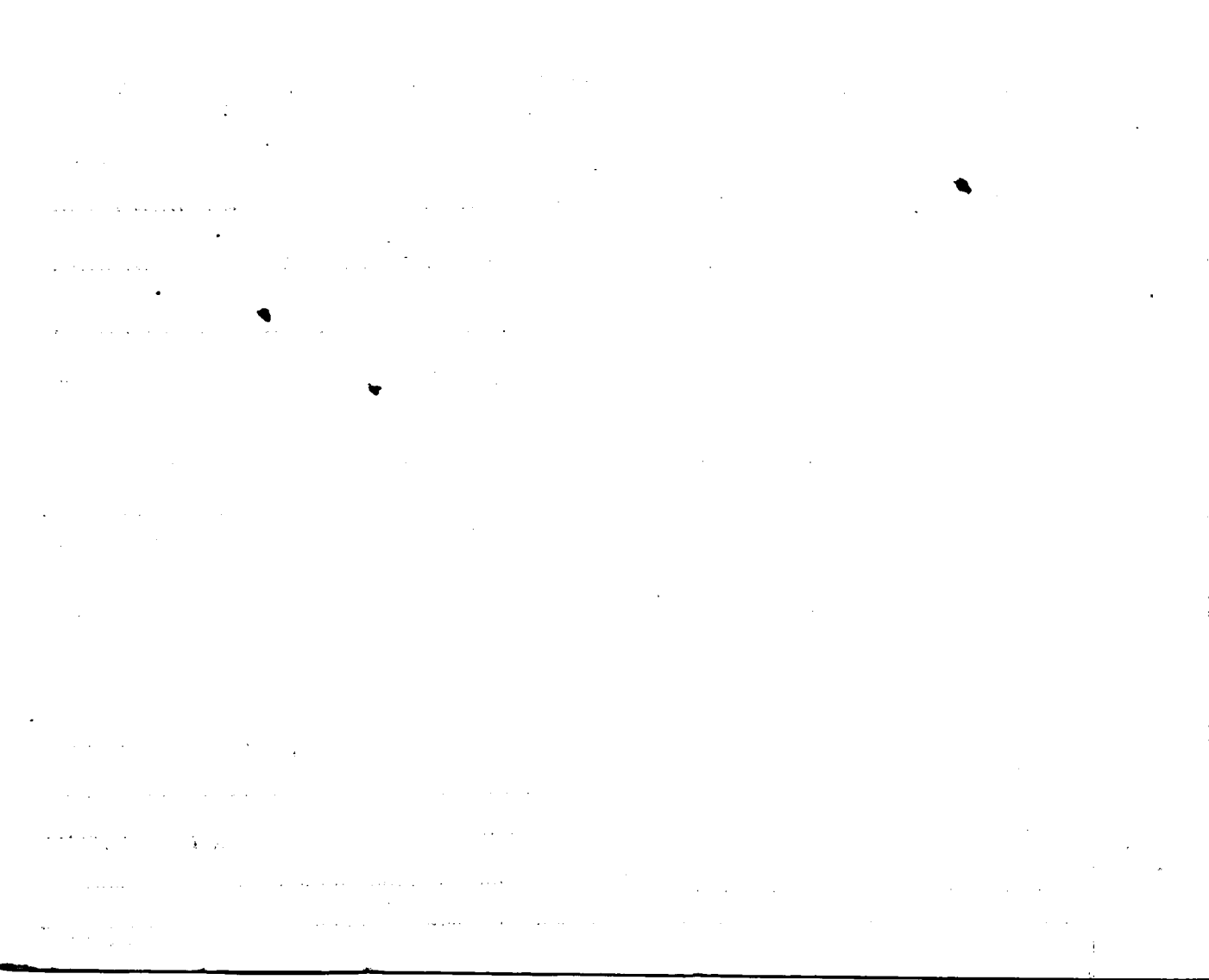
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



285.209.011-314

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25m-8-8-17

File No.

Registration District No.

Primary Registration District No.

Registered No.

Sex of Child

Twin
Triplet
or other?and { Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?Date of
BirthFULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address

Filed

Registrar

(Physician or midwife)

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 15 1944

214-229111-693
PLACE OF BIRTHCounty of BoundaryCity of Bonner Ferry

No. _____ St. _____

Hospital _____

Full Name of Child Doris Ruth BaddenSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-16-18

Registration District No. 29File No. 76721Primary Registration District No. 2156

Registered No. _____

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>—</u>	and { Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Jan. 29 - 30</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Bertman Badden</u>			MOTHER FULL MAIDEN NAME <u>Foy Williams</u>	
RESIDENCE <u>Bonner Ferry</u>			RESIDENCE <u>Bonner Ferry</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>30</u> (Years)		
BIRTHPLACE <u>S. Dak.</u>			BIRTHPLACE <u>Verg.</u>	
OCCUPATION <u>Labour.</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3... Number of children of this mother now living, including present birth... 3...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Born alive... at... 4:30 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Fry

(Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, IdahoFiled 1/30/30 1930Registrar E. S. Fry

NOV 17 1941

312-102-011-791
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-18

County of Boundary

City of Bonner Ferry

No. _____ St. _____

Registration District No. 79

File No. 76723

Hospital _____

Primary Registration District No. 3156

Registered No. _____

Full Name of Child John Lyman Castle

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>-</u>	and <u>-</u>	Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Feb. 2 - 20</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>John Lyman Castle</u>			FULL MAIDEN NAME <u>Maryjane Graham</u>		
RESIDENCE <u>Bonner Ferry, Ida.</u>			RESIDENCE <u>Bonner Ferry</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>S. Dak.</u>			BIRTHPLACE <u>Wash.</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

(Physician or midwife)

Address Bonner Ferry, Ida.

Filed 2/4/20 1920

Registrar

Registrar

MAR 28 1942

464-205-011-258

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BoundaryCity of Bonner Ferry

No. _____ St. _____

Registration District No. 79File No. 76724

Hospital _____

Primary Registration District No. 3156

Registered No. _____

Full Name of Child Cathleen Eleanor Douglas

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>-</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Feb. 5-20</u>
					(Month) (Day) (Year)

FATHER
FULL NAME Joe L. DouglasRESIDENCE Bonner FerryCOLOR white AGE AT LAST
BIRTHDAY 49
(Years)BIRTHPLACE New York -OCCUPATION LaborerMOTHER
FULL MAIDEN NAME May SnyderRESIDENCE Bonner FerryCOLOR white AGE AT LAST
BIRTHDAY 41
(Years)BIRTHPLACE IowaOCCUPATION HousewifeNumber of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8.15 P.
on the date above stated. (Born alive or stillborn)

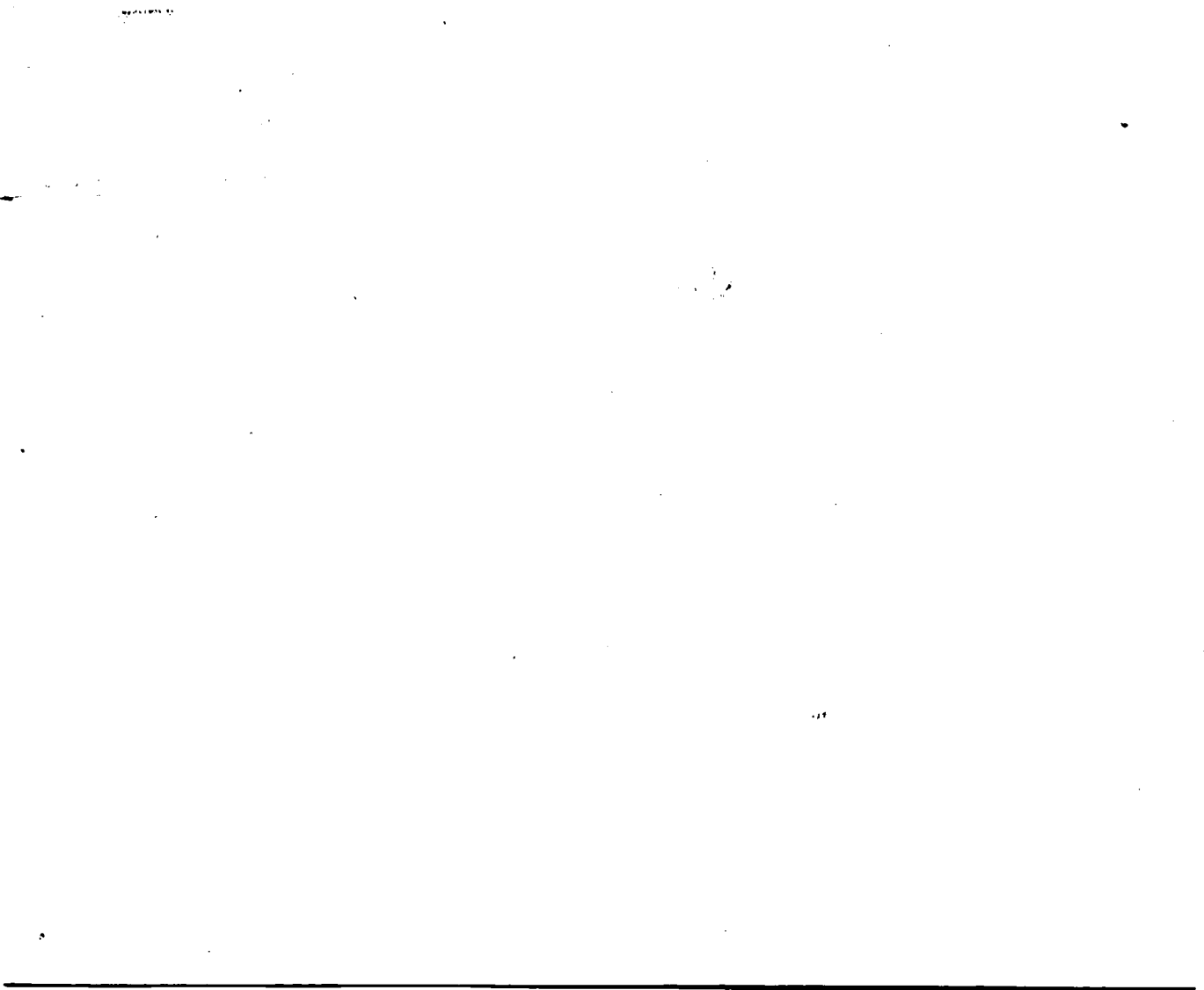
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, IdaFiled 2/5/1920 [Signature] Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
 M. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

554-2061011-495
 PLACE OF BIRTH

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. & No. 11-G-24a-4-5-17

County of Boundary

City of Bonner Ferry

Registration District No. 79

File No. 76725

No. St.

Primary Registration District No. 2156

Registered No. NEUMAYER

Hospital Bonner Ferry

FULL NAME OF CHILD Lorena Frances Neumayer

Sex of Child Female Twin Triplet or other - and Number in order of birth - Legitimate? Yes Date of Birth Feb 9 1920
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
 FULL NAME Joseph Neumayer
 RESIDENCE Port Hill, Ida.
 COLOR white AGE AT LAST BIRTHDAY 27 (Years)
 BIRTHPLACE Germany
 OCCUPATION Liberty

MOTHER
 FULL MAIDEN NAME Jessie Neumayer
 RESIDENCE Port Hill, Ida.
 COLOR white AGE AT LAST BIRTHDAY 23 (Years)
 BIRTHPLACE New York
 OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

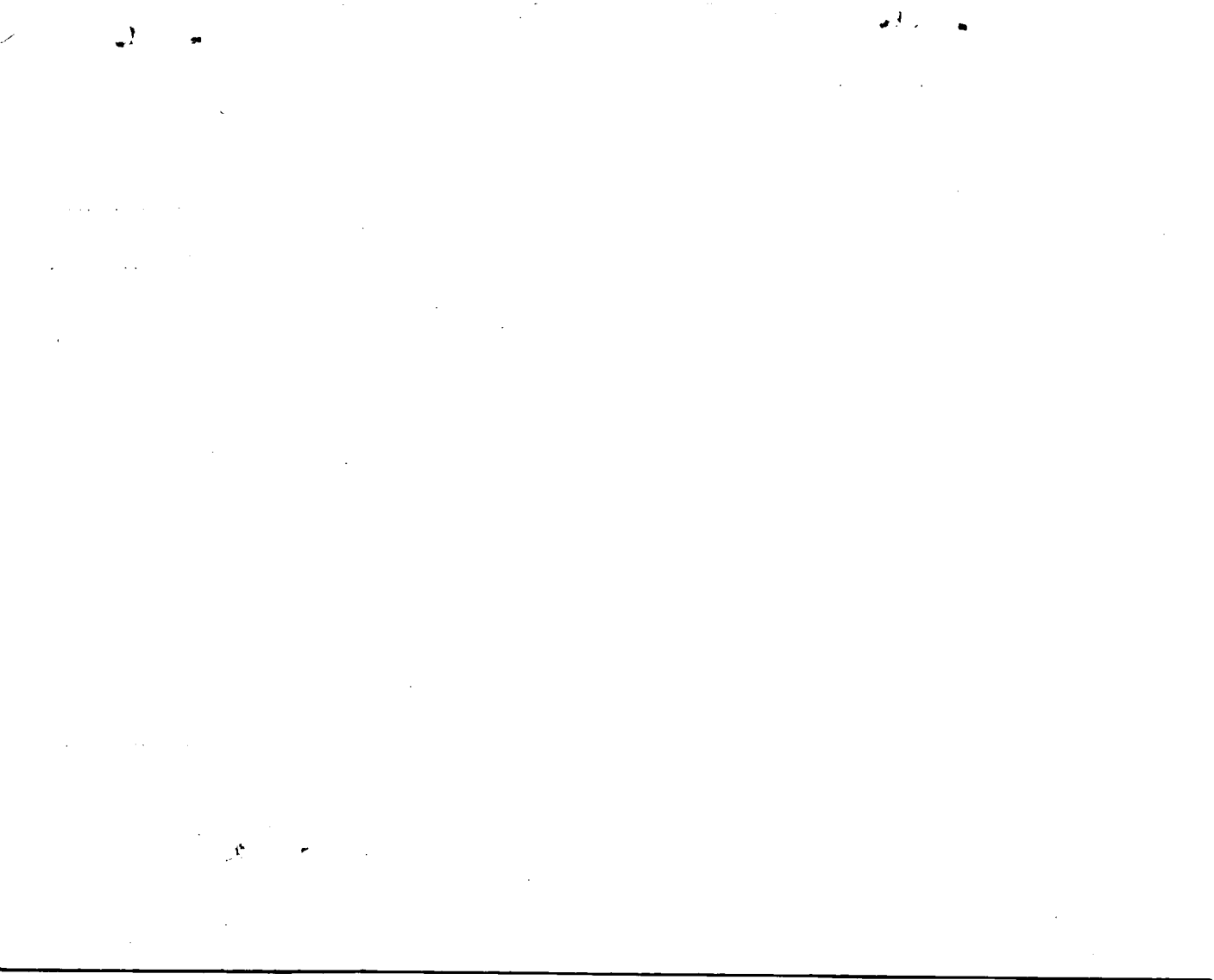
I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 6:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry
Physician
 (Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, Ida.
 Filed 2/14/20
 Registrar E. E. Fry



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Boundary } ss. Certificate No. 76725
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for Lorenz Frances Neumayer who was born on Feb-6-1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
SurName Neumayer Neumayer

Subscribed and sworn to before me this 23d
day of January, 1943
Harold J. Ashward
Notary Public, residing at Bonnerr's Ferry, Idaho
My commission expires Oct. 5, 1943
(SEAL) Signed Mrs. Joe Neumayer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
R.O. Box 593, Bonners Ferry, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19 _____ Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____
My commission expires _____
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

EEB - 1943

MAY 13 1943

239-107-011-453
PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. — St. —

Hospital —

Registration District No. 79

Primary Registration District No. 2156

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 76726

Registered No. —

Full Name of Child

Wayne Hubbard

Shaw (Straw)

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>Feb 7 20</u> (Month) (Day) (Year)
FULL NAME, FATHER <u>Walter Shaw</u>			FULL MAIDEN NAME, MOTHER <u>Elodie Delaf</u>	
RESIDENCE <u>Bonners Ferry Ida</u>			RESIDENCE <u>Bonners Ferry Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)		
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Labourer</u>			OCCUPATION <u>Miner</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3.40 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Thacker M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Bonners Ferry Ida
Filed 2/10/20
Registrar —

247-210-011-168
PLACE OF BIRTH

County of *Boundary*

City of *Bonner Ferry*

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. *79*

Primary Registration District No. *2156*

File No. *76727*

Registered No. _____

Caroline Maude Sugden

SEX OF CHILD <i>female</i>	Twin Triplet or other? <i>—</i>	and {	Number in order of birth <i>—</i>	Legiti- mate? <i>yes</i>	DATE OF BIRTH <i>Feb. 10th 20</i> (Month) (Day) (Year)
----------------------------	---------------------------------------	-------	---	-----------------------------	--

FULL NAME *J. R. Sugden* FATHER

RESIDENCE *Bonner Ferry, Ida.*

COLOR *white* AGE AT LAST BIRTHDAY _____ (Years)

BIRTHPLACE *Canada*

OCCUPATION *Laborer (Sawmill)*

FULL MAIDEN NAME *Sarah Johnson* MOTHER

RESIDENCE *Bonner Ferry, Ida.*

COLOR *white* AGE AT LAST BIRTHDAY *3* (Years)

BIRTHPLACE *England*

OCCUPATION *Housewife*

Number of child of this mother, including present birth *5* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive*, at *11 A.* M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Mrs W. C. Curdall*
Bonner Ferry, Ida.
(Physician or midwife)

Given names added from a supplemental report.

Address *Bonner Ferry, Ida.*
Filed *3/17/1920*
Registrar

Registrar

DEC 20 1944

315-219-011-419
PLACE OF BIRTHCounty of BoundaryCity of Bonner Ferry

No. _____ St. _____

Hospital Bonner Ferry Primary Registration District No. 2156

Full Name of Child

Adèle Josephine CaneSEX OF CHILD Female Twin Triplet or other? - and { } Number in order of birth - Legitimate? yes DATE OF BIRTH Feb. 19 - 20
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME Dell Cane FATHERRESIDENCE Bonner FerryCOLOR white AGE AT LAST BIRTHDAY 42
(Years)BIRTHPLACE Ida.OCCUPATION BarberFULL MAIDEN NAME Mary Martin MOTHERRESIDENCE Bonner FerryCOLOR white AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3.20 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. S. Fry
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, Ida.Filed Feb. 20 - 20

Registrar

Reader

3/24/41 Z.J.

331-222-011-415

PLACE OF BIRTH

Form V. B. No. 11-25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonner Ferry

No. _____ St. _____

Registration District No. 29

File No. 76729

Primary Registration District No. 215-6

Registered No. _____

Hospital _____

Full Name of Child EVA MARIE CLARK

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>—</u>	{and} Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Feb. 22, 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Rollin Clark</u>			MOTHER FULL MAIDEN NAME <u>Jessie May Davis</u>	
RESIDENCE <u>Bonner Ferry</u>			RESIDENCE <u>Bonner Ferry</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>15</u> (Years)
BIRTHPLACE <u>Wash.</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer (Woodsmen)</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11 A. M on the date above stated.
(Born alive or stillborn)

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Dr. J. E. Fry
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, Ida
Filed 2/24/1920
Registrar Dr. J. E. Fry

UNITED STATES
DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C. 20530

UNITED STATES
DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C. 20530

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 76729
County of Monterey }
The undersigned does solemnly swear that certain facts on the certificate of birth
for Eva Marie Clark who was born on February 22 - 1920
(Name on original certificate) (Was born or died) (Date of event)
in Bonners Ferry, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Books & Bank acct. prepared on Feb. 28 - 1920, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

Name

FROM
(As on original)

Unnamed Clark

TO
(The correct facts)

Eva Marie Clark

Subscribed and sworn to before me this 16th
day of October, 1941

Josephine Bruce Garrett
Notary Public, residing at Pacific Grove Calif.

My commission expires October 29 - 1942
[SEAL]

Signed Mrs May Ish formerly
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.) Mrs May Davis Clark

288 Alvarado St
(Street Address, City, State)
Monterey Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Monterey }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of October, 1941

Josephine Bruce Garrett
Notary Public, residing at Pacific Grove Calif.

My commission expires October 29 - 1942
[SEAL] Monterey County, Calif.

Signed Ruth E. Anderson
(Signature of any credible person other than the previous affiant.)

606 - 17th Street
(Street Address, City, State)
Pacific Grove Monterey
County, Calif.
(Registrar's signature)

Received for filing on _____ By _____

JUL 19 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-105-011-613
PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonner Ferry

No. _____ St. _____
Registration District No. 79

File No. 76730

Hospital Bonner Ferry Primary Registration District No. 3156

Registered No. _____

Full Name of Child Arnold Stewart Sturd

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>—</u>	and	Number in order of birth —	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Mar. 5-30</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Stephen Alphonso Hurd</u>			MOTHER FULL MAIDEN NAME <u>Leona Watkins</u>		
RESIDENCE <u>Bonner Ferry, Ida.</u>			RESIDENCE <u>Bonner Ferry</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25-</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Miss.</u>			BIRTHPLACE <u>N. Mex.</u>		
OCCUPATION <u>Farmer.</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive at 5 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

S. E. Fry
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, Ida.

Filed 3/10/20

Registrar _____

S. E. Fry
Registrar

Certified Copy issued Dec. 27, 1940. E.W.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296708-011-864
PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BoundaryCity of Moravia

No. _____ St. _____

Registration District No. 29File No. 76731

Hospital _____

Primary Registration District No. 215-6

Registered No. _____

Full Name of Child

Wm Gordon Brown

SEX OF CHILD

MaleTwin
Triplet
or other?

—

{and}

Number
in order
of birth

—

Legiti-
mate?YesDATE OF
BIRTHMar. 8 - 20
(Month) (Day) (Year)FULL
NAME

FATHER

Guy Browne

RESIDENCE

Moravia, Ida -

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Mich -

OCCUPATION

Farmer -FULL
MAIDEN
NAME

MOTHER

Elsie Lodge -

RESIDENCE

Moravia, Ida -

COLOR

WhiteAGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Idaho -

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive
(Born alive or stillborn)at 3.30 P. M*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

E. E. Fry
Physician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address

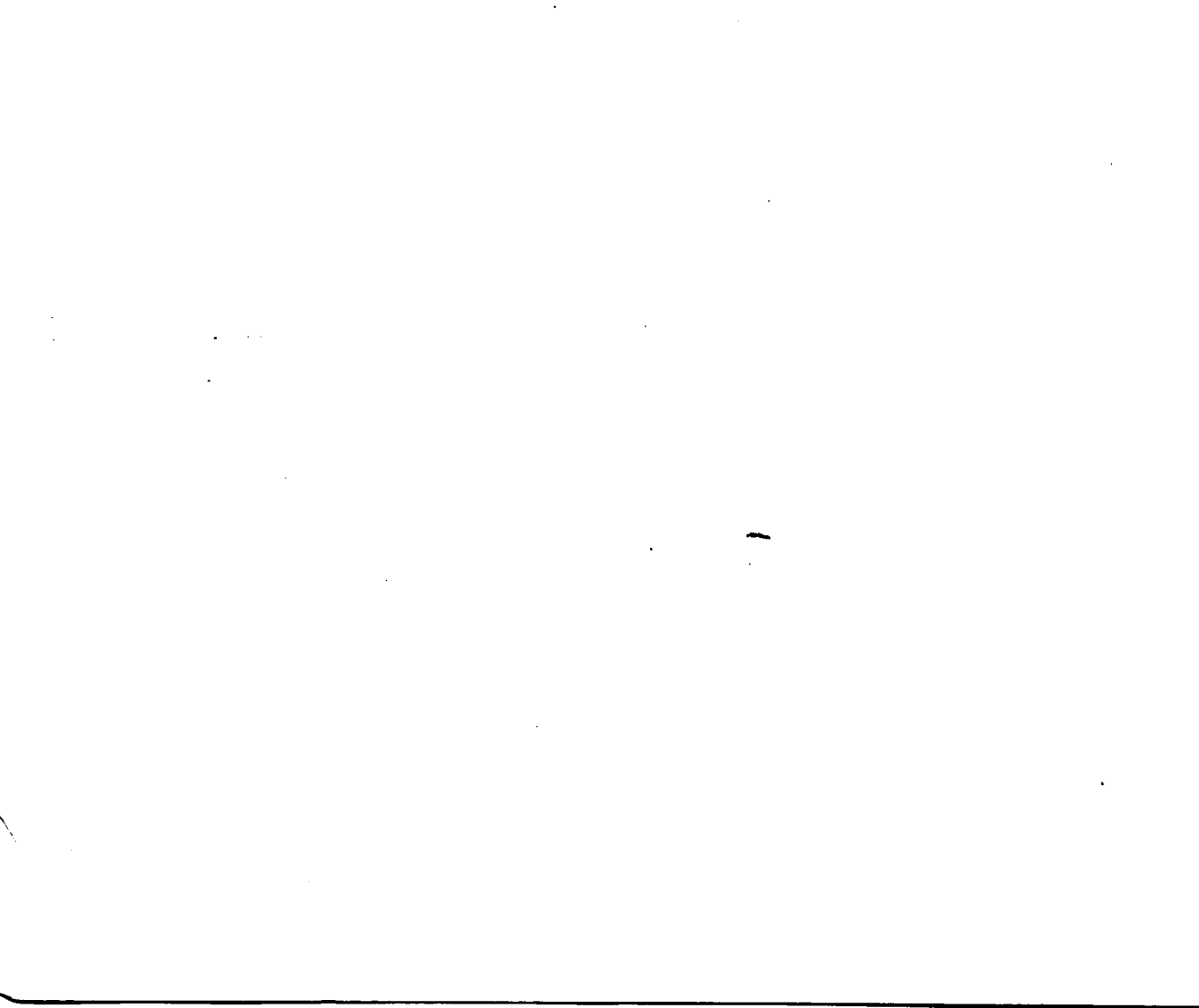
Brown Farm, Ida -

Filed

3/819 20

Registrar

Registrar



755-215-011-315
PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BoundaryCity of Bonner Ferry

No. _____ St. _____

Registration District No. 29File No. 76732Hospital Bonner Ferry Primary Registration District No. 2156

Registered No. _____

Full Name of Child Horace Elizabeth Bonner

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>-</u> (To be answered only in event of plural births)	and	Number in order of birth <u>-</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Mar. 15 - 20</u> (Month) (Day) (Year)
FULL NAME <u>Ray Bonner</u>	FATHER <u>Bonner</u>			FULL MAIDEN NAME <u>Bertha Lavery</u>	MOTHER
RESIDENCE <u>Bonner Ferry</u>				RESIDENCE <u>Bonner Ferry</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)			COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Idaho</u>				BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>laborer</u>				OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 H. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) SS. Fryphysician
(Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, IdahoFiled 3/18/20 1920Registrar SS. Fry

Registrar

JAN 11 1943

213-1181011-413
PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonner Ferry

No. _____ St. _____

Registration District No. 79

File No. 76733

Hospital _____

Primary Registration District No. 2156

Registered No. _____

Full Name of Child

Walter Earl Baker

SEX OF CHILD

Male

Twin
Triplet
or other?

-

and

Number
in order
of birth

-

Legiti-
mate?

Yes

DATE OF
BIRTH

Mar. 18, 20
(Month) (Day) (Year)

FULL
NAME

Earl Baker

FULL
MAIDEN
NAME

Marie Mackey

RESIDENCE

Bonner Ferry, Id.

RESIDENCE

Bonner Ferry, Id.

COLOR

White

AGE AT LAST
BIRTHDAY

22
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

17
(Years)

BIRTHPLACE

Oregon -
Seamster

BIRTHPLACE

Oregon -
Housewife

OCCUPATION

Number of child of this mother, including present birth. _____ Number of children of this mother now living including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the case above stated.

Born alive at 9 A. M.
(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

E. E. Fry
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Bonner Ferry, Id.

Filed

3/20/20

Registrar

Registrar

Dup of 1920-225712

712-118-011-643
PLACE OF BIRTHCounty BoundaryCity of Borners Ferry

No. _____ St. _____

Hospital Borners Ferry Ky. Primary Registration District No. 2156Full Name of Child John James PaschallSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 79File No. 76734

Registered No. _____

SEX OF CHILD <u>Mal</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>March 8 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Guy Paschall</u>	FATHER
RESIDENCE <u>Borners Ferry Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Reugne Y uttee</u>	MOTHER
RESIDENCE <u>Borners Ferry Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 60 M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Faulstich

Given names added from a supplemental report.

Address Borners Ferry IdaFiled 3/24/20 1920

Registrar

Registrar

AUG 2 1966

MAR 7 1975

238-202-012-962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

County of... ButteCity of... ArcoRegistration District No. 39File No. 76736No. St.Primary Registration District No. 2129

Registered No.

Hospital

FULL NAME OF CHILD Lillian Rosalund Schiebler

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth (To be answered only in event of plural births))	Legitimate? <u>Yes</u>	Date of Birth... <u>1/2</u> <u>191</u> .. <u>20</u> (Month) (Day) (Year)
-------------------------------	---	---	---------------------------	---

FULL NAME <u>Henry Schiebler</u>	FATHER
RESIDENCE <u>Arco, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY... <u>35</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna Rosalund</u>	MOTHER
RESIDENCE <u>Arco, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY... <u>32</u> (Years)
BIRTHPLACE <u>Sweden</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Alive ... at... 10.15 ...
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature] Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19Address, Arco, Idaho 1/2 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/27/41 L. B.

157-106-012-155
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-9-37

County of....**Butte**.....

City of**Moore**.....

Registration District No.**52**.....

File No.**76737**.....

No.**St.**.....

Primary Registration District No.**2128**.....

Registered No.

Hospital

FULL NAME OF CHILD**Stanley Jeppesen**.....

Sex of Child Male	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? yes	Date of Birth..... 1/6 20 (Month) (Day) (Year)
-----------------------------	---	--------------------------------------	-----------------------------	--

FATHER
FULL NAME **Charles R. Jeppesen**
RESIDENCE **Moore, Idaho**
COLOR **White** AGE AT LAST BIRTHDAY **45** (Years)
BIRTHPLACE **Mantia, Utah**
OCCUPATION **Farmer**

MOTHER
FULL MAIDEN NAME **Matilda Jensen**
RESIDENCE **Moore Idaho**
COLOR **White** AGE AT LAST BIRTHDAY **41** (Years)
BIRTHPLACE **Hyrum, Utah**
OCCUPATION **Housewife**

Number of child of this mother, including present birth**10**..... Number of children of this mother now living, including present birth**10**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was**Alive**..... at**7:30 A.**.....
on the date above stated. (Born **Alive** or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)**[Signature]**.....

.....**Physician**.....
(Physician or midwife)

Given names added from a supplemental report.

.....**19**..... Address.....**Idaho**.....

.....**1/6**.....**1920**.....**[Signature]**.....
Registrar

Registrar



OCT 23 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 76737
County of Canyon } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Jeppson who born on Jan. 6, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Arco, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Parents Mother prepared on Oct 22, 1942, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Jeppson Stanley Jeppesen
Place of birth Arco, Ida. Moote, Idaho

Subscribed and sworn to before me this 22 nd
day of October, 1942

Earl Jeppesen
Notary Public, residing at Nampa, Idaho
My commission expires Dec. 1, 1945
(Seal)

Signed Matilda Jeppesen
(Signature of parent of attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1124-10 Ave South Nampa Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of October, 1942

Earl W. Mullen
Notary Public, residing at Nampa, Idaho
My commission expires Nov. 30, 1945
(Seal)

Signed Earl Jeppesen
(Signature of Any Credible Person Other Than Previous Year)

211-5th Ave So. Nampa, Idaho
(Street Address, City, State)

OCT 23 1942

OCT 26 1942

944-113.012-314

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of ButteCity of mooseRegistration District No. 59File No. 76738

No. _____ St. _____

Primary Registration District No. 2129

Registered No. _____

Hospital _____

FULL NAME OF CHILD Ellis D. Rudd

Sex of Child

MTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
BirthJan 131920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAMEErastus Harper Rudd

FATHER

FULL
MAIDEN
NAMELucy R. Lamb

MOTHER

RESIDENCE

moore, Ida

RESIDENCE

moore, Ida

COLOR

W

AGE AT LAST

33

BIRTHDAY

(Years)

COLOR

W

AGE AT LAST

31

BIRTHDAY

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive,
on the date above stated.

(Born alive or stillborn)

at 4:30 P. M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

A. H. Hansen

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho

Filed

Jan 17 1920

Registrar

Registrar

JAN 28 1943

849-215-012-759

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-37

County of Butte

City of Arco

No. St.

Hospital

Registration District No. 59

Primary Registration District No. 2129

File No. 76739

Registered No.

FULL NAME OF CHILD JEAN ELEXIS HURST

Hurst

Sex of Child <u>Female</u>	Twin Triplet or other? <u>.....</u> (To be answered only in event of plural births)	and { Number in order of birth <u>.....</u>	Legitimacy <u>Yes</u>	Date of Birth <u>1-15-20</u> (Month) (Day) (Year)
FULL NAME <u>John Sterling Hurst</u>	FATHER		FULL MAIDEN NAME <u>Effie Perry</u>	MOTHER
RESIDENCE <u>Arco, Idaho</u>			RESIDENCE <u>Arco, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Arco, Idaho</u>			BIRTHPLACE <u>Springerville, Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 1:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Fox

Physician
(Physician or midwife)

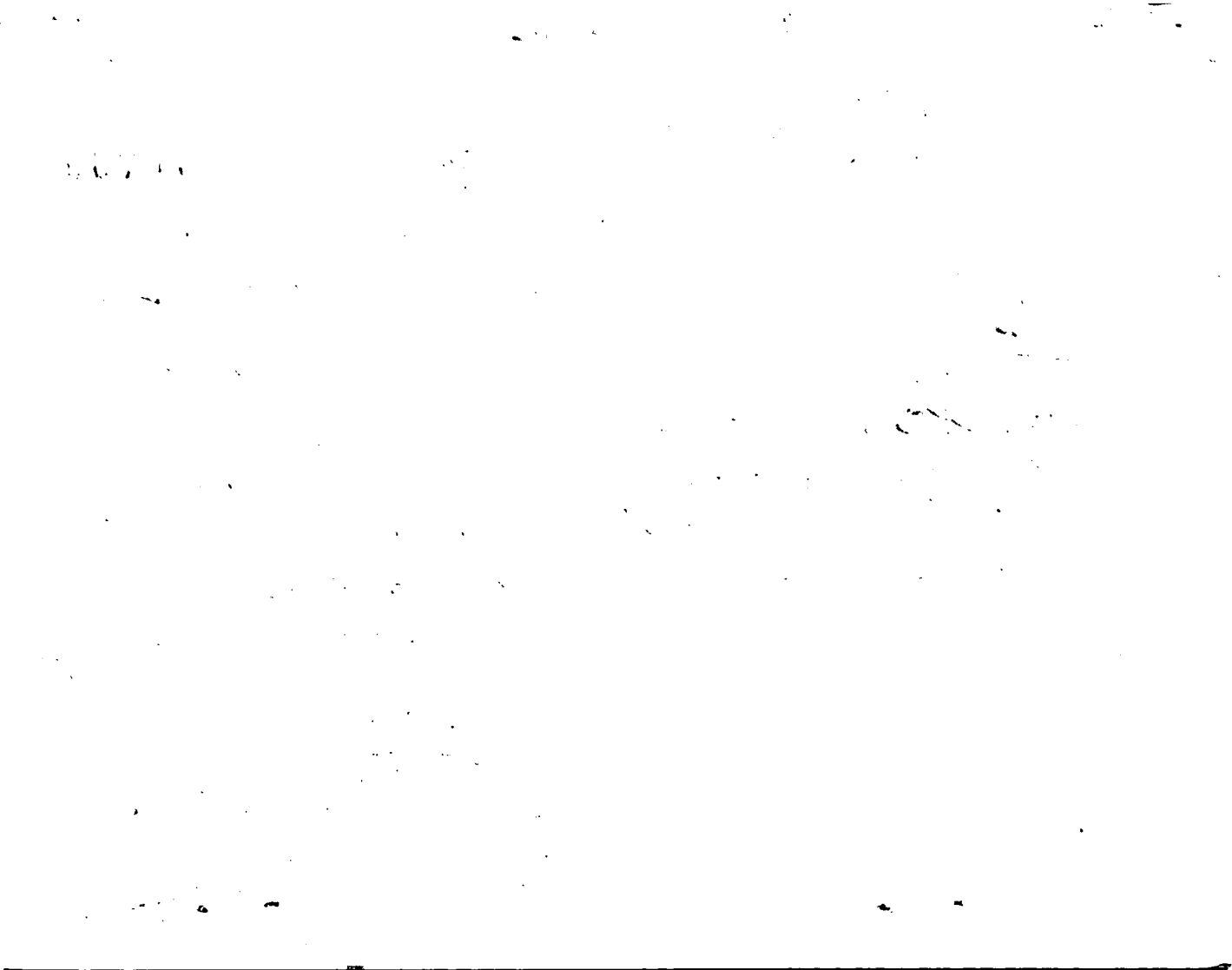
Given names added from a supplemental report.

Address Arco, Idaho

Filed 1-15-20

Registrar

Registrar



RECEIVED
 IDAHO DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. Certificate No. 76739
 County of } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
 for Unnamed Hurst who was born (Birth or Death)
 (Name on Original Certificate) (Was Born or Died) on January 15, 1920
 (Date of Event)
 in Arco are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)

true facts are shown by prepared on are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
 ("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Child's name omitted Jean Elexis Hurst

Subscribed and sworn to before me this day of
, 19.....

Notary Public, residing at
 My commission expires
 (Seal)

Signed Marsha E. Ravnaschoft
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
259 Claxton Dr. Boise, Id.
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
 County of }

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19.....

Signed
 (Signature of Any Credible Person)

Notary Public, residing at
 My commission expires
 (Seal)

.....
 (Street Address, City, State)

Own child's birth certificate gives ~~name~~ name of mother listed as Jean Elexis Hurst
Child born March 10, 1949 in Hailey, Idaho, certificate # 49-2734.

Viewed by V.S.

SEP 5 1975

Certificate of Baptism and Confirmation Dated August 3, 1930 gives name as
Jean Elexis Hurst. Viewed by V.S.

SEP 20 1989

Marriage Certificate dated 1 June 1938 issued by the State of Utah gives
name as Jean Elexis Hurst. view by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

463-219-012-993

Form V. S. No. 13-C-25m-7-21-19

PLACE OF BIRTH
County of Butte
City of Arco
No. _____ St. _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 59 File No. 76740
Primary Registration District No. 2129 Registered No. _____

FULL NAME OF CHILD

Betty Ruth

Molen

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
				<u>yes</u>	<u>1</u> <u>19</u> <u>20</u>

FATHER
FULL NAME Michael Kenneth Molen

MOTHER
FULL MAIDEN NAME Murielva Richards

RESIDENCE Arco, Idaho

RESIDENCE Arco, Idaho

COLOR white AGE AT LAST BIRTHDAY 37 (Years)

COLOR white AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Terrin, Utah

BIRTHPLACE Ogden, Utah

OCCUPATION Real Estate Agent

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was alive, at 4109 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Arco, Idaho
Filed 1 19 20

Registrar

Registrar

MAY 25 1971

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ Certificate No. 76740
County of _____ Date Filed _____

RECEIVED
MAY 27 1971
Bureau of Vital Statistics
The undersigned does solemnly swear that the facts on the certificate of birth
for Unnamed Molen who was born on Jan. 19, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Arco, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's name

Unnamed Molen

Betty Ruth Molen

Subscribed and sworn to before me this 24th day of

May, 1971

Signed Melvin R. Molen
(Signature of parent or attendant in correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1123 S. W. 2nd St. Idaho Falls, Idaho
(Street Address, City, State)

Notary Public, residing at _____
My commission expires March 1, 1972
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of

May, 1971

Signed Margie M. Olson
(Signature of Any Credible Person)

2900-6 Ave No. Idaho Falls
(Street Address, City, State)

Notary Public, residing at _____
My commission expires March 1, 1972
(Seal)

Checking account from First National Bank, Great Falls, Montana gives name as
Betty Ruth Nelson, Great Falls, Montana. Account dated 4/20/62. Viewed by V. S.

MAY 27 1971

Diploma from Great Falls High School, Great Falls, Montana gives name as Ruth Molen.
Dated June 9, 1938. Signed by I. W. Church, President Board of Trustees. Armin G.
Jahr, Principal. Viewed by V. S.

855-120-012-292

PLACE OF BIRTH

Form V. S. No. 11-0-25m-44-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of ButteCity of HoweRegistration District No. 59File No. 76741

No. St.

Primary Registration District No. 2129

Registered No.

Hospital

FULL NAME OF CHILD Hendrick

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (Number in order of birth) <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1</u> <u>20</u> <u>1912</u> (Month) (Day) (Year)
FULL NAME <u>Paul Robert Hendrick</u>	FATHER	FULL MAIDEN NAME <u>Fula Pearl Bishop</u>	MOTHER
RESIDENCE <u>Howe, Idaho</u>		RESIDENCE <u>Howe, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Hailey, Idaho</u>		BIRTHPLACE <u>Clouga</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Howe, Idaho

..... 19

Filed 1-20 1920

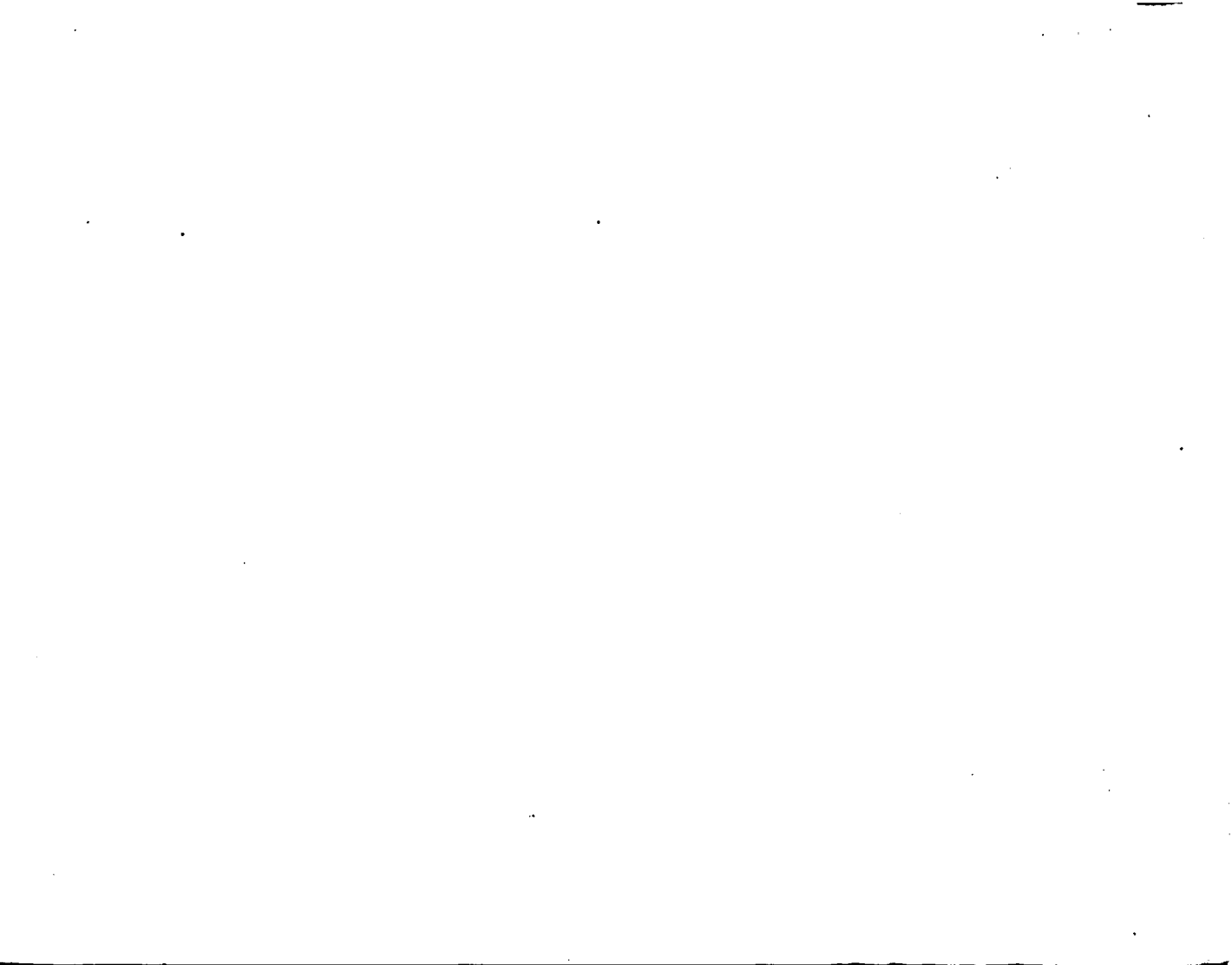
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-223-012-236

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-37

CERTIFICATE OF BIRTH

County of ArcoCity of ButteRegistration District No. 09File No. 76742

No. St.

Primary Registration District No. 2129

Registered No.

Hospital

FULL NAME OF CHILD MarianChristensenSex of
ChildFemaleTwin
Triplet
or other?

{ and {

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
Birth1 23 1920
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth.....1 Number of children of this mother now living, including present birth.....1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....alive..... at.....530 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address.....Arco, IdahoFiled 1/23 1920

Registrar

Registrar

TO 1947

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

958-103-012-795

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Butte

City of Moore

No. _____ St. _____

Registration District No. 59

File No. 76743

Hospital _____

Primary Registration District No. 2129

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>2-3</u> (Month) (Day) (Year) <u>20</u>
-----------------------------	---	-----	--------------------------------	-----------------	--

FULL NAME <u>William</u>	FATHER <u>Warren Reynolds</u>	FULL MAIDEN NAME <u>Libert May Green</u>	MOTHER
RESIDENCE <u>Moore, Idaho</u>	RESIDENCE <u>Moore, Idaho</u>	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Murray Utah</u>	BIRTHPLACE <u>Murray Utah</u>	OCCUPATION <u>farmer</u>	OCCUPATION <u>house wife</u>

Number of child of this mother, including present birth 15 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 30 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. B.

(Physician or midwife)

Given names added from a supplemental report.

Address Arco, Idaho
Filed 2-3 20 E. W. B.
Registrar

FEB 20 1969

1.1.1.

389210-012-853

PLACE OF BIRTH Amended 8/7/79

Form V. S. No. 11-C-25m-9-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76744

County of ButteCity of ArcoRegistration District No. 59

File No.

No. St.

Primary Registration District No. 2129

Registered No.

Hospital

FULL NAME OF CHILD Ann I. Christensen

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u>	Legiti- mate? <u>yes</u>	Date of Birth <u>2 10 20</u> (Month) (Day) (Year)
-------------------------------	---	---	-----------------------------	---

FULL NAME <u>Christ Christensen</u>	FATHER
RESIDENCE <u>Arco, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Baker</u>	

FULL MAIDEN NAME <u>Josephine McCar</u>	MOTHER
RESIDENCE <u>Arco, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 69 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Fox
(Physician or midwife)

Given names added from a supplemental report.

Address Arco, IdahoFiled 2/12/20

Registrar

Registrar

JAN 2-7 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of } **RECEIVED**
County of } **BUREAU OF VITAL STATISTICS**
Certificate No. 76744
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Christensen (female) who was born on Feb 10, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Arco, Idaho (NOTE) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by.....prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
child's name	<u>Unnamed</u>		<u>Ann Irene Christensen</u>
.....
.....

Subscribed and sworn to before me this.....day of
....., 19.....

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of
JUNE, 1979

Signed Harold B. Christensen
(Signature of Any Credible Person) **(BROTHER)**

Edwin B. McCallum
Notary Public, residing at SEATTLE
My commission expires AUG 10 1982
(Seal)

11053 Dayton Ave N Seattle Wa
(Street Address, City, State)

Application to National Service Life Insurance for Donald Allen Stevens
Beneficiary's name as Ann Christensen Stevens, Wife. ~~date~~ June 15m, 1945.
viewed by V. S.

AUG 7 1979

Marriage record from Washington gives name as Donald A. Stevens and Ann I. Christensen. dated Aug 30, 1941. viewed by V. S.

165-120-012-868

Form V. B. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of ButteCity of ArcoRegistration District No. 59File No. 76745

No. _____ St.

Primary Registration District No. 2129 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>2</u> <u>20</u> <u>20</u> (Month) (Day) (Year)
-----------------------------	---	-----	--------------------------------	-----------------	---

FATHER
FULL NAME Reese Thomas JonesRESIDENCE Arco, IdahoCOLOR White AGE AT LAST BIRTHDAY 23
(Years)BIRTHPLACE MountainOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Gloria Francis KuhnRESIDENCE Arco, IdahoCOLOR White AGE AT LAST BIRTHDAY 19
(Years)BIRTHPLACE Arco, IdahoOCCUPATION House wifeNumber of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 49 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. [Signature]
(Physician or midwife)

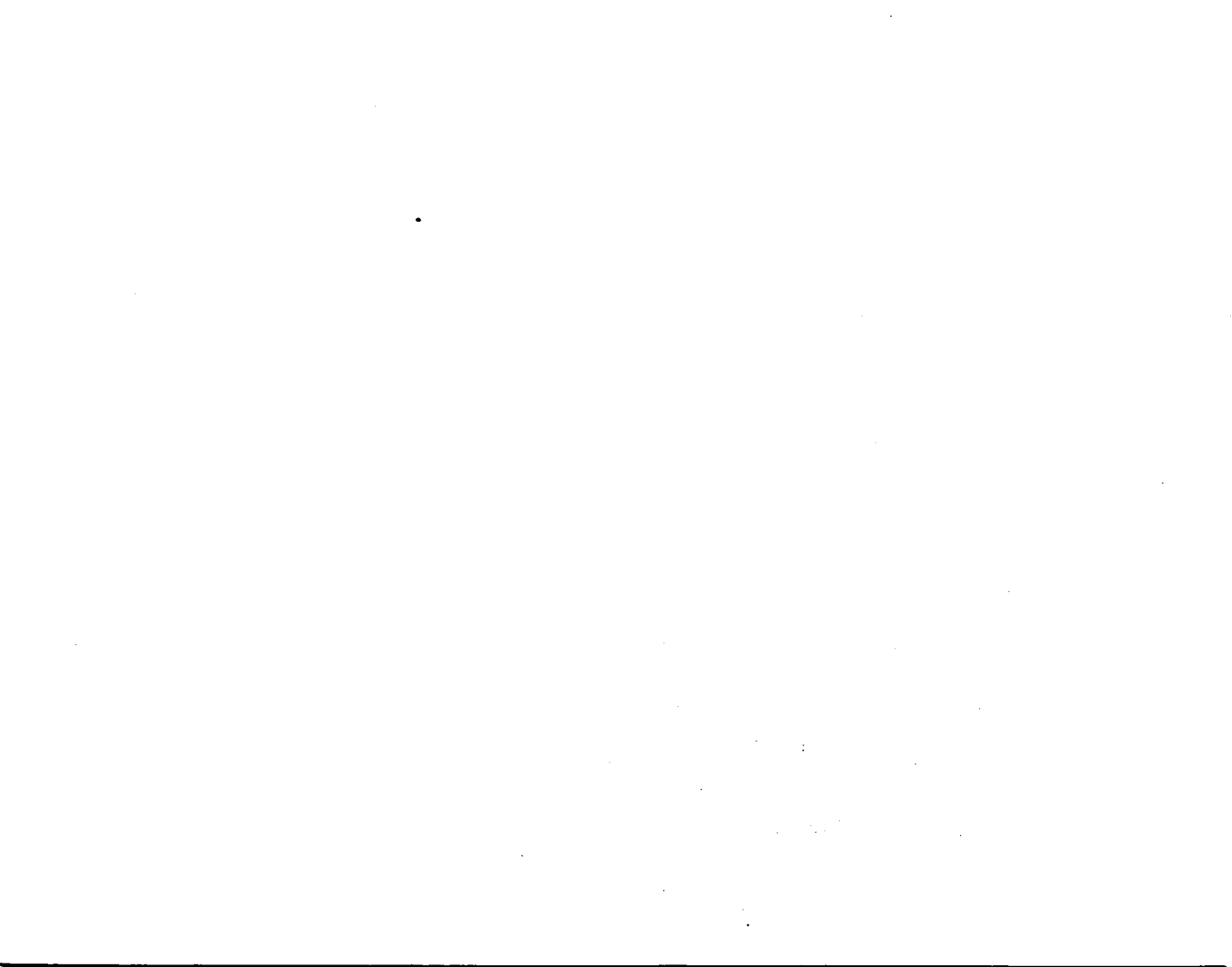
Given names added from a supplemental report.

Address Arco, Idaho
Filed 2/20 1920 Registrar E. L. [Signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



293.120-012-749

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-10

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of ButteCity of MoreRegistration District No. 59File No. 76746

No. _____ St. _____

Primary Registration District No. 2129

Registered No. _____

Hospital _____

FULL NAME OF CHILD

WALTER RUDOLPH

BillsSex of
ChildMaleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
Birth2-2019 22

(Month) (Day) (Year)

FULL
NAMEWalter Rudolph Bills

FATHER

FULL
MAIDEN
NAMEFreda Maria Purcho

MOTHER

RESIDENCE

More, Idaho

RESIDENCE

More, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY39

(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY26

(Years)

BIRTHPLACE

South Jordan, Utah

BIRTHPLACE

Salt Lake City, Utah

OCCUPATION

Farmer

OCCUPATION

House wifeNumber of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.alive, at 3 P. M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

E. W. Fox

(Physician or midwife)

Given names added from a supplemental report.

19

Address

More, Idaho

Filed

2/2019 22

Registrar

Registrar

11-11-11

11-11-11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 76746
County of Los Angeles }
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Walter Rudolph Bills who was born on 20 Feb. 1920
in Moore, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record prepared on Feb. 1928, are:
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
(PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name Unnamed Bills Walter Rudolph Bills
Walter Rudolph Bills

Subscribed and sworn to before me this 17
day of January 1942.
Notary Public, residing at Alhambra
My commission expires March 18, 1944
(SEAL) My Commission Expires

Signed Ch. Bills (FATHER)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)
1229 So. Sierra Vista St.
(STREET ADDRESS, CITY, STATE) Alhambra, Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19 _____
Notary Public, residing at _____
My commission expires _____
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]
Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 21 1942 By _____
(REGISTRAR'S SIGNATURE)

JAN 23 1942

JUN 17 1968

231-126-012-753

Form V, S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of ButteCity of HoweRegistration District No. 59 File No. 76747

No. _____ St. _____

Primary Registration District No. 2129 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>2</u> <u>26</u> <u>1922</u> (Month) (Day) (Year)
-----------------------------	---	-----	--------------------------------	-----------------	---

FATHER
FULL NAME Roy Hawley
RESIDENCE Howe, Idaho
COLOR white AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Howe, Idaho
OCCUPATION merchant

MOTHER
FULL MAIDEN NAME Maude May Peck
RESIDENCE Howe, Idaho
COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Lamar, Idaho
OCCUPATION H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 29 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

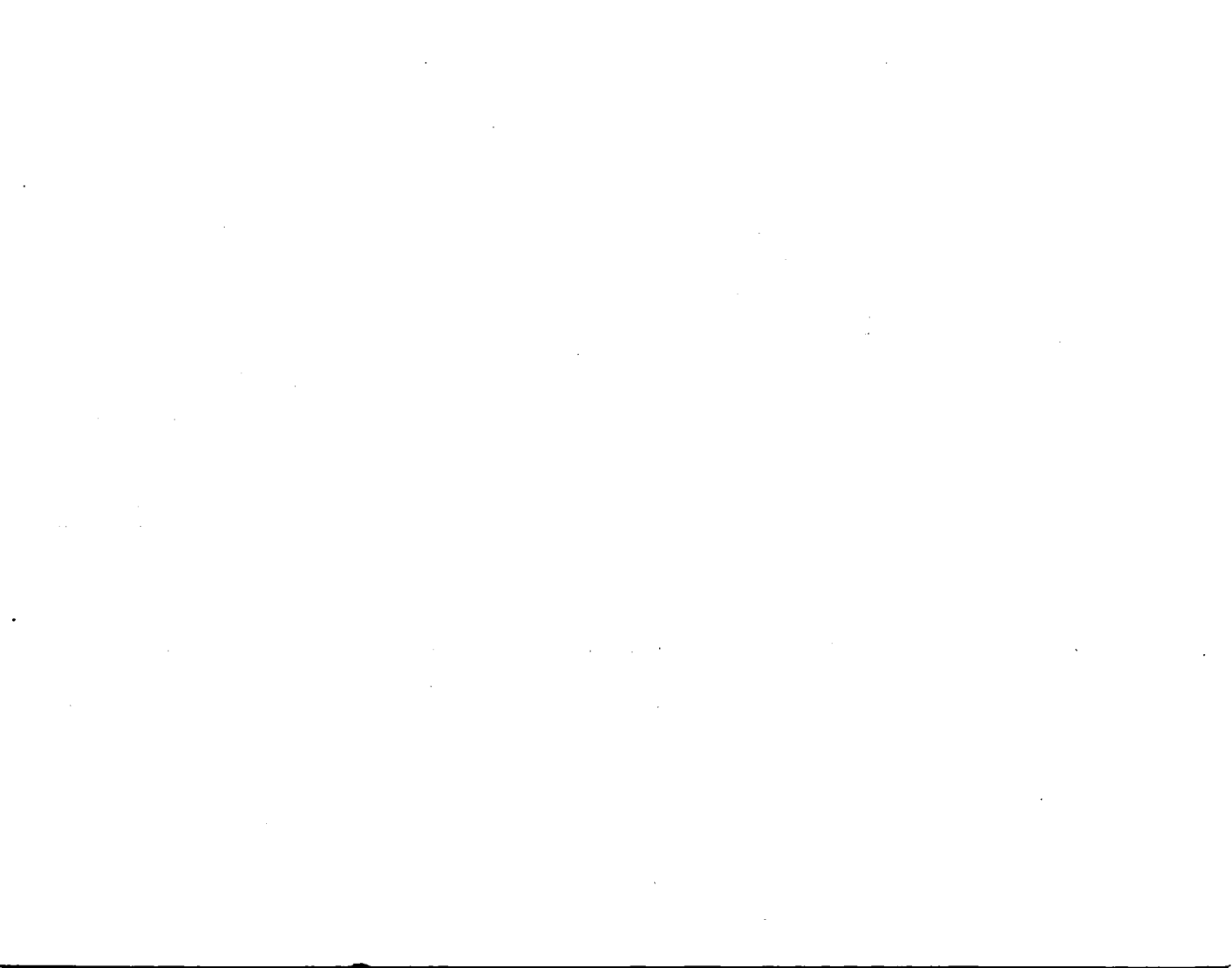
(Signature) E. W. Fox
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Arco, Idaho
Filed 2/26 1922 E. W. Fox
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



964-1031012-263

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76748

County of ButteCity of HaileyRegistration District No. 59

File No. _____

No. _____ St. _____

Primary Registration District No. 2129 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Earl Rodgers

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>1</u> <u>3</u> <u>2</u> (Month) (Day) (Year)
--------------------------	---	-----------	--------------------------------	------------------------	--

FATHER
FULL NAME Earl Rodgers
RESIDENCE Hailey, Idaho
COLOR white
AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Darlington, Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Helen Brock
RESIDENCE Hailey, Idaho
COLOR white
AGE AT LAST BIRTHDAY 26
(Years)
BIRTHPLACE St Paul, Minn
OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated. (Born alive or stillborn) _____ M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

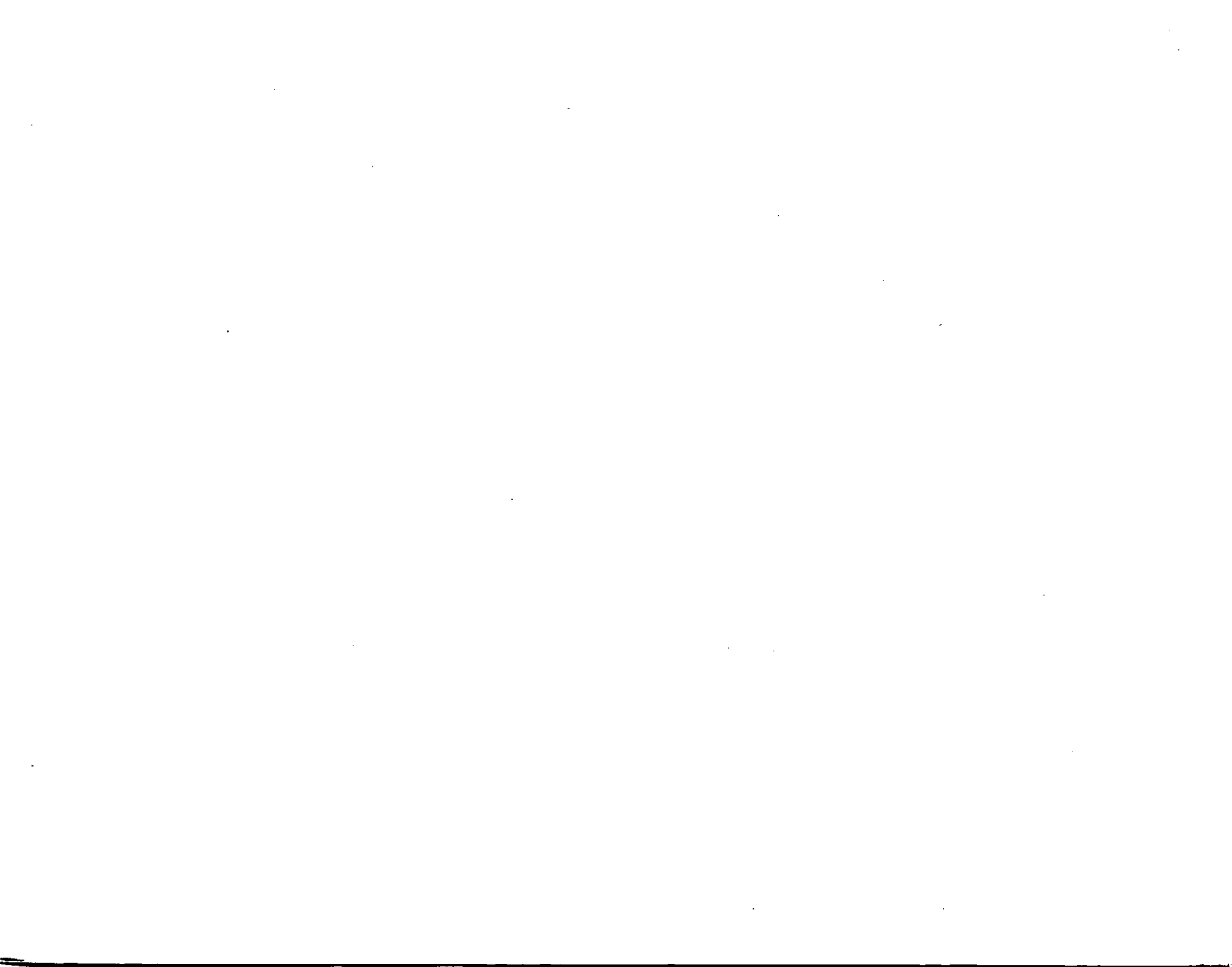
Address Hailey, IdahoFiled 1/3 1920 _____

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

d54-223-012-156

PLACE OF BIRTH

County of ButteCity of Moore

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 53File No. 76749Primary Registration District No. 2127

Registered No. _____

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>1 23 20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-----------------	--

 FATHER
 FULL NAME John J. Knutson

 RESIDENCE Moore, Idaho

 COLOR White AGE AT LAST BIRTHDAY 37
(Years)

 BIRTHPLACE Denmark

 OCCUPATION Farmer

 MOTHER
 FULL MAIDEN NAME Rosalie A. Johnson

 RESIDENCE Moore, Idaho

 COLOR White AGE AT LAST BIRTHDAY 36
(Years)

 BIRTHPLACE Geneva, Utah

 OCCUPATION Housewife

 Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was alive, at 738 P M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
 midwife then the father, householder, etc.,
 should make this return. A stillborn child is
 one that neither breathes nor shows other evi-
 dence of life after birth.

(Signature) E. W. Fox

(Physician or midwife)

Given names added from a supplemental report.

Address Arco, IdahoFiled 1-23 1920

Registrar

Registrar

1994

1

799-102-014-357

PLACE OF BIRTH

STATE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-2-2-17

County of ClarendonCity of ParmaRegistration District No. 2File No. 76750

No. St.

Primary Registration District No. 2007Registered No. 119

Hospital

FULL NAME OF CHILD

Edward Eugene Price

Sex of Child

MaleTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
BirthFeb 2 1920
(Month) (Day) (Year)FULL
NAMEFATHER Clyde T. Price

RESIDENCE

Parma

COLOR

WAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Ind.

OCCUPATION

FarmerFULL
MAIDEN
NAMEMOTHER Burley L. Price

RESIDENCE

Parma

COLOR

WAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Ind.

OCCUPATION

H. W.Number of child of this mother, including present birth... 2..... Number of children of this mother now living, including present birth... 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8-209 M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

H. E. Mulcahy, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Parma

Filed

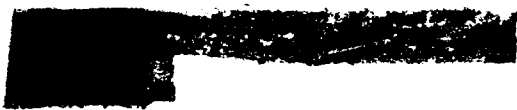
2-5-1920

1920

Paula Waldrop

Registrar

Registrar



SS 9-4-40
12.....

313-103-014-315
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of _____

City of _____

Registration District No. _____

File No. _____

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Shirley Kenneth Callaway

Sex of Child

male

Twin
Triplet
or other?{ and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes

Date of
BirthFeb 3rd 1920
(Month) (Day) (Year)FULL
NAME

FATHER

William Callaway

RESIDENCE

Canyon Co.

COLOR

White

AGE AT LAST
BIRTHDAY

31

(Years)

BIRTHPLACE

Rallies, West Virginia

OCCUPATION

Farmer

FULL
MAIDEN
NAME

MOTHER

Cora E. Cannon

RESIDENCE

Canyon Co.

COLOR

white

AGE AT LAST
BIRTHDAY

27

(Years)

BIRTHPLACE

Kansas

OCCUPATION

Housework

Number of child of this mother, including present birth

5

Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

at 2, P. M.

* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. R. Newell

Physician

(Physician or midwife)

Address

Wilder, Idaho

Filed

Feb-10 1920 Luke Waldrop

Registrar

SEP 17 1941

419-119-014-259

Form V. S. No. 11-C-25m-3-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of LamyCity of ParniaRegistration District No. 3File No. 76752

No. St.

Primary Registration District No. 2007Registered No. 13Hospital at homeFULL NAME OF CHILD William Riley Gorden

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 19</u> 191 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Abner J. Gorden</u>	FATHER
RESIDENCE <u>Parnia</u>	

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
-----------------------	---

BIRTHPLACE <u>Ark.</u>

OCCUPATION <u>Farmer</u>

FULL MAIDEN NAME <u>Mary Jane Seiber</u>	MOTHER
RESIDENCE <u>Parnia</u>	

COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
-------------------	---

BIRTHPLACE <u>Ark.</u>

OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 4.. Number of children of this mother now living, including present birth 3..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1-2-1000 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address 19Filed 2-22-1920

Registrar

Registrar

N. B. In case of more than one child at birth a 259-40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

DARDEN

Dup of 1920-308101

447-210-087-866

PLACE OF BIRTH

County of OwyheeCity of ClaytoniaNo. 1 Rural 1 St.

Hospital

FULL NAME OF CHILD

Lucille Margret Dugdale

Sex of Child

FTwin
Triplet
or other?} and {
Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthFeb 11 1912

(Month) (Day) (Year)

FULL
NAMEWm M Dugdale

FATHER

RESIDENCE

Claytonia, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Savannah Tenn.

OCCUPATION

FarmerFULL
MAIDEN
NAMEAnna Howard

MOTHER

RESIDENCE

Claytonia, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY28

(Years)

BIRTHPLACE

Kan City, Mo.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 A. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. W. Montgomery, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Caldwell, Idaho

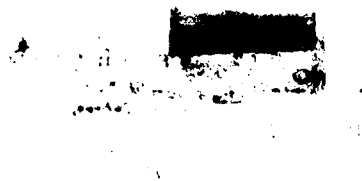
Filed

2-15-1912

Registrar

John V. Meyers

Registrar



MARGIN RESERVED FOR BINDING THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-109.014-813
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-1-34-2

County of Canyon

City of Caldwell, Ida.

Registration District No. 3

File No. 76755

No. St.

Primary Registration District No. 2005

Registered No. 39

Hospital

FULL NAME OF CHILD Kenneth Morgan Williams

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 9 1920</u> (Month) (Day) (Year)
-------------------------	---	---	-----------------------------	---

FULL NAME <u>FLOYD W Williams</u>	FATHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Bernice Katfield</u>	MOTHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6..... Number of children of this mother now living, including present birth 5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Cole M.D.
Caldwell Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed 2-11-20 John H. Innes
Registrar

MAR 17 1954

MAR 18 1954

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-108-014-318
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of... Canyon...

City of... Caldwell, Id.

No. St.

Hospital

Registration District No. 3

File No. 76756

Primary Registration District No. 2005

Registered No. 138

FULL NAME OF CHILD Charles Earl Jackson

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	} and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth... <u>Feb 8</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------	---	--	-----------------------------	---

FULL NAME <u>Earl Jackson</u>	FATHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY ... <u>29</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Edna Canford</u>	MOTHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY ... <u>21</u> (Years)
BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... alive at... 10:30 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Cole, M.D.

..... Caldwell Idaho
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address.....

.....2-11-20.....

Registrar

Filed..... John S. Meyer

Registrar

JUL 6 1955

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-230-014-819
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

County of CarsonCity of CaldwellNo. RTD R2 St.Registration District No. 3File No. 76757Hospital Miss Mymatt'sPrimary Registration District No. 2005Registered No. 37FULL NAME OF CHILD Lucielle Marie Lundy

Sex of Child <u>F</u>	Twin Triplet or other? <u>3</u> (To be answered only in event of plural births)	and { Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 30</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	--	--	-----------------------------	---

FULL NAME FATHER Clemens W. LundyFULL MAIDEN NAME MOTHER Blanch HardistyRESIDENCE Caldwell Id R2RESIDENCE Caldwell Id R2COLOR W. AGE AT LAST BIRTHDAY 20 (Years)COLOR W. AGE AT LAST BIRTHDAY 20 (Years)BIRTHPLACE Humeston IaBIRTHPLACE Hood River OregonOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:36 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Meyer M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell IdFiled 2-27-20 John H. Meyer Registrar

Registrar

Registrar

1941 2 6 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394-128-104-133
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-2-2-17

County of... Canyon

City of... Caldwell

Registration District No. 3

File No. 76758

No. Anna St.

Primary Registration District No. 1005

Registered No. 36

Hospital

FULL NAME OF CHILD Melvin Allen Timpike

Sex of Child boy	Twin Triplet or other? S	and	Number in order of birth 2	Legitimate? yes	Date of Birth Jan 28 1920
(To be answered only in event of plural births)					

FATHER
FULL NAME Warren Timpike
RESIDENCE Caldwell
COLOR W
AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Arkansas
OCCUPATION Day inspector

MOTHER
FULL MAIDEN NAME Nettie Allen
RESIDENCE Caldwell
COLOR W
AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Drangville Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 4
Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Meyer

Given names added from a supplemental report.

Address Caldwell

Filed 2-24-20 John V. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-221014-437
PLACE OF BIRTH

STATE OF IDAHO Form V. S. No. 11-C-25m-9-8-17
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of... Canyon
City of... Caldwell
Registration District No. 3 File No. 76759
No. St. Primary Registration District No. 1005 Registered No. 35
Hospital

FULL NAME OF CHILD ... Lyda Mae Garton

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>S</u> and (Number in order of birth) <u>6</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 21 1920</u> (Month) (Day) (Year)
FULL NAME <u>Elmer Garton</u>	FATHER	FULL MAIDEN NAME <u>May McGilchrist</u>	MOTHER
RESIDENCE <u>Caldwell</u>		RESIDENCE	
COLOR <u>Y</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>Y</u>	AGE AT LAST BIRTHDAY <u>90</u> (Years)
BIRTHPLACE <u>Lincoln Neb</u>		BIRTHPLACE <u>Whitchester Kan</u>	
OCCUPATION <u>Truck Driver</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 6 Number of children of this mother now living, including present birth... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 2:30 PM

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
(Signature) John H. Inceps MD

Given names added from a supplemental report.

Address Caldwell Id
Filed 2-27-20 John H. Inceps
Registrar Registrar

MAY 27 1981

IDAHO DEPARTMENT OF HEALTH
BUREAU OF **RECEIVED** STATISTICS
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. APR 3 12 03 PM '81 Certificate No. 76759
County of Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Garton (female) who was born on Jan 21, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Caldwell, Idaho (Canyon) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
('Name,' 'Birth Date,' 'Cause of Death,' Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name Unnamed Lyda Mae Garton

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Bernardino } ss.

(This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.))

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of
March, 1981.

Signed Chester E. Garton
(Signature of Any Credible Person)

Notary Public, residing at 296 West Highland Ave.
My commission expires June 1, 1984
(Seal)

2590 Muscat St Spce #72
San Bernardino Cal.
(Street Address, City, State)

Own child's birth certificate on file, V.S. Idaho
gives name as Lyda Mae Garton, mother of Linda
Dean. Child born March 31, 1942, in Caldwell, Ida
Viewed by V.S.

Application to the Metropolitan Life Ins. Co. gives
name as Lyda Mae Garton Dean, born
Jan 21, 1920, in Caldwell, Idaho. Issued
Jan 29, 1952. Husband, R. Dean, Howard. #580285399.
Viewed by V.S.

285-1191014-692

PLACE OF BIRTH

County of *Yakima*

City of *Yakima*

No. St.

Hospital

FULL NAME OF CHILD *Arthur Everett Sherman*

Sex of Child *boy* Twin Triplet or other? *5* and (Number in order of birth) *1* Legitimate? *Yes* Date of Birth *1/19/20*
(Month) (Day) (Year)

FULL NAME FATHER *Geo A. Sherman*

RESIDENCE *Caldwell Ida*

COLOR *white* AGE AT LAST BIRTHDAY *26*
(Years)

BIRTHPLACE *Yakima Wash*

OCCUPATION *Hardware Merchant*

FULL MAIDEN NAME MOTHER *Elma Grace Fick*

RESIDENCE *Caldwell Ida*

COLOR *white* AGE AT LAST BIRTHDAY *24*
(Years)

BIRTHPLACE *Ocoya, Ill.*

OCCUPATION *Housewife*

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *9:16 A.M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *M. E. Fick*

Given names added from a supplemental report.

Address *Caldwell Ida*

Filed *2-13-20* *John H. Meyer*
Registrar

RECEIVED - OFFICE OF THE
ATTORNEY GENERAL
JAN 10 1941

5/1/41 Z.J.

NOV 13 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number at birth, in order of birth stated.

PLACE OF BIRTH

County of *Campan*City of *Nampa*

No. St.

Hospital *Mercy*FULL NAME OF CHILD *Herbert Valentine Lankin*

Sex of Child

*Male*Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?*yes*

Date of Birth

Feb. 14 1900
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth *2*

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo. A. Kellogg M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0

76761

Registration District No. *7*

File No.

Primary Registration District No. *1006*

Registered No.

*George Washington Lankin**Fern St.**White*AGE AT LAST BIRTHDAY *41*
(Years)*Fergusfall. Minn.**Painter + Engineer**Margaret Kruse**Fern St.**White*AGE AT LAST BIRTHDAY *37*
(Years)*Bergfahnen Germany**Housewife**Born alive*

(Born alive or stillborn)

*Nampa Idaho**Mar 10 1900 Pearl Dotts*

10

CEASED

433-20601K

PLACE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7No. St. Primary Registration District No. 1006Hospital MercyFull Name of Child Dorothy Marie McLellan

Form V. S. No. 11-25m-6-15-18

DISTRICT

TH

76762

File No. Registered No.

SEX OF CHILD	Female	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate?	Yes	DATE OF BIRTH	March 6 1930
						(Month)	(Day) (Year)

FULL NAME Gordon L. McLellan

FATHER

RESIDENCE

Nampa, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Ontario

OCCUPATION

Physician and SurgeonFULL
MAIDEN
NAME

MOTHER

Annabelle C. Ross

RESIDENCE

Nampa, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY25

(Years)

BIRTHPLACE

Penn.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

11:30 Aat

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. O. C. KelleyPhysician

(Physician or midwife)

Given names added from a supplemental report

19Address Nampa, IdahoFiled Mar 10 1930

Registrar

Pearle Dodds

Registrar

OCT 1



213-107-014319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-937

County of... Canyon...City of... Caldwell...No. 10th Chicago St.Registration District No. (3)File No. 76763Primary Registration District No. 1005Registered No. 59

Hospital.....

FULL NAME OF CHILD... Ross Carter Bales...

Sex of Child

MaleTwin
Triplet
or other?— and —
in order
of birthLegiti-
mate?yes

Date of Birth

3 7
(Month) (Day) (Year)

19

FULL NAME

FATHER
John Franklin Bales

RESIDENCE

10th and Chicago

COLOR

WhiteAGE AT LAST
BIRTHDAY3 5
(Years)

BIRTHPLACE

Tennessee

OCCUPATION

Lumber MerchantFULL
MAIDEN
NAMEMOTHER
Lorene Carter

RESIDENCE

10th and Chicago

COLOR

WhiteAGE AT LAST
BIRTHDAY2 8
(Years)

BIRTHPLACE

Montana

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 1...Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Born alive... at... 6...
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature).....

Dr. C. M. Haley

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Caldwell, Idaho

Filed.....

9-9-1920

Registrar

John H. Meyers
Registrar

AUG 2 2 1944

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-106-018-691
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25-3-17

County of Canyon

City of Caldwell

Registration District No. 9

File No. 76764

No. 1000 Rural No. 3

Primary Registration District No. 2005

Registered No. 58

Hospital

FULL NAME OF CHILD Phillips George Maupin

Sex of Child <u>Male</u>	Twin Triplet or other? <u></u> and <u></u> Number in order of birth <u></u>	Legitimate? <u>Yes</u>	Date of Birth <u>March 6</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>Perry P. Maupin</u>	FATHER
RESIDENCE <u>Rockville - Oregon</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Dorothy E. Frank</u>	MOTHER
RESIDENCE <u>Rockville - Oregon</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:15 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Meyer M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Caldwell - Idaho

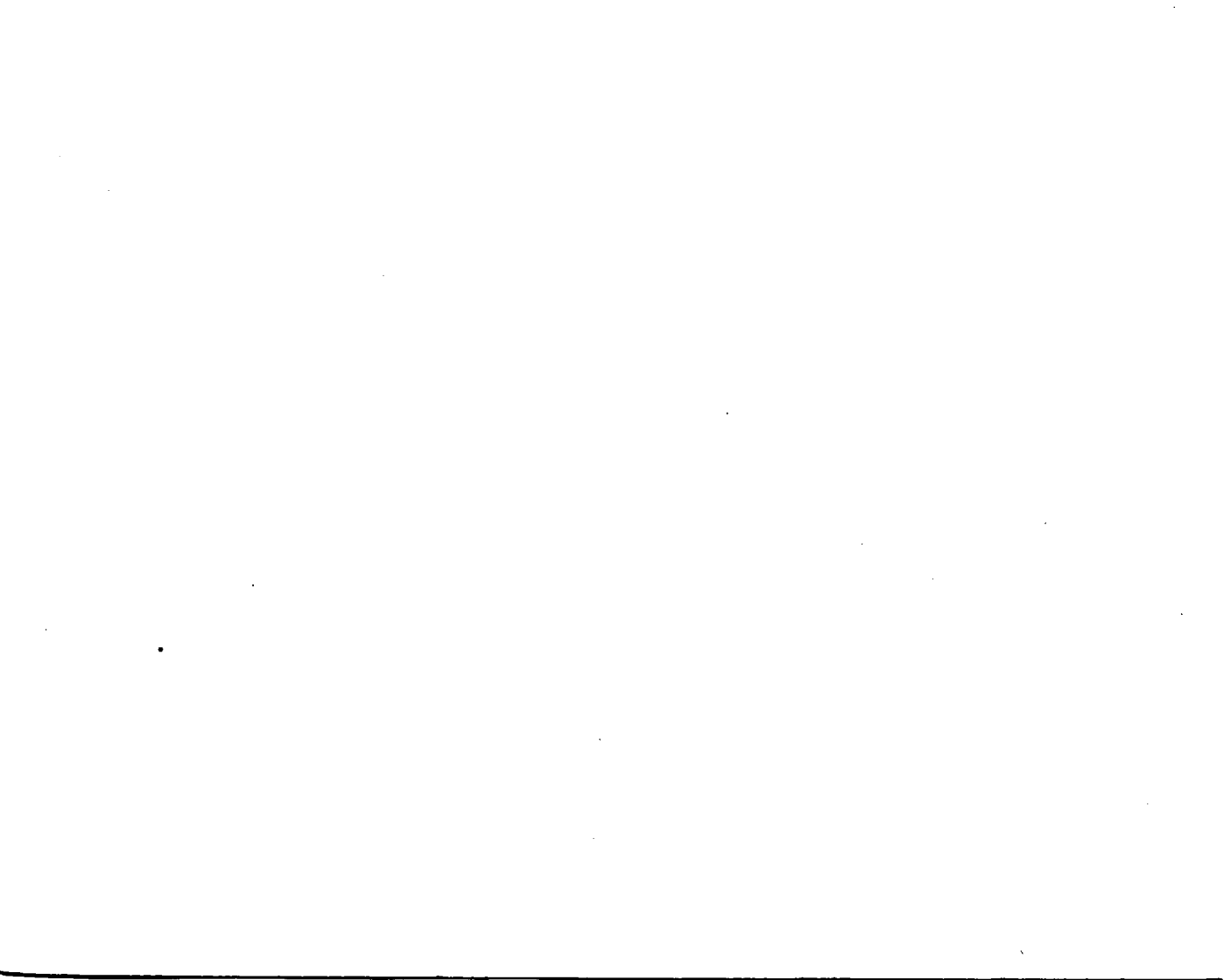
Address Caldwell - Idaho

Filed 9-6-20

Filed 9-6-20

Registrar

Registrar



369-1041014-997
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of CanyonCity of CaldwellNo. R.D. #3 St.Registration District No. 3File No. 76765Primary Registration District No. 2005Registered No. 57

Hospital

FULL NAME OF CHILD Marlin Wesley Cornwell

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>3</u> <u>4</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	---------------------------------------	------------------------	---

FULL NAME <u>D. C. Cornwell</u>	FATHER
RESIDENCE <u>Caldwell R.D. #3</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Vesta Riggs</u>	MOTHER
RESIDENCE <u>Caldwell R.D. #3</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... <u>1</u>	Number of children of this mother now living, including present birth..... <u>1</u>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:20 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed 3-6-1920

Registrar

John H. Meyer
Registrar

9-8-41

DECEASED

313 202-014-281
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form No. 8. No. 11-C-25m-3-3-17

County of... CanyonCity of... Caldwell, Ida.Registration District No. 3File No. 76766No. St.Primary Registration District No. 1005Registered No. 56

Hospital

FULL NAME OF CHILD Haroldine Marie Calvert

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>Yes</u>	Date of Birth... <u>3</u> <u>2</u> <u>20</u> (Month) (Day) (Year)
-------------------------------	---	--------------------------------------	--------------------------------	---

FULL NAME <u>Harold Matthew Calvert</u>	FATHER
--	--------

RESIDENCE <u>Caldwell, Ida.</u>	
------------------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY ... <u>20</u> .. (Years)
-----------------------	---

BIRTHPLACE <u>Kansas</u>	
-----------------------------	--

OCCUPATION <u>Cabinet Maker</u>	
------------------------------------	--

FULL MAIDEN NAME <u>Lucille Blanch Shaw</u>	MOTHER
--	--------

RESIDENCE <u>Caldwell</u>	
------------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY ... <u>18</u> .. (Years)
-----------------------	---

BIRTHPLACE <u>Arkansas</u>	
-------------------------------	--

OCCUPATION <u>Housewife</u>	
--------------------------------	--

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

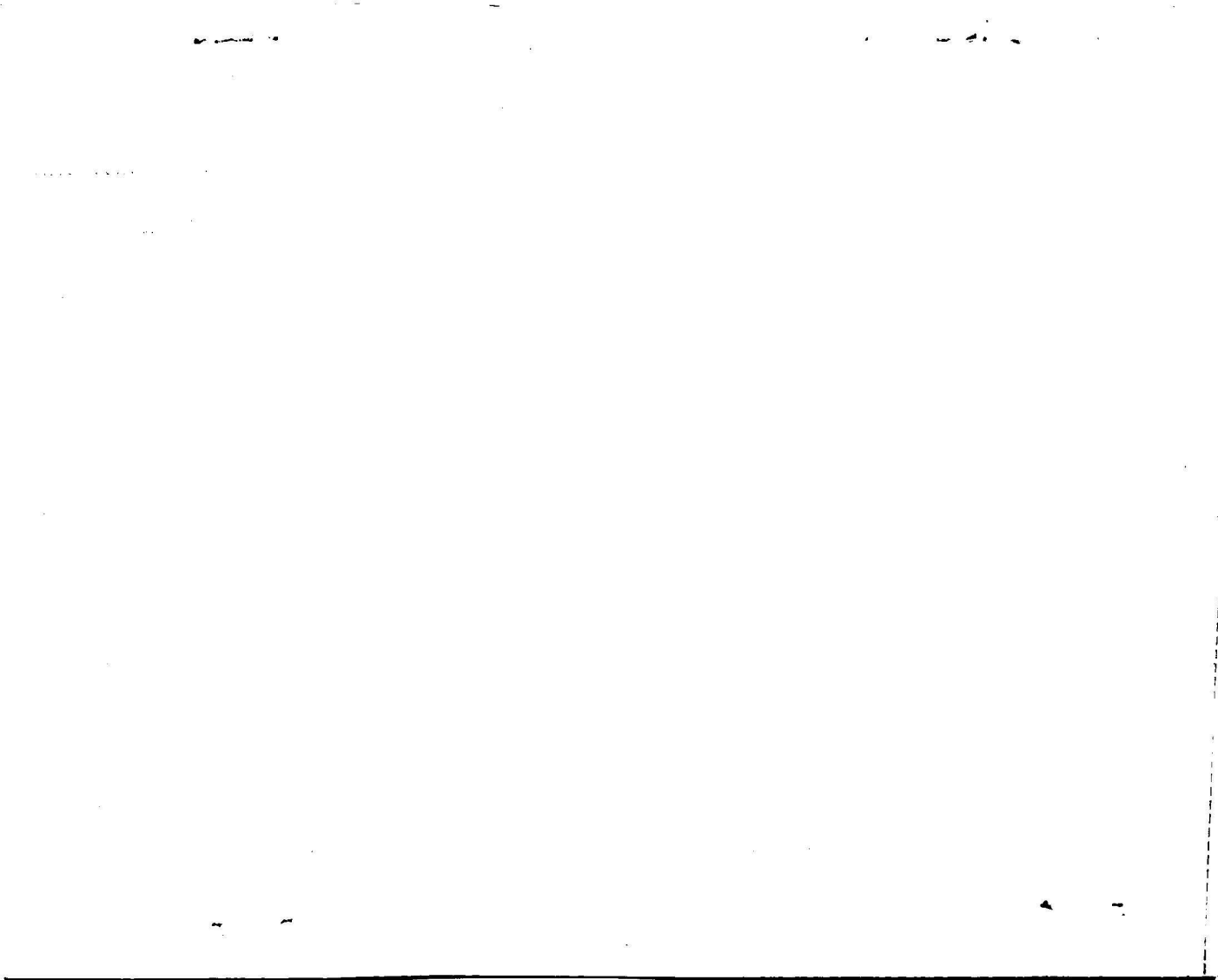
I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 2:05 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley M.D.

Given names added from a supplemental report.

..... (Physician or midwife)
Address Caldwell, Idaho.Filed 3-4-20 John H. Meyer
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.
The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for omitted Calvert who was born Mar 21 1920 (Was born or died) (Date of event)
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Ann prepared on Sept. 18, 1941 (Give date), are:
(Bible record, insurance policy, etc.)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Subscribed and sworn to before me this 18th
day of September, 1941
Edna L. Graw

Signed Marshall Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Mountain Home, Idaho
My commission expires April 24, 1945
[SEAL]

Fruitland, Idaho Box 97
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of September, 1941
Edna L. Graw

Signed Elvie G. Calvert
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Mountain Home, Idaho
My commission expires April 4
[SEAL]

(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

AUG 27 1942

386-2291014-819
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-27

County of... CanyonCity of... NotusNo. St.

Hospital

Registration District No. 3Primary Registration District No. 2-205

File No.

Registered No. 55

76767

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>2-28</u> (Month) (Day) (Year) <u>1914</u>
FULL NAME <u>Father</u>	FATHER <u>Corbett Thompson</u>		FULL MAIDEN NAME <u>Mother</u>	MOTHER <u>Pearl Haines</u>
RESIDENCE <u>Notus Idaho</u>	RESIDENCE <u>Notus Idaho</u>		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Oklahoma</u>	BIRTHPLACE <u>Oklahoma</u>		OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth.... 4 Number of children of this mother now living, including present birth.... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.... Born alive.... at.... 8:30 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. C. M. Kaley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed.... 3-2-1920

Registrar

Registrar

Dup of 1920-355541

335-229.014-249
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Canyon

City of Caldwell

No. RR #4 St.

Registration District No. 3

File No. 76768

Primary Registration District No. 2005

Registered No. 54

Hospital

FULL NAME OF CHILD Hazel Alice Clemens

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> } and { Number in order of birth <u> </u> (To be answered only in event of plural births)	Legitimate? <u>ye</u>	Date of Birth <u>2-29-1920</u> (Month) (Day) (Year)
----------------------------	--	-----------------------	--

FULL NAME <u>John B. Clemens</u>	FATHER
RESIDENCE <u>Caldwell R#4</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Tennessee</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Hazel G. Smith</u>	MOTHER
RESIDENCE <u>Caldwell R#4</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 12:45 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. M. Kaley M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address 3-2-20
Registrars John H. Meyer

EE 1 1956

692-225-044-243

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 3

Primary Registration District No. 2005

File No.

Registered No. 53

76769

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-23

CERTIFICATE OF BIRTH

Sex of Child Female Female and Male Male Legitimate? yes Date of Birth Feb. 25 1919
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Fred Wm Fischer FATHER

FULL MAIDEN NAME Maicie Buland MOTHER

RESIDENCE Caldwell Ida.

RESIDENCE Caldwell Ida.

COLOR white AGE AT LAST BIRTHDAY 34 (Years)

COLOR white AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Wisc.

BIRTHPLACE Mass.

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated. one above date at 1:20 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Given names added from a supplemental report.

(Physician or midwife)

Address Caldwell Ida.

Filed 2-28-20 John V. Meyer
Registrar

SEP 11 1974 10

313-125-014-5-15

PLACE OF BIRTH

name added 7-12-82 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

Form V. S. No. 11-C-25m-9-5-17

County of CassiaCity of Caldwell IdahoRegistration District No. 3File No. 76770

No. St.

Primary Registration District No. 1005Registered No. 52

Hospital

FULL NAME OF CHILD Gordon Irwin Tall

Sex of Child <u>Boy</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 25 1920</u> (Month) (Day) (Year)
-------------------------	---	------------------------	---

FULL NAME <u>William T. Tall</u>	FATHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Canada</u>	
OCCUPATION <u>Salesman</u>	

FULL MAIDEN NAME <u>Sarah Margaret Van Dress</u>	MOTHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:10 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M.D.
(Physician or midwife)

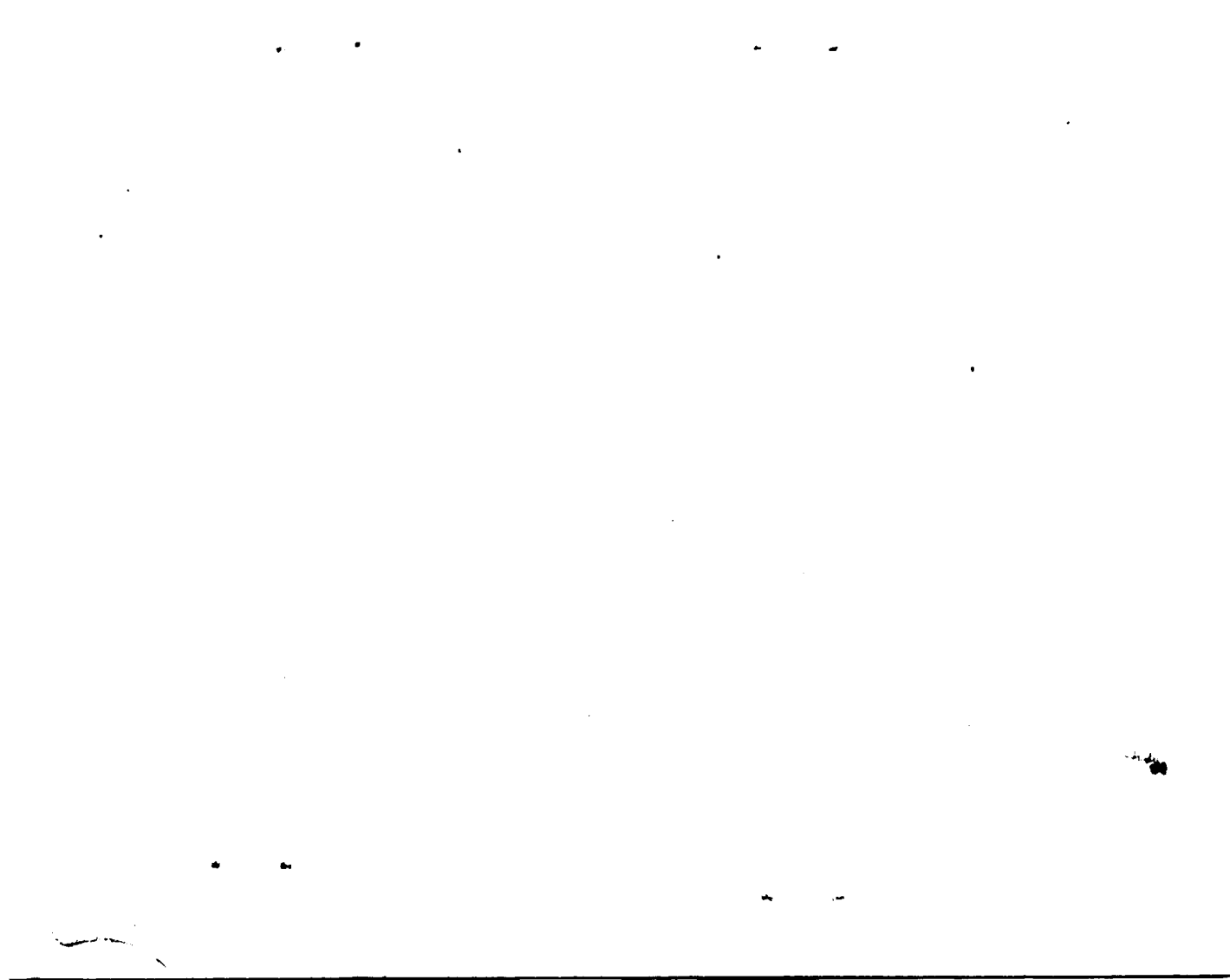
Given names added from a supplemental report.

Address Caldwell IdahoFiled 7-26-1920

Registrar

Registrar

m. v.



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington } ss.
County of King

Certificate No. 76770

Date Filed _____

Bureau of Vital Statistics
June 2 1982

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Tall who was born on Feb 25, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Caldwell (Canyon) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

<u>childs name</u>	<u>Unnamed</u>	<u>Gordon Irwin Tall</u>

Subscribed and sworn to before me this 22nd day of

June, 1982

Notary Public, Janette A. Echelbarger

Residing at Stanhwood, Washington

My commission expires 5-2-86

(Seal)

Gordon I. Tall
Signature of Applicant
14355-132nd ave NE, Kirkland
Street Address, City, State
Wash. 98033

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Douglas

(Must be completed)

(Is not necessary)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of

June, 1982

Notary Public, Dorothy French

Residing at Porter Oregon

My commission expires June 10, 1984

(Seal)

1 cc pd

Daisy B Tall Weeks
Supporting Signature
1525 NW Alameda
Street Address, City, State
Roseburg Ore 97470

Honorable Discharge from Army of the U.S. gives Gordon I Tall born
2-25-20 in Idaho was discharged 11-20-45. Viewed by V.S.

Certified copy of Birth Certificate from Seattle- King County, **JUL 12 1982**
gives Randall Clark Tall born 11-11-47 in Seattle to Father Gordon
Irwin Tall and Mother Jacqueline Myrtle Fedde. Viewed by V.S. .

366-121-014-452
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of CarsonCity of CaldwellRegistration District No. 3File No. 76771No. 2005Primary Registration District No. 2005Registered No. 57Hospital Winfred Coon

FULL NAME OF CHILD

Sex of Child

M.Twin
Triplet
or other?8

and

Number
in order
of birth2Legiti-
mate?yesDate of
Birth2/211912FULL
NAMEFATHER Winfred P. Coon

RESIDENCE

Caldwell

COLOR

WAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Princeton Mo

OCCUPATION

FarmerFULL
MAIDEN
NAMEMOTHER Atta Messler

RESIDENCE

Caldwell

COLOR

WAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Verdon Neb

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 21302 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John H. Meyer

Given names added from a supplemental report.

Address

Caldwell

Filed

2-24-1920

Registrar

John H. Meyer
Registrar

WY 27 10.4

OCT 9 1952

251-121-014-993
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20a-2-15-12

County of CanyonCity of Caldwell, IdahoNo. R.F.D. #4 St.Registration District No. 3File No. 76772Primary Registration District No. 2005Registered No. 60

Hospital

FULL NAME OF CHILD

Grant Henry BrachamSex of
ChildBoyTwin
Triplet
or other?ourand
Number
in order
of birth4Legiti-
mate?YesDate of
BirthFeb.211920FULL
NAMEMr. Frank Henry Bracham

FATHER

FULL
MAIDEN
NAMEFlossie May Riley

MOTHER

RESIDENCE

Caldwell Idaho R.F.D. #4

RESIDENCE

Caldwell Idaho R.F.D. #4

COLOR

WhiteAGE AT LAST
BIRTHDAY35

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY35

(Years)

BIRTHPLACE

Champaign Illinois

BIRTHPLACE

Thorastown Indiana

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive

(Born alive or stillborn)

2:55 P.M.*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Given names added from a supplemental report

(Signature)

D. S. Shaden D.D.
Caldwell, Idaho
(Physician or midwife)

Address

Caldwell, Idaho

Filed

2-25-20 John C. Meyer
Registrar



335-221-014-345

PLACE OF BIRTH

County of CanyonCity of CaldwellNo. 714-7. Smith St.

Hospital

FULL NAME OF CHILD Dorothy Lorene ClemonsSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-27

CERTIFICATE OF BIRTH

Registration District No. 9File No. 76773Primary Registration District No. 1005Registered No. 49

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth <u>-</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb. 21 1922</u> (Month) (Day) (Year)
----------------------------	---------------------------------------	---	-----------------------------	---

FULL NAME <u>Alvin Edward Clemons</u>	FATHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Forman, Minnesota</u>	
OCCUPATION <u>Pressman (Printer)</u>	

FULL MAIDEN NAME <u>Meta Marie Luegge</u>	MOTHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Farmington, Minnesota</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3... Number of children of this mother now living, including present birth... 3...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:15 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Young
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address 19
Filed 2-21-1922 John H. Meyer
Registrar

22 4/3/11 A.M.

318-118,014-314
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

County of Canyon

City of Caldwell, Ida.

Registration District No. 3

File No. 76774

No. St.

Primary Registration District No. 2005

Registered No. 48

Hospital Caldwell San

FULL NAME OF CHILD Wallace Matthews Taylor, Jr.

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 18 1920</u> (Month) (Day) (Year)
-------------------------	---	--------------------------------	------------------------	--

FULL NAME <u>Wallace M. Taylor</u>	FATHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>neb.</u>	
OCCUPATION <u>School Teacher</u>	

FULL MAIDEN NAME <u>Edna T. Larsson</u>	MOTHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 1/2 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. M. Cole

Given names added from a supplemental report.

(Physician or midwife)

Address Caldwell Idaho

Filed 2-21-1920

Registrar

Registrar

c.c. 6/9/41. w.h.

FEB 3 1943

PLACE OF BIRTH

743-481014-719

County of CanyonCity of Greenleaf, Ida

No. St.

Hospital

FULL NAME OF CHILD ERVIN CARL GULLEY

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 76775

Primary Registration District No. 2005

Registered No. 47

Sex of Child <u>Boy</u>	Twin Triplet or other? <u> </u> } and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 18</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>L. E. Gulley</u>	FATHER
RESIDENCE <u>Greenleaf Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alta Gardner</u>	MOTHER
RESIDENCE <u>Greenleaf Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.... 1 Number of children of this mother now living, including present birth.... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1224 PM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

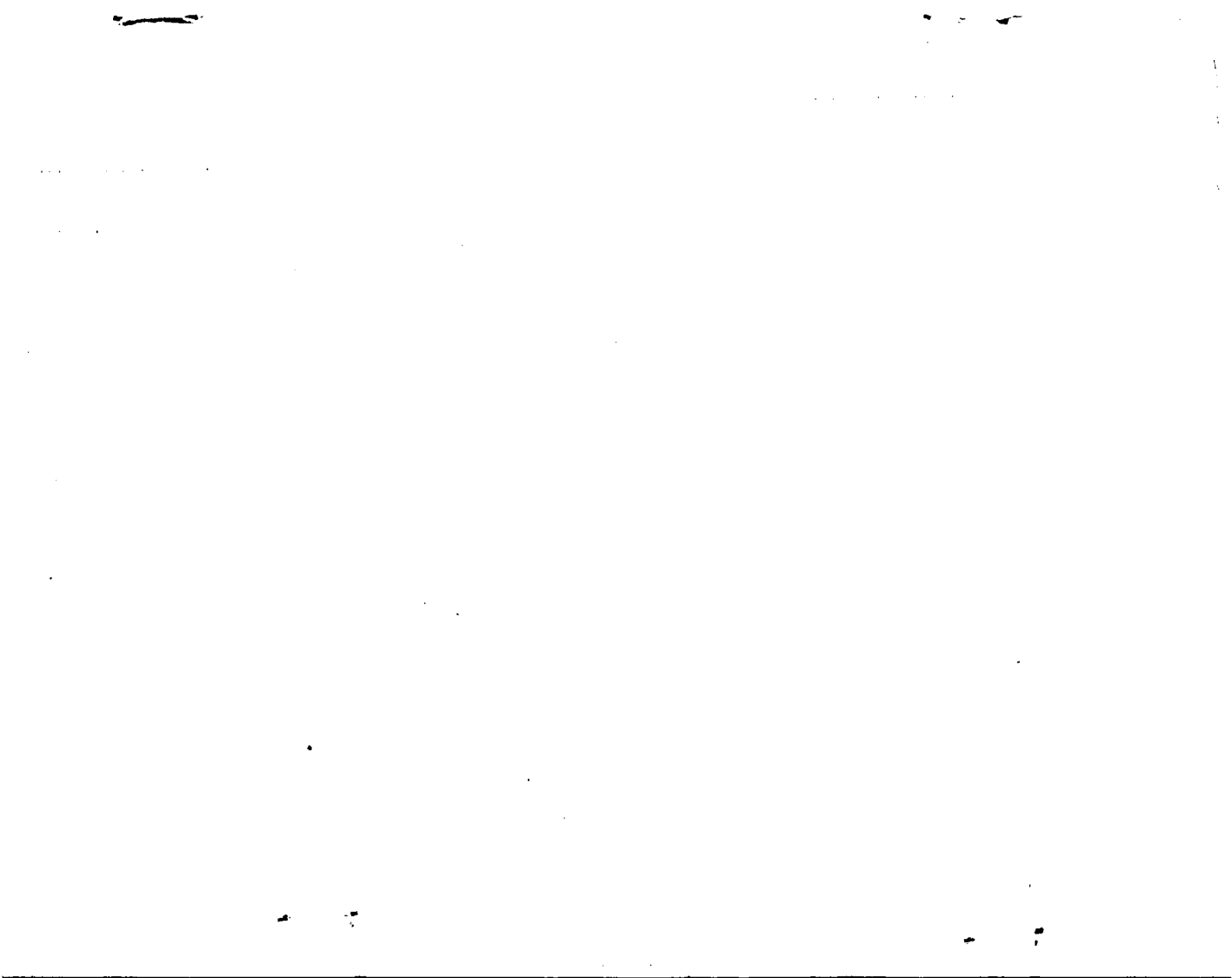
(Signature) F. M. Cole MD

Given names added from a supplemental report.

Address Caldwell IdahoFiled 2-21-20 John D. Meyer MD

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss. OCT 9 - 1942 Certificate No. 16775
County of Lane } Date Filed Oct 7, 1942
The undersigned does solemnly swear that certain facts on the certificate of birth
(BIRTH OR DEATH)
for Ervin Carl Gulley who was born on February 18, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Caldwell Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Bible record prepared on at time of birth, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name Unnamed Ervin Carl Gulley

Subscribed and sworn to before me this 7th
day of October, 1942
Chas L. Gudens
Notary Public, residing at Florence, Oregon.
My commission expires March 23, 1945. Signed Mrs L. E. Gulley
(SEAL) Florence, Oregon.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
County of Lane } (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 7th
day of October, 1942
Chas L. Gudens
Notary Public, residing at Florence, Oregon
My commission expires 3/23/45 Signed L. E. Gulley
(SEAL) Florence Oregon
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

FEB 5 1971

OCT 13 1942

238-215,014-713

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76776

County of Canyon.....City of Caldwell.....Registration District No. 3

File No.

No. 1310 Seaborn St.Primary Registration District No. 2.005Registered No. 46

Hospital

FULL NAME OF CHILD Lais Lorene Schmidt

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and (Number in order of birth -)	Legiti- mate? <u>ye</u>	Date of Birth <u>Feb</u> <u>15</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---------------------------------------	---	----------------------------	--

FULL NAME <u>FATHER</u> <u>Amos Christ Schmidt</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Ruth Elizabeth Pate</u>
RESIDENCE <u>Caldwell</u>	RESIDENCE <u>Caldwell</u>
COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>28</u> (Years)	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Bison, Kansas</u>	BIRTHPLACE <u>Mountain Home, Arkansas</u>
OCCUPATION <u>Rancher</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12³⁵ P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 2-15-1920 John H. Meyers

Registrar

Registrar

STATE OF IDAHO

FILED MAR 12 1970

166 PLACE OF BIRTH 799

County of CanyonCity of CaldwellNo. R#2 St.

Hospital

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 13 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>FATHER</u> <u>John Floyd Downing</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Viola Briggs</u>
RESIDENCE <u>Caldwell Ida R#2</u>	RESIDENCE <u>Caldwell Ida R#2</u>
COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>23</u> (Years)	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Colorado</u>	BIRTHPLACE <u>Texas</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

Registration District No. 3File No. 76777Primary Registration District No. 2005Registered No. 45Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. M. Kaley md

(Physician or midwife)

Given names added from a supplemental report.

Address

Registrar

Filed 2-14-1920 John V. Meyer Registrar



381-113.014-255

PLACE OF BIRTH amend 2-16-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-37

CERTIFICATE OF BIRTH

County of CanyonCity of Caldwell

Registration District No.

File No. 76778No. R #1 St.Primary Registration District No. 2005Registered No. 44

Hospital

FULL NAME OF CHILD

Kenneth Oray Chase

Sex of Child

MTwin
Triplet
or other?and { Number
in order
of birthLegiti-
mate? yesDate of
BirthFeb 13 1920

(Month) (Day) (Year)

FULL
NAME

FATHER

Parley Clayton Chase

RESIDENCE

Caldwell R 1

COLOR

whiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Charleston Utah

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Hazel Fern Benson

RESIDENCE

Caldwell R 1

COLOR

whiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Burns Ore

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 A M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. W. Montgomery M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Caldwell Idaho

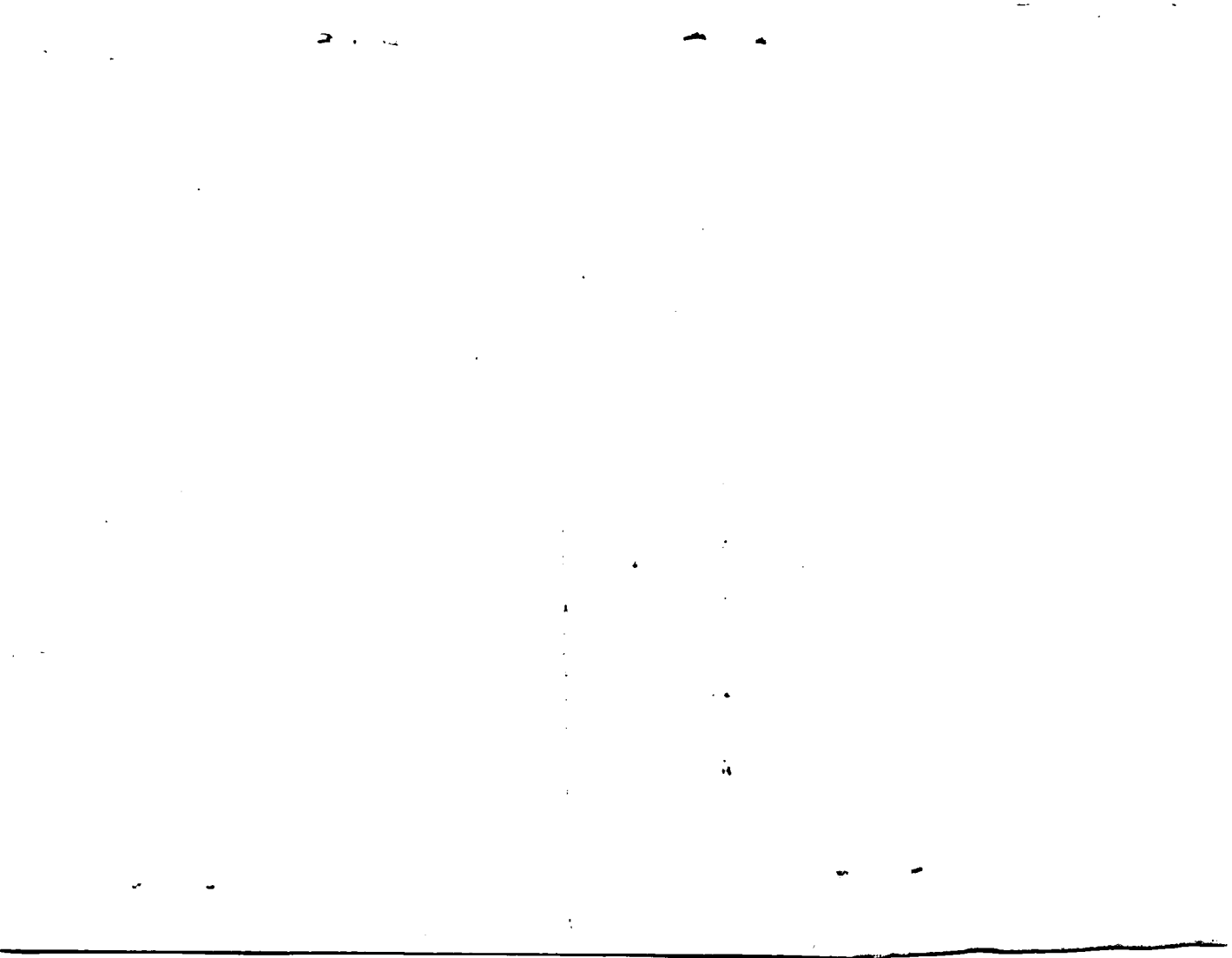
Filed

2-16-1920

Registrar

John H. Ingers

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____ } ss.
County of _____ }

FEB 11 7 56 AM '82

Certificate No. 76778

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Francis Oray Chase who was born on 2-13-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Caldwell (Canyon) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameFrancis Oray ChaseKenneth Oray ChaseSubscribed and sworn to before me this 27 day ofMay, 19 81
Notary Public, Aloria AldrichResiding at Territon IdahoMy commission expires Oct 10, 1981

(Seal)

Kenneth Oray Chase
Signature of ApplicantTerriton Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of LOS ANGELES }

(Must be completed _____)

(Is not necessary _____)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of
May, 19 81Notary Public, EmiliaResiding at Long Beach, CaliforniaMy commission expires February 21, 1984

(Seal)

Clifton L. Chase
Supporting Signature15951 PRIEST DR. LA PALMA
Street Address, City, State

CA. 90623

FEB 16 1982

Cert of Blessing from LDS Church gives Kenneth Oray Chase born 2-13-20 in Caldwell to Parley Clifton Chase and Hazel Fern Benson was blessed 4-4-20. Viewed by V.S.

Certificate of Ordination from LDS Church gives Kenneth Oray Chase was ordained an Elder in LDS Church on 6-29-41.
Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

369-113101V-231
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of CarsonCity of CaldwellRegistration District No. 3File No. 76779No. ErnestPrimary Registration District No. 2005 Registered No. 43Hospital SteenlandFULL NAME OF CHILD Joseph E. CornwellSex of Child M.Twin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate? yeDate of
Birth 2/13

(Month) (Day) (Year)

FULL NAME FATHER Joseph E. CornwellRESIDENCE Caldwell Rd R+DCOLOR W.AGE AT LAST
BIRTHDAY 12.5

(Years)

BIRTHPLACE Collinswood UtahOCCUPATION LaborerFULL MAIDEN NAME MOTHER Hellie Mae SlaterRESIDENCE Caldwell Rd R+DCOLOR W.AGE AT LAST
BIRTHDAY 17

(Years)

BIRTHPLACE MoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. [illegible]

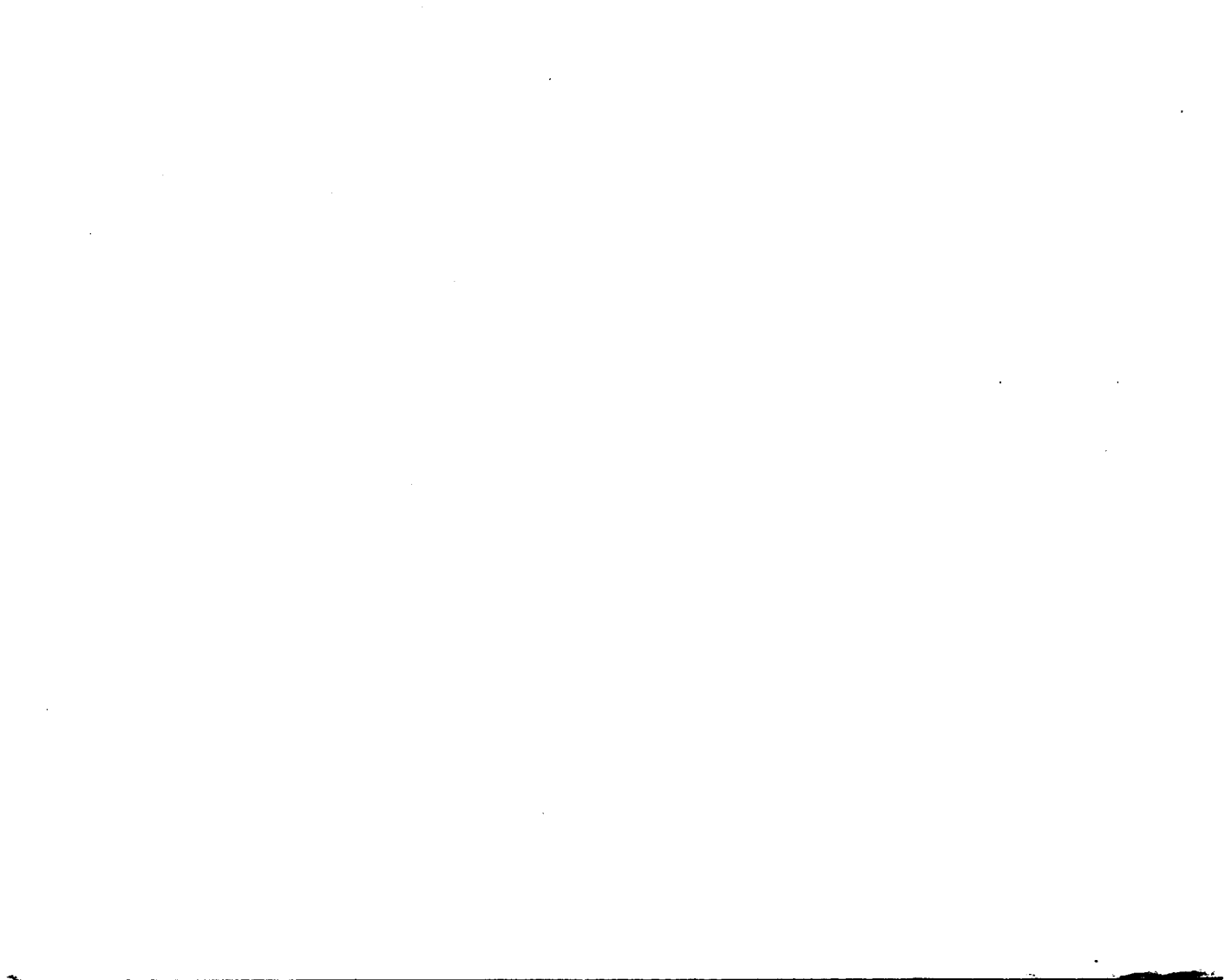
(Physician or midwife)

Given names added from a supplemental report.

Address 2-24-1920Filed John V. Meyers

Registrar

Registrar



791-112.014-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellNo. Rural-4- St.Registration District No. 3File No. 7-6780

Hospital

Primary Registration District No. 2005Registered No. 42

FULL NAME OF CHILD

Henry Albert Prall

Sex of Child

maleTwin
Triplet
or other?and { Number
in order
of birth5Legiti-
mate?yesDate of
BirthFeb. 121920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAMECharles W. Prall

FATHER

FULL
MAIDEN
NAMEAlta May Smith

MOTHER

RESIDENCE

Caldwell Ida

RESIDENCE

Caldwell Ida

COLOR

whiteAGE AT LAST
BIRTHDAY29

(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Butte Montana

OCCUPATION

Farmer

OCCUPATION

HousekeeperNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on above date on the date above stated. at 9 a.m.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Henry

(Physician or midwife)

Given names added from a supplemental report.

Address

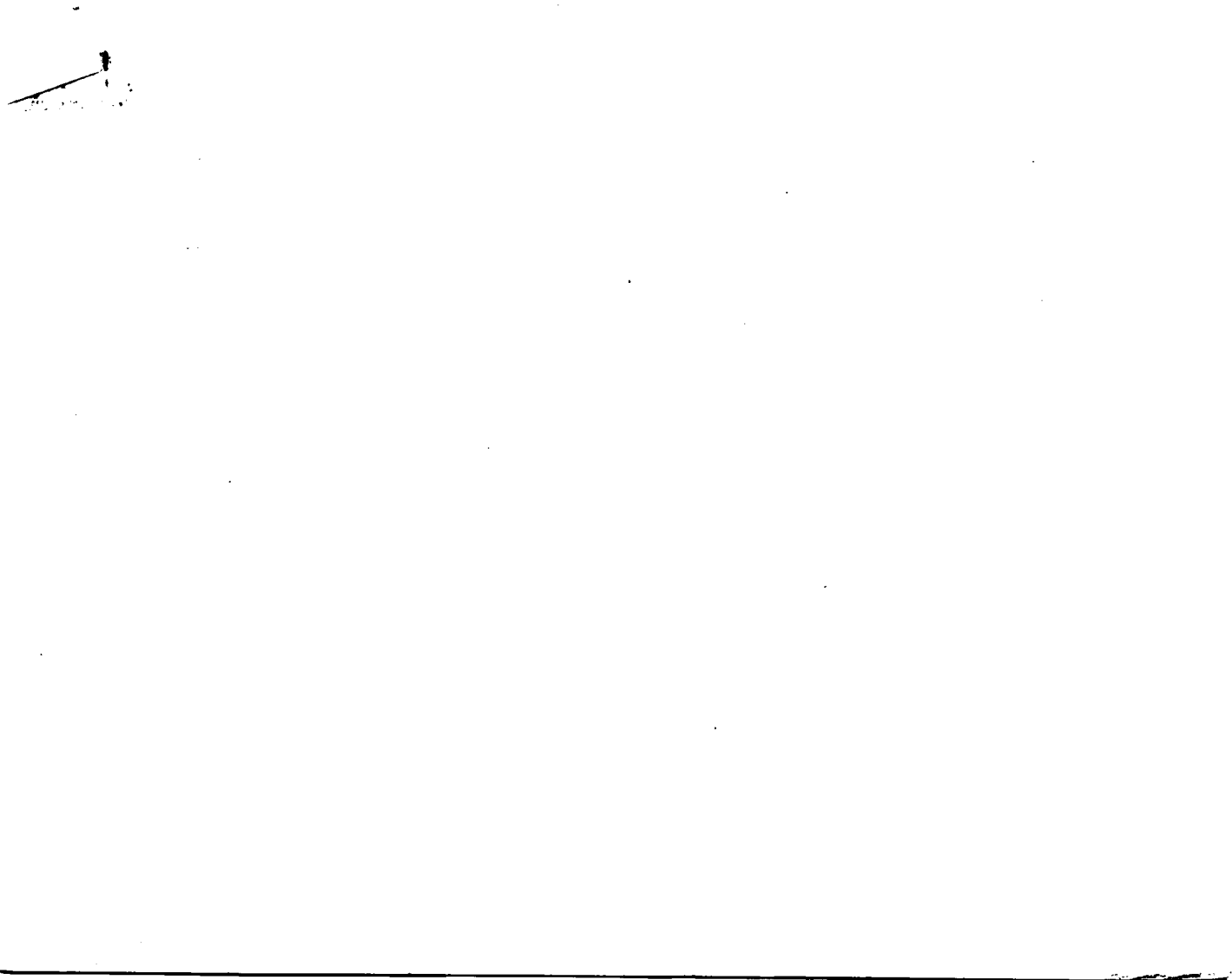
Caldwell Idaho

Filed

2-22-20John H. Meyer

Registrar

Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-224,001-549
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-

CERTIFICATE OF BIRTH

County of Ada

City of Nampa

Registration District No. 7

File No. 76781

No. _____ St. _____

Primary Registration District No. 2506

Registered No. _____

Hospital _____

FULL NAME OF CHILD Shirley Irene Giese

Sex of Child <u>girl</u>	Twin Triplet or other? <u>—</u>	and { Number in order of birth <u>1</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>1-24-90</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	--

FATHER
FULL NAME H. B. Giese
RESIDENCE Nampa
COLOR AS
AGE AT LAST BIRTHDAY 30
(Years)
BIRTHPLACE Chapman, Neb.
OCCUPATION Dairyman Farmer

MOTHER
FULL MAIDEN NAME Ethel V. Emery
RESIDENCE Nampa
COLOR AS
AGE AT LAST BIRTHDAY 27
(Years)
BIRTHPLACE Hardman Oregon
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at _____ M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E. Mangum MD
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa, Ida.
File Mar 10 26 Pearle Dodds

MAR 31 1975

OCT 10 1942

699-1191014-359

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of TampaRegistration District No. 7File No. 76782

No. _____ St. _____

Primary Registration District No. 1006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Delmer Theodore Frischknecht

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>1st</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>2-19-1920</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	--

FULL NAME <u>Alfred Frischknecht</u>	FATHER	FULL MAIDEN NAME <u>Agnes Viola Cervin</u>	MOTHER
--------------------------------------	--------	--	--------

RESIDENCE <u>Tampa</u>		RESIDENCE <u>Tampa</u>	
------------------------	--	------------------------	--

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <u>West Hoboken N.J.</u>		BIRTHPLACE <u>Bend Oregon</u>	
-------------------------------------	--	-------------------------------	--

OCCUPATION <u>Miner, Minister & Student</u>		OCCUPATION <u>Housewife & Masonary</u>	
---	--	--	--

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. E. Mangum M.D.

Given names added from a supplemental report.

(Physician or midwife)
Address Tampa, Florida

File March 10 1920 Pearle Dodd



791-2071014-413

PLACE OF BIRTH

County of CanyonCity of Nampa

No. _____ St. _____

Hospital MercySTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7File No. 76783Primary Registration District No. 1886

Registered No. _____

Full Name of Child Jule Irene Grant

SEX OF CHILD	<u>Female</u>	Twin Triplet or other?	and	Number in order of birth	Legitimate?	<u>Yes</u>	DATE OF BIRTH	<u>March 7 1930</u>
(To be answered only in event of plural births)							(Month)	(Day) (Year)

FULL NAME FATHER
Robert Earl GrantRESIDENCE
Murphy, IdahoCOLOR White AGE AT LAST BIRTHDAY 24
(Years)BIRTHPLACE
IdahoOCCUPATION
ClerkFULL MAIDEN NAME MOTHER
Thelma Fay MattesonRESIDENCE
MurphyCOLOR White AGE AT LAST BIRTHDAY 19
(Years)BIRTHPLACE
OregonOCCUPATION
HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive _____ at 12:45 P.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Matteson

Physician

(Physician or midwife)

Given names added from a supplemental report

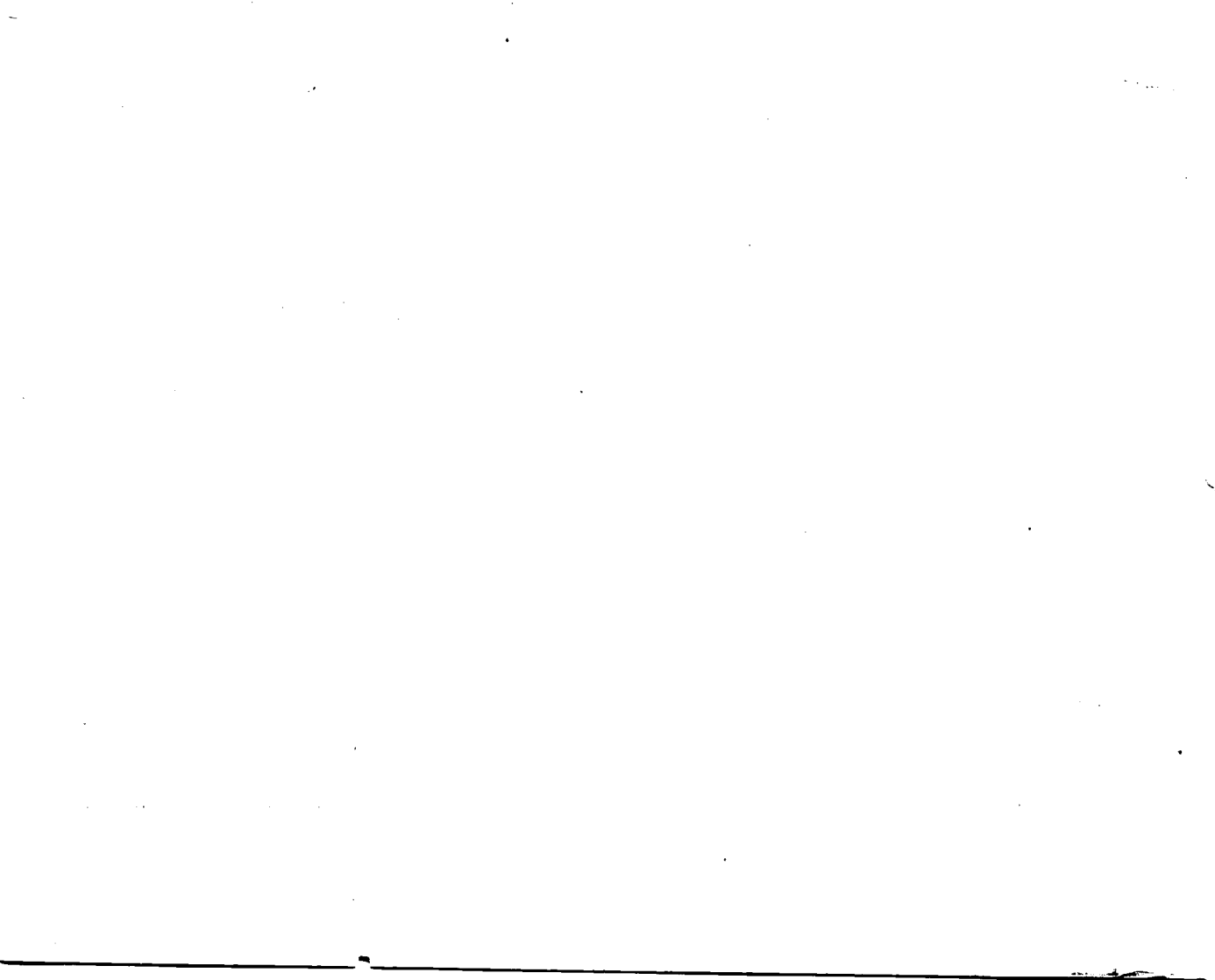
Nampa, Idaho

Address _____

Filed Mar 10 1930 Pearle Dodds

Registrar

Registrar



DATE OF BIRTH

412-1097014-766

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-8-15

CERTIFICATE OF BIRTH

County of Canyon City of Nampa Registration District No. 7 File No. 76784

No. _____ St. _____

Primary Registration District No. 1006

Registered No. _____

Hospital _____

FULL NAME OF CHILD

 WILLIAM HAROLD Boy Mabe

Sex of Child <u> Male </u>	Twin Triplet or other? <u> } and { </u>	Number in order of birth <u> 5th </u>	Legitimate? <u> yes </u>	Date of Birth <u> 7-9-1920 </u> (Month) (Day) (Year)
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FULL NAME <u> J D Mabe </u>	FATHER
RESIDENCE <u> Nampa </u>	
COLOR <u> white </u>	AGE AT LAST BIRTHDAY <u> 30 </u> (Years)
BIRTHPLACE <u> Va. </u>	
OCCUPATION <u> Laborer </u>	

FULL MAIDEN NAME <u> Lola Goodmiller </u>	MOTHER
RESIDENCE <u> Norman Okla </u>	
COLOR <u> white </u>	AGE AT LAST BIRTHDAY <u> 23 </u> (Years)
BIRTHPLACE <u> Norman Okla </u>	
OCCUPATION <u> Housewife </u>	

Number of child of this mother, including present birth <u> 4 </u>	Number of children of this mother now living, including present birth <u> 5 </u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Mangum M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho
File Mar. 10 1921 Pearl Dodds

Registrar

Registrar

AUG 6 1942

766-117-014-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-9-15

CERTIFICATE OF BIRTH

County of CarsonCity of NampaRegistration District No. 7File No. 76785No. Cor 2nd St. 14th Ave.Primary Registration District No. 1086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Goodnight

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>x</u>	and in order of birth <u>x</u>	Legiti- mate? <u>yes</u>	Date of Birth. <u>Jan 17 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				
FATHER			MOTHER	
FULL NAME <u>Ernest E Goodnight</u>			FULL MAIDEN NAME <u>Grace E Lyons</u>	
RESIDENCE <u>Nampa Ida</u>			RESIDENCE <u>Nampa Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Rail Road Fireman</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Still born, at 730 a.m. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

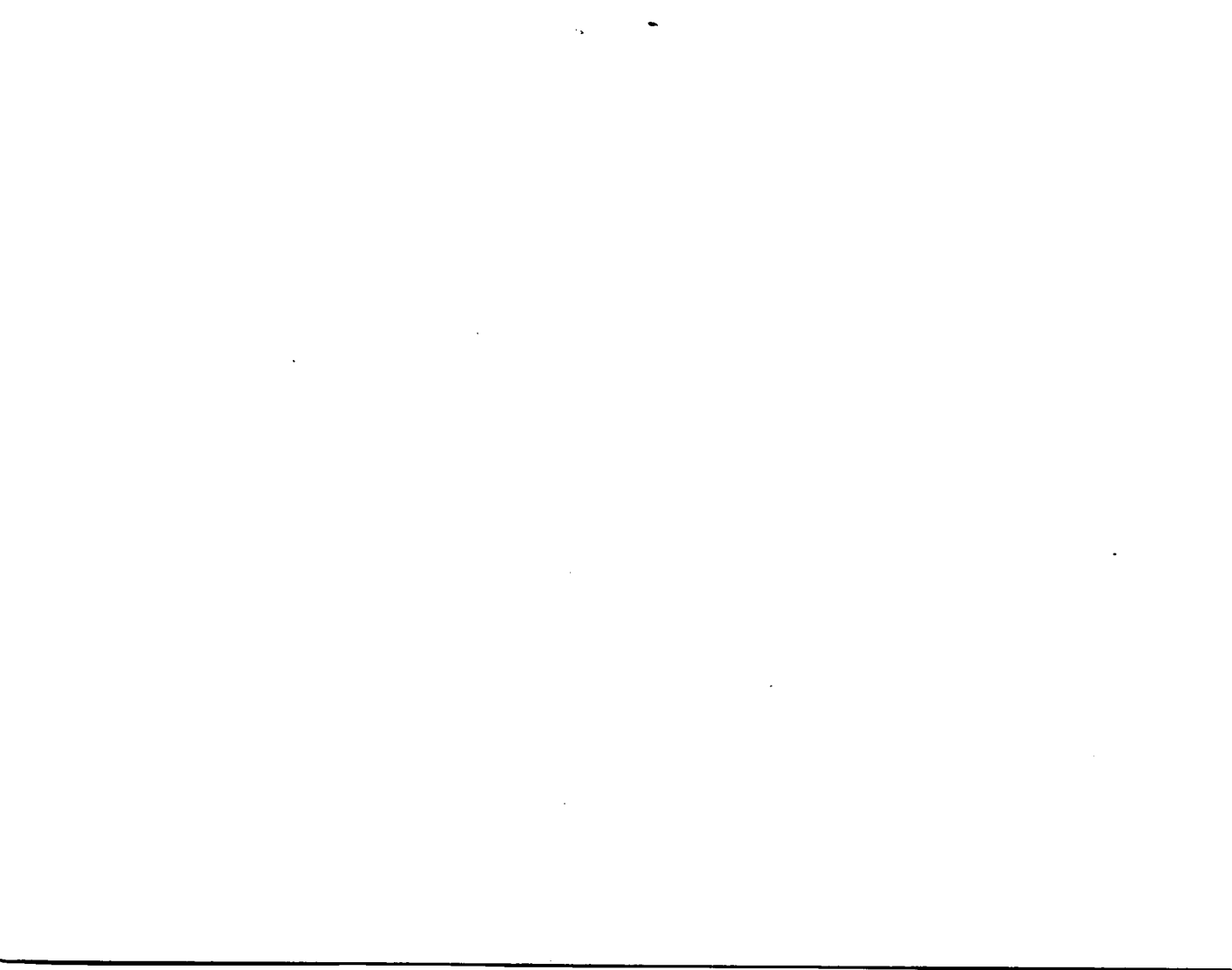
(Signature) J. H. Murray

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa IdahoFiled March 9 1920Pearle Dadds

Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-101-014-255
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Canyon

CERTIFICATE OF BIRTH

City of Nampa

Registration District No. 7

File No. 76786

No. Inkerman Terrace

Primary Registration District No. 1006

Registered No. _____

Hospital X

Hamilton

FULL NAME OF CHILD Wallace ~~Hamilton~~ Decker Jr.

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>X</u>	and { Number in order of birth <u><</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 1 1920</u> (Month) (Day) (Year)
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FATHER Hamilton Decker
FULL NAME Wallace ~~Hamilton~~ Decker
RESIDENCE Nampa Idaho
COLOR white
AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Ky.
OCCUPATION car driver

MOTHER Bessie
FULL MAIDEN NAME Mabel Bessie
RESIDENCE Nampa Idaho
COLOR white
AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Kansas
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12²⁰ A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) JH Murray
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho
Filed Mar 9 1920 Pearle Dodds
Registrar

11 27 41
SEP 26 1941

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 70780
County of Canyon } Date Filed 76790
The undersigned does solemnly swear that certain facts on the certificate of Wallace Hamilton Decker
for Wallace Henry Decker who was born on Feb. 1, 1920 (Birth or ~~death~~)
in Nampa, Idaho (Name on original certificate) (Was born or died) (Date of event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record & Insurance prepared on Feb. 1, 1920, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)
Name of father and son Wallace Henry Wallace Hamilton Decker

Subscribed and sworn to before me this 23rd
day of OCTOBER, 1941.

Notary Public, residing at Carl C. Gresham
My commission expires FEB 4, 1944
[SEAL]

Signed Wallace Hamilton Decker
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)
2076 Harvard Nampa Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This affidavit MUST also be executed.
(See Chapter 189, 1937 Idaho Session Laws.)]

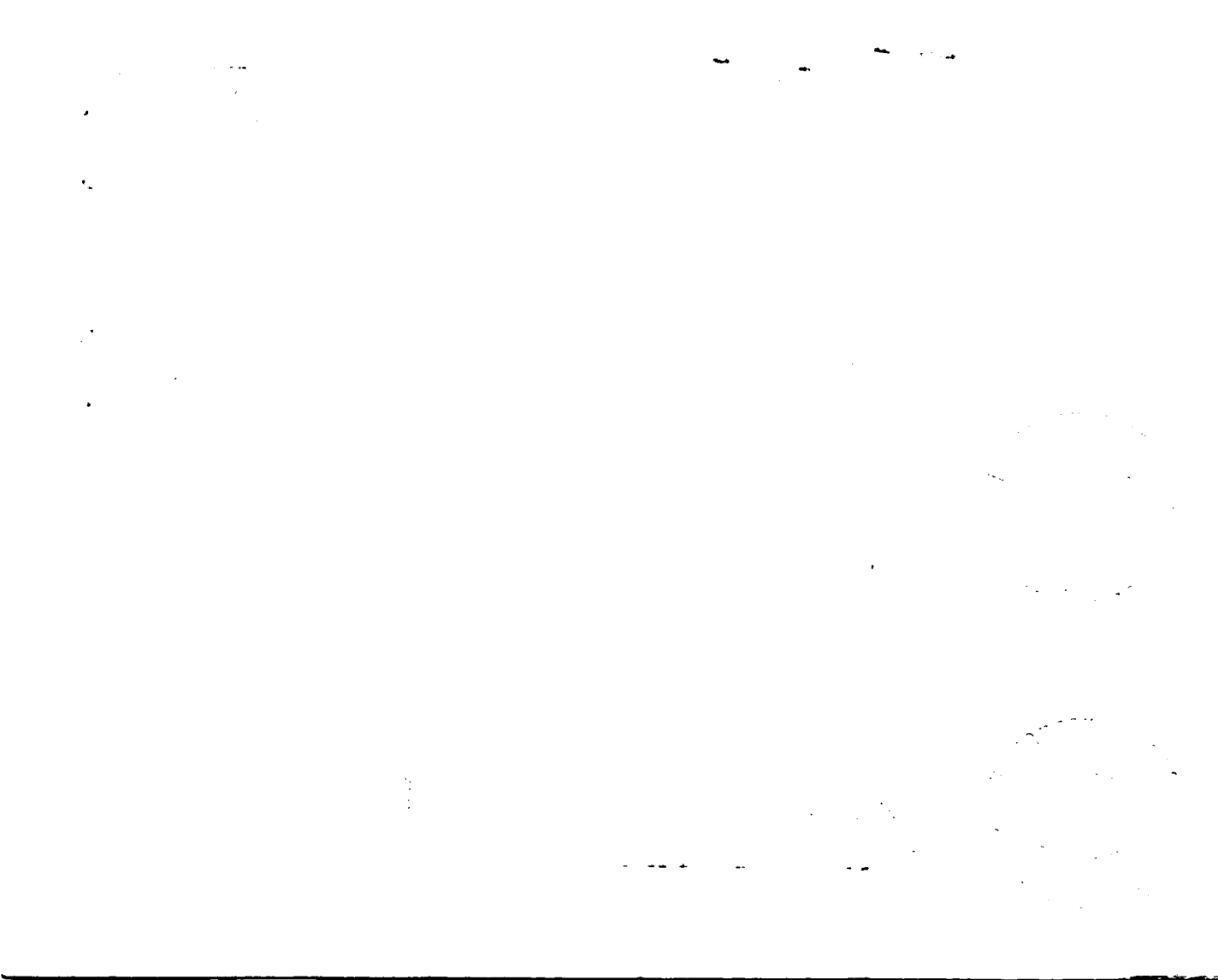
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are
true to the best of his knowledge.

Subscribed and sworn to before me this 10-23-41
day of October, 1941.

Notary Public, residing at NAMPA, IDAHO
My commission expires FEB 4, 1944
[SEAL]

Signed Vincent Blecha
(Signature of any credible person other than the previous affiant.)
604-3rd St. N.
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)



BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cuyahoga

City of Cleveland

No. _____ St. _____

Registration District No. 7

File No. 76787

Primary Registration District No. 1006

Registered No. _____

Hospital _____

Full Name of Child * Irene Bertha Mashler

SEX OF CHILD <u>Girl</u>	Twin, Triplet or other? <u>X</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Jan 26 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Ernest Mashler</u>		MOTHER FULL MAIDEN NAME <u>Eva Werner</u>		
RESIDENCE <u>Cleveland 2d St</u>		RESIDENCE <u>Cleveland 2d St</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	
BIRTHPLACE <u>Germany</u>		BIRTHPLACE <u>Austria</u>		
OCCUPATION <u>Lawyer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

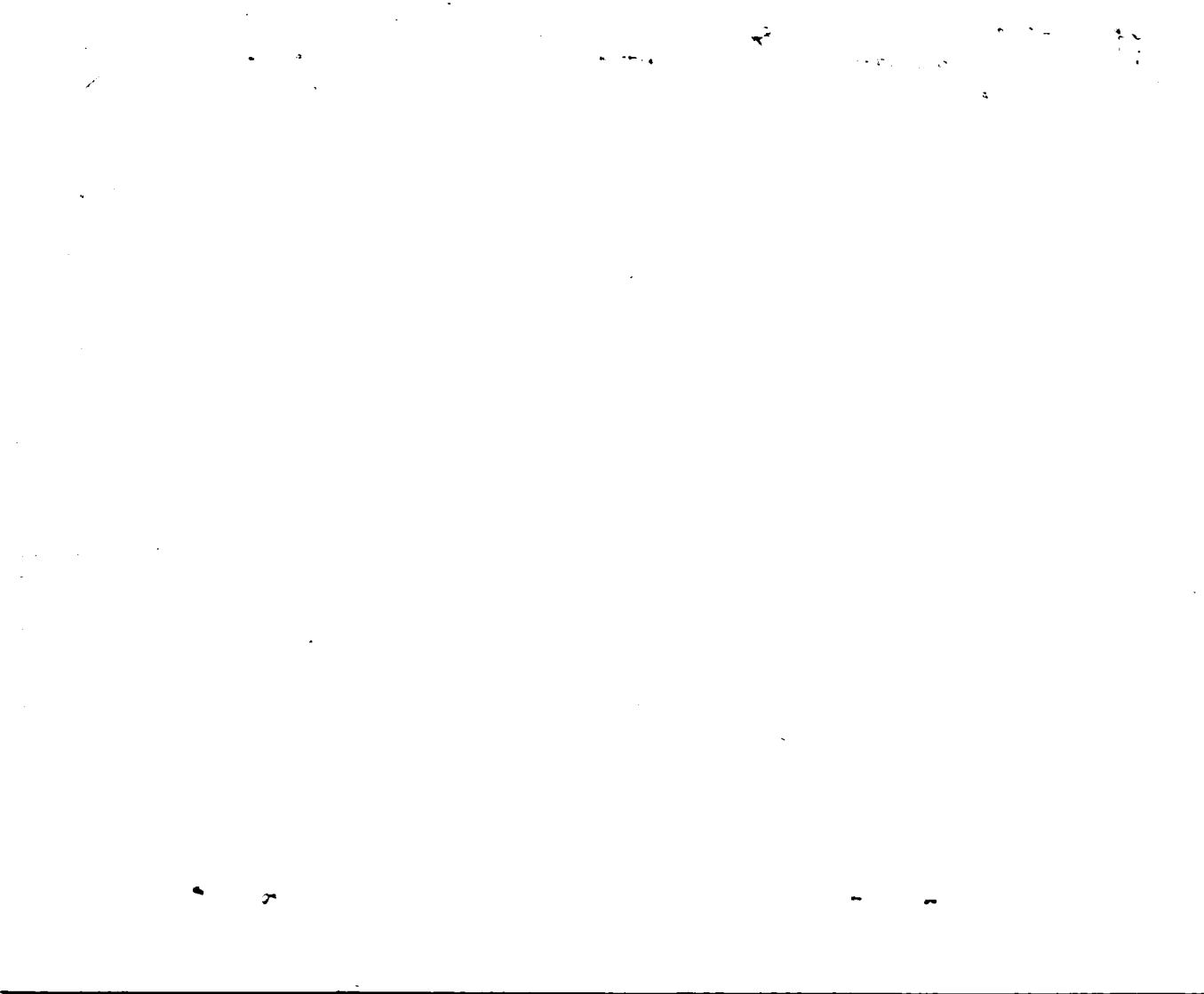
I hereby certify that I attended the birth of this child, who was Born alive, at 3:45 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray
M.D.
(Physician or midwife)

Given names added from a supplemental report
_____ 19____

Address Cleveland 2d St
File Mar 9 1920 Pearle Dodds
Registrar



Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 76787

Date Filed.....

birth

on Jan. 26, 1920
(Date of Event)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

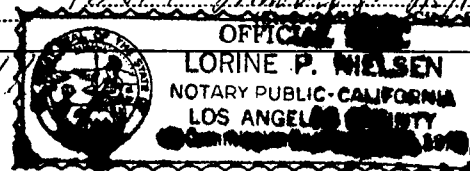
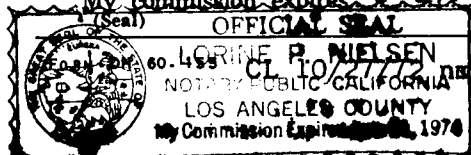
State of Calif. } ss.
County of Los Angeles }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Subscribed and sworn to before me this.....day of
November.....1972

Signed [Signature]
(Signature of Any Credible Person)

My commission expires 6-3-61
(Seal) OFFICIAL SEAL



Certificate of Live birth from California gives child's name as Donald Robert
Cunningham. Born Mar. 4, 1949. Father's name as Robert James Cunningham and the
mother's maiden name as Irene Bertha Mashler. Viewed by V. S. NOV 3 1972

Transcript from Univ. of Southern Calif., University Park, Calif. dated June 6, 1942
gives name as Irene Bertha Mashler Cunningham. Viewed by V. S.

PLACE OF BIRTH

County of CanyonCity of NampaNo. R. R. 1st St.

Hospital _____

Full Name of Child

Registration District No. 7Primary Registration District No. 2006STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-4-15-18

File No. **76788**

Registered No. _____

SEX OF CHILD <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth <u>second</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 8 1920</u> (Month) (Day) (Year)
FULL NAME <u>Homer Young</u>	FATHER		FULL MAIDEN NAME <u>Esa Kingsbury</u>	MOTHER
RESIDENCE <u>Nampa Idaho</u>			RESIDENCE <u>Nampa Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Washington</u>			BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Murray
M.D.

(Physician or midwife)

Given names added from a supplemental report

Address

File

Registrar

Nampa Idaho
April 20
Pearle Dadds

Registrar

JUL 27 2017 *hm*

OCT 2 1942

864-2081014-295 Country

PLACE OF BIRTH

County of CanyonCity of HamperNo. RR hr 2 St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11--25m-6-15-18

Registration District No. 7File No. 76789Primary Registration District No. 2006

Registered No. _____

Full Name of Child

Ellen Young

SEX OF CHILD <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	<u>twin</u> and Number in order of birth <u>first</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH. <u>Jan 8</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Homer Young</u>	FATHER		FULL MAIDEN NAME <u>Ora Kingsbury</u>	MOTHER
RESIDENCE <u>Hamper Idaho</u>			RESIDENCE <u>Hamper Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Washington</u>			BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1..... Number of children of this mother now living, including present birth. 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:35 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Murray
M.D.

(Physician or midwife)

Given names added from a supplemental report

Address

Hamper Idaho

File

Mar 9 1920 Pearle Dodd

Registrar

Registrar

JUL 30 1965

MAR 27 1974

DEC 2 1942

343105-014-255
PLACE OF BIRTH *City*

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of *Congress*

City of *Hamlet Idaho*

Registration District No. *7*

File No. **76790**

No. _____ St. _____

Primary Registration District No. *1006*

Registered No. _____

Hospital _____

Full Name of Child *Eugene M. Culbertson*

SEX OF CHILD <i>Boy</i>	Twin Triplet or other? (To be answered only in event of plural births)	Number and in order of birth <i>x</i>	Legiti- mate? <i>yes</i>	DATE OF BIRTH <i>Jan 6 1920</i> (Month) (Day) (Year)
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FULL NAME <i>A. B. Culbertson</i>	FATHER
RESIDENCE <i>Hamlet Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>43</i> (Years)
BIRTHPLACE <i>Iowa</i>	
OCCUPATION <i>Painter</i>	

FULL MAIDEN NAME <i>Imogene Henoyer</i>	MOTHER
RESIDENCE <i>Hamlet Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>50</i> (Years)
BIRTHPLACE <i>North Dakota</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *3*..... Number of children of this mother now living, including present birth *3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive*, at *9:53 P. M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *John M. Munnery*
M. D.
(Physician or midwife)

Given names added from a supplemental report

Address *Hamlet Idaho*
Filed *Mar 19 1920* *Pearle Dodds*
Registrar

JAN 6 1948

-796

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

County of BoiseCity of BrunzellRegistration District No. 7File No. 76791

No. _____ St. _____

Primary Registration District No. 2006

Registered No. _____

Hospital _____

Full Name of Child Wilder

SEX OF CHILD <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	<u>x</u> {and} in order of birth <u>x</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Jan 4 1920</u> (Month) (Day) (Year)
FULL NAME <u>John P. Wilder</u>	FATHER		FULL MAIDEN NAME <u>Alma Gifford</u>	MOTHER
RESIDENCE <u>Brunzell Idaho</u>			RESIDENCE <u>Brunzell Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 130 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. M. D. Munnery

(Physician or midwife)

Given names added from a supplemental report

Address number Idaho
Filed Mar 9 1920 Pearle Dodds
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH
amended 3-27-61

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R. R. #2 St.

Registration District No. 7

File No. 76792

Hospital X

Primary Registration District No. 2006

Registered No. _____

FULL NAME OF CHILD

Eleanor Irene Clayton

(Certificate of no value without full name of child.)

Sex of
Child

girl

Twin
Triplet
or other?

and {Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes

Date of
birth

4

1920

(Month) (Day) (Year)

What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

FULL
NAME

FATHER

Vincent Y. Clayton

FULL
MAIDEN
NAME

MOTHER

Ruth Troxel

RESIDENCE

Nampa, Idaho

RESIDENCE

Nampa, Idaho

COLOR

white

AGE AT LAST

28

BIRTHDAY (Years)

COLOR

white

AGE AT LAST

22

BIRTHDAY (Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Oklahoma

OCCUPATION

Farmer

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

born alive

1:10

A M.

(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) J. H. Murray

M. D.

(Physician or midwife)

Give names added from a supplemental report.

Address Nampa, Idaho

Filed March 9 1920

Pearle Dodds

Registrar.

Registrar.

2000

Report of the

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REPORT

Bible record gives name as Eleanor Irene Clayton born January 4, 1920.
Obviously old. IDAHO DEPARTMENT OF HEALTH Viewed by VS.
High School Diploma BUREAU OF VITAL STATISTICS from Nampa High School
gives Name as Eleanor Irene Clayton dated May 19, 1938. Viewed by VS.
Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Laramie

Certificate No. 76792

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for Elinora Irene Clayton was born _____ on January 4, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Bible - High School Diploma prepared on 1920 - 1938 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

name of child

FROM

(As on Original)

Elinora Irene Clayton

TO

(The Correct Facts)

Eleanor Irene Clayton

Subscribed and sworn to before me this 27 day of

Mason 19 Sept 11-1961
Notary Public, residing at Nampa, Idaho

My commission expires Sept 11-1961

(Seal)

Signed Mrs. Ruth Clayton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

714 E. Main St. Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Laramie

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1957 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 37 day of

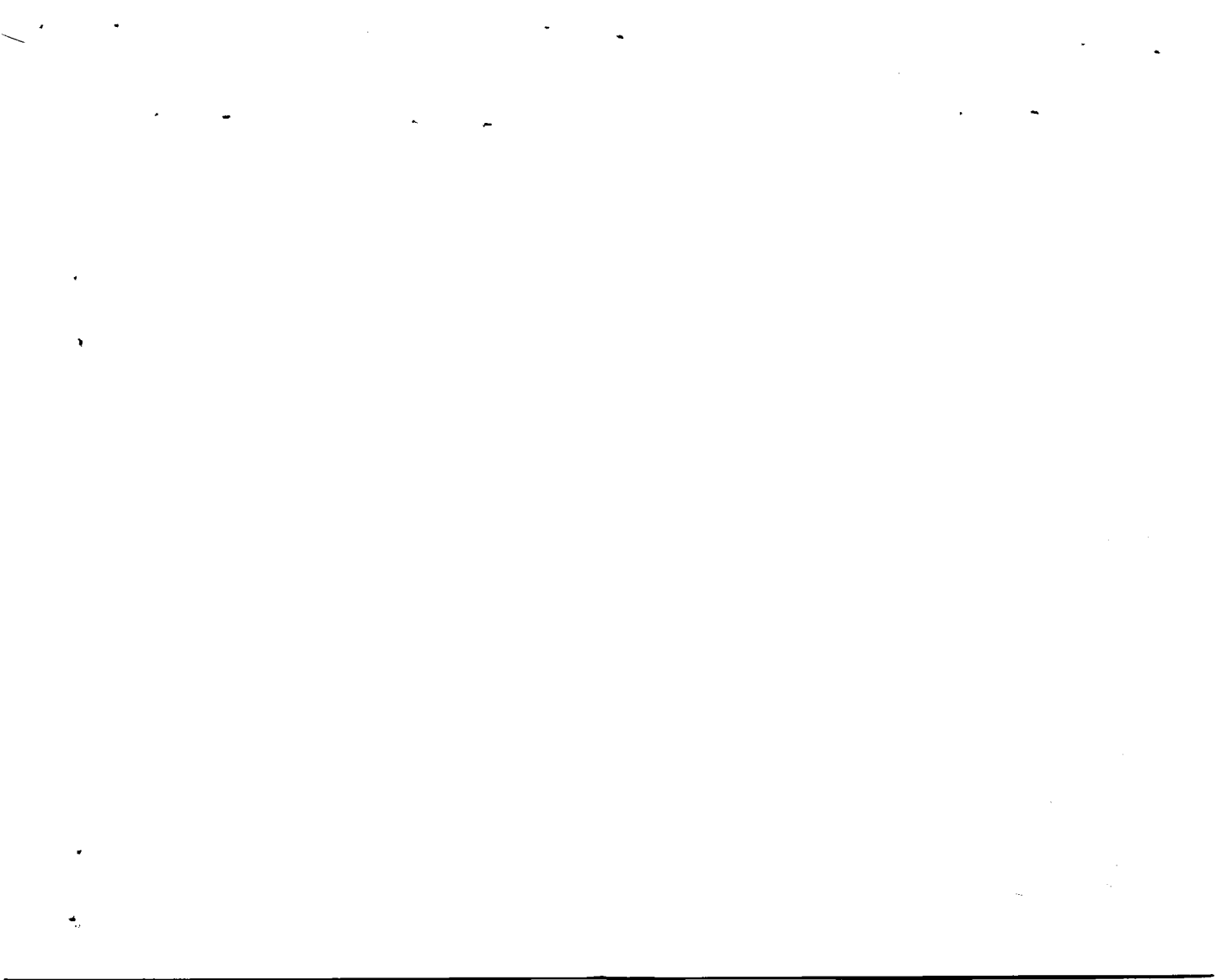
Mason 19 Sept 11-1961
Notary Public, residing at Nampa, Idaho

My commission expires Sept 11-1961

(Seal)

Signed Vincent J. Clayton
(Signature of Any Credible Person)

511-10 ave N Nampa
(Street Address, City, State)



X. B. In case of more than one child of block, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-289-01-469
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-5-15

CERTIFICATE OF BIRTH

County of Blaine
City of Nampa Registration District No. 7 File No. 76793
No. R.F.D. #4 St. Primary Registration District No. 1006 Registered No. _____
Hospital _____
FULL NAME OF CHILD Florence Ruth Coroley

Sex of Child Female { Twin, Triplet, or other? } and { Number in order of birth } Legitimate? yes Date of Birth Feb 28 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Edgar W. Coroley
RESIDENCE Nampa
COLOR White AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Utah
OCCUPATION Plasterer & Builder

MOTHER
FULL MAIDEN NAME Florence Gertrude Morgan
RESIDENCE Nampa
COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Oklahoma
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at S. A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed March 3, 1920 Pearle Dodds
Registrar

MAR 29 1968

745-103.014-819
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Canyon

CERTIFICATE OF BIRTH

76794

City of Nampa

Registration District No. 7

File No. _____

No. P.D. No. 3 St.

Primary Registration District No. 2006

Registered No. _____

Hospital _____

FULL NAME OF CHILD

William Lloyd Sunning

Sex of Child

M

Twin
Triplet
or other?

and (Number
in order
of birth)

Legiti-
mate?

yes

Date of
Birth

2 3 20
(Month) (Day) (Year)

FULL
NAME

FATHER
Lloyd Delbert Sunning

FULL
MAIDEN
NAME

MOTHER
Ela Ruth Hargreaves

RESIDENCE

R.D. 3 Nampa

RESIDENCE

R.D. 3 Nampa

COLOR

White

AGE AT LAST
BIRTHDAY

28
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

28
(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Washington

OCCUPATION

Rancher

OCCUPATION

Rancher's wife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

at 3:00 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. R. Meredith D.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Feb 18 1920 Pearle Dodds

Registrar

4-2-42

MAY 2 1942

295-117014-695
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7File No. 76795

No. _____ St. _____

Primary Registration District No. 2006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Bielenberg

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb. 17, 20</u> (Month) (Day) (Year)
FULL NAME <u>Mathias A. Bielenberg</u>	FATHER			FULL MAIDEN NAME <u>Catherine Winter</u>	MOTHER
RESIDENCE <u>Nampa</u>				RESIDENCE <u>Nampa</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)			COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Wisconsin</u>				BIRTHPLACE <u>Montana</u>	
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed March 3, 1920 Pearle Dodds

256-117.014-691
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7File No. 76796

No. _____ St. _____

Primary Registration District No. 1006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Knott

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb. 17, 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Ross Knott</u>	FATHER	FULL MAIDEN NAME <u>Bessie Franklin</u>	MOTHER
-----------------------------	--------	---	--------

RESIDENCE <u>Nampa</u>	RESIDENCE <u>Nampa</u>
------------------------	------------------------

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Tennessee</u>
----------------------------	-----------------------------

OCCUPATION <u>Mechanic</u>	OCCUPATION <u>Housewife</u>
----------------------------	-----------------------------

Number of child of this mother, including present birth <u>5</u>	Number of children of this mother now living, including present birth <u>5</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. at 12:30 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Proctor

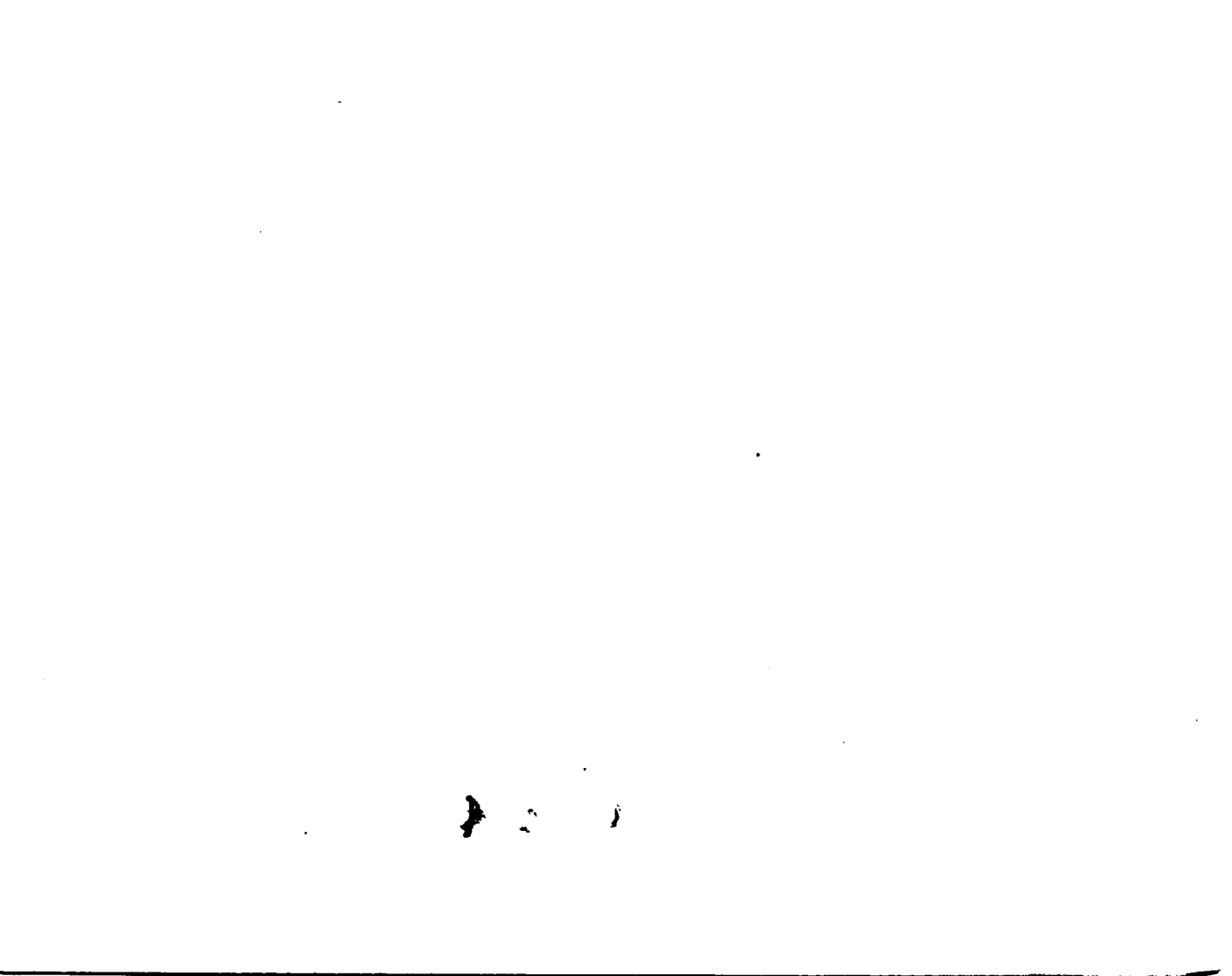
(Physician or midwife)

Given names added from a supplemental report.

_____. 19____.

Address _____

March 3, 1920. Pearle Dodds



586-101-014-963

PLACE OF BIRTH

County of CanyonCity of Nampa

No. _____ St. _____

Hospital Mercy

Full Name of Child

Registration District No. 7Primary Registration District No. 2006STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. 8. No. 11-25m-6-1518

CERTIFICATE OF BIRTH

76797

File No. _____

Registered No. _____

SEX OF CHILD

MaleTwin
Triplet
or other?{ and } Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDATE OF
BIRTHMarch 1, 1920
(Month) (Day) (Year)FULL
NAMEGuy Ross Lyons

FATHER

RESIDENCE

Nampa

COLOR

WhiteAGE AT LAST
BIRTHDAY81

(Years)

BIRTHPLACE

Minnesota

OCCUPATION

FarmerFULL
MAIDEN
NAMEEmma Francis Rock

MOTHER

RESIDENCE

Nampa

COLOR

WhiteAGE AT LAST
BIRTHDAY29

(Years)

BIRTHPLACE

Washington

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated.

(Born alive or stillborn)

, at _____, M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

G. R. Davis
Physician
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed

Mar 9, 1920 Pearle Dods

Registrar

SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117 File No. 76800

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1486

Hospital _____

FULL NAME OF CHILD William Line Davis

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 22 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Adam Davis</u>	FATHER
RESIDENCE <u>Burley-Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Gamaliel Ark.</u>	
OCCUPATION <u>Real Estate</u>	

FULL MAIDEN NAME <u>Maggie Crawford</u>	MOTHER
RESIDENCE <u>Burley-Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Bakersfield Mo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:45 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. R. C. Story
M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley 2dr.

Filed

Feb 28 1920Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

MAR 23 1967

1/13/41/ EA

MARGIN RESERVED FOR UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Cassia
City of Burley Registration District No. 117 File No. 76801
No. St. Primary Registration District No. 2196 Registered No. 1484
Hospital JED FREEMAN
FULL NAME OF CHILD Baby Mitchell

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 29 1899</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Arthur Mitchell</u> RESIDENCE <u>Burley</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>farmer</u>		MOTHER FULL MAIDEN NAME <u>Ressie Peters</u> RESIDENCE <u>Burley</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>28</u> (Years) BIRTHPLACE <u>Utah</u> OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth... 3 Number of children of this mother now living, including present birth... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive, at 5 p.m. on the date above stated.
(Born alive or stillborn)
{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }
Given names added from a supplemental report.
Address Burley
Filed Feb 25 1900 Dr. J. C. Patterson
Registrar Registrar

BUREAU
(171)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Butte } ss.

Certificate No. 76821
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of unnamed who born on Jan. 29, 1920 (BIRTH OR DEATH) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Selective Service Certificate prepared on July, 1, 1941 (DATE OF EVENT), are: (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)
Name

FROM
(AS ON ORIGINAL)
Unnamed

TO
(THE CORRECT FACTS)
Jed Freeman Mitchell

Subscribed and sworn to before me this 8th day of December, 19 42
Alonzo B. Chase

Notary Public, residing at

My commission expires May 6, 1943
(SEAL)

Signed Mrs. Jessie Mitchell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. }
County of Butte } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Dec., 19 42
Alonzo B. Chase

Signed Mrs. W. H. Johns
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Quincy Calif.

My commission expires May 6 - 1943
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

DEC 15 1942

214-201-016-997

PLACE OF BIRTH

BUREAU OF STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 76831

No. _____ St. _____

Primary Registration District No. 2196

Registered No. 1485-

Hospital _____

FULL NAME OF CHILD

~~William Baugh~~ Susie Baugh

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan 1 1920</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	------------------------	---

FATHER
FULL NAME William Baugh
RESIDENCE Burley Idaho
COLOR white AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Wellsville, Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Mary Riggs
RESIDENCE Burley, Idaho
COLOR white AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Clarkston, Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Story M.D.
M. H. Baugh, Ida P.F.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida

Filed Feb 28 1920 Dr. J. C. Patterson
Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORDED N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

L.D.S. Church Cert. of Baptism and Confirmation, April 1, 1928 gives full name of child as Susie Baugh, born Jan. 1, 1920 at Burley, Idaho to Wm. Baugh and Mary Riggs - viewed by V.S. and Certificate of Award, given by School District No. 1, IDAHO DEPARTMENT OF HEALTH Cassia County, Idaho, dated

RECEIVED

APR 24 1961

BUREAU OF VITAL STATISTICS

May 17, 1929 gives full name of student as Susie Baugh -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho viewed by V.S. certificate given for
County of Cassia being Neither Absent nor Tardy -

Bureau of Vital Statistics

Certificate No. 76831

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Baugh who was born on Jan. 1, 1920 in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by prepared on are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

(Give Date)

TO
(The Correct Facts)

Full Name of Child

Unnamed

Susie Baugh

Subscribed and sworn to before me this 20 day of April 1961

Signed Mary Baugh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Burley, Idaho
My commission expires May 25, 1961
(Seal)

219 W - 17th St. Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of April 1961

Signed James Miller Williams
(Signature of Any Credible Person)

Notary Public, residing at Burley, Idaho
My commission expires May 25, 1961
(Seal)

1318 Normal Burley, Id
(Street Address, City, State)

MAY 5 1961

113-1091016-144

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form T. A. No. 11-0-22-3-17

County of... *Tassia*...

City of... *Burley*...

Registration District No. *117*

File No. *76.837*

No. *St.*

Primary Registration District No. *2.196*

Registered No. *1462*

Hospital

FULL NAME OF CHILD *JOHN DENNY* *Pace*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>No</i>	and { Number in order of birth <i>1</i> }	Legitimate? <i>yes</i>	Date of Birth <i>Jan 9 1920</i> (Month) (Day) (Year)
--------------------------	----------------------------------	---	------------------------	---

FATHER
FULL NAME *P. D. Pace*
RESIDENCE *Burley Ida*
COLOR *White*
AGE AT LAST BIRTHDAY *32* (Years)
BIRTHPLACE *Utah*
OCCUPATION *Farmer*

MOTHER
FULL MAIDEN NAME *Agnes Judd*
RESIDENCE *Burley Ida*
COLOR *White*
AGE AT LAST BIRTHDAY *28* (Years)
BIRTHPLACE *Utah*
OCCUPATION *Housewife*

Number of child of this mother, including present birth *4* ... Number of children of this mother now living, including present birth *4* ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *5-P* M. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) ... *Dr. J. C. Portterson* ...
..... *M. H.*
(Physician or midwife)

Given names added from a supplemental report.

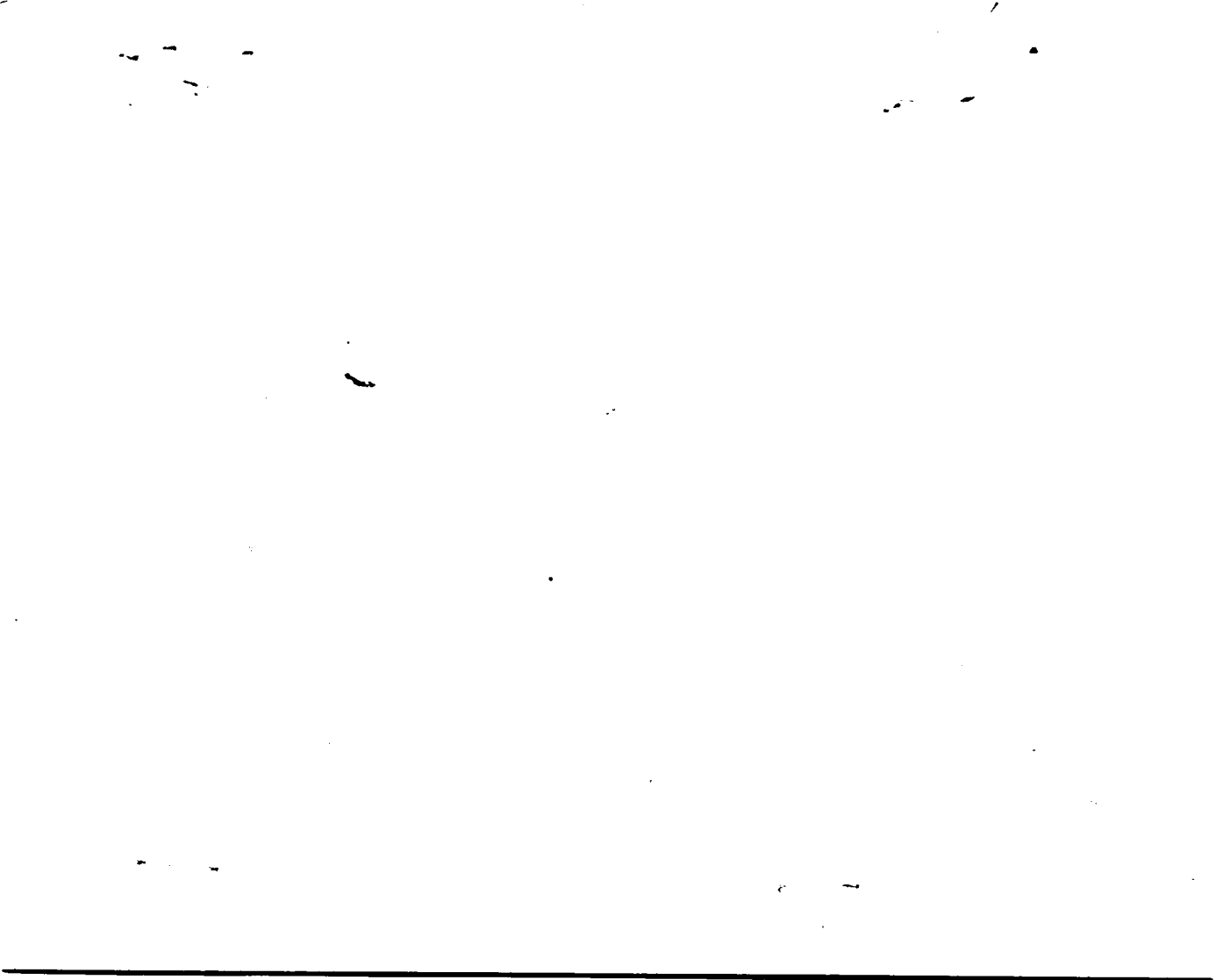
..... *19*

Address *Burley, Ida*

Filed *Feb. 20, 1920*

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 76837
County of Cassia } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for John Denny Pace who born on Jan. 9 1920
(Name on original certificate) (Was born or died) (Date of event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Hannity Ruess prepared on Jan. 9 1920, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)
Name _____

FROM
(As on original)
Unamed Pace _____

TO
(The correct facts)
John Denny Pace _____

Subscribed and sworn to before me this 22
day of October, 1941

Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942
[SEAL]

Signed Pace - Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of October, 1941

Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942
[SEAL]

Signed Loth Harper
(Signature of any credible person other than the previous affiant.)
Burley, Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

IAN 21 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389212-016-291

PLACE OF BIRTH

County of Tassia

City of Burley

No. St.

Hospital

FULL NAME OF CHILD ... SARAH CAMILLA Christensen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25-3-17

76838

Registration District No. 117

File No.

Primary Registration District No. 9196

Registered No. 1464

Sex of Child <u>Female</u>	<u>Twin</u> Triplet or other?	(Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>Jan -12-</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	----------------------------------	----------------------------	------------------------	--

FATHER
FULL NAME Julius Christensen
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Sarah Bradshaw
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 5 ... Number of children of this mother now living, including present birth 4 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

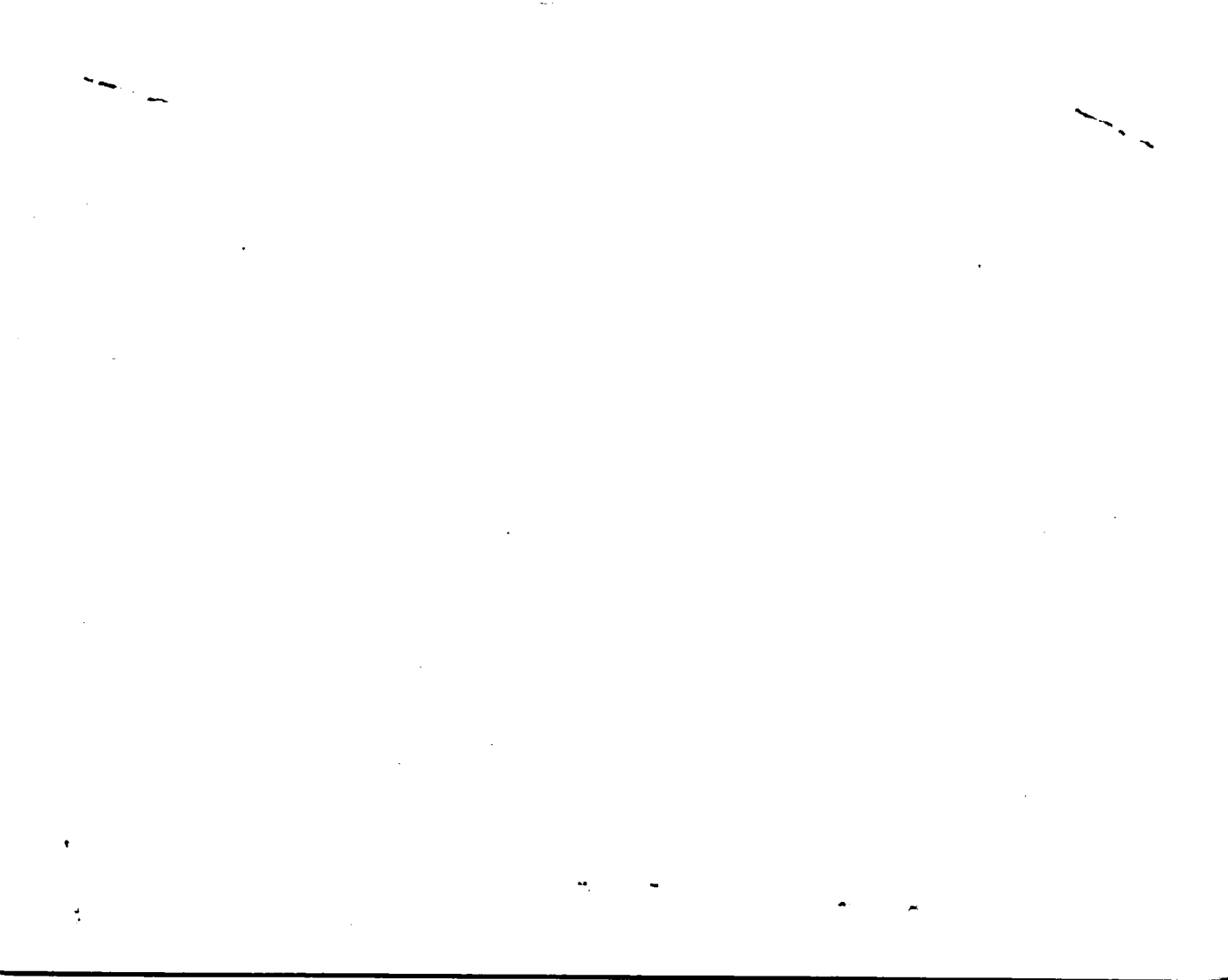
I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.
Filed Dec 20 20 Dr. J. C. Patterson
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of }
County of } SS. Certificate No. 76838
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....
(BIRTH OR DEATH)
for who on
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by prepared on are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

Birth date Jan. 11-1920
name none given Female
Subscribed and sworn to before me this 11 day of Feb, 19 43
Sarah Christensen
Signed X Mrs Sarah Christensen

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Boise
My commission expires 1/14/47
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19..... Signed.....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at.....
commission expires.....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Filed for filing on..... By.....
(REGISTRAR'S SIGNATURE)

FEB 6 1943

294-201-016-571

PLACE OF BIRTH

County of.....*Cassia*.....City of.....*Burley*.....No.....*St.*.....

Hospital.....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-22-33-17

Registration District No.....*117*.....File No.....*7.6.83.9*.....Primary Registration District No.....*2196*.....Registered No.....*1965*.....

FULL NAME OF CHILD

Kidd

Sex of Child <i>Female</i>	Twin Triplet or other? <i></i> and { Number in order of birth <i></i>	Legitimate? <i>yes</i>	Date of Birth <i>Jan 1</i> 19 <i>20</i> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <i>J. W. Kidd</i>	FATHER
RESIDENCE <i>Burley, Ida.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>37</i> (Years)
BIRTHPLACE <i>Alabama</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Vida Egan</i>	MOTHER
RESIDENCE <i>Burley</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)
BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth.....*9*..... Number of children of this mother now living, including present birth.....*8*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....*Born alive*..... at.....*4:30 P.*.....
on the date above stated. (Born alive or stillborn)

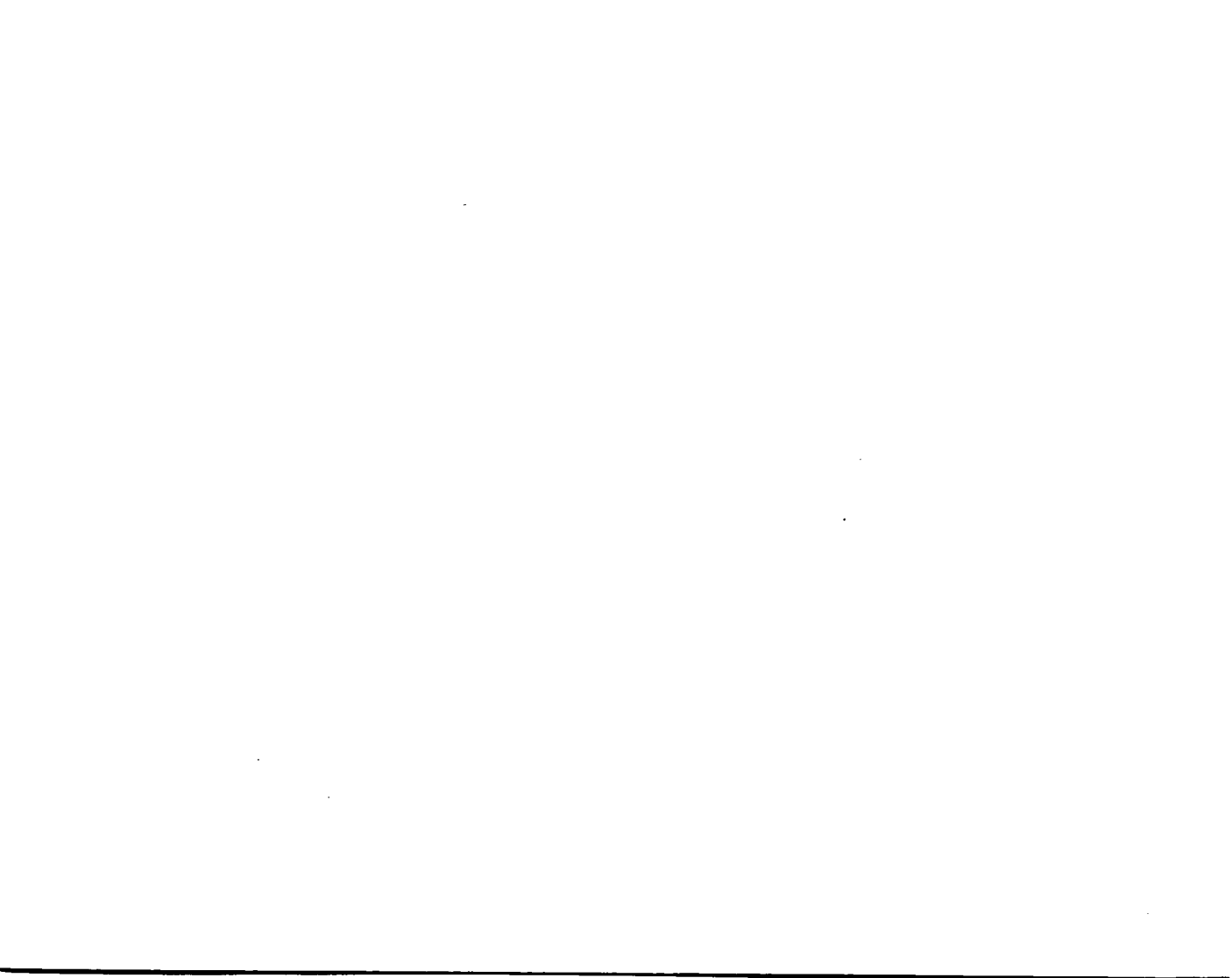
{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*Dr. J. C. Patterson*.....
.....*M. W.*.....
(Physician or midwife)

Given names added from a supplemental report.

Address.....*Burley, Ida.*.....Filed.....*Feb 20 1920*.....*Dr. J. C. Patterson*.....
Registrar

Registrar



433-105-016-291

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & M. H. C. No. 33-17

County of... *Cassia*...City of... *Burley*...

No. St.

Registration District No. *117*File No. *76840*Primary Registration District No. *2196*Registered No. *1466*

Hospital

FULL NAME OF CHILD

Sex of
Child*Male*Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?*yes*Date of
Birth*Jan 5*
(Month) (Day) (Year)FULL
NAME*John D. Mc Cardell*

RESIDENCE

Burley Ida

COLOR

*White*AGE AT LAST
BIRTHDAY*28*
(Years)

BIRTHPLACE

Utah

OCCUPATION

*Farmer*FULL
MAIDEN
NAME*Arnell B. Brown*

RESIDENCE

Burley Ida

COLOR

*White*AGE AT LAST
BIRTHDAY*29*
(Years)

BIRTHPLACE

Idaho

OCCUPATION

*Housewife*Number of child of this mother, including present birth *4*Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.(Born alive or stillborn) at *12:15* P.M.(Signature) *Dr. J. C. Patterson**M.D.*
(Physician or midwife)

Given names added from a supplemental report.

Address *Burley, Ida.*Filed *Feb. 20 20* *Dr. J. C. Patterson*
Registrar

CC 3 / 100 / 100 / 100

SEP 17 1941

855-207.016 291

amend 12-20-82

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-0—Rev. 8-8-17

County of Cassia

City of Burley

No. St.

Registration District No. 117

File No. 76841

Primary Registration District No. 2196

Registered No. 1467

Hospital

FULL NAME OF CHILD Doris Henderson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 3 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>George Henderson</u>	FATHER
RESIDENCE <u>Burley Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Maggie Bradshaw</u>	MOTHER
RESIDENCE <u>Burley Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M. on the date above stated. (Born alive or stillborn)

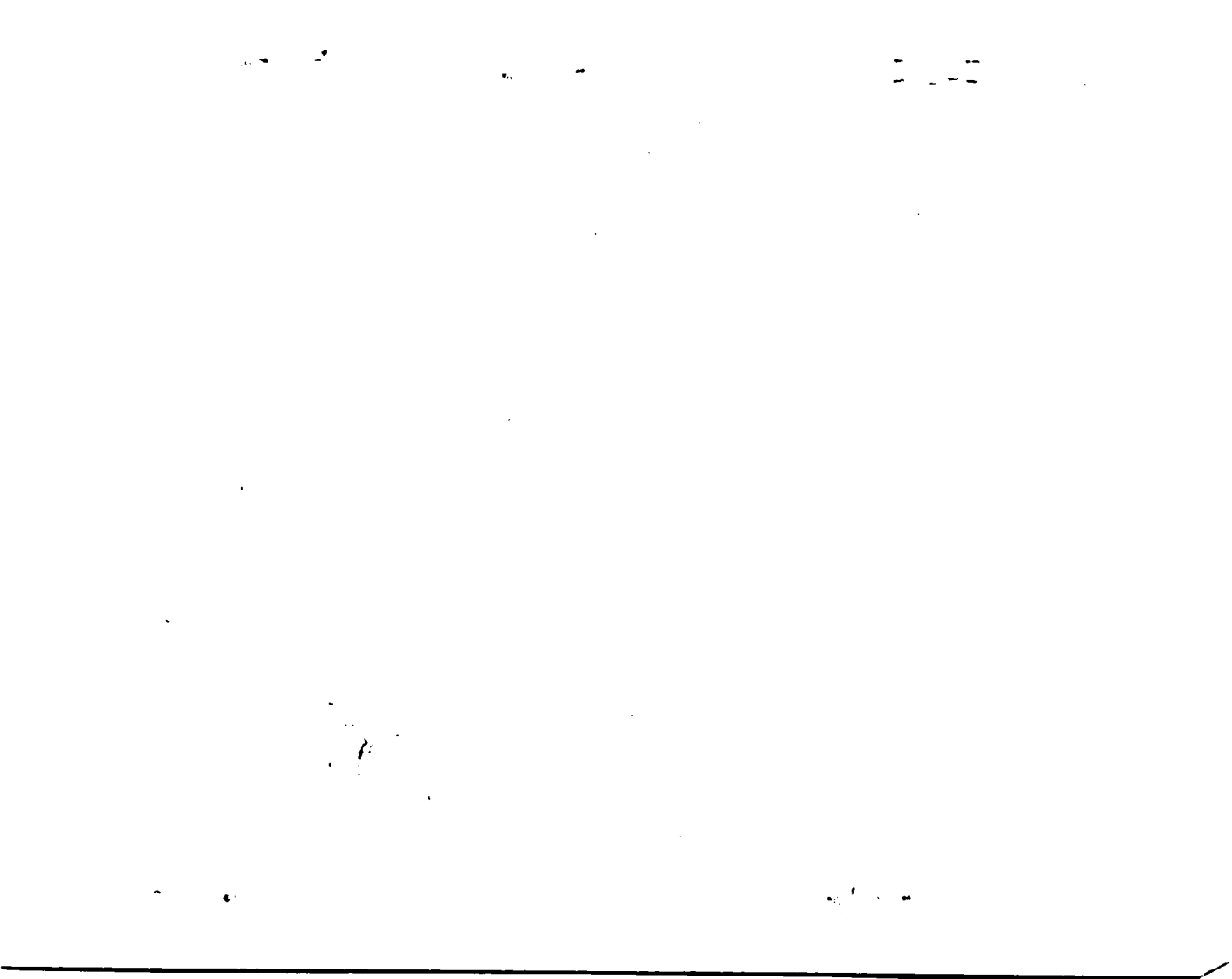
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida

Filed Feb. 20 1920 Dr. J. C. Patterson
Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } DEC 17 10 54 AM '82
 County of Cassia }
 Certificate No. 76841
 Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
 for Unnamed Henderson who was born on Jan 26, 1920
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in Burley (Cassia) are erroneous or were omitted:
 (Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

<u>childs name</u>	<u>Unnamed</u>	<u>Doris Henderson</u>
<u>childs date of birth</u>	<u>Jan 26, 1920</u>	<u>Jan 2, 1920</u>

Subscribed and sworn to before me this 16th day of
December 1982
 Notary Public, Loa M. Korb
 Residing at Burley, Idaho
 My commission expires Feb 22, 1982
 (Seal)

X Doris Kelly
 Signature of Applicant
2019 Hansen Burley Idaho
 Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. (Must be completed __)
 County of Cassia } (Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of
December, 1982
 Notary Public, Loa M. Korb
 Residing at Burley, Idaho
 My commission expires Feb 22, 1982
 (Seal)

X James H. Otting
 Supporting Signature
1801 Y St. Heyburn Idaho
 Street Address, City, State
 lcc pd

Cert of Blessing from LDS Church gives Doris Henderson born 1-2-20 in Burley to George Henderson and Maggie Bradshaw and was blessed June 6, 1920.
Viewed by V.S.

DEC 20 1982

Certificate of Baptism from LDS Church gives Doris Henderson daughter of George Henderson and Maggie Bradshaw was born Jan 2, 1920 in Burley, and was baptised March 4, 1928. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-212-016-635

PLACE OF BIRTH

County of... Cassia

City of... Burley

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form 7. A. No. 11-C—Mar-23-17

Registration District No. 117

File No. 76842

Primary Registration District No. 2196

Registered No. 1468

FULL NAME OF CHILD Boneta Fairchild

Sex of Child Female

Twin Twins and { Number 1 in order of birth }
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Jun 12 1920
(Month) (Day) (Year)

FULL NAME FATHER A. C. Fairchild

RESIDENCE Burley Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Mabel Fletcher

RESIDENCE Burley Ida

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

(Physician or midwife)

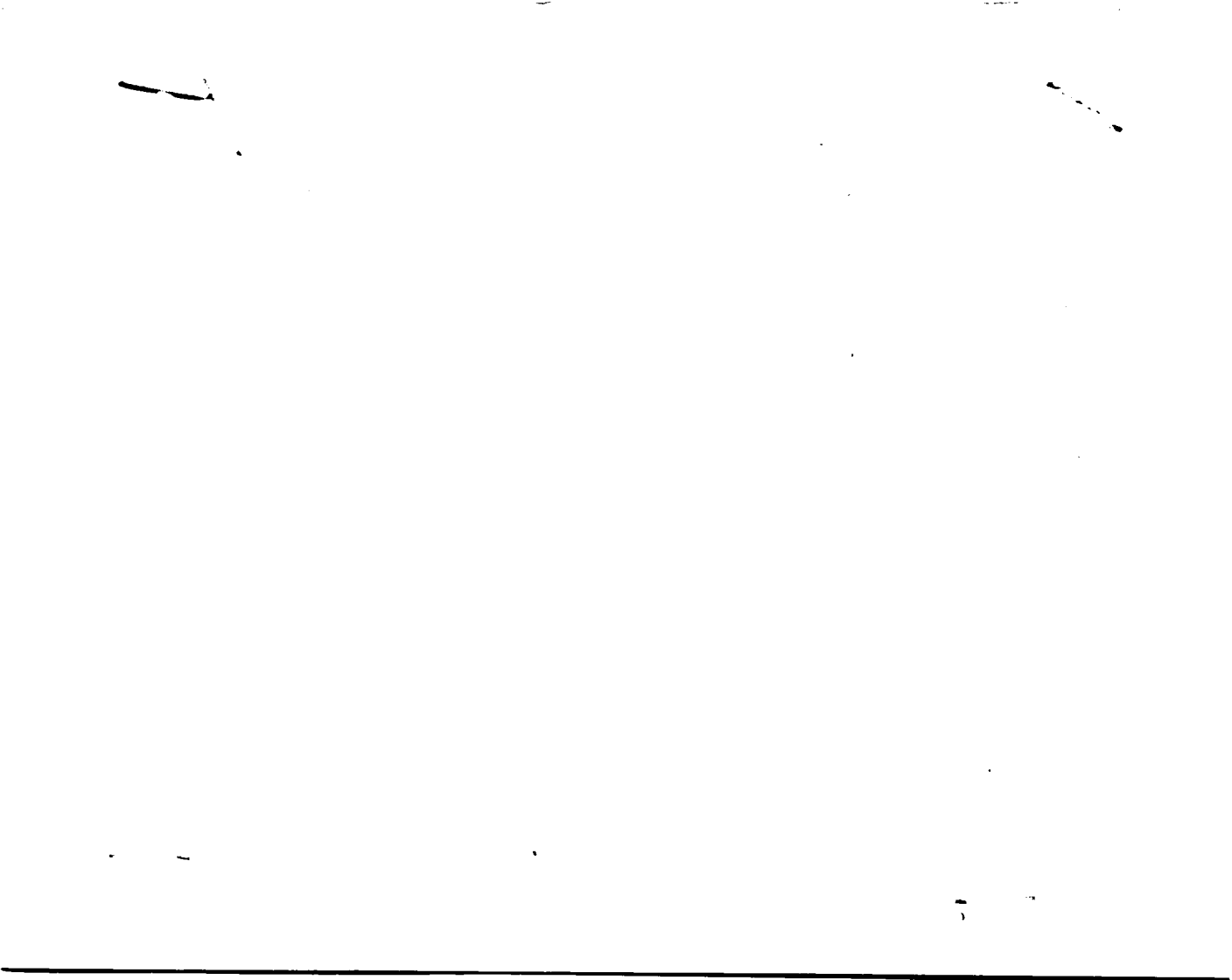
Given names added from a supplemental report.

Address Burley 2nd

Filed Feb 25 1920 Dr. J. C. Patterson

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada } ss. Certificate No. 76842
County of Elko }
The undersigned does solemnly swear that certain facts on the certificate of birth
for — (NO ORIGINAL) — who was born on Jan. 12, 1920 (Birth or Death)
in Burley (Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record prepared on JAN. 1920, are:
(Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)
FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Boneta Fairchild

Which twin are you - (1st) or 2nd?

Subscribed and sworn to before me this 22nd
day of MARCH, 1943
Frank E. Walters
Notary Public, residing at ELKO, NEV.
My commission expires FEB. 8, 1945
(Seal)

Signed Mrs. R. L. Bogan (Fairchild)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
175 Idaho, Elko, Nev.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19____.
Notary Public, residing at _____
My commission expires _____
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
Signed C. A. Pennock
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 14 1949

APR 14 1949

691-212-016-635

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-M-3-3-17

County of... Cassia

City of... Burley

No. St.

Registration District No. 117

File No. 76843

Primary Registration District No. 2196

Registered No. 1469

Hospital

FULL NAME OF CHILD Wanita Fairchild

Sex of Child <u>Female</u>	Twin <u>Twin</u> } and (Number of birth <u>2</u>) (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 12</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FATHER
FULL NAME A. C. Fairchild
RESIDENCE Burley Idaho
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Mabel Fletcher
RESIDENCE Burley Idaho
COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:45 P.M.
(Born alive or stillborn)

*When there was no attending physician or wife then the father, householder, etc., should return. A stillborn child is one that breathes nor shows other evidence of life

(Signature) Dr. J. C. Patterson

Address Burley Idaho

Filed Feb. 25 1920 Dr. J. C. Patterson

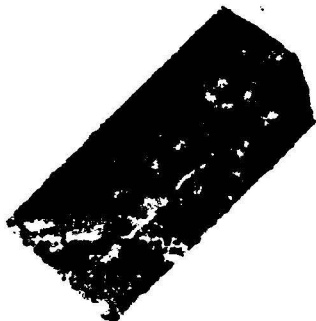
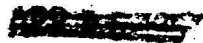
Registrar

Registrar

MARGIN RESERVED FOR UNFADING INK—THIS IS A PERMANENT RECORD

than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





Statement from L.D.S. Church, from record of Blessing, Sept. 5, 1920 and Baptized Aug. 12, 1928 gives name as Wanetta Fairchild - viewed by V.S. and Notification of Own Child's Birth - Winnemucca, IDAHO STATE BOARD OF HEALTH
Nevada, Nov. 1, 1948 gives Mother's Division of Vital Statistics
Name as Waneta Fairchild - viewed by V.S. and Another Child's Birth Certificate on file

Affidavit to Correct or Amend An Original Certificate of Birth or Death
State of Arizona #392644 gives name as Certificate No. 76843
County of Yavapai ss. Waneta Fairchild - viewed by V.S. Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for _____ Unnamed Fairchild who was born _____ (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on 1-12-20
in _____ Burley _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) (Date of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's Name

Unnamed

Waneta Fairchild

Subscribed and sworn to before me this _____ day of _____

Signed Mabel H. Hatch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires Sept 11, 1953

(Seal)

Kirkland Ariz
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Grand } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of _____

Signed Waneta Nickel
(Signature of Any Credible Person)

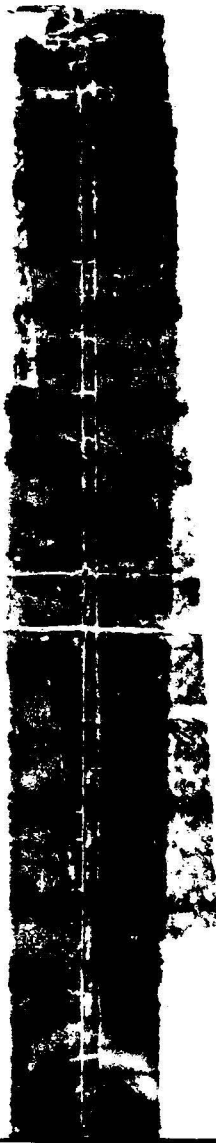
Notary Public, residing at Utah

My commission expires June 10, 1952

(Seal)

La Sal Utah
(Street Address, City, State)

APR 1 1959



795-1141016-713

PLACE OF BIRTH

County of Cassia

City of Burley

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22m-2-2-17

Registration District No. 117

File No. 76844

Primary Registration District No. 2196

Registered No. 1470

FULL NAME OF CHILD H. Grewell

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 14</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FATHER
FULL NAME P. F. Grewell
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Nellie Patterson
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE North Carolina
OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. G. L. Patterson
M. G. L.
Physician or midwife

Given names added from a supplemental report.

Address Burley, Ida.

Filed Feb 20 20 1920 M. G. L. Patterson
Registrar

DUP OF 1921-302888

643-219-016-755

PLACE OF BIRTH

Amended 11-6-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-22-3-17

County of... Cassia...

City of... Burley...

No. St.

Hospital

Registration District No. 11.7

File No. 76846

Primary Registration District No. 219.6

Registered No. 1472

FULL NAME OF CHILD Dorothy Fuallmer

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>Jun. 18</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME P. A. Fuallmer
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 26
(Years)
BIRTHPLACE Utah
OCCUPATION Laborer

FULL MAIDEN NAME Goldie Pendergrass
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 17
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

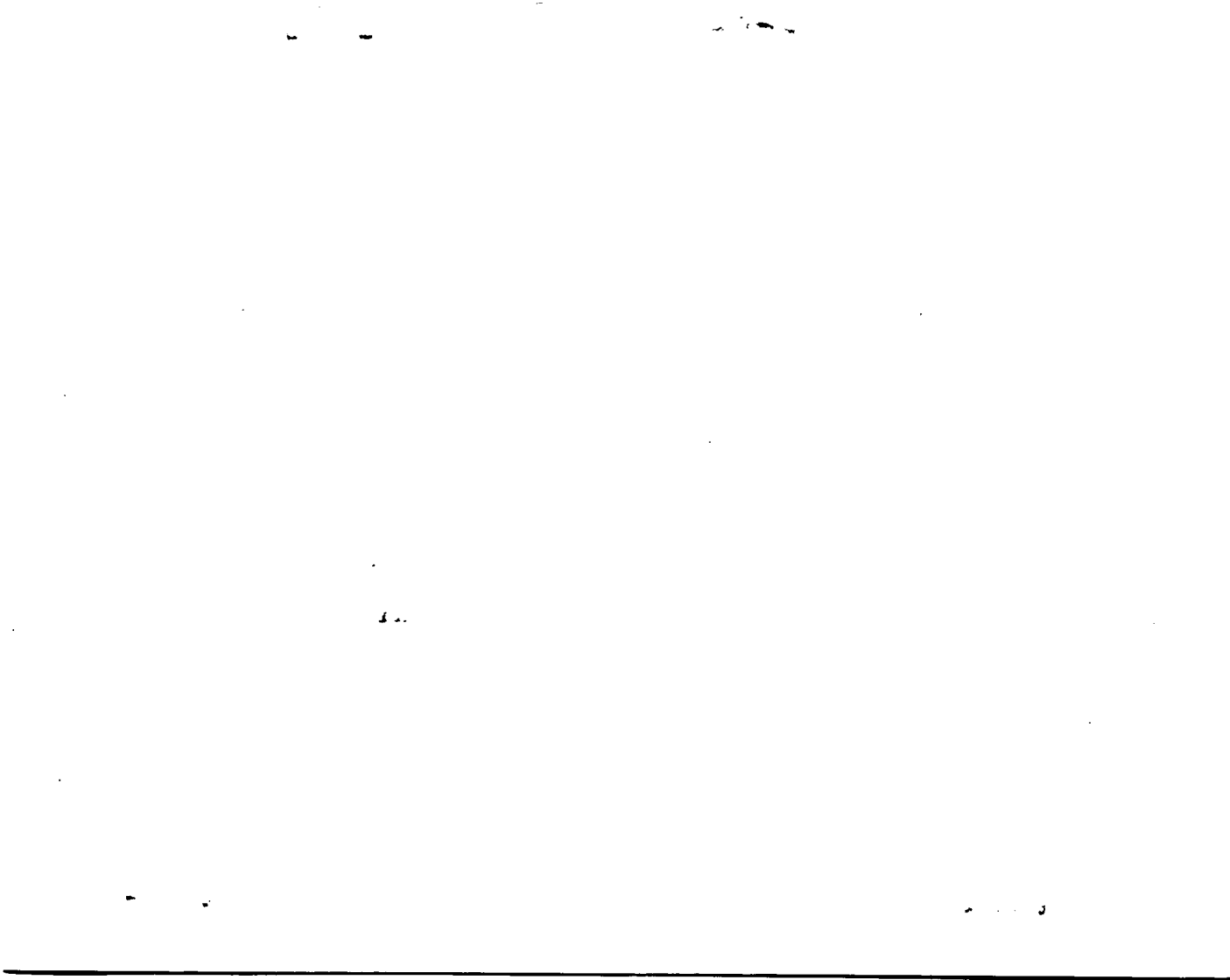
Given names added from a supplemental report.

Address Burley, Ida.

..... 19

Filed Feb. 20 1920 Dr. J. C. Patterson
Registrar

Registrar



10-1-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICSState of Idaho
County of Twin Falls } ss.

NOV 4 9 18 AM '81

Certificate No. 76846

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Fullmer who was born on 1-18-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Burley (Cassia) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedDorothy FullmerSubscribed and sworn to before me this 13th day ofOctober 19 81
Notary Public, Chris SearcyResiding at Twin Falls, IdahoMy commission expires 8-23-83

(Seal)

Dorothy E. Fullmer
Signature of Applicant
2897 South 2950 West Salt Lake City, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

(Must be completed ___)

(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day ofOctober 19 81
Notary Public, Chris SearcyResiding at Twin Falls, IdahoMy commission expires 8-23-83

(Seal)

Gladie Fullmer Mother
P. A. Fullmer Father
Supporting Signature
552 - 5th Ave E. Twin Falls, Idaho
Street Address, City, State

1 cc pd

NOV 6 1981

Cert of Baptism from LDS Church gives Dorothy Fullmer born 1-18-20 in Burley to Parley A Fullmer and Goldie Pendergrass was baptised 6-3-33. Viewed by V.S.

School record from Twin Falls School District # 411 gives Dorothy Fullmer born 1-18-20 to P.A. Fullmer and Goldie Fullmer. Date record established 10-23-33. Viewed by V.S.

645-122-016-238

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-22-0-17

County of....*Cassia*....City of....*Burley*....Registration District No.*117*....File No.*76847*....No.*St.*....Primary Registration District No.*2196*....Registered No.*1474*....

Hospital

FULL NAME OF CHILD*Leon David Wunderlich*....

Sex of Child	<i>Male</i>	Twin Triplet or other?	<i>and</i>	Number in order of birth	Legitimate?	<i>yes</i>	Date of Birth	<i>Jan 22 1920</i>
		(To be answered only in event of plural births)					(Month) (Day) (Year)	

FULL NAME FATHER *H. A. Wunderlich*RESIDENCE *Burley Ida.*COLOR *White* AGE AT LAST BIRTHDAY*25*.... (Years)BIRTHPLACE *Minn.*OCCUPATION *Laborer*FULL MAIDEN NAME MOTHER *Anna Schulz*RESIDENCE *Burley Ida.*COLOR *White* AGE AT LAST BIRTHDAY*26*.... (Years)BIRTHPLACE *Minn.*OCCUPATION *Housewife*Number of child of this mother, including present birth*4*... Number of children of this mother now living, including present birth*3*....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was*Born alive*.... at*3:30 P.M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)*Dr. J. C. Patterson*....
.....*M.D.*.....
(Physician or midwife)

Given names added from a supplemental report.

Address*Burley, Ida.*....Filed*Feb 20 1920*....
.....*Dr. J. C. Patterson*....
.....*Registrar*.....

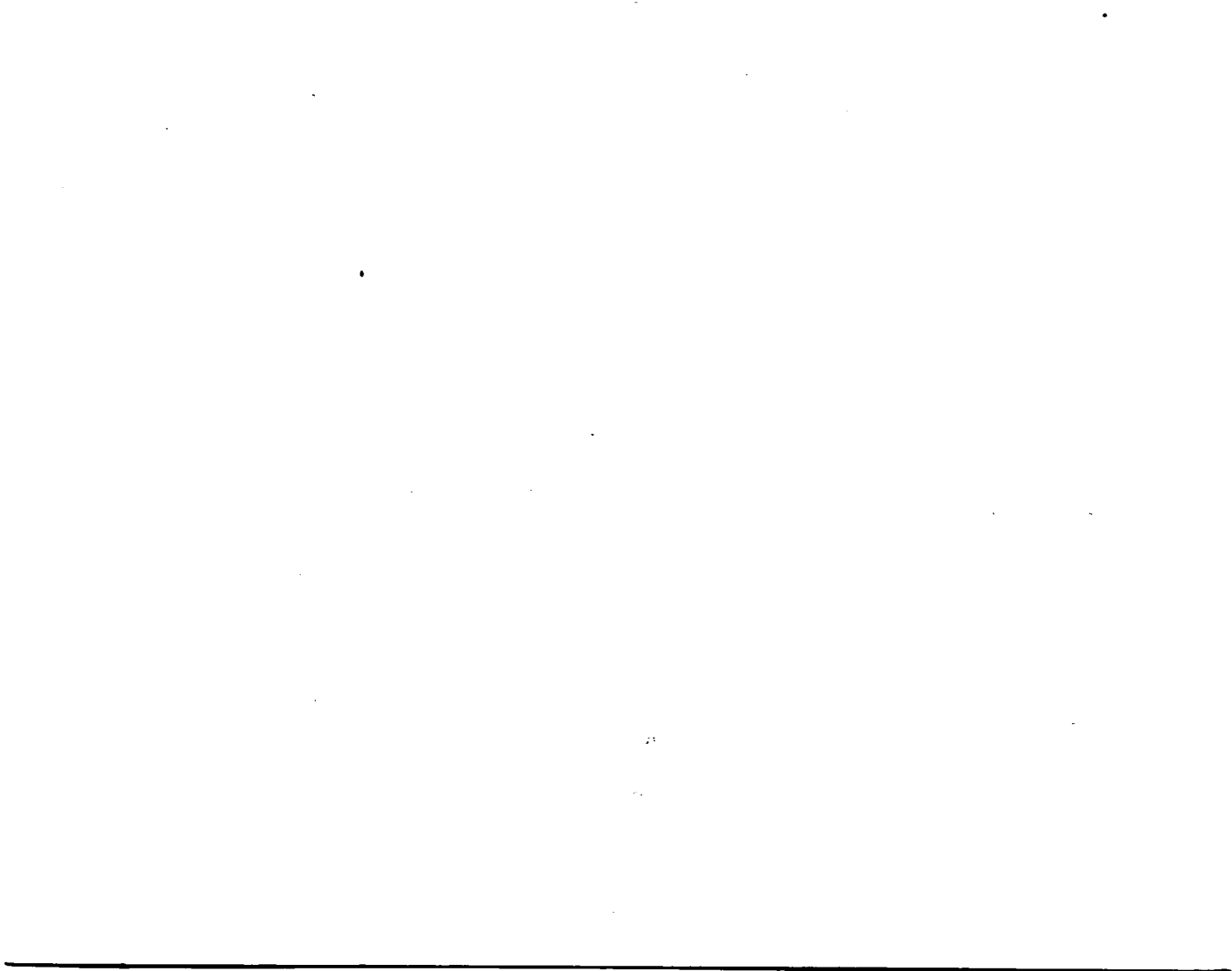
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING



713-121016-236

PLACE OF BIRTH

County of... Cassia...City of... Burley...

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—22m-2-2-17

Registration District No. 117File No. 76848Primary Registration District No. 2196Registered No. 1473FULL NAME OF CHILD Lowell Willard Palmer

Sex of Child	<u>Male</u>	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
		(To be answered only in event of plural births)			<u>yes</u>	<u>Jan 21</u> 19 <u>20</u>
						(Month) (Day) (Year)

FULL NAME	<u>G. W. Palmer</u>
RESIDENCE	<u>Burley</u>
COLOR	<u>White</u>
BIRTHPLACE	<u>Mo.</u>
OCCUPATION	<u>Laborer</u>

FULL MAIDEN NAME	<u>Nora Stogsdill</u>
RESIDENCE	<u>Burley Ida.</u>
COLOR	<u>White</u>
BIRTHPLACE	<u>Mo.</u>
OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth.... 1.... Number of children of this mother now living, including present birth.... 1....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... Born alive..... at 9:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.
Filed Feb 20 20 Dr. J. C. Patterson
Registrar

Registrar

FEB 14 1942

MAY 18 1953

DECEASED

993-126-016-113

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-2-17

County of CassiaCity of Burley

No. St.

Registration District No. 117

File No. 76849

Primary Registration District No. 2196

Registered No. 1475

Hospital

FULL NAME OF CHILD

Richen

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> {	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jun 26</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	-------------------------------------	--	------------------------	--

FULL NAME	FATHER <u>J. W. Richens</u>
RESIDENCE	<u>Burley Ida</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Laborer Agent</u>	

FULL MAIDEN NAME	MOTHER <u>Oliver Jackson</u>
RESIDENCE	<u>Burley Ida</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 11. Number of children of this mother now living, including present birth. 9.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. PattersonM. D.

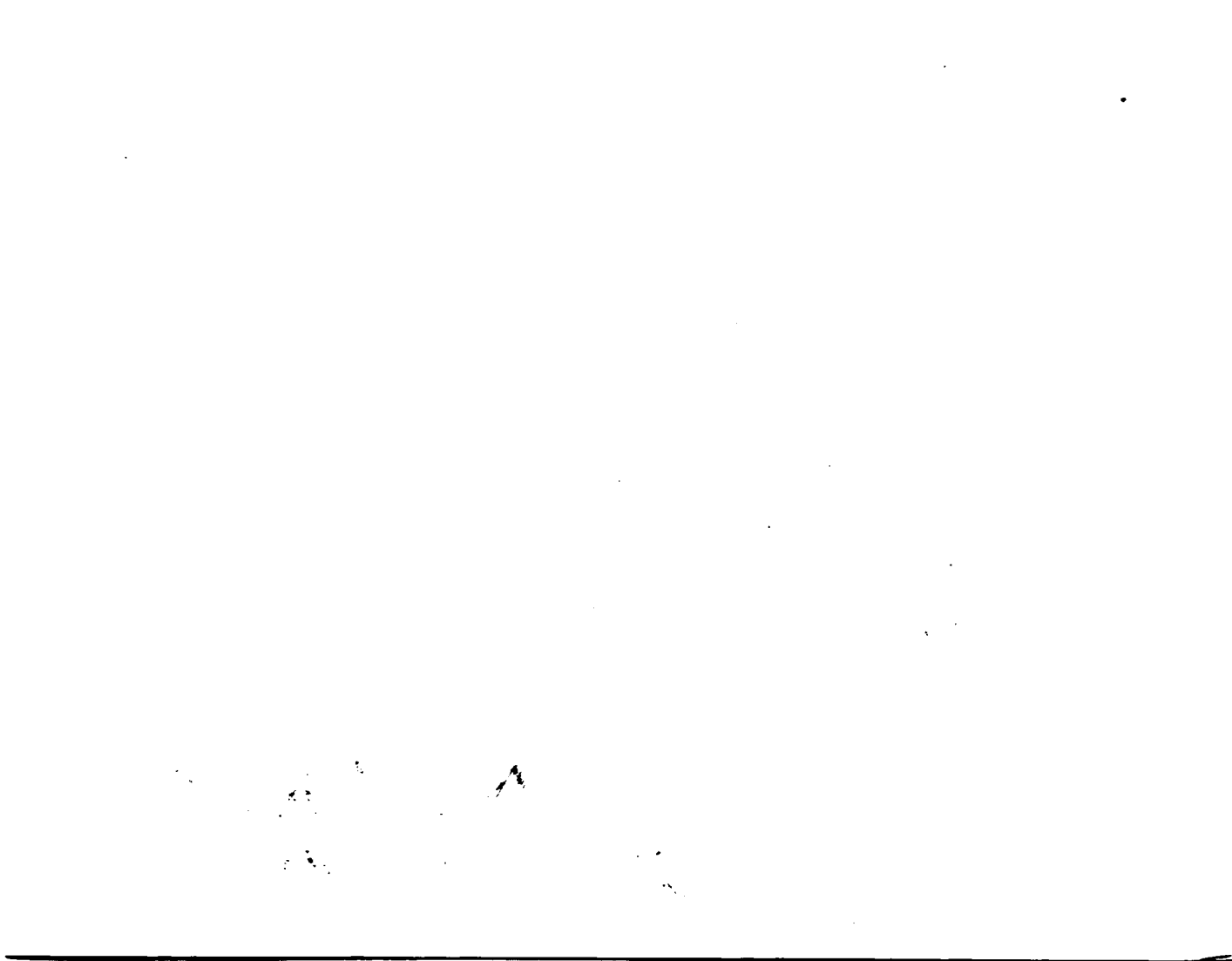
(Physician or midwife)

Given names added from a supplemental report.

Address Burley IdaFiled Feb 20 1920 Dr. J. C. Patterson

Registrar

Registrar



799-17016-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—22m-4-3-17

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 76850

No.St.

Primary Registration District No. 2196

Registered No. 1476

Hospital

FULL NAME OF CHILD Baby Grimes

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 17</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME C. D. Grimes FATHER
RESIDENCE Burley
COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Montana
OCCUPATION farming

FULL MAIDEN NAME Nora Peterson MOTHER
RESIDENCE Burley
COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Montana
OCCUPATION housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

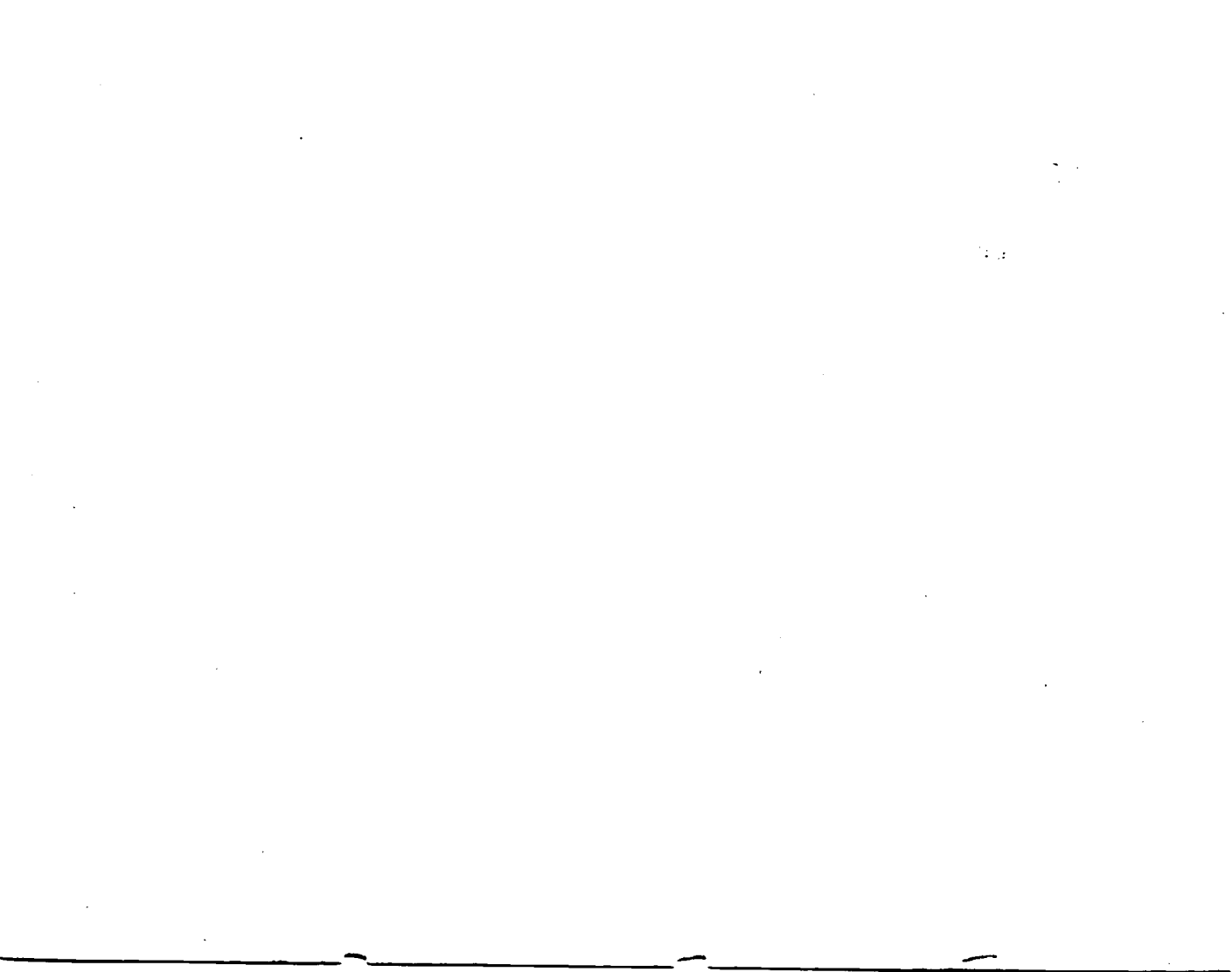
I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley
Filed Feb 28 1920 H. J. Patterson
Registrar



251-129-016-466
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22a-3-3-37

County of Blanca

City of Burley

No. 1 St.

Registration District No. 117

File No. 76851

Primary Registration District No. 2196

Registered No. 1477

Hospital

FULL NAME OF CHILD Baby Searle GALE AUBURN SEARLE

Sex of Child boy Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of Birth Jan 29 1922
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Joseph E. Searle FATHER

FULL MAIDEN NAME Mary A. Moffitt MOTHER

RESIDENCE Burley

RESIDENCE Burley

COLOR White AGE AT LAST BIRTHDAY 28
(Years)

COLOR White AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE Utah

BIRTHPLACE Utah

OCCUPATION farmer

OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

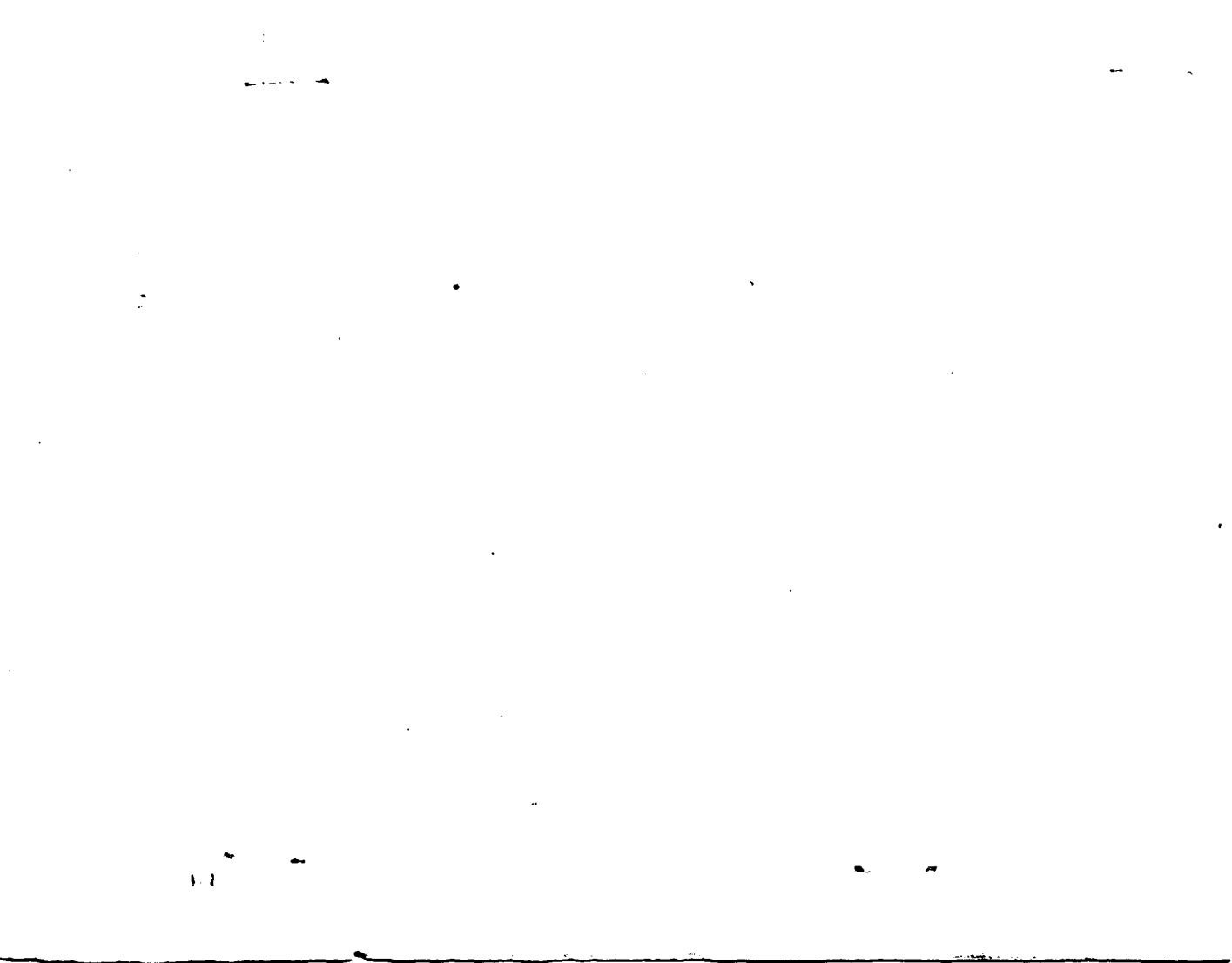
I hereby certify that I attended the birth of this child, who was born alive at 59 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Carter
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley
Filed Feb 25 1922 by H. J. C. Patterson
Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. Certificate No. 76851
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Searle who was born on Jan. 29, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

..... child's name Baby Searle Gale Auburn Searle

Subscribed and sworn to before me this 17 day of

March 1966
Hazel S. Sturber

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Mrs. LaVoy Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5017 Targue St. Boise, Id.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of

....., 19.....

Signed

(Signature of Any Credible Person)

Notary Public, residing at

My commission expires

(Seal)

(Street Address, City, State)

MAR 17 1966

Certificate of Ordination to the Holy Priesthood certifies that
Gale Auburn Searle was ardaigned a Elder in the L. D. S. Church on
Sept. 27, 1942 by J. Wildon Beck, High Priest.

Viewed by V. S.

Marriage license gives name of groom as Gale Auburn Searle married
to Maxine Hanks in Burley, Idaho on June 1, 1940.

Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-212-016-419

PLACE OF BIRTH

County of Lassa

City of Burley

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-2-22-2-2-17

Registration District No. 117

File No. 76853

Primary Registration District No. 2196

Registered No. 1479

Valeria Jones

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>and</u> Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 19, 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Mr. D. Jones</u>	FATHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Idella May Martin</u>	MOTHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth... 1..... Number of children of this mother now living, including present birth... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Carter
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley

Filed Feb. 20, 1920 Dr. J. C. Patterson

Registrar

JUN 16 1944

286-108-016-215
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22a-3-2-27

County of CassiaCity of BurleyRegistration District No. 117File No. 76854

No. St.

Primary Registration District No. 2196Registered No. 1480

Hospital

FULL NAME OF CHILD Baby Shockey Russell Bancroft

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 8 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>O. R. Shockey</u>	FATHER	FULL MAIDEN NAME <u>Bertha Bancroft</u>	MOTHER
RESIDENCE <u>Burley</u>		RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Pennsylvania</u>		BIRTHPLACE <u>South Dakota</u>	
OCCUPATION <u>Carpenter</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:00 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley
Filed Feb 25 1920 Dr. J. C. Patterson
Registrar

Registrar

1951 9 8 1951

DECEASED

619-215016-168
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-27

County of CassaCity of BurleyRegistration District No. 117File No. 76855.

No.St.

Primary Registration District No. 2196Registered No. 1481

Hospital

FULL NAME OF CHILD Jesse ~~Paul~~ Warner

Sex of Child <u>Girl</u>	Type <u>Single</u> } and { Number <u>1</u> in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 15</u> 19 <u>29</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Wilson G. Warner</u>	FATHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mable Ann Johansen Warner</u>	MOTHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 9:15 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Guttas
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley
Filed Feb 25 1930 W. G. L. Porttman
Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455.2091016-219
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-O-25m-2-2-47

County of Cassia

City of Burley

No. St.

Hospital

Registration District No. 117

File No. 76856

Primary Registration District No. 2196

Registered No. 1482

FULL NAME OF CHILD Daniel

Sex of Child <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yo</u>	Date of Birth <u>Jan 9</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	--------------------------------------	----------------------------	---

FULL NAME <u>Lewis Daniel</u>	FATHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Clerk</u>	

FULL MAIDEN NAME <u>Emma B. Daniel</u>	MOTHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>N. C.</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

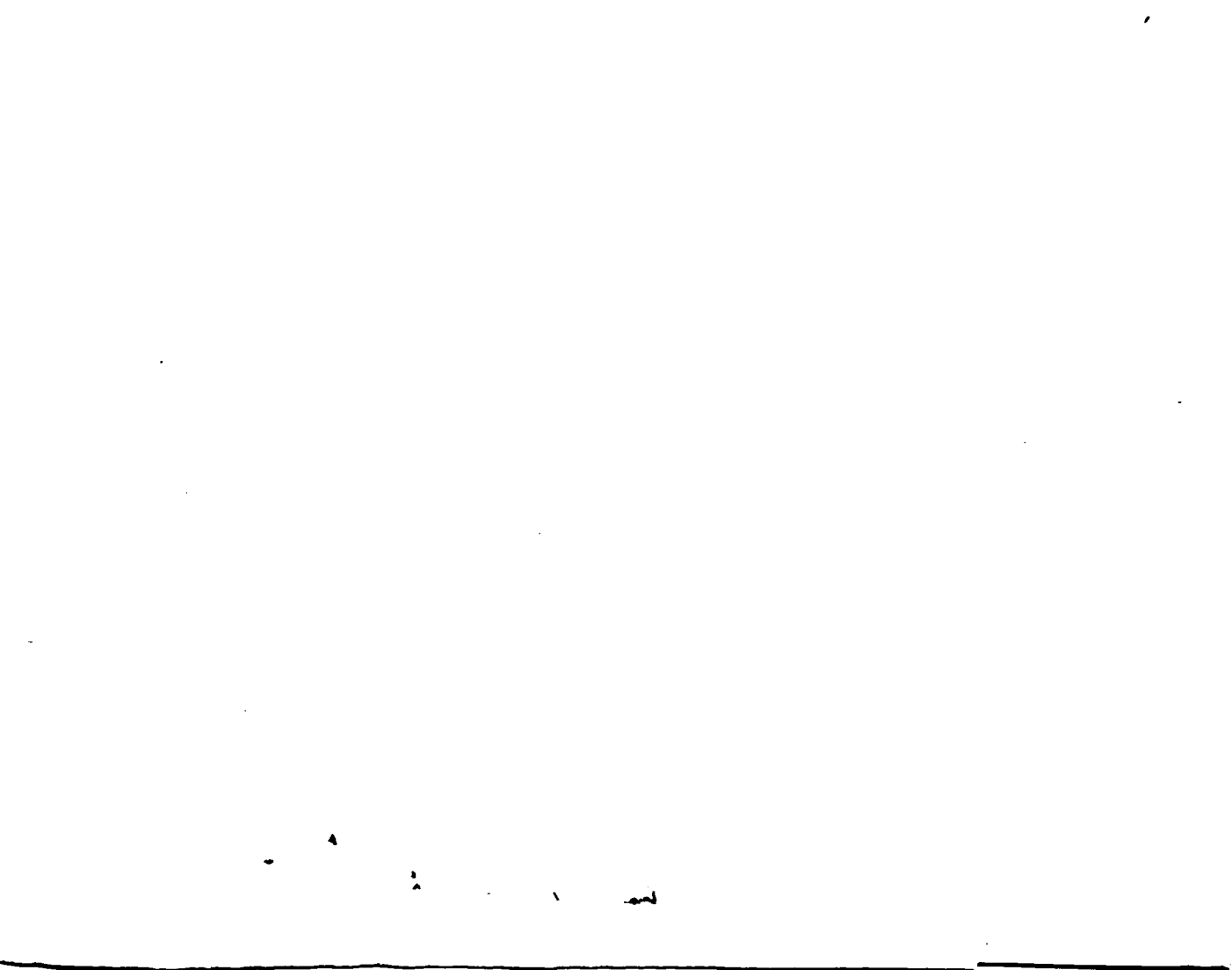
I hereby certify that I attended the birth of this child, who was alive at 1:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)
Dr. F. H. Lister
(Physician or midwife)

Address Burley Idaho
Filed Feb 28 1920 Mr. J. E. Patterson
Registrar



546-122-269-269
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22a-4-22

County of CarsonCity of Burley

No. St.

Registration District No. 117

File No. 76857

Primary Registration District No. 2196

Registered No. 1483

Hospital

FULL NAME OF CHILD Otis Owen EdwardsSex of Child MaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate? yesDate of
Birth Jan 3 2 1920

(Month) (Day) (Year)

FULL
NAMEGordon Edwards

FATHER

FULL
MAIDEN
NAMEMina Sorenson

MOTHER

RESIDENCE

Almo

RESIDENCE

Almo

COLOR

WhiteAGE AT LAST
BIRTHDAY30

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

farmer

OCCUPATION

housewife

Number of child of this mother, including present birth... 2

Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at Almo M.
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.(Signature) F. J. Patterson

(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.Filed Feb 28 1920

Registrar

Dr. J. C. Patterson
Registrar

JAN 28 1942

269123.016-659
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 76858

No. _____ St.

Primary Registration District No. 2196 Registered No. 1497

Hospital _____

FULL NAME OF CHILD

Sorensen

Sex of Child <u>Mals</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 23</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	----------------------------	---

FULL NAME <u>S. Sorensen</u>	FATHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Contractor</u>	

FULL MAIDEN NAME <u>Maris Fierch</u>	MOTHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. J. E. Patterson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

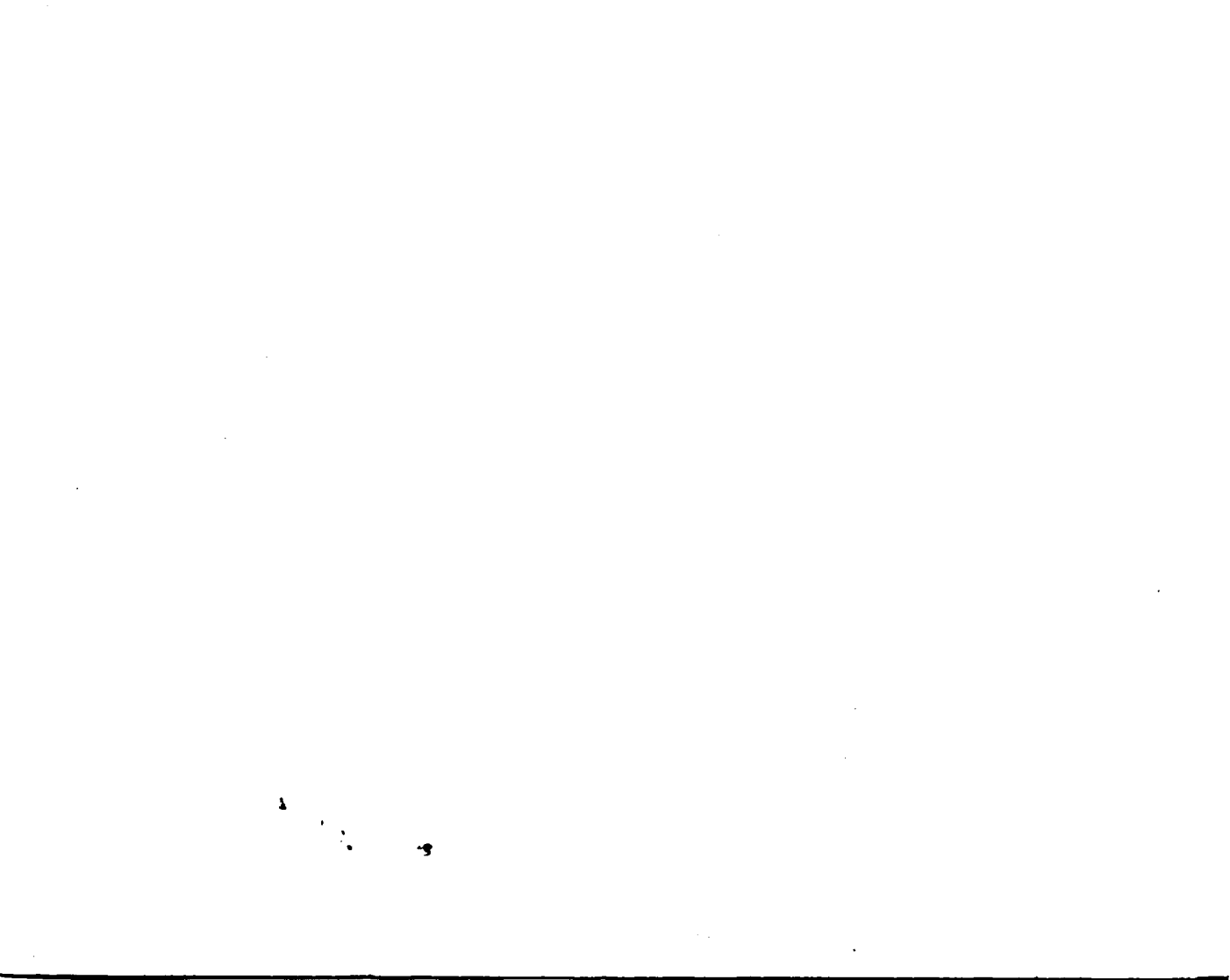
Burley, Ida

Filed

Mar 101920D. J. E. Patterson

Registrar

Registrar



895-124016-691

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117File No. 76859

No. _____ St. _____

Primary Registration District No. 2196Registered No. 1499

Hospital _____

FULL NAME OF CHILD Burl L. es King

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 24</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	---

FULL NAME <u>H. C. King</u>	FATHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Maudie Franks</u>	MOTHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.
Filed Mar. 10 1920 Dr. J. C. Patterson
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

acc. 3/21/41 2000

255-1241016495

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117File No. 76860

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1498

Hospital _____

FULL NAME OF CHILD Sampson S. Beaver Jr.

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth (Month) (Day) (Year) <u>Feb 24</u> <u>1920</u>
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER Over
F. C. BeaverRESIDENCE Burley IdaCOLOR White AGE AT LAST BIRTHDAY 40
(Years)BIRTHPLACE KansasOCCUPATION Ice ManufacturerFULL MAIDEN NAME MOTHER Findley
Hazel FindleyRESIDENCE Burley IdaCOLOR White AGE AT LAST BIRTHDAY 24
(Years)BIRTHPLACE S. Dak.OCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. C. Patterson
M. D.

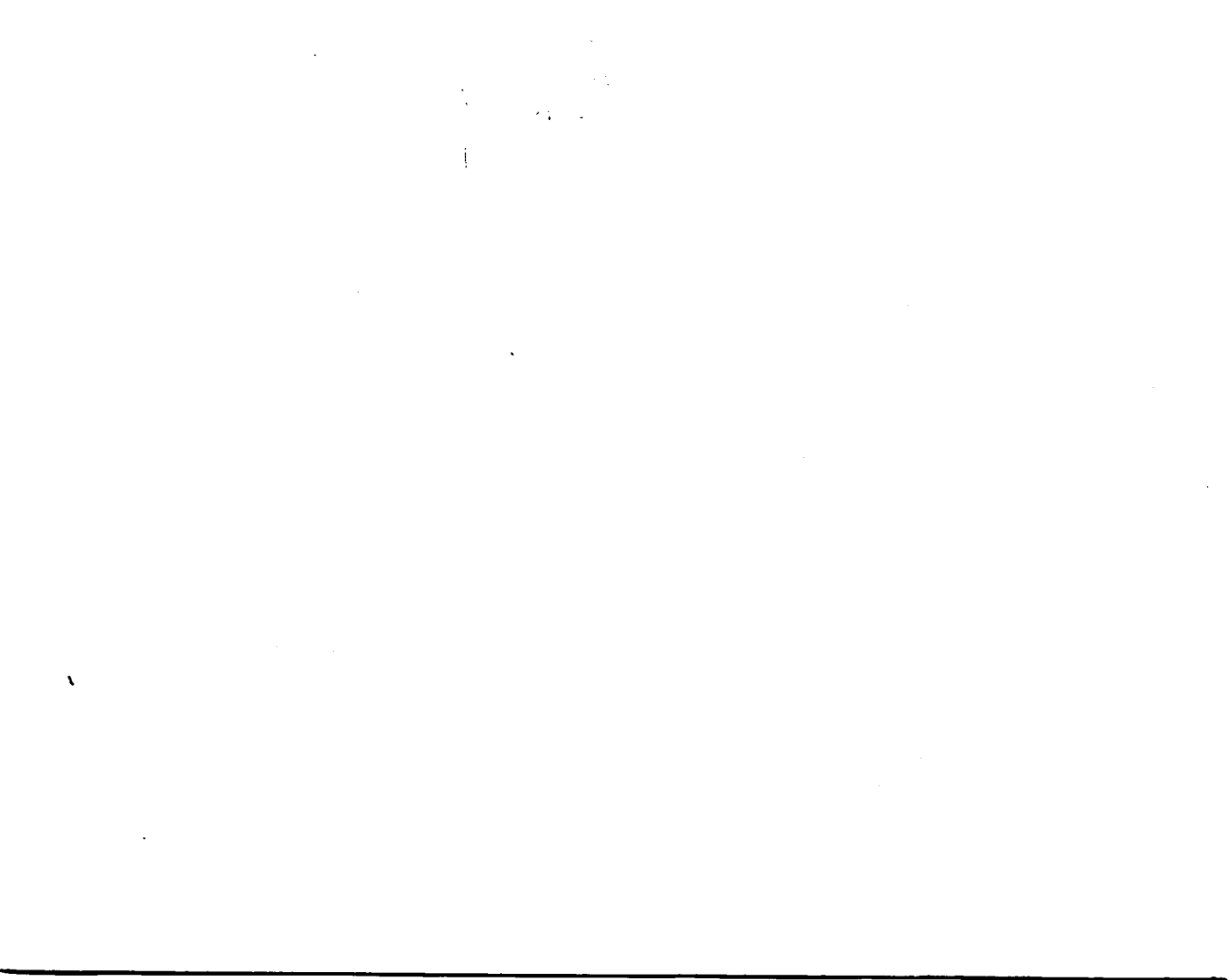
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, IdaFiled Feb. 10 1920 D. J. C. Patterson

Registrar

Registrar



295-223016245

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117 File No. 76861

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1496

Hospital _____

FULL NAME OF CHILD Mildred Louise Breeze

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 23</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME <u>G. A. Breeze</u>	FATHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Ill.</u>	
OCCUPATION <u>Prop. of Freed. Stables</u>	

FULL MAIDEN NAME <u>Ila Bundy</u>	MOTHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Ill.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
D. W.

(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.
Filed Feb. 10 1920 Dr. J. C. Patterson
Registrar

Registrar

JUN 7 1976

MAY 12 1952

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

313-022-016-294
PLACE OF BIRTH

Form V. S. No. 11-C-35a-7-24-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley
No. _____ St.

Registration District No. 117 File No. 76862

Hospital _____

Primary Registration District No. 2196 Registered No. 1495

FULL NAME OF CHILD

Louise Marie Calvert

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 22</u> (Month) (Day) <u>1920</u> (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FATHER
FULL NAME H. E. Calvert
RESIDENCE Burley Ida.
COLOR White AGE AT LAST BIRTHDAY 25
(Years)
BIRTHPLACE Mo.
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Edith Kidd
RESIDENCE Burley Ida.
COLOR White AGE AT LAST BIRTHDAY 17
(Years)
BIRTHPLACE Ida.
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.
Filed Feb. 27 1920 Dr. J. C. Patterson
Registrar

Registra

PLATE 1. BIRTH

PLATE 1. BIRTH
PLATE 1. BIRTH
PLATE 1. BIRTH

Err. Baby Book, appears old and unaltered, gives full name as Louise Marie Calvert, christened May 10, 1920 at Methodist Church, born Feb. 22, 1920 at Burley, Idaho to Mr. and Mrs. H.E. Calvert - viewed by V.S. Cert. of Marriage, State of Nevada, married Jan. 14, 1938 gives full name of groom as Walter Jacobsen and full name of bride as Louise Calvert - viewed by V.S. Divorce Decree, no. 131087, dated Aug. 10, 1950, State of Nevada, County of Washoe, gives full name of plaintiff Louise Marie Jacobsen and full

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho name of defendant as Walter Royal Jacobsen - viewed JUL 23 1963 Certificate No. 76862
County of Blaine Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Calvert who born on Feb. 22, 1920 (Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)

true facts are shown by _____ prepared on _____, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Full Name of Child Unnamed Louise Marie Calvert

Subscribed and sworn to before me this 27 day of July, 1963

Notary Public, residing at Blaine, Idaho
My commission expires July 26, 1964
(Seal)

Signed Walter Jacobsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of July, 1963

Notary Public, residing at Blaine, Idaho
My commission expires July 26, 1964
(Seal)

Signed Walter Jacobsen
(Signature of Any Credible Person)

(Street Address, City, State)

DEC 30 1962

Use only BLACK INK on BLACK record typewriter ribbon in completing this certificate. Ink ceruminate MUST be used which the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

266-104-016-264

(Be sure the information is complete and accurate)

State File No. 76863

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 117

Amended 9/23/77

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Cassia		a. STATE Idaho	b. COUNTY Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR Burley		c. CITY (If outside corporate limits, write RURAL and give township) OR Burley	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME			
a. (First) Melvin		b. (Middle) Carl	
		c. (Last) Bowcut	
4. SEX Male	5a. THIS BIRTH SINGLE _____ TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) Feb . 4, 1920

FATHER OF CHILD Time: 9:30 PM

7. FULL NAME		a. (First) J.		b. (Middle) H.	c. (Last) Bowcut
8. AGE (At time of this birth) 40 YEARS	9. BIRTHPLACE (State or foreign country) Preston Idaho (City or Town)	10. USUAL OCCUPATION Laborer		11. KIND OF BUSINESS OR INDUSTRY	

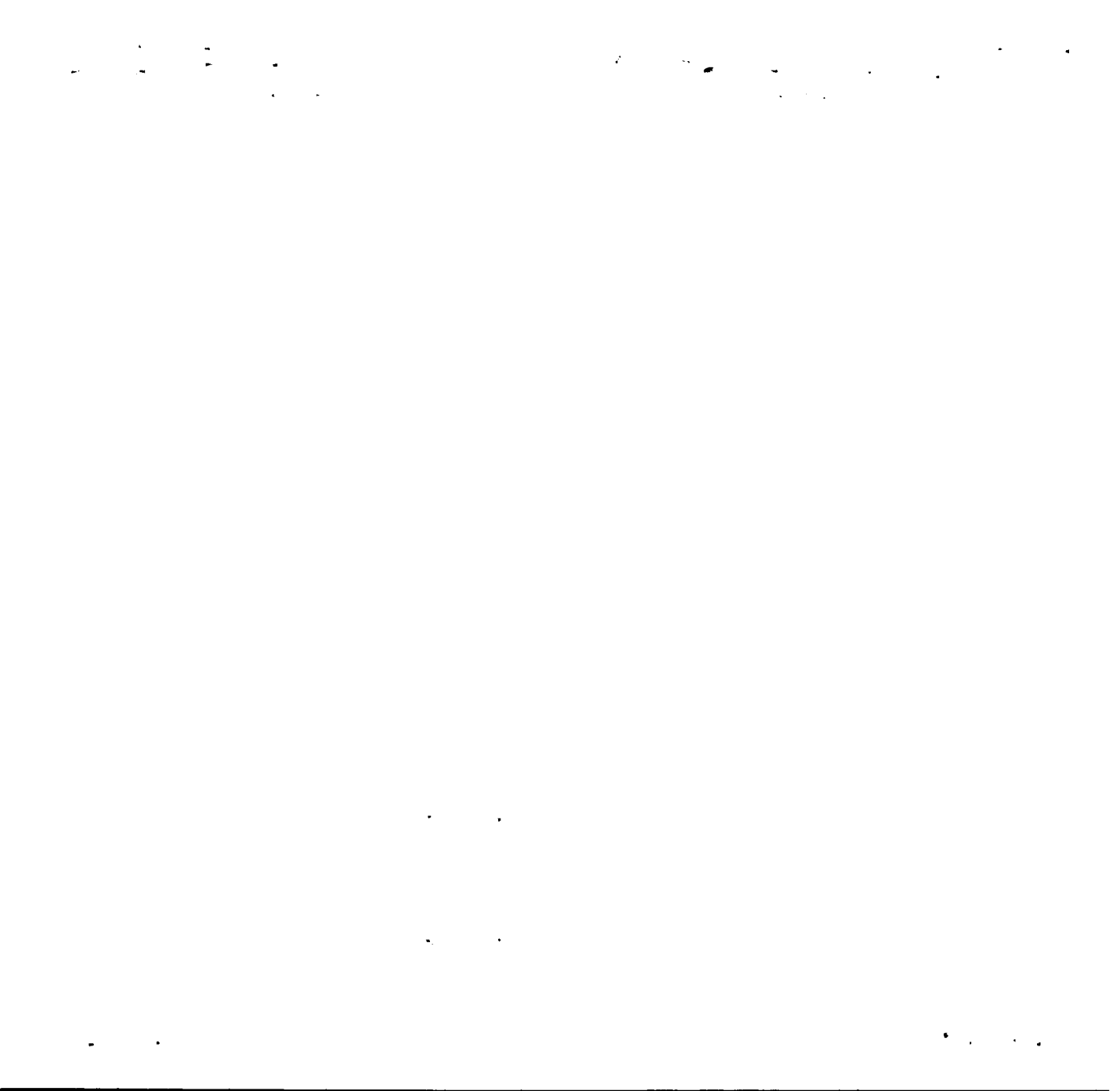
MOTHER OF CHILD

12. FULL MAIDEN NAME		
a. (First) May		
b. (Middle) Bodily		
c. (Last)		
13. AGE (At time of this birth) 37 YEARS	14. BIRTHPLACE (State or foreign country) Franklin Idaho (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		a. How many OTHER children are now living? 4
		b. How many OTHER children were born alive but are now dead?
		c. How many children were stillborn (born dead after 20 wks. pregnancy?)

<i>I hereby certify that this child was born alive on the date stated above.</i>	17. SIGNATURE R. V. Barta	18. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____
	19. ADDRESS Burley, Idaho	20. DATE SIGNED
21. DATE REC'D BY LOCAL REG. March 20, 1920	22. REGISTRAR'S SIGNATURE Dr. J. C. Patterson	23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES _____ NO _____ DATE _____	
Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____	
LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White
METHOD OF DELIVERY	
Was 1% Silver Nitrate Used to prevent blindness? YES _____ NO _____	
BIRTH INJURY TO INFANT ____ YES <input checked="" type="checkbox"/> YES, DESCRIBE ____ NO	CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Montana }
County of Cascade } ss. MAY 19 9 51 AM '77
Certificate No. 76863
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Merrill Bowcut who was born Feb. 4, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Church records prepared on May 6, 1920 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name Merrill Bowcut Melvin Carl Bowcut

Subscribed and sworn to before me this 19th day of October 1976

Signed _____

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Great Falls, Mont.

My commission expires Apr 24, 1977

1317 Second Avenue North

(Seal)

Great Falls, Montana 59401
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April 1977

Signed _____

(Signature of Any Credible Person)

Notary Public, residing at Salt Lake County, Utah

732 W 40th Burley Idaho

My commission expires 2-2-81

(Street Address, City, State)

Certificate of Birth from the LD^S Church gives name as Melvin Bowcut born Feb 4, 1920 in Burley, Idaho. father's name as Joseph Bowcut and mother's name as May Bodily. entered on record May 6 1920. viewed by V. S.

Certif of Baptism from the LDS Church gives name as Melvin Carl Bowcut son of Joseph Hyrum Bowcut and May Bodily. Born Feb 4, 1920 at Burley, Idaho. Baptize June 6, 1929. viewed by V. S.

Certif of Ordination from the LD^S Church gives name as Melvin Carl Bowcutt. ordained a Deacon on Mar 13 1932. father's name as Joseph H. Bowcutt and mother's name as May Bodily. born at Burley Idaho on Feb 4 1920 and Baptized Jan 6 1929. viewed by V. S.

105-1291016-855

PLACE OF BIRTH

County of CassiaCity of Burley

No. St.

Hospital

FULL NAME OF CHILD

Burley Jones

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

Registration District No.

117

File No.

76864

Primary Registration District No.

2196

Registered No.

15-15

Sex of Child

mTwin
Triplet
or other?1Number
in order
of birth1Legiti-
mate?yesDate of
BirthFeb 27 20
(Month) (Day) (Year)FULL
NAMELaVern Jones

FATHER

RESIDENCE

Burley

COLOR

yoAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Idaho

OCCUPATION

ButcherFULL
MAIDEN
NAMEElsie Hensel

MOTHER

RESIDENCE

same

COLOR

whAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

minn.

OCCUPATION

House

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.Born alive
(Born alive or stillborn)1230 P.
at.....*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Dr. Smith M.D.

Given names added from a supplemental report.

Address

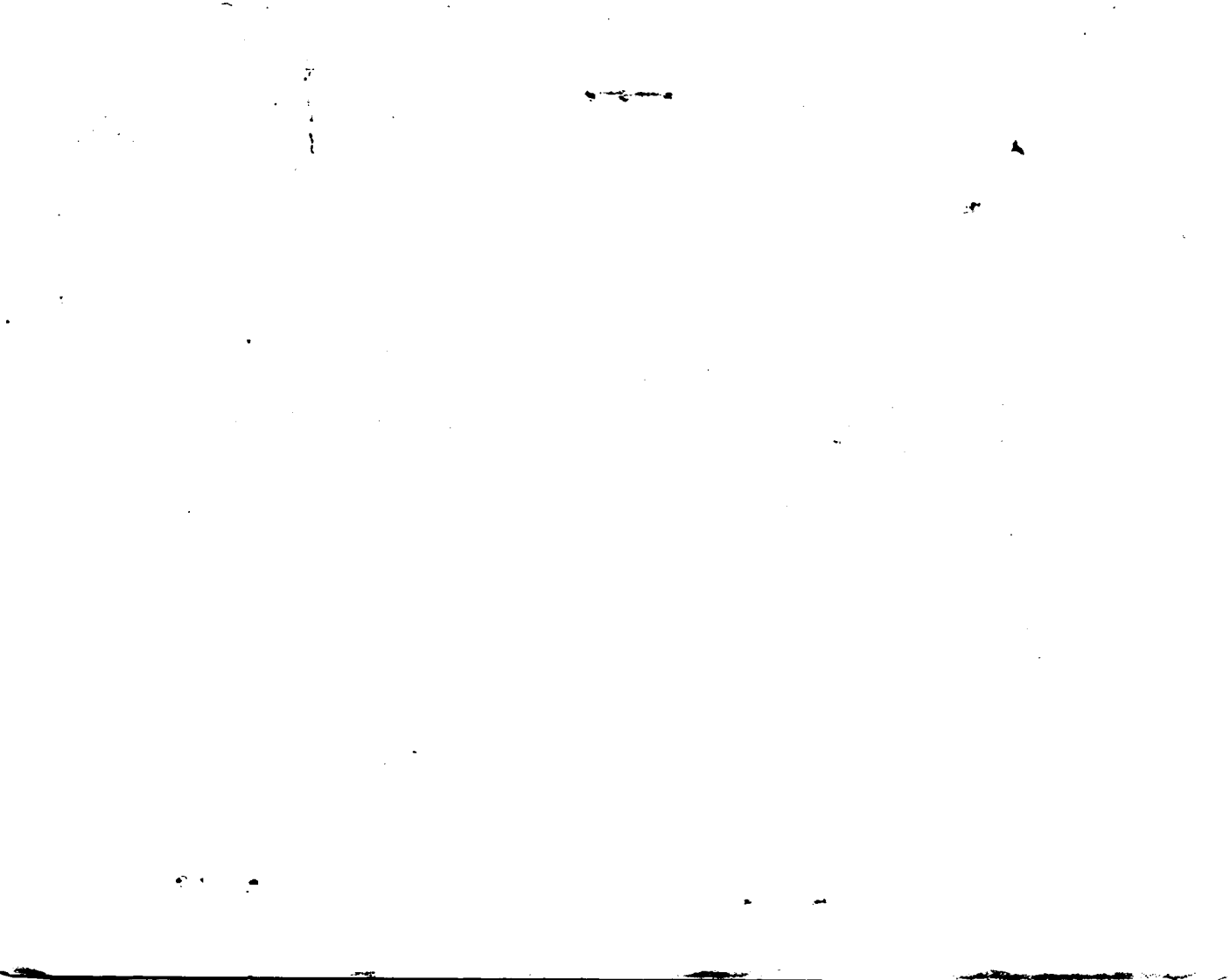
Burley, Idaho

Filed

March 12 1920Dr. J. C. Patterson

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

FEB 24 1941

State of Idaho } ss.
County of Cassia
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Vernon Richard Jones who was born on Feb. 29 1920
(Name on original certificate) (Was born or died) (Date of event)
in Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by Mother prepared on July 23rd 1941 are:
(Bible record, insurance policy, etc.) (Give date)
FACTS TO BE CORRECTED FROM TO
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)

Subscribed and sworn to before me this
day of July 23rd, 1941
Irene Cecilia Byrne
Notary Public, residing at San Francisco
My commission expires Nov. 16/43
[SEAL]

Signed Mrs. Elsie Jones
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death
record; or other credible person)
584 San Jose Ave. San Francisco
(Street Address, City, State) Calif.

Supporting Affidavit of a Second Person

State of California } ss.
County of San Francisco
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.
Subscribed and sworn to before me this 24th
day of February, 1941
Irene Cecilia Byrne
Notary Public, residing at San Francisco
My commission expires 11/16/43
[SEAL]

Signed Phyllis Jones
(Signature of any credible person other than the previous affiant)
1814 Castro Street
(Street Address, City, State)
San Francisco, California

Received for filing on FEB 24 1941 by _____
(Registrar's signature)

MAY 1942

JUL 16 1942

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

314206 016-419

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-31-19

County of Cassia
City of Burley Registration District No. 117 File No. 76865
No. _____ St. _____

Hospital _____ Primary Registration District No. 2196 Registered No. 1514

FULL NAME OF CHILD not named ELIZABETH LOUISE CAMPBELL

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb 6</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FATHER
FULL NAME A. M. Campbell
RESIDENCE Burley Idaho
COLOR white AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Mapleton Kan.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Loris G. Marsh
RESIDENCE Burley Idaho
COLOR white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Valley Falls - Kans.
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. I. Story
(Physician or midwife) Per R. I. Story

Given names added from a supplemental report.

19. _____
Address Burley, Ida.
Filed March 10 1920 R. J. Patterson
Registrar Registrar

UNITED STATES
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1911

1911

1911

1911

1911

1911

1911

1911

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kansas,
County of Riley } ss.

Certificate No. 76365

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Elizabeth Louise Campbell who was born on Feb 6th 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record, Ins. Policy prepared on July 27-1943, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

name

none given

Elizabeth Louise Campbell

Subscribed and sworn to before me this 30th
day of August - 1943

Scott A. Fene
Notary Public, residing at City of Manhattan
Kansas.
My commission expires June 5, 1947.
(Seal)

Signed Mrs. Lyle Campbell, (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
512 Moro St. Manhattan Kans.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas,
County of Riley } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above, and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of August - 1943

Scott A. Fene
Notary Public, residing at City of Manhattan,
Kansas.
My commission expires June 5th, 1947.
(Seal)

Signed Mrs. Louise Marsh
(Signature of Any Credible Person Other Than Previous Year)
512 Moro Street-
Manhattan, Kansas.
(Street Address, City, State)

1943

SEP 9

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-207-26-268

Form V. S. No. 11-0-22a

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia
City of Burley Registration District No. 117 File No. 76866
No. 3 St. Primary Registration District No. 2196 Registered No. 1513
Hospital _____
FULL NAME OF CHILD No Name BERNICE MARY MOON

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 3</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Carl Moon</u>			FULL MAIDEN NAME MOTHER <u>Mary Koyle</u>		
RESIDENCE <u>Burley Idaho</u>			RESIDENCE <u>Burley Idaho</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	
BIRTHPLACE <u>Oakley Idaho</u>			BIRTHPLACE <u>Spanish Fork Utah</u>		
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth <u>1</u>			Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at H. P. M.
on the date above stated. (Born alive, or stillborn)

(Signature) Dr. R. C. Story
(Physician or midwife)

Given names added from a supplemental report. _____
19 _____
Address Burley, Ida.
Filed Feb. 12 1920 H. J. Patterson
Registrar Registrar

CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

11-9-65

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. Certificate No. 76866
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for unnamed Moon who was born on Feb. 3, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Full name of child unnamed Bernice Mary Moon

Subscribed and sworn to before me this 22nd day of February, 1965

Notary Public, residing at Shelton, Oregon
My commission expires Nov. 30, 1969
(Seal)

Signed Bernice Mary Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1829 S.E. Conwell, Jackson, Or.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed Mavis Moon Coon
(Signature of Any Credible Person)
Rt. 3, Box 284, Boring, Oregon
(Street Address, City, State)

Certificate of Baptism & Confirmation gives name as Bernice Mary Moon
daughter of James Carl Moon and Mary Koyle born Feb. 3, 1920 at
Burley, Idaho and was Baptized Fe. 5, 1928 by David O. Harris, Elder
L. D. S. Church. Confirmed a member Feb. 5, 1928.
Viewed by V. S.

JAN 21 1966

Certificate of Blessing gives name as Bernice Mary Moon daughter of James Carl & Ma
Mary Koy~~le~~ Moon born Feb. 3, 1920 at Burley, Idaho. Blessed April 11, 1920 by
John H. Koyle. L. D. S. Church

Viewed by V. S.

363-1281016-466

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 76867No. St.Primary Registration District No. 2196Registered No. 15121

Hospital _____

FULL NAME OF CHILD

William Neal Lott

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 28 1920</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------------	----------------------------	---

FULL NAME FATHER
I. C. Lott

RESIDENCE

Burley - Idaho P.R.

COLOR

whiteAGE AT LAST
BIRTHDAY28

(Years)

BIRTHPLACE

Provo, Utah

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Myrtle Dowdle

RESIDENCE

Burley - Ida. P.R.

COLOR

whiteAGE AT LAST
BIRTHDAY26

(Years)

BIRTHPLACE

Payson - Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11²⁰ a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. R. J. Story
P. J.

(Physician or midwife)

Address

Burley Idaho

Filed

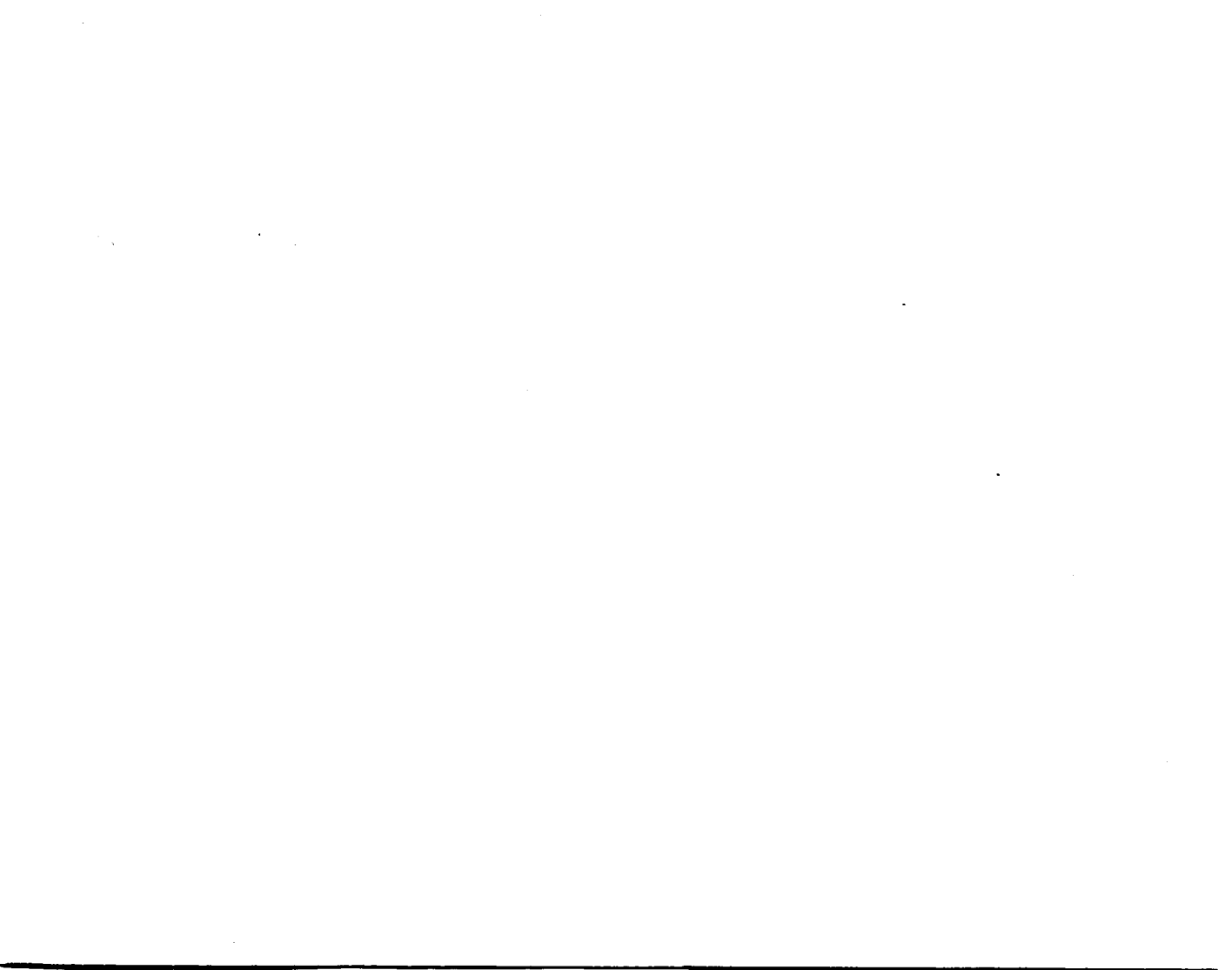
March 10 1920D. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-216-016-236

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of BurleyRegistration District No. 117File No. 76868

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1511

Hospital _____

FULL NAME OF CHILD

no name

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 16</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>George W. Derrick</u>	FATHER
RESIDENCE <u>Burley Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Willard - Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Eliza Ann Stone</u>	MOTHER
RESIDENCE <u>Burley Idaho R.R.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Willard Utah</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Born alive at 255 S.
(Born alive or stillborn)
Dr. R. O. Story
Per J. E.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

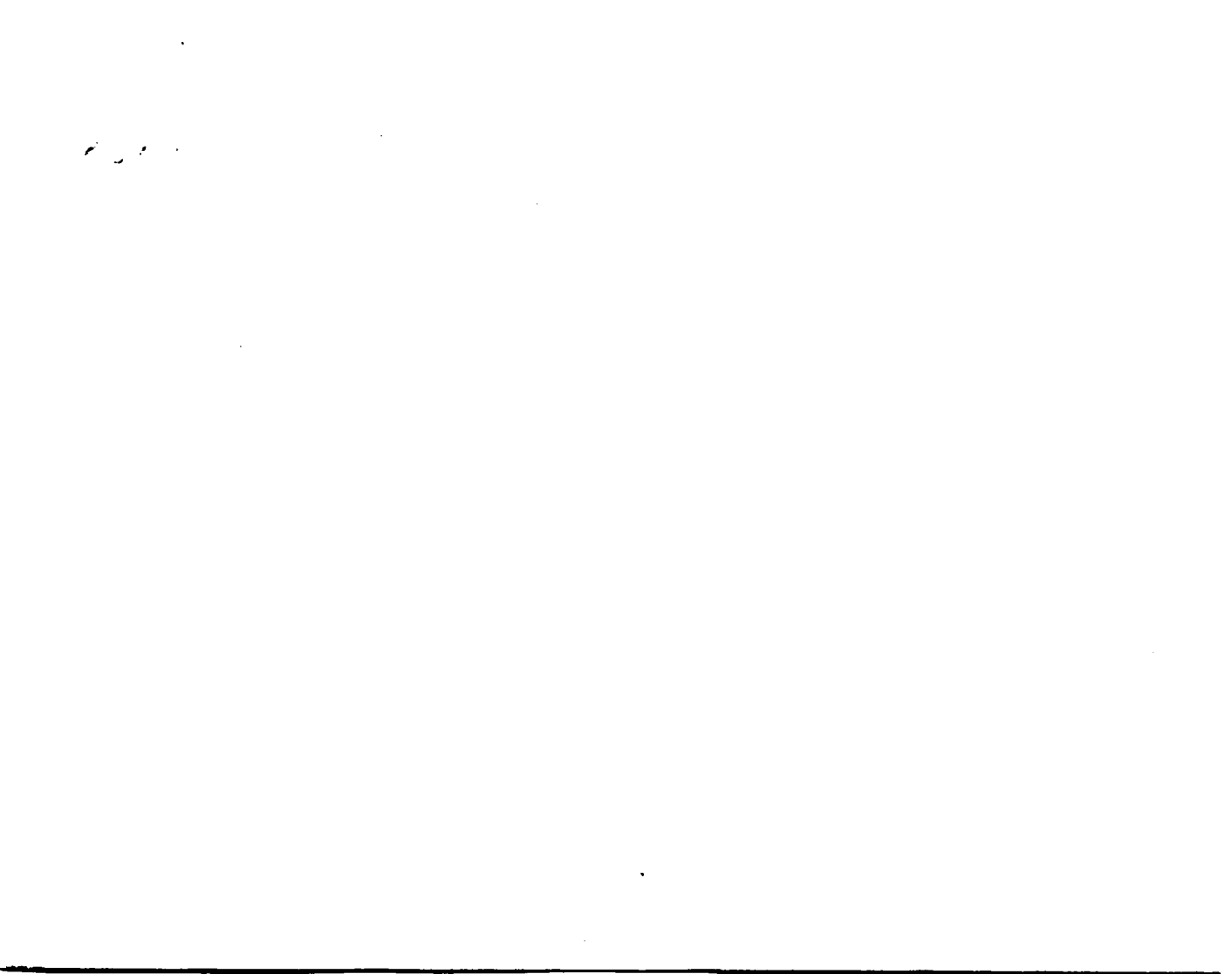
Burley Idaho

Filed

Nov 10 1920Dr. J. C. Patterson

Registrar

Registrar



534-115016 386
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-0-22a-4-17

County of CassiaCity of BurleyRegistration District No. 117File No. 76869No. St.Primary Registration District No. 2196Registered No. 1510

Hospital

FULL NAME OF CHILD

Baby Eldridge

Sex of Child

boyTwin
Triplet
or other?
(To be answered only in event of plural births)and Number
in order
of birthLegiti-
mate?yesDate of
BirthFeb 15 1920
(Month) (Day) (Year)

FULL NAME

FATHER
William S. Eldridge

FULL MAIDEN NAME

MOTHER
Mary Thompson

RESIDENCE

Burley

RESIDENCE

Burley

COLOR

WhiteAGE AT LAST
BIRTHDAY48
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Scotland

OCCUPATION

farmer

OCCUPATION

housewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. H. Cutler
MD

(Physician or midwife)

Given names added from a supplemental report.

Address

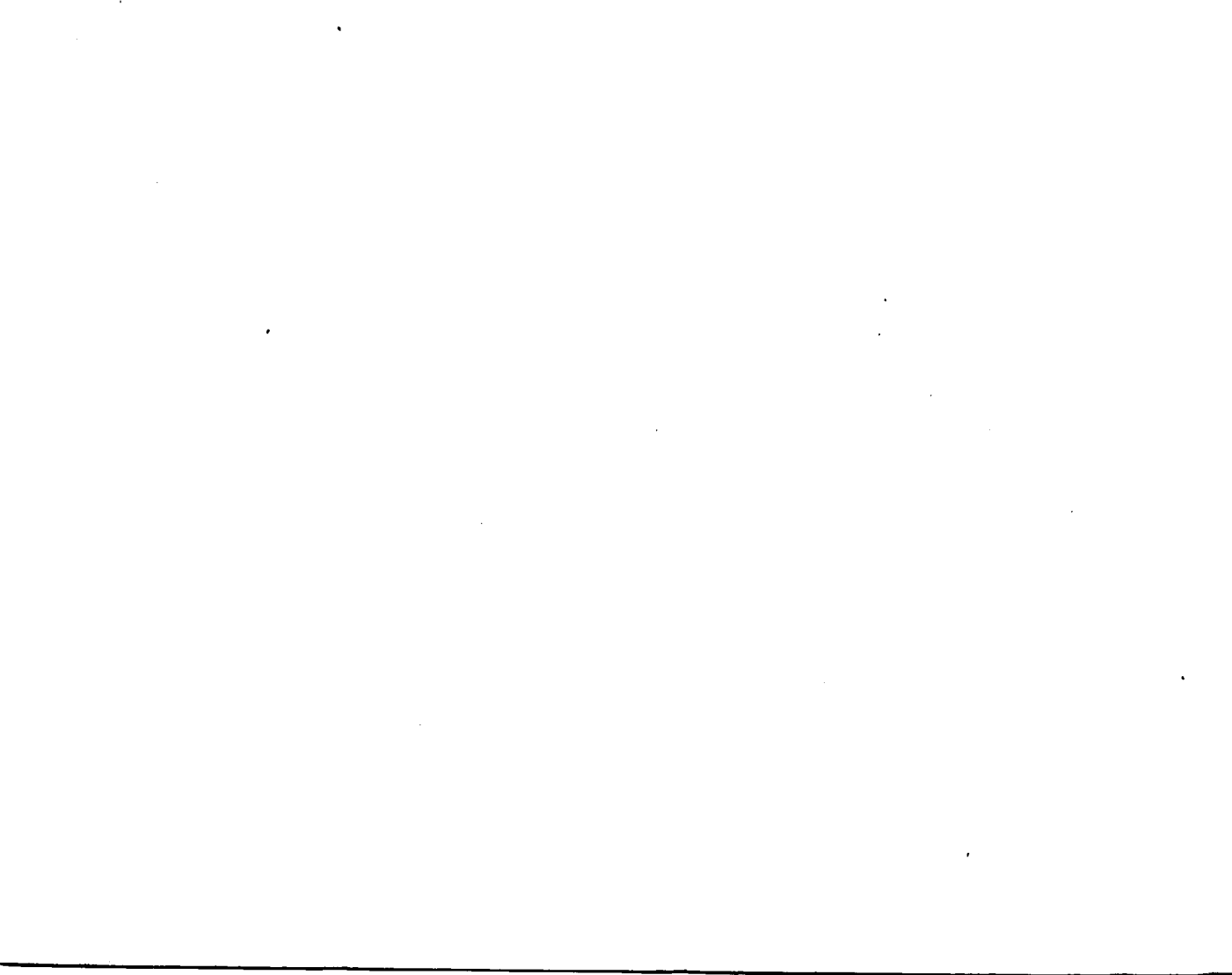
Burley

Filed

Feb 25 1920

Registrar

W. J. C. Patterson
Registrar



713-1106016-493
PLACE OF BIRTHForm V. S. No. 11-C-22m-4-3-17
STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of PassaCity of Burley

No. St.

Hospital

Registration District No. 117

File No. 76870

Primary Registration District No. 2196

Registered No. 1509

FULL NAME OF CHILD

John Seymour

~~Robert~~ Patterson

Sex of Child

boyTwin
Triplet
or other?
(To be answered only in event of plural births)and Number
in order
of birthLegiti-
mate?yesDate of
BirthFeb 10th
(Month) (Day) (Year) 1920FULL
NAMED. E. Patterson

FATHER

FULL
MAIDEN
NAMEDora Miller

MOTHER

RESIDENCE

Burley

RESIDENCE

Burley

COLOR

WhiteAGE AT LAST
BIRTHDAY31
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

farmer

OCCUPATION

housewife

Number of child of this mother, including present birth..... 3

Number of children of this mother now living, including present birth..... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....

born alive

(Born alive or stillborn)

at..... 8 30 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. H. Cutler

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Burley

Filed

March 1 19 20H. J. C. Patterson

Registrar

Registrar

MAR 13 1944

253-202-1016-693
Amended 8/16/72
PLACE OF BIRTH

Form V. A. No. 11-C—May-2-17
STATE OF INDIANA
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76871

County of CassCity of MurtaughRegistration District No. 117

File No.

No. St.

Primary Registration District No. 2196Registered No. 1508

Hospital

FULL NAME OF CHILD Grace Eulalia Bell

Sex of Child <u>Girl</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>7-16-20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>L. B. Bell</u>	FATHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Ind.</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Ira E. Williamson</u>	MOTHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Ind.</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth. 3..... Number of children of this mother now living, including present birth. 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 19²⁰ A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address BurleyFiled March 1, 1920 Dr. J. C. Patterson

Registrar

Registrar

AUG 4 1972

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 76871
County of Canyon }

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 15 8 20 AM '72

The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Bell(Female) who was born on Feb. 3, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by certificate of baptism Prepared on March 29, 1945, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
(“Name,” “Birth Date,” “Cause of Death,” Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

<u>Child's name</u>	<u>Unnamed</u>	<u>Grace Eulalia Bell</u>
<u>Date of Birth</u>	<u>2-3-1920</u>	<u>2-2-1920</u>
<u>Place of Birth</u>	<u>Burley, Idaho</u>	<u>Murtaugh, Idaho</u>

Subscribed and sworn to before me this 11th day of
August, 1972.

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
formerly Iva Bell
1003 Denver, Caldwell, Idaho
(Street Address, City, State)

Notary Public, residing at Caldwell, Idaho.
My commission expires 5-30-72
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twain Falls }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of

Signed Richard L. Allen
(Signature of Any Credible Person)

Notary Public, residing at Twain Falls, Idaho

Certificate of Baptism ~~and~~ from Church of St. Rose of Lima, Layton, Utah. Gives name as Grace Eulalia (Bell)Hanel child of Lewis B. Bell and Iva Williamson born in Maurtagh, Idaho. Born on Feb. 2, 1920. Baptized March 29, 1945. Viewed by VS

AUG 16 1972

School Record from Twin Falls School Dist. #411 gives name as Grace Bell dborn 2-2-1920. Father's name given as Louis B. Bell. Age at time of record: 7 years, Sept. 1927. Viewed vy V. S.

254-121,016-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C-22-0-0-0

CERTIFICATE OF BIRTH

County of CassiaCity of Burley

Registration District No.

File No.

76872

No. St.

Primary Registration District No.

Registered No. 1507

Hospital

FULL NAME OF CHILD

Bentley

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 21</u> Month Day Year <u>1920</u>
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Edie B Bentley</u>	FATHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Linda Stephensen</u>	MOTHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth. 3..... Number of children of this mother now living, including present birth. 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

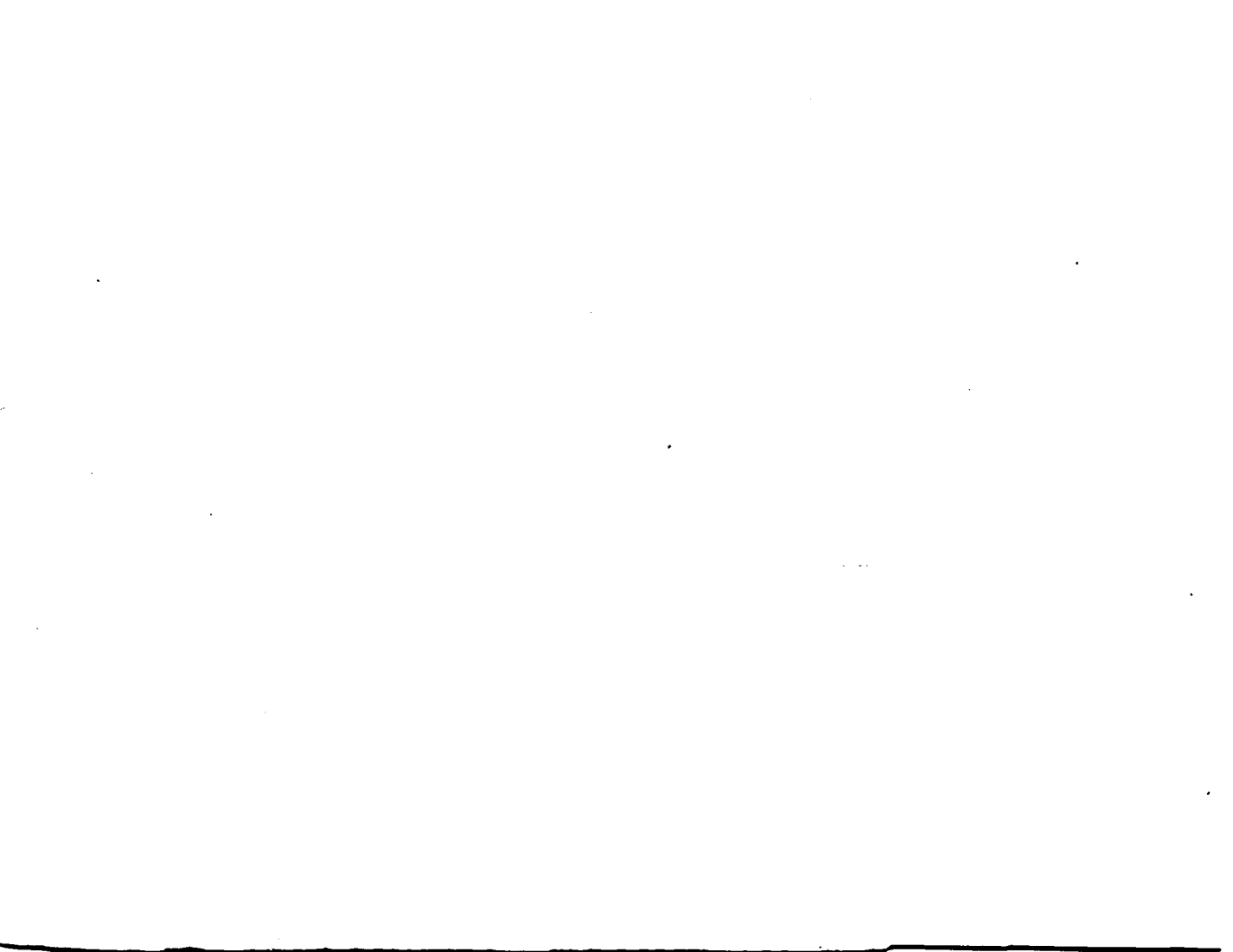
I hereby certify that I attended the birth of this child, who was born alive..... at 11 A..... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Bentley
MD
(Physician or midwife)

Given names added from a supplemental report.

Address Burley
Filed March 1 1920 Dr. J. C. Patterson
Registrar



493-123-016-515
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-6-627

County of Cassia

City of Burley

No. St.

Hospital

Registration District No. 117

File No. 76873

Primary Registration District No. 2196

Registered No. 1506

FULL NAME OF CHILD Mitchell, Cornelius James

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 23</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------	--	------------------------	--

FATHER FULL NAME <u>Richard Mitchell</u>	MOTHER FULL MAIDEN NAME <u>Sadie Vanderbliss</u>
RESIDENCE <u>Burley</u>	RESIDENCE <u>Burley</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>42</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Holland</u>
OCCUPATION <u>farmer</u>	OCCUPATION <u>housewife</u>

FATHER FULL NAME <u>Richard Mitchell</u>	MOTHER FULL MAIDEN NAME <u>Sadie Vanderbliss</u>
RESIDENCE <u>Burley</u>	RESIDENCE <u>Burley</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>42</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Holland</u>
OCCUPATION <u>farmer</u>	OCCUPATION <u>housewife</u>

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) 22 at 22 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cullen
(Physician or midwife)

Given names added from a supplemental report.

Address Burley
Filed March 1 1920 W. J. C. Patterson
Registrar

MAY 1 1951

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

953-121016-295
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-3-23

County of Cassia

City of Burley

Registration District No. 117

File No. 76874

No. St.

Primary Registration District No. 2196

Registered No. 1505

Hospital

FULL NAME OF CHILD

J. Geller Vance Edmund

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 31</u> 19 <u>29</u> (Month) (Day) (Year)
--------------------------	----------------------------------	---------------------------------------	------------------------	--

FULL NAME <u>J. G. Geller</u>	FATHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>56</u> (Years)
BIRTHPLACE <u>Kentucky</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Laura Lind</u>	MOTHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5..... Number of children of this mother now living, including present birth 5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at O. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Geller
Mid
(Physician or midwife)

Given names added from a supplemental report.

Address Burley
Filed March 1 1929
H. J. C. Patterson
Registrar

MAR 26 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
349-102-016-291
County of Cassia

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-Mm-2-2-17

City of Burley
No. St.

Registration District No. 717
Primary Registration District No. 2196

File No. 76875
Registered No. 1004

Hospital

FULL NAME OF CHILD Elmer L. Turner

Sex of Child Boy
Twin Triplet or other? } and (Number in order of birth)
(To be answered only in event of plural births)
Legitimate? Yes
Date of Birth Jan 2 1915
(Month) (Day) (Year)

FATHER
FULL NAME Lull Turner
RESIDENCE Burley
COLOR White
AGE AT LAST BIRTHDAY 37
(Years)
BIRTHPLACE Arkansas
OCCUPATION farmer

MOTHER
FULL MAIDEN NAME Addie Braswell
RESIDENCE Burley
COLOR White
AGE AT LAST BIRTHDAY 30
(Years)
BIRTHPLACE Arkansas
OCCUPATION housewife

Number of child of this mother, including present birth 2
Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

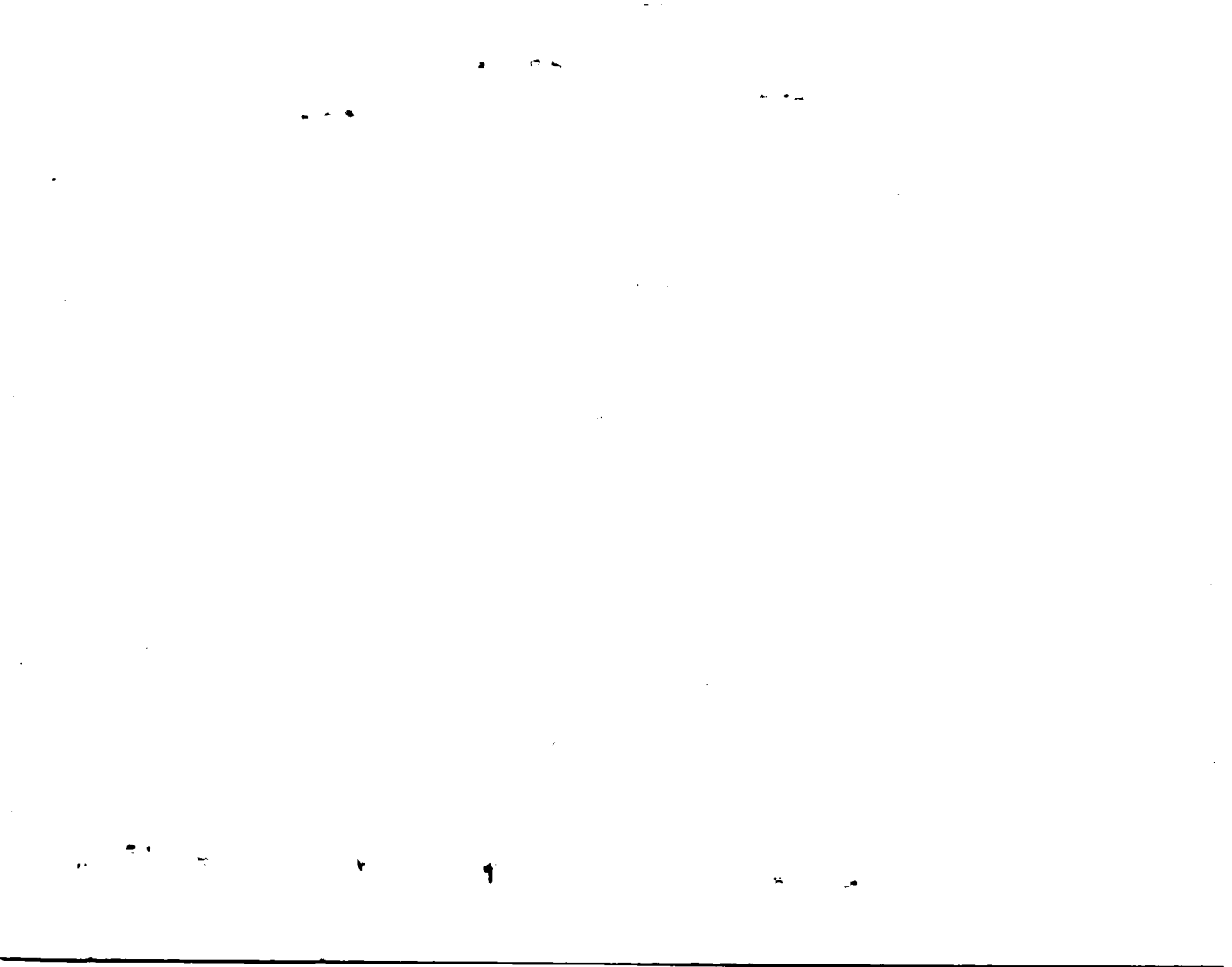
I hereby certify that I attended the birth of this child, who was born alive
on the date above stated. (Born alive or stillborn) at 8:45 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler
(Physician or midwife)

Given names added from a supplemental report.

Address Burley
Filed Feb 25 1920 Dr. J. C. Patterson
Registrar



RECEIVED
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
JAN 27 PM 7:53

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah Certificate No. 76875
County of Davis ss. Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Turner (Male) who was born (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on Jan. 2, 1920
(Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name Unnamed Elmer L. Turner
Elmer L. Turner

Subscribed and sworn to before me this 6th day of
September, 19 75

Signed Elmer L. Turner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Clearfield, Utah
My commission expires Jan. 22, 1976
(Seal)

75 W - 250 N #23 CLEARFIELD, UT
(Street Address, City, State) 84015

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____ day of _____, 19 _____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

Honorable Discharge from the U.S. Army gives name s Elmer L. Turner. born
Jan 2, 1920. date of Separation Nov. 3, 1945. viewed by V. S. OCT 23 1975

Certified copy of Live Birth record from Utah gives name as Patricia Turner born
Feb. 4, 1948. mother's name given as Kathryn Housley and father's name as Elmer Leon
Turner. viewed by V. S.

469-231.016-255
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-22m-6-6-17

County of CassiaCity of BurleyRegistration District No. 117File No. 76876No. St.Primary Registration District No. 2196Registered No. 1503HospitalFULL NAME OF CHILD Iris C. Della Mortensen

Sex of Child <u>Girls</u>	Twin <u>Twin</u> and <u>2</u> <u>Number in order of birth</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 31</u> 19 <u>20</u> (Month) (Day) (Year)
---------------------------	--	------------------------	--

FULL NAME <u>O. A. Mortensen</u>	FATHER	FULL MAIDEN NAME <u>Elsie B. Bennett</u>	MOTHER
RESIDENCE <u>Burley</u>		RESIDENCE <u>Burley</u>	
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>47</u> (Years)		COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>38</u> (Years)	
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Prof</u>	

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Mortensen

(Physician or midwife)

Given names added from a supplemental report.

Address BurleyFiled Feb 28 1920 H. J. C. Patterson

Registrar

Registrar

9000 8 1 100

dupe of 20-76877

NOT

46 8-2310016-255
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-28-4-27

County of CassiaCity of BurleyRegistration District No. 117File No. 76877No. St. Primary Registration District No. 2196Registered No. 1512Hospital

IRIS CEDILLA MORTENSEN

FULL NAME OF CHILD IRIS CEDILLA MORTENSEN

Sex of Child <u>Girl</u>	Twin <u>twins</u> Triplet or other? <u> </u>	Number <u> </u> in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 31</u> (Month) (Day) (Year) <u>1929</u>
--------------------------	--	--	------------------------	---

FULL NAME <u>P. A. Mortensen</u>	FATHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Echie E. Bennett</u>	MOTHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 10... Number of children of this mother now living, including present birth 9...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 12:00 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. H. Cautley
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley
Feb 25 1929
Dr. J. C. Pothman
Registrar

dup of 20-76876

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana
County of Lake } ss.

SEP 15 1942

Certificate No. 76877

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Iris Cidella Mortensen
for who was born on Jan. 31, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Donan, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by parents statement prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)
Name Unnamed Iris Cidella Mortensen
(The Correct Facts)

Subscribed and sworn to before me this 10th
day of September, 19 42
Ed French
Notary Public, residing at Donan, Mont
My commission expires November 23, 1944
(Seal)

Signed Peter Alongo Mortensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Father Donan, Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Lake } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 10th
day of September, 19 42
Ed French
Notary Public, residing at Donan, Montana
My commission expires November 23, 1944
(Seal)

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
Signed Mrs Elsie B. Mortensen
(Signature of Any Credible Person Other Than Previous Year)
Mother, Donan, Mont
(Street Address, City, State)

SEP 16 1942

MAR 17 1971

not

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

291-125016-458

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of BurleyNo. 7 St.Registration District No. 117File No. 76878

Hospital _____

Primary Registration District No. 2196 Registered No. 1301

FULL NAME OF CHILD

Sterling Bray

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 25</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	---	----------------------------	--

FULL NAME <u>Geo. W. Bray</u>	FATHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Minnie Meyer</u>	MOTHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was born alive, at 1:30 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

 (Signature) D. J. C. Patterson
M.D.
(Physician or midwife)
Address Burley, Ida.
 Filed Feb. 10 1920 D. J. C. Patterson
Registrar

Registrar

5/22/41 L. B.

652-123016-381

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

County of Cassia

City of Burley

Registration District No. 117

File No. 76879

No. _____ St. _____

Hospital Belleme

Primary Registration District No. 2196 Registered No. 1508

FULL NAME OF CHILD

George West

Sex of Child Male

Twin { and } Number in order of birth
Triplet { }
or other? { }
(To be answered only in event of plural births)

Legiti mate? yes

Date of Birth Feb. 23 1920
(Month) (Day) (Year)

FULL NAME FATHER G. L. West

RESIDENCE Burley Ida.

COLOR White AGE AT LAST BIRTHDAY 49
(Years)

BIRTHPLACE W. I.

OCCUPATION Newspaper man

FULL MAIDEN NAME MOTHER Dorothy Chase

RESIDENCE Burley Ida

COLOR White AGE AT LAST BIRTHDAY 22
(Years)

BIRTHPLACE S. I.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6:40 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley, Ida

Filed Mar 10 1920 Dr. J. C. Patterson
Registrar

Registrar

SEP 20 1954

193204016553

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 23-2-22-23-17

County of... Cassia...City of... Burley...Registration District No. 117File No. 76880No. St.Primary Registration District No. 2196Registered No. 1488

Hospital

FULL NAME OF CHILD Edna AnnMillerSex of Child FemaleTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthFeb 4

(Month) (Day) (Year)

FULL
NAME

FATHER

Arthur Miller

RESIDENCE

Burley Ida.

COLOR

White

AGE AT LAST

BIRTHDAY 26

(Years)

BIRTHPLACE

Russia

OCCUPATION

CarpenterFULL
MAIDEN
NAME

MOTHER

Martha Nelson

RESIDENCE

Burley Ida.

COLOR

White

AGE AT LAST

BIRTHDAY 29

(Years)

BIRTHPLACE

Idaho.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:35 P.M.
on the date above stated. (Born alive or stillborn){ When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth. }

(Signature)

Dr. J. C. Patterson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

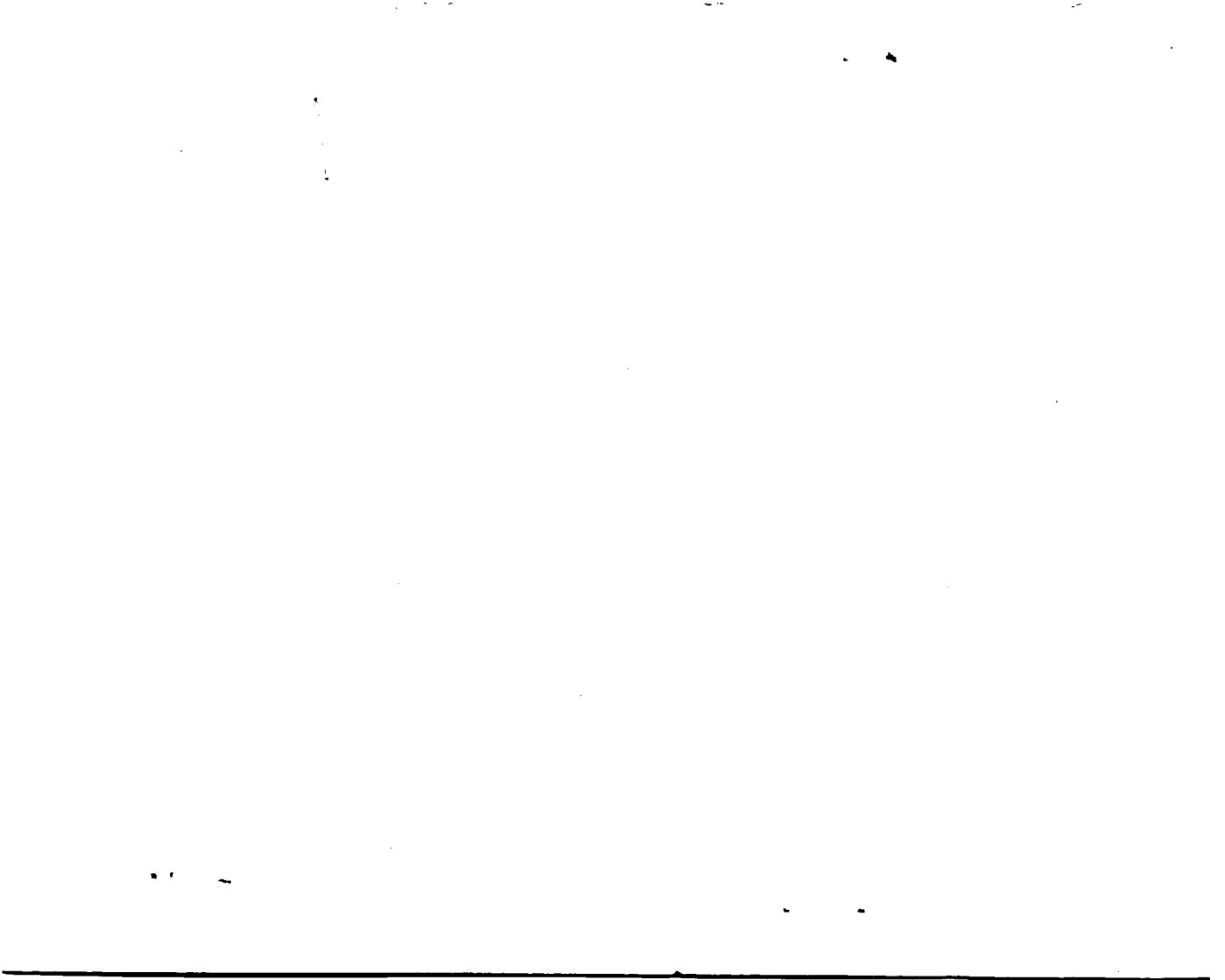
Burley, Ida.

Filed

Feb 27, 1920Dr. J. C. Patterson

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss.

Certificate No. 76880

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for Unnamed Miller (Female) who was born on Feb. 4, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's name Unnamed

Edna Ann Miller

Subscribed and sworn to before me this 12th day of
July 1973

Signed Martina A. Miller (MOTHER)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires 10/27/75

(Seal)

1534 - Lake St. Ogden Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of
July 1973

Signed Helene M. Young (Sister)

(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires 10/27/75

(Seal)

1534 Lake St. Ogden Utah

(Street Address, City, State)

Rock!!

JUL 19 1973
Marriage * Certificate from Utah gives groom's name as Darrell William Anderson.
and the bride's name as Edna Ann Miller. Dated April 6, 1941. Viewed by V.

S

Insurance Policy from Whole Life Industrial Policy (Metropolitan Life Ins. Co.)
gives name as Edna A. Miller. Dated April 10, 1939. Viewed by V. S.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753109'016-815

PLACE OF BIRTH

County of... *Cassia*...

City of... *Burley*...

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. *117*

Primary Registration District No. *2196*

File No.

Registered No. *1489*

76881

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 12-C-22a-3-17

Sex of Child <i>Male</i>	Twin Triplet or other? <i>No</i>	Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>Feb 8</i> 19 <i>20</i> (Month) (Day) (Year)
--------------------------	----------------------------------	-----------------------------------	------------------------	---

FATHER
FULL NAME *James O Peterson*
RESIDENCE *Burley Ida*
COLOR *White* AGE AT LAST BIRTHDAY *41* (Years)
BIRTHPLACE *Utah*
OCCUPATION *Farmer*

MOTHER
FULL MAIDEN NAME *Amelia Hansen*
RESIDENCE *Burley Ida*
COLOR *White* AGE AT LAST BIRTHDAY *35* (Years)
BIRTHPLACE *Utah*
OCCUPATION *Housewife*

Number of child of this mother, including present birth... *7* ... Number of children of this mother now living, including present birth... *6* ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... *born alive* ... at... *11 A.M.* ... on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ... *Dr. J. C. Patterson* ...
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address... *Burley, Ida.* ...

19...

Filed... *Feb 1* ... 19*20* ... *Dr. J. C. Patterson*
Registrar

Registrar

Registrar

c.c. 4/28/41. w.h.

713-113.016-231

PLACE OF BIRTH

County of CassiaBurley

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 117

Primary Registration District No. 2196

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. A. No. 11-0-22-2-17

76882

File No.

Registered No. 1490

Sex of Child	<u>Male</u>	Twin Triplet or other?	and Number in order of birth	Legiti- mate?	<u>yes</u>	Date of Birth	<u>Feb 13</u>	19 <u>20</u>
(To be answered only in event of plural births)						(Month)	(Day)	(Year)

FULL NAME	<u>Otis Palmer</u>
RESIDENCE	<u>Burley Ida</u>
COLOR	<u>White</u>
BIRTHPLACE	<u>Mo.</u>
OCCUPATION	<u>Laborer</u>

FULL MAIDEN NAME	<u>Minnie Blayer</u>
RESIDENCE	<u>Burley Ida</u>
COLOR	<u>White</u>
BIRTHPLACE	<u>Mo.</u>
OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth 1	Number of children of this mother now living, including present birth 1
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Patterson

(Physician or midwife)

Given names added from a supplemental report

Address

Burley, Ida

Filed

Feb 1 1920Dr. J. C. Patterson

Registrar

Registrar

FEB 25 1949

JUL 7 1949

963-115,016-345

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—22m-2-17

County of Cassia

City of Burley

Registration District No. 117

File No. 76883

No. St.

Primary Registration District No. 2196

Registered No. 1491

Hospital

FULL NAME OF CHILD Harry Edward Rolle

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb. 15</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	---------------------------------------	-----------------------------	--

FATHER
FULL NAME H. E. Rolle
RESIDENCE Burley Ida.
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE England.
OCCUPATION Carpenter

MOTHER
FULL MAIDEN NAME Jennie Cunningham
RESIDENCE Burley Ida.
COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

(Physician or midwife)

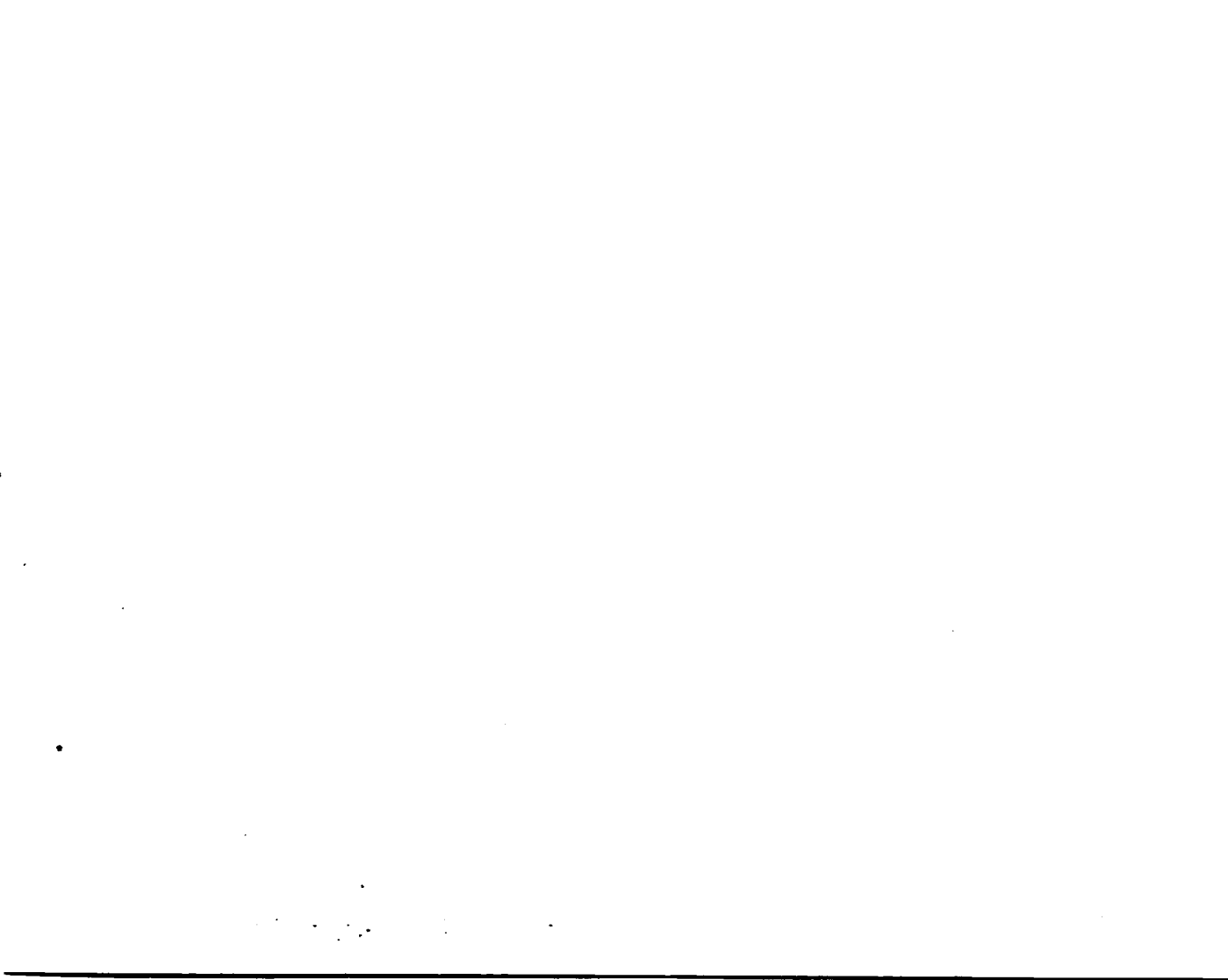
Given names added from a supplemental report.

Address Burley, Ida.

Filed Feb. 1, 1920

Registrar

Dr. J. C. Patterson
Registrar



N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-216-016-666

PLACE OF BIRTH

County of... Cassia...

City of... Burley...

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C—Rev. 4-1-17

Registration District No. 117

File No. 76884

Primary Registration District No. 2196

Registered No. 14922

FULL NAME OF CHILD ... MAXINE ANITA ... Adams

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u> }	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 16</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	----------------------------------	--	------------------------	---

FULL NAME <u>C. F. Adams</u>	FATHER
RESIDENCE <u>Burley, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Butcher</u>	

FULL MAIDEN NAME <u>Mabel Woodworth</u>	MOTHER
RESIDENCE <u>Burley, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. C. Patterson
..... M. H.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.

Filed Feb 27 1920 D. J. C. Patterson
.....
Registrar Registrar

APR 7 1953

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

491-229016-893

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Cassia

City of Burley

No. Sugar River St.

Registration District No. 117

File No. 76885

Hospital

Primary Registration District No. 2196

Registered No. 1493

FULL NAME OF CHILD

Muriel Drake

Sex of Child

Female

Twin
Triplet
or other?

{ and }

Number
in order
of birth

{ To be answered only in event of plural births }

Legiti
mate?

yes

Date of
Birth

Feb. 19

1920

FULL
NAME

L. W. Drake

FATHER

RESIDENCE

Burley Ida.

COLOR

White

AGE AT LAST
BIRTHDAY

41
(Years)

BIRTHPLACE

Utah

OCCUPATION

Sugar man

FULL
MAIDEN
NAME

Mary Hill

MOTHER

RESIDENCE

Burley Ida.

COLOR

White

AGE AT LAST
BIRTHDAY

37
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Patterson
M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

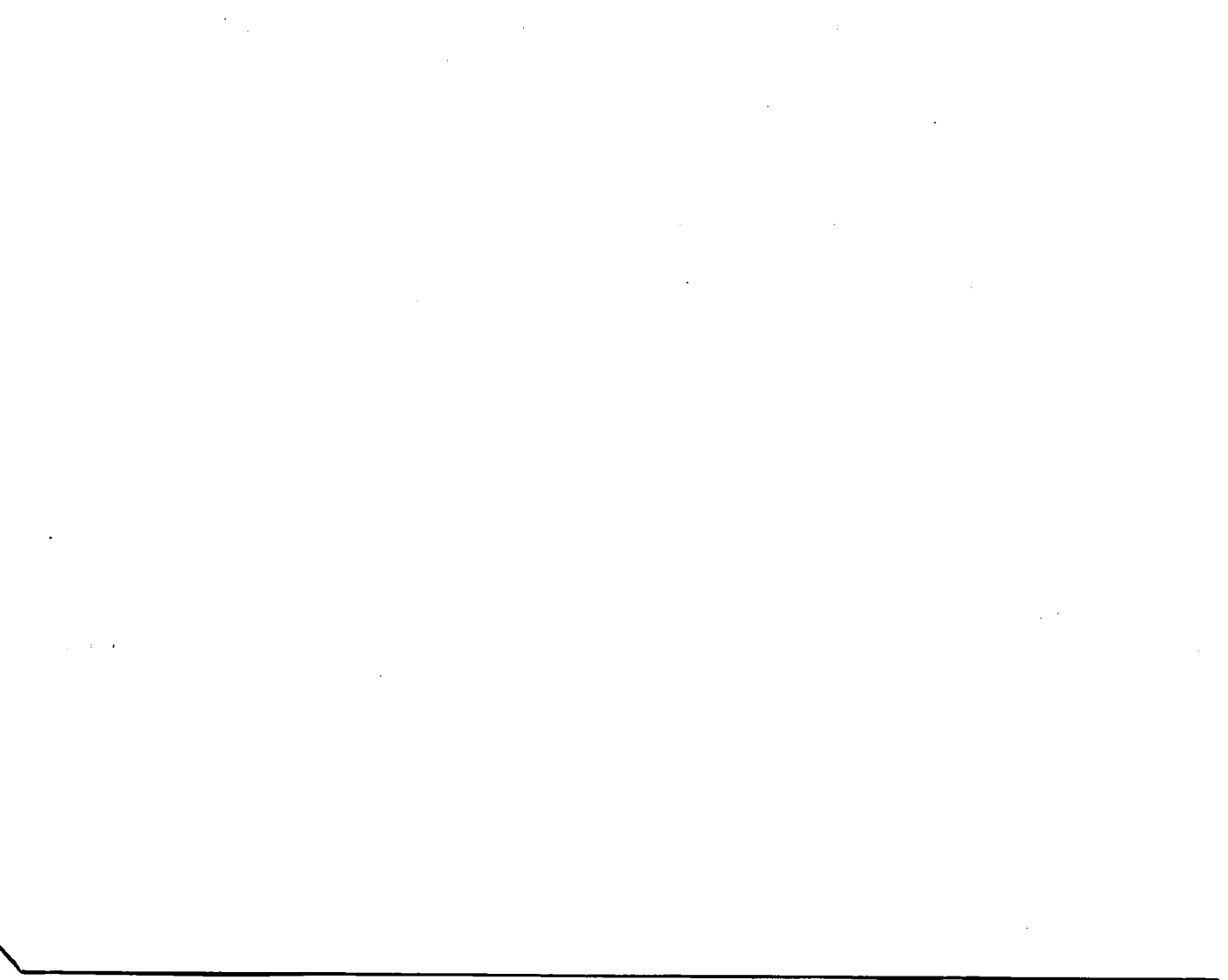
Filed

Feb. 27 1920

Dr. J. C. Patterson

Registrar

Registrar



249-220-016-491

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76886

County of CassiaCity of BurleyRegistration District No. 117

File No. _____

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1494

Hospital _____

FULL NAME OF CHILD

Smith

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 20</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME G. T. Smith FATHERRESIDENCE Burley IdaCOLOR White AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE IdahoOCCUPATION LaborerFULL MAIDEN NAME Mabel L. Hrafee MOTHERRESIDENCE Burley IdaCOLOR White AGE AT LAST BIRTHDAY 21
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address Burley, Ida.Filed Feb. 10 1920 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1975

PLACE OF BIRTH
 118-125-016-315
 County of Cassia

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. N. 11-C-25 7-21-19

City of Malta Registration District No. 119 File No. 76887

No. _____ St. _____

Hospital At Home Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Rolland Guy Mayne

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u>	and	Number in order of birth <u>—</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 23 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER
 FULL NAME Joseph Guy Mayne
 RESIDENCE Malta Idaho
 COLOR white AGE AT LAST BIRTHDAY 27
 (Years)
 BIRTHPLACE Park Valley Utah
 OCCUPATION Farmer

MOTHER
 FULL MAIDEN NAME Ada Mary Lance
 RESIDENCE Malta Idaho
 COLOR white AGE AT LAST BIRTHDAY 18
 (Years)
 BIRTHPLACE Preston Idaho
 OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 A. M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature) E. J. Later

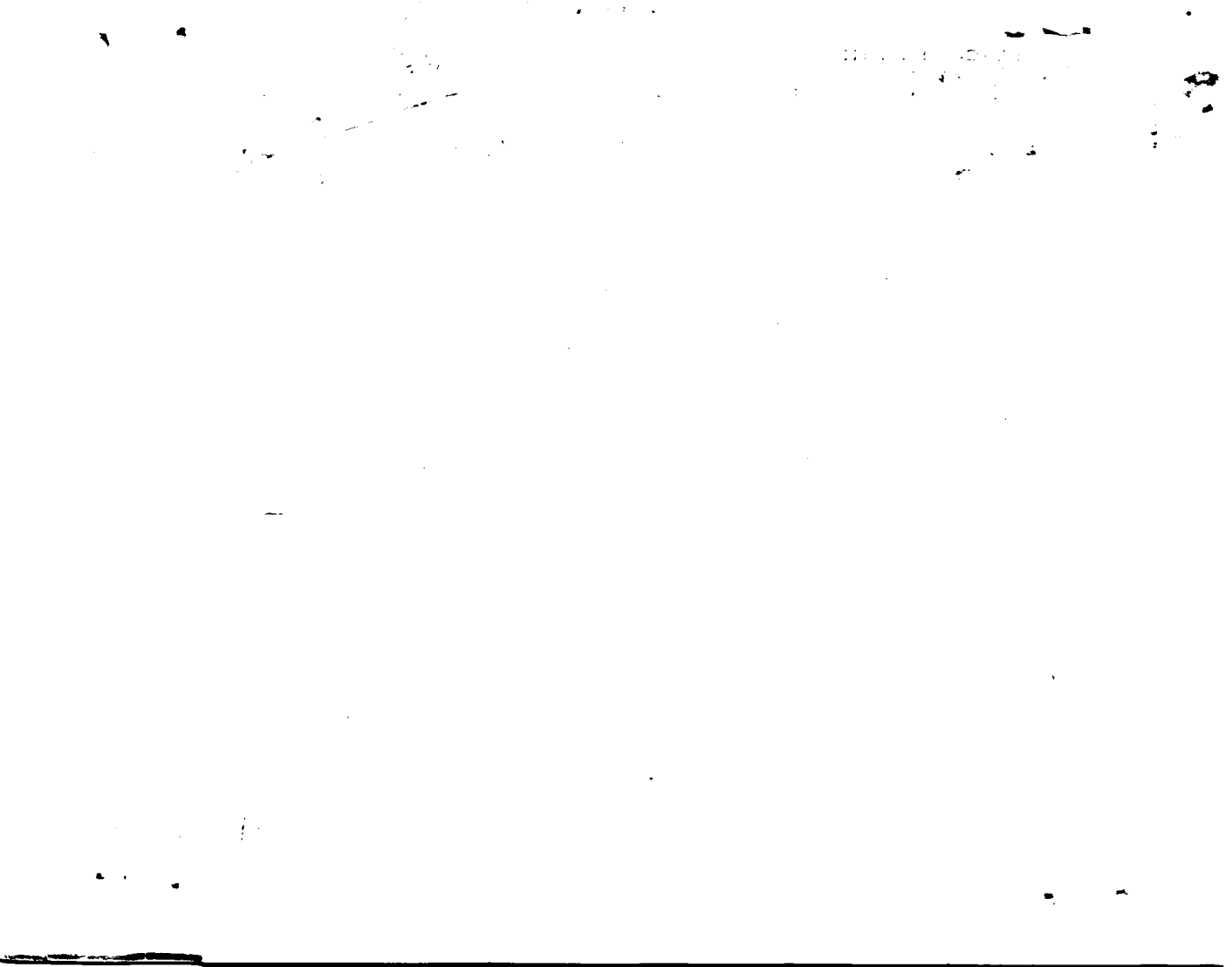
(Physician or midwife)

Address Malta Idaho

Filed Feb 1 1920 Later

Registrar

Registrar



315-103-016-418
PLACE OF BIRTH

County of Cassia

City of Oakley

No. St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

Form V. B. No. 12-0-22-3-13

IDAHO
DEPARTMENT OF STATISTICS
BUREAU OF VITAL RECORDS

76889

Sex of Child <u>Male</u>	Twin <u>1</u> Triplet <u>1</u> or other? <u>1</u> and { Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 3</u> 1920 (Month) (Day) (Year)
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FULL NAME William Forence Turner

RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Oakley, Idaho

OCCUPATION Farmer

FULL MAIDEN NAME Annice Fay Dayley

RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Oakley, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth. 7 Number of children of this mother now living, including present birth. 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) At 5-10 P

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James L. Turner

(Physician or midwife)

Given names added from a supplemental report.

Address Oakley, Idaho

Filed Feb 10 1920

Registrar

Registrar



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391-108-016-355

PLACE OF BIRTH

County of CassiaCity of New OakleyNo. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. A. No. 11-0-12a-3-3-17

76890

Registration District No. 120File No. X 11Primary Registration District No. 2499Registered No. 24

Sex of Child <u>Male</u>	Twin Triplet or other (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 8</u> (Month) (Day) (Year)
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FULL NAME Breith Kyle PranesRESIDENCE Oakley, IdahoCOLOR White AGE AT LAST BIRTHDAY 22
(Years)BIRTHPLACE Oakley, IdahoOCCUPATION FarmerFULL MAIDEN NAME Gladys LeeRESIDENCE Oakley, IdahoCOLOR White AGE AT LAST BIRTHDAY 23
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. 4-5-a

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jose L. Pranes

(Born alive or stillborn)

Given names added from a supplemental report.

(Physician or midwife)

Address Oakley, IdahoFiled Feb 10 19 20

Registrar

Registrar

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

314-111016-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

76891

County of

City of

Registration District No.

File No. XX/1

No. St.

Primary Registration District No. 211

Registered No. 27

Hospital

FULL NAME OF CHILD

Carl Tadlock

Sex of
Child

Twin
Triplet
or other?

and } Number
in order
of birth

Legiti
mate?

Date of
Birth

(To be answered only in event of plural births)

yes

Jan 11 20
(Month) (Day) (Year)

FULL
NAME

FATHER
Geo Tadlock

FULL
MAIDEN
NAME

MOTHER
Verna Martindale

RESIDENCE

Oakley

RESIDENCE

Oakley

COLOR

white

AGE AT LAST
BIRTHDAY

31

(Years)

COLOR

white

AGE AT LAST
BIRTHDAY

18

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

alive
(Born alive or stillborn)

6.359 M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

A. O. Nelson
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

19

Registrar

Registrar

NOV 27 1948

K

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, is order of birth stated.

Restoring

NOV 22 1968

DECEASED

815-2141016-947

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassCity of CapleyRegistration District No. 126File No. 76893

No. _____ St. _____

Primary Registration District No. 2199Registered No. 29

Hospital _____

FULL NAME OF CHILD Rita Mae HangelSex of Child femaleTwin
Triplet
or other?
(To be answered only in event of plural births)and } Number
in order
of birthLegiti
mate? yesDate of Birth Jan 14

(Month)

(Day)

19 20
(Year)

FULL NAME

FATHER

Emm Hangel

FULL MAIDEN NAME

MOTHER

Rita Mae Hangel

RESIDENCE

Capley, Id.

RESIDENCE

Capley, Id.

COLOR

white

AGE AT LAST BIRTHDAY

30
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

37
(Years)

BIRTHPLACE

Nebraska

BIRTHPLACE

Nebraska

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Rita Hangel
(Physician or midwife)
Capley, Id.

Given names added from a supplemental report.

19 _____

Address _____

Filed Feb 10 1922

Registrar _____

Registrar _____

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 22 1944

349-115-016-391

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76894

County of CassiaCity of OsleyRegistration District No. 121File No. XX11

No. _____ St. _____

Primary Registration District No. 249 Registered No. 30

Hospital _____

FULL NAME OF CHILD

Sex of
ChildmaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate?yeDate of
BirthJan 15 1920
(Month) (Day) (Year)FULL
NAMERaymond Curtis

FATHER

RESIDENCE

Osley

COLOR

WhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousemanFULL
MAIDEN
NAMELuella Tracy

MOTHER

RESIDENCE

Osley

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

R. H. Nelson
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

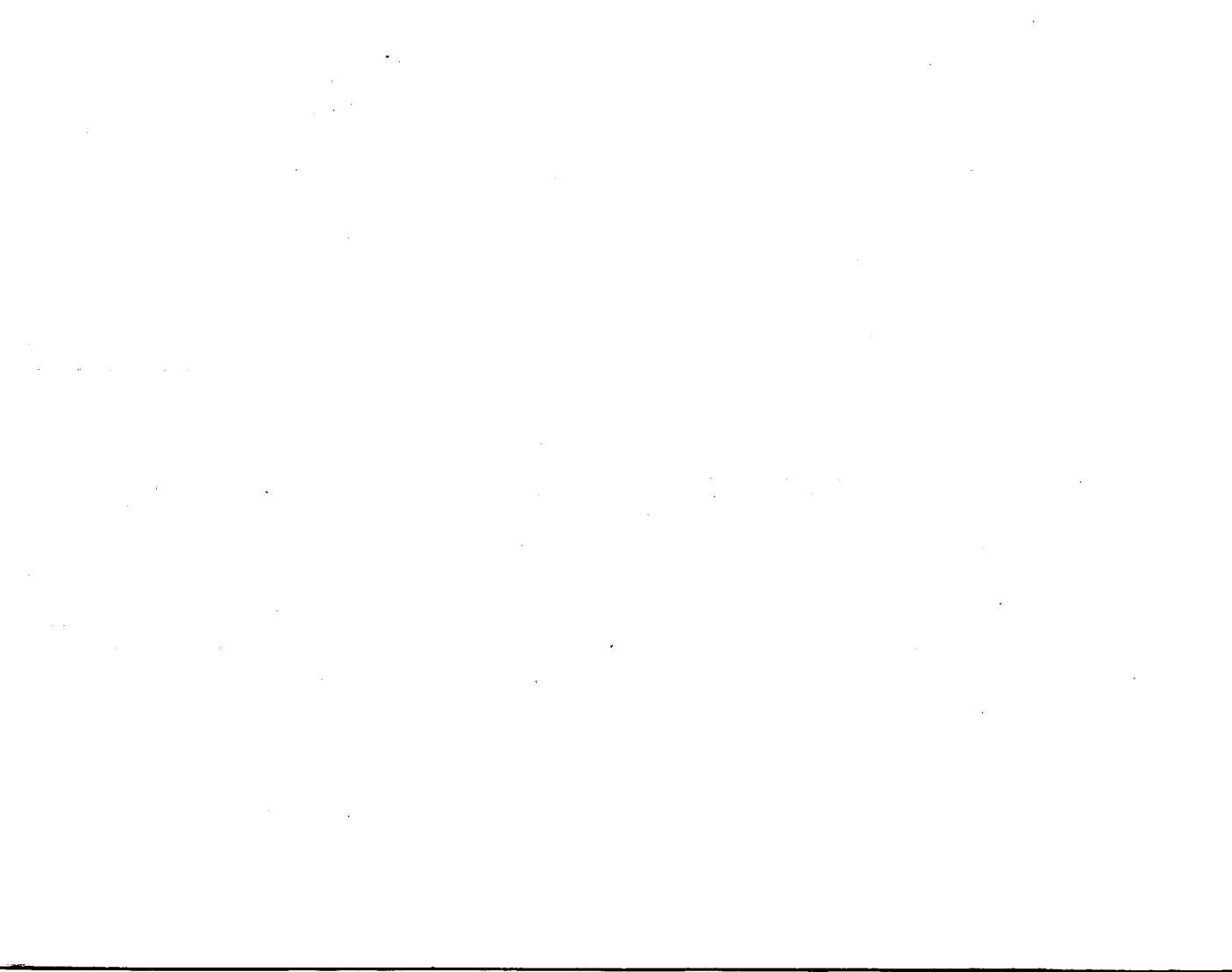
Per 101920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



Amended 9-25-61

(Be sure the information is complete and accurate)

State File No. 76895

Federal Security Agency
United States Public Health ServiceCERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. 31

Reg. Dist. No. 120

1. PLACE OF BIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakley	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) Leo		b. (Middle) Kimball	
		c. (Last) McBride	
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) Jan. 18, 1920
FATHER OF CHILD			
7. FULL NAME a. (First) Ephraim		b. (Middle) McBride	
		c. (Last) White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) (City or Town) Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Lydia		b. (Middle) Campbell	
		c. (Last) White	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) (City or Town) Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 4 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)			
18a. SIGNATURE A.F.O. Nielson, M.D.		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
18c. ADDRESS Oakley, Idaho		18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG. Feb. 10, 1920	20. REGISTRAR'S SIGNATURE A.F.O. Nielson	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....
.....

(b) Labor: Complication.....

.....
..... Induced?

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(e) Signature of Physician:

Documents listed on back -
IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. Certificate No. 76895
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed McBride (male child) who was born on Jan. 18, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	<u>Unnamed</u>	<u>Leo Kimball McBride</u>
Mother's Maiden Name	<u>Elaida Campbell</u>	<u>Lydia Campbell</u>

Subscribed and sworn to before me this 22 day of Sept, 1961.
[Signature]
Notary Public, residing at [Address]
My commission expires 3-31-63
(Seal)

Signed Lydia McBride Vance
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
699 North 1st Street, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss. [This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 22 day of Sept, 1961.
[Signature]
Notary Public, residing at [Address]
My commission expires 3-31-63
(Seal)

Signed Leo K. McBride
(Signature of Any Credible Person)
2417 So. Redwood Road, Salt Lake City
(Street Address, City, State) 49th

L.D.S. Church Cert. of Ordination to the Holy Priesthood, ordained a Deacon, Feb. 14, 1932 gives full name as Leo Kimball McBride, born Jan. 18, 1920 at Oakley, Idaho to Ephraim H. McBride and Lydia Campbell. - viewed by V.S.

L.D.S. Church Cert. of Ordination to the Holy Priesthood, ordained a Priest, July 3, 1938 gives full name as Leo Kimbell McBride, born Jan. 18, 1920 at Oakley, Idaho to Ephriam H. McBride and Lydia Campbell. - viewed by V.S.

539-219-016-362

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76896

County of CassiaCity of OakleyRegistration District No. 120File No. XX11

No. _____ St. _____

Amended 4/4/77Primary Registration District No. 2191Registered No. 32

Hospital _____

FULL NAME OF CHILD Thelma Agnes Elison

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 19</u> 19 <u>27</u> (Month) (Day) (Year)
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FULL NAME <u>Rene Elison</u>	FATHER
RESIDENCE <u>Oakley</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>May Gentry</u>	MOTHER
RESIDENCE <u>Oakley</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:10 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) A. D. Gibson
(Physician or midwife)Address Oakley, Idaho
Filed Feb 10 1927 W. H. Hedson
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1971

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. **RECEIVED**
County of _____ } **VITAL STATISTICS**
Certificate No. 76896
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for _____ Unnamed Elison _____ who _____ born _____ on Jan. 19, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ Oakley, Idaho _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Thelma Agnes Elison

Subscribed and sworn to before me this 17th day of February, 1977.
Notary Public, residing at Oakley, Idaho.
My commission expires May 8, 1978.
(Seal)

Signed J. Garnett Port
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Oakley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 1977.
Notary Public, residing at Oakley, Idaho.
My commission expires May 8, 1978.
(Seal)

Signed Juanita Port
(Signature of Any Credible Person)
Oakley, Idaho
(Street Address, City, State)

Marriage Certificate issued by the State of Utah on 6 June 1940 gives name of the Bride as Thelma Agnes Ellison. viewed by State of Idaho.

APR 4 1977

Child's birth certificate issued by State of Idaho on 7/16/42 gives mother's name as Thelma Agnes Ellison. viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-229-016-213
PLACE OF BIRTH

Form V. S. No. 11-C-25a-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76897

County of Cassia
City of Chubbuck
No. _____ St. _____

Registration District No. 120 File No. XXII

Hospital _____ Primary Registration District No. 2146 Registered No. 33

FULL NAME OF CHILD Annabel

Sex of Child female Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimate? yes Date of Birth Jan 20 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME NEWELL PAYLEY
RESIDENCE Chubbuck, Id.
COLOR white AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

FULL MAIDEN NAME Viola Bates
RESIDENCE Coleman, Chubbuck, Id.
COLOR white AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Registrar

Address Idaho
Filed Dec 10 1920 [Signature]
Registrar

JAN 29 1974

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. Apr 15 2 04 PM '74 Certificate No. 76897
County of Cassia } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Dayley who born on Jan. 20, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Churchill, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child _____ Unnamed _____ Annabel Dayley

Subscribed and sworn to before me this 28th day of Nov. 1958

Wallace A. Hale
Notary Public, residing at Oakley, Idaho
My commission expires May 20, 1960
(Seal)

Signed Annabel Dayley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Oakley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of Nov. 1958

Wallace A. Hale
Notary Public, residing at Oakley, Idaho
My commission expires May 20, 1960
(Seal)

Signed Perola W. Hale
(Signature of Any Credible Person)
Oakley, Idaho
(Street Address, City, State)

Certificate of Blessing from LDS Church gives name as Annabel Dayley daughter of Jacob Newell Dayley and Viola ~~May~~ Bates. Born Jan. 20, 1920 at Churchill, Idaho. Was Blessed March 7, 1920. Viewed by V. S.

Certificate of Award ~~XXXX~~ for Being Neith Tardy or Absent gives name as Annabel Dayler. dated May 17, 1929. Viewed by V. S.

MAY 1 1974

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

625-217016-249

PLACE OF BIRTH
name added 10-21-83 al

County of Cassia

City of Island

No. St.

Hospital

FULL NAME OF CHILD Verda Alice Okelberry

STATE OF IDAHO, Form V. & No. 11-C—Rev. 8-2-17
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76898

Registration District No. 120

File No. 884

Primary Registration District No. 2199

Registered No. 38

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 17</u> 1920 (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FATHER
FULL NAME James Peter Okelberry
RESIDENCE Oakley, Idaho

MOTHER
FULL MAIDEN NAME Emily May Smith
RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 34
(Years)

COLOR White AGE AT LAST BIRTHDAY 35
(Years)

BIRTHPLACE Oakley, Idaho

BIRTHPLACE Oakley, Idaho

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Exe. L. Harris, M.D.

(Physician or midwife)

Given names added from a supplemental report.

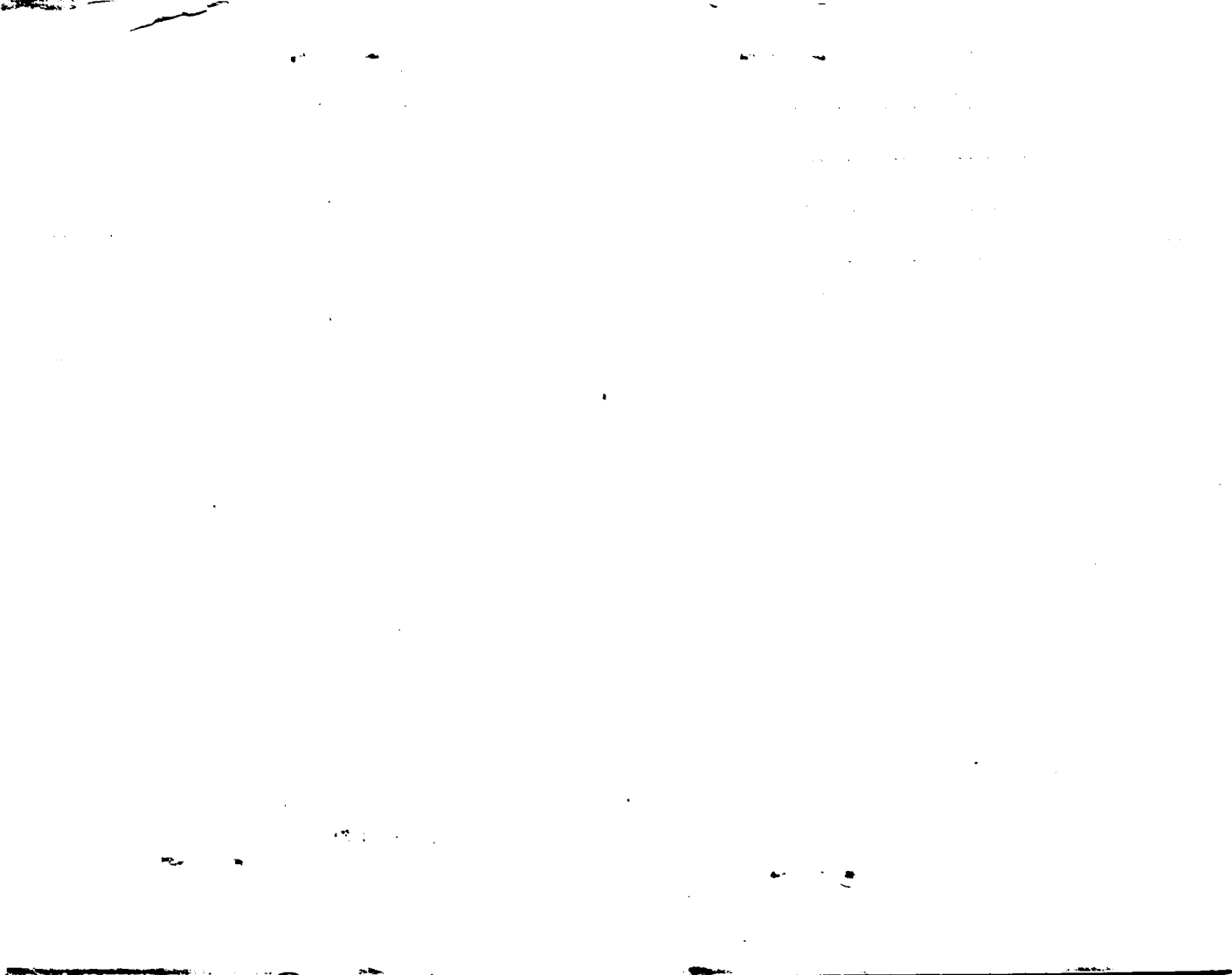
Address Oakley, Idaho

Filed Feb 10 1920

Registrar

Registrar

K



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }
County of Missoula } ss.

Certificate No. 76898

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Okelberry who was born on Jan. 17, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Cassia Co. are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

ITEMS TO BE CORRECTED	FROM	TO
<u>Full name of child</u>	<u>omitted</u>	<u>Verda Alice Okelberry</u>

Subscribed and sworn to before me this 18 day of
October, 1983.

Notary Public, Wm. Schen
Residing at Rupert, Idaho
My commission expires Feb. 17, 1984
(Seal)

x Verda Alice Okelberry Elmerington
Signature of Applicant
x Route #2 Box 62 Rupert Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed _)

(Is not necessary xx)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of
October, 1983.

Notary Public, Mason Winkler
Residing at Rupert
My commission expires Life
(Seal)

Catherine Jo Outlaw Dorsten
Supporting Signature
P.O. Box 68 Rupert, Idaho 83350
Street Address, City, State

Record of Blessing from LDS Church gives Verda Alice Okelberry born 1-17-20
in Cassia County to James P Okelberry and Emily Smith was blessed 3-7-20.
Viewed by V.S.

OCT 21 1983

Record of Baptism from LDS Church gives Verda Alice Okelberry born 1-17-20
in Cassia County to James P Okelbe-ry and Emily Smith was baptised 2-4-28.
Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

313-125-016-339

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

76899

County of Carz

City of Cabley

Registration District No. 120

File No. XX 11

No. _____ St. _____

Primary Registration District No. 2194

Registered No. 35

Hospital _____

FULL NAME OF CHILD

Robert Elwin

Callister

Sex of Child male

Twin
Triplet
or other?
(To be answered only in event of plural births)

Number
in order
of birth

Legiti
mate? yes

Date of Birth Jan 25 1920
(Month) (Day) (Year)

FATHER
FULL NAME John Callister

RESIDENCE Dulley

COLOR white AGE AT LAST BIRTHDAY 52 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Anna Elison

RESIDENCE Cabley

COLOR white AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

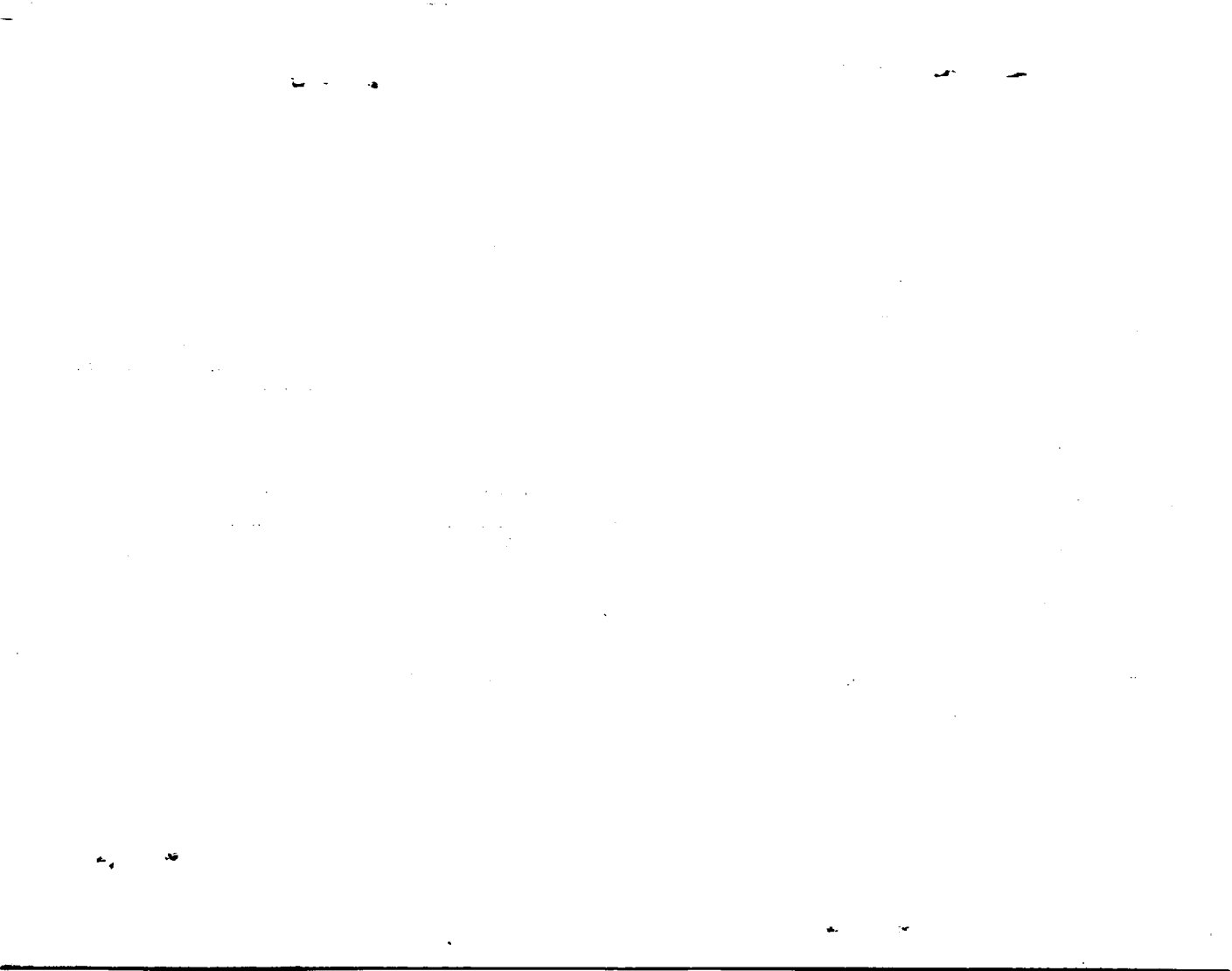
I hereby certify that I attended the birth of this child, who was female, at 14 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Cabley, Id.
Filed Dec. 11 1920 [Signature]
Registrar



1-10-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

Certificate No. 76899

Date Filed _____

JAN 29 AM '79

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Callister (Male) who was born on Jan. 25, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Oakley (Cassia) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name

omitted

Robert Elwin Callister

Subscribed and sworn to before me this 12th day of

January 1979

Notary Public, Robert F. Callister

Residing at Springville, Utah

My commission expires April 28, 1980

(Seal)

Robert F. Callister
Signature of Applicant

330 East 400 North - Springville, Ut

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed _____)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Certif of Ordination to the Holy Priesthood gives name as Robert Elwin Callister dated Feb 3 1935. Ordained a Teacher. father's name as John W. Callister and mother's name as Anna Elison. born Oakley Idaho on Jan 25, 1920. Baptized Aug 2 1929. viewed by V. S.

FEB 5 1979

Certif of Baptism from the LDS Church gives name as Robert Elwin Callister son of John W. Callister and Annie Elison. born Jan 25, 1920 at Oakely, Idaho. Baptized Aug. 2, 1929. viewed by V. S.

684-226-016-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-9-3-37

CERTIFICATE OF BIRTH

County of CassiaCity of AlmoRegistration District No. 130File No. 76901

No.St.

Primary Registration District No. 2199Registered No. 36

Hospital

FULL NAME OF CHILD Idona Whitehead

Sex of Child <u>girl</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>ye</u>	Date of Birth <u>Jan 26 1904</u> (Month) <u>2</u> (Day) (Year)
--------------------------	--	-----------------------	---

FULL NAME <u>Joseph William Whitehead</u>	FATHER
---	--------

RESIDENCE <u>Almo</u>	
-----------------------	--

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
--------------------	---

BIRTHPLACE <u>Payson Wah</u>	
------------------------------	--

OCCUPATION <u>Farmer</u>	
--------------------------	--

FULL MAIDEN NAME <u>Alzina E Stewart</u>	MOTHER
--	--------

RESIDENCE <u>Almo</u>	
-----------------------	--

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)
--------------------	---

BIRTHPLACE <u>Idaho</u>	
-------------------------	--

OCCUPATION <u>Housewife</u>	
-----------------------------	--

Number of child of this mother, including present birth 9... Number of children of this mother now living, including present birth 9...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green

(Physician or midwife)

Given names added from a supplemental report.

Address Mrs Annie Green, Almo, IdahoFiled Jan 26 1904

Registrar

Registrar

OFFICE OF THE
BUREAU OF STATISTICS

DEPARTMENT OF AGRICULTURE

1911

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1962-227016-413
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 2-3-5-6-7

County of Cassia

City of Oakley, Idaho

Registration District No. 120

File No. 76902
XX11

No. St.

Primary Registration District No. 2144

Registered No. 37

Hospital

FULL NAME OF CHILD Roseland

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> and <u> </u> Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 27</u> 19 <u>62</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>Mrs. Roseland</u>	FATHER
RESIDENCE <u>Oakley, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Abigail Mackey</u>	MOTHER
RESIDENCE <u>Oakley, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 4 Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:15 P. on the date above stated. (Born alive or stillborn)

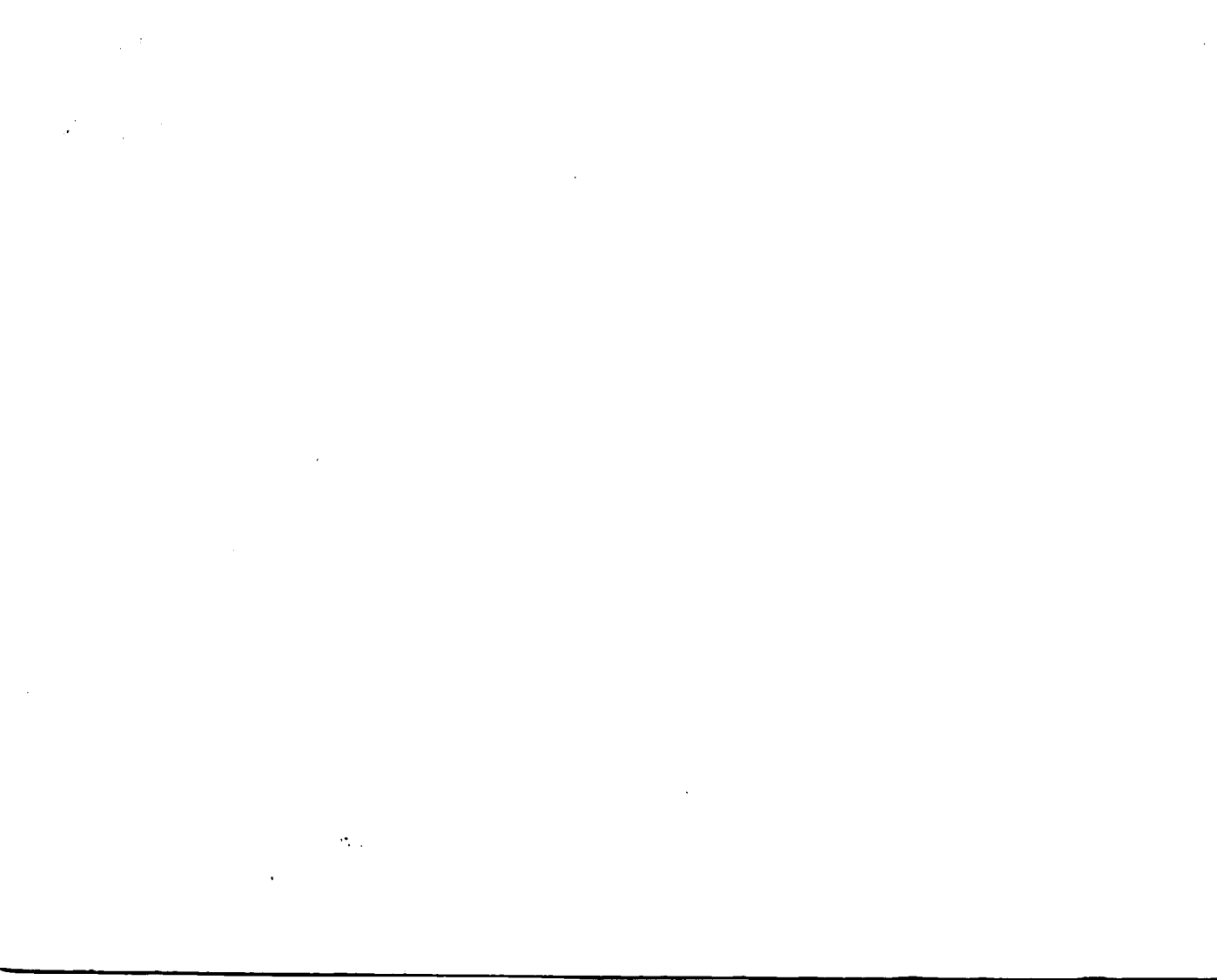
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Essie L. Rainey
(Physician or midwife)

Given names added from a supplemental report.

.....19.....
.....
Registrar

Address Oakley, Idaho
Filed Feb 20 1962 W. H. McLean
Registrar



MARGIN RESERVED FOR BINDING.

PRINT PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

449-2291016-24

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

76903

CERTIFICATE OF BIRTH

County of Massia

City of Churchill

Registration District No. 120

File No. XX11

No. _____ St. _____

Primary Registration District No. 2194

Registered No. 38

Hospital _____

FULL NAME OF CHILD Virginia Mary Dick

Sex of Child <u>female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 29</u> 19 <u>30</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	-------------------------	--

FATHER
FULL NAME Roy Dick
RESIDENCE Churchill
COLOR white
AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Iowa
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Grace Bullock
RESIDENCE Churchill
COLOR white
AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Penn.
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 5:30 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. H. Hieson
(Physician or midwife)

Address 24
Filed Feb 10 1930
Registrar W. H. Hieson

JAN 15 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

689-101-016-165
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev-7-21-19

76904

County of CraigCity of Oakley

No. _____ St. _____

Registration District No. 120File No. XXI

Hospital _____

Primary Registration District No. 2-194Registered No. 57

FULL NAME OF CHILD

GRANT L. Whitty

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 1</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME	FATHER <u>James Whitty</u>
RESIDENCE	<u>Oakley, Id</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>63</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME	MOTHER <u>Mary Jones</u>
RESIDENCE	<u>Oakley, Id</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 69 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

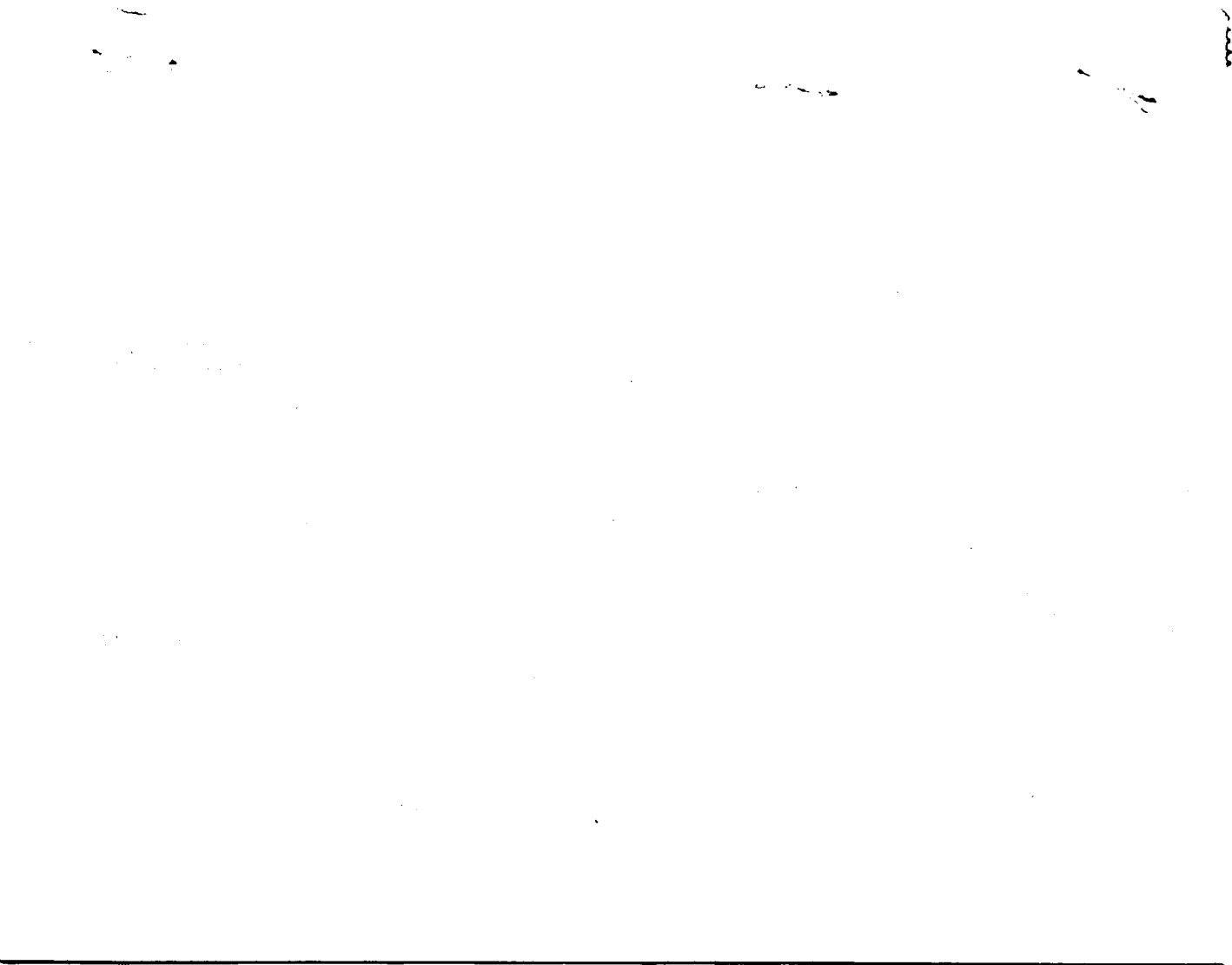
Given names added from a supplemental report.

19

Address Oakley, IdFiled Feb 10 1920 W. H. Wilson

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 76904

SEP 16 1942

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Grant L. Whitby (Name on Original Certificate) who was born (Was Born or Died) on Feb 12 1920 (Date of Event) in Moran Ida (Place of Event) are erroneous or were omitted, and that, to the best of his knowledge, the true facts are shown by above prepared on _____, are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name

FROM
(As on Original)
Unnamed

(Give Date)
TO
(The Correct Facts)
Grant L. Whitby

Subscribed and sworn to before me this 14

day of Sept 19 42

Notary Public, residing at Cashier Ida

My commission expires Nov 28 1944
(Seal)

Signed Mary Whitby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cashier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

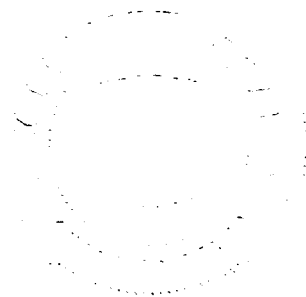
Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

SEP 18 1942

SEP 18 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5745-016-345

PLACE OF BIRTH

County of Nassau

City of Alma

No. St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No. 2179

Registered No. 40

TOTAL STATISTICS

76905

XXII

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 24th 1920</u> (Month) <u>2</u> (Day) <u>24</u> (Year) <u>1920</u>
FATHER FULL NAME <u>Louis Angelo James</u> RESIDENCE <u>Alma</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years) BIRTHPLACE <u>Oakley Idaho</u> OCCUPATION <u>Farmer</u>		MOTHER FULL MAIDEN NAME <u>Martha Elaine Tuttle</u> RESIDENCE <u>Alma</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years) BIRTHPLACE <u>Oakley Idaho</u> OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 5:30 p.m.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Assie Green

Given names added from a supplemental report.

Midwife
(Physician or midwife)

Address Mrs Assie Green, Alma, Idaho

Filed Feb 16 1920

Registrar

Registrar

1940



1940

Certified Copy Issued Dec. 31, 1940. E.W.

866112 016-168

PLACE OF BIRTH

County of CassiaCity of OakleyNo. St.

Hospital

Registration District No.

Primary Registration District No. 2199Registered No. 4FULL NAME OF CHILD Harold Wendell Howells

Sex of Child <u>Male</u>	Twin Triplet or other (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb. 17</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	-----------------------------	--

FULL NAME <u>Byron Howells</u>	FATHER
RESIDENCE <u>Oakley, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Oakley, Idaho</u>	
OCCUPATION <u>Assistant bank cashier</u>	

FULL MAIDEN NAME <u>Ruth Johnson</u>	MOTHER
RESIDENCE <u>Oakley, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.... 1..... Number of children of this mother now living, including present birth.... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 12:30 A
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jose L. Ramirez

Given names added from a supplemental report.

Address Oakley, IdahoFiled Feb 25 19 31

Registrar

Registrar

MAR 18 1952

MAR 12 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-215-016-462
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C—22a-22-17

76907

County of Cassia

City of Oakley

Registration District No. 151

File No. XX 11

No. St.

Primary Registration District No. 2199

Registered No. 42

Hospital

FULL NAME OF CHILD

Beverly Beth Hatch

Sex of Child

Female

Twin
Triplet
or other?{ and { Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?

Yes

Date of Birth

Feb 15 1920
(Month) (Day) (Year)FULL
NAME

Francis Marion Hatch

FATHER

FULL
MAIDEN
NAME

Stella May Dobbins

MOTHER

RESIDENCE

Oakley, Idaho

RESIDENCE

Oakley, Idaho

COLOR

White

AGE AT LAST
BIRTHDAY25
(Years)

COLOR

white

AGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Nebraska

OCCUPATION

Manager lumber yard

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn

2:30 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Jesse L. Rainey

(Physician or midwife)

Given names added from a supplemental report.

Address

Oakley, Idaho

Filed

1920

Registrar

Registrar

MAY 28 1942

319-1191016-142

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-31-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76908

County of CanyonCity of CalleyRegistration District No. 12File No. XX11

No. _____ St. _____

Primary Registration District No. 2199 Registered No. X3

Hospital _____

FULL NAME OF CHILD Eldon Lyle Larsen

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?

Date of Birth

Feb 19 1923
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

30
(Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 12:28 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Feb 2519 23

Registrar

Registrar

cc 3/4/41 rmf

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

81311241016-753

PLACE OF BIRTH

amended 1/15/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25-7-21-19

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. _____ St. _____

Registration District No. 120

File No. XXII

Hospital _____

Primary Registration District No. 2194

Registered No. 44

FULL NAME OF CHILD Ernest Arthur Hale

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth (Month) (Day) (Year) <u>Feb 24 1920</u>
-----------------------------	---	-----	---	-------------------------------	---

FULL NAME FATHER
Albert Henry Hale Jr.

FULL MAIDEN NAME MOTHER
Lucile Peterson

RESIDENCE Oakley

RESIDENCE Oakley

COLOR white AGE AT LAST BIRTHDAY 33
(Years)

COLOR white AGE AT LAST BIRTHDAY 30
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Wash

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2d M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Oakley, Idaho
Filed Feb 25 1920 [Signature]
Registrar

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of..... }
County of..... } ss. Certificate No.76909
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... birth
for Unnamed Hale (male) who was born on Feb 24, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley, Idaho (Cassia) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by..... prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name..... Unnamed..... Ernest Arthur Hale
father's name..... Bert Hale..... Albert Henry Hale Jr.

Subscribed and sworn to before me this..... 15th..... day of

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

Notary Public, residing at.....

My commission expires.....

(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of
....., 19.....

Signed.....
(Signature of Any Credible Person)

(Street Address, City, State)

Notary Public, residing at.....

My commission expires.....

(Seal)

Father's death certificate lists name as Albert Henry Hale Jr., date of death June 30, 1964, in Twin Falls, Idaho. S.F.#64-2804
viewed by vs January 15, 1979

JAN 15 1979

Own child's birth certificate, Pamela Hale, lists father as Ernest Arthur Hale. Child born December 8, 1947, in Oakley, Idaho. SF.#447966
viewed by VS January 15, 1979

Own divorce record lists name as Ernest Arthur Hale. Divorced November 5, 1962, in Cassia County, S.F.#62-2226
viewed by vs January 15, 1979

Mother's death certificate, Mary Lucille Hale, date of death June 29, 1941, lists husband as Albert H. Hale Jr. Oakley, Idaho. #125146
viewed by vs January 15, 1979

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

46-1016-396
BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-3-21-19

County Lincoln City of Oakley Registration District No. 120 File No. 76910
No. _____ St. _____ Primary Registration District No. 2/99 Registered No. 45
Hospital _____
FULL NAME OF CHILD BERNIS LEON Morse

Sex of Child male Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimate? yes Date of Birth Feb 24 1930
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME <u>J. L. Morse</u>	FATHER	FULL MAIDEN NAME <u>Estelita</u>	MOTHER <u>CROFT</u>
RESIDENCE <u>Oakley, Id</u>		RESIDENCE <u>Oakley, Id</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Wah</u>		BIRTHPLACE <u>Wah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Oakley, Id
(Physician or midwife)

Given names added from a supplemental report.

Address [Signature]
Filed Feb 25 1930 [Signature]
Registrar

4/24/41 Z.J.

State of Idaho,)
County of Twin Falls,) ss

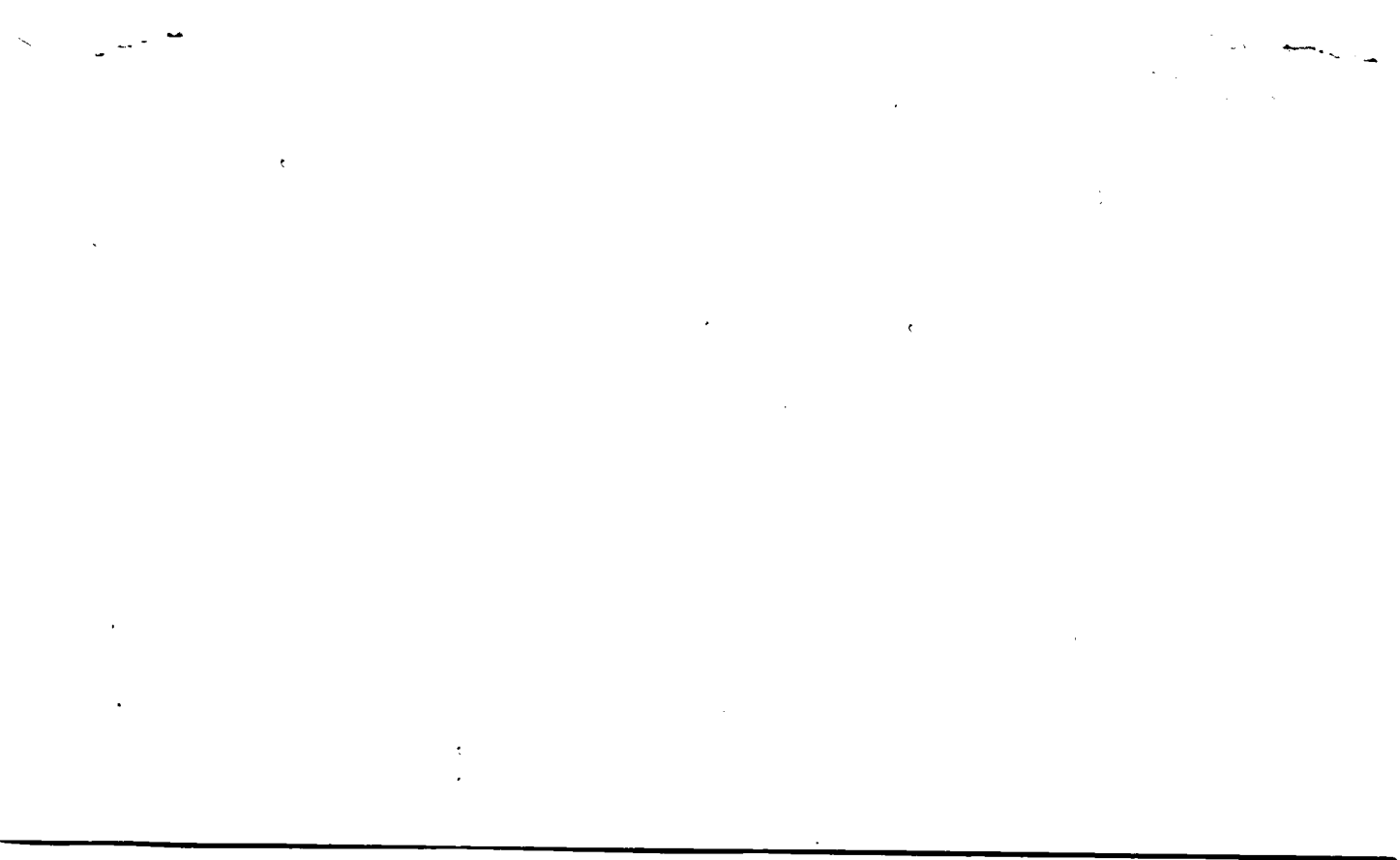
I, Artemecia Morse Smith, being first duly sworn,
do state on oath as follows:

That I am the mother of Bernis Leon Morse; That my
said son Bernis Leon Morse was born on the 24th day of
February, A.D. 1920, at Marion, Idaho. That at the time
the notice of his birth was filed with the Bureau of
Vital Statistics I believe the name of my said son
was omitted from such notice.

Artemecia Morse Smith

Subscribed and sworn to before me this 19th day of
April, A.D. 1941.

R. B. Smith
Notary Public in and for the
State of Idaho, residing at
Twin Falls, Idaho.



763-113017-218

OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22-2-2-27

CERTIFICATE OF BIRTH

76911

City of *Idaho Falls*Registration District No. *125*

File No.

No. St.

Primary Registration District No. *2203*

Registered No.

Hospital

FULL NAME OF CHILD

Donald Wayne Pattee

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>Yes</i>	Date of Birth <i>Feb 13</i> 19 <i>20</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <i>Harold L. Pattee</i>	FATHER
RESIDENCE <i>Idaho Falls</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)
BIRTHPLACE <i>Wisconsin</i>	
OCCUPATION <i>Locomotive Fireman</i>	

FULL MAIDEN NAME <i>Ruth E. Bayston</i>	MOTHER
RESIDENCE <i>Idaho Falls</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)
BIRTHPLACE <i>Nebraska</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at *9:45 P.* M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address

Filed *Feb 14 20* 19*20*

Registrar

Registrar



AUG 6 1969

493-101017-689
 PLACE OF BIRTH
 County of Clark
 City of Subois Registration District No. 125 File No. 76912
 No. St. Primary Registration District No. 2209 Registered No.
 Hospital
 FULL NAME OF CHILD Jack Horton Miles
 Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth Feb 1 1922
 (To be answered only in event of plural births) (Month) (Day) (Year)
 FULL NAME FATHER Ross E Miles FULL MAIDEN NAME MOTHER Ova L White
 RESIDENCE Subois RESIDENCE Subois
 COLOR White AGE AT LAST BIRTHDAY 29 COLOR White AGE AT LAST BIRTHDAY 23
 (Years) (Years)
 BIRTHPLACE Kansas BIRTHPLACE Colorado
 OCCUPATION Farmer OCCUPATION Housewife
 Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 1:25 P M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) CE Jones M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Subois IdahoFiled Feb 1 1922 CE Jones M.D.

Registrar

Registrar

MAR 24 1945

PLAC

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Cassia
168-286-018-753
City of Chofund

Registration District No. 90 File No. 76914

No. 2168 St. 6
Primary Registration District No. 2168 Registered No. 6

Hospital Maxine Helen Johnson
FULL NAME OF CHILD Maxine Helen Johnson

Sex of Child <u>girl</u>	Twin Triplet or other? <u>X</u> and (Number in order of birth) <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1/6</u> 191 <u>2</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Arthur Johnson</u> RESIDENCE <u>Wippe Idaho</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>33</u> (Years) BIRTHPLACE <u>Missouri</u> OCCUPATION <u>Farmer</u>		MOTHER FULL MAIDEN NAME <u>Lillian Peterson</u> RESIDENCE <u>Wippe Idaho</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>24</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:12 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Moss
(Physician or midwife)

Given names added from a supplemental report.

Address Profess, Ida
Date July 4 1920
Registrar J. H. Smith



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of CLEARWATER } SS.

Certificate No. 76914
Date Filed BIRTH

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
for NO NAME who BORN on JAN. 6, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name _____	Unnamed _____	Maxine Helen Johnson _____

Subscribed and sworn to before me this 11
day of May, 1942.

William P. Peterson
Notary Public, residing at _____

My commission expires OCT. 5, 1944
(SEAL)

Signed William P. Peterson Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

WEIPPE IDAHO
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of CLEARWATER } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11
day of May, 1942.

William P. Peterson
Notary Public, residing at _____

My commission expires OCT 5, 1944
(SEAL)

Signed W. P. Peterson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 13 1942 By _____

(REGISTRAR'S SIGNATURE)

114 14 1942

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-2091018 466
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Clearwater

City of Opfer

No. _____ St. _____

Registration District No. 90

Primary Registration District No. 2168

File No. 76915

Registered No. 7

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>girl</u>	Twin Triplet or other? <u>X</u>	and Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>1/9</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>FATHER John B. Straight</u>			FULL MAIDEN NAME <u>MOTHER Carrie Moos</u>	
RESIDENCE <u>Opfer Idaho</u>			RESIDENCE <u>Opfer Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	
BIRTHPLACE <u>Missouri</u>			BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive at 12:00 P.M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

E. H. Mossell
(Physician or midwife)

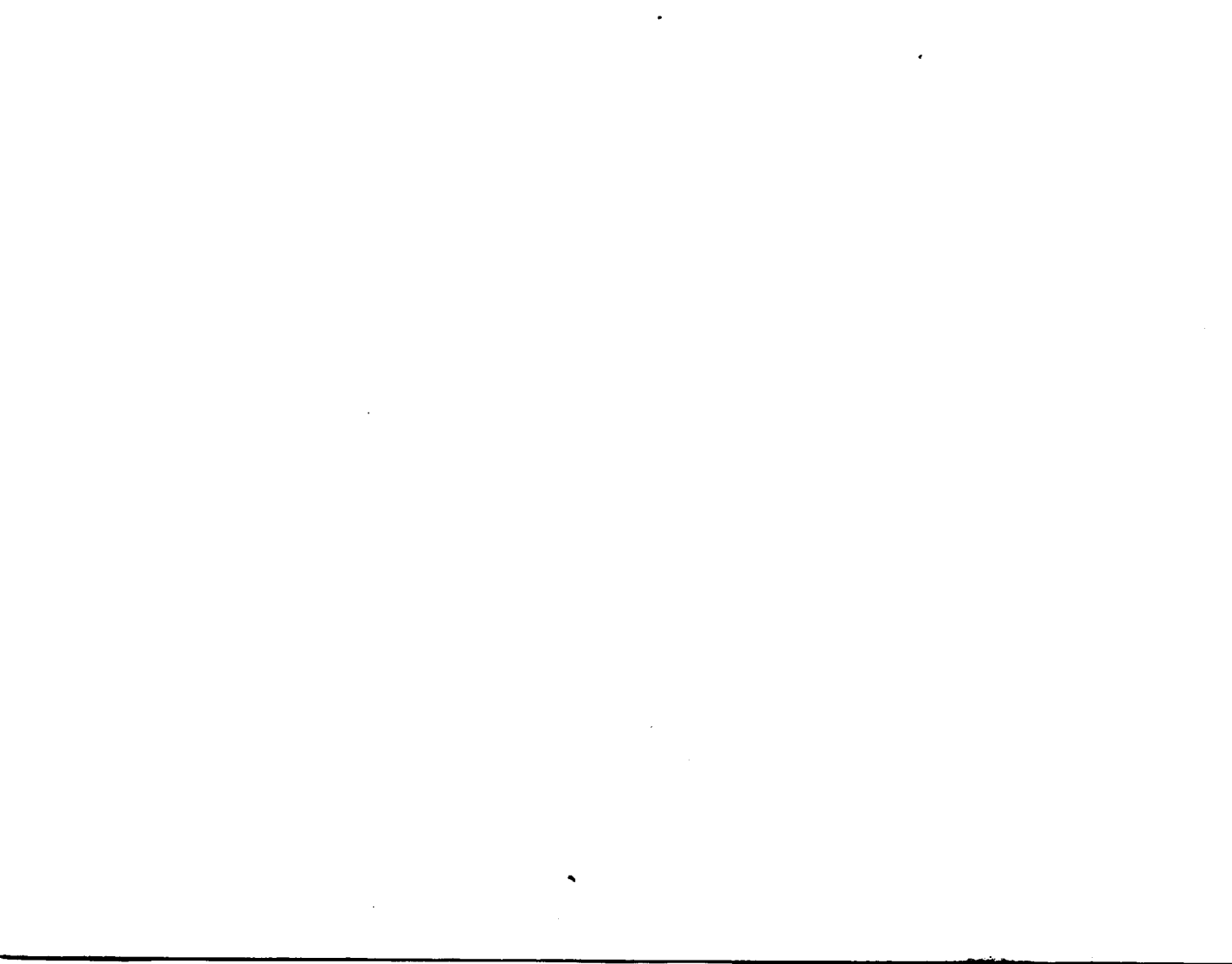
Given names added from a supplemental report.

Address _____

Filed _____

Registrar _____

Registrar _____



366-213-018-258
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of ClearwaterCity of Therier Ida.Registration District No. 90File No. 76916

No. _____ St. _____

Primary Registration District No. 2168Registered No. 8

Hospital _____

FULL NAME OF CHILD

Geraldine Cooper

Sex of Child <u>girl</u>	Twin Triple or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>Yes.</u>	Date of Birth <u>11/13</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME <u>Jerry H. Cooper</u>	FATHER
RESIDENCE <u>Therier Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>W. Va</u>	
OCCUPATION <u>Labour</u>	

FULL MAIDEN NAME <u>Annie Snyder</u>	MOTHER
RESIDENCE <u>Therier Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Egle H. Howsall
(Physician or midwife)

Given names added from a supplemental report.

Address Therier Ida.
Filed Nov 20 1920 J. M. Zwick
Registrar

Dup of 1920-296538

439-217,018-399

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of ClearwaterCity of CavendishRegistration District No. 90File No. 76917

No. _____ St. _____

Primary Registration District No. 2168Registered No. 9

Hospital _____

FULL NAME OF CHILD ORA ARDIS McIVER

Sex of Child <u>girl</u>	Twin Triplet or other? <u>X</u>	and Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>1/17</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Charles McIVER</u>			FULL MAIDEN NAME <u>Stella Triplett</u>	
RESIDENCE <u>Cavendish Idaho</u>			RESIDENCE <u>Cavendish Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years)		
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

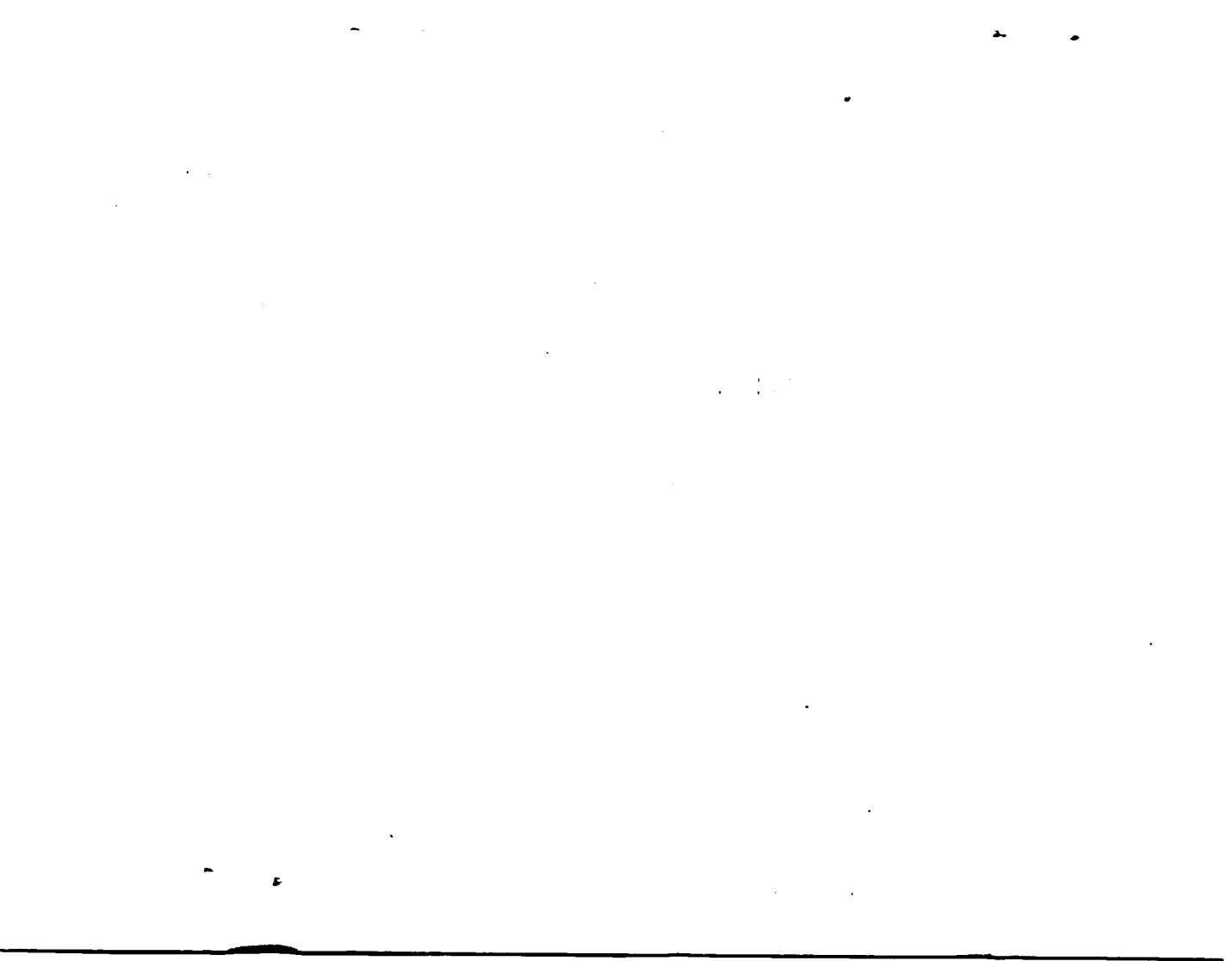
I hereby certify that I attended the birth of this child, who was born alive at 50 M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erla M. Moravell
(Physician or midwife)

Given names added from a supplemental report.

Address Cavendish Idaho
File March 20 1920 J. J. Smith
Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 76917
County of Latah } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed McIver (girl child) who was born on Jan. 17, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Cavandish, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by School Diploma prepared on April 20, 1934 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Ora Ardis McIver

Full Name of Child _____

Subscribed and sworn to before me this 11 day of
October, 1934

Boat Co. Magnus
Notary Public, residing at Handrich, Idaho
My commission expires 12-6-36
(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mrs Chester McIver
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of

October, 1934
Boat Co. Magnus
Notary Public, residing at Handrich, Idaho
My commission expires 12-6-36
(Seal)

Signed Eissel Stalnaker Triplett
(Signature of Any Credible Person)
Pacthwick, Idaho
(Street Address, City, State)

Diploma from Southwick High School, Nez Perce County, Idaho gives name as Ora Ardis McIver. Issued by Donald C. Holmes, Superintendent. 1938.
Viewed by V. S.

OCT 17 1966

Marriage License gives name as Ora Ardis McIver married to Roy Gertje in Southwick, Idaho on Oct. 21, 1938. Rev. Theo Meske.
Viewed by V. S.

955-2191018-419
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Clearwater

City of Trousdale

Registration District No. 90

File No. 76918

No. _____ St. _____

Primary Registration District No. 2168

Registered No. 10

Hospital _____

FULL NAME OF CHILD Eunna Jane Reed

Sex of Child <u>girl</u>	Twin Triplet or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>X</u>	Date of Birth <u>1/19</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---------------------------------	-----	-----------------------------------	----------------------	--

FATHER
FULL NAME Carl William Reed
RESIDENCE Trousdale
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Hazel Martin
RESIDENCE Trousdale
COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

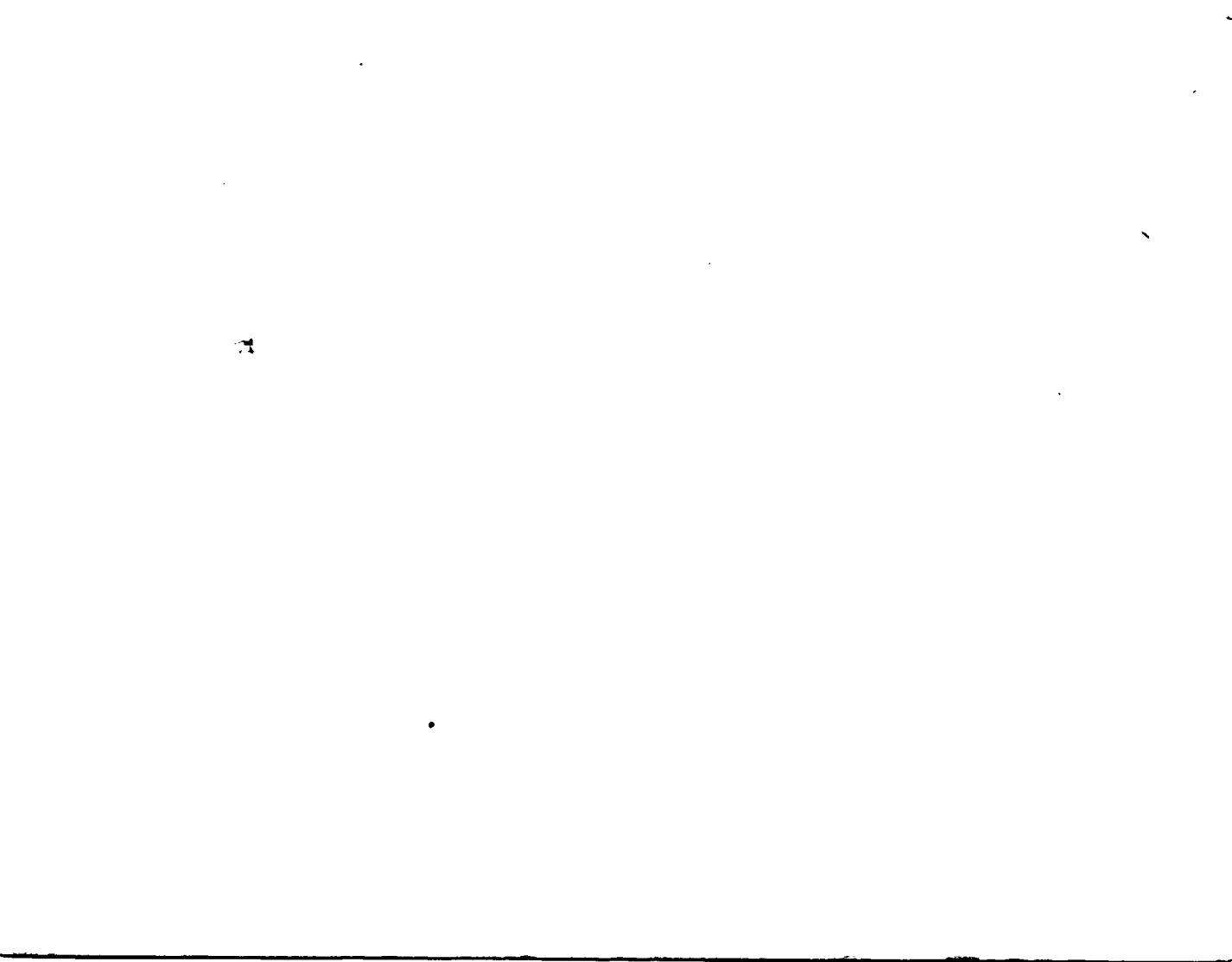
I hereby certify that I attended the birth of this child, who was born alive at 6 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eily M. Morsell
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho
File Mar 19 20
Registrar J. M. Saylor



693-228-018-258
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of ClearwaterCity of WippeRegistration District No. 90File No. 76919

No. _____ St. _____

Primary Registration District No. 2168Registered No. 11

Hospital _____

FULL NAME OF CHILD

Earline Wilson

Sex of Child <u>girl</u>	Twin Triplet or other? <u>X</u>	and Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>7/28</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---------------------------------------	------------------------	--

FATHER		MOTHER	
FULL NAME <u>Alva Wilson</u>	FULL MAIDEN NAME <u>Lura Snyder</u>	FULL NAME <u>Alva Wilson</u>	FULL MAIDEN NAME <u>Lura Snyder</u>
RESIDENCE <u>Wippe Ida</u>	RESIDENCE <u>Wippe Ida</u>	RESIDENCE <u>Wippe Ida</u>	RESIDENCE <u>Wippe Ida</u>
COLOR <u>White</u>	COLOR <u>White</u>	COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>24</u> (Years)	AGE AT LAST BIRTHDAY <u>22</u> (Years)	AGE AT LAST BIRTHDAY <u>24</u> (Years)	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth <u>3</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

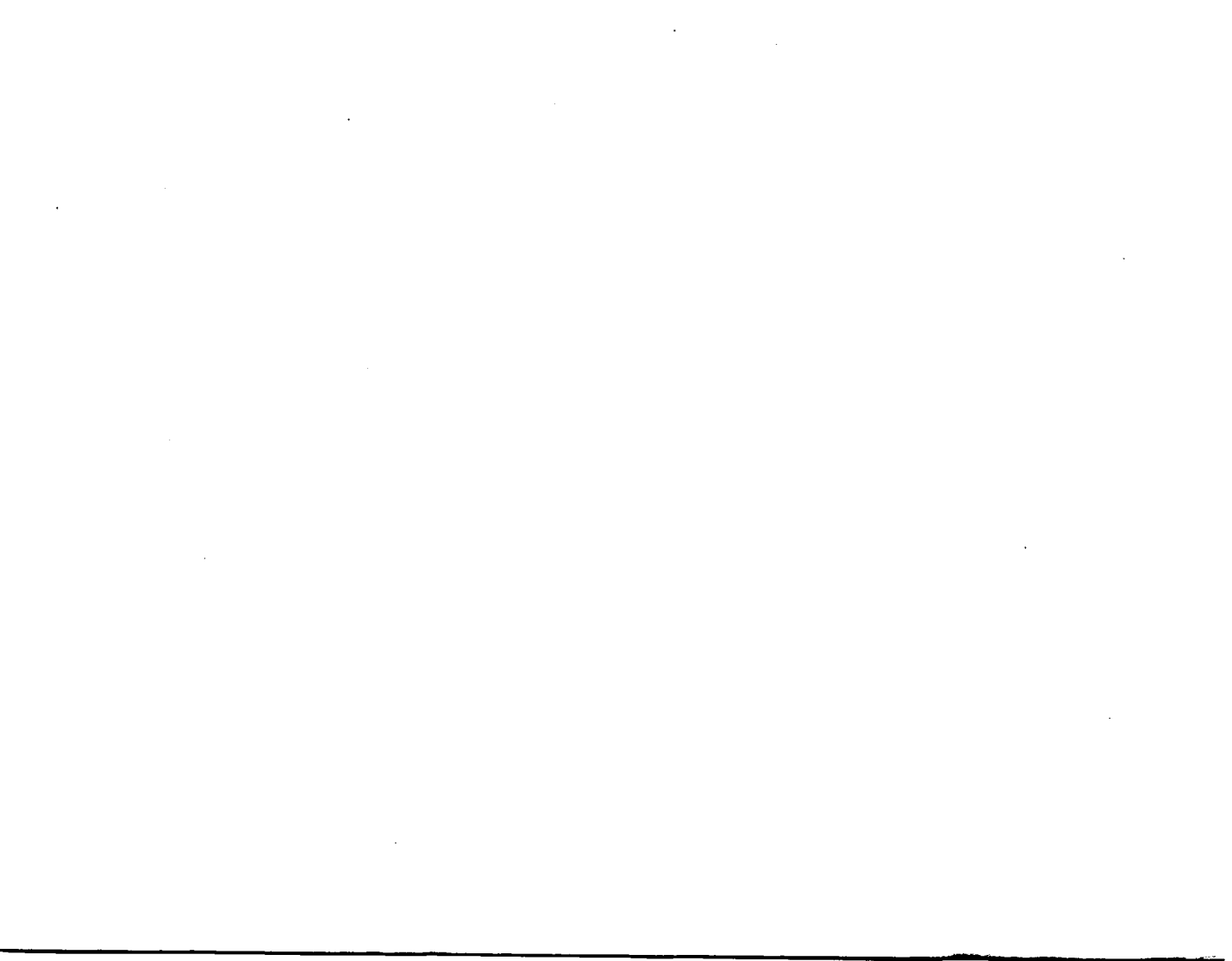
I hereby certify that I attended the birth of this child, who was Born alive at 29 M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edw. W. Forswell
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho
Filed Mchs 20 J. M. Fairly
Registrar



265-112-018-763

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C—25m-9-8-15

County of Clearwater

CERTIFICATE OF BIRTH

City of Thruston Ida

Registration District No. 90

File No. 76920

No. _____ St. _____

Primary Registration District No. 2168

Registered No. 12

Hospital _____

FULL NAME OF CHILD

Luther Dean Bonner

Sex of Child

Boy

Twin
Triplet
or other?

X

and

Number
in order
of birth

X

Legiti-
mate?

Yes

Date of
Birth

3/12

1920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAME

FATHER
Luther D. Bonner

FULL
MAIDEN
NAME

MOTHER
Cora Potts

RESIDENCE

Thruston Ida

RESIDENCE

Thruston Ida

COLOR

White

AGE AT LAST
BIRTHDAY

39
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

37
(Years)

BIRTHPLACE

W. Va

BIRTHPLACE

W. Va

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

9

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive

12 30 P. M.

(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

E. J. Houser
(Physician or midwife)

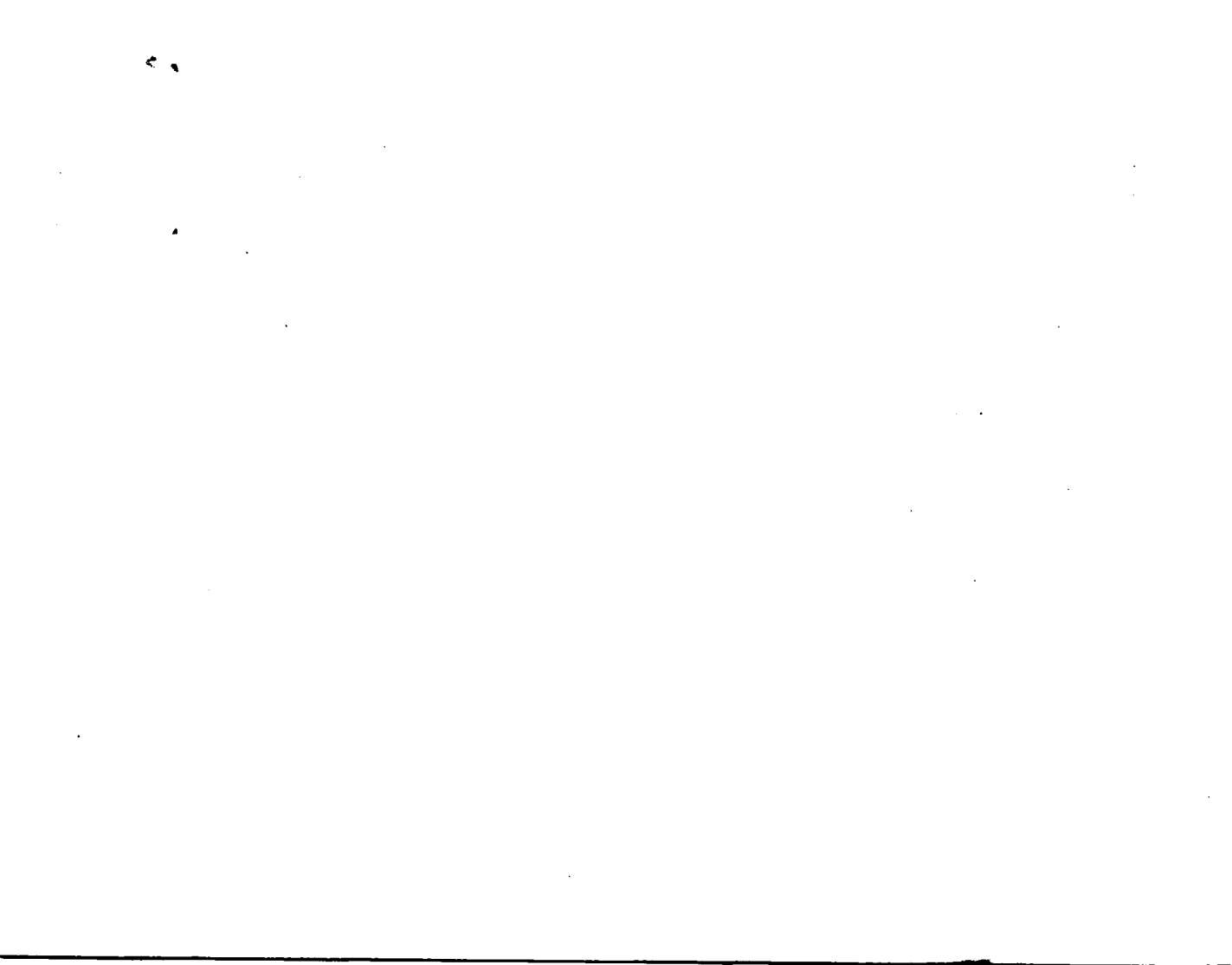
Given names added from a supplemental report.

19

Address

Filed

Mar 19 20
M. J. Fairley
Registrar



913-112-28-465

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of ClearwaterCity of WippeRegistration District No. 90File No. 76921

No. _____ St. _____

Primary Registration District No. 2168Registered No. 13

Hospital _____

FULL NAME OF CHILD

CLARK MONROE RALSTON

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>Yes.</u>	Date of Birth <u>3/13</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------	---------------------------------	-----	-----------------------------------	-------------------------	--

(To be answered only in event of plural births)

FULL NAME FATHER John RalstonFULL MAIDEN NAME MOTHER Bula MonroeRESIDENCE WippeRESIDENCE WippeCOLOR White AGE AT LAST BIRTHDAY 36
(Years)COLOR White AGE AT LAST BIRTHDAY 35
(Years)BIRTHPLACE OklahomaBIRTHPLACE OklahomaOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) _____

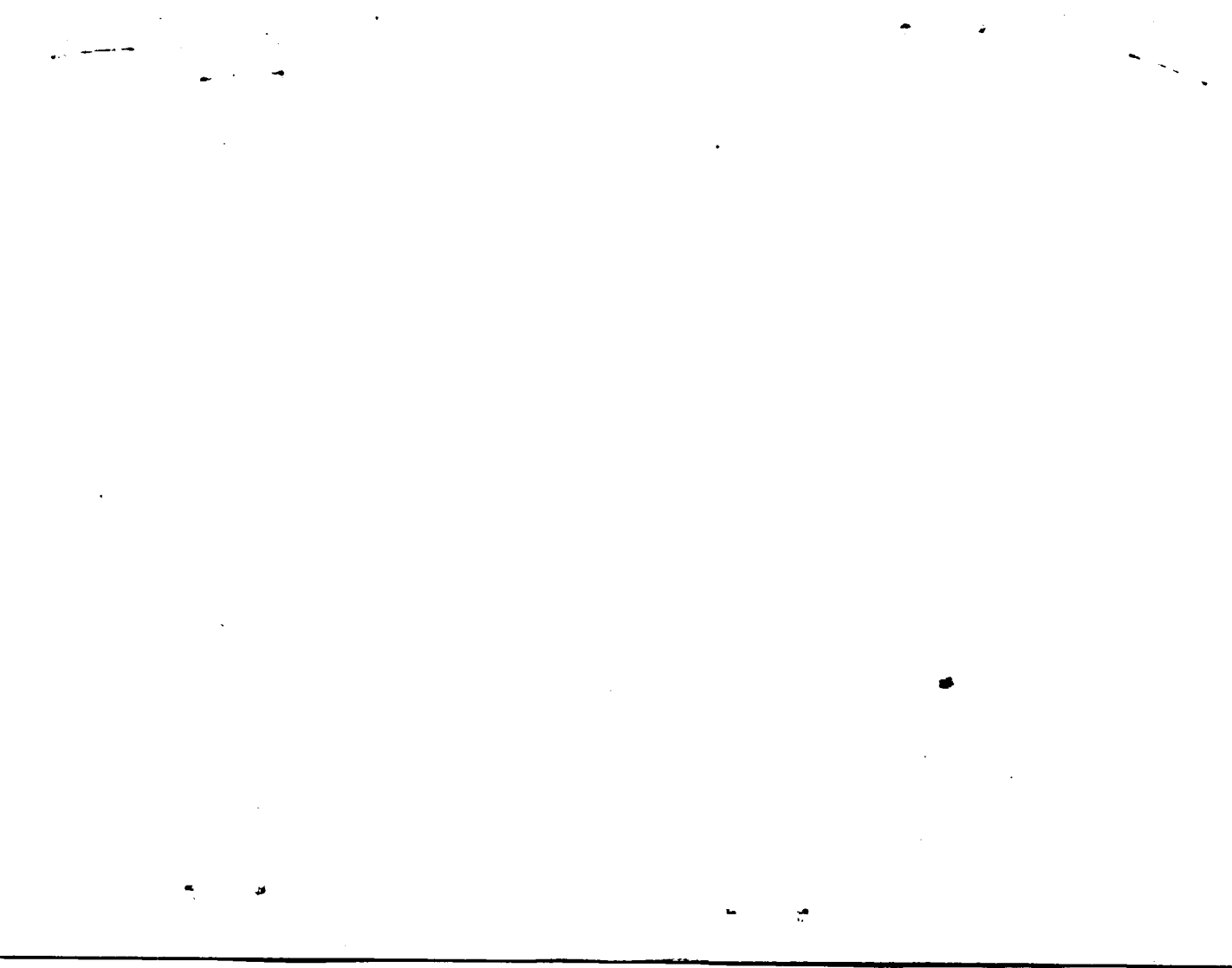
(Physician or midwife)

Address _____

File _____

19 20

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss. JAN 23 1942 Certificate No. 76921
County of CLEARWATER } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
for Clark Monroe Ralston who born on February 13, 1920
in Seipie, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)
(PLACE OF EVENT) (DATE OF EVENT)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record prepared on or before March 1, 1920, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name Unnamed Ralston Clark Monroe Ralston

Subscribed and sworn to before me this 21st
day of January, 19 42
[Signature]
Notary Public, residing at Orofino Idaho
My commission expires May 10, 1945
(SEAL)

Signed John S. Ralston Father.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD;
ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Orofino, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CLEARWATER }
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.
Subscribed and sworn to before me this 21st
day of January, 19 42
[Signature]
Notary Public, residing at Orofino, Idaho
My commission expires May 10, 1945
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]
Signed Frank Gaffney
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Orofino, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By _____
(REGISTRAR'S SIGNATURE)

JAN 28 1962

JAN 30 1962

OCT 24 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-117-018-214

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of ClearwaterCity of OrofinoRegistration District No. 90File No. 76922

No. _____ St. _____

Hospital _____

Primary Registration District No. 2168Registered No. 14

FULL NAME OF CHILD

Sex of Child

maleTwin
Triplet
or other?

{ and }

Number
in order
of birth

Legitimate?

yes

Date of Birth

Feb. 17 20
(Month) (Day) (Year)

FULL NAME

Philip Lamoreux

FATHER

FULL MAIDEN NAME

MOTHER

Gladys Kauffman

RESIDENCE

Orofino, Ida

RESIDENCE

Orofino Ida

COLOR

white

AGE AT LAST BIRTHDAY

3 1/2
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Clerk Forestry Office

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Daily
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Orofino, Ida
Feb 28 1920
Registrar

Registrar

Registrar

OCT 8 1968

SEP 29 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

592-218-018-294
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Clearwater

City of Pierce

Registration District No. 90

File No. 76923

No. _____ St. _____

Primary Registration District No. 2168

Registered No. 15

Hospital _____

FULL NAME OF CHILD Elinor Gile Nishium

Sex of Child girl Twin or Triplet or other? X and Number in order of birth X Legitimate? Yes Date of Birth 3/18/21
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME William Nishium

RESIDENCE Pierce

COLOR White AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE Iowa

OCCUPATION Trapper

MOTHER
FULL MAIDEN NAME Lilly Surpoven

RESIDENCE Pierce

COLOR White AGE AT LAST BIRTHDAY 22
(Years)

BIRTHPLACE Muscogean

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2539 M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. M. M. M.
(Physician or midwife)

Given names added from a supplemental report.

Address Mar 1 1920
File Mar 1 1920

11

1

319-222-018-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of ClearwaterCity of WeypeRegistration District No. 90File No. 76924

No. _____ St. _____

Primary Registration District No. 2168Registered No. 16

Hospital _____

FULL NAME OF CHILD Erldine CarrSex of Child girlTwin
Triplet
or other? Xand { Number
in order
of birth XLegiti-
mate? YesDate of
Birth 2/22 1920

(Month) (Day) (Year)

FULL
NAMEHarry CarrFULL
MAIDEN
NAMERose Thorpe

RESIDENCE

Weype

RESIDENCE

WeypeCOLOR WhiteAGE AT LAST
BIRTHDAY 25

(Years)

COLOR WhiteAGE AT LAST
BIRTHDAY 23

(Years)

BIRTHPLACE

W. Va.

BIRTHPLACE

Ida

OCCUPATION

Labourer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 375-0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive

(Born alive or stillborn)

* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature) _____

Edith M. Morsell

(Physician or midwife)

Given names added from a supplemental report.

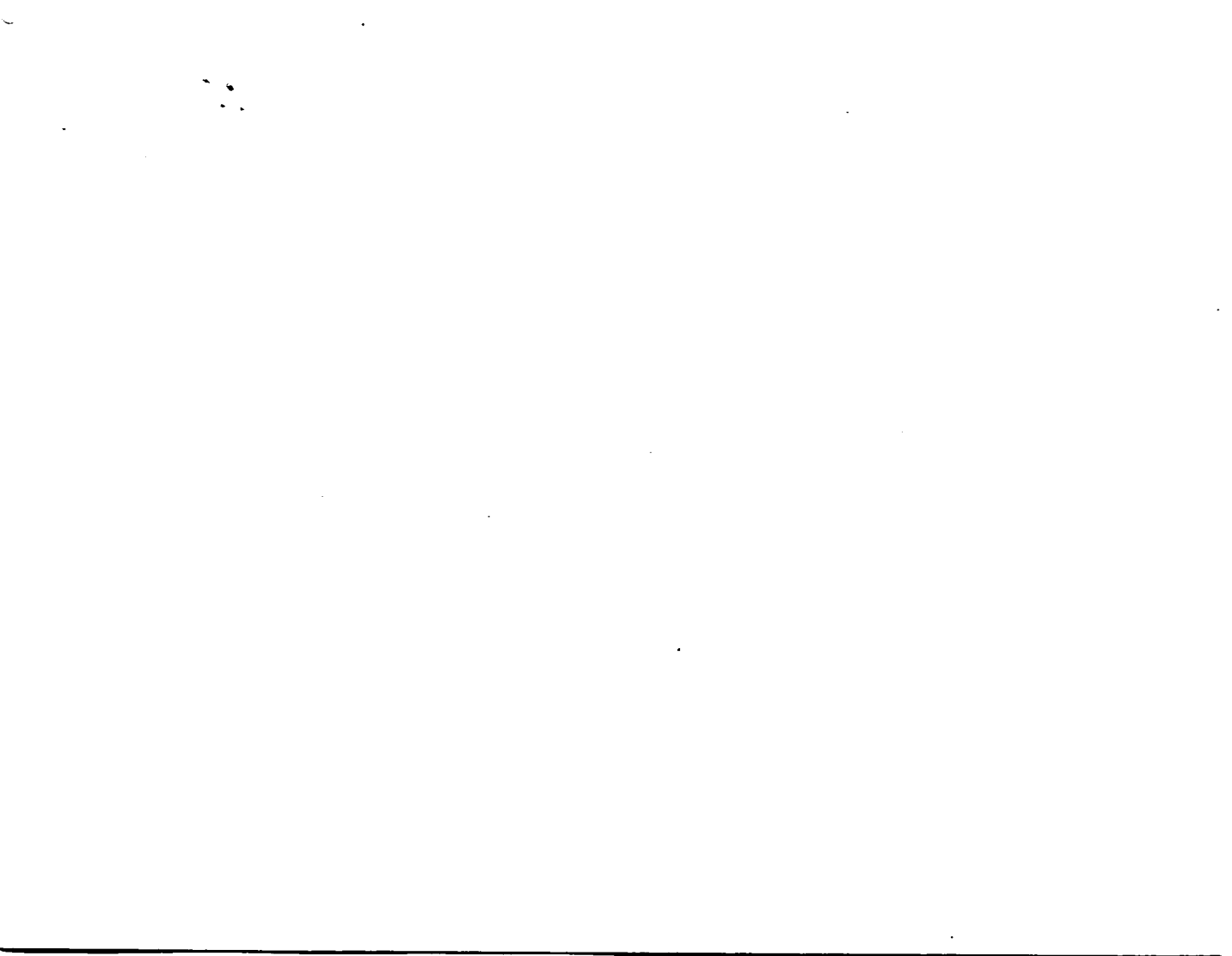
19 _____

Address _____

Filed Mar 10 1920

Registrar

Registrar



286-224018-699

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Clearwater

CERTIFICATE OF BIRTH

City of Trepan IdahoRegistration District No. 90File No. 76925

No. _____ St. _____

Primary Registration District No. 2168Registered No. 17

Hospital _____

FULL NAME OF CHILD

Reatha Netter Shoemaker

Sex of Child

girlTwin
Triplet
or other?X

and

Number
in order
of birthXLegiti-
mate?yesDate of
Birth2/2419120

(Month) (Day) (Year)

FULL
NAMEFATHER
Dolph ShoemakerFULL
MAIDEN
NAMEMOTHER
Margaret Fritz

RESIDENCE

Trepan Ida

RESIDENCE

Trepan Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Tenn.

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

10

Number of children of this mother now living, including present birth

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive
(Born alive or stillborn)935-P
at _____ M.* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature) _____

Paul Maxwell
(Physician or midwife)

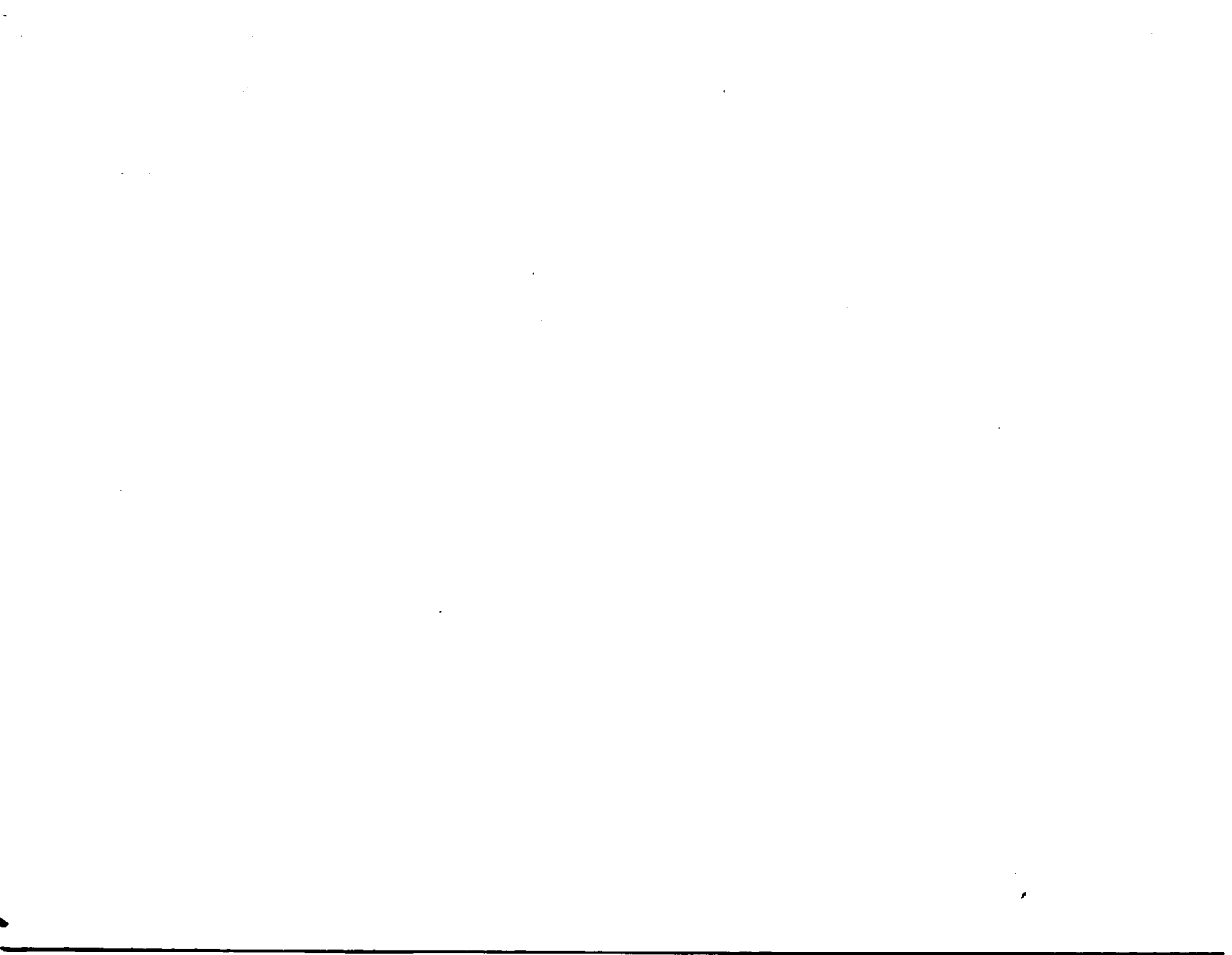
Given names added from a supplemental report.

Address _____

Trepan Ida

Filed _____

Mar 1 1920J. M. Fairley
Registrar



391-129018-297

Form V. S. No. 11-1-1916

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of GarmanCity of DrifinoRegistration District No. 90 File No. 76926

No. _____ St. _____

Primary Registration District No. 2168 Registered No. Y8

Hospital _____

FULL NAME OF CHILD

Terry Clinton Crabbe

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 29 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FATHER
FULL NAME Garrett Crabbe
RESIDENCE Drifino, Ida
COLOR White AGE AT LAST BIRTHDAY 53
(Years)
BIRTHPLACE Oregon
OCCUPATION Garman

MOTHER
FULL MAIDEN NAME Stella Knight
RESIDENCE Drifino Ida
COLOR White AGE AT LAST BIRTHDAY 38
(Years)
BIRTHPLACE Minnesota
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:00 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

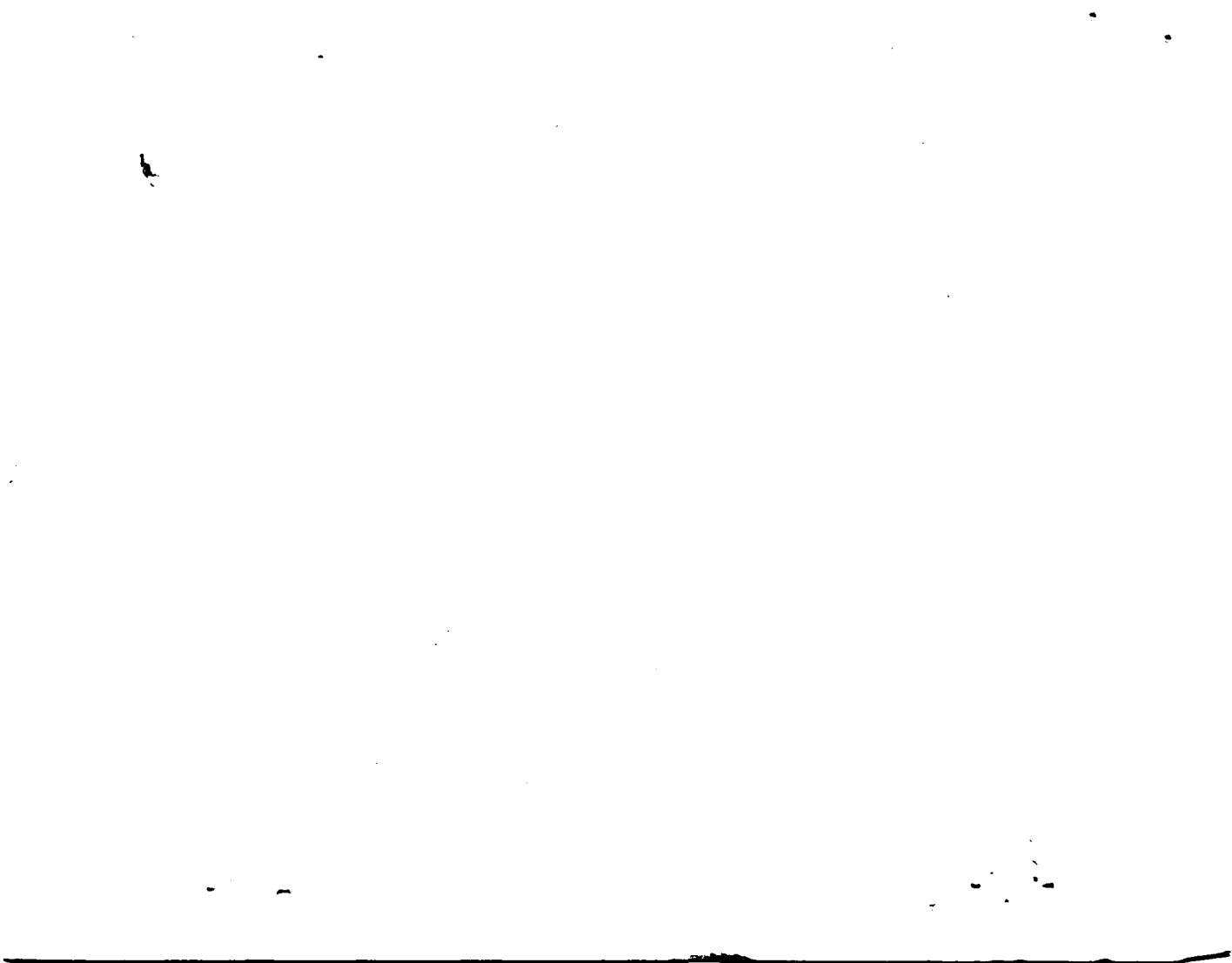
(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Drifino, Ida
File Mar 1 1920
Registrar [Signature]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho
COUNTY OF Clearwater

RECEIVED
SS. AUG 15 1940

AFFIDAVITS FOR CORRECTION
OF A RECORD

76926

Stella Crabb of Orofino, Ida.

Being first duly sworn, deposes and says that she is mother
(if related, specify degree,

Terry Clinton Crabb
if friend or otherwise, so state)

who Was born in the city of Orofino, County of Clearwater
(was born, died)

on the 29th day of February, 1920, as stated in a certificate of birth
birth or

filed by J. M. Fairly, M.D.
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Orofino, County of Clearwater
Idaho, on the 1st day of March 1920.

That the following facts set forth in said certificate are not correctly
stated therein, to wit: Mother's Birthplace: Wisconsin

Father's Name: Jack Crabb

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Mother's Birthplace: Minnesota

Father's Name:

Jarrett Crabb

(SEAL)

Affiant Stella Crabb

Address Orofino Idaho

Subscribed and sworn to before me this 14 day of August, 1940

Joseph Hoffmann
Notary Public

Clearwater County, Idaho

SUPPORTING AFFIDAVIT

STATE OF Idaho
COUNTY OF Clearwater

SS.

John Right of Orofino Idaho

being first duly sworn, deposes and says that he has knowledge of the facts
hereinbefore alleged and that the said facts as stated are true.

Affiant John Right

Address Orofino Idaho

Subscribed and sworn to before me this 14 day of August, 1940

(Seal)

Joseph Hoffmann
Notary Public

Clearwater County, Idaho

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

318.112.018-995

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-35m-7-21-19

County of Clearwater

City of Chesada

Registration District No. 90

File No. 76927

No. _____ St.

Primary Registration District No. 2168

Registered No. 1

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 17</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Ira E. Day</u>	FATHER
RESIDENCE <u>Full Lake, Saskatchewan</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Blaube Ireland</u>	MOTHER
RESIDENCE <u>Full Lake, Saskatchewan</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>So. Dak.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 8:00 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. M. Fairley
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

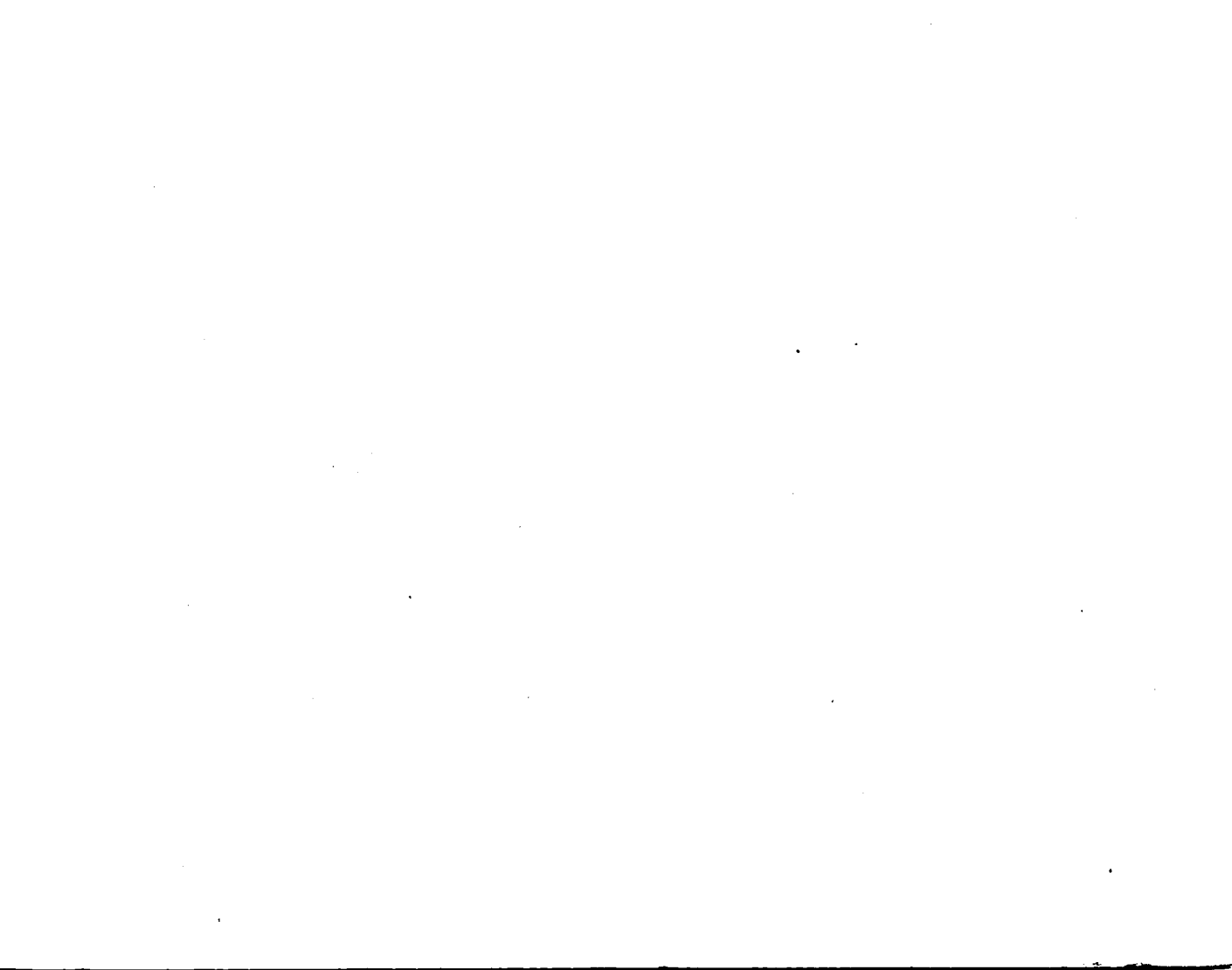
Address

Filed

Aug 12 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

818-215-018-249

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of Child

Male

Twin
Triplet
or other?

and

Number
in order
of birth

Legitimacy?

Date of Birth

June 15

(Month) (Day)

1920 (Year)

FULL NAME

H. B. Hayward

FATHER

RESIDENCE

Weippe Ida

COLOR

white

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

Minn

OCCUPATION

Farmer

FULL MAIDEN NAME

Theda Smith

MOTHER

RESIDENCE

Weippe Ida

COLOR

white

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

Iowa

OCCUPATION

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive or stillborn
at Weippe, Ida
June 15, 1920

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. M. Fairly
Physician or midwife

Given names added from a supplemental report.

19

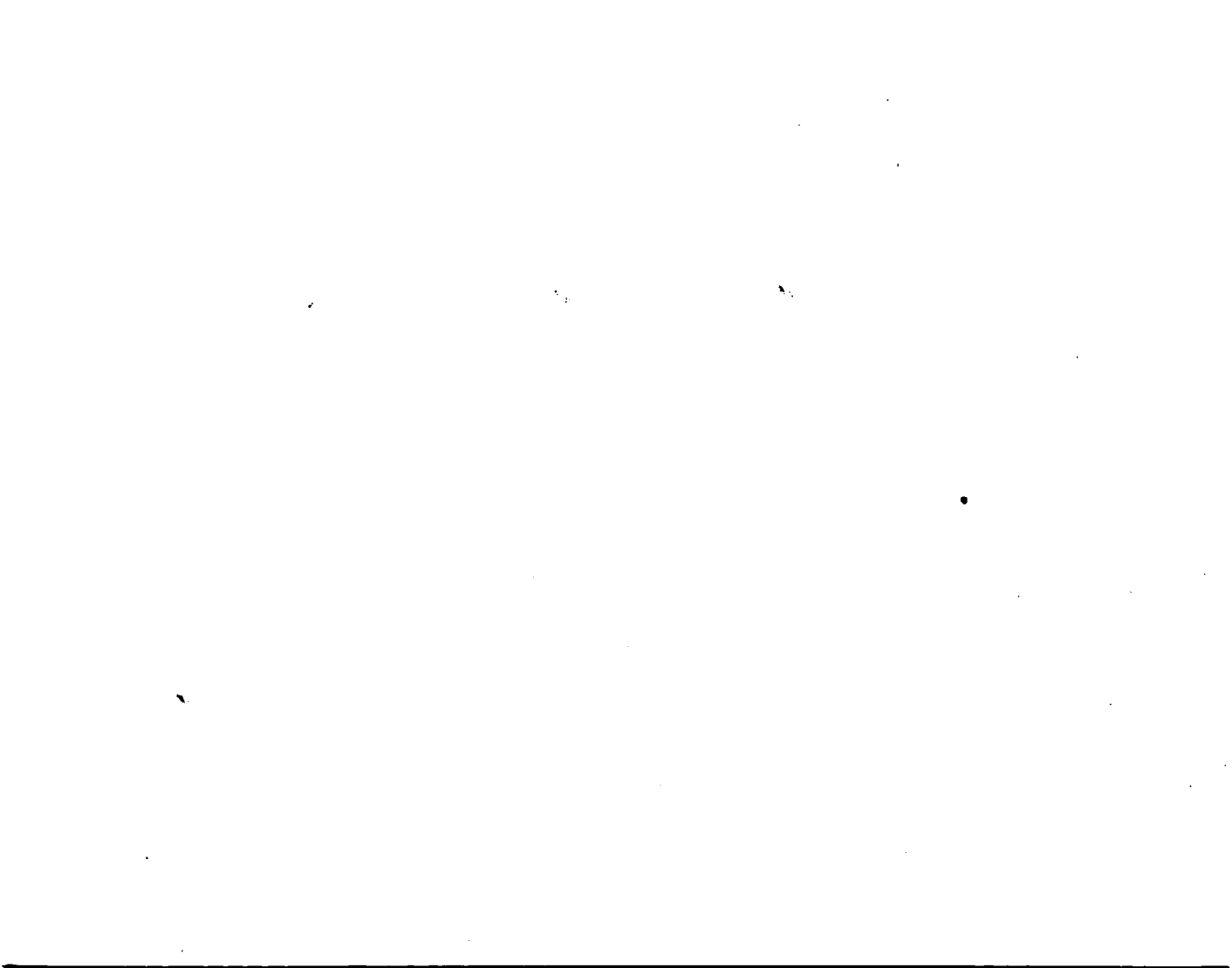
Address

Filed

June 15, 1920

Registrar

Registrar



254-216,018-895

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of DrainRegistration District No. 90File No. 76929

No. _____ St. _____

Hospital _____

Primary Registration District No. 2168Registered No. 3

FULL NAME OF CHILD

Elaine M. Bemis

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?YesDate of
BirthJanuary 16 1920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL
NAMETrinton K. Bemis

FATHER

RESIDENCE

Drain, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Canada

OCCUPATION

TramwayFULL
MAIDEN
NAMEPhoebe Ninkley

MOTHER

RESIDENCE

Drain, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

England

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive, at 7⁰⁰ A. M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. M. Fairly
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Drain, Idaho

Filed

July 1 1920

Registrar

Registrar

BENIS.

Dup of 1920-247655

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

138-218-018-913

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of ClearwaterCity of OrofinoRegistration District No. 90File No. 76930

No. _____ St. _____

Hospital _____

Primary Registration District No. 3168Registered No. 4FULL NAME OF CHILD Erma Irene

Atherton

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>July 18</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	-----	--------------------------------	-----------------	---

FULL NAME <u>Orofilet Horton</u>	FATHER
RESIDENCE <u>Orofino Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)

FULL MAIDEN NAME <u>Sheila Galeuka</u>	MOTHER
RESIDENCE <u>Orofino Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)

BIRTHPLACE <u>Mo</u>
OCCUPATION <u>Blacksmith</u>

BIRTHPLACE <u>Nebr</u>
OCCUPATION <u>Housewife</u>

 Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was born alive, at 4:00 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Vanley

(Physician or midwife)

Given names added from a supplemental report.

Address Orofino IdahoFiled July 18 1920

Registrar

Registrar J. M. Vanley

MAY 12 1943

AUG 23 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

238-227018-863

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76931

County of Clearwater

City of Prosser

Registration District No. 90

File No. _____

No. _____ St. _____

Primary Registration District No. 2168

Registered No. 5

Hospital _____

FULL NAME OF CHILD

Lois Marine Storcholt

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 27</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Joseph Storcholt</u>	FATHER
RESIDENCE <u>Prosser Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Nimn</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Grace Kalden</u>	MOTHER
RESIDENCE <u>Prosser Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) J. M. Daily
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Prosser, Ida
Filed July 30 1920 J. M. Daily
Registrar

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168-204-

PLACE OF BIRTH

013-229

County of... Camas.....

City of Bonral.....

No. 3 Miles South..... St.

Hospital.....

FULL NAME OF CHILD.....

Registration District No. 58d.....

Primary Registration District No. 2138.....

File No. 76932.....

Registered No.

Evelyn May Johnson

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 4</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	---

FULL NAME <u>Earl Johnson</u>	FATHER
RESIDENCE <u>Bonral, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Emma Skinner</u>	MOTHER
RESIDENCE <u>Bonral, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 4..... Number of children of this mother now living, including present birth... 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was..... Born alive..... at..... 8:40 A......
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... I. W. Ellencheck.....
..... Physician.....
(Physician or midwife)

Given names added from a supplemental report.

Address..... Fairfield, Idaho.....
..... Feb 4 1920.....
..... I. W. Ellencheck.....
Registrar



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WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Form V. S. No. 11-C-25m-2-8-11

Dean Moon

Date of Birth.....Feb 4 1910
(Month) (Day) (Year)

MOTHER
Louise Howell

Fairfield Idaho

w.

AGE AT LAST BIRTHDAY.....33.....
(Years)

Utah

Housewife

Number of child of this mother, including present birth..... 822 Number of children of this mother now living, including present birth..... 6..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was..... Born alive at..... 900 P
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Luchessa
Physician
.....
(Physician or midwife)

Given names added from a supplemental report.

Address Sanford, Pa. Co
Filed Feb 4 1920 L Wilenscheck
Registrar

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-115-013-168

PLACE OF BIRTH

County of Camas

City of Manard

No. St.

Hospital At Home

FULL NAME OF CHILD

James Wesley Ferguson

Sex of Child Male

Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of Birth

Feb 15 1920
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

James Herman Ferguson
Manard Idaho
White AGE AT LAST BIRTHDAY 31
(Years)
West Virginia
Farmer

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Etta Vernell Johnson
Manard Idaho
White AGE AT LAST BIRTHDAY 23
(Years)
Pima, Arizona
Housewife

Number of child of this mother, including present birth Four

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 11 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Archie L. Thurber

Midwife

(Physician or midwife)

Given names added from a supplemental report.

Address

Fairfield Ida P. F. #2

Filed

Nov 6 1920

Registrar

I Wellencheck
Registrar

DEC 20 1968

DEC 8 1953

469-122-015-294

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V-2-20 11-0-25m-2-27

County of BlaineCity of Idaho SpringsRegistration District No. 11File No. 76935No. St. Primary Registration District No. 2048Registered No. 4Hospital FULL NAME OF CHILD Sex of Child MTwin
Triplet
or other?and (Number
in order
of birth
—)Legiti-
mate? yesDate of Birth Feb 22(Month) (Day) (Year) 1912

FULL NAME

FATHER

RESIDENCE

COLOR WAGE AT LAST
BIRTHDAY 20

(Years)

BIRTHPLACE IdahoOCCUPATION TransformerFULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR WAGE AT LAST
BIRTHDAY 26

(Years)

BIRTHPLACE IdahoOCCUPATION WifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 5 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alis Kackley

(Physician or Midwife)

Given names added from a supplemental report.

Address Idaho Springs, IdahoFiled Feb 25 1912Registrar Alis KackleyRegistrar Alis Kackley

DORRIEN

Dup of 1920-272319

MAIL
RETURNED

294-721-

U. S. No. 11-C-24m-9-8-17

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

615-345
County of *Idaho*

City of *Boise*

Registration District No. 11

File No. 76936

No. St.

Primary Registration District No. 2048

Registered No. 3

Hospital

FULL NAME OF CHILD *Earl Grant Simonson*

Sex of Child *M*

Twin
Triplet
or other?

and (Number
in order
of birth

Legiti-
mate? *yes*

Date of
Birth

Feb 21 191*20*

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

38
(Years)

COLOR

AGE AT LAST
BIRTHDAY

25
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at *4:15* P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Eli Raesch*

(Physician or midwife)

Given names added from a supplemental report.

Address *Boise*

Filed *Feb 25 1920*

Registrar

Registrar

Dup of 1920-399552

not

Amended Mother's Full Maiden Name 11-1-05 lmc

199-226-019-215
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11-0-22-03-17

County of CusterCity of ChallisRegistration District No. 108File No. 76938No. St.Primary Registration District No. 2186Registered No. Hospital FULL NAME OF CHILD Flora Urresti

Sex of Child <u>F.</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>2/26/20</u> (Month) (Day) (Year)
------------------------	---	--	------------------------	--

FULL NAME <u>FATHER</u> <u>Paul Urresti</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Carmen Bangeshea Bengoechea</u>
RESIDENCE <u>Challis</u>	RESIDENCE <u>Challis</u>
COLOR <u>Wh</u> AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>Wh.</u> AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Spain</u>	BIRTHPLACE <u>Spain</u>
OCCUPATION <u>Sheep-herder</u>	OCCUPATION <u>H-wife</u>

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 A on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Hirtz MD

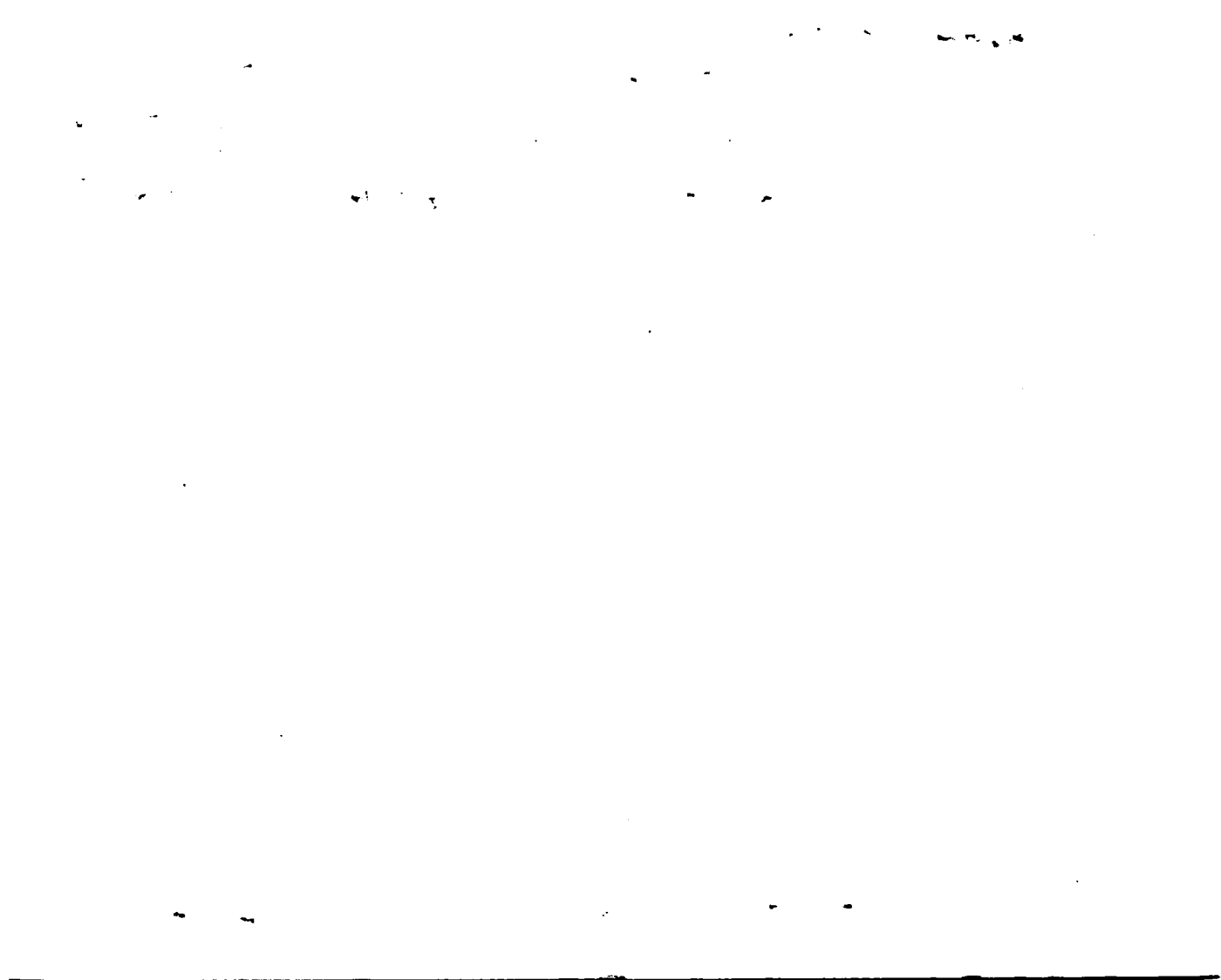
(Physician or midwife)

Given names added from a supplemental report.

Address Challis, Idaho.Filed 2/30 19

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Blaine } ss. Certificate No. 26938
Date Filed FEB 26 1942

The undersigned does solemnly swear that certain facts on the certificate of birth
for Flora Uresti who was born on Feb. 26, 1920
in Challis, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
(PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by High School Diploma prepared on May, 1938, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

Name

FROM

(AS ON ORIGINAL)

Flora Uresti

TO

(THE CORRECT FACTS)

Flora Urresti

Subscribed and sworn to before me this 24th
day of February, 19 42

Conroy Gillespie
Notary Public, residing at Hailey, Idaho

My commission expires 2/11/44
(SEAL)

Signed

Conroy Gillespie
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Hailey, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Blaine } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of February, 19 42

Signed

Dorid. Truhautsi
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Conroy Gillespie
Notary Public, residing at Hailey, Idaho

My commission expires 2/11/44
(SEAL)

Hailey, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 26 1942 By _____
(REGISTRAR'S SIGNATURE)

MAR 17 1952

JAN 25 1952

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

3/11/98

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.
County of add

Certificate No. #20-76938
Date Filed FEB. 30, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
for FLORA URRESTI who WAS BORN on FEB. 26, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in CHALLIS, IDAHO (CUSTER) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
MOTHER'S FULL MAIDEN NAME	CARMEN BANGESHEA	CARMEN BENGOCHEA

Subscribed and sworn to before me this 11 day of March 1998
Notary Public, Teresa L. Cleverly
Residing at Basin, Idaho
My commission expires April 3, 2003
(Seal)

X Tara Urresti Aspiazu
Signature of Applicant
X 3753 Clanton Hwy Boise, ID 83712
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ____)
(Is not necessary ____)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

MOTHER'S DEATH CERTIFICATE ON FILE IN IDAHO #70-5290 DIED IN RUPERT, IDAHO
ON NOV. 8, 1970. HER NAME GIVEN AS MARIA CARMEN URRESTI (MAIDEN NAME AS
BENGOCHEA. VIEWED BY VS

215-113-019-599

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25m-4-8-17

County of.....Custer.....

City of.....Challis.....

Registration District No.....108.....

File No.....76939.....

No.....St.....

Primary Registration District No.....2186.....

Registered No.....

Hospital.....

FULL NAME OF CHILD.....Jack Santee.....

Sex of Child M	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth 8	Legitimate? yes	Date of Birth 2/13/20 191 (Month) (Day) (Year)
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FULL NAME FATHER Edward Santee	AGE AT LAST BIRTHDAY 48 (Years)
RESIDENCE Challis	COLOR Wh.
BIRTHPLACE Mo.	OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Selma Erickson	AGE AT LAST BIRTHDAY 37 (Years)
RESIDENCE Challis	COLOR Wh
BIRTHPLACE Minn.	OCCUPATION H-wife

Number of child of this mother, including present birth.....8..... Number of children of this mother now living, including present birth.....8.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....alive..... at.....10 A.....M..... on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....C. S. Hickey.....M.D.

(Physician or midwife)

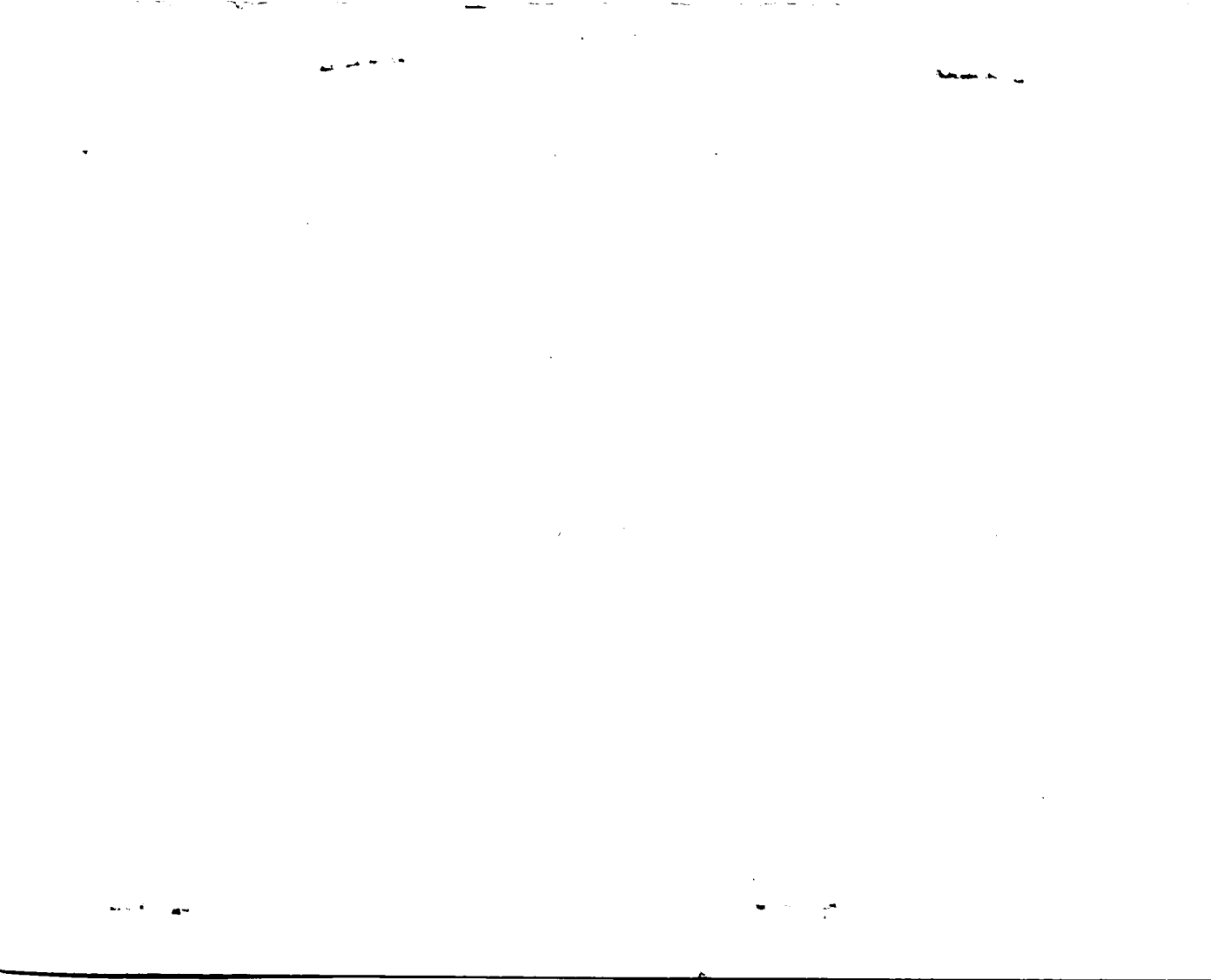
Given names added from a supplemental report.

Address.....Challis, Ida.....

Filed.....2/17/20.....19.....

Registrar

Registrar



JAN 12 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Custer } ss. Certificate No. 76939
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Jack Santee who was born on Feb. 13th, 1920 (Name on original certificate) (Was born or died) (Date of event)
in Challis, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of event)
true facts as shown by prepared on are: (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name

Unnamed Santee

Jack Santee

Subscribed and sworn to before me this 9th
day of January, 19 42

Signed Selma Santee (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Challis, Idaho

(Street Address, City, State)

John Boyd
Custer County Recorder
Notary Public, residing at Challis, Idaho
My commission expires By Frank Buntlett
[SEAL] Deputy

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Custer } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of January, 19 42

Signed Frank Buntlett
(Signature of any credible person other than the previous affiant.)

Challis, Idaho

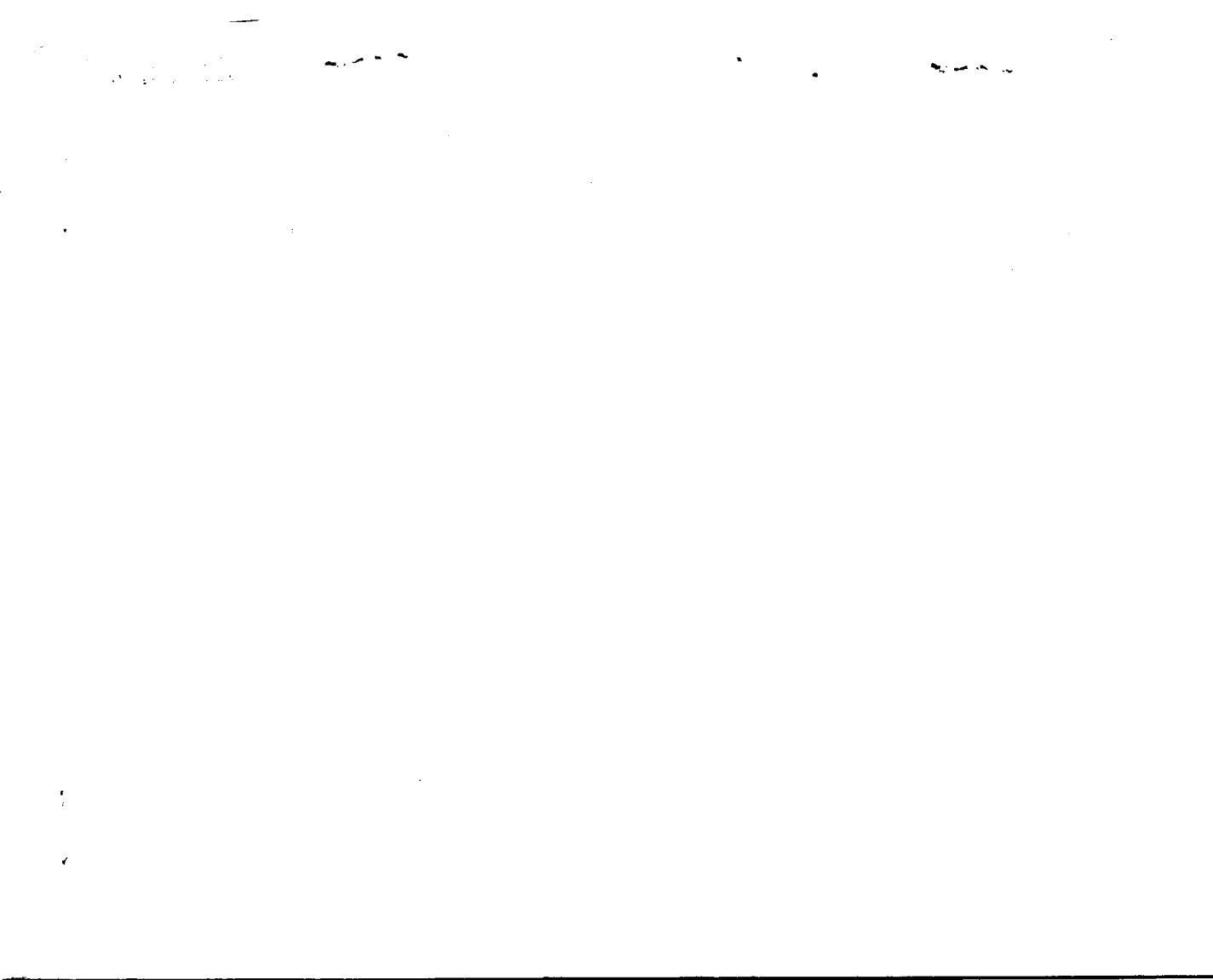
(Street Address, City, State)

John Boyd, Custer County Recorder
Notary Public, residing at Challis, Idaho
My commission expires By Frank Buntlett
[SEAL] Deputy

Received for filing on JAN 13 1942

By

(Registrar's signature)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-120-019249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-22a-8-17

County of...Custer.....

City of.....Challis

No.....St.

Hospital.....

Registration District No. 108.....

File No. 76940.....

Primary Registration District No. 2186.....

Registered No.....

FULL NAME OF CHILD.....Floyd Leroy.....Bradberry

Sex of Child M.	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth 2 { (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 2/20/20 (Month) (Day) (Year)
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FULL NAME FATHER
Floyd M. Bradberry

RESIDENCE
Challis

COLOR Wh. AGE AT LAST BIRTHDAY 26
(Years)

BIRTHPLACE
Ida.

OCCUPATION
Farmer

FULL MAIDEN NAME MOTHER
Violet M. Smith

RESIDENCE
Challis, Ida.

COLOR Wh. AGE AT LAST BIRTHDAY 25
(Years)

BIRTHPLACE
Minn.

OCCUPATION
H-wife

Number of child of this mother, including present birth 2..... Number of children of this mother now living, including present birth 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive..... at 6 A..... M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Hurley M.D.
(Born alive or stillborn)
(Physician or midwife)

Given names added from a supplemental report.

Address.....Challis, Idaho.....

Filed 2/27 19 20
Registrar

Registrar

Registrar

ONACI

DECEASED

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-126-019-769

PLACE OF BIRTH

County of.....Custer.....

City of.....Challis.....

No.....St.....

Hospital.....

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. & No. 11-0-25-4-17

Registration District No....108.....

File No.....76941.....

Primary Registration District No. 2186.....

Registered No.....

FULL NAME OF CHILD Hylton Newton Pettigrew

Sex of Child M	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth 3	Legiti- mate? yes	Date of Birth 2/26/20 (Month) (Day) (Year)
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FULL NAME George Newton Pettigrew	FATHER
RESIDENCE Challis, Ida	
COLOR Wh	AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Ill.	
OCCUPATION Farmer	

FULL MAIDEN NAME Vada Porter	MOTHER
RESIDENCE Challis, Ida.	
COLOR Wh	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Texas	
OCCUPATION H-wife	

Number of child of this mother, including present birth...3.... Number of children of this mother now living, including present birth...1....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was.....alive....., at 1:30 P.M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

(Physician or midwife)

Given names added from a supplemental report.

Address Challis, Ida.

Filed 2/29.....1920.....

Registrar

Registrar

MAR 5 1947

465-216-019-613

PLACE OF BIRTH

County of...Custer.....

City of...Challis.....

No.....St.....

Hospital.....

FULL NAME OF CHILD..Freda..Kathleen..Donahue.....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 108.....

File No. 76942.....

Primary Registration District No. 2186.....

Registered No.....

Sex of Child F.	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth 2	Legiti- mate? Yes	Date of Birth 2/16/20 (Month) (Day) (Year)
--------------------	---	---	----------------------	---

FULL NAME FATHER Thomas James Donahue	RESIDENCE Mackay, Ida.	COLOR Wh.	AGE AT LAST BIRTHDAY 29 (Years)	BIRTHPLACE Ida.	OCCUPATION Farmer
---	---------------------------	--------------	------------------------------------	--------------------	----------------------

FULL MAIDEN NAME MOTHER Flora B. Falls	RESIDENCE Mackay, Ida.	COLOR Wh.	AGE AT LAST BIRTHDAY 32 (Years)	BIRTHPLACE Ida.	OCCUPATION H-wife
--	---------------------------	--------------	------------------------------------	--------------------	----------------------

Number of child of this mother, including present birth 2..... Number of children of this mother now living, including present birth 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was...alive....., at 9 A. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

(Physician or midwife)

Given names added from a supplemental report.

Address Challis, Ida.....

Filed 2/20..... 19 20.....

Registrar

Registrar

OHIO
BUREAU OF INVESTIGATION
COLUMBUS, OHIO

NOV 12 1968

Dup of 1920-257040

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-104-019-133
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Cassia

City of Macray

Registration District No. 76

File No. 586945

No. _____ St. _____

Primary Registration District No. 2153

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Rose Morrison Powers

Sex of Child <u>WM</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth. <u>2</u> <u>4</u> <u>1920</u> (Month) (Day) (Year)
------------------------	---	--------------------------------------	-----------------------------	---

FATHER
FULL NAME Rloyd Powers
RESIDENCE Macray, Idaho
COLOR WH AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Kansas
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Alene Allison
RESIDENCE Macray, Idaho
COLOR WH AGE AT LAST BIRTHDAY 21
(Years)
BIRTHPLACE Kansas
OCCUPATION Housewife

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 11.30 A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Richards

M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Macray, Idaho

Filed 2/25 1920 Rose Mowbray

APR 21 1976

255-1241020-962
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-15

CERTIFICATE OF BIRTH

County of ElmoreCity of Mtn HomeRegistration District No. 34File No. 76947No. — St. —Primary Registration District No. 2020Registered No. 11Hospital —FULL NAME OF CHILD Bennett — Walter Dunbar

Sex of Child <u>Male</u>	Y or Triplet or other? <u>—</u> and { Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>2 - 24 - 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Fred W. Bennett</u>		MOTHER FULL MAIDEN NAME <u>Maynard E. Ross</u>	
RESIDENCE <u>Mtn Home Ida</u>		RESIDENCE <u>Mtn Home Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Mont.</u>	
OCCUPATION <u>Fed & Coal</u>		OCCUPATION <u>Farmer</u>	
Number of child of this mother, including present birth. <u>2</u>		Number of children of this mother now living, including present birth. <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Evans


(Physician or midwife)

Given names added from a supplemental report.

Address Mtn Home IdaFiled 3/10 19 20

Registrar

Registrar



1 JUN 30 1958

813-1105-020-795

PLACE OF BIRTH

County of ElmoreCity of Mt. HomeNo. St. Hospital FULL NAME OF CHILD HallSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

76949

Registration District No. 34 File No. Primary Registration District No. 2020 Registered No. 9

DOUGLAS RENE HALL

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u>	and { Number in order of birth <u>—</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>2-10-1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER George Hall</u>			FULL MAIDEN NAME <u>MOTHER Estela May Green</u>	
RESIDENCE <u>Mt. Home Ida</u>			RESIDENCE <u>Mt. Home Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years)		
BIRTHPLACE <u>Ida.</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth. <u>2</u>		Number of children of this mother now living, including present birth. <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:55 P. M.
on the date above stated. (Born alive or stillborn)

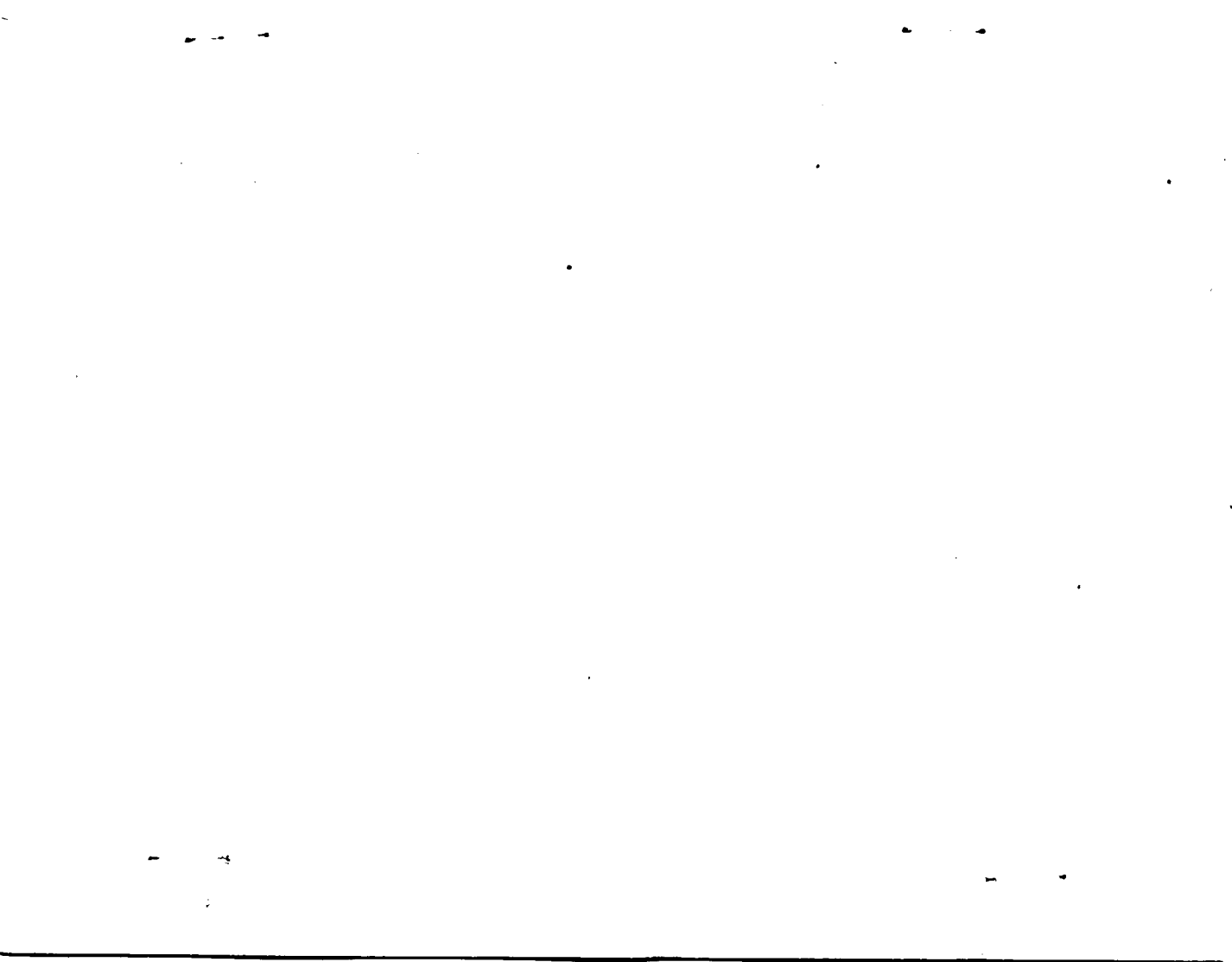
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans

(Physician or midwife)

Given names added from a supplemental report.

Address Mt. Home IdaFiled 2/20 19 20 Burns



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada }
County of Clark } SS.

Certificate No. 76949
Date Filed Feb. 1, 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Douglas Rene Hall who was Born on Feb. 10, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Mountain Home, Idaho, are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Bible record, prepared on Feb. 10, 1920, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
Name	Unnamed	Douglas Rene Hall

Subscribed and sworn to before me this 1
day of Feb., 19 43
Edmund Spencer
Notary Public, residing at Las Vegas, Nev.
My commission expires September 11, 1946
(SEAL)

Signed Estella May Green Hall
George Richard Hall
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
San, Feb. 10, Las Vegas, Nev.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada }
County of Clark } SS.

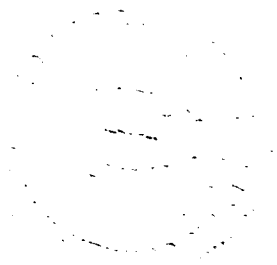
[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1
day of Feb., 19 43
Edmund Spencer
Notary Public, residing at Las Vegas, Nev.
My commission expires September 11, 1946
(SEAL)

Signed Edmund Spencer
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
511 So. 3rd St.
(STREET ADDRESS, CITY, STATE)

SEP 8 1943



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

913-208-020-818
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 2020

File No. 76950

No. — St. —

Primary Registration District No. 34

Registered No. 13

Hospital —

FULL NAME OF CHILD

Lela Pearl Ratliff

Sex of Child <u>7</u>	Twin Triplet or other? <u>—</u> and <u>—</u> in order of birth <u>—</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 8th 1920</u> (Month) (Day) (Year)
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FATHER
FULL NAME James Ratliff
RESIDENCE Mtn Home
COLOR W AGE AT LAST BIRTHDAY 42
(Years)
BIRTHPLACE Texas
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Kitty Hayes
RESIDENCE Mtn Home
COLOR W AGE AT LAST BIRTHDAY 31
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:40 A.M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather
(Physician or midwife)

Given names added from a supplemental report.

Address Mtn Home
Filed 2/15 1920 B. W. Mather
Registrar

18 1955

294-2241020-284

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of ElmoreCity of Mtn HomeNo. St. Hospital

CERTIFICATE OF BIRTH

Registration District No. 34File No. 76951Primary Registration District No. 2020Registered No. 10FULL NAME OF CHILD Summons

Sex of Child

Female

Twin

Triplet

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?Yes

Date of Birth

2-24-1920
(Month) (Day) (Year)

FULL NAME

FATHER
Fred E. Simmons

FULL MAIDEN NAME

MOTHER

Nora E. Shuller

RESIDENCE

Mtn Home Id

RESIDENCE

Mtn Home Id

COLOR

White

AGE AT LAST BIRTHDAY

26
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Ranching

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 7 PM

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. E. Evans

(Physician or midwife)

Given names added from a supplemental report.

Address

Mtn Home Id

Filed

2/28 19 20B. W. Walther

Registrar

MAR 12 1970

693-120-020-367
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of ElmoreCity of Mtn HomeRegistration District No. 34File No. 76952No. — St. —Primary Registration District No. 2020Registered No. 12Hospital —FULL NAME OF CHILD Arthur Leslie Wilson

Sex of Child <u>M</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and { Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 20th 20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Frank Allen Wilson</u>			FULL MAIDEN NAME <u>Ada Cox</u>	
RESIDENCE <u>Mtn Home</u>			RESIDENCE <u>Mtn Home</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 6Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was — at 1 A. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. W. Mather(Physician or ~~midwife~~)

Given names added from a supplemental report.

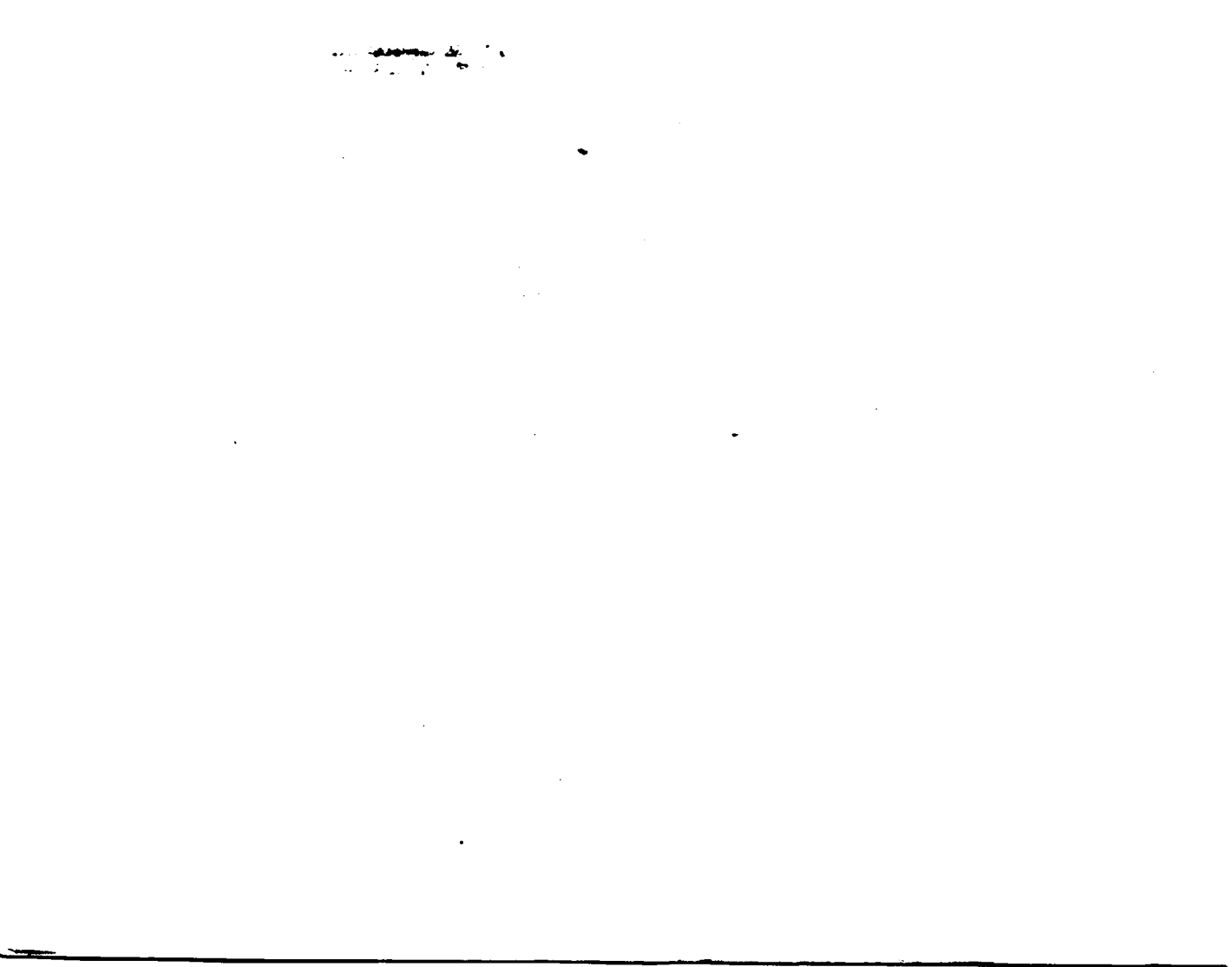
Address

Mtn Home

Filed

Feb 25th 1920B. W. Mather

Registrar



884-103.021-

PLACE OF BIRTH

553

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-M-9-5-17

County of

City of

No.

Hospital

FULL NAME OF CHILD

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of Child

Twin
Triplet
or other?Number
in order
of birthLegiti-
mate?Date of
Birth

1920

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)


Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



JAN 26 1943

JUL 14 1950

FEB 4 1958

296-227021-916

PLACE OF BIRTH

County of *Franklin*

City of *Preston*

Registration District No. *27*

File No. *76955*

No. *St.*

Primary Registration District No. *2113*

Registered No. *48*

Hospital *Elfric*

FULL NAME OF CHILD *Elfric*

Sex of Child <i>7</i>	Twin Triplet or other? <i>1</i>	and { Number in order of birth }	Legitimate? <i>yes</i>	Date of Birth <i>Feb 27 1920</i> (Month) (Day) (Year)
FULL NAME <i>Albert Pearson</i>	FATHER		FULL MAIDEN NAME <i>Elaine Elizabeth Pauline</i>	MOTHER
RESIDENCE <i>Preston Idaho</i>			RESIDENCE <i>Preston Idaho</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)		COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>23</i> (Years)
BIRTHPLACE <i>Idaho</i>			BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Farmer</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

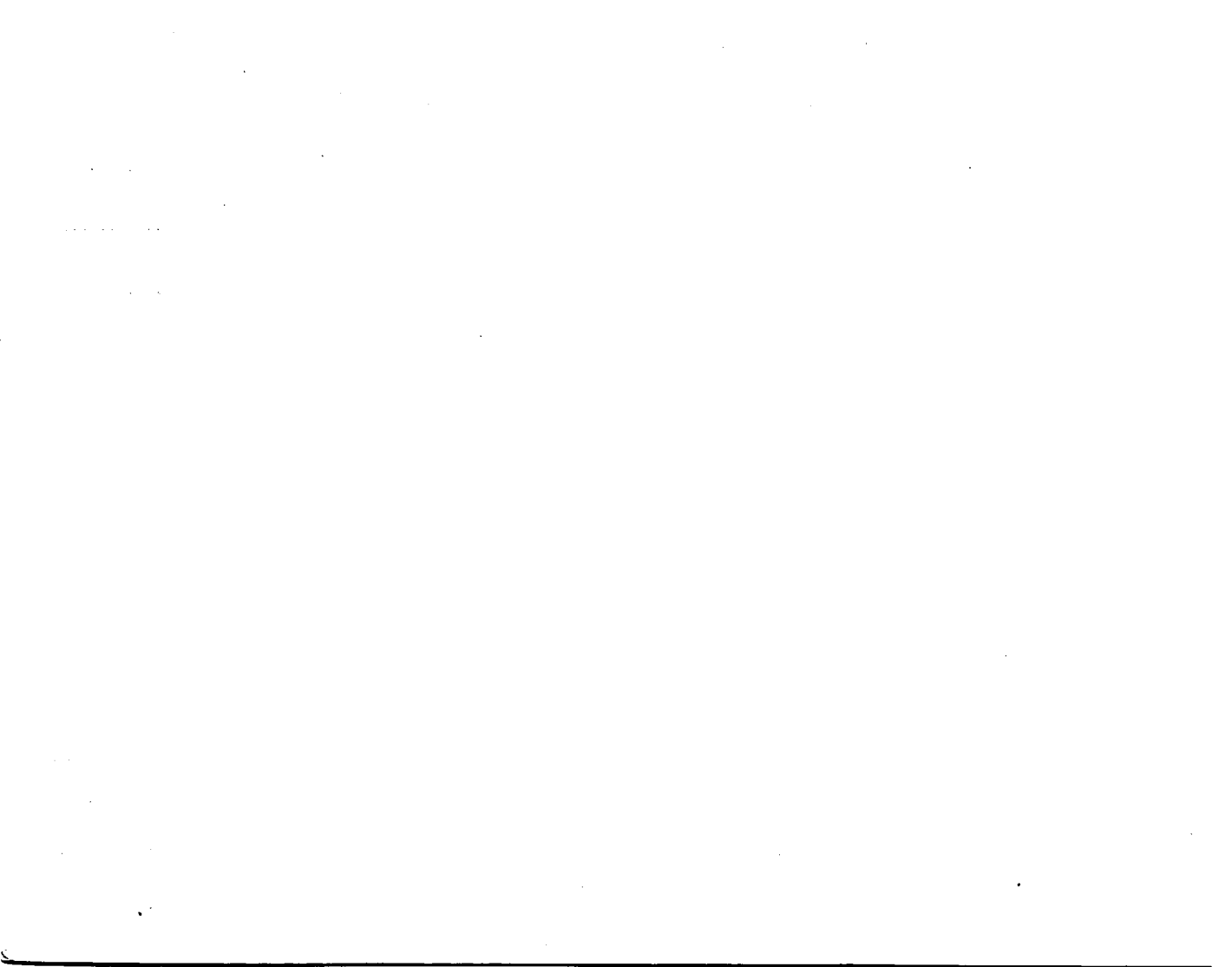
I hereby certify that I attended the birth of this child, who was *born alive* at *5:30 P.M.* on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *D. A. Cule*
(Physician or Midwife)

Given names added from a supplemental report.

Address *Preston Idaho*
Filed *Feb 27 1920*
Registrar *D. A. Cule*



271-107-021-155
PLACE OF BIRTHCounty of FranklinCity of Preston

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-4-3-17

Registration District No. 27File No. 76956Primary Registration District No. 2118Registered No. 44

Sex of Child <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 7</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Joseph H. Spackman</u>	FATHER		FULL MAIDEN NAME <u>Oris Julia Jensen</u>	MOTHER
RESIDENCE <u>Preston Ida</u>			RESIDENCE <u>Preston Ida</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Provo Utah</u>			BIRTHPLACE <u>Preston Ida</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:50 a.m.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler

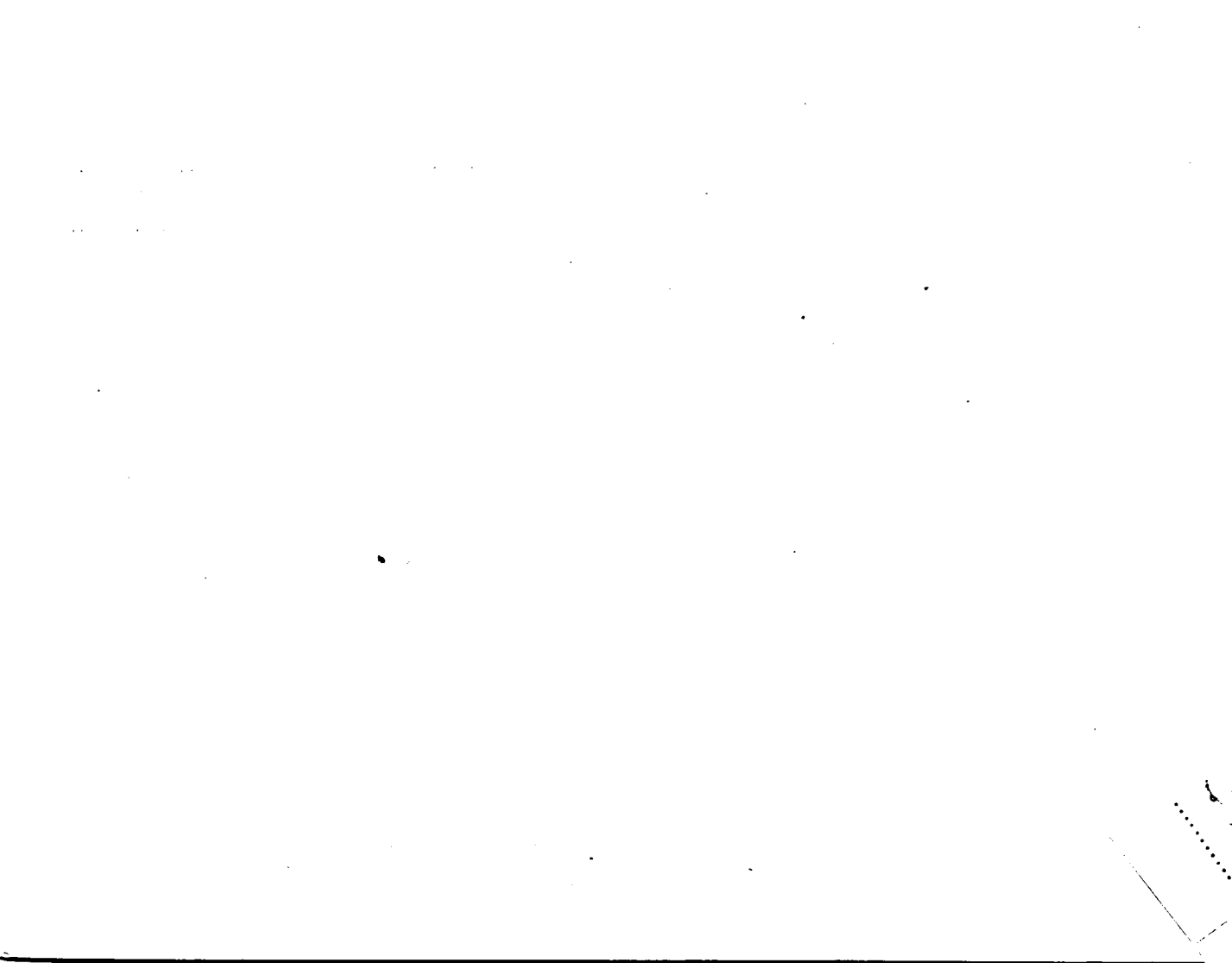
(Physician or midwife)

Given names added from a supplemental report.

Address Preston IdahoFiled Feb 27 1920 D. A. C. C. C.

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-213-021-128
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-Mm-9-8-17

County of Franklin

City of Preston

No. St.

Registration District No. 21

File No. 76957

Primary Registration District No. 2115

Registered No. 45

Hospital

FULL NAME OF CHILD

Sex of Child <u>7</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 13 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Howard Milton Tolman</u>	FATHER
RESIDENCE <u>Preston Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laundryman</u>	

FULL MAIDEN NAME <u>Jessie Ashdown</u>	MOTHER
RESIDENCE <u>Preston Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Chittenden

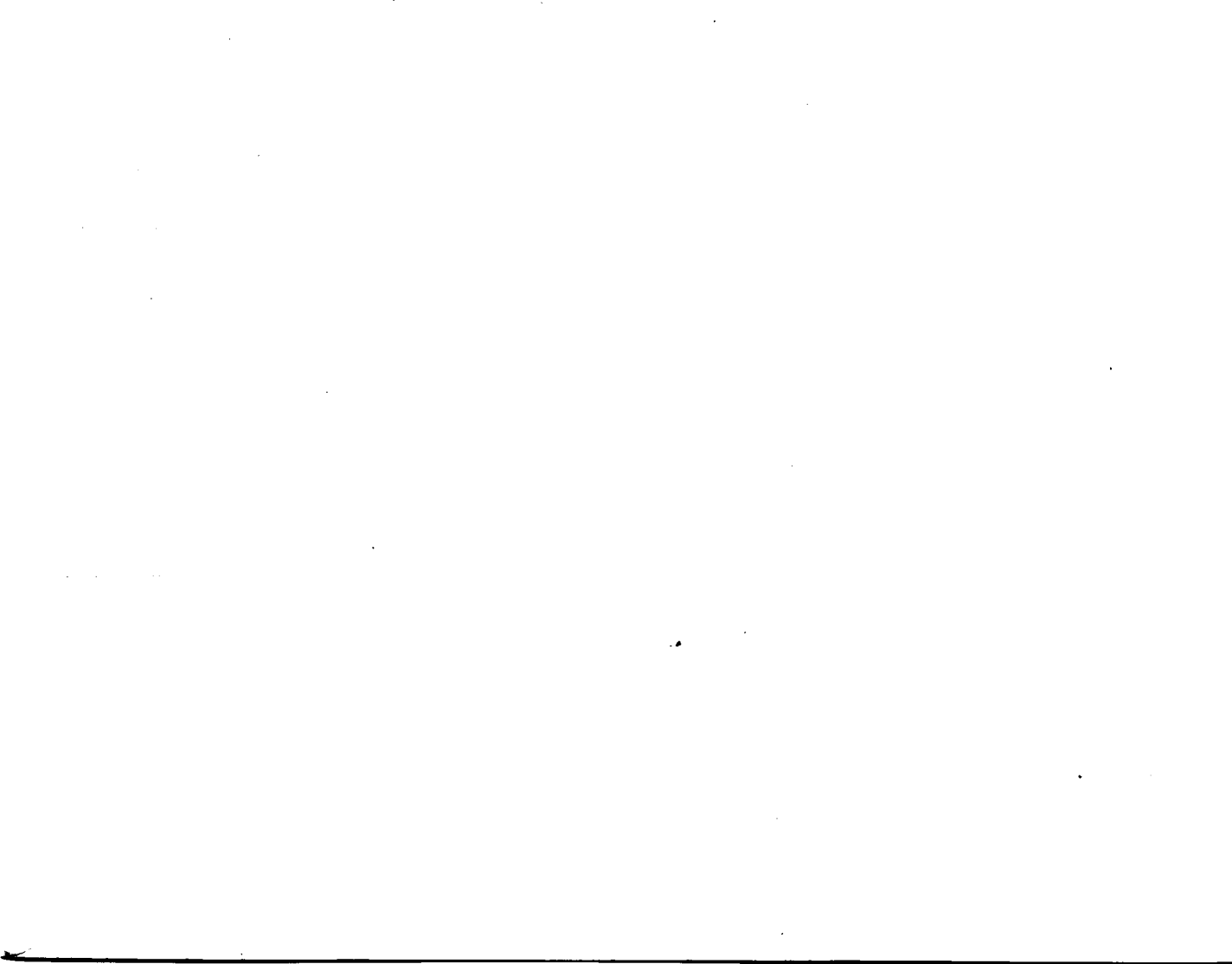
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho
Filed Feb 17 1920
Registrar Franklin

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

Amended 1-12-82

No. _____ St. _____

Hospital _____

Full Name of Child Laura Porter

STATE OF IDAHO
VITAL STATISTICS

Form V. S. No. 11—25m-4-15

DATE OF BIRTH

Registration District No. 27

File No. 76958

Primary Registration District No. 2119

Registered No. 46

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____	Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Feb 4 1920</u> (Month) (Day) (Year)
FULL NAME <u>Albert Edward Porter</u>			FULL MAIDEN NAME <u>Mary C. Petersen</u>	
RESIDENCE <u>Preston Idaho</u>			RESIDENCE <u>Preston Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>80</u> (Years)		
BIRTHPLACE <u>Preston Idaho</u>			BIRTHPLACE <u>Franklin Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Albert Petersen
Physician
(Physician or midwife)

Address Preston Idaho

Filed Feb 22 1920 D. Ed. Curtis
Registrar

11-11-1962

ALABAMA

STATE OF ALABAMA

STATE OF ALABAMA

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS

State of _____ } ss.
County of _____ }

Certificate No. 76958

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Porter who was born on Feb. 6 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Preston are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED
child's name

omitted FROM

TO
Laura Porter

father's name

Albert Edward

Albert Edward Porter

date of birth

Feb. 6

Feb. 4

Subscribed and sworn to before me this 12th day of

January, 1982.

Notary Public, Florence Burright

Residing at Borah, Idaho

My commission expires 2 years

(Seal)

Preston B. Porter

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

Supporting Signature

Street Address, City, State

(Seal) In office 11-9-81 Correction corresp.

✓ Certificate of Baptism and Confirmation gives name as Laura Porter Wilding daughter of Albert Edward Portor and Mary C. Peterson born February 4, 1920 at Preston, Idaho and baptized Feb. 19, 1928 in L.D.S.Church
Viewed by V.S.

Certificate of Birth issued by the L. D. S. Church gives name as Laura Porter born February 4, 1920 at Preston, Idaho, to Albert Edward Porter and Mary C. Peterson. Birth recorded in Franklin Stake, Preston 5th Ward, Record of Members 20648, Entry 347 Entered on record March 7, 1920.
Viewed by V.S.

381-1131021-553
PLACE OF BIRTHCounty of FranklinCity of Preston

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 27Primary Registration District No. 8112STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

06-15-18

1920

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Feb 18 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Joll Miller Chadwick</u>	FATHER
RESIDENCE <u>Preston Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Franklin Idaho</u>	
OCCUPATION <u>Painter</u>	

FULL MAIDEN NAME <u>Emma Nelson</u>	MOTHER
RESIDENCE <u>Preston Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Provo Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) BlanchardPhysician
(Physician or midwife)Address Preston IdahoFiled Feb 17 1920 Dr. Ark

Registrar

Registrar

Certified Copy issued Dec. 20, 1940. E.W.

415-2181021-155

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of PrestonRegistration District No. 27File No. 76960

No. _____ St.

Primary Registration District No. 2118Registered No. 481

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 18</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-----	--------------------------------	----------------------------	--

FULL NAME <u>Virgil Manning</u>	FATHER
RESIDENCE <u>Preston Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Preston Idaho</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Oliver Jinks</u>	MOTHER
RESIDENCE <u>Preston Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Weston Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alvin R. Curtis

(Physician or midwife)

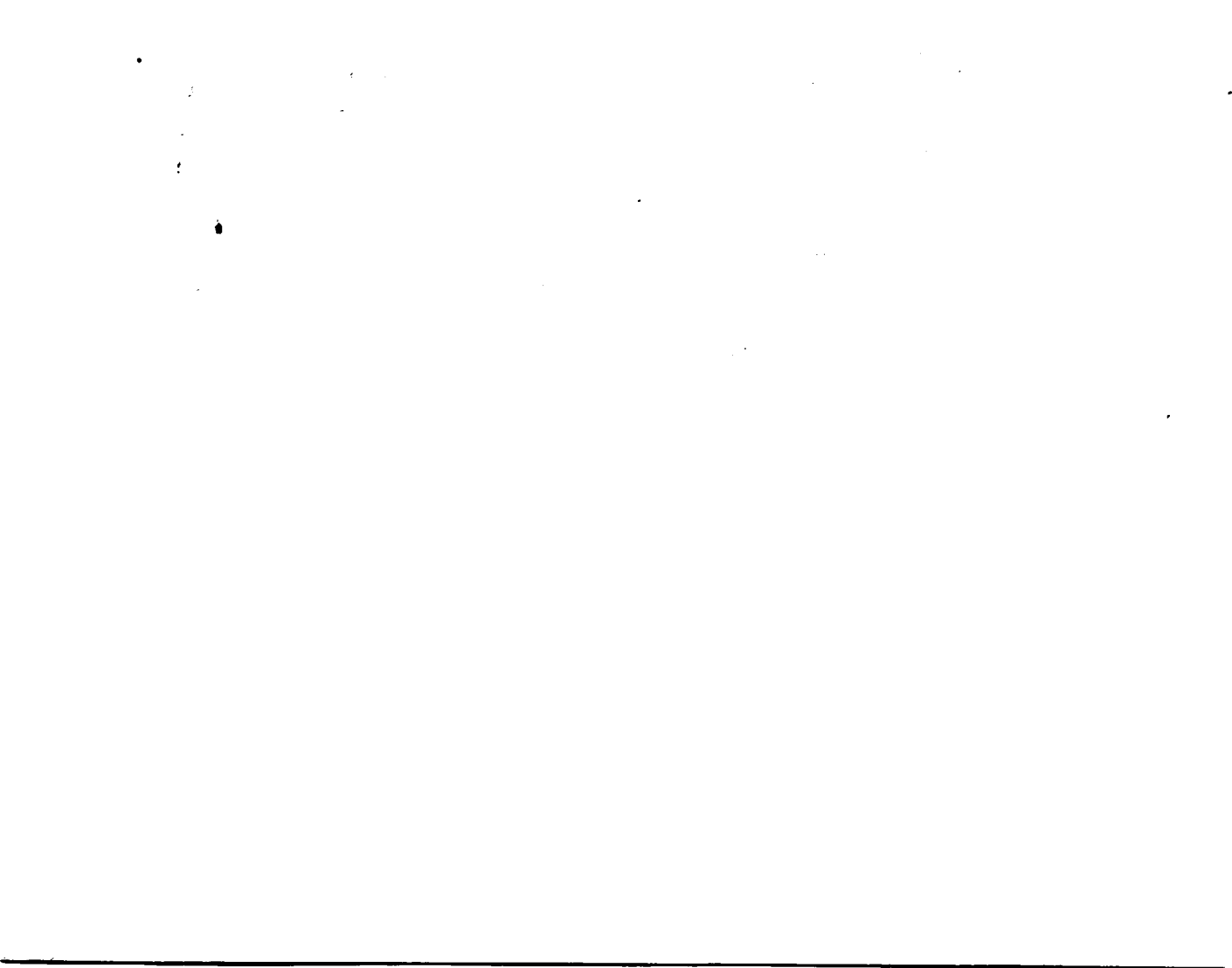
Given names added from a supplemental report.

19

Address Preston IdahoFiled Feb 27 1920

Registrar

Registrar Dr. R. Curtis



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-2241021-155

PLACE OF BIRTH

County of Franklin

City of Weston

No. _____ St.

Hospital _____

FULL NAME OF CHILD

Barbara Taylor

Registration District No. 28

Primary Registration District No. 2119

File No. 76961

Registered No. 49

Sex of Child <u>female</u>	Twin Triplet or other? <u>no</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 24 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----	-----------------------------------	------------------------	--

FATHER
FULL NAME Reuben S. Taylor
RESIDENCE Weston Idaho
COLOR white AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Franklin Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Alga May Jensen
RESIDENCE Weston Idaho
COLOR white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Logan Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen White
physician
(Physician or midwife)

Given names added from a supplemental report.

Barbara Taylor 1920
W. C. Murphy Registrar

Address Preston Idaho
Filed Feb 24 1920 D. A. Cullen Registrar

106822
10710000
10710000

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Preston Registered No. 49
 Street and House No. _____
 County Franklin Registration Dist. No. 27

Sex of Child Female
 Date of Birth Feb. 24 1912
MONTH DAY YEAR
 Father Reuben D. Taylor
FULL NAME
 Mother Olga May Jensen
FULL MAIDEN NAME

I Hereby Certify that the child described herein
 has been named:

Barbara Taylor
GIVEN NAME IN FULL SURNAME
 as reported by Father
FATHER OR MOTHER
Dr. R. C. Cullen
LOCAL REGISTRAR

MAY 2 1962

APR 12 1971

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-126-021-134 name added 3-12-85 dl

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

Registration District No. 27

File No.

76962

No. _____ St.

Primary Registration District No. 2119

Registered No. 50

Hospital _____

Leroy Alder Archibald

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb 26</u> 19 <u>30</u> (Month) (Day) (Year)
--------------------------	--	--------------------------------	------------------------	--

FATHER
FULL NAME Leroy Archibald
RESIDENCE Dayton Idaho
COLOR white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Clarkston Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Susan J. Alder
RESIDENCE Dayton Idaho
COLOR white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Preston Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

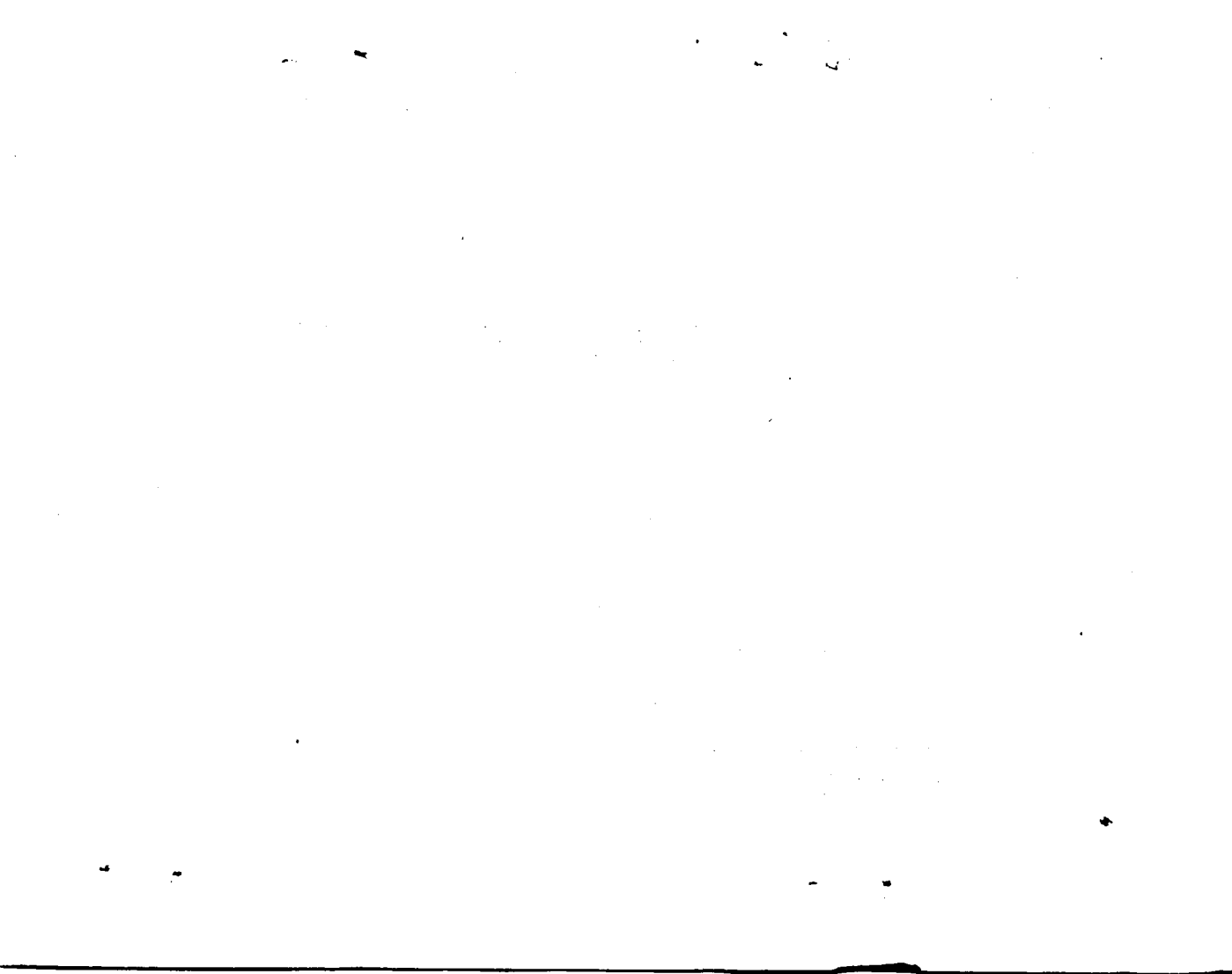
(Signature) [Signature]
physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho
Filed Feb 27 1930 [Signature]

Registrar

Registrar



12-5-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 76962
Date Filed _____

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 1 3 14 PM '85

The undersigned does solemnly swear that certain facts on the certificate of _____ birth

for Unnamed Archibald who was born on Feb 26, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Dayton (Franklin) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>Unnamed</u>	<u>Leroy Alder Archibald</u>

Subscribed and sworn to before me this 17th day of
December, 1984.
Notary Public, Deanna M. Green
Residing at Salt Lake City, Utah
My commission expires 20 December 1984
(Seal)

x Leroy Alder Archibald
Signature of Applicant
x 741 East 2710 South Salt Lake City
Street Address, City, State Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

(Must be completed ___)

(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of
December, 1984.
Notary Public, Deanna M. Green
Residing at Salt Lake City, Utah
My commission expires 20 December 1984
(Seal)

Susan A. Archibald
Supporting Signature
329 Blvd Logan Utah
Street Address, City, State 84321

Certificate of Birth from LDS Church gives Leroy Alder Archibald
born Feb 26, 1920 in Dayton to LeRoy ARCHIBALD and Susie Alder
Recorded March 30, 1920. Viewed by V.S.

Notice of Separation from U.S. Naval Service lists Leroy Alder Archibald
was discharged 12-19-45. Viewed by V.S.

MAR 1 1920

235-220-021-759

PLACE OF BIRTH

County of FranklinCity of PrestonNo. 3d Md St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 27File No. 76963Primary Registration District No. 2118Registered No. 58

FULL NAME OF CHILD

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 20</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Jesse John StephensRESIDENCE Preston IdahoCOLOR W AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE IdahoOCCUPATION LabourerFULL MAIDEN NAME MOTHER Edna Irene PerkinsRESIDENCE Preston IdahoCOLOR W AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:45 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

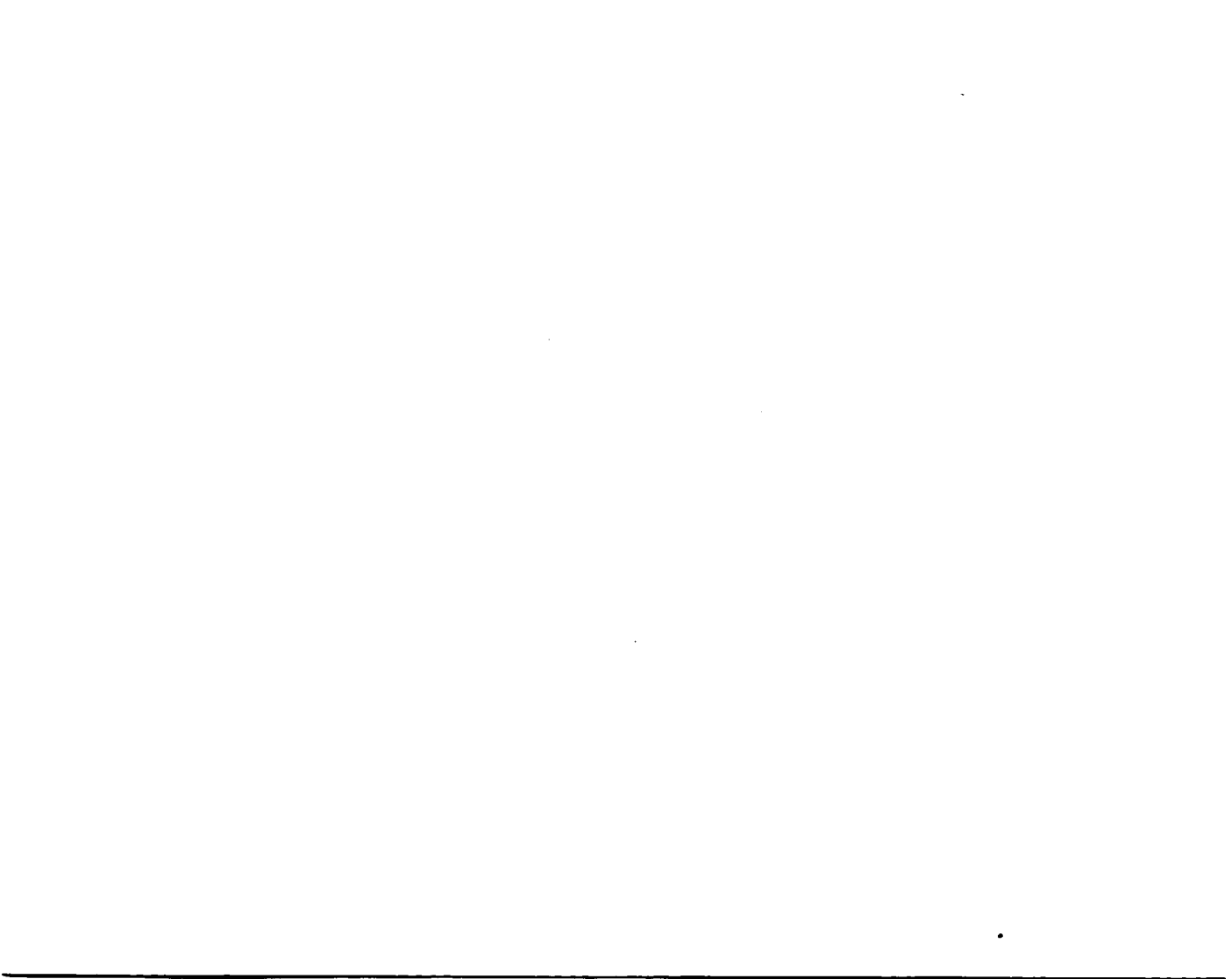
(Signature) Charles Blund
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston, Idaho
Filed Mar 5 1920 Dr. C. Blund
Registrar

Registrar



763-227-021-381

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of FranklinCity of PrestonNo. 1st Ward St.Registration District No. 17File No. 76964

Hospital _____

Primary Registration District No. 2119Registered No. 52

FULL NAME OF CHILD

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in case of plural births)	and	Number in order of birth (To be answered only in case of plural births)	Legiti mate? <u>Y</u>	Date of Birth <u>Feb 27</u> 19 <u>22</u> (Month) (Day) (Year)
-----------------------	--	-----	--	--------------------------	--

FULL NAME Joseph Williams PoligleyFULL MAIDEN NAME Mable ChattertonRESIDENCE Preston IdahoRESIDENCE Preston IdahoCOLOR W AGE AT LAST BIRTHDAY 4 (Years)COLOR W AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE IdahoBIRTHPLACE UtahOCCUPATION Automobile SalesmanOCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 PM M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

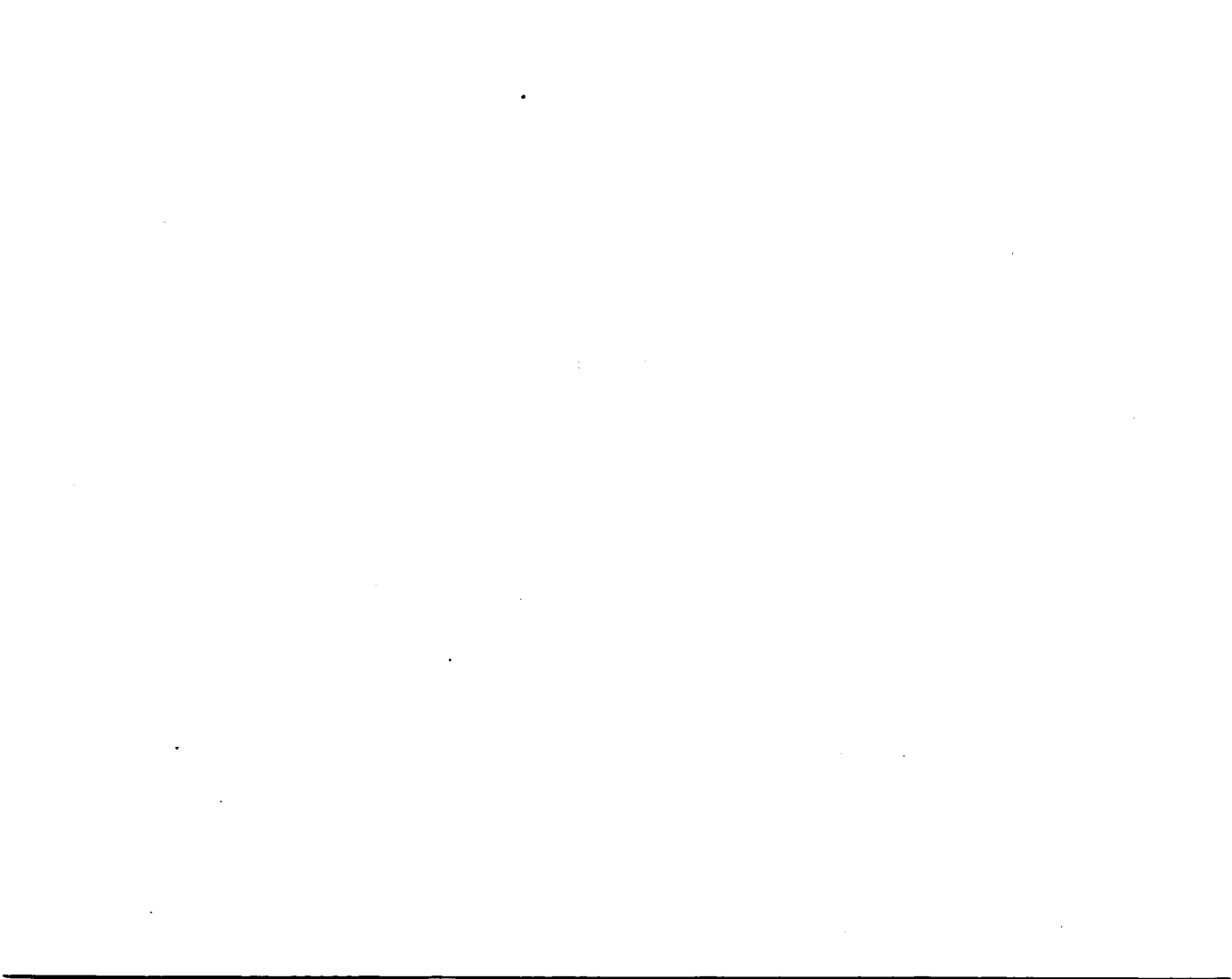
Given names added from a supplemental report.

Address Preston Idaho
Filed 3/8 1922 D. H. C. C. C. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



168-221021-692

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of FranklinCity of PrestonNo. 4th Ave St.Registration District No. 27File No. 76965

Hospital _____

Primary Registration District No. 2112Registered No. 53

FULL NAME OF CHILD

Sybil JohnsonSex of Child FTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate? Yes

Date of Birth

Feb 21 1922
(Month) (Day) (Year)FULL
NAMEFATHER
Alma Lee JohnsonFULL
MAIDEN
NAMEMOTHER
Ida Grace Fisher

RESIDENCE

Preston Idaho

RESIDENCE

Preston Idaho

COLOR

NAGE AT LAST
BIRTHDAY29
(Years)

COLOR

NAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 5509 N.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Curtis Rand
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston Idaho

Filed

Mar 31922Ida Lee Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

967-115-021-296

PLACE OF BIRTH

amended 3/13/79

Form V. S. No. 14-G-20-2-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 4th Ward St.

Registration District No. 2

File No. 76966

Hospital _____

Primary Registration District No. 2119

Registered No. 54

FULL NAME OF CHILD

Frank B. Roper

Sex of Child <u>M</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb 15</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

FATHER
FULL NAME Simpson Roper
RESIDENCE Bannock Co
COLOR W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Ethel Brown
RESIDENCE Bannock Co
COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:47 A.M.
on the date above stated. (Born alive or stillborn)

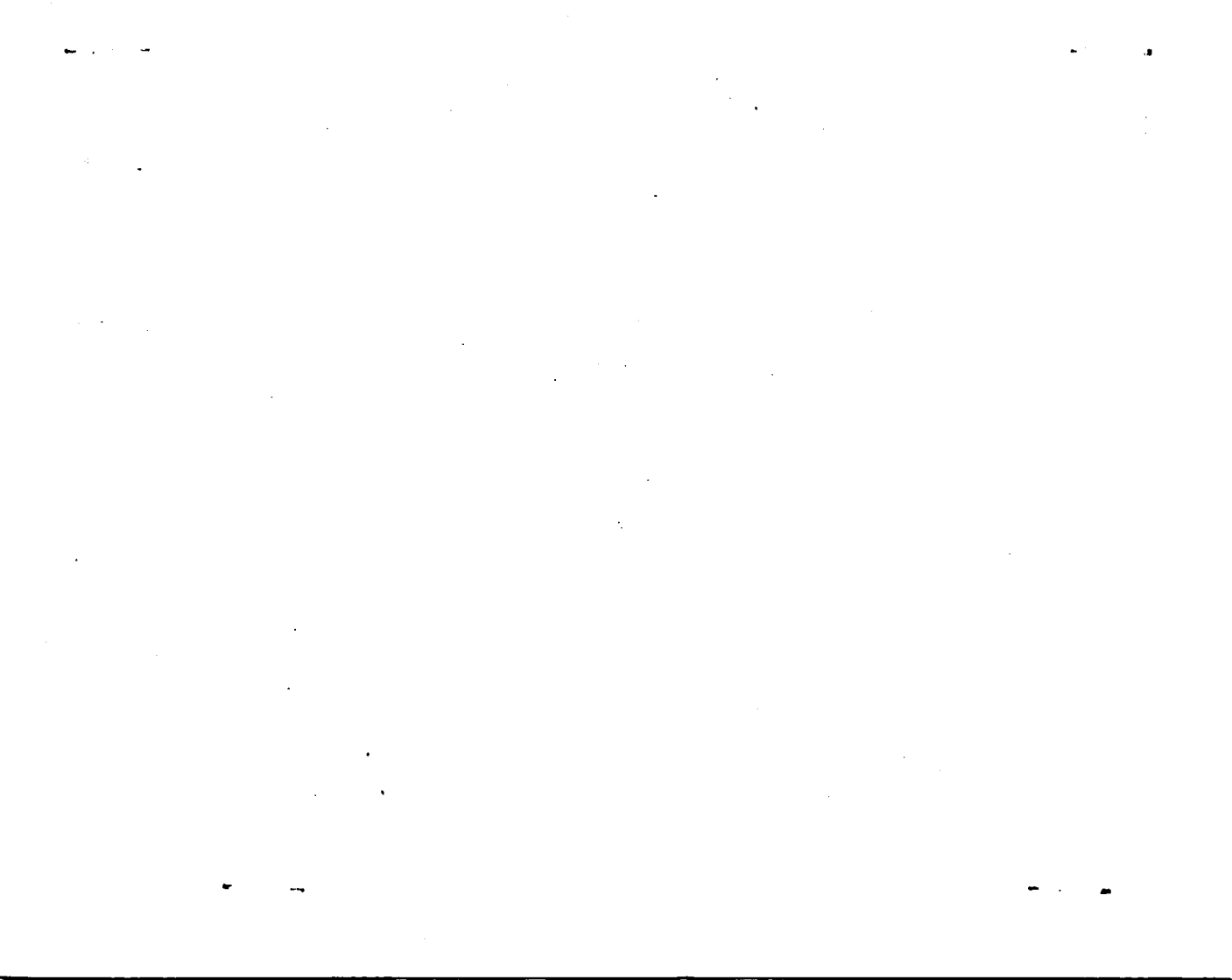
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician or midwife

Given names added from a supplemental report.

Address Preston Idaho
Filed Mar 5 1920 [Signature]
Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF
VITAL STATISTICS

State of Utah }
County of Cache } ss.

FEB 21 9 25 AM '79

Certificate No. 76966

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Roper (Male) who was born on Feb. 15, 1920

in Preston (Franklin) are erroneous or were omitted:

(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name

unnamed Roper

Frank B. Roper

Subscribed and sworn to before me this 15th day of

February, 1979.

Notary Public, William C. Wood

Residing at Smithfield, Utah

My commission expires 9-20-81

(Seal)

[Signature]
Signature of Applicant

617 N. 425 E. Smithfield, W.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed ____)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of

_____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

2-12-79

Certificate of blessing, LDS Church, lists name as Frank B. Roper, born Feb. 15, 1920, in Preston, Idaho to Simpson Roper and Ethel Brown. Blessed June 6, 1920.
viewed by vs March 13, 1979

MAR 14 1979

Certificate of baptism and confirmation, LDS Church, lists name as Frank B. Roper, born Feb. 15, 1920, in Preston, Idaho to Simpson Roper and Ethel Brown, baptized June 2, 1928.
viewed by vs March 13, 1979

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

455-120-027-292

PLACE OF BIRTH

County of Franklin
City of Riverdale

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 27 File No. 76967

Primary Registration District No. 2119 Registered No. 65

FULL NAME OF CHILD

Sex of Child M Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimate? Yes Date of Birth Feb 20 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Benjamin Anton Meek

RESIDENCE Riverdale Idaho

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Grace Olivia Bishop

RESIDENCE Riverdale Idaho

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:20 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curcio Clark

(Physician or midwife)

Given names added from a supplemental report.

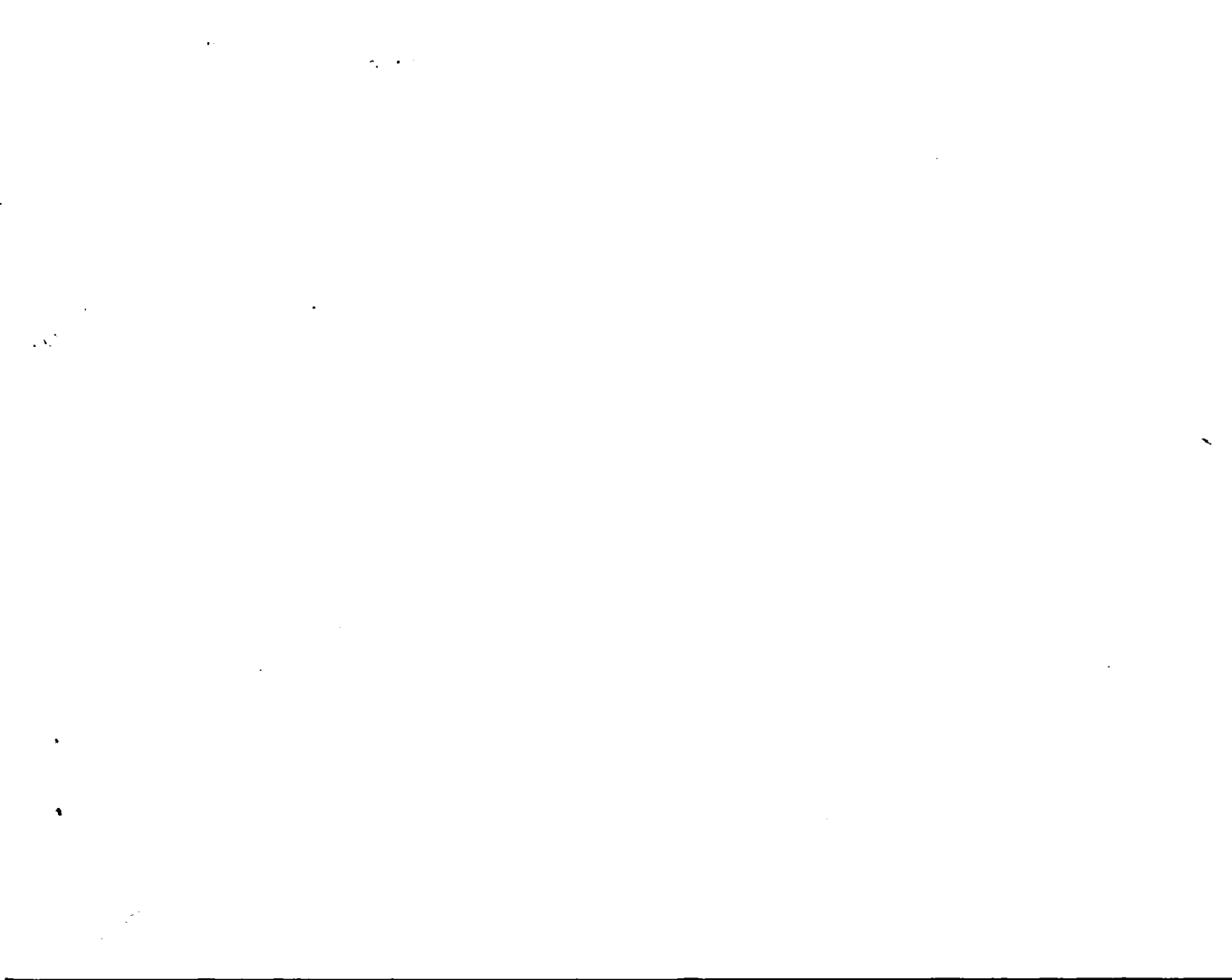
19

Address Trouton Idaho

Filed Mar. 3, 1920 D. C. Cutts

Registrar

Registrar



639-201-021-551

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11-C-25m-9-8-27

County of **Franklin**City of **Franklin**Registration District No. **21**File No. **76968**No. **St.**Primary Registration District No. **2118**Registered No. **57**

Hospital

FULL NAME OF CHILD **HELEN OLIVERSON**

Sex of Child Female	Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Feb. 1 19 20 (Month) (Day) (Year)
----------------------------	--	-------------------------	--

FULL NAME FATHER Vernon Oliverson,
RESIDENCE Franklin Idaho
COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Cove Utah.
OCCUPATION blacksmith

FULL MAIDEN NAME MOTHER Hazel Evans
RESIDENCE Franklin Idaho
COLOR white AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Pleasant View Idaho.
OCCUPATION Housewife,

Number of child of this mother, including present birth **2**..... Number of children of this mother now living, including present birth **2**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** at **2:15 A.M.** on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **[Signature]****Physician**

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address **Preston Idaho**

.....19 20.....

Filed **Mar. 4** 19**20**

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



753-112-021-365
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form No. 11-C-25m-9-8-17

County of... **Franklin**City of... **Preston Idaho**Registration District No. **21**File No. **76969**No. **St.**Primary Registration District No. **58**Registered No. **58**

Hospital

FULL NAME OF CHILD **JOHN DeLILE PETTERBORG**

Sex of Child	Male	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate?	Yes	Date of Birth	Feb. 12	20
						(Month)	(Day)	(Year)

FULL NAME	FATHER Theodore A. Petterborg
-----------	--

FULL MAIDEN NAME	MOTHER Alice Longstroth,
------------------	---

RESIDENCE	Preston Idaho
-----------	----------------------

RESIDENCE	Preston Idaho
-----------	----------------------

COLOR	white	AGE AT LAST BIRTHDAY	35
		(Years)	

COLOR	white	AGE AT LAST BIRTHDAY	35
		(Years)	

BIRTHPLACE	Preston Idaho
------------	----------------------

BIRTHPLACE	Menden Utah.
------------	---------------------

OCCUPATION	Mechanic
------------	-----------------

OCCUPATION	Housewife.
------------	-------------------

Number of child of this mother, including present birth	4	Number of children of this mother now living, including present birth	4
---	----------	---	----------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born Alive** at **1:40** **P.M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **G. W. States**
Physician

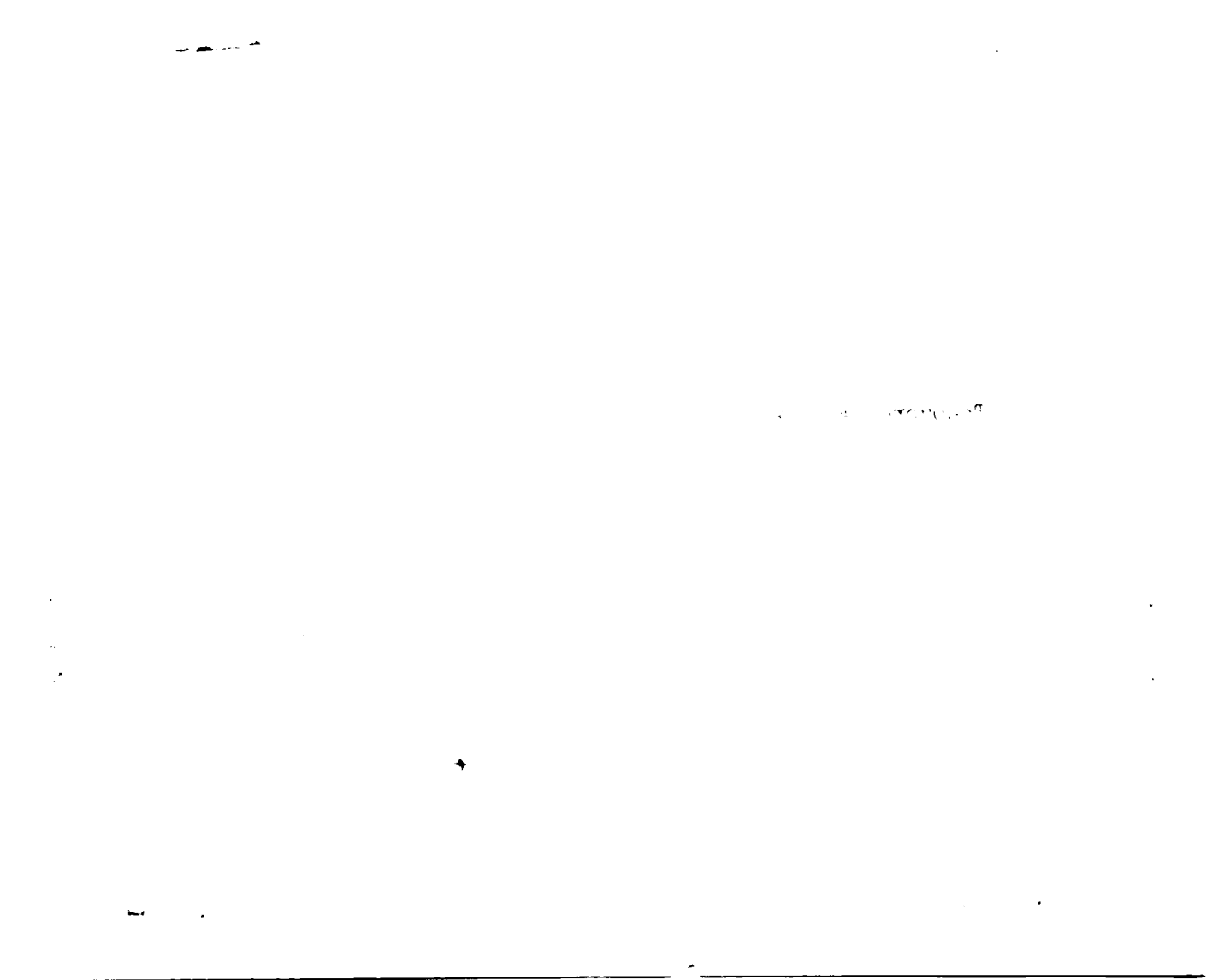
(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho**Filed **Mar. 4** 19 **20**

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss. Certificate No. 76969
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for _____ who _____ on _____ (Birth or Death)
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name _____	unnamed _____	John DeLile Petterborg _____
name of father _____	Theo Peterborg _____	Theodore A. Petterborg _____

Subscribed and sworn to before me this 13th
day of March, 19 42.

Notary Public, residing at Preston, Idaho
My commission expires December 17, 1944.
(Seal)

Signed Theodore A. Petterborg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
162N 1st W. Preston, Franklin Co. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss. [This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Notary Public, residing at _____
My commission expires _____
(Seal)

MAR 24 1942

219-115-1021-363
PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of... **Franklin**City of... **Preston Idaho**Registration District No. **7**File No. **76970**No. **St.**Primary Registration District No. **2118**Registered No. **2118**

Hospital

FULL NAME OF CHILD **Dora Barlow**

Sex of Child Male	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? Yes.	Date of Birth Feb. 15. 20 (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------------	--

FULL NAME FATHER
Nathan Barlow

RESIDENCE

Preston Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY**51**

(Years)

BIRTHPLACE

Bountiful Utah.

OCCUPATION

BookkeeperFULL
MAIDEN
NAME

MOTHER

Dora M. Tolman,

RESIDENCE

Preston Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY**44**

(Years)

BIRTHPLACE

Woodruff Utah.

OCCUPATION

Housewife.Number of child of this mother, including present birth.... **14.** Number of children of this mother now living, including present birth.... **12**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....
on the date above stated. **Born Alive** at **5:30 A.M.**
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **J. W. Statton****Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address..... **Preston Idaho**Filed **Mar. 4 20** **D. C. R. C. R. C.**

Registrar

Registrar

JAN 8 1945

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-219-021-553

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

County of **Franklin**

City of **Banida Idaho.**

Registration District No. **27**

File No. **76971**

No. **St.**

Primary Registration District No. **2118**

Registered No. **61**

Hospital

FULL NAME OF CHILD **Roma N. Keller**

Sex of Child Female	Twin Triplet or other? and (Number in order of birth)	Legitimate? Yes.	Date of Birth Feb. 19 1920 (Month) (Day) (Year)
----------------------------	--	-------------------------	---

FATHER
FULL NAME **Heber Keller**
RESIDENCE **Banida Idaho.**
COLOR **White** AGE AT LAST BIRTHDAY **38**
(Years)
BIRTHPLACE **Mink Creek Idaho.**
OCCUPATION **Merchant.**

MOTHER
FULL MAIDEN NAME **Josephine Nelson,**
RESIDENCE **Banida Idaho**
COLOR **White** AGE AT LAST BIRTHDAY **37**
(Years)
BIRTHPLACE **Logan Utah.**
OCCUPATION **Housewife.**

Number of child of this mother, including present birth **10.** Number of children of this mother now living, including present birth **8.**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born Alive** at **3:30 P.M.** on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **W. States**
physician
(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho**
Filed **Mar. 4 1920**
D. R. Curtis
Registrar

NOV 5 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. NOV 26 11 09 AM '74 Certificate No. 76971
County of Bonneville } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for Unnamed Keller (female) who was born on Feb. 19, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Banida, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Certificate of Baptism & Marriage prepared on Mar. 6, 1960 + Dec. 1, 1937 respectively are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name Unnamed Roma N. Keller

Subscribed and sworn to before me this 20th day of Nov. 1974

Signed Mrs. Marie Hawkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
167 Crawley, Idaho Falls, Idaho
(Street Address, City, State)

Notary Public, residing at Idaho Falls, Idaho
My commission expires July 10, 1974
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of Nov. 1974

Signed James B. Jensen
(Signature of Any Credible Person)
435 Haldroak Dr. Ida Falls
(Street Address, City, State)

Notary Public, residing at Idaho Falls, Idaho
My commission expires July 10, 1974
(Seal)

Certif. of Baptism and Confirmation ~~g~~ from the LDS Church gives the child's name as Kirl Al Jensen son of Wendell Moyne Jensen and Roma Keller. Born Dec. 27, 1951 at Shelley, Idaho. ~~Was~~ Baptized Mar. 5, 1960 viewed by V. S.

NOV 26 1974

Marriage License and Certif. from Idaho gives groom's name as Wendell Moyne Jensen and the bride's name as Roma N. Keller, dated Dec. 1, 1937. viewed by V. S.

117-116-021-253

PLACE OF BIRTH

Form V. S. No. 11-0-254-2-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of.....**Franklin**.....City of....**Franklin Idaho.**.....Registration District No.**27**.....File No.**76972**.....No.**St.**.....Primary Registration District No.**2118**.....Registered No.**61**.....

Hospital

FULL NAME OF CHILD **Kenneth** **MaGee**Sex of
Child **Male**Twin
Triplet
or other?
(To be answered only in event of plural births)} and { Number
in order
of birthLegiti-
mate? **Yes.**Date of Birth **Feb. 18** **20**
(Month) (Day) (Year)FULL
NAME**George (MaGee) MaGee**FULL
MAIDEN
NAME**MOTHER
Mary Ann Belle**

RESIDENCE

Franklin Idaho

RESIDENCE

Franklin Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY**53**

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY**42**

(Years)

BIRTHPLACE

Liverpool England

BIRTHPLACE

richmond utah.

OCCUPATION

Mason.

OCCUPATION

Housewife.Number of child of this mother, including present birth...**6**..... Number of children of this mother now living, including present birth...**6**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... **Born Alive** at **10:10 A.M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Dr. J. H. Stiles****Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address..... **Preston Idaho**Filed **MAR 4** **1920**

Registrar

Registrar

111 2-1950

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-229-021-168

PLACE OF BIRTH

County of **Franklin**

City of **Preston Idaho**

No. St.

Hospital

FULL NAME OF CHILD **Helen Tarbet**

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-4-37

CERTIFICATE OF BIRTH

Registration District No. **27**

File No.

76973

Primary Registration District No. **2112**

Registered No. **62**

Sex of Child Female	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Feb. 29 1912 (Month) (Day) (Year)
----------------------------	---	---	-------------------------	---

FULL NAME, George Tarbet	FATHER
RESIDENCE Preston Idaho	
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Logan Utah.	
OCCUPATION Farmer	

FULL MAIDEN NAME Edith Johnson,	MOTHER
RESIDENCE Preston Idaho	
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Copenhagen Denmark.	
OCCUPATION Housewife.	

Number of child of this mother, including present birth **2**..... Number of children of this mother now living, including present birth **2**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born Alive** (Born alive or stillborn) at **7:20 P.M.** on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **G. W. States**
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho**

Filed **Mar 4 1920**

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 13 1961

449-223-021-754
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-37

County of... **Franklin**City of... **Banida Idaho**Registration District No. **27**File No. **76974**No. **St.**Primary Registration District No. **2119**Registered No. **63**

Hospital

FULL NAME OF CHILD **Martina**

Sex of Child Female	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legitimate? Yes.	Date of Birth Feb. 23 1920 (Month) (Day) (Year)
----------------------------	---	----------------------------------	-------------------------	---

FULL NAME Thomas Murray	FATHER
RESIDENCE Banida Idaho.	
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Spanish Fork Utah.	
OCCUPATION Farmer	

FULL MAIDEN NAME Maud Geddes,	MOTHER
RESIDENCE Banida Idaho	
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Preston Idaho	
OCCUPATION Housewife,	

Number of child of this mother, including present birth..... **4**..... Number of children of this mother now living, including present birth..... **4**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... **Born Alive**..... at **7:10 A.M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **J. W. States****Physician**
(Physician or midwife)

Given names added from a supplemental report.

..... **19**Address..... **Preston Idaho** **1920**Filed..... **Mar. 1 1920**

Registrar

Registrar

1. *Chlorophyll a* and *Chlorophyll b* contents were determined by spectrophotometry using the method of Lichtenthaler and Whistler (1987). The total chlorophyll content was determined by the method of Arar and Cook (1980).

299-111-022-231
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

76976

County of Fremont

City of Teton

Registration District No. 99

File No. _____

No. _____ St. _____

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD

George Albert Briggs

Sex of Child male

Twin
Triplet
or other?
(To be answered only in event of plural births)

and { Number
in order
of birth
(To be answered only in event of plural births)

Legiti
mate?

yes

Date of
Birth

Jun 11 1920
(Month) (Day) (Year)

FULL
NAME

George Albert Briggs

FATHER

RESIDENCE

Teton

COLOR

white

AGE AT LAST
BIRTHDAY

4 1/2
(Years)

BIRTHPLACE

Salt Lake City

OCCUPATION

Farmer & millwright

FULL
MAIDEN
NAME

Eva Blackford

MOTHER

RESIDENCE

Teton

COLOR

white

AGE AT LAST
BIRTHDAY

4 2
(Years)

BIRTHPLACE

England

OCCUPATION

Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.

(Born alive or stillborn)

at 3 30 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. Eames MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Teton Idaho
518 W. 2nd

Filed

5 18

1920

W. B. Burt

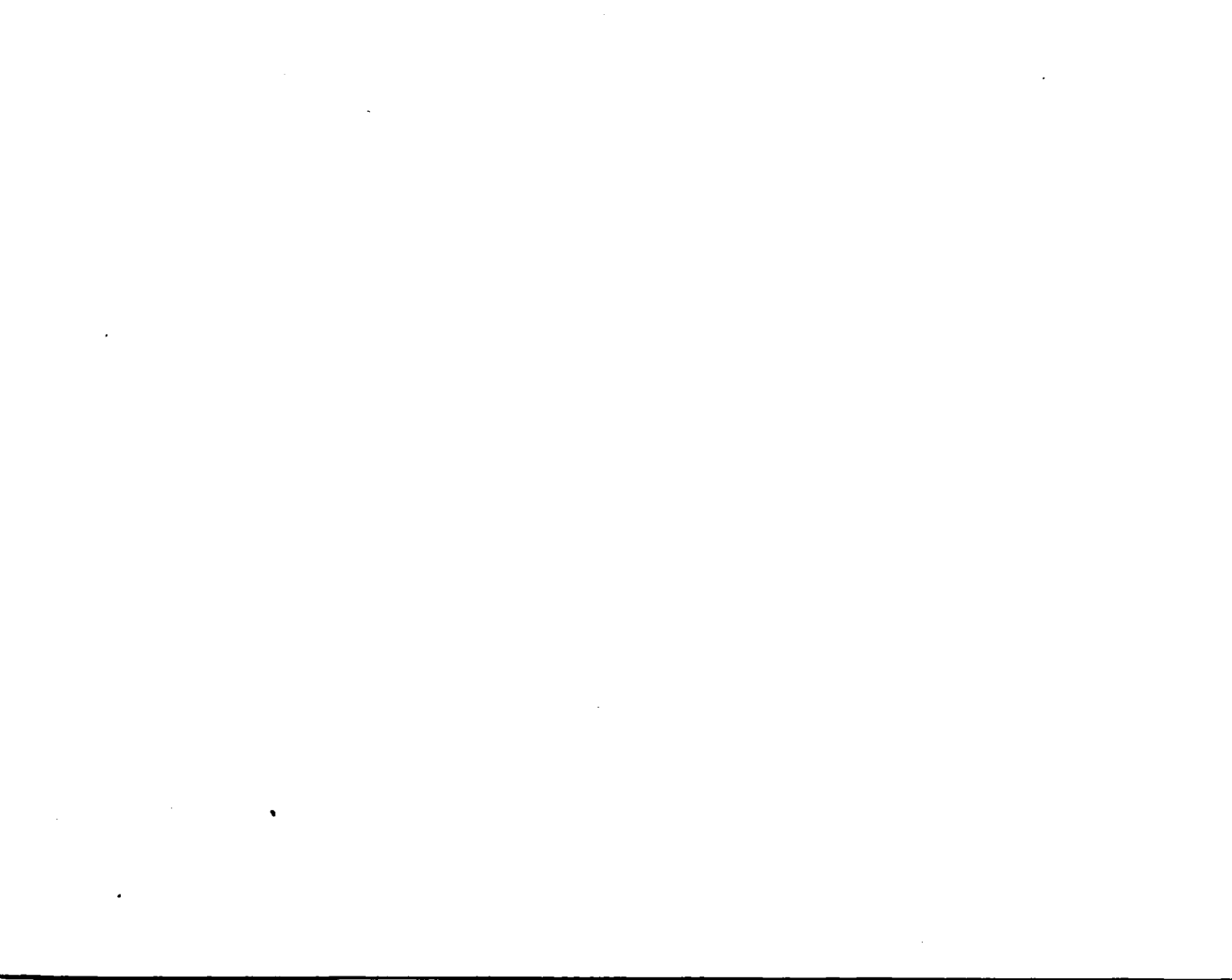
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

296-105-022-819

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of Newdale

Registration District No. 99

File No. 76977

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Cecil Brauer

Sex of Child male ^{Twin} ^{Triplet} ^{or other?} } and { Number in order of birth } Legiti- yes Date of Birth Jan 5 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Joseph Elmer Brauer
RESIDENCE Newdale
COLOR white AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Cooke Valley Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Beulah Edeline Hardy
RESIDENCE Newdale
COLOR white AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Hooper Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

Born alive at 820 P M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

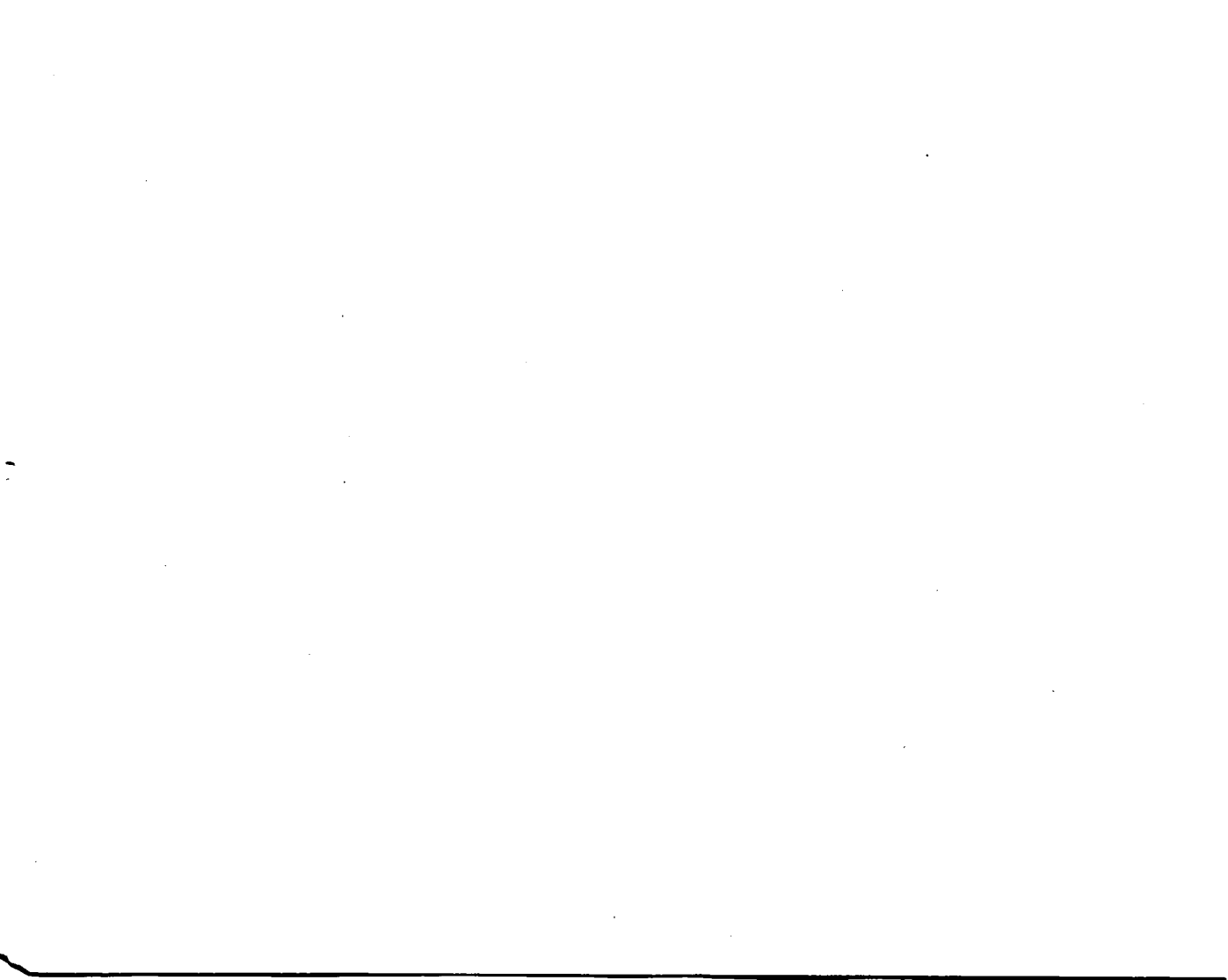
(Signature) E. Eames M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Teton Idaho
Filed 2 10 1920

Registrar

Registrar



811-1041022-364

PLACE OF BIRTH

County of FremontCity of Murdale

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 99File No. 76978Primary Registration District No. 2177

Registered No. _____

Clayton Courtney Hacks

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimacy <u>Yes</u>	Date of Birth <u>Jan 4</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-----------------------	---

FULL NAME <u>Paul Frederick Carl Hacks</u>	FATHER
RESIDENCE <u>Murdale Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Council Bluffs, Iowa</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Elsie Maude Courtney</u>	MOTHER
RESIDENCE <u>Murdale Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. _____ Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at 5:22 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Eames MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed 2 10 19 20

Registrar

Registrar W. S. S. S.

MAR 17 1992

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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-110-022-386
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Tremont

City of St. Anthony

No. _____ St.

Registration District No. 99

File No. 76979

Hospital _____

Primary Registration District No. 2177

Registered No. _____

FULL NAME OF CHILD Joe Orr Jr

Sex of Child <u>male</u>	Twin Triplet or other? <u>1</u> (To be answered only in event of plural births)	and {	Number in order of birth <u>10</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 10</u> (Month) (Day) (Year) <u>1920</u>
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FATHER
FULL NAME Joe Orr
RESIDENCE Ida
COLOR white
AGE AT LAST BIRTHDAY 44
(Years)
BIRTHPLACE Ida
OCCUPATION farmer

MOTHER
FULL MAIDEN NAME Eileen Lyons
RESIDENCE Ida
COLOR white
AGE AT LAST BIRTHDAY 40
(Years)
BIRTHPLACE Ida
OCCUPATION housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 anc M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Frank Gray
Phys

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Feb 20 1920

W. S. S. S.

Registrar

Registrar

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DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-2091022-466
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 76980

No. _____ St.

Hospital _____ Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD Pauline Johnson Fredricka

Sex of Child <u>female</u>	Twin Triplet or other? <u>1</u> { and { Number in order of birth <u>5</u>	Legitimate? <u>yes</u>	Date of Birth <u>1 9 20</u> (Month) (Day) (Year)
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FULL NAME Jacob Johnson
FATHER
RESIDENCE Idaho

FULL MAIDEN NAME Josephine Wood
MOTHER
RESIDENCE Idaho

COLOR white AGE AT LAST BIRTHDAY 34
(Years)

COLOR white AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Australia

BIRTHPLACE Calo

OCCUPATION mechanic

OCCUPATION housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 3 2 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John R. Keen
Phys
(Physician or midwife)

Given names added from a supplemental report.

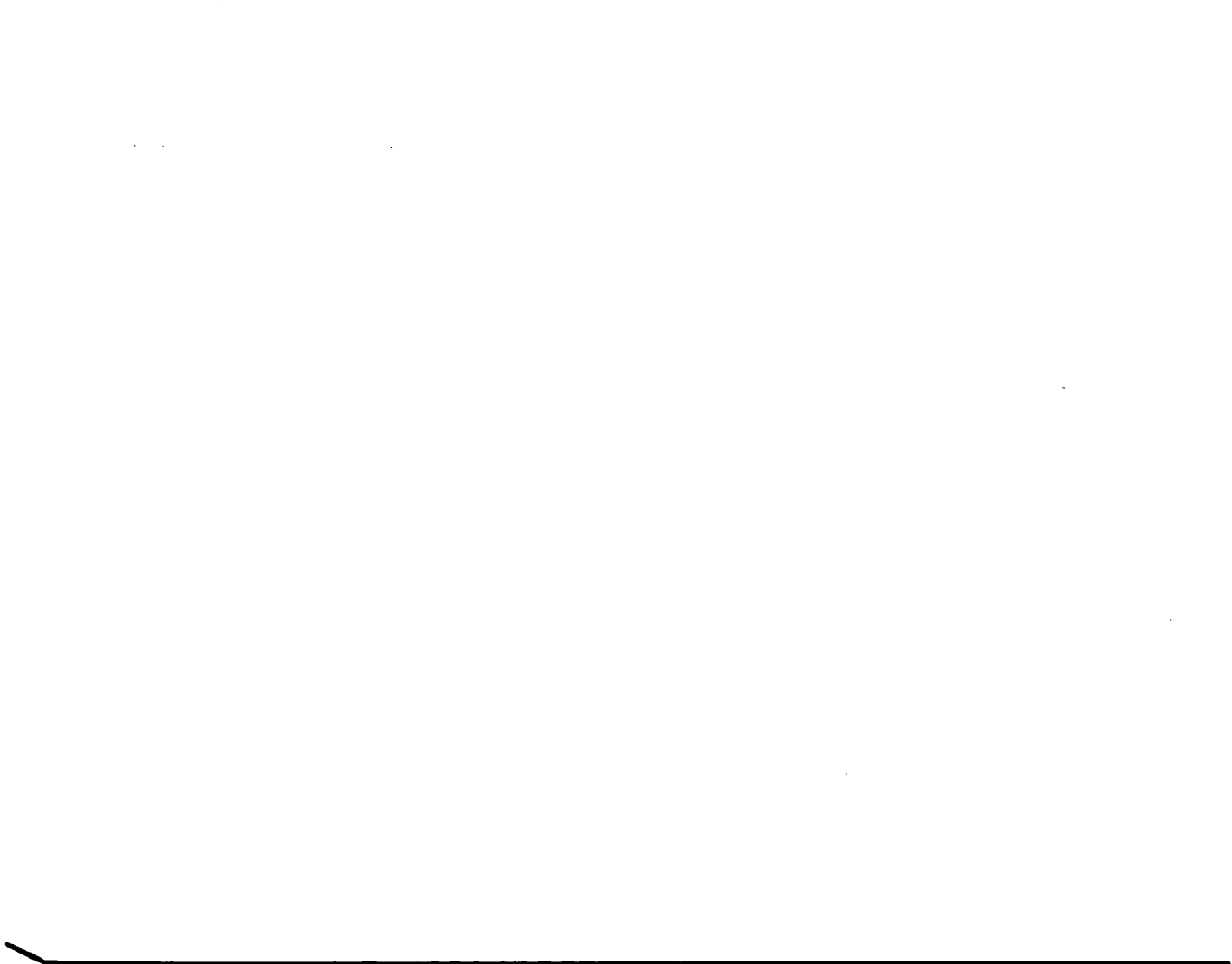
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Address _____

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Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

866-226-022-193

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 99

File No. 76981

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Sylvia Howard

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 26</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER
Ira Stanton Howard

FULL MAIDEN NAME MOTHER
Carrie Verschubald

RESIDENCE Teton

RESIDENCE Teton

COLOR white AGE AT LAST BIRTHDAY 27
(Years)

COLOR white AGE AT LAST BIRTHDAY 26
(Years)

BIRTHPLACE Helix Ida

BIRTHPLACE Medicine Lodge Ida

OCCUPATION Farmers

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, on the date above stated. (Born alive or stillborn) a 3³⁰ P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Eames M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Teton City Ida
Filed 2 10 1920

Registrar

Registrar

MAY 11 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont
City of St. Anthony Registration District No. 99 File No. 76982
No. _____ St. _____
Primary Registration District No. 277 Registered No. _____
Hospital _____
FULL NAME OF CHILD Edgar Greenhalgh
Sex of Child male Twin Triplet or other? 1 and Number in order of birth 6 Legit. mate? yes Date of Birth 1 22 00
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME <u>Leonard Greenhalgh</u>	FATHER <u>Leonard Greenhalgh</u>	FULL MAIDEN NAME <u>Annie Allen</u>	MOTHER <u>Annie Allen</u>
RESIDENCE <u>Ida</u>	RESIDENCE <u>Ida</u>	COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	BIRTHPLACE <u>Utah</u>	OCCUPATION <u>housewife</u>
BIRTHPLACE <u>Ida</u>	OCCUPATION <u>seaman</u>		

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) _____

(Physician or midwife)

Address _____

Filed Feb 10 1900

Registrar

Registrar

BUREAU OF VITAL STATISTICS
STATE OF ILLINOIS

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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-229-022-954

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Fremont

City of St Anthony

Registration District No. 99

File No. 76983

No. _____ St. _____

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Clark

Sex of Child <u>Girl</u>	Twin <u>Triplet</u> or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 29</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME John Roland Clark
FATHER
RESIDENCE St Anthony
COLOR white AGE AT LAST BIRTHDAY 33
(Years)
BIRTHPLACE Blackston
OCCUPATION Salesman

FULL MAIDEN NAME Nora L. Redford
MOTHER
RESIDENCE St Anthony
COLOR white AGE AT LAST BIRTHDAY 33
(Years)
BIRTHPLACE Mount Sterling
OCCUPATION Teacher

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

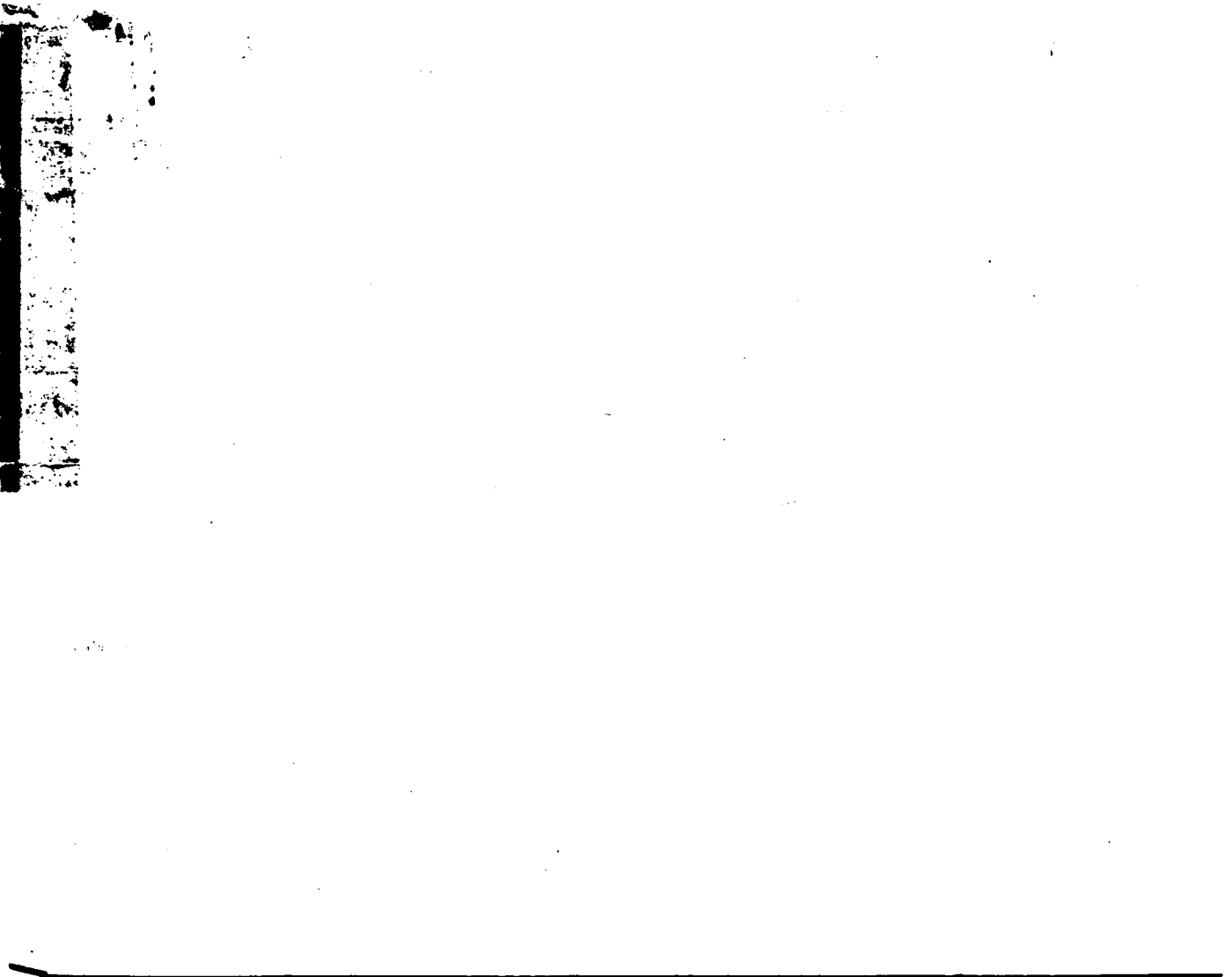
Born alive at 7 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshberger
MD
(Physician or midwife)

Given names added from a supplemental report.

Address St. Anthony Idaho
Filed Feb 10 1920
Registrar _____



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/6/12 41022-464
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 1

County of Fremont

City of Teton

Registration District No. 99

File No. 76984

No. _____ St. _____

Hospital _____ Primary Registration District No. 2127 Registered No. _____

FULL NAME OF CHILD Daniel Faus (Died 1939)

Sex of Child <u>Male</u>	Twin Triplet or other? _____	{ and } _____	Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>Jan. 24</u> 19 <u>26</u> (Month) (Day) (Year)
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FULL NAME Rayman Faus
RESIDENCE Teton
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Teton
OCCUPATION Farmer

FULL MAIDEN NAME Mary Olive Dodson
RESIDENCE Teton
COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Nash.
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 d. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger
(Physician or midwife)

Given names added from a supplemental report.

Address Dr. Anthony Sta
Filed July 18 1926
Registrar

cc 3/5/41 rml

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

692-218022-958

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 113-25m-7-21-19

County of FremontCity of St AnthonyRegistration District No. 99File No. 76985

No. _____ St.

Primary Registration District No. 217 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Helen Louise Viner

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
BirthJuly 181920

(Month)

(Day)

(Year)

FULL
NAMEThos. F. Viner

FATHER

FULL
MAIDEN
NAMEHarriet Reynolds

MOTHER

RESIDENCE

St Anthony

RESIDENCE

St Anthony

COLOR

whiteAGE AT LAST
BIRTHDAY34
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Tenn

BIRTHPLACE

Tenn

OCCUPATION

Doctor Clerk

OCCUPATION

Domestic

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

W. S. Clark

(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

Filed

May 16 1920

Registrar

Registrar

JUN 2 1964

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-102-1022-466
PLACE OF BIRTH

County of Thurmond

City of Eqin

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 99

File No. 76986

Primary Registration District No. 2177

Registered No. _____

~~Thurmond~~ Cox Veri Albertus

Sex of Child <u>male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>July</u> _____	19 <u>30</u>
(To be answered only in event of plural births)					(Month)	(Day) (Year)

FATHER
FULL NAME Albert Cox

RESIDENCE Eqin

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Jennie Mason

RESIDENCE Eqin

COLOR white AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 39 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Smith

(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

Filed Nov 10 1930

Registrar

Registrar

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 26986

County of Camas } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Verl Albertus Cox who 2/2/20 on 7-20-20 (NAME ON ORIGINAL CERTIFICATE) (BIRTH OR DEATH) (DATE OF EVENT)

in St Anthony, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (PLACE OF EVENT)

true facts as shown by Bible Record prepared on June 1920, are: (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

name Verland Cox Verl Albertus Cox

Subscribed and sworn to before me this 15th day of November, 19 43

Signed Mrs Bert Cox

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Lawrence, Idaho
My commission expires Jan 11, 1947
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
County of _____ (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 _____

Signed Silva Rawson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

913 B. St. Rupert Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By Verl Albertus Cox
(REGISTRAR'S SIGNATURE)

NOV 18 1949

791-107-022-292
PLACE OF BIRTH amended 10-2-81STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form S. No. 11-C-25m-7-21-19

County of Treman

CERTIFICATE OF BIRTH

City of TetonRegistration District No. 99File No. 76987

No. _____ St. _____

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Fred Graf

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yle</u>	Date of Birth <u>Feb 7</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Henry</u>	FATHER <u>Graf</u>
RESIDENCE <u>Superior</u>	<u>Idaho</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary Busch</u>	MOTHER
RESIDENCE <u>Teton</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:20 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

Filed Nov 10 1920

Registrar

Registrar

MAR 23 1976

1347

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

SEP 28 1981

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Sonoma

ss.

Certificate No. 76987

Date Filed

Bureau of Vital Statistics

birth

The undersigned does solemnly swear that certain facts on the certificate of
for Fred Graff who was born on Feb. 7, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Teton, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

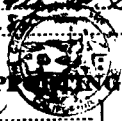
TO
(The Correct Facts)

child's last name	Graff	Graff
father's last name	Graff	Graf
mother's maiden name	Bischof	Bischoff

Subscribed and sworn to before me this 16th day of

Signed: [Signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at [Address]
My commission expires 5-11-81
(Seal)



LINDA CALARNEAU

NOTARY PUBLIC - CALIFORNIA

SUBSCRIBING AFFIDAVIT OF A SECOND PERSON

SONOMA COUNTY

State of California
County of Sonoma

My Commission Expires May 11, 1984

(This Affidavit MUST also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of

Signed: [Signature]
(Signature of Any Credible Person)

Notary Public, residing at [Address]

My commission expires Oct 1, 1978
(Seal)



DONNA M. BENNETT

NOTARY PUBLIC - CALIFORNIA

COUNTY OF SOLANO

My Commission Expires October 1, 1978

(Street Address, City, State)

[Address]
[City, State]

2ccPd

Trade Certificate issued by State of California California Apprenticeship Council gives Fred Graf as name and signed 7-14-47.

OCT 2 1981

Separation from Army Record gives Fred Graf Army Serial Number 6 581 316 date of birth 2-7-20 signed 5-28-45. Viewed by V.S.

This document also gives father as former employer name is spelled Henry Graf

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

331-208-022-299

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County Franklin

City of Teton

Registration District No. 99

File No. 76988

No. _____ St. _____

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Clark

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 8</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Thomas Clark</u>	FATHER
RESIDENCE <u>Teton Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Loyane Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Celia Bird</u>	MOTHER
RESIDENCE <u>Teton</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Teton</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

Born alive 1140 P M

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. James 2nd
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Teton City Ida
Filed Mar 10 1920 W. B. Burt
Registrar

Registrar

Registrar

Figure 6

The diagram illustrates a two-stage process. Stage 1, labeled 'Preparation', shows a sequence of three boxes: 'Preparation', 'Preparation', and 'Preparation'. Stage 2, labeled 'Measurement', shows a sequence of three boxes: 'Measurement', 'Measurement', and 'Measurement'. Arrows indicate a flow from Stage 1 to Stage 2, and a feedback loop from Stage 2 back to Stage 1.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

AMENDED 12-11-57

PLACE OF BIRTH

386-2161072-295
County of Fremont

City of Teton

No. _____ St. _____

Hospital _____

Registration District No. 99 File No. 76989

Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD Diana Thomson

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	} and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>February 16 1920</u> (Month) (Day) (Year)
----------------------------	--	---	-----------------------------	--

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FULL NAME <u>Robert Thomson</u>	FATHER
RESIDENCE <u>Teton</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Salt Lake City</u>	
OCCUPATION <u>Farmer & Garage man</u>	

FULL MAIDEN NAME <u>Josephine Pincock</u>	MOTHER
RESIDENCE <u>Teton</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Ogden, Utah</u>	
OCCUPATION <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:00 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) E. Eames, M. D.

Physician
(Physician or midwife)

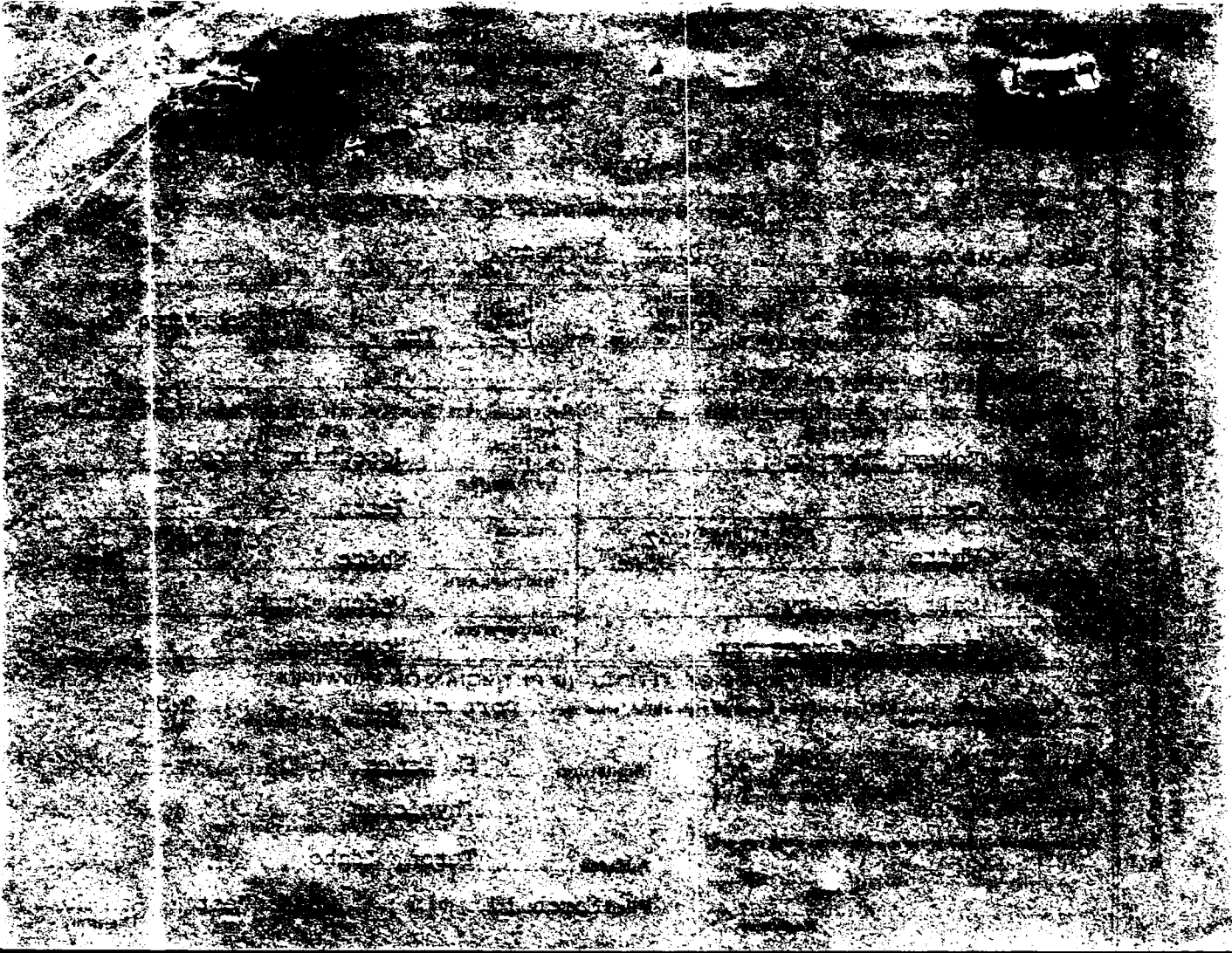
Give names added from a supplemental report.

Address Teton, Idaho

Filed March 10, 1920 W. B. West

Registrar.

Registrar.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon }
County of Multnomah } ss.

Certificate No. 76989

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Dian Thomson who born (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on Feb. 15, 1920
(Date of Event)

in Taton are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Military Record USN prepared on 1946 are:
(Bible Record, Insurance Policy, Etc.) Church Record LDS (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original) May 2, 1920

TO
(The Correct Facts)

viewed by v.s.

Child's Birthdate February 15, 1920 February 16, 1920

Child's Name Dian Thomson Diana Thomson

Subscribed and sworn to before me this 9 day of

Signed Eris M. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Beaverton, Ore
My commission expires 7-12-61
(Seal)

144 S. E. 93rd Portland 16, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

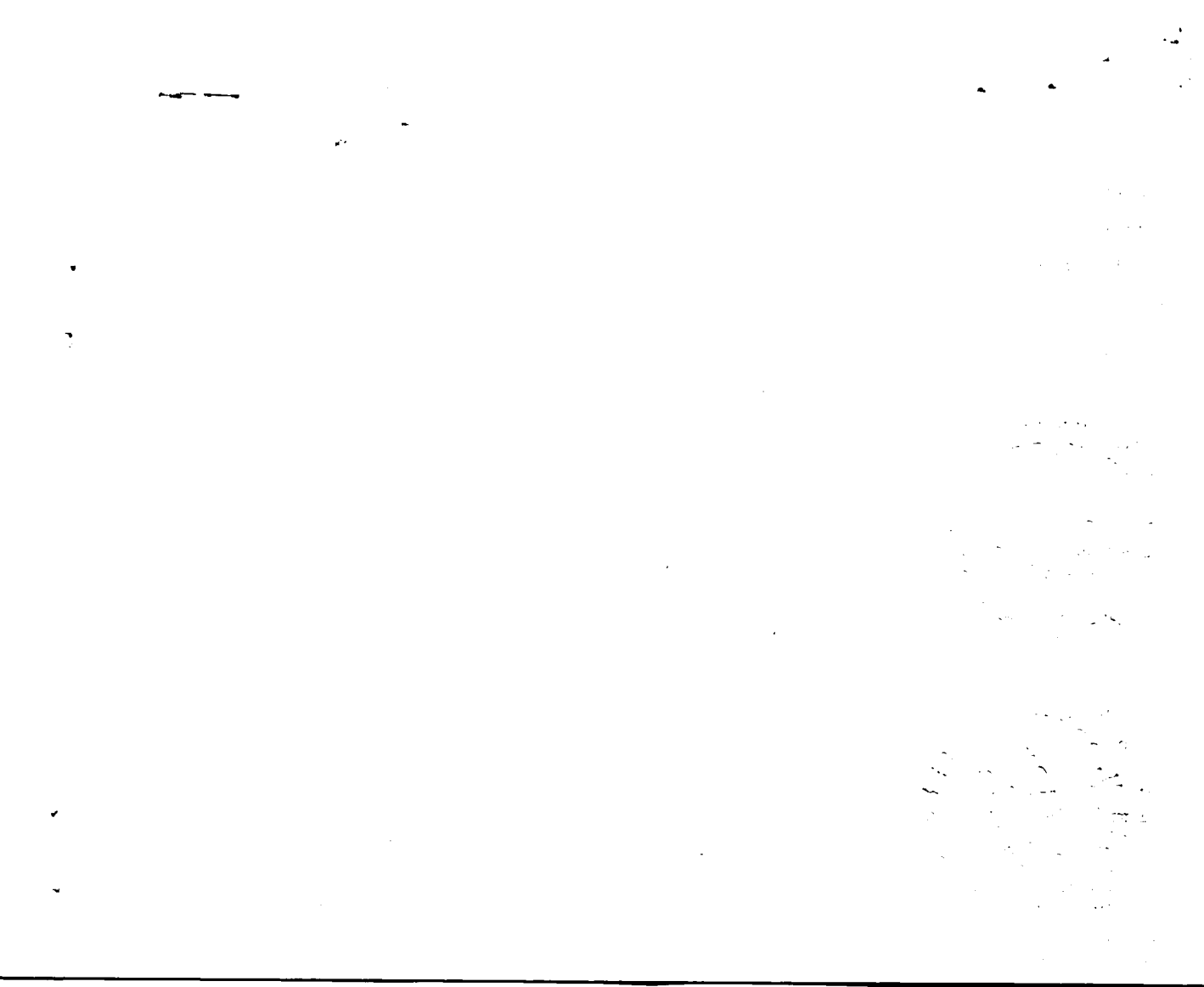
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of

Signed John J. Nolan
(Signature of Any Credible Person)

Notary Public, residing at Beaverton, Oregon
My commission expires 7-12-61
(Seal)

9209 St. Ash Portland Ore.
(Street Address, City, State)



PLACE OF BIRTH

313-221-023-255
County of SanSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-25m-4

6 CERTIFICATE OF BIRTH

City of EmmettRegistration District No. 10File No. 76991

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child MARJORY MAY CALLENDER

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>No</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Feb 21 1924</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Larry J. Callender</u> RESIDENCE <u>Cabarton</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years) BIRTHPLACE <u>Mea.</u> OCCUPATION <u>Farmer</u>		MOTHER FULL MAIDEN NAME <u>Margaret Kennedy</u> RESIDENCE <u>Same</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> (Years) BIRTHPLACE <u>Minn.</u> OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 2 10 9 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

Address EmmettFiled 2/24 1924Registrar J. D. Reynolds

PLACE OF BIRTH

County of _____

CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

100000

File No.

100000

(City)

Div.

M

100000

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 76991

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... Birth
for Unnamed Callender (female child) who was born on Feb. 21, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Emmett, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by..... prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Full Name of Child..... Unnamed..... Marjory May Callender

Subscribed and sworn to before me this..... day of
....., 19.....

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....
My commission expires.....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of
....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

.....
(Street Address, City, State)

Own child's birth certificate gives name as Marjory May Callender. Child born May 11, 1940. Cert. # 294533.

Viewed by V. S.

OCT 14 1965

Death notice of father who died May 1953 gives name of daughter as Marjorie May Callender Matteson. Fathers name Quincy James Callender.

Viewed by V. S.

Marriage license gives name as Marjory May Callender married to George Raymond Matteson on Nov. 4, 1935.

Viewed by V. S.

AGE OF BIRTH

6/3-221-023-292

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Emmett

No. _____ St. _____

Hospital _____

Registration District No. 10 20

File No. 76993

Primary Registration District No. _____

Registered No. _____

Full Name of Child

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>9/21/1924</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Ellis Connes Watters</u>			MOTHER FULL MAIDEN NAME <u>Martina Rachel Eyles</u>	
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>same</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Arkansas</u>			BIRTHPLACE <u>neb.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12 M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett
File 2/23 19 20 J. H. Reynolds
Registrar

WALTERS

Dup of 1920-301428

PLACE OF BIRTH

652-101-023-236

County of SanCity of Emmett

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 10-10

Primary Registration District No. _____

File No. 76994

Registered No. _____

George Charles Western Jr.

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>3</u> <u>1</u> <u>20</u> (Month) (Day) (Year)
FULL NAME <u>George Charles Western</u>	FATHER		FULL MAIDEN NAME <u>Florence Blood</u>	MOTHER
RESIDENCE <u>Emmett</u>			RESIDENCE <u>Emmett</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Common Labor</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.alive at 9 9 M.
(Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) J. H. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

19

Address EmmettFiled 3/2 - 1920

Registrar

Registrar

THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Dup of 1920-327154

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

319-220-023-295
County of Gen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form-V. 8. N. 25m-6-14-18

CERTIFICATE OF BIRTH

City of Emmett

Registration District No. 1060

File No. 76992

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Evelyn Larsen

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH... <u>2/20/20</u> (Month) (Day) (Year)
FULL NAME <u>Victor Larsen</u>		FATHER		
RESIDENCE <u>Emmett</u>		FULL MAIDEN NAME <u>Lena Catherine Bremmes</u>		
COLOR <u>White</u>		MOTHER <u>Same</u>		
AGE AT LAST BIRTHDAY... <u>33</u> (Years)		RESIDENCE <u>Same</u>		
BIRTHPLACE <u>Norway</u>		COLOR <u>White</u>		
OCCUPATION <u>Lumber Mill work</u>		AGE AT LAST BIRTHDAY... <u>20</u> (Years)		
		BIRTHPLACE <u>Idh.</u>		
		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

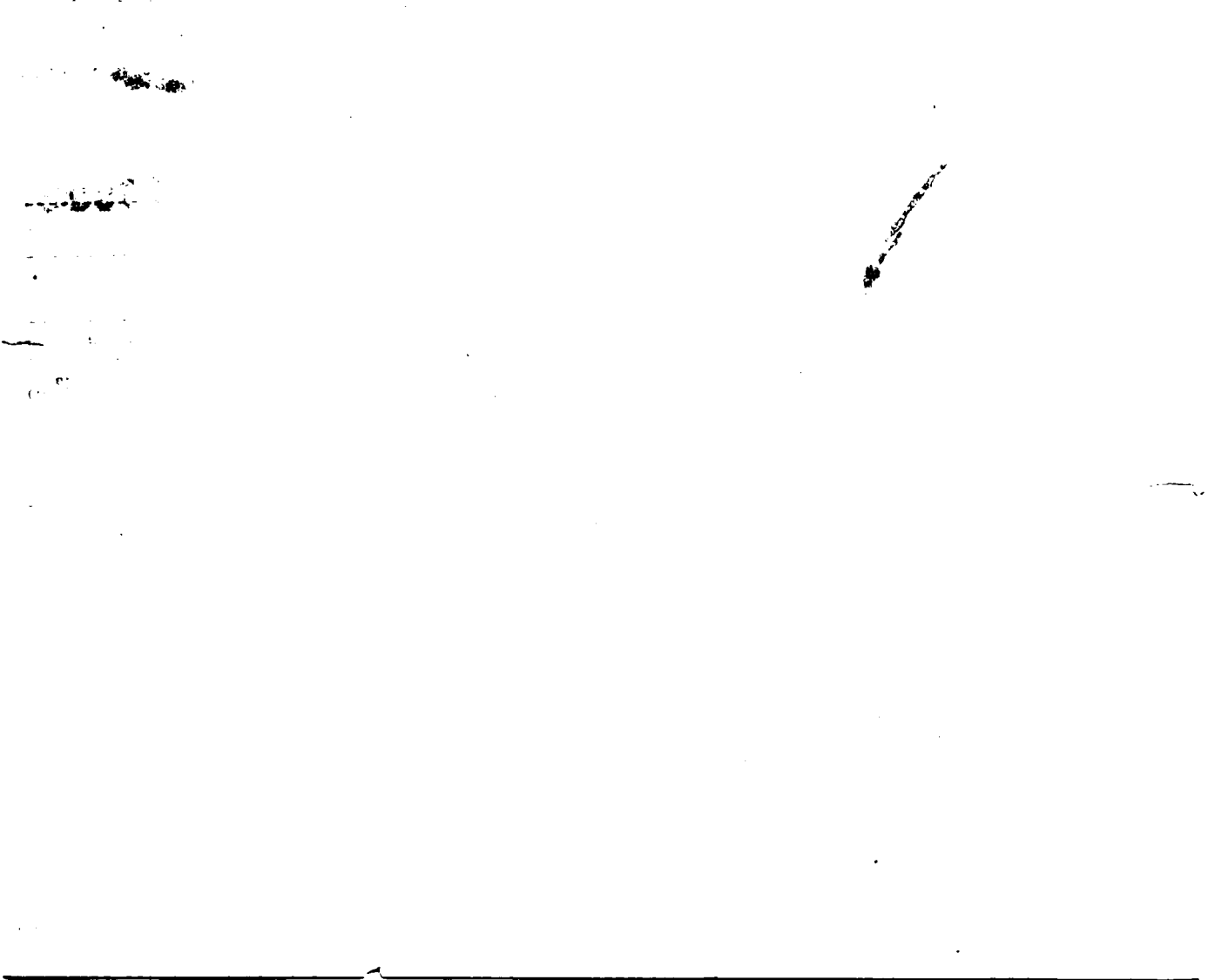
(Signature) J. A. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett

Filed 3/1 19 20 J. A. Reynolds
Registrar

Registrar



PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
491-116-223-713
County of Lincoln

STATE OF IOWA
BUREAU OF VITAL STATISTICS

Form V, 6. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

City of Emmett

No. _____ St. _____

Registration District No. 1020

File No. 76995

Hospital _____

Primary Registration District No. _____
Willard Francis

Registered No. _____

Full Name of Child

Jack Drake

SEX OF CHILD

MA

Twin
Triplet
or other?

and Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes

DATE OF
BIRTH

Feb. 16, 1920
(Month) (Day) (Year)

FULL
NAME

Ross Drake

FATHER

FULL
MAIDEN
NAME

Rena Ellen Catfield

MOTHER

RESIDENCE

Horse Shoals

RESIDENCE

Emmett

COLOR

White

AGE AT LAST
BIRTHDAY

30
(Years)

COLOR

W

AGE AT LAST
BIRTHDAY

34
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Kansas

OCCUPATION

Farmer

OCCUPATION

House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

Alive (Born alive or stillborn), at 10:00 M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

J. L. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

Registrar

Address _____

Filed 3/1

1920

J. L. Reynolds
Registrar

[illegible]

459-120-223-879

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

County of EmmettCity of Emmett

No. _____ St. _____

Registration District No. 1020File No. 76996

Hospital _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child Albert Dean Meier

SEX OF CHILD

MaleTwin
Triplet
or other?{ and } Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDATE OF
BIRTHFeb 20 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Henry A MeierFULL
MAIDEN
NAME

MOTHER

Pauline Freda Harsh

RESIDENCE

Emmett Ida

RESIDENCE

Same

COLOR

WhiteAGE AT LAST
BIRTHDAY32

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY22

(Years)

BIRTHPLACE

Nebr.

BIRTHPLACE

Nebr.

OCCUPATION

Farmer

OCCUPATION

House wifeNumber of child of this mother, including present birth... 2Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.alive
(Born alive or stillborn)at 9 9 M*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. L. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Emmett

Filed

3/1 1920

Registrar

J. L. Reynolds
Registrar

Certified Copy issued J n. 13, 1941. E.W.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

197-228023-295
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-27

County of Ben

City of Emmett

Registration District No. 1010

File No. 76997

No. St.

Primary Registration District No.

Registered No.

Hospital
FULL NAME OF CHILD Ruth Hannah Dixon

Sex of Child <u>female</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>2-28-20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER
FULL NAME George W Dixon
RESIDENCE Emmett
COLOR W AGE AT LAST BIRTHDAY 32
(Years)
BIRTHPLACE Kans
OCCUPATION Labourer

MOTHER
FULL MAIDEN NAME Charlotta M Birgman
RESIDENCE Emmett
COLOR W AGE AT LAST BIRTHDAY 19
(Years)
BIRTHPLACE Kans
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 140 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barton O Clark
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Emmett

..... 19

Filed 2/28/20

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-228-023-613
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-25m-2-27

County of Gem

City of Montoya

Registration District No. 1020

File No. 76998

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Maie Louise Gifford

Sex of Child <u>female</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>1-28-20</u> (Month) (Day) (Year)
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FATHER
FULL NAME Arthur H. Gifford
RESIDENCE Montoya
COLOR W AGE AT LAST BIRTHDAY 26
(Years)

MOTHER
FULL MAIDEN NAME Florence C. Halstrom
RESIDENCE Montoya
COLOR W AGE AT LAST BIRTHDAY 22
(Years)

BIRTHPLACE Idaho
OCCUPATION Rancher

BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett
Filed 3/1/20 J. H. Reynolds
Registrar

APR 3 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-216-53-819
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-4-4-47

County of Cam

City of Emmett

Registration District No. 10 20

File No. 76999

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD La Von Adams

Sex of Child <u>female</u>	Twin Triplet or other? <u>—</u>	and (To be answered only in event of plural births)	Number in order of birth <u>—</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>2-16</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---------------------------------------	--	---	-----------------------------	---

FATHER
FULL NAME George R. Adams
RESIDENCE Emmett

MOTHER
FULL MAIDEN NAME Mildred Harris
RESIDENCE Emmett

COLOR W AGE AT LAST BIRTHDAY 26
(Years)

COLOR W AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Utah

BIRTHPLACE Utah

OCCUPATION Rancher

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burt O. Clark M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Emmett

Filed 3/2 1922

Registrar

J. R. Reynolds
Registrar

JAN 29 1969

FEB 25 1952

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Gooding
419209.026261
No. St.

Registration District No. 24

File No. 77001.

Hospital Home

Primary Registration District No. 20.14

Registered No.

FULL NAME OF CHILD Norein Jean

Gooding

Sex of Child <i>F</i>	Twin Triplet or other? <i>and</i> { Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>2-9-1920</i> (Month) (Day) (Year)
(To be answered only in event of plural births)			

FULL NAME *Ernest Gooding* FATHER
RESIDENCE *Gooding Idaho.*
COLOR *W* AGE AT LAST BIRTHDAY *33* (Years)
BIRTHPLACE *Kansas*
OCCUPATION *Rancher*

FULL MAIDEN NAME *Laura Swanson* MOTHER
RESIDENCE *Gooding Idaho.*
COLOR *W* AGE AT LAST BIRTHDAY *33* (Years)
BIRTHPLACE *Idaho*
OCCUPATION *Housewife*

Number of child of this mother, including present birth... 3 Number of children of this mother now living, including present birth... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn), at *49* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. T. Cary*

Given names added from a supplemental report.

(Physician or midwife)

Address *Gooding Idaho.*

Address *Gooding Idaho.*

Register *2-11-1920*

Register *2-11-1920*

Registrar

Registrar

HT 87 TC 3081

APR 21 1976

K

666-228-224-231

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-2-27

County of Gooding

City of Gooding

Registration District No. 14

File No. 77002

No. St.

Primary Registration District No. 20.14

Registered No.

Hospital

FULL NAME OF CHILD Audrey Loy Wood

Sex of Child <u>Female</u>	Twin Triplet or other? <u>.....</u> and <u>.....</u> in order of birth <u>.....</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>1-28-1922</u> (Month) (Day) (Year)
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FULL NAME <u>Austin Wood</u>	FATHER
RESIDENCE <u>Gooding Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Preacher</u>	

FULL MAIDEN NAME <u>Maria L. Stanfield</u>	MOTHER
RESIDENCE <u>Gooding Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary

M. D.
(Physician or midwife)

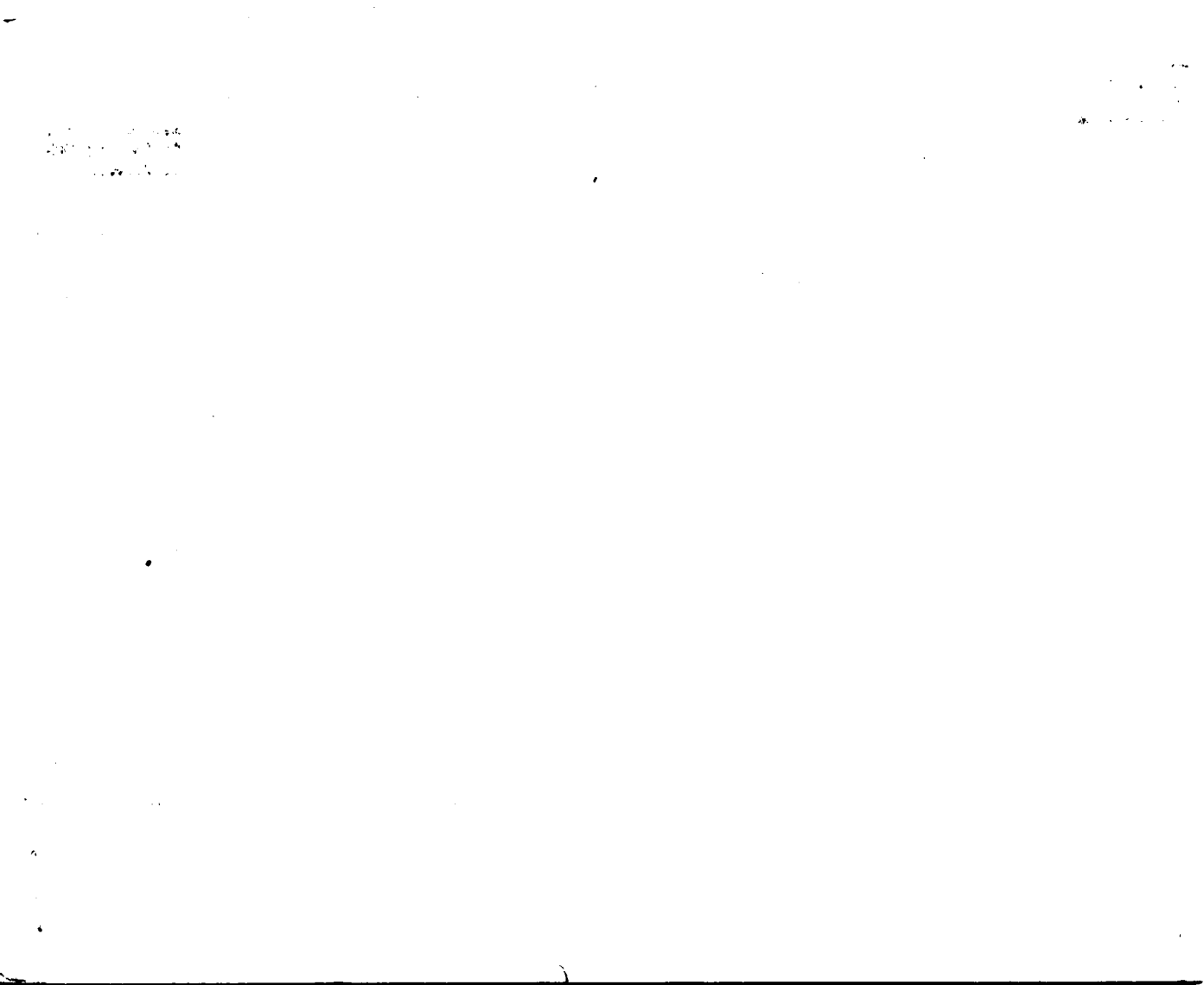
Given names added from a supplemental report.

Address Gooding Idg.

Filed 1-30-20 F. T. Cary M. D.

Registrar

Registrar



PLACE OF BIRTH
816-128-224-915
County of Gooding
City of Gooding
No. St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

Registration District No. 24 File No. 77003
Primary Registration District No. 2014 Registered No.

Hospital
FULL NAME OF CHILD Velpo L. Hawks

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of Birth Feb 28 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Clyde Hawks
RESIDENCE Gooding
COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Virginia
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Vera Randolph
RESIDENCE Gooding
COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE N. Dakota
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Laine
per A. J.
(Physician or midwife)

Given names added from a supplemental report.
..... 19

Address Gooding
Filed 3-2 1920 F. J. Cary M.D.
Registrar Registrar

Registrar

5/7/41 Z.J.

State of Idaho,

SS:

County of Gooding,

Vera Randolph Hawks being first duly sworn on oath deposes and says: that she is the mother of Velpo L. Hawks and that in the attached birth certificate it is stated that she (Vera Randolph, maiden name) was born in North Carolina, when as a matter of fact she was born in North Dakota.

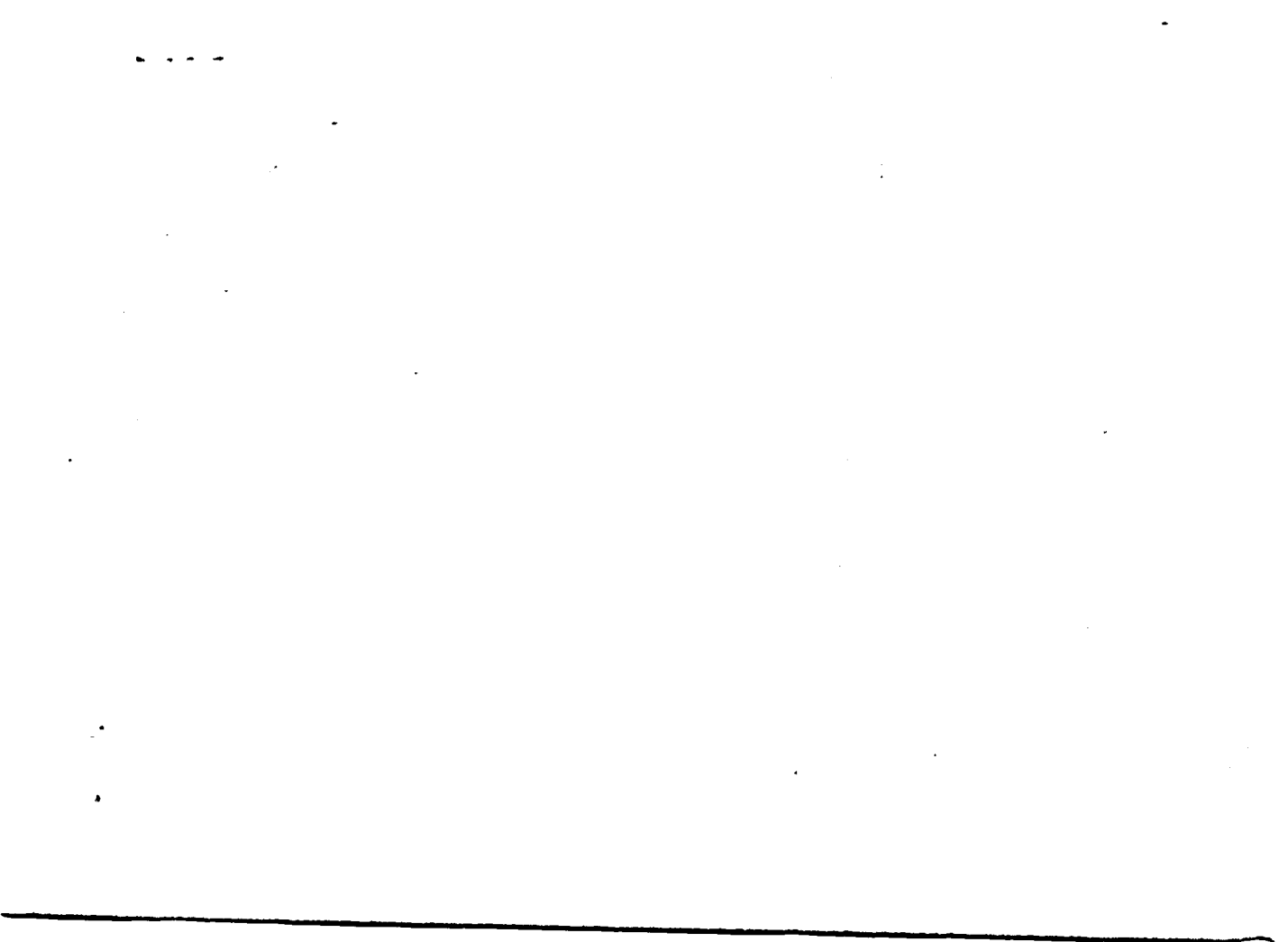
She further states that she is the mother of Verlyn E. Hawks, born at Gooding, Idaho, on September 12, 1923 and also of Donell C. Hawks, born on December 27, 1924 at Gooding, Idaho.

Vera Randolph Hawks

Subscribed and sworn to
before me this 19th day of
September, 1941

M F Ryan

Notary Public for the State of Idaho;
residing at Gooding, Idaho.



STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH
133-123-027-695
County of GoodingCity of Gooding

No. St.

Registration District No. 24

File No. 77004

Primary Registration District No. 2014

Registered No.

Hospital

FULL NAME OF CHILD Thomas Rush Alley

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb 23</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Lem Alley</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>73</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Operator</u>	

FULL MAIDEN NAME <u>Jeanice King</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth, Number of children of this mother now living, including present birth,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
per a. z.
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding Idaho
Filed 3-2-20 7.7. Cary M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1920-220983

496-125-024-502

PLACE OF BIRTH

County of GoodingCity of GoodingNo. St.

Hospital

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 25 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Sam Drozick</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Austria</u>	
OCCUPATION <u>Farmer</u>	

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

- CERTIFICATE OF BIRTH

Registration District No. 24File No. 77005Primary Registration District No. 2014

Registered No.

FULL MAIDEN NAME <u>Anna Vasofsky</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 A.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
.....
(Physician or midwife)

Given names added from a supplemental report.

..... 19 Address Gooding
..... Filed 2-2-1920 H. C. Cary
Registrar Registrar

Dup of 1920-101237

Z - DRAZICK

715-119-024-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-5-37

CERTIFICATE OF BIRTH

County of GoodingCity of GoodingRegistration District No. 24File No. 77006No. St.Primary Registration District No. 2014Registered No.HospitalFULL NAME OF CHILD Joe Parkov

Sex of Child

MaleTwin
Triplet
or other?{ and {
Number
in order
of birthLegiti-
mate?YesDate of
BirthFeb 19

(Month) (Day) (Year)

FULL
NAMEMylant Parkov

FATHER

RESIDENCE

Gooding

COLOR

WhiteAGE AT LAST
BIRTHDAY40

(Years)

BIRTHPLACE

Austria

OCCUPATION

FarmerFULL
MAIDEN
NAMEJulia Marity

MOTHER

RESIDENCE

Gooding

COLOR

WhiteAGE AT LAST
BIRTHDAY33

(Years)

BIRTHPLACE

Austria

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.(Signature) J. E. Lamb

(Physician or midwife)

Given names added from a supplemental report.

AddressFiled 2-2-1920F. T. Cary

Registrar

Registrar

JAN 8 1943

819-115-024-249

PLACE OF BIRTH

County of GoodingCity of GoodingNo. St.Registration District No. 24File No. 77007

Hospital

Primary Registration District No. 20.14

Registered No.

FULL NAME OF CHILD

Harris

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 15 1920</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>William Harris</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>58</u> (Years)
BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ethel Smith</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Arizona</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lazo
..... Perla
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 3-2-1920 F. T. Cary M.D.

Registrar

Registrar

JAN 23 1969

27.5

391 PLACE OF BIRTH 109-024-14

County of GoodingCity of GoodingNo. St

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-27m-3-37

Registration District No. 24File No. 77008Primary Registration District No. 2014

Registered No.

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb. 9</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Wyle Cranner</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Hilda Amodeo</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Alaska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Lander
..... Rev. A. J.
(Physician or midwife)

Given names added from a supplemental report.

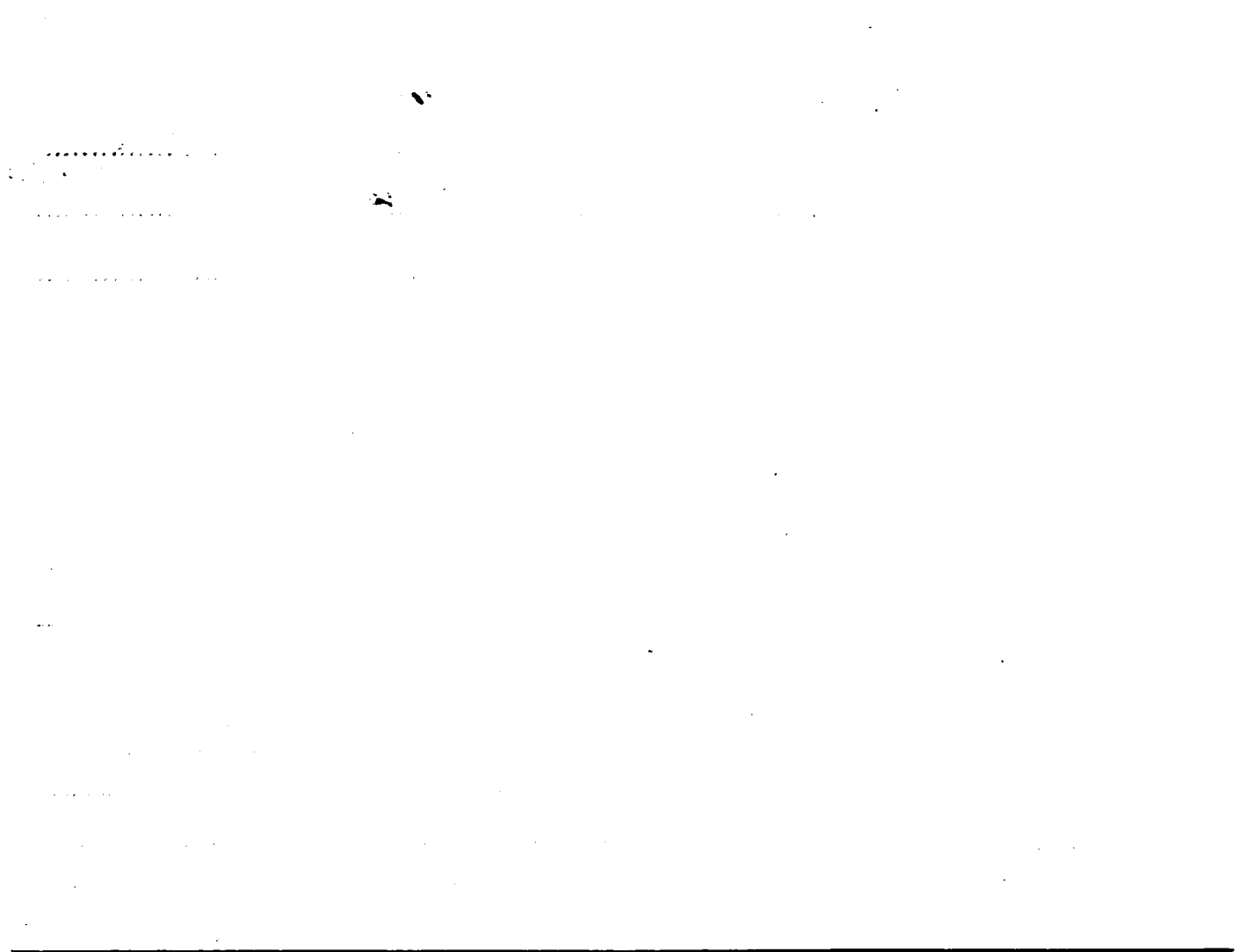
..... 19

Address

.....

Filed 2-2-20 Fit. Cary MD
Registrar Registrar

Registrar



219-207,024-469
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-28a-6-37

County of GoodingCity of TuttleRegistration District No. 24File No. 77009No. 51Primary Registration District No. 2014

Registered No.

Hospital

FULL NAME OF CHILD Neita FrancesBarker

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 7 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------	------------------------	---

FULL NAME <u>Glen Barker</u>	FATHER
RESIDENCE <u>Tuttle</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Louise Morris</u>	MOTHER
RESIDENCE <u>Tuttle</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

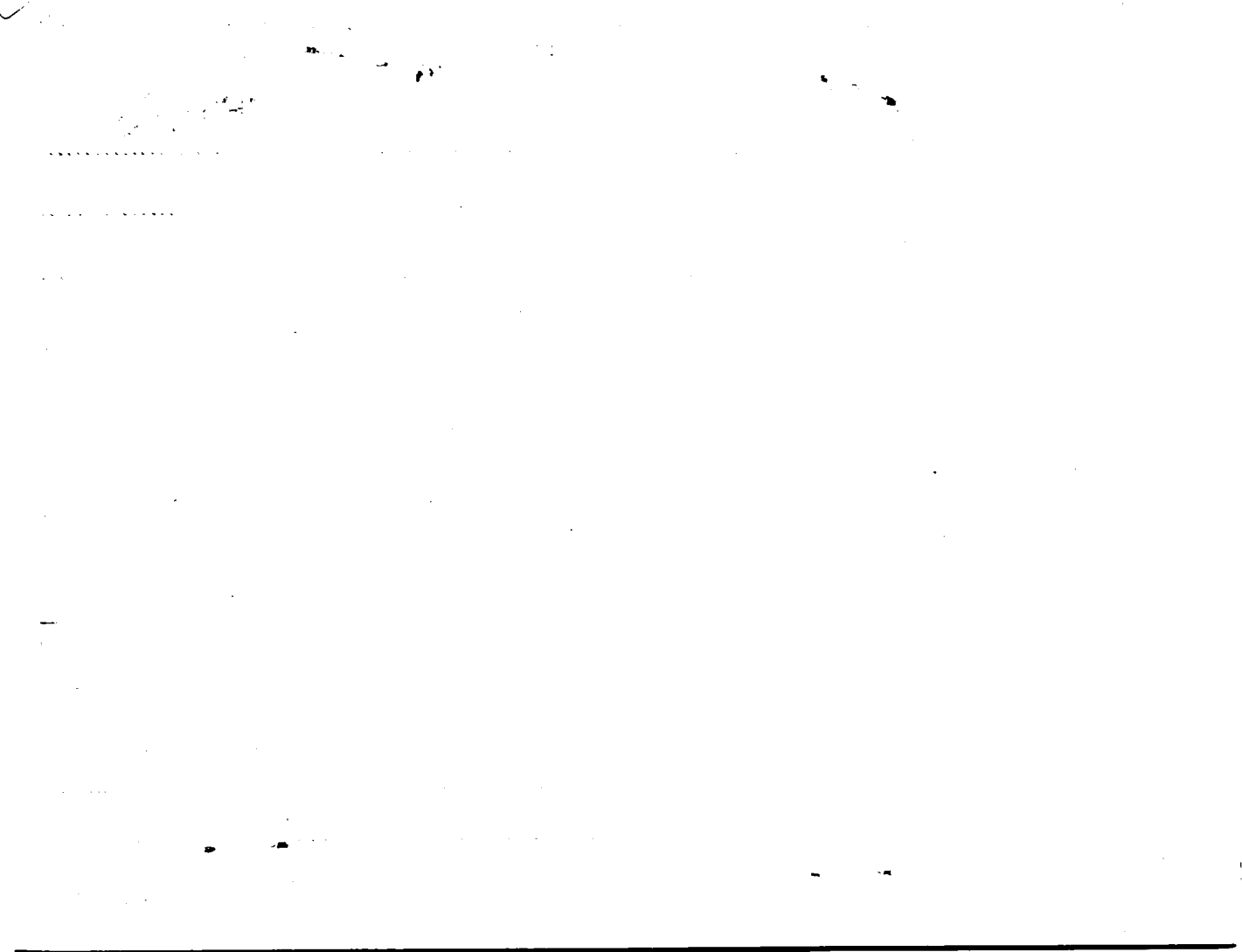
I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
per dr.
(Physician or midwife)

Given names added from a supplemental report.

Address 19
Filed 8-2-1920 7.7. Cary M.D.
Registrar Registrar



1-14-74

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. JAN 14 3 39 PM '74 Certificate No. 77009
County of } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Barker who was born Feb. 7, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Tuttle are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Child's name omitted Neita Frances Barker

Subscribed and sworn to before me this 14th day of
January, 1974
Joseph C. Curtright
Notary Public, residing at Dove
My commission expires 4-22-74
(Seal)

Signed Donna Balsobake
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss. [This Affidavit **MUST** Also be Executed.
County of } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

JAN 14 1974

Blood Donor Certificate gives name as Neita Frances Barker. Card issued November 10, 1953 and blood donated on that date.
Viewed by V.S.

Social Security Card issued 1948 by Social Security Administration gives name as Neita Frances Barker. # 519 24 4382
Viewed by V.S.

799-204-024-154

PLACE OF BIRTH

Child's name added 7-20-92 MCM

Form V. S. No. 11-C-25m-9-3-37

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of GoodingCity of GoodingRegistration District No. 24File No. 77010No. St.Primary Registration District No. 2014

Registered No.

Hospital

FULL NAME OF CHILD HAZELPrince

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 4 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>Walter Prince</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lesla Andrus</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. on the date above stated. (Born alive or stillborn)

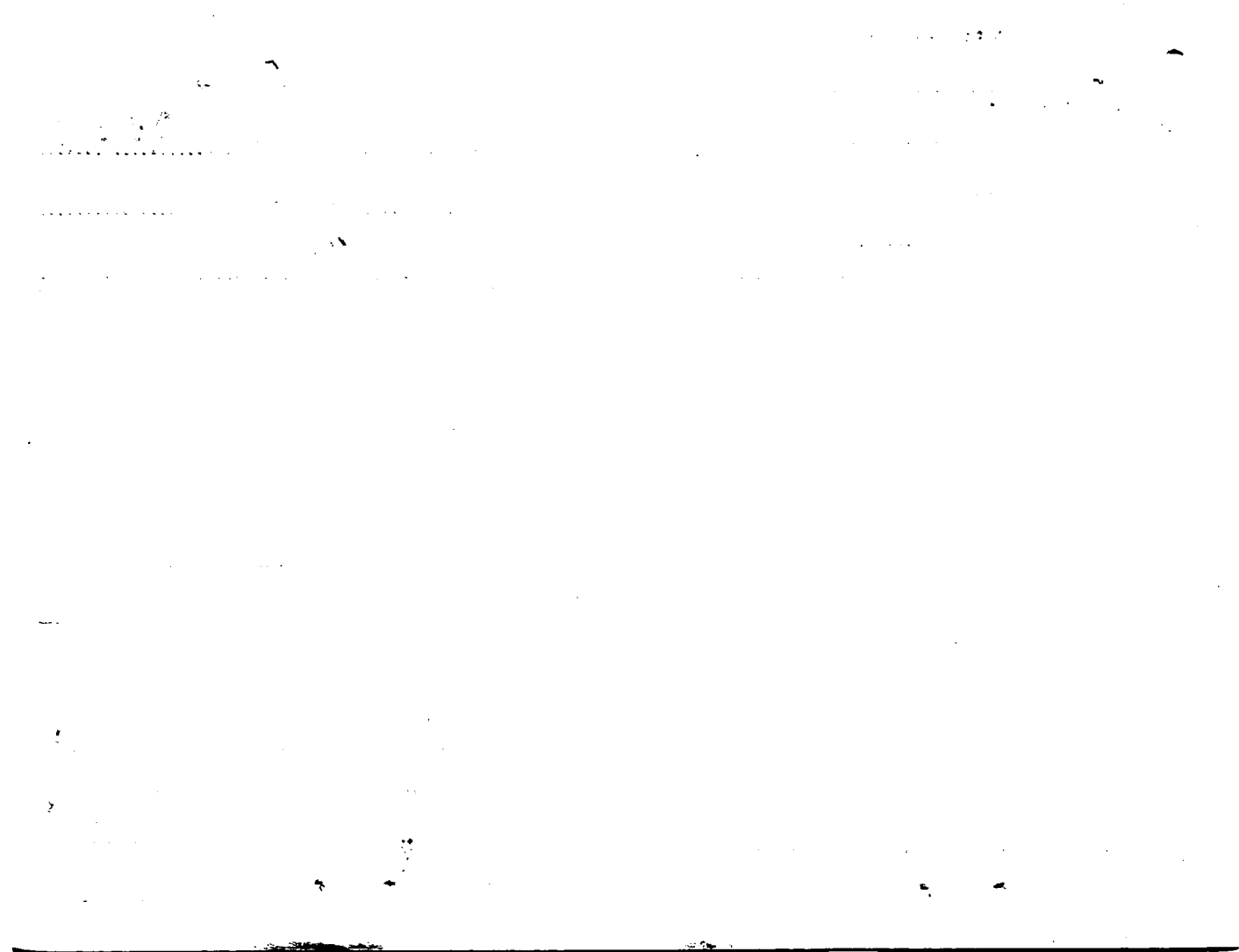
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Lamb
per a. z.
(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed 2-2-20 J. T. Cary M. A.
Registrar Registrar



AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 77010
Date Filed _____
birth

The undersigned does solemnly swear that certain facts on the certificate of _____
for Baby Girl Prince who was born on Feb 4, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Gooding (Gooding) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Child's name	Baby Girl Prince	Hazel Prince

Subscribed and sworn to before me this 8th day of
June, 19 92

X Notary Public, Sharon Z. Hildner
Residing at Midvale, Idaho
My commission expires 9-25-98

(Seal)

X Hazel Debban
Hazel Debban
Signature of Applicant
X P.O. Box 603 Weiser, Id 83672
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

(Must be completed ☒
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of
June, 19 92

Notary Public, Sharon Z. Hildner
Residing at Midvale, Idaho
My commission expires 9-25-92

(Seal)

Supporting Signature

Street Address, City, State

Church record of births and blessings shows Hazel Prince born Feb 4, 1920 in Gooding to Walter Prince and Leila Andrus and blessed Apr 25, 1920 by Bis Jesse F Cooper. Viewed by VS.

JUL 21 1982

Bankers Life and Casualty Co shows Hazel Debban born Feb 4, 1920 and insured Apr 1, 1985. Viewed by VS.

347-128-024-843
PLACE OF BIRTHCounty of GoodingCity of GoodingNo. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-21m-2-27

Registration District No. 24File No. 77011Primary Registration District No. 2014

Registered No.

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 28 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Welfred Supper</u>	FATHER
RESIDENCE <u>Hagerman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lillian Hutchins</u>	MOTHER
RESIDENCE <u>Hagerman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Lamb

(Physician or midwife)

Given names added from a supplemental report.

Address GoodingFiled 3-2-20 77 Cary M. D. 1920

Registrar

Registrar

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } Certificate No. 77011
County of Gooding } ss. Date Filed _____

JUN 21 1946

The undersigned does solemnly swear that certain facts on the certificate of Robert Elwyn Tupper
(Birth or Death)
for Baby Tupper who was born on January 26, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Hospital, Gooding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by the affidavits just below prepared on June 25th, 1945, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
<u>Name</u>	<u>Unnamed Tupper</u>	<u>Robert Elwyn Tupper</u>

Subscribed and sworn to before me this 25th
day of June, 1945
Helen L. Smith
Notary Public, residing at Gooding, Idaho
My commission expires May 12th, 1948
(Seal)

Signed Lillian M. Tupper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Hagerman, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit **MUST** Also be Executed.
(See Chapter 129, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 25th
day of June, 1945
Helen L. Smith
Notary Public, residing at Gooding, Idaho
My commission expires May 12th, 1948
(Seal)

Signed Mrs. John W. Jones
(Signature of Any Credible Person)
Hagerman, Idaho
(Street Address, City, State)

JUN 29 1945

291-123-024-667
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-9-8-17

County of GoodingCity of GoodingRegistration District No. 24File No. 77012No. St.Primary Registration District No. 2014Registered No.HospitalFULL NAME OF CHILD EDWARD CLARK BrackettSex of Child Male Twin Triplet or other? and in order of birth Legitimate? Yes Date of Birth Jan 73 20
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER
FULL NAME Edward Brackett
RESIDENCE Gooding
COLOR White AGE AT LAST BIRTHDAY 39
(Years)
BIRTHPLACE Colorado
OCCUPATION FarmerMOTHER
FULL MAIDEN NAME Nellie Fox
RESIDENCE Gooding
COLOR White AGE AT LAST BIRTHDAY 31
(Years)
BIRTHPLACE Missouri
OCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 A M.
on the date above stated. (Born alive or stillborn){ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) N. E. Lamb
per. a. j.
(Physician or midwife)

Given names added from a supplemental report.

Address
Registrar Filed 3-2-1920 F. F. Cary M.D. Registrarof birth stated.
and the number of each, in or

N. B. In case of more than one child at birth, state the number of each, in or

OCT 20 1983

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-PLACE OF BIRTH-24-962

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-0-5-37

County of GoodingCity of GoodingRegistration District No. 24File No. 77013No. St.Primary Registration District No. 2014

Registered No.

Hospital

FULL NAME OF CHILD MARJORIE JANE Halpin

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 20 1906</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME FATHER George HalpinRESIDENCE GoodingCOLOR White AGE AT LAST BIRTHDAY 28
(Years)BIRTHPLACE IllinoisOCCUPATION ClerkFULL MAIDEN NAME MOTHER Mable RobinsonRESIDENCE GoodingCOLOR White AGE AT LAST BIRTHDAY 26
(Years)BIRTHPLACE IllinoisOCCUPATION Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. 6:20 A

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Lamb(Physician or midwife) Rev. W. J.

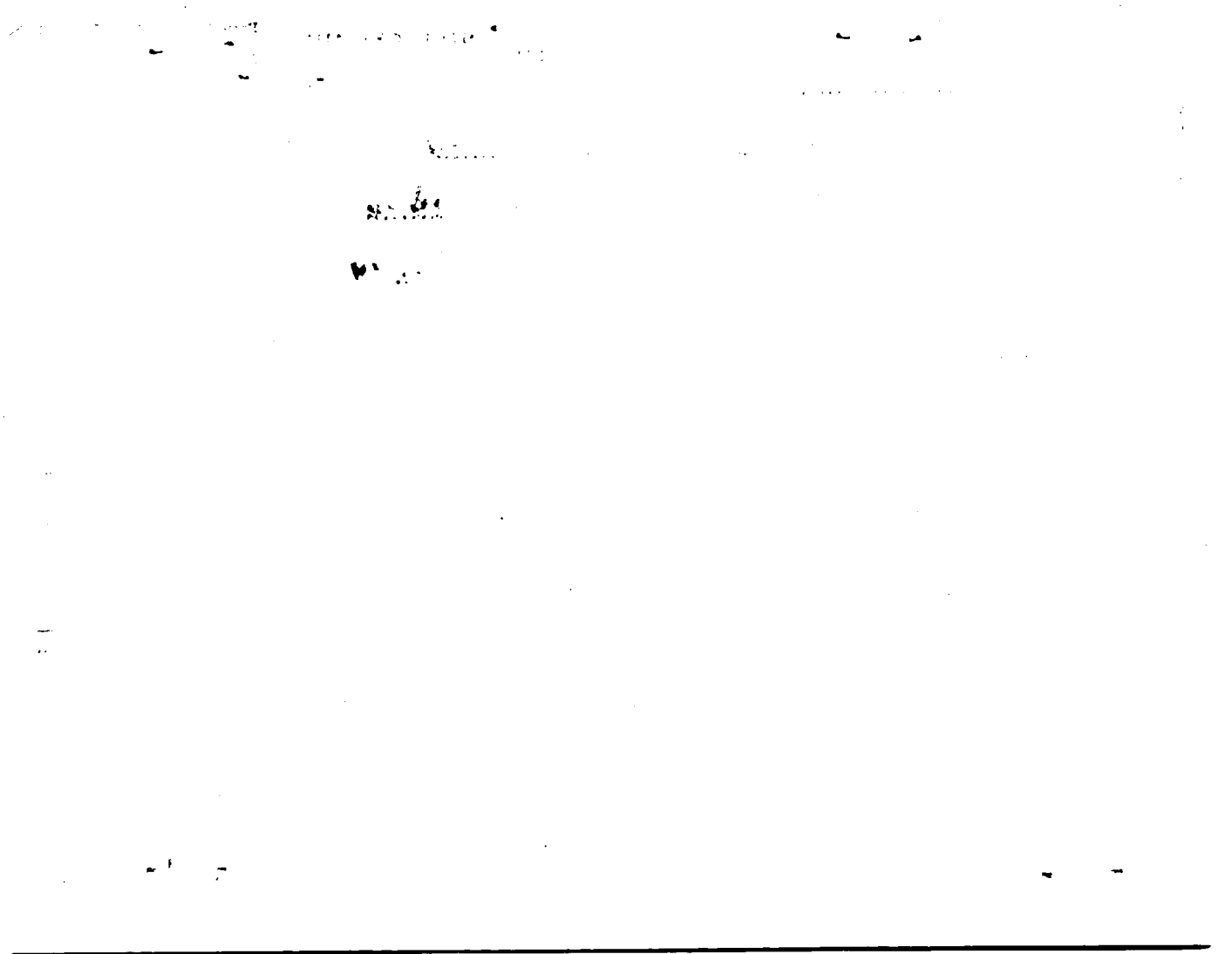
Given names added from a supplemental report.

Address 19

Filed 7-2-1920 77. Carz M. D.

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss. Certificate No. 77013
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth
for Marjorie Jane Halpin who was born on Jan. 20, 1920
in Gooding, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by insurance policy prepared on Dec. 29, 1924, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name unnamed Halpin Marjorie Jane Halpin

Subscribed and sworn to before me this July 19, 1943
day of July
Notary Public, residing at Gooding, Idaho
My commission expires 12-6-1946
(Seal)

Signed Mrs Mable Robinson Halpin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss. [This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this July 19, 1943
day of July
Notary Public, residing at 337 Walnut St - Twin Falls, Idaho
My commission expires 12-6-46
(Seal)

Signed Dean R. Jones
(Signature of Any Credible Person Other Than Previous Year)
(Street Address, City, State)

1964

JUL 8

365-218-024-853
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

County of Gooding

City of Gooding

Registration District No. 27

File No. 77014

No. St.

Primary Registration District No. 2014

Registered No. 77014

Hospital Long

FULL NAME OF CHILD Zelda Lila

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 18</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER
FULL NAME Walter H Long
RESIDENCE Gooding
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Kentucky
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Bessie Helmer
RESIDENCE Gooding
COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Sweden
OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. Lavelle
(Physician or midwife)

Given names added from a supplemental report.

Address 19
Filed 3-2-1920 F. T. Cary M. D.
Registrar Registrar

WA
OCT 13 1971

10-13-71

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. _____
Certificate No. 77014
Date Filed _____

APR 21 9 05 AM '76

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Long who was born (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on January 18, 1920
(Date of Event)
in Gooding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Childs name omitted Zelda Long
Date of birth January 18, 1920 January 28, 1920
mother's name

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss. _____



Mildred R. Bernstein
(See Chapter 139, 1937 Idaho Session Laws.)
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 1976
My Commission Expires October 30, 1978

Signed _____

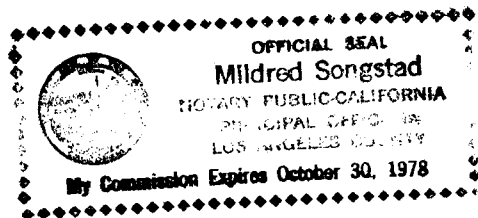
(Signature of Any Credible Person)

Notary Public, residing at Burbank, Calif.
My commission expires 10/30/78
(Seal)

(Street Address, City, State)

Diploma from Monrovia-Arcadia-Duarte High ~~xx~~ school, Monrovia, California
gives nameas Zelda Lila Long. dated June 16, 1938. viewed by V. S. JUL 1 1976

Social Security Card 549-22-4388 gives nameas Zelda Lila Munroe viewed by V. S.



651-215-024-693
PLACE OF BIRTHCounty of GoodingCity of BlissNo. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-9-8-37

CERTIFICATE OF BIRTH

Registration District No. 24File No. 77015.Primary Registration District No. 2014

Registered No.

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 15</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Month) (Day) (Year)	
FULL NAME <u>Walter Weaver</u>			FULL MAIDEN NAME <u>Chloe Hallis</u>	
RESIDENCE <u>Bliss</u>			RESIDENCE <u>Bliss</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Illinois</u>			BIRTHPLACE <u>Kentucky</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth. <u>3</u>			Number of children of this mother now living, including present birth. <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5 P on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Taylor

(Physician or midwife)

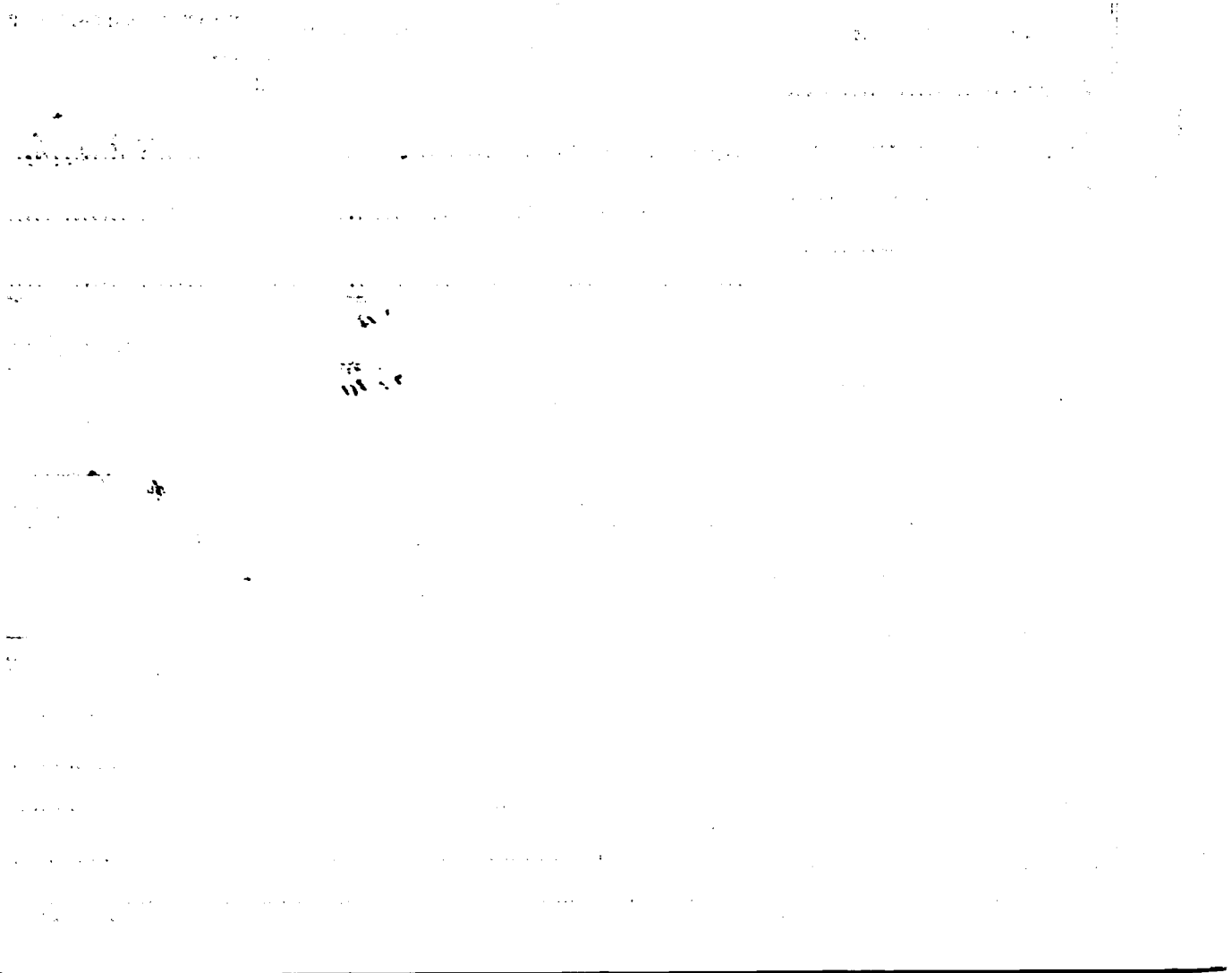
Given names added from a supplemental report.

Address

Filed 7-2-20 W. E. Cary M. D.

Registrar

Registrar



STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

243-218-024-753
PLACE OF BIRTHCounty of GoodingCity of GoodingNo. St.Registration District No. 24File No. 77016

Hospital

Primary Registration District No. 2014

Registered No.

FULL NAME OF CHILD Cleone Butler

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 14</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>Kenyon Butler</u>	FATHER	FULL MAIDEN NAME <u>Phelma Peterson</u>	MOTHER
RESIDENCE <u>Gooding</u>		RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 8-2-20 F. T. Cary M. D. Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1967

IDAHO DEPARTMENT OF HEALTH

1.27 75

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho Certificate No. 77016
County of _____ Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Butler who was born on Jan. 14, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Gooding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Omitted

Cleona Butler

Subscribed and sworn to before me this 30 day of

Jan. 20, 1975
John K. O'Brien
Notary Public, residing at Gooding, Idaho
My commission expires March 26, 1976
(Seal)

Signed William D. Simon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Fairfield, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

Marriage Certificate , State of Nevada, County of Elko- Cleona Butler and
Creed Thomas Knight marriage Nov. 8, 1940 by Heber D. Jones.
Viewed by VS

Notification of birth registration , Registrar of Vital Statistics at
Boise, Idaho. -

For own child Calvin Taylor Knight born Jan. 30, 1942 at Gooding, Idaho
File # 333834 gives fathers name as Creed Thomas Knight and mother as
Cleona Butler.
Viewed by VS

FEB 6 1975

719 PLACE OF BIRTH 1/2-0-29-319

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-9-37

County of Gooding

City of Gooding

Registration District No. 24

File No. 77017

No. St.

Primary Registration District No. 2014

Registered No.

Hospital Ewart Large Parsons

FULL NAME OF CHILD Arthur Large Parsons

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 17 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Arthur Parsons</u> RESIDENCE <u>Gooding</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years) BIRTHPLACE <u>North Dakota</u> OCCUPATION <u>Farmer</u>		MOTHER FULL MAIDEN NAME <u>Artella Large</u> RESIDENCE <u>Gooding</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>19</u> (Years) BIRTHPLACE <u>Wyoming</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:40 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Lamb
Rev. A. J.
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding

Filed 2-2-1920 F. T. Cary Registrar

Registrar

MAR 24 1966

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

213-209-1024-335

County of GoodingCity of GoodingRegistration District No. 24File No. 77018No. St.Primary Registration District No. 284Registered No. Hospital

FULL NAME OF CHILD

BallardCarmen Mildred

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 9 1920</u> (Month) (Day) (Year)
----------------------------	--------------------------------------	--	------------------------	---

FULL NAME <u>Rex Ballard</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Mildred Cleveland</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at S. A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Land

(Physician or midwife)

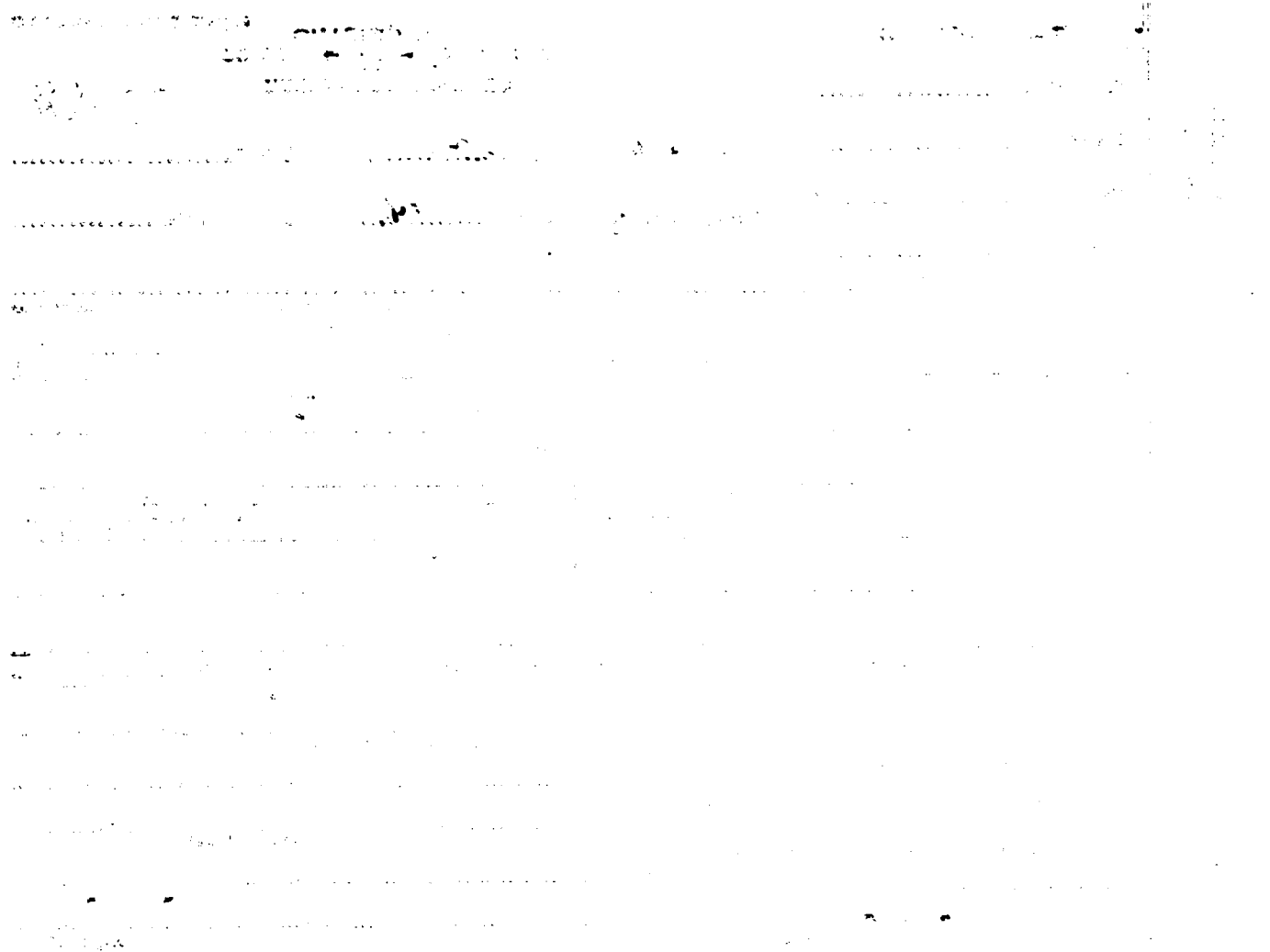
Given names added from a supplemental report.

Address Filed 7-2- 1920 F. J. Cary M.D. Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING
*WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death
California

State of _____ }
County of Santa Clara } ss.

Certificate No. 77018

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Ballard who born on Jan. 9, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Gooding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Birth Record, Insurance Policy, Etc. prepared on April 21, 1961, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child _____

Unnamed _____

Carmen Mildred Ballard _____

Subscribed and sworn to before me this 6th day of May, 1960

J. H. Bennett
Notary Public, residing at Saratoga, Calif.
My commission expires April 5, 1961
(Seal)

Signed Carmen Mildred Ballard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
12794 Santa Clara St. - Saratoga
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Santa Clara } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of May, 1960

J. H. Bennett
Notary Public, residing at Saratoga, Calif.
My commission expires April 5, 1961
(Seal)

Signed Helen Erickson
(Signature of Any Credible Person)

528 McKeen Ave. S.F. Calif.
(Street Address, City, State)

Sunnyvale School District, Sunnyvale, California gives name of child as
Carmen Mildred Ballard born Jan. 9, 1920. Robert D. Muscio, Asst. supt.
Attended school 1925 to 1933.

Viewed by V. S.

SEP 1 1966

Certified copy of Birth Record of child gives name of mother as Carmen Mildred
Ballard. Child born Mar 7, 1951. Certified copy issued Feb. 14, 1956.
Viewed by V. S. (child born in Palo Alto, Calif.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-202-024-755
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form 7.2 Rev. 10-1-26-17

County of Canyon

City of Hagerman

Registration District No. 24

File No. 77019

No. 2 St.

Primary Registration District No. 2014

Registered No. 77019

Hospital Patter

FULL NAME OF CHILD THELMA LORRAINE Patter

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 2 1920</u> (Month) (Day) (Year)
----------------------------	-----------------------------------	-----------------------------------	------------------------	---

FATHER
FULL NAME Lyle Patter
RESIDENCE Hagerman
COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Ellen Penfold
RESIDENCE Hagerman
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:10 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
Sec. W. J.
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding
Filed 2-2-1920
Registrar F. T. Cary M.D.

K

1000 1000 1000 1000

1000 1000 1000 1000

JAN

3 1969

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. Certificate No. 77019
County of GOODING } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Potter (Female Child) who was born on January 2, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Hagerman, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child _____

Unnamed _____

Thelma Lorraine Potter _____

Subscribed and sworn to before me this 22nd day of

Signed Lyle Potter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires 10-9-20

(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of GOODING }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of

Signed Stanley Penfold
(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires 10-9-20

(Seal)

(Street Address, City, State)

Certificate of Baptism and Confirmation gives name of child as Thelma Lorraine
Potter Born Jan. 2, 1920 at Hagerman, Idaho. Baptized June 3, 1933 by L.D.S.
Church
Viewed by V.S.

Insurance Policy issued by Beneficia Life Ins. Co. gives name as Thelma Lorraine
Potter born Jan 2, 1920 at Hagerman, Idaho. Policy issued July 1, 1942.
Viewed by V.S.

JAN 30 1969

298-229-025-391

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

County of IdahoCity of EmangervilleRegistration District No. 105File No. 21 77020No. — St.Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD Alma Katherine Bryant

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 29</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>James I Bryant</u>	FATHER
RESIDENCE <u>Emangerville Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Anna Troutman</u>	MOTHER
RESIDENCE <u>Emangerville</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Kan.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive..... at 1:55 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr MD

(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood IdahoFiled March 19 1920 1478 Blaine

Registrar

Registrar



217-230-025-945

(Be sure the information is complete and accurate)

State File No. 77021

Local Reg. No.

Reg. Dist. No. 105

Amended 8/19/76

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH a. COUNTY Idaho		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cottonwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cottonwood	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print)			
a. (First) Gertrude		b. (Middle) M.	
		c. (Last) Sager	
4. SEX female	5a. THIS BIRTH SINGLE _____ TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) Jan. 30, 1920

FATHER OF CHILD

7. FULL NAME a. (First) James b. (Middle) c. (Last) Sager			
8. AGE (At time of this birth) 39 YEARS	9. BIRTHPLACE (State or foreign country) Iowa (City or Town)	10. USUAL OCCUPATION Laborer	11. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) Jessie b. (Middle) c. (Last) Runyun			
13. AGE (At time of this birth) 38 YEARS	14. BIRTHPLACE (State or foreign country) Neb. (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 5 b. How many OTHER children were born alive but are now dead? c. How many children were stillborn (born dead after 20 wks. pregnancy)?	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)			

I hereby certify that this child was born alive on the date stated above.	17. SIGNATURE Wesley F. Orr, M. D.	18. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____
	19. ADDRESS Cottonwood, Idaho	20. DATE SIGNED
21. DATE REC'D BY LOCAL REG. March 19, 1920	22. REGISTRAR'S SIGNATURE H. B. Blake	23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registral

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES _____ NO _____ DATE _____	
Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____	
LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS. Time: 11 PM
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White
METHOD OF DELIVERY	
BIRTH INJURY TO INFANT _____ YES IF YES, DESCRIBE _____ NO	CONGENITAL MALFORMATIONS OF INFANT _____ YES IF YES, DESCRIBE _____ NO

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. 6th 19th 1976 Certificate No. 77021
County of Idaho } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Lucile Sager who was born Jan 30, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Cottonwood, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) Soc.Sec. Card &
true facts are shown by U.S. Census Report prepared on 8-4-76, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED (“Name,” “Birth Date,” “Cause of Death,” Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Lucile Sager	Gertrude Marlys Sager

Subscribed and sworn to before me this 8th day of August, 1976

Notary Public, residing at Cottonwood, Idaho
My commission expires 11-15-76
(Seal)

Signed Jane D. Kopychali
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Cottonwood, Idaho 83522
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
..... 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

Census record for 1930 give's name as Gertrude M. Sager daughter of ~~Jim~~ James M. and Jessie B. Sager. age 10 years. viewed by V. S.

Social Security card (518-22-5706).gives name as Gertrude Kopczynski. viewed by VS

458-130-025-643
PLACE OF BIRTHCounty of Idaho.....City of Cottonwood.....

No. St.

Registration District No. 105

Primary Registration District No. 2183

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-3-17

77022

File No. 23

Registered No.

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u> and (Number in order of birth <u>-</u>)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 30 1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>John Meyer</u>		FULL MAIDEN NAME MOTHER <u>Katherine Fuchs</u>	
RESIDENCE <u>Cottonwood</u>		RESIDENCE <u>Cottonwood Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Germany</u>		BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Miller</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 6.... Number of children of this mother now living, including present birth... 6....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orval M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood IdahoFiled Feb 19 1920

Registrar

Registrar

JAN 23 1997

359.202.025-659

PLACE OF BIRTH

County of Idaho.....City of Cottanwood.....No. 7.....St.Hospital 7.....FULL NAME OF CHILD Dorothy Mary Tschann.....STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

77023

Registration District No. 105.....File No. 24.....Primary Registration District No. 2183.....

Registered No.

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and (To be answered only in event of plural births)	Number in order of birth <u>-</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb. 2 1920</u> (Month) (Day) (Year)
----------------------------	---------------------------------------	--	--	-----------------------------	---

FULL NAME <u>George Tschann</u>	FATHER
RESIDENCE <u>Cottanwood Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)
BIRTHPLACE <u>Ill.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary Weine</u>	MOTHER
RESIDENCE <u>Cottanwood</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 7.....Number of children of this mother now living, including present birth 6.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive..... at 4:00 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D......

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Cottanwood Idaho.....

.....19.....

Filed Mar 19 1920.....

Registrar

Registrar

NOV 3 1965

FEB 9 1963

359202.025-231

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-12

County of Idaho

CERTIFICATE OF BIRTH

77024

City of CottonwoodRegistration District No. 10.5File No. 25No. - St.Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD Pila Helen Terhaar

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 2</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>Edward Terhaar</u>	FATHER
RESIDENCE <u>Cottonwood Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Minn.</u>	
OCCUPATION <u>laborer</u>	

FULL MAIDEN NAME <u>Rose Klapprich</u>	MOTHER
RESIDENCE <u>Cottonwood Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>N. Dak.</u>	
OCCUPATION <u>house wife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Idaho
Filed Feb 19 1920
Registrar Wesley F. Orr Registrar

MARGIN USED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 1970

231-202-025-693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

77025

County of Idaho.....City of Cottonwood.....Registration District No. 105.....File No. 26.....No. -.....St. -Primary Registration District No. 2183.....

Registered No.

Hospital

FULL NAME OF CHILD

~~James H. Bledsoe~~ Grace Marie Bledsoe

Sex of Child

FemaleTwin
Triplet
or other? -

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yes

Date of Birth

Feb. 22, 20
(Month) (Day) (Year)

FULL NAME

FATHER

James H. Bledsoe

RESIDENCE

Cottonwood Idaho

COLOR

white

AGE AT LAST

41

BIRTHDAY

(Years)

BIRTHPLACE

N. Carolina

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Ira Williams

RESIDENCE

Cottonwood

COLOR

white

AGE AT LAST

38

BIRTHDAY

(Years)

BIRTHPLACE

N. Carolina

OCCUPATION

House wifeNumber of child of this mother, including present birth 9.....Number of children of this mother now living, including present birth 9.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive..... at 9 9.....
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report.

Grace Marie Bledsoe.....19.....

Address

Cottonwood IdahoW. B. Murphy.....

Filed

March 19, 1920

Registrar

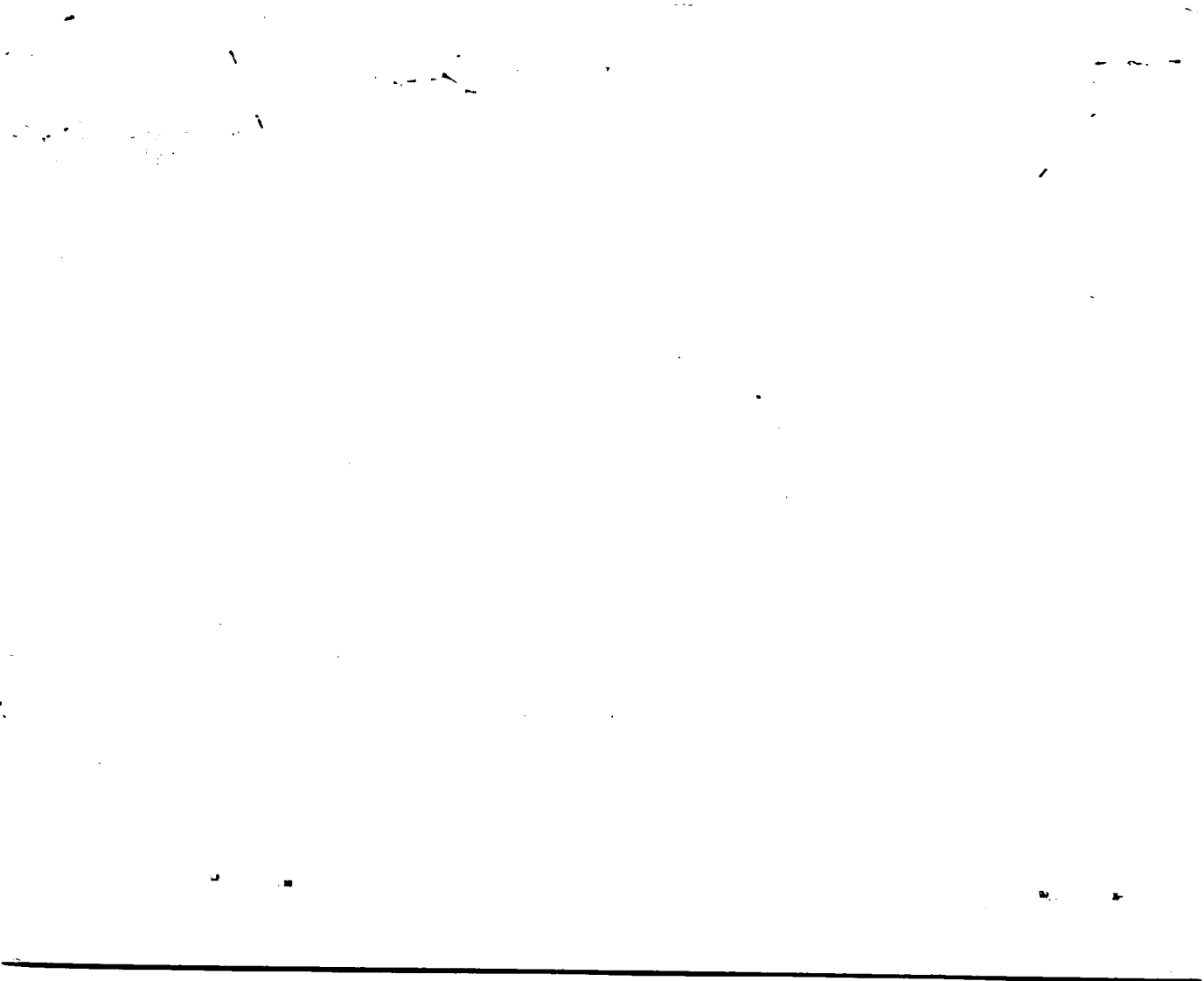
W. B. Murphy

Registrar

MARGIN USED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Cottonwood
Street and House No. _____
County Idaho

Registered No. 24

Registration Dist. No. 105

Sex of Child Female
Date of Birth Feb 2 1920
 MONTH DAY YEAR
Father James H Bledsoe
 FULL NAME
Mother Ida Williams
 FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Grace Marie Bledsoe
GIVEN NAME IN FULL SURNAME

as reported by Father

H B Blake
FATHER OR MOTHER
LOCAL REGISTRAR

AUG 3 1943

235-1041025-914

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County of... Idaho.....City of... Cottonwood.....Registration District No. 105File No. 37026No. - St.Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD Richard Anthony Steiger

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth <u>-</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 4 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FULL NAME <u>Paul Steiger</u>	FATHER	FULL MAIDEN NAME <u>Clara Kad</u>	MOTHER
RESIDENCE <u>Ferdinand Idaho</u>		RESIDENCE <u>Ferdinand Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Cottonwood Id.</u>		BIRTHPLACE <u>Cottonwood Id.</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley J. Orr M.D.

Physician or midwife

Given names added from a supplemental report.

Address Cottonwood Id.Filed Feb 19 1920

Registrar

Registrar

MAR 31 1966

J

812-215-025-213

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of IdahoCity of GrangervilleRegistration District No. 103 File No. 77027

No. _____ St. _____

Hospital _____ Primary Registration District No. 2181 Registered No. 11FULL NAME OF CHILD Beverley Lena Haskin

Sex of Child <u>F</u>	Twin Triplet or other? <u>and</u>	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 15</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

FATHER
FULL NAME Ralph E Haskin
RESIDENCE Grangerville
COLOR W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Nebraska
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Kathleen M Balch
RESIDENCE Grangerville
COLOR W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Wash
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) G S Stockton
(Physician or midwife)Address Grangerville IdahoFiled Feb 1 1920 G S Stockton

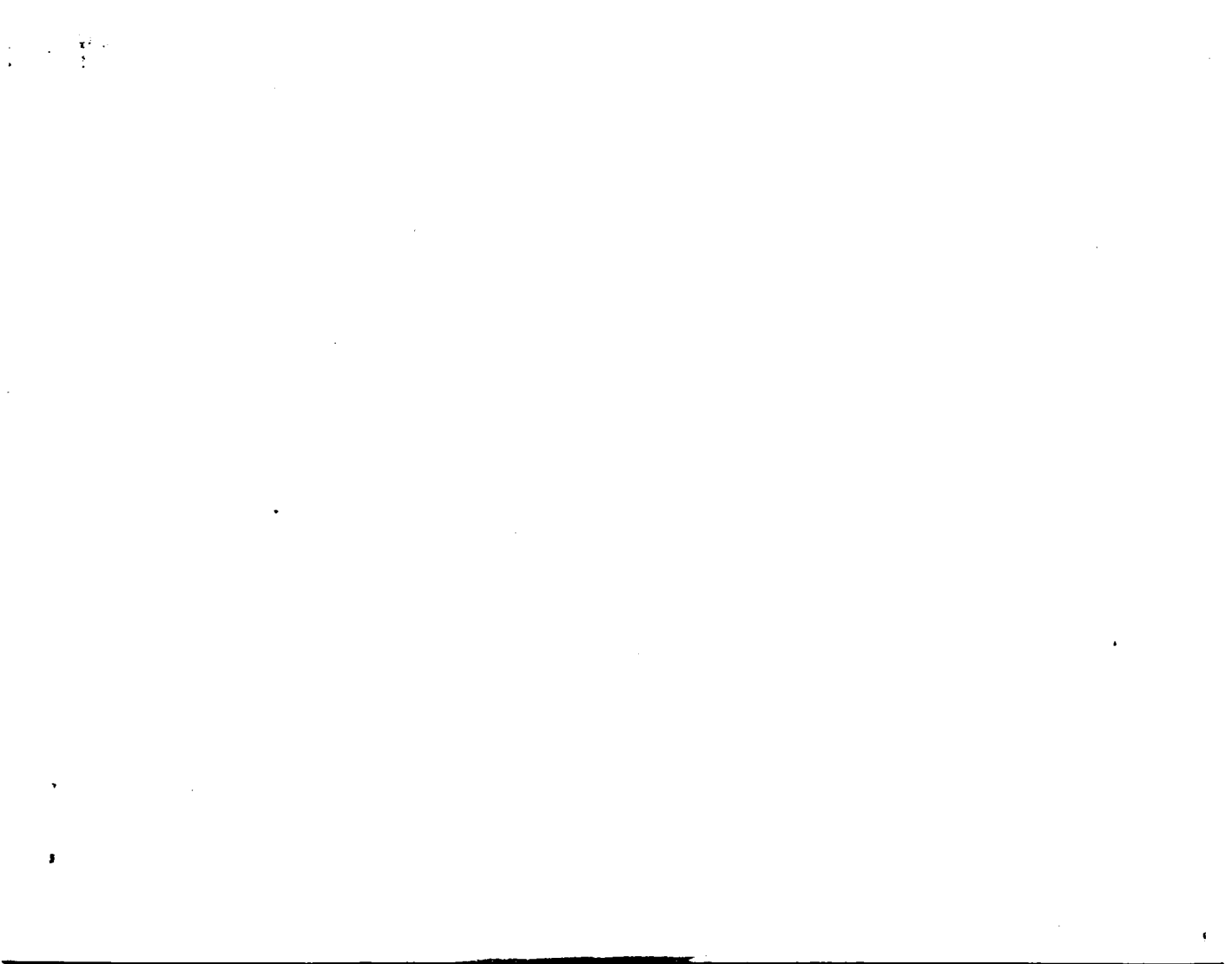
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



C/16-210-025-942

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103 File No. 77028

No. _____ St. _____

Primary Registration District No. 1001 Registered No. 10

Hospital _____

FULL NAME OF CHILD

Verla Ruth DawsonSex of
ChildFTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
BirthFeb 101920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAME

FATHER

John L DawsonFULL
MAIDEN
NAME

MOTHER

Ruby P Rush

RESIDENCE

Grangeville

RESIDENCE

Grangeville

COLOR

WAGE AT LAST
BIRTHDAY24
(Years)

COLOR

WAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Idaho

OCCUPATION

Mechanic

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

born alive, at 1³⁰ P. M.

on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

G. S. Stricklin

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Grangeville Ida

Filed

Feb 19 1920G. S. Stricklin

Registrar

Registrar

10/10/10

666-2141025-238

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of IdahoCity of GrangevilleRegistration District No. 103File No. 77029

No. _____ St. _____

Primary Registration District No. 2181Registered No. 9

Hospital _____

FULL NAME OF CHILD

Ruth LeVerne WoodsSex of
Child7Twin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthFeb 14 1920
(Month) (Day) (Year)FULL
NAMEWm M Woods

FATHER

RESIDENCE

Grangeville

COLOR

WAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Effie May Schwarz

RESIDENCE

Grangeville

COLOR

WAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Wash

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born aliveat 10⁵⁹ A. M.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

G S Strickton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Grangeville Ida

Filed

Feb 1 1920G S Strickton

Registrar

Registrar

JAN 5 1976

168-209-025-451

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77030

County of IdahoCity of GrangevilleRegistration District No. 103

File No. _____

No. _____ St. _____

Primary Registration District No. 2181 Registered No. 8

Hospital _____

FULL NAME OF CHILD

Rosebud Johnston

Sex of Child

ITwin
Triplet
or other?

{ and }

Number
in order
of birth

Legitimacy?

yes

Date of Birth

Feb 91920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER

FULL NAME Wm Great Johnston

RESIDENCE

Grangeville

COLOR

W

AGE AT LAST

33

BIRTHDAY

(Years)

BIRTHPLACE

Missouri

OCCUPATION

Farmer

MOTHER

FULL MAIDEN NAME

Esther B De Armond

RESIDENCE

Grangeville

COLOR

W

AGE AT LAST

28

BIRTHDAY

(Years)

BIRTHPLACE

Colorado

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:40 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

G S Stockton

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Grangeville Ida

Filed

Feb 19 1920 G S Stockton

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1949

669-225-025-295

mothers maiden name amend 2-20-85 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of IdahoCity of GrangevilleRegistration District No. 103File No. 77031

No. _____ St. _____

Primary Registration District No. 2181 Registered No. 7

Hospital _____

FULL NAME OF CHILD

Geneva Maxine WortmanSex of
ChildFTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthJan 25 1920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAMEFATHER
C E WortmanFULL
MAIDEN
NAME

MOTHER Kincaid

Clara Cramer

RESIDENCE

Grangeville Ida

RESIDENCE

Grangeville Ida

COLOR

WAGE AT LAST
BIRTHDAY26
(Years)

COLOR

WAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A, M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

G S Stockton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Grangeville Ida

Filed

Feb 3 1920 G S Stockton

Registrar

Registrar

APR 30 1967

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR REPEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

Certificate No. 77031

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Geneva Maxine Wortman who was born on Jan 25, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Grangeville (Idaho) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

mothers maiden name

Clara Cramer

X CLARA KINCAID

(FORMER MARRIAGE)

Subscribed and sworn to before me this 5 day of

February, 1985
Notary Public, Carol Wilsonoff

Residing at Palmer, AK

My commission expires 8-30-86

(Seal)

X Geneva M. Telmer
Signature of Applicant

X P.O. Box 1721, Palmer, Alaska 99645
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Alaska }
County of _____ } ss.

(Must be completed ☐)

(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of

February, 1985
Notary Public, Carol Wilsonoff

Residing at Palmer, AK

My commission expires 8-30-86

(Seal)

Supporting Signature

Street Address, City, State

Certificate of Birth lists Clara Geneva Kincaid born Feb 12, 1893 in Cottonwood, Idaho to Joseph Lorenza Kincaid and Martha Emaline Estes. Filed April 23, 1945. Viewed by V.S.

FEB 20 1985

Baptism Certificate lists Geneva Maxine Wortman Helmers born Jan 25, 1920 in Idaho was baptised Nov 5, 1961 . Parents listed as Edgar Clarence Wortman and Clara Geneva Kincaid. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

238-210-025-154
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. St.

Registration District No. 103

File No. 77032

Hospital

Primary Registration District No. 2181

Registered No. 6

FULL NAME OF CHILD Bettie Lorine Schmadeka

(Certificate of no value without full name of child.)

Sex of Child	Female	Twin Triplet or other?	and	Number in order of birth	Legiti- mate?	Yes	Date of birth.	Jan. 10 1920
							(Month)	(Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

FATHER
FULL NAME Arthur Leslie Schmadeka

MOTHER
FULL MAIDEN NAME Hattie Anderson

RESIDENCE
Grangeville Ida.

RESIDENCE
Grangeville

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE
Grangeville Ida.

BIRTHPLACE
Oklahoma

OCCUPATION
Rancher

OCCUPATION
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman

Physician

(Physician or midwife)

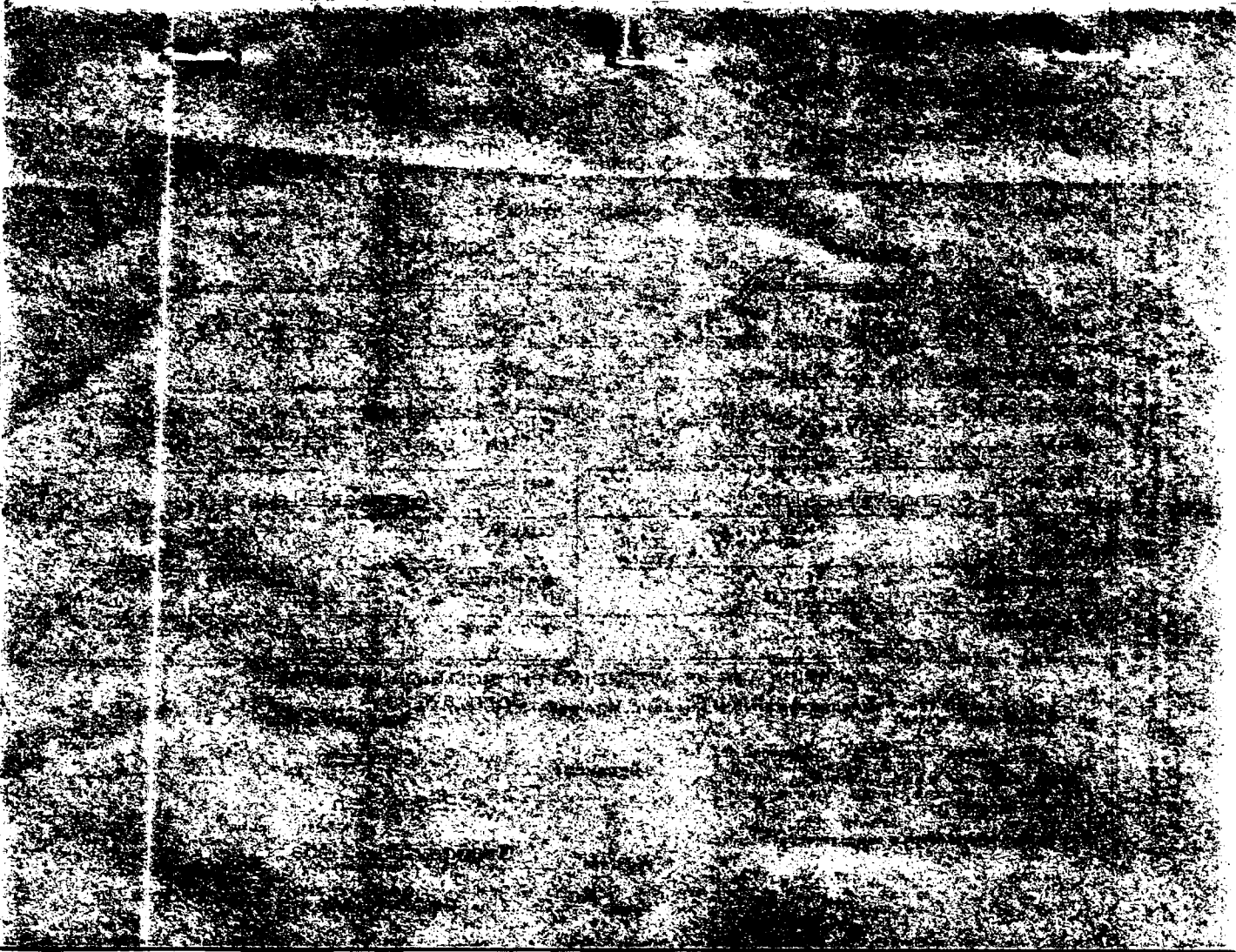
Give names added from a supplemental report.

Address Grangeville, Ida.

Filed Mch. 3 1920 G. O. Stockton

Registrar.

Registrar.



851-101-025-289
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-9-3-17

County of IdahoCity of Wunquille

Registration District No.

103

File No.

77033

No. St.

Primary Registration District No.

1001

Registered No.

5

Hospital

FULL NAME OF CHILD

Jamie Richard Heath

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>1-1-20</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	--

FULL NAME FATHER Thomas Franklin HeathFULL MAIDEN NAME MOTHER Betty ShieldsRESIDENCE WunquilleRESIDENCE WunquilleCOLOR White AGE AT LAST BIRTHDAY 26
(Years)COLOR White AGE AT LAST BIRTHDAY 26
(Years)BIRTHPLACE Mo.BIRTHPLACE TennOCCUPATION R.R. LaborerOCCUPATION Housewife

Number of child of this mother, including present birth.

3

Number of children of this mother now living, including present birth.

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.

(Born alive or stillborn)

9 A.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. Chipman
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Wunquille IdahoFiled Feb 3 1920E. S. Strickton

Registrar

Registrar

AUG 17 1946

463-112-025-512
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-5-17

County of IdahoCity of GrangevilleRegistration District No. 103File No. 77034No. StPrimary Registration District No. 1001Registered No. 4

Hospital

FULL NAME OF CHILD

Erwin Eastman Mochel

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>Jun 12 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Leonard E. Mochel</u>	FATHER
RESIDENCE <u>Grangeville</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Gunnison Idaho</u>	
OCCUPATION <u>Mail Clerk</u>	

FULL MAIDEN NAME <u>Blanche Eastman</u>	MOTHER
RESIDENCE <u>Grangeville</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Lewiston Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at T. A. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman
Physician

Given names added from a supplemental report.

Address Grangeville Ida
Filed Feb 20 1920 G. O. Stecker
Registrar

11/22/40 L.B.

MA. 1 2 1940,

MA. 1 2 1940,

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 5-25-61

PLACE OF BIRTH

386-204-025-366

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. _____ St.

Registration District No. 103

File No. 77035

Hospital _____

Primary Registration District No. 1001

Registered No. 3

FULL NAME OF CHILD Jean Elizabeth Thoma

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of birth <u>Jan. 4, 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER
FULL NAME Roy Christopher Thoma

RESIDENCE Grangeville

COLOR White AGE AT LAST BIRTHDAY 27
(Years)

BIRTHPLACE Rapid City, S.D.

OCCUPATION Mail Clerk

MOTHER
FULL MAIDEN NAME Florence Mabel Lowry

RESIDENCE Grangeville

COLOR White AGE AT LAST BIRTHDAY 23
(Years)

BIRTHPLACE Little Falls, Minn.

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman
Physician
(Physician or midwife)

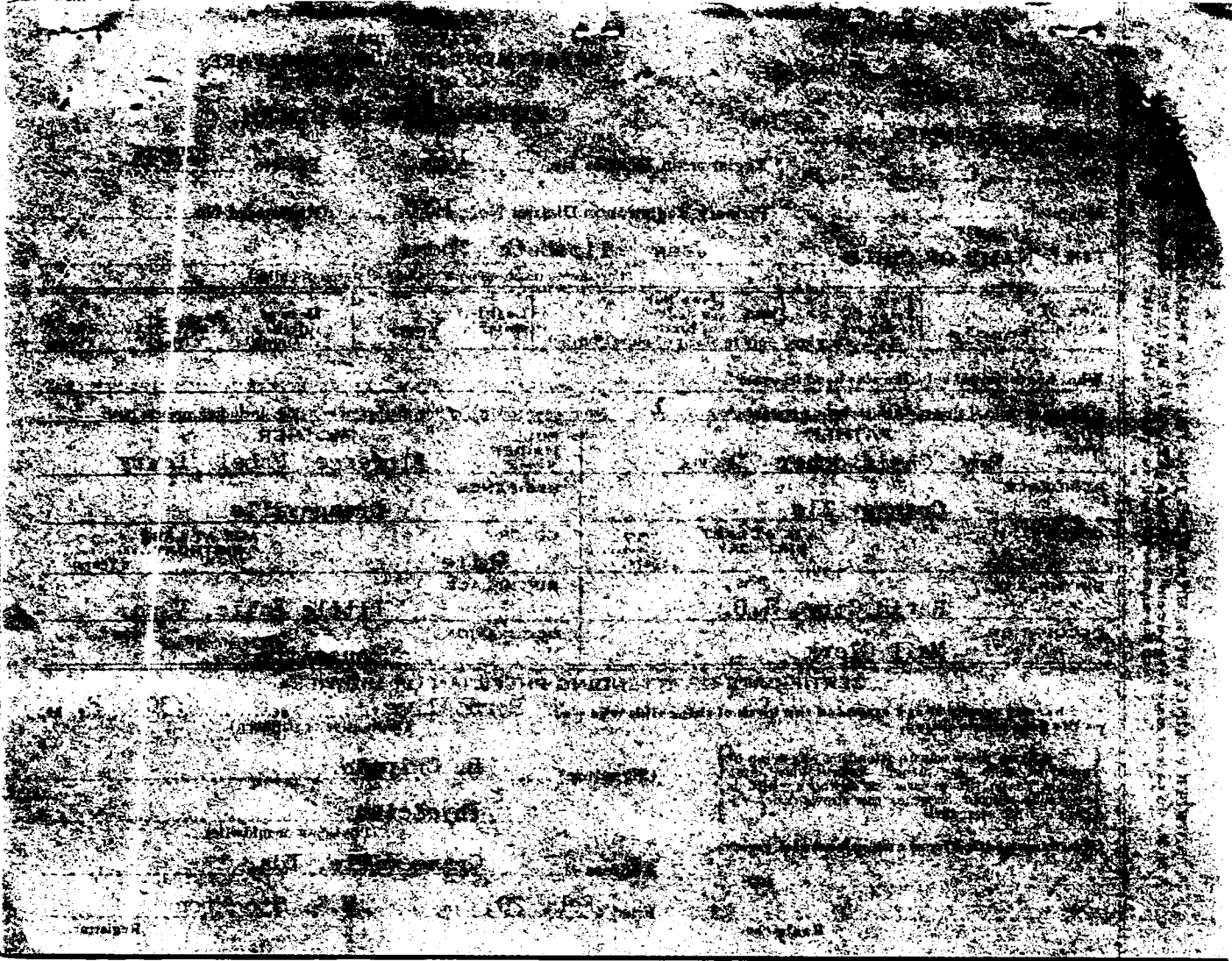
Give names added from a supplemental report.
_____, 192____

Address Grangeville, Ida.

Filed Feb. 20, 1920 G.S. Stockton

Registrar.

Registrar.



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington }
County of SpoKane } ss.

Certificate No. 77035
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Jene Elizabeth Thoma who was born on Jan. 4, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Grangeville, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on January 4, 1920 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's First Name	Jene	Jean Elizabeth Thoma
Father's First Name	Ray	Roy Christopher Thoma
Mother's Maiden Name	Laury	Florence Mabel Lowry

Subscribed and sworn to before me this 9th day of
May, 1961
Verla L. Edwards
Notary Public, residing at SpoKane
My commission expires April 24, 1962
(Seal)

Signed Florence Mabel Lowry-Thoma
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
S-2211 Main St. Bend, Spokane, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of SpoKane } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of
May, 1961
Verla L. Edwards
Notary Public, residing at SpoKane
My commission expires April 24, 1962
(Seal)

Signed Roy Christopher Thoma
(Signature of Any Credible Person)
S-2211 Main St. Bend, Spokane, Wash
(Street Address, City, State)

Beneficial Life Insurance Company Policy, #44248, July 1, 1935 gives full name of insured as Jean Elizabeth Thoma, born Jan. 4, 1920 at Grangeville, Idaho - age at time policy was taken out-15 years old, beneficiary is given as Florence M. Thoma, mother - father-Roy C. Thoma took out policy for child - on Aug. 19, 1947 beneficiary was changed to Virgil Jay Cline, husband - viewed by V.S.

Another child's birth certificate on file:(Idaho Birth) #127444 gives full name of parents as Roy Christopher Thoma and Florence Mabel FxLa Lowry - viewed by V.S.

Certified Photo Copy of Own Child's Birth Certificate, State of Colorado Birth, #31116, Dec. 29, 1948 gives full maiden name of mother as Jean Elizabeth Thoma, born in Idaho - viewed by V.S. photo copy issued on Feb. 11, 1954 -

Only one document required to correct mother's maiden name since the ~~o's and a's~~ O's and A's appear to be similar -

597-104.025-416

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103 File No. 77036

No. _____ St. _____

Primary Registration District No. 1001 Registered No. 69

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 4</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Hugh A Vigner</u>	FATHER
RESIDENCE <u>Grangeville</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Truckman</u>	

FULL MAIDEN NAME <u>Gertrude G Dawson</u>	MOTHER
RESIDENCE <u>Grangeville</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:35 P., M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) G S Strickton
(Physician or midwife)Address Grangeville Ida
Filed Feb 1 19 20 G S Strickton

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

OCT 20 1972

519-2141025-763

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of IdahoCity of Grangeville

No. _____ St. _____

Registration District No. 103 File No. 77037

Hospital _____

Primary Registration District No. 2181 Registered No. 78

FULL NAME OF CHILD

Louise Belle EarpSex of
ChildFTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthJan 14 1920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL
NAMEFred Earp

FATHER

RESIDENCE

Grangeville

COLOR

W

AGE AT LAST

BIRTHDAY

21
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL
MAIDEN
NAMERuby A Potter

MOTHER

RESIDENCE

Grangeville

COLOR

W

AGE AT LAST

BIRTHDAY

19
(Years)

BIRTHPLACE

Montana

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4³⁰ A., M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

(Signature) _____

G. S. Strickton
(Physician or midwife)

Address _____

Grangeville Idaho

Filed _____

Feb 1 1920G. S. Strickton

Registrar

Registrar

APR 30 1964

415-230-025-693

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of White Bird - Ida

City of _____

Registration District No. 104File No. 77041

No. _____ St. _____

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Wila Augusta Davis

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
BirthJan 301920

(To be answered only in event of plural births)

FULL
NAME

FATHER

George Davis

RESIDENCE

White Bird

COLOR

White

AGE AT LAST

BIRTHDAY 40 -
(Years)

BIRTHPLACE

Kansas

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Martha Wilson

RESIDENCE

White Bird

COLOR

White

AGE AT LAST

BIRTHDAY 29 -
(Years)

BIRTHPLACE

Shoshone - Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2. U. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

W.A. Foskett

(Physician or midwife)

Physician

Given names added from a supplemental report.

19____

Address

White Bird

Filed

Jan 1920W.A. Foskett

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

JUN 9 1943

4

0.3

51

0

259-1171025-515

Form V. S. No. 11-C-25m-7-21-10

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of IdahoCity of White BirdRegistration District No. 104File No. 77042No. St. Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD

Thomas KnightSex of
ChildMaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthJan 171920

(Month)

(Day)

(Year)

FULL
NAMEFATHER
Walt Knight

RESIDENCE

White Bird

COLOR

WhiteAGE AT LAST
BIRTHDAY33

(Years)

BIRTHPLACE

Perdeltou Oregon

OCCUPATION

BlacksmithFULL
MAIDEN
NAMEMOTHER
Ada Vanboy

RESIDENCE

White Bird

COLOR

WhiteAGE AT LAST
BIRTHDAY32

(Years)

BIRTHPLACE

Goldendale Wash

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:10 P.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

W. A. FoshellPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

White Bird

Filed

Feb. 201920W. A. Foshell

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

c.c. 5/2/41. w.h.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-112-025-289

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of White Bird

Registration District No. _____ File No. 77043

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

Joseph Rex Warden

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 12 1920</u> (Month) (Day) (Year)
--------------------------	---	-----------	--------------------------------	------------------------	--

FATHER
FULL NAME Warren Arthur Warden
RESIDENCE White Bird
COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Granville
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Fannie May Shinn
RESIDENCE White Bird
COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Lincoln Nebraska
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Hoskett
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address White Bird
Filed Jan 1920 W. A. Hoskett
Registrar

Registrar

RECEIVED
MAY 10 1968
DEPT. OF JUSTICE

MAY 8 1968

DECEASED

not

693.106-525-434

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of IdahoCity of CottonwoodRegistration District No. 105File No. 147045

No. _____ St. _____

Primary Registration District No. 2183 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Edwin Douglas Williams

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 1st 20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Roy Douglas WilliamsRESIDENCE Cottonwood IdahoCOLOR White AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE IdahoOCCUPATION LaborerFULL MAIDEN NAME MOTHER Edna Ollie McMichaelRESIDENCE SameCOLOR White AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE CanadaOCCUPATION HousewifeNumber of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 40 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Blake
Physician
(Physician or midwife)

Given names added from a supplemental report:

Address Cottonwood Idaho
Filed July 2nd 20 W. B. Blake
1920

Registrar

Registrar

APR 27 1953

466-203-025-816

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 2-C-22a-17

County of *Idaho*City of *Cottonwood*Registration District No. *105*File No. *137046*No. *.....* St. *.....*Primary Registration District No. *2183*Registered No. *.....*Hospital *.....*FULL NAME OF CHILD *Phyllis Cleora Downer*

Sex of Child <i>M</i>	Twin Triplet or other? <i>.....</i> (To be answered only in event of plural births)	and { Number in order of birth <i>.....</i> }	Legitimate? <i>yes</i>	Date of Birth <i>2 3 1920</i> (Month) (Day) (Year)
-----------------------	--	---	------------------------	---

FULL NAME <i>Raymond A. Downer</i>	FATHER
RESIDENCE <i>Cottonwood</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>South Dakota</i>	
OCCUPATION <i>Job over</i>	

FULL MAIDEN NAME <i>Alice June Hawley</i>	MOTHER
RESIDENCE <i>Cottonwood</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>White Bird Idaho</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *.....* Number of children of this mother now living, including present birth *.....*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *new* at *8:30 P.M.* on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. D. Shinnick*
(Physician or midwife)

Given names added from a supplemental report.

Address *Cottonwood Idaho*Filed *4th day 1920* Registrar *H. B. Moore*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1949

818-103-025-632

PLACE OF BIRTH

County of Idaho.....

City of Idaho.....

No. St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-21m-3-17

CERTIFICATE OF BIRTH

Registration District No. 105.....

File No. 16 77047.....

Primary Registration District No. 2183.....

Registered No.

Hospital

FULL NAME OF CHILD John Francis Hayden.....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb. 3, 1920</u> (Month) (Day) (Year)
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FATHER
FULL NAME Charles Edward Hayden
RESIDENCE Idaho County
COLOR white AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Minnesota
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Mary Vinetta Olson
RESIDENCE Idaho County
COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Washington State
OCCUPATION Housewife

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive..... at 9:30 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Parby, M.D.
Physician or midwife

Given names added from a supplemental report.

Address Volmer, Idaho

Filed July 4, 1920.....

Registrar

Registrar

Certified Copy October 27, 1970. E.W.

255-102.025-243

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Idaho
City of BoothRegistration District No. 105 Sub No. 77048

No. _____ St. _____

Primary Registration District No. 2183 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Donald Dean Kendall

Sex of Child

maleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate?Yes

Date of Birth

July 2nd 1920
(Month) (Day) (Year)

FULL NAME

Oroville

FATHER

Kendall

RESIDENCE

Booth

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Wash.

OCCUPATION

FarmerFULL
MAIDEN
NAMEOlive Ruth Buchanan

MOTHER

RESIDENCE

Same

COLOR

WhiteAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

H. H. HakePhysician

(Physician or midwife)

Given names added from a supplemental report.

10

Address

Cottonwood Idaho

Filed

July 4 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

2/20/41 L. B.

JAN 20 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

366-112-025-699

PLACE OF BIRTH

Form V. S. No. 11-635m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77049

County of Idaho

City of Kenterville

Registration District No. 105

File No. 18

No. _____ St.

Primary Registration District No. 2183

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Everett Cooper

Sex of Child Male

Twin
Triplet
or other?
(To be answered only in event of plural births)

and { Number
in order
of birth
(To be answered only in event of plural births)

Legiti
mate? Yes

Date of Birth Feb 12 1920
(Month) (Day) (Year)

FATHER
FULL NAME Peter R Cooper

RESIDENCE Kenterville Idaho

COLOR White AGE AT LAST BIRTHDAY 40
(Years)

BIRTHPLACE California

OCCUPATION Mail Carrier

MOTHER
FULL MAIDEN NAME Edith Annie Wright

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 40
(Years)

BIRTHPLACE Wash.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. H. Blake

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Cottonwood Idaho

Filed

Feb 13 1920

W. H. Blake

Registrar

Registrar

125 28 100

MAR 24 1948

547-103-025-195

PLACE OF BIRTH

Form V. E. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of IdahoCity of CottonwoodRegistration District No. 105File No. 77050

No. _____ St. _____

Primary Registration District No. 2183 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Henry Russell

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>March 3rd</u> (Month) (Day) (Year) <u>1924</u>
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FULL NAME FATHER Clemens Wm RussellRESIDENCE Cottonwood IdahoCOLOR White AGE AT LAST BIRTHDAY 39
(Years)BIRTHPLACE Ill.OCCUPATION FarmerFULL MAIDEN NAME MOTHER Anna ArzenRESIDENCE SameCOLOR White AGE AT LAST BIRTHDAY 38
(Years)BIRTHPLACE Ill.OCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12³⁰ P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. BlakePhysician
(Physician or midwife)

Given names added from a supplemental report.

19

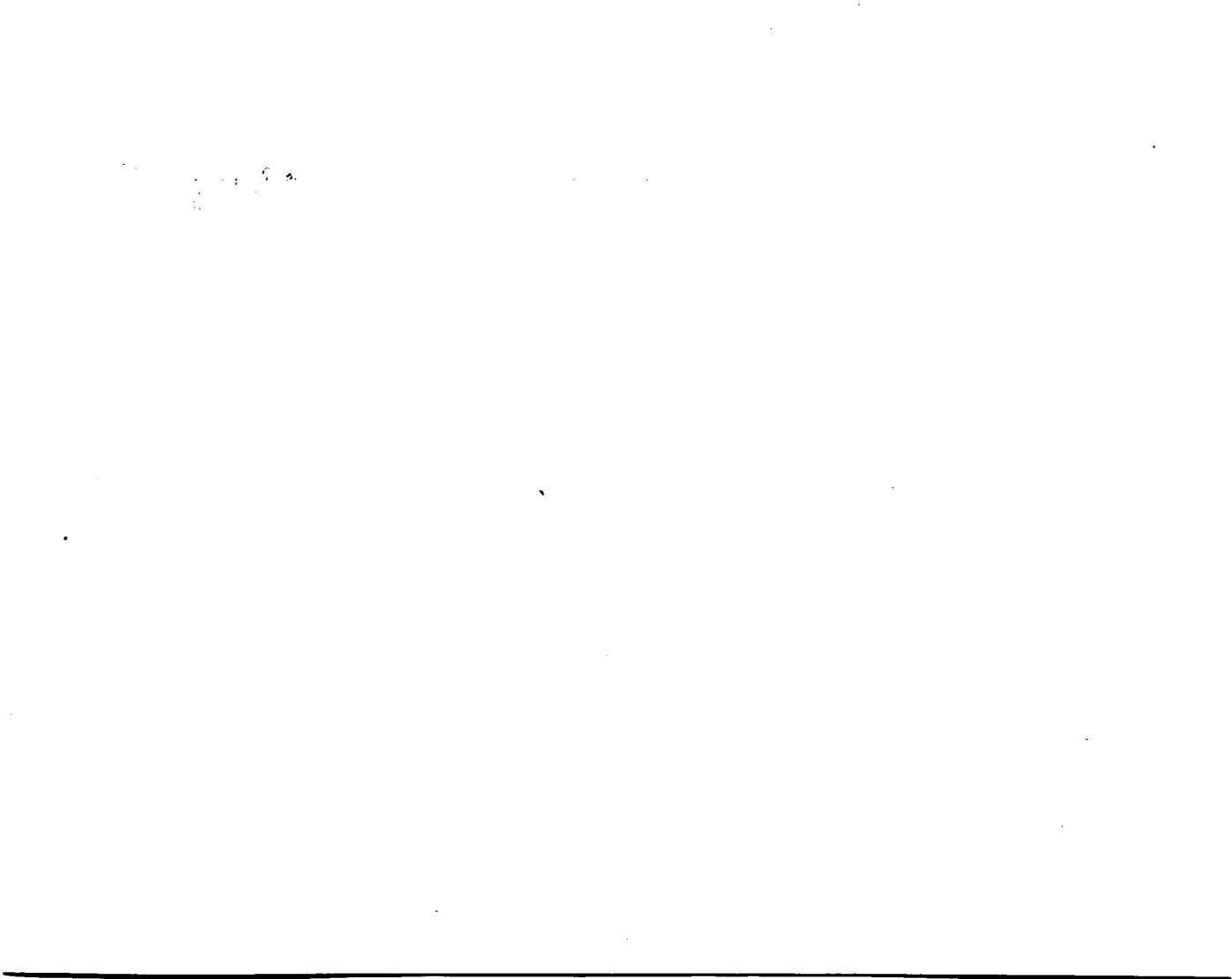
Address Cottonwood IdahoFiled Feb 4 1920 H. H. Blake

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

654-108-025859

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-31-

County of Idaho

City of Green Creek

No. _____ St.

Registration District No. 105

File No. 20

77051

Hospital _____

Primary Registration District No. 2183

Registered No. _____

FULL NAME OF CHILD

Cletus Henry Wemhoff

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>March 8</u> (Month) (Day) (Year) <u>1920</u>
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FATHER
FULL NAME Alois August Wemhoff

RESIDENCE Green Creek Idaho

COLOR White AGE AT LAST BIRTHDAY 33
(Years)

BIRTHPLACE Nebraska

OCCUPATION Farming

MOTHER
FULL MAIDEN NAME Ida Susie Heinon

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 29
(Years)

BIRTHPLACE Nebr

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:20 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) H. H. Blake M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood, Ida.

Filed March 9, 1920

Registrar

Registrar

DECEASED

395-228-025-493
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-3-8-17

County of Idaho

City of Kooskia

Registration District No. 106

File No. 77052

No. St.

Primary Registration District No. 2124

Registered No. 13

Hospital

FULL NAME OF CHILD Velda Tinney

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 28</u> 19 <u>30</u> (Month) (Day) (Year)
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FULL NAME <u>Ed Tinney</u>	FATHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Ward Co - Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alice Mitchell</u>	MOTHER
RESIDENCE <u>Kooskia</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Lucy Mitchell

(Physician or midwife)

Given names added from a supplemental report.

Address Union - Idaho

Filed March 1930 James E. Kues
Registrar

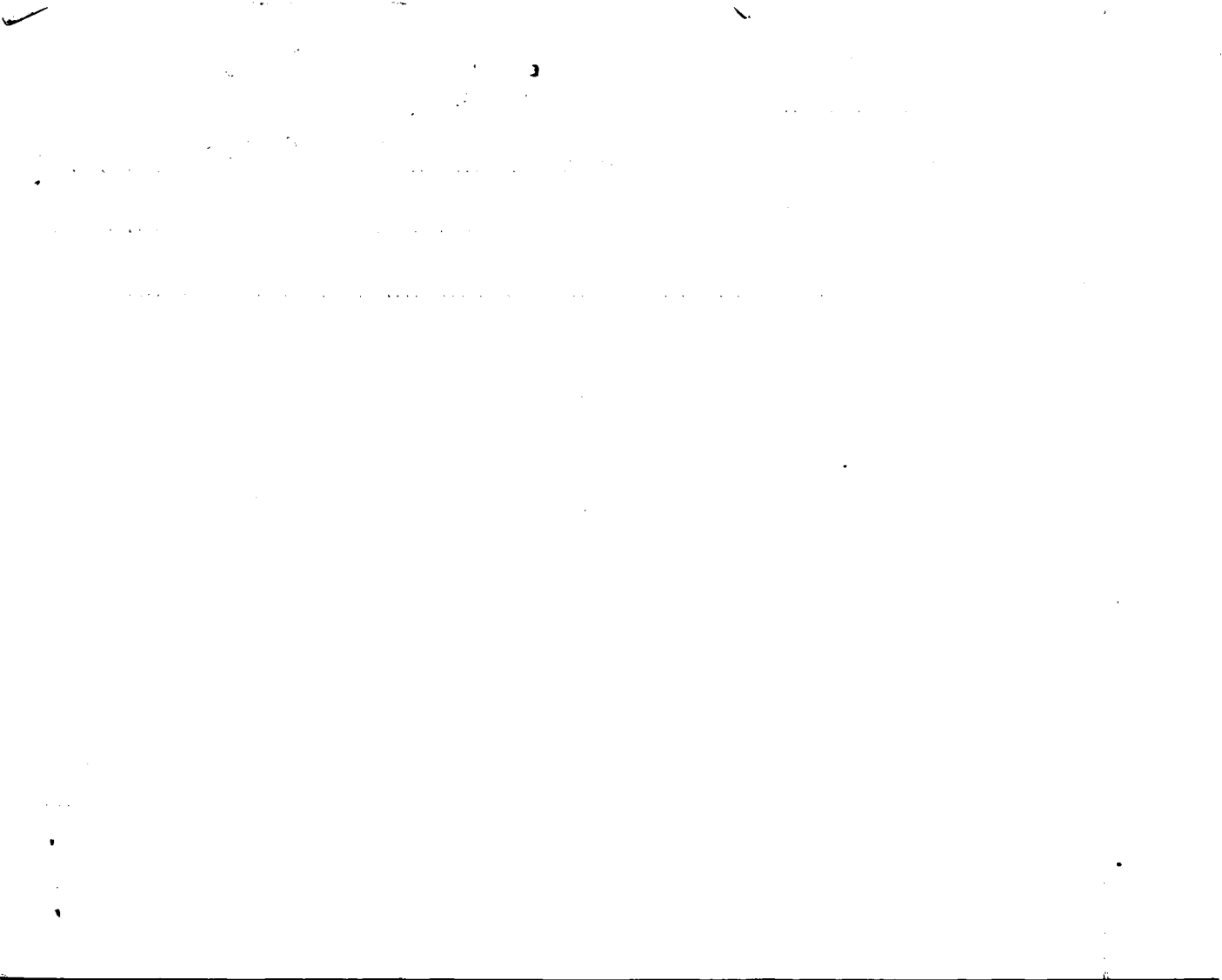
Registrar

Registrar

MARGIN RESERVED FOR BINDING THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-227-025-154
PLACE OF BIRTH

Form V. S. No. 11-C-22a-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Stites

Registration District No. 106

File No. 77053

No. St.

Primary Registration District No. 2184

Registered No. 12

Hospital Stites

FULL NAME OF CHILD Velma Louise Baldwin

Sex of Child <u>Female</u>	Twins Triplet or other? <u>and</u> (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb 27</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>JOSE BALDWIN</u>	FATHER
RESIDENCE <u>Stites</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Kentucky</u>	
OCCUPATION <u>General work</u>	

FULL MAIDEN NAME <u>Blanch Ellen Andrews</u>	MOTHER
RESIDENCE <u>Stites</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D.

Given names added from a supplemental report.

Address Stites Idaho

Filed March 1 1920 J. M. Weber-Kinsey

Registrar

Registrar



391-222-25-437
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-3-17

County of *Idaho*.....

City of *Kooskia*.....

Registration District No. *106*.....

File No. *77054*.....

No. St.

Primary Registration District No. *2184*.....

Registered No. *11*.....

Hospital

FULL NAME OF CHILD *Galdie Elizabeth Crader*.....

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>Feb 22 1920</i> (Month) (Day) (Year)
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FULL NAME <i>Allen Crader</i>	FATHER
RESIDENCE <i>Kooskia - Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>Illinois</i>	
OCCUPATION <i>Laborer</i>	

FULL MAIDEN NAME <i>Orah M. Pherson</i>	MOTHER
RESIDENCE <i>Kooskia - Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
BIRTHPLACE <i>Arkansas</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *4*..... Number of children of this mother now living, including present birth *4*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive*..... at *12:00* a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) *J. M. Weber-Kuers*
Physician
(Physician or midwife)

Address *Kooskia - Idaho*

Filed *March 1 1920* *J. M. Weber-Kuers*

Registrar

Registrar

NOV

FEB 13 1947

369-212-025-316
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-22a-8-8-17

County of Idaho

City of Kooskia

Registration District No. 106

File No. 77055

No. St.

Primary Registration District No. 2184

Registered No. 10

Hospital

FULL NAME OF CHILD Vivian Corbett

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> (Number in order of birth) <u>yes</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 12</u> (Month) (Day) (Year) <u>1924</u>
----------------------------	---	------------------------	--

FULL NAME <u>William Corbett</u>	FATHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>Indian</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Harnessmaker</u>	

FULL MAIDEN NAME <u>Elizabeth La France</u>	MOTHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>Indian</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>New York</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Weberkuhn
Physician (Physician or midwife)

Given names added from a supplemental report.

Address Kooskia - Idaho

Filed March 1 1924 J. M. Weberkuhn

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

K

JUL 6 1943



WRITE MAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6191051025-449
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-21m-4-5-17

County of *Idaho*

City of *Clearwater*

Registration District No. *106*

File No. *77056*

No. *54*

Primary Registration District No. *2184*

Registered No. *9*

Hospital

FULL NAME OF CHILD *Vance Miles Farris*

Sex of Child

Male

Twin
Triplet
or other?

and Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes

Date of Birth

Feb 9 1920
(Month) (Day) (Year)

FULL NAME

William Grover Farris

FATHER

FULL
MAIDEN
NAME

Flora E. Murphy

MOTHER

RESIDENCE

Clearwater

RESIDENCE

Clearwater

COLOR

White

AGE AT LAST
BIRTHDAY

31
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

27
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Washington

OCCUPATION

Farmer

OCCUPATION

Housekeeper

Number of child of this mother, including present birth *6* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *10 A.M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Margaret Bratton*

(Physician or midwife)

Given names added from a supplemental report.

Address *Clearwater Idaho*

Filed *March 20 1920*

Registrar

Registrar

Certified Copy Issued Feb. 17, 1941. E.W.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-205-025-263
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-3-8-17

County of Idaho

City of Kootenai

Registration District No. 106

File No. 77057

No. St.

Primary Registration District No. 2184

Registered No. 8

Hospital

FULL NAME OF CHILD

Henrietta Justina Parsons

Sex of Child Female Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth Feb 5 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME William Parsons
RESIDENCE Kootenai
COLOR Indian AGE AT LAST BIRTHDAY 32
(Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Nancy Holmes
RESIDENCE Kootenai
COLOR Indian AGE AT LAST BIRTHDAY 41
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:10 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. M. Webster
Physician or midwife

Address Kootenai - Idaho

Filed March 1, 1920 J. M. Webster
Registrar

AUG 8 1968

JUL 14 1942

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

298-204-025-454
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-28a-8-8-17

County of Idaho

City of Winona

Registration District No. 106

File No. 77058

No. St.

Primary Registration District No. 2184

Registered No. 7

Hospital

FULL NAME OF CHILD Susan Ellen Bryant

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb 4</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>John Bryant</u>	FATHER
RESIDENCE <u>Winona</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Gene Lois Demaree</u>	MOTHER
RESIDENCE <u>Winona</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Weber Knocs
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Woodstock Idaho
File March 1 1920 J. M. Weber Knocs
Registrar

JUN 11 1973

JUN 24 1942

845-101-025-331
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-5-17

County of IdahoCity of ClearwaterRegistration District No. 106File No. 77059No. St. Primary Registration District No. 2184Registered No. 6Hospital FULL NAME OF CHILD Clifford William Hunter

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u> } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 1 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>John Hunter</u>	FATHER
RESIDENCE <u>Clearwater</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Ind</u>	
OCCUPATION <u>Day Laborer</u>	

FULL MAIDEN NAME <u>Ethel Landry</u>	MOTHER
RESIDENCE <u>Clearwater</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Texas</u>	
OCCUPATION <u>Housekeeper</u>	

Number of child of this mother, including present birth 7..... Number of children of this mother now living, including present birth 7.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb 1 1920, at 3:45 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Bratton
(Physician or midwife)

Given names added from a supplemental report.

Address Clearwater Idaho
Filed March 1 1920 J. M. Weber
Registrar Registrar

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

MAR 12 1942.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

357-104-037-289

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-7-8-15

CERTIFICATE OF BIRTH

County of Jerome

City of Edin

Registration District No. 23

File No. 77061

No. _____ St. _____

Primary Registration District No. 1012-2017

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Paul William Leighton

Sex of Child Male

Twin
Triplet
or other?
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 1 4 1920
(Month) (Day) (Year)

FULL NAME FATHER
Ralph E. Leighton

RESIDENCE Edin, Idaho

COLOR White AGE AT LAST BIRTHDAY 32
(Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER
Razel Shields

RESIDENCE Edin, Idaho

COLOR White AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE Colo.

OCCUPATION Housewife

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 4 M. on the date above stated. (Born alive or stillborn)

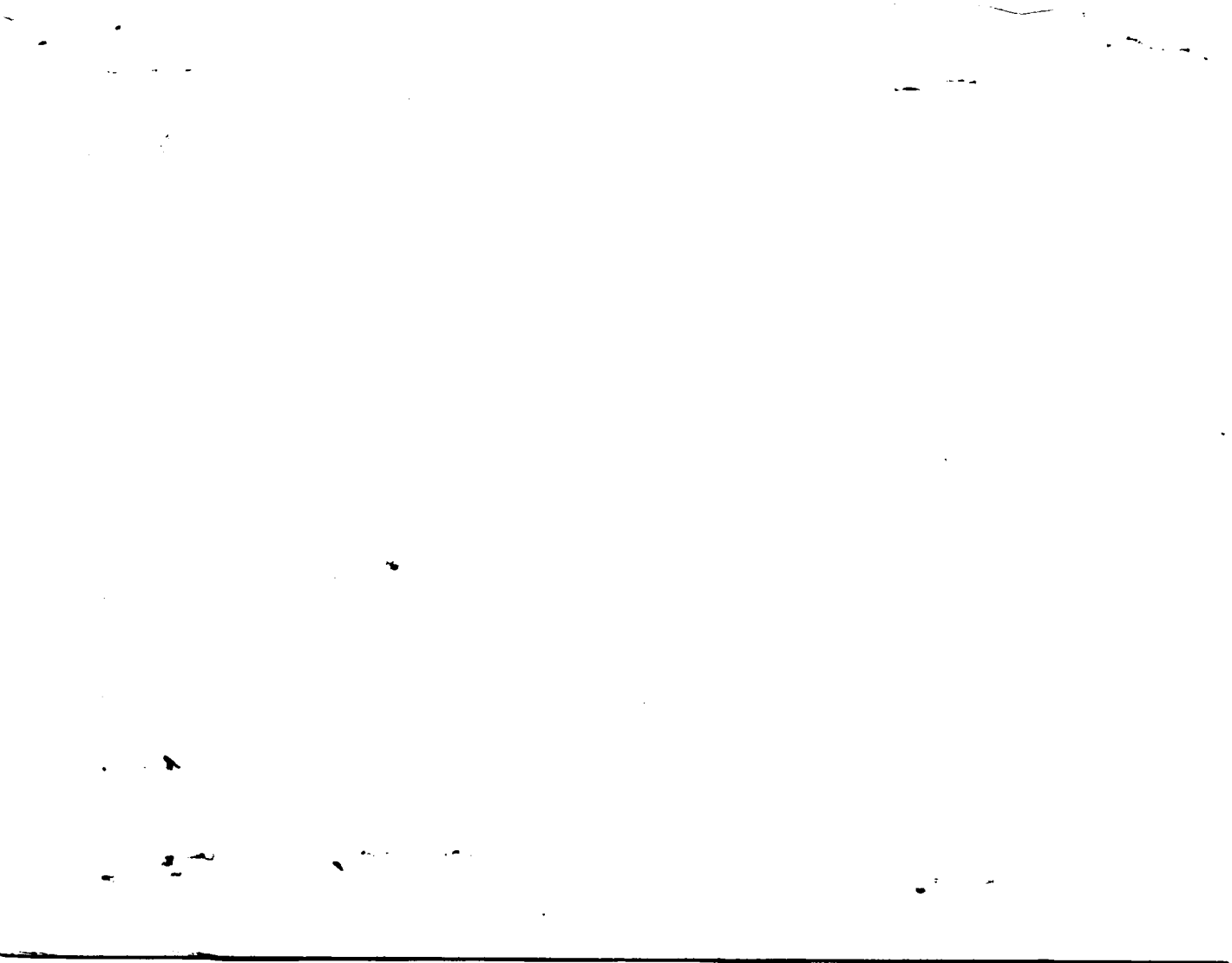
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. Scroggs M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Edin, Idaho
Filed Mar 12 1920 E. D. Piper M.D.



PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of JeromeCity of EdenRegistration District No. 23File No. 77062

No. _____ St. _____

Primary Registration District No. 1017-2017

Registered No. _____

Hospital _____

FULL NAME OF CHILD Shirley Louise Davis

Sex of Child <u>Female</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>1 11 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					
FULL NAME <u>Kenneth Davis</u> FATHER			FULL MAIDEN NAME <u>May Bourgoyne</u> MOTHER		
RESIDENCE <u>Eden</u>			RESIDENCE <u>Eden</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)	
BIRTHPLACE <u>Arks.</u>			BIRTHPLACE <u>Mo.</u>		
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. Scroggs M.D.

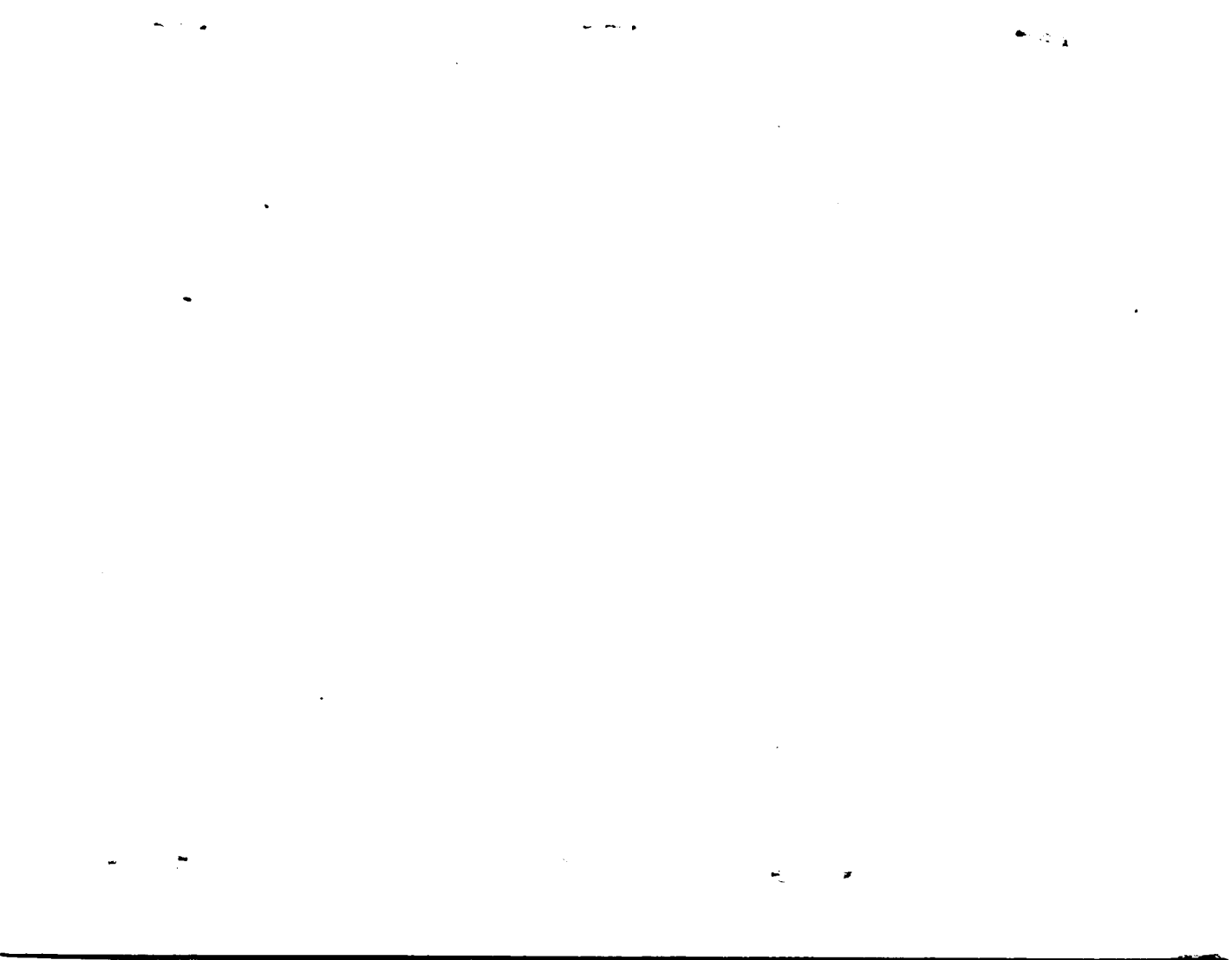
Given names added from a supplemental report.

(Physician or midwife)

Address Eden, IdahoFiled Mar 12 1920 E. D. Piper M.D.

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho Certificate No. 77062
County of Jerome Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Davis (Female) who was born on Jan. 11, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Eden, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by School Records & Baptism Record prepared on MAY 20, 1938 and MAY 3, 1953, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's name unnamed Shirley Louise Davis

Subscribed and sworn to before me this 1st day of
September 19 71

Signed Mary S. Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Hazelton, Idaho
My commission expires 7-25-75
(Seal)

Eden, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jerome } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of
September 19 71

Signed Mary O. Leukharn
(Signature of Any Credible Person)

Notary Public, residing at Hazelton, Idaho
My commission expires 7-25-75
(Seal)

Eden, Idaho
(Street Address, City, State)

Certificate of Graduation from Eden High School, Eden, Idaho gives name as Shirley Louise Davis. Graduated May 20, 1938. A. E. Gish, Superintendent.
Viewed byhV.S.

SEP 29 1971

Certificate of Baptism and Confirmation gives name as Shirley Louise Davis born January 11, 1920 at Eden, Idaho. Baptized May 2, 1953 by Lyman Adams of the L.D.S Church.
Viewed by V.S.

433-1171027-212
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of JeromeCity of EdenRegistration District No. 23File No. 77063

No. _____ St. _____

Primary Registration District No. 1012-2017

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Rex Irving McClain

Sex of Child <u>Male</u>	Twin, Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth <u>1</u>	Legit- male? <u>Yes</u>	Date of Birth <u>2, 17, 1929</u> (Month) (Day) (Year)
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FULL NAME FATHER Walter M. ClaineFULL MAIDEN NAME MOTHER Ella Smith SabeanRESIDENCE Eden, IdahoRESIDENCE Eden, IdahoCOLOR White AGE AT LAST BIRTHDAY 41
(Years)COLOR White AGE AT LAST BIRTHDAY 24
(Years)BIRTHPLACE Penn.BIRTHPLACE Nova ScotiaOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive at 29 M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. P. Scroggs M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Eden, Idaho

Filed

Nov 20 1929 E. D. Piper M.D.

Certified copy issued October 27, 1970. B.W.

253-125-027-613

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of JeromeCity of EdenRegistration District No. 23File No. 77064

No. _____ St. _____

Primary Registration District No. 1017-2017

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>2 25 1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Carl Kelley</u>		FULL MAIDEN NAME <u>MOTHER</u> <u>May Waller</u>	
RESIDENCE <u>Eden, Ida.</u>		RESIDENCE <u>Eden, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

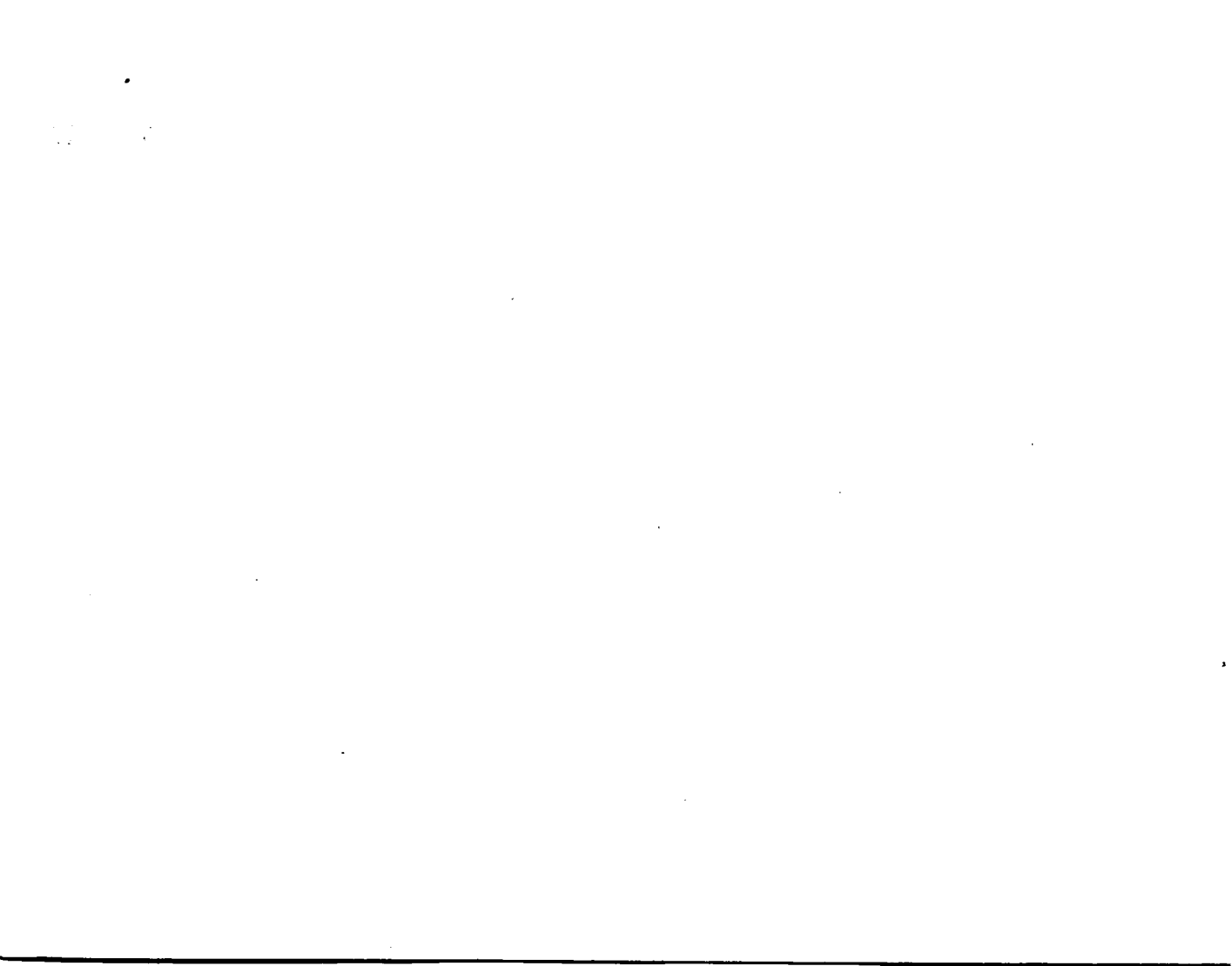
(Signature) Dr. P. Scroggs M. D.

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Eden, Ida.File Mar 12 1920



253-126.027-743
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of JeromeCity of BlazetownRegistration District No. 23File No. 77065

No. _____ St. _____

Primary Registration District No. 1017-2017

Registered No. _____

Hospital _____

FULL NAME OF CHILD

DORA SELLARS

Sex of Child <u>Male</u>	Twin <u>Yes</u> or other? <u>Yes</u> and Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>2 26 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Henry J. Sellars</u>	FATHER	FULL MAIDEN NAME <u>Grace E. Pullen</u>	MOTHER
RESIDENCE <u>Blazetown, Ida.</u>		RESIDENCE <u>Blazetown, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Colo.</u>		BIRTHPLACE <u>Texas</u>	
OCCUPATION <u>Labourer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2
Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

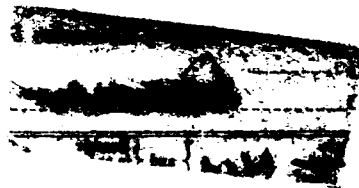
(Signature) Mr. P. S. Croysa M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Eden, IdahoFiled May 12 1920 E. D. Phelps D.

MAY 18 1950



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-226-027-193

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23

File No. 77066

No. _____ St. _____

Primary Registration District No. 1017-2017

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Dorothy

Sex of Child <u>Female</u>	Twin <u>Single</u>	and { Number in order of birth <u>2</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>2 26 1920</u> (Month) (Day) (Year)
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FATHER
FULL NAME Henry J. Sellers
RESIDENCE Hayzelton, Ida.
COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Colo
OCCUPATION Labourer

MOTHER
FULL MAIDEN NAME Gracie E. Pullen
RESIDENCE Hayzelton, Ida.
COLOR White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Texas
OCCUPATION housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

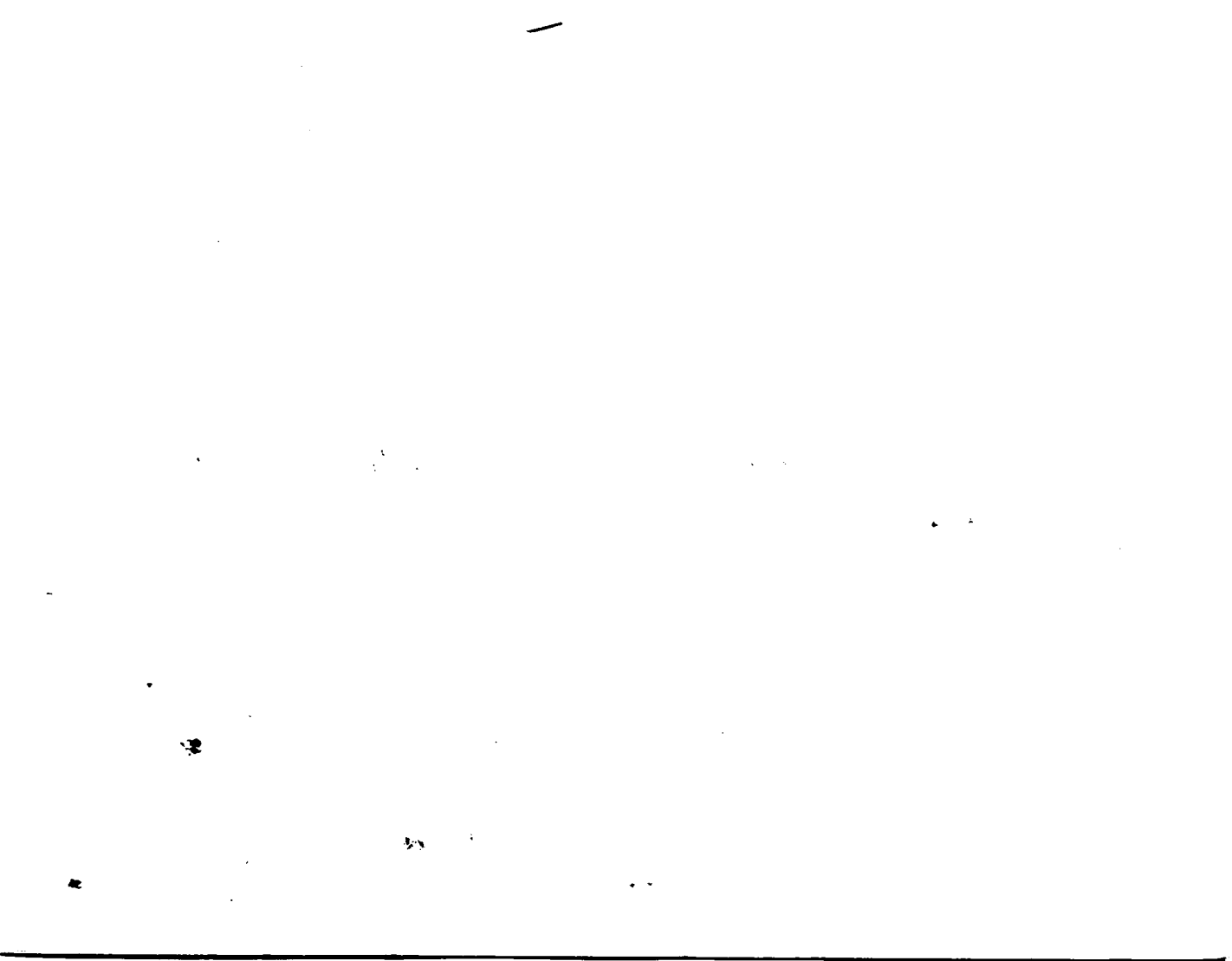
(Signature) M. P. Scroggs

(Physician or midwife)

Given names added from a supplemental report.

Address Eden, Ida.

Filed 11/04/12 19 20 E. D. Piper



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

698-223-027-893

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of JeromeCity of JeromeRegistration District No. 28File No. 77067

No. _____ St.

Primary Registration District No. 1017

Registered No. _____

Hospital _____

FULL NAME OF CHILD Try. 2017

Sex of Child <u>7</u>	Twins Triplet or other? <u>—</u>	and	Number in order of birth of birth <u>—</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 23</u> <u>20</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER
FULL NAME Harvey H. Fry
RESIDENCE Jerome
COLOR White AGE AT LAST BIRTHDAY 29
(Years)
BIRTHPLACE Mass'ouri
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Reba M. Hite
RESIDENCE Jerome
COLOR White AGE AT LAST BIRTHDAY 25
(Years)
BIRTHPLACE Iowa
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive _____ at 4 P. M.
(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) E. D. Piper M.D.

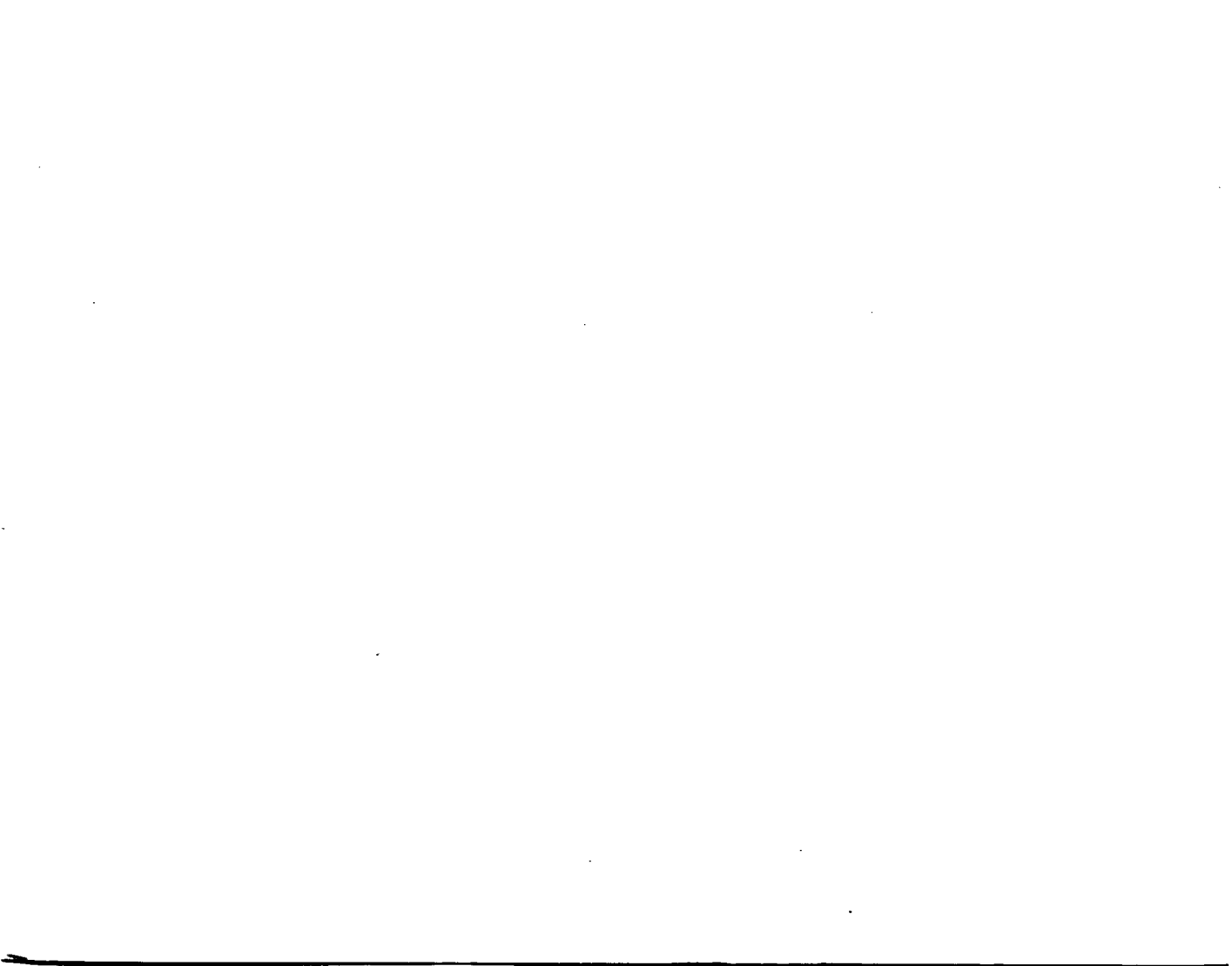
(Physician or midwife)

Given names added from a supplemental report.

Address JeromeFiled Mar 1 1920

Registrar

Registrar



946-127-027-299

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of JeromeCity of JeromeRegistration District No. 23File No. 77068

No. _____ St. _____

Primary Registration District No. 1017

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Marian Reppert Jr.

Sex of Child

MTwin
Triplet
or other?

— and —

Number
in order
of birth—
(To be answered only in event of plural births)Legiti
mate?yesDate of
BirthFeb 27 1920
(Month) (Day) (Year)FULL
NAMEMarian Reppert

FATHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Idaho

OCCUPATION

 ClerkFULL
MAIDEN
NAMEAnnabell Bringer

MOTHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST
BIRTHDAY17
(Years)

BIRTHPLACE

Missouri

OCCUPATION

House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive
(Born alive or stillborn)at 12 M.

(Signature)

E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

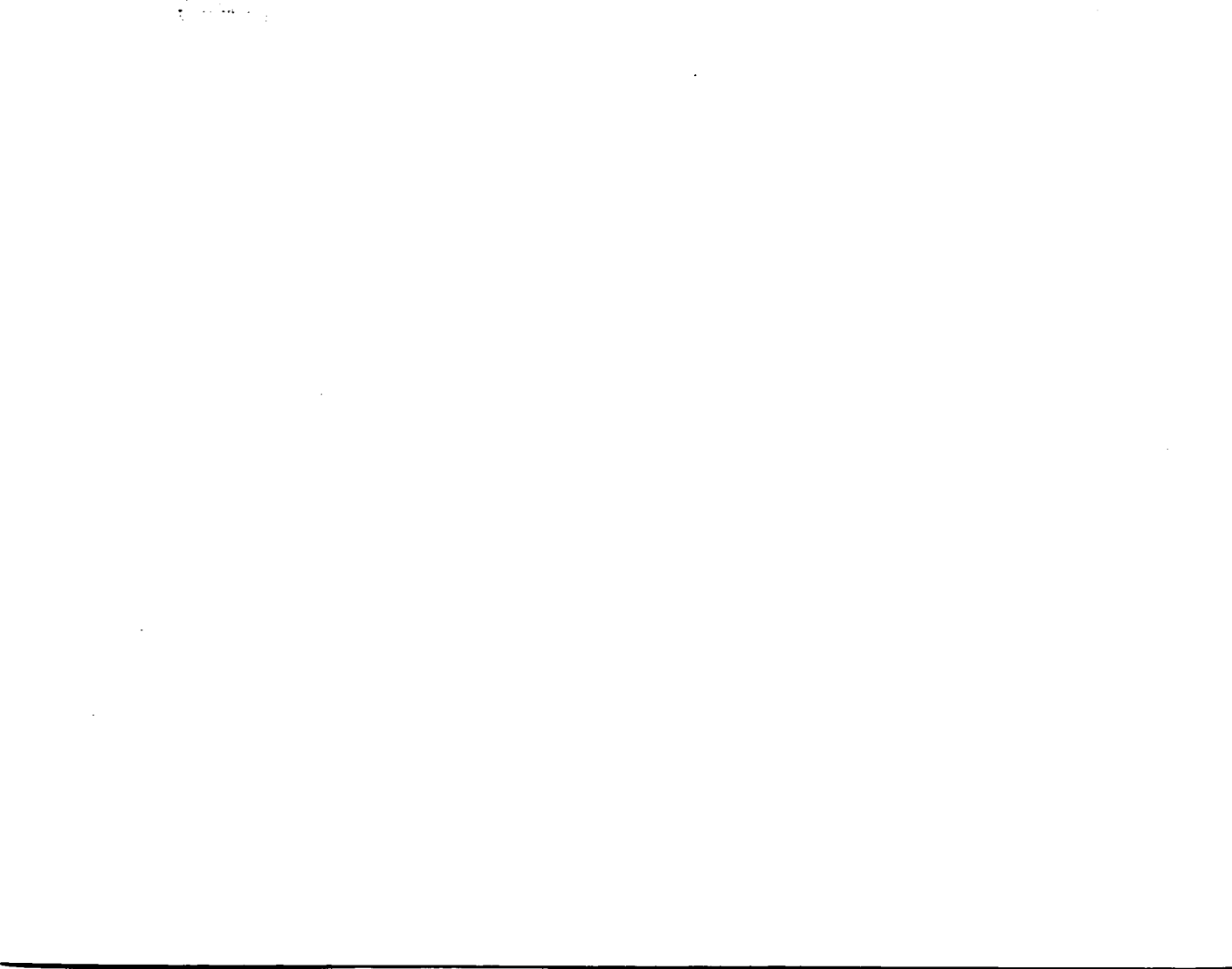
Jerome

Filed

Mar 1 1920E. D. Piper

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515 228 027-445

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-7-21-19

County of Jerome

City of Jerome

Registration District No. 23

File No. 77069

No. _____ St.

Primary Registration District No. 1012017 Registered No. _____

Hospital _____

FULL NAME OF CHILD CHARLOTTE LEONA VAN RIPER

Sex of Child <u>7</u>	Twin <u>—</u> Triplet <u>—</u> and <u>—</u> Number in order of birth <u>—</u> (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 28</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME FATHER Charles E. Van Riper

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 50
(Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Letta Dunkin

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 40
(Years)

BIRTHPLACE Kan

OCCUPATION House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 9, M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Riper M.D.

(Physician or midwife)

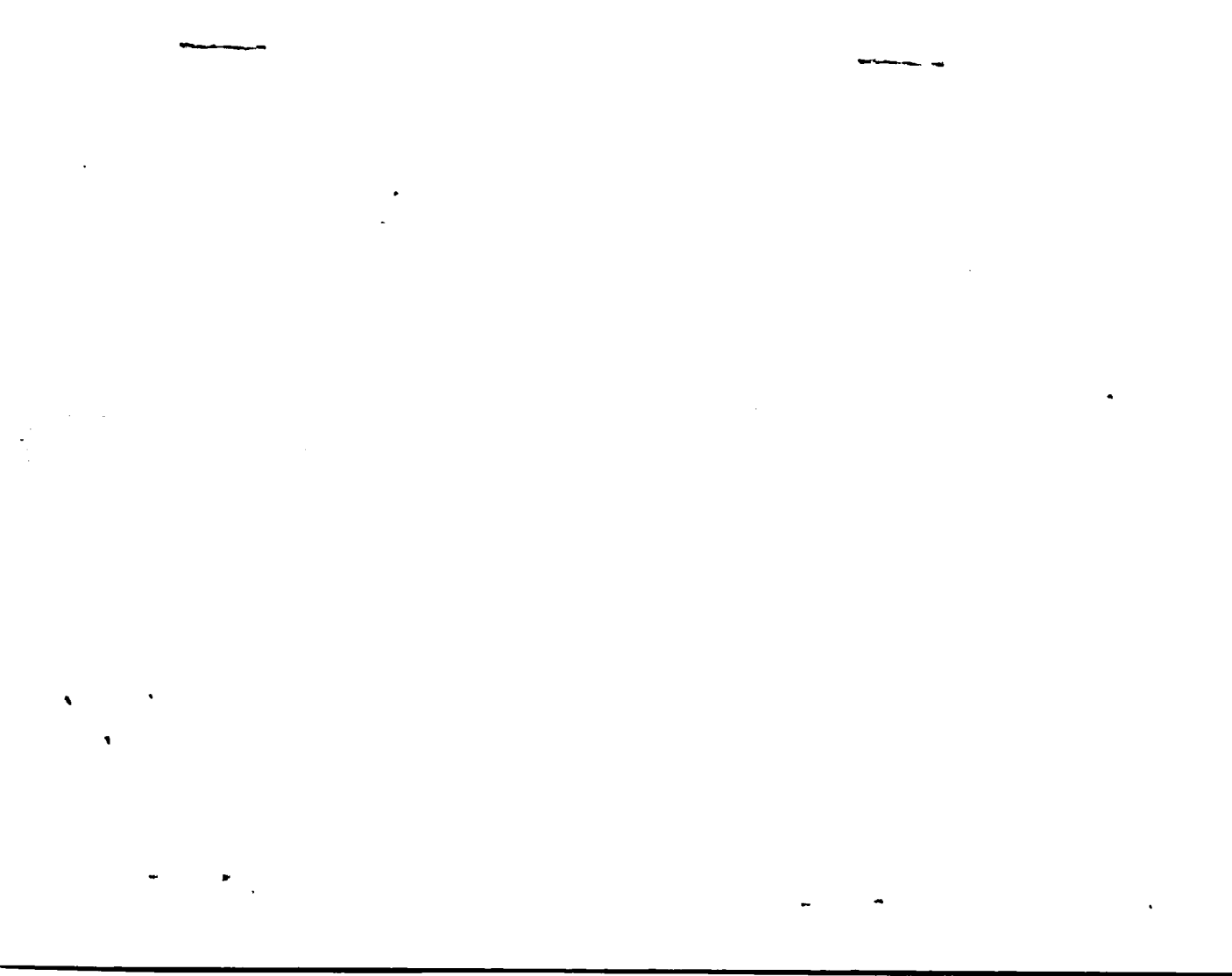
Given names added from a supplemental report.

Address Jerome

Filed Mar 1 1920 E. D. Riper M.D.

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of San Mateo } ss. Certificate No. 77069
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Charlotte Leona Van Riper who born on Feb. 28, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Jerome, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM
(AS ON ORIGINAL)

TO
(THE CORRECT FACTS)
Charlotte Leona Van Riper

Name

Unnamed

Subscribed and sworn to before me this 21st
day of December, 19 42

J. I. KURTZ
Notary Public, residing at City Clerk of
Menlo Park, Calif.
(SEAL)

Signed Lathe O Van Riper (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Crane St., Menlo Park, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

JAN 23 1943

JAN 25 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

639-125-027-639

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of JeromeCity of JeromeRegistration District No. 23File No. 77070

No. _____ St. _____

Hospital _____

Primary Registration District No. 1017

Registered No. _____

FULL NAME OF CHILD George OtisSex of Child MTwin
Triplet
or other?+ and } Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate? YesDate of
Birth Feb 25(Month) (Day) (Year) 1920FULL
NAMEWalter M Otis

FATHER

FULL
MAIDEN
NAMEEmily Otis

MOTHER

RESIDENCE

Jerome

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST
BIRTHDAY32
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Neb.

BIRTHPLACE

Nebraska

OCCUPATION

Builder

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:45 P.M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) E. D. Piper M.D.

(Physician or midwife)

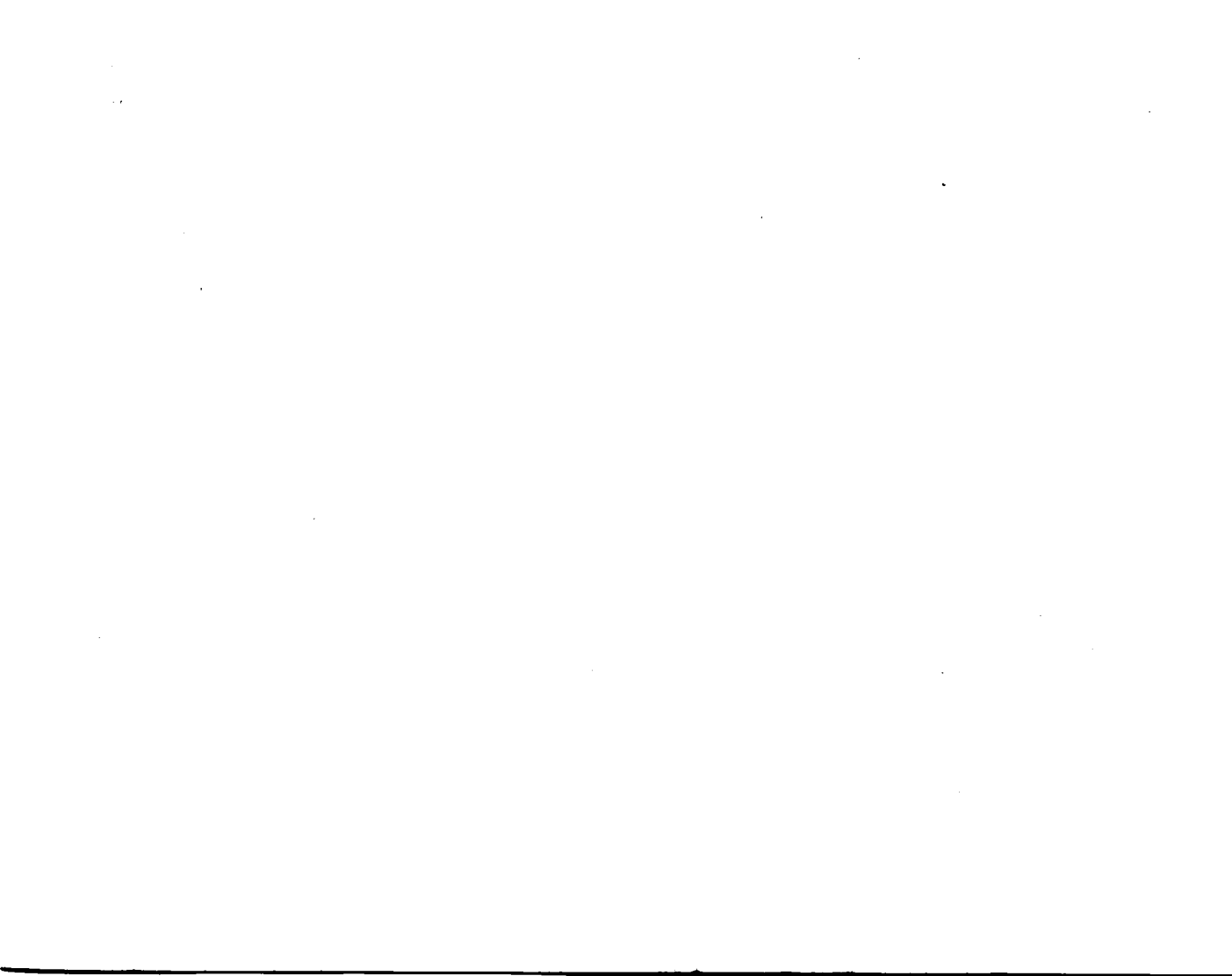
Given names added from a supplemental report.

19.

Address JeromeFiled Mar 1 1920E. D. Piper

Registrar

Registrar



523-207-027-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of JeromeCity of JeromeRegistration District No. 23File No. 77071

No. _____ St. _____

Hospital NonePrimary Registration District No. 1417-2017

Registered No. _____

FULL NAME OF CHILD IRENE Estes

Sex of Child <u>2</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>2</u>	Legitimacy <u>yes</u>	Date of Birth <u>Jan 7</u> (Month) (Day) (Year) <u>20</u>
-----------------------	--	-----	-----------------------------------	-----------------------	--

FULL NAME <u>Harold Estes</u>	FATHER
RESIDENCE <u>Jerome</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ida Pettungill</u>	MOTHER
RESIDENCE <u>Jerome</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn, at Jerome, Idaho, on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. H. Zeller
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

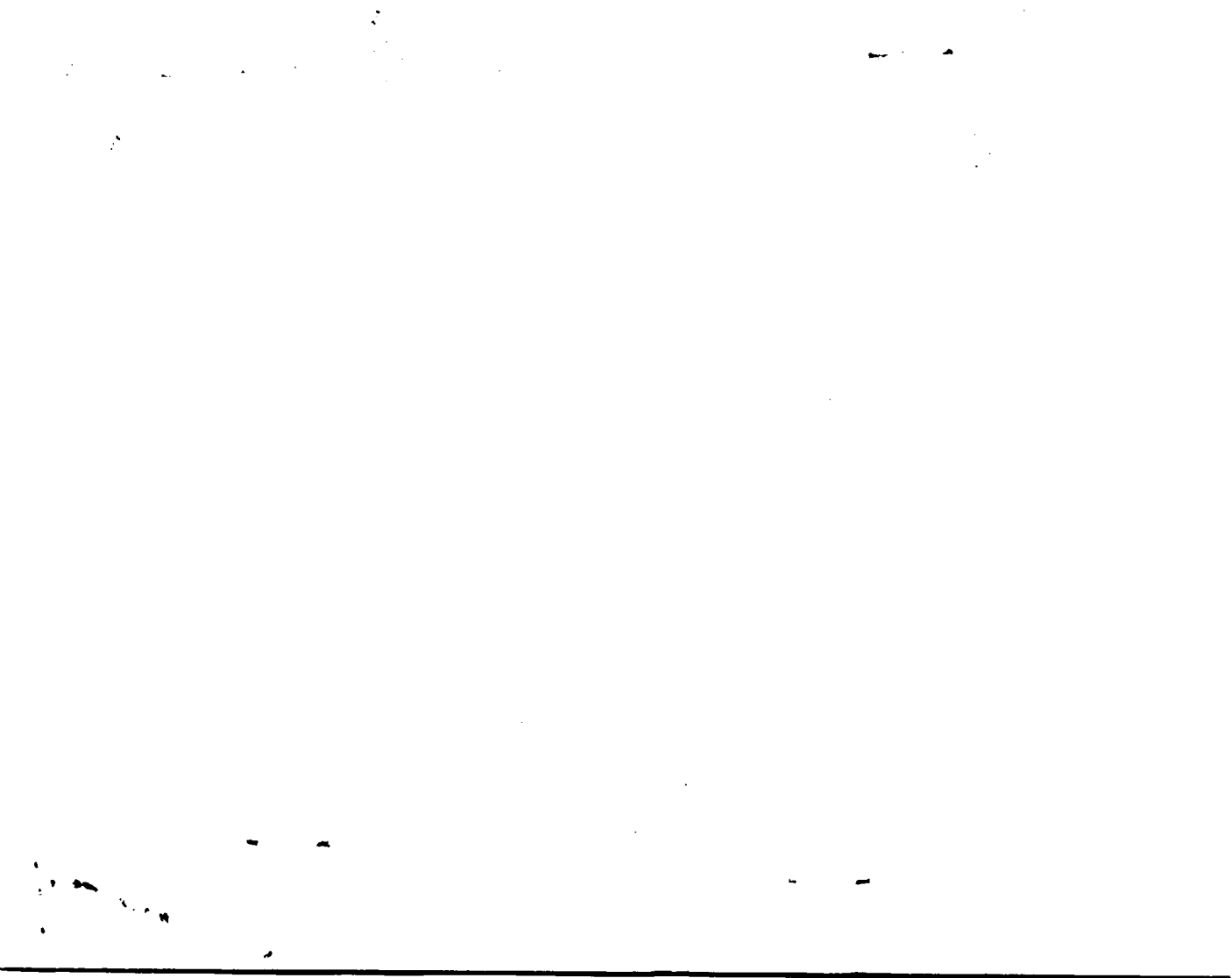
Filed Mar 1 19 20
E. D. P. P.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77071
County of Borling }
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Wendell (Name on Original Certificate) who born on 1-7-1920
in Idaho (Place of Event) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)
- FACTS TO BE CORRECTED FROM, TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name Omitted Idaho

Subscribed and sworn to before me this 9th
day of June, 1942
S. D. M. Quinn
Notary Public, residing at Wendell, Idaho
My commission expires Jan. 2 - 1944
(Seal)

Signed Wendell Estes mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Wendell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Borling }
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 9th
day of June, 1942
S. D. M. Quinn
Notary Public, residing at Wendell, Idaho
My commission expires Jan. 2 - 1944
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Harold Estes Father
(Signature of Any Credible Person Other Than Previous Year)
Wendell, Idaho
(Street Address, City, State)

JUN 13 1942

SUN 17 1942

692-131-027-457
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of JeromeCity of JeromeRegistration District No. 23File No. 77072

No. _____ St. _____

Hospital Kenner Primary Registration District No. 1817-2017 Registered No. _____FULL NAME OF CHILD Alfred Vincent FisherSex of Child M.Twin
Regulator
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?Yes

Date of Birth

Jan 31 1920
(Month) (Day) (Year)FATHER
FULL NAME Alfred W. FisherRESIDENCE JeromeCOLOR White AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE ColoradoOCCUPATION LaborerMOTHER
FULL MAIDEN NAME Mabel S. DeakRESIDENCE JeromeCOLOR White AGE AT LAST BIRTHDAY 22
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bernadine at 3³⁰ A.M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. C. H. G. Zeller

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Mar 1 1920E D Piper M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

APR 2 1 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-125-027-713

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-10-10-10

County of Jerome

City of Jerome

Registration District No. 23

File No. 77074

No. _____ St. _____

Hospital Home

Primary Registration District No. 1017-2017

Registered No. _____

FULL NAME OF CHILD Ronald S. Helmes

Sex of Child <u>M</u>	<u>Twins</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>4</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 25 20</u> (Month) (Day) (Year)
-----------------------	--	-----	--	------------------------	--

FATHER
FULL NAME Ray Everett Helmes

RESIDENCE Jerome

COLOR W AGE AT LAST BIRTHDAY 38
(Years)

BIRTHPLACE N. Dakota

OCCUPATION Plumber

MOTHER
FULL MAIDEN NAME Elizabeth May Patrick

RESIDENCE Jerome

COLOR W AGE AT LAST BIRTHDAY 30
(Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10 a M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. C. F. Zeller

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Mar 1 1920 E D P

Registrar

Registrar

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OCT 20 1971

244-115-027-469
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V, S. No. 11-C-25m-7-21-19

County of Jerome

City of Jerome

Registration District No. 23

File No. 77075

No. _____ St. _____

Primary Registration District No. 1047-2017

Registered No. _____

Hospital Home of Charles Budd
FULL NAME OF CHILD Charles Budd

Sex of Child <u>Male</u>	Twin <u>Other</u> and } Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 15 20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FATHER
FULL NAME John James Budd
RESIDENCE Jerome

MOTHER
FULL NAME Ida Morgan
RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 35
(Years)

COLOR White AGE AT LAST BIRTHDAY 32
(Years)

BIRTHPLACE Wisconsin

BIRTHPLACE Idaho

OCCUPATION Mail Carrier

OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born at Jerome, Idaho at _____ M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. F. Zeller

Jerome, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed Mar 1 1920 ED Pym

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 c.c. 6/11/41. w.h.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Jerome

City of Jerome

Registration District No. 23

File No. 77076

No. _____ St. _____

Hospital Home

Primary Registration District No. 23 Registered No. _____

FULL NAME OF CHILD

Beeds, Beth Marie

Sex of Child <u>Female</u>	Twin <u>Other</u> and <u>1</u> (To be answered only in event of plural births)	Number in order of birth <u>6</u>	Legit mate? <u>Yes</u>	Date of Birth <u>Feb. 18, 1920</u> (Month) (Day) (Year)
----------------------------	--	-----------------------------------	------------------------	--

FULL NAME FATHER John J. Beeds

FULL MAIDEN NAME MOTHER Betha Gustafson

RESIDENCE Jerome

RESIDENCE Jerome

COLOR W. AGE AT LAST BIRTHDAY 36 (Years)

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Nebr.

BIRTHPLACE Nebr.

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

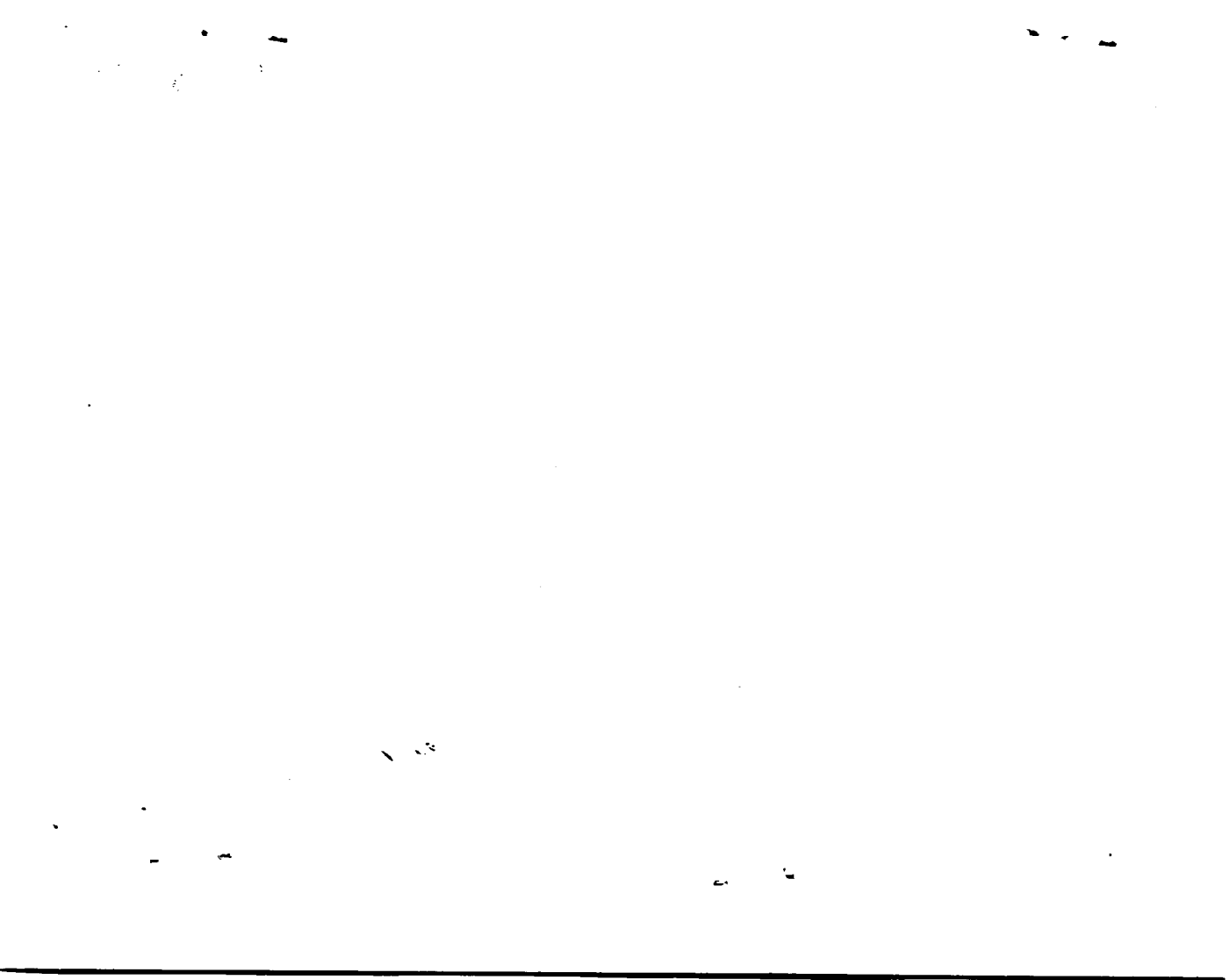
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Sellen
Jerome, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Registrar

Address _____
File Mar 1 1920 E. S. Sellen
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.
The undersigned does solemnly swear that certain facts on the certificate of birth
for Beth Marie Deeds who born on February 10th 1920
in Jerome County - are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record prepared on shortly after birth are:
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
(PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name <u>unnamed</u>	<u>unnamed</u>	<u>Beth Marie Deeds</u>
<u>February 10th 1942</u>	<u>Feb. 9th 1920</u>	<u>Feb. 10th 1920</u>

Subscribed and sworn to before me this 25
day of April, 1942.
George A. Johnson
Notary Public, residing at Richfield Idaho
My commission expires June 10 - 1944
(SEAL)

Signed Mrs John J. Deeds ^{mother}
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Linsaw } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.
Subscribed and sworn to before me this 25
day of April, 1942.
George A. Johnson
Notary Public, residing at Richfield Idaho
My commission expires June 10 - 1944
(SEAL)

Signed Helen M. Kelley ^(Sister)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

SEP 28 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-228027-753
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Jerome

City of Jerome

Registration District No. 23

File No. 77077

No. _____ St. _____

Hospital Name Primary Registration District No. 1017-2017 Registered No. _____

FULL NAME OF CHILD

Thomason, Merle Marie

Sex of Child

7

~~Triplet~~
(To be answered only in event of plural births)

and } Number in order of birth 1

Legitimate?

yes

Date of Birth

Jan 28 1920
(Month) (Day) (Year)

FULL NAME

Rice Thomason

FATHER

FULL MAIDEN NAME

Ruth Pettit

MOTHER

RESIDENCE

Jerome

RESIDENCE

Jerome

COLOR

W

AGE AT LAST BIRTHDAY

24
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

24
(Years)

BIRTHPLACE

Arkansas

BIRTHPLACE

Arkansas

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Don Alvine at 5-30 M.
Dr. C. F. Zeller

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed

Mar 1 1920

E. D. Phipps

Registrar

Registrar

FEB 1 1966

DEC 11 1960

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-122-027-833
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Jerome

City of Jerome

Registration District No. 23

File No. 77078

No. _____ St. _____

Primary Registration District No. 1017-2017 Registered No. _____

Hospital _____

FULL NAME OF CHILD DAVIS, ALBERT FRANKLIN

Sex of Child <u>Male</u>	(Twin, Triplet or other?) (To be answered only in event of plural births)	and	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 22 20</u>

FATHER
FULL NAME William Cullen Davis
RESIDENCE Jerome
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Tenn.
OCCUPATION Farmer

MOTHER
FULL NAME Rose H. M. Clain
RESIDENCE Jerome
COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE West Va.
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated.

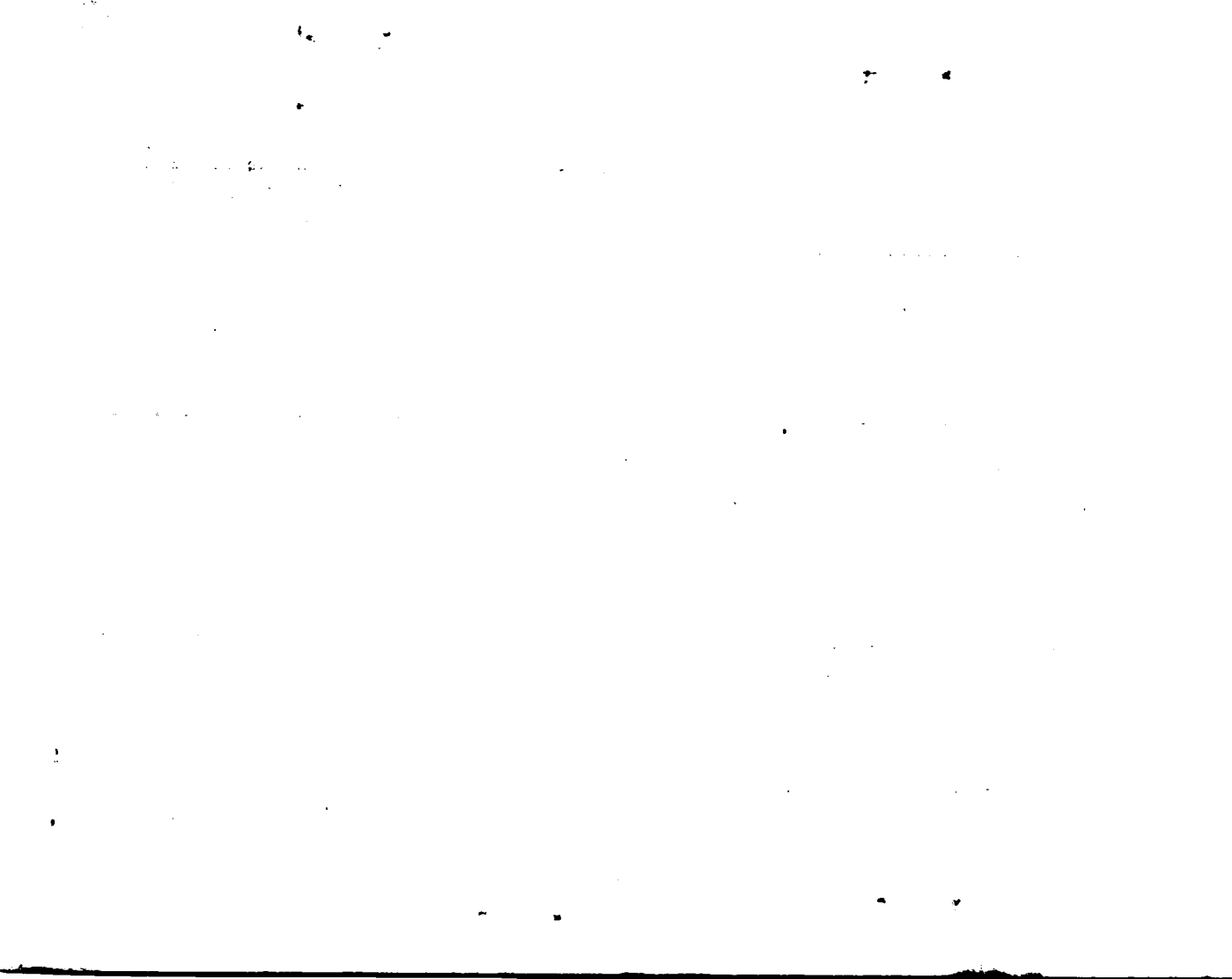
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. F. Zeller at Jerome, Ida
(Born alive or stillborn) _____
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed Mar 1 19 20 E. D. F. M. D.
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of...Idaho.....) Certificate No. 77078
County of.....Jerome.....)ss Date Filed.....
SEP 8 1941

The undersigned does solemnly swear that certain facts on the certificate
of...birth.....for.....unnamed Davis.....who.....wasborn.....
(birth or death) (Name on original certificate) (was born or died)

on...Feb. 22, 1920.....in.....Jerome.....are erroneous or were omitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown

by.....the parents.....~~xxxxxxxxxx~~.....are:
(Bible record, insurance plcy. etc.) (Give date)

FACTS TO BE CORRECTED FROM TO
(Name, birthdate, etc.) (As on original) (The correct facts)

Name	no name given	Albert Franklin Davis
.....
.....
.....
.....

Subscribed and sworn to
before me this.....day
of.....19..

William G. Onstork
Notary Public
Residing at Jerome

Signed...*Robt. Davis* Parents
Rose Marmaras Davis
(Signature of parent or attendant if correct-
ing a birth record; of attendant, funeral
director, informant if correcting a death
record; or other credible person.)
#17 Jerome, Route - 2
(Street address, City, State)

My commission expires...1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of.....)
County of.....)ss

The undersigned does solemnly swear that he has knowledge of the corrected
facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to
before me this.....day
of.....19..

William G. Onstork
Notary Public
Residing at Jerome

Signed...*Alma D. Lee*
(Signature of any credible person other than
the previous affiant.)

Jerome, Idaho.
(Street address, City, State)

My commission expires...1943

(SEAL)

857121-026-347

PLACE OF BIRTH

IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-O-22m-0-0-2

County of JeffersonCity of CamasRegistration District No. 125File No. 77079No. 31Primary Registration District No. 2203Registered No. 77079HospitalFULL NAME OF CHILD Herman A. Jolley

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> (To be answered only in event of plural births)	and (Number in order of birth <u>.....</u>)	Legitimate? <u>yes</u>	Date of Birth <u>Feb 21 1929</u> (Month) (Day) (Year)
--------------------------	--	--	------------------------	--

FULL NAME <u>Robert L. Jolley</u>	FATHER
RESIDENCE <u>Camas</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Arkansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ellen Scheets</u>	MOTHER
RESIDENCE <u>Camas</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Oklahoma</u>	
OCCUPATION <u>Farmer</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3'10 00 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

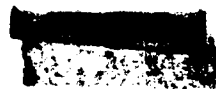
(Signature) W. E. Jones M.D.

Given names added from a supplemental report.

Address Bozeman, IdahoFiled Feb 21 1929

Registrar

Registrar



119-122,528-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C-25m-2

County of KootenaiCity of CataldoRegistration District No. 124File No. 4

77080

No. _____ St. _____

Primary Registration District No. 2207Registered No. 512

Hospital _____

FULL NAME OF CHILD

Harry Moore Jarvis

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number and in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 22 1920</u> (Month) (Day) (Year)
--------------------------	---	---------------------------------------	-----------------------------	--

FATHER
FULL NAME Samuel W. JarvisRESIDENCE CataldoCOLOR white AGE AT LAST BIRTHDAY 37
(Years)BIRTHPLACE Henry County, IllinoisOCCUPATION LaborerMOTHER
FULL MAIDEN NAME Grace E. SandersRESIDENCE CataldoCOLOR white AGE AT LAST BIRTHDAY 32
(Years)BIRTHPLACE Neola, IowaOCCUPATION HousewifeNumber of child of this mother, including present birth fiveNumber of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive

(Born alive or stillborn)

8:45 A.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. J. Staufferphysician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed Jan 1 20

Registrar

Registrar

STATE
HISTORICAL SOCIETY



1871

1871

1871

1871

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

317-107-028-244
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Kootenai

CERTIFICATE OF BIRTH

City of Lane, Ida.

Registration District No. 126

File No. 977081

No. _____ St. _____

Primary Registration District No. 2204

Registered No. 53

Hospital _____

FULL NAME OF CHILD Frederick Eugene Lapp.

Sex of Child <u>White</u>	Twin Triplet or other? <u>1</u>	and {	Number in order of birth	Legiti- mate?	Date of Birth <u>Feb 7 1920</u> (Month) (Day) (Year)
---------------------------	---------------------------------------	-------	--------------------------------	------------------	---

(To be answered only in event of plural births)

FATHER
FULL NAME Albert. Alfred Lapp.
RESIDENCE Lane

MOTHER Lapp.
FULL MAIDEN NAME Lillie Mae Summer
RESIDENCE Lane

COLOR White AGE AT LAST BIRTHDAY 56
(Years)

COLOR White AGE AT LAST BIRTHDAY 29
(Years)

BIRTHPLACE Ont. Canada,

BIRTHPLACE Saremas. Mich

OCCUPATION carpenter

OCCUPATION house wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 a.m.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mid M. J. Grubbsburg
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Lane Idaho
Filed 3-1-20 Dr. J. J. Grubbsburg
Registrar

JUL 20 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 4-27-60
PLACE OF BIRTH
856-213.028-229
County of Kootenai

City of Harrison

No. _____ St. _____

Hospital Lakeview

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 77082

Primary Registration District No. 2204 Registered No. 54

FULL NAME OF CHILD Glenys Irene Hewson

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> } and { Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>Feb. 13, 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

What bacterioidal solution was used in eyes?.....

Number of child of this mother, including present birth.....5 Number of children of this mother now living, including present birth.....5

FATHER
FULL NAME Albert H. Hewson
RESIDENCE Harrison, Ida.
COLOR White AGE AT LAST BIRTHDAY 45
(Years)
BIRTHPLACE Canada
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Gladys Skinner
RESIDENCE Harrison, Ida.
COLOR White AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE Wis.
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

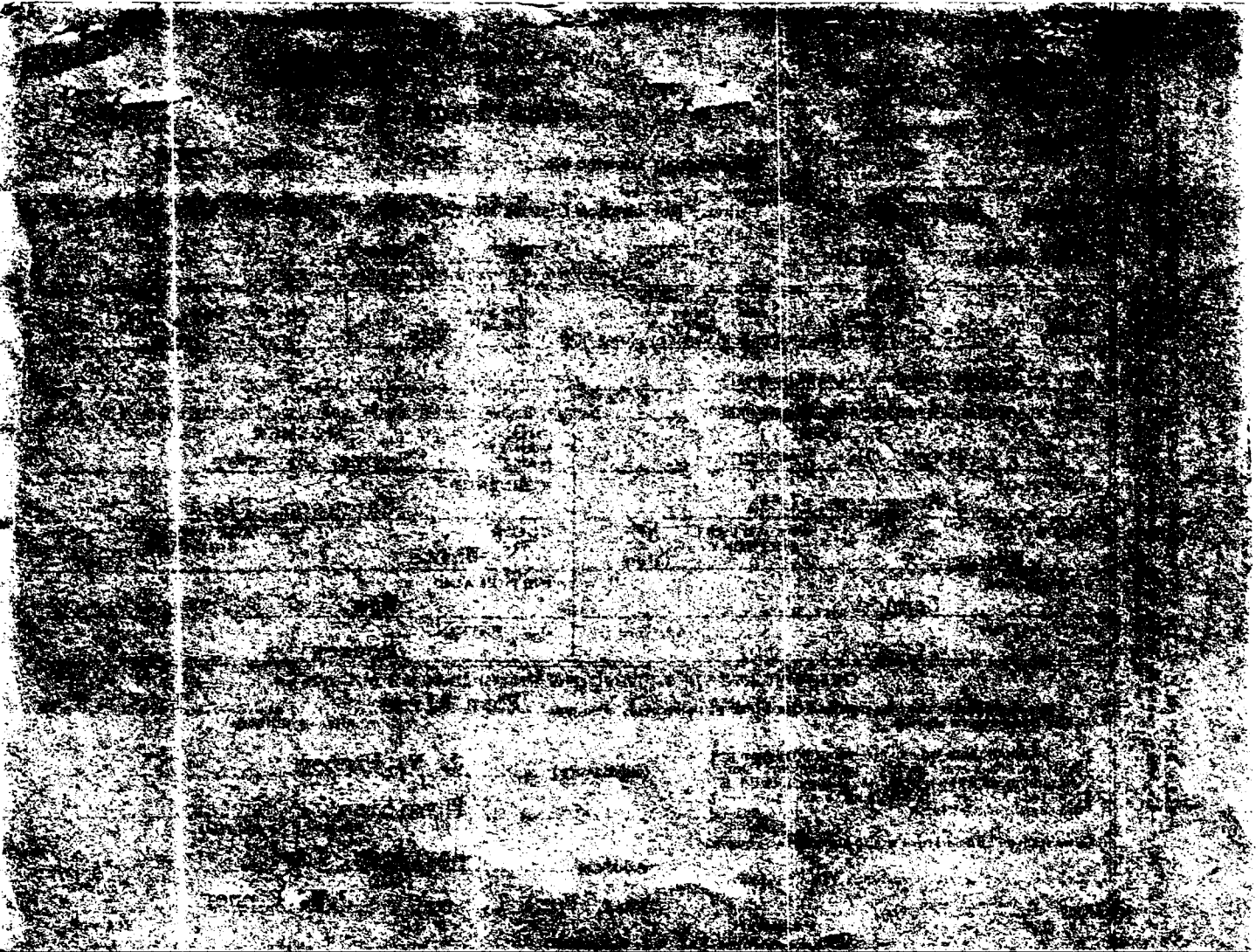
I hereby certify that I attended the birth of this child, who was Born Alive at 1:45 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney
Physician
(Physician or midwife)

Give names added from a supplemental report.
....., 192.....
Registrar.

Address Harrison, Ida.
Filed Mar. 1, 1920 J. M. Finney
Registrar.



Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington }
County of Spokane } ss.

Certificate No. 77082

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Glyn Hewson who born on Feb. 15, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Harrison, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by.....prepared on..... are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Glyn Hewson

Glenys Irene Hewson

Date of Birth

Feb. 15, 1920

February 13, 1920

Subscribed and sworn to before me this 13 day of

January 19, 1962

Richard L. Shuckler

Notary Public, residing at Spokane

My commission expires Feb. 17, 1962

(Seal)

Signed Merton E. Hewson, Brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Spokane P. R. # 6 Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of

January 19, 1962

Richard L. Shuckler

Notary Public, residing at Spokane

My commission expires Feb. 17, 1962

(Seal)

Signed Merna Pappe (sister)
(Signature of Any Credible Person)

Spokane P. R. # 6 Wash
(Street Address, City, State)

United States Coast Guard Identification Card, issued by Captain of Port, Portland, Oregon on 5-11-43 gives full name as Glenys Irene Hewson and age as 24 - viewed by V.S.

Certified Copy of Own Child's Birth Certificate, filed in the State of Texas on May 3, 1948 - child born in Spokane, Washington on January 27, 1948 to Boyd Wesley Huff and Glenys Irene Hewson, mother's age is given as 28 - viewed by V.S. Certified Copy made in Texas on May 3, 1948 -

First Baptist Church Record, Midland, Texas, Oct. 2, 1952 gives full name as Mrs. Boyd Huff, born February 13, 1920 - viewed by V.S.

State of Texas Marriage Certificate, Oct. 12, 1945, gives grooms name as Boyd W. Huff and brides name as Glenys I. Hewson - viewed by V.S.

App. for Social Security, #518-03-5406, Dec. 11, 1936 gives full name as Glenys Irene Hewson, born February 13, 1920 at Harrison, Idaho to Albert Herbert Hewson and Gladys Margaret Skinner - viewed by V.S.

319-2471028-415
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3-15

CERTIFICATE OF BIRTH

77083

County of Kootenai
City of Rose LakeRegistration District No. 126File No. 4

No. _____ St. _____

Primary Registration District No. 2204Registered No. 53

Hospital _____

FULL NAME OF CHILD

Nora Florence Carlson

Sex of Child <u>female</u>	Twins Triolet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb. 17</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Carl E. Carlson</u> RESIDENCE <u>Rose Lake</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>31</u> (Years) BIRTHPLACE <u>Sweden</u> OCCUPATION <u>Saw-mill</u>			MOTHER FULL MAIDEN NAME <u>Lydia R. Davis</u> RESIDENCE <u>Rose Lake</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>21</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth twoNumber of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive at 4:20 A. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. J. Stauffer
physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Rose Lake

Filed

2-16-20 J. M. Krumm
Registrar

3.
- 111 -
MAY 28 1942

752-118-028-362
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Kootenai

CERTIFICATE OF BIRTH

77084

City of Hammon

Registration District No. 126

File No. 7

No. _____ St. _____

Primary Registration District No. 2204

Registered No. 376

Hospital Home

FULL NAME OF CHILD Still born - 7 mo Gestation

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>2</u> <u>18</u> <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>J. B. Mansfield</u>			FULL MAIDEN NAME <u>Grace R. Correll</u>		
RESIDENCE <u>Hammon</u>			RESIDENCE <u>Hammon Ida</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>White</u>		AGE AT LAST BIRTHDAY <u>37</u> (Years)	
BIRTHPLACE <u>Iowa</u>			BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

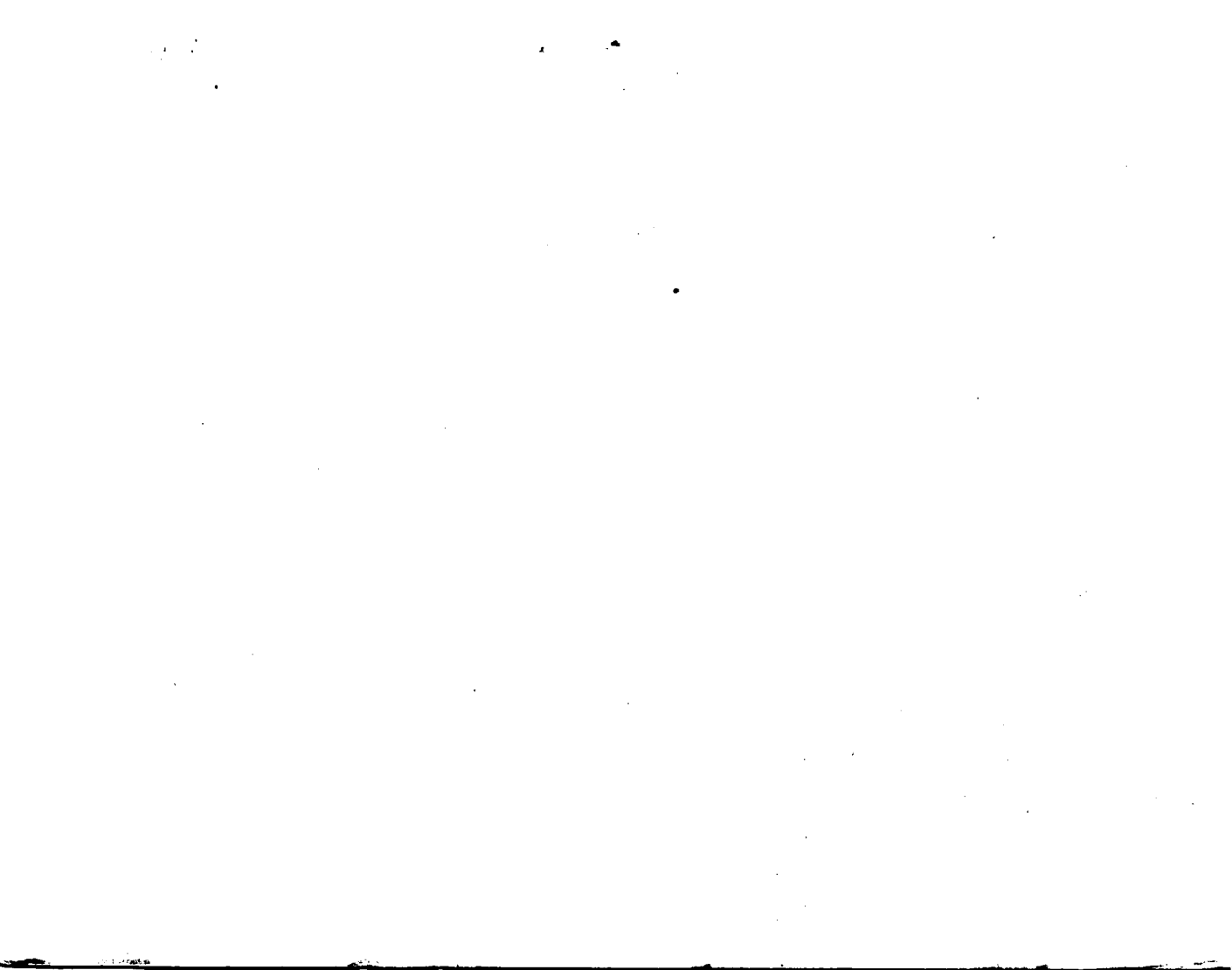
I hereby certify that I attended the birth of this child, who was Still born - 7 mo gestation at 1 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Hammon Ida
Filed Mar 1 20 [Signature]
Registrar



556-229.028-279

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Boone

CERTIFICATE OF BIRTH

77085

City of Harrison

Registration District No. 124

File No. 4

No. _____ St.

Primary Registration District No. 2204

Registered No. 57

Hospital Lakewood

FULL NAME OF CHILD Maxine Bernice Newton

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 29 1920</u> (Month) (Day) (Year)
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FATHER
FULL NAME Albert M. Newton
RESIDENCE Springston
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Harrison Ida
OCCUPATION Coal laborer

MOTHER
FULL MAIDEN NAME Ruth Sprague
RESIDENCE Springston
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Ida
OCCUPATION Housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

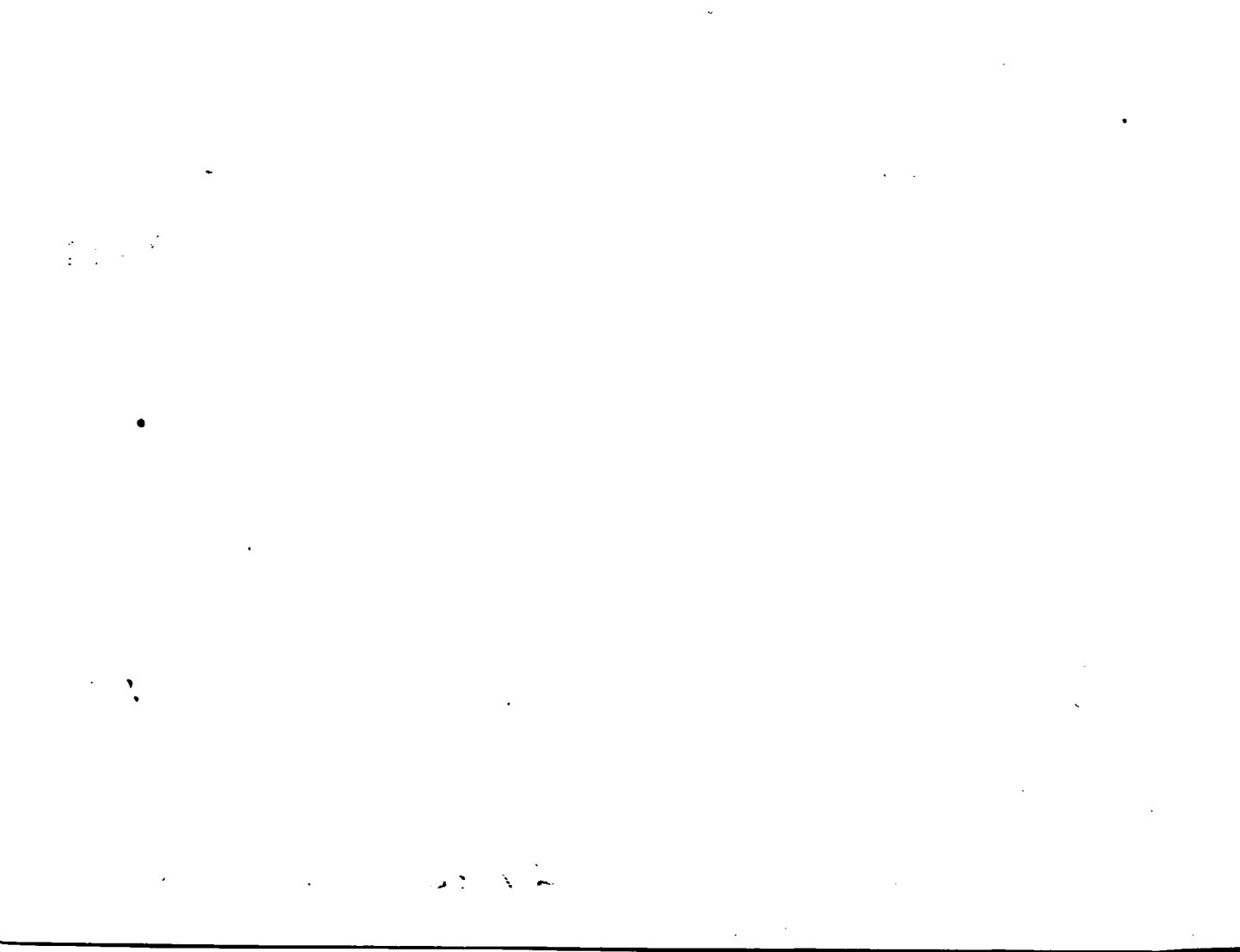
I hereby certify that I attended the birth of this child, who was Born alive Feb 29-20, at 2 a. M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida
Filed Mar 1 1920 [Signature] Registrar



MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-229.028-718
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-26m-9-8-15

CERTIFICATE OF BIRTH

77086

County of Kootenai

City of Harrison

Registration District No. 126

File No. 4

No. _____ St. _____

Primary Registration District No. 2224

Registered No. 58

Hospital _____

FULL NAME OF CHILD Marjorie Mae Williams

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 28 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------------------	------------------------	--

FATHER
FULL NAME Olto R Williams

MOTHER
FULL MAIDEN NAME Rose Payne

RESIDENCE Harrison

RESIDENCE Harrison

COLOR White AGE AT LAST BIRTHDAY 27
(Years)

COLOR Wh AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE Ind

BIRTHPLACE Oregon

OCCUPATION Carpenter

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Feb 29 1920 at 10 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Ferguson M D
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison

Filed Mar 1 1920

RECORD

NO. 1

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

1960

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS - *Statehouse*

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
 County of Latah } ss.

RECEIVED

AUG 12 1964

Certificate No. 77086

Date Filed

The undersigned does solemnly swear that certain facts on Birth certificate of Birth
 for Unnamed Williams (female child) who was born on Feb. 29, 1920
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in Harrison, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)
 true facts are shown by _____ prepared on _____ are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED

("Name," "Birth Date," "Cause of Death," Etc.)

Full Name of Child

FROM

(As on Original)

Unnamed

TO

(The Correct Facts)

Marjorie Mae Williams

Subscribed and sworn to before me this 5th day of August, 1964.
Republic, M. Spain
 Notary Public, residing at South Allen, Idaho
 My commission expires Oct. 20, 1965
 (Seal)

Signed

Lara Williams (Sister)
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

927 Homestead Ave, Coeur d'Alene, Idaho
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
 County of _____ } ss.

[This Affidavit MUST Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Signed

(Signature of Any Credible Person)

Notary Public, residing at _____
 My commission expires _____
 (Seal)

(Street Address, City, State)

-Social Security Card, dated June 25, 1938 gives full name as Marjorie Mae Williams,
#518-16-2234 - viewed by V.S.

AUG 13 1964

Coeur d'Alene High School Diploma, Coeur d'Alene, Idaho, given at Coeur d'Alene,
Idaho on May 25, 1938 gives full name as Marjorie Mae Williams - viewed by V.S.

FEB 20 1969

*minor
changes, mch.*

666-105.028-515

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-37

County of Kootenai

City of Coeur d'Alene Idaho

Registration District No. 24

File No.

77087

No. 31

Primary Registration District No. 1050

Registered No. 9

Hospital

Van Orvil Wood

FULL NAME OF CHILD

Baby Wood

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 5 1924</u> (Month) (Day) (Year)
--------------------------	-----------------------------------	-----------------------------------	------------------------	---

FULL NAME <u>Orville Harvey</u>	FATHER <u>Orville Harvey</u>	FULL NAME <u>Mabel Van Vleet</u>	MOTHER <u>Mabel Van Vleet</u>
RESIDENCE <u>907 Penn Ave - Coeur d'Alene Idaho</u>	RESIDENCE <u>Same</u>		
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Nebraska</u>	BIRTHPLACE <u>Nebraska</u>		
OCCUPATION <u>Laborer</u>	OCCUPATION <u>H.W.</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Wood

Given names added from a supplemental report.

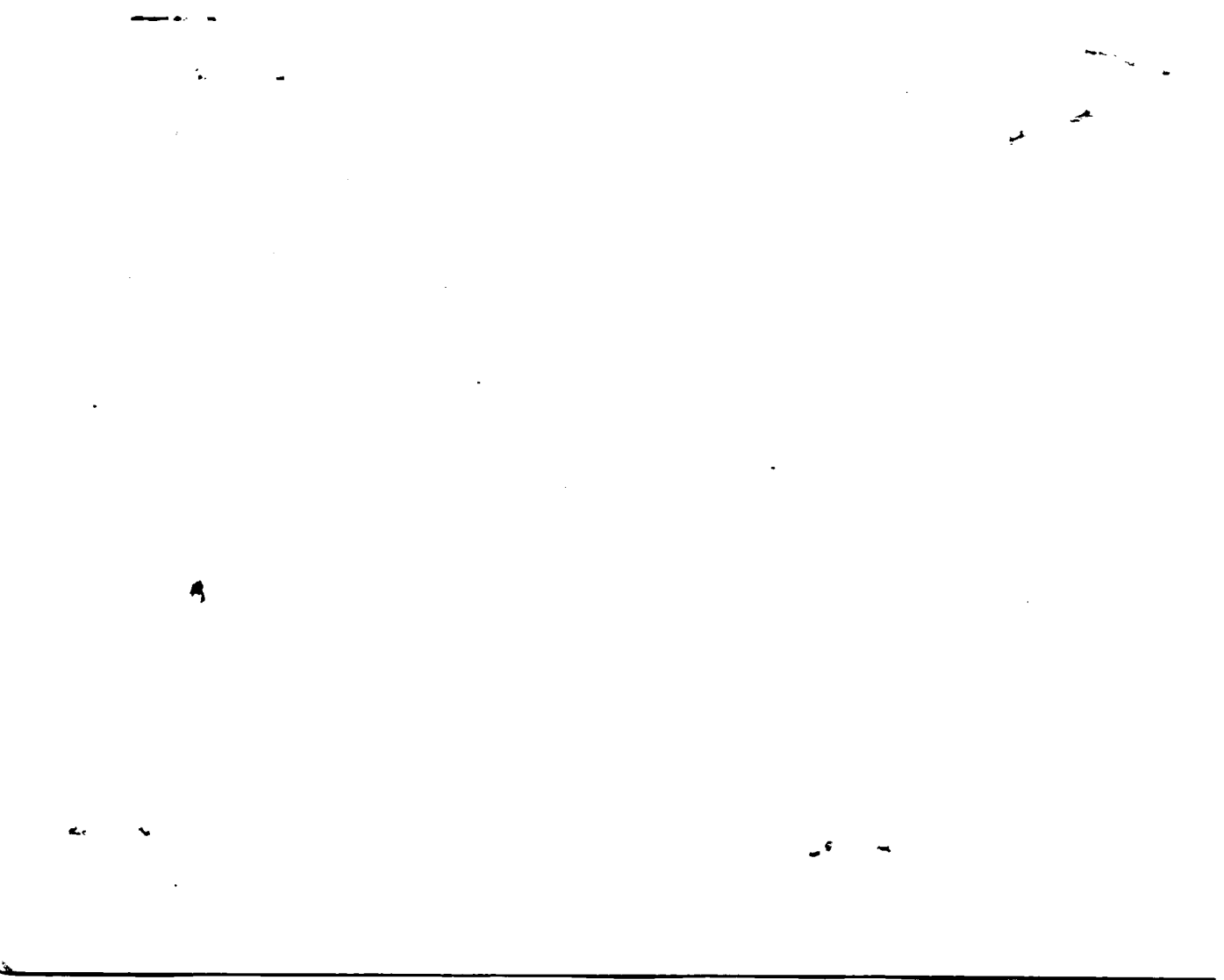
(Physician or midwife)

Address Coeur d'Alene Idaho

Filed Mar 5 1924 Sus Nelson

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 77087
County of Ventura }
The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for born who born on 1/5/20 (Date of Event)
in Coeur d'Alene, Idaho (Name on Original Certificate) (Was Born or Died)
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts) **VLECK**
Esther Violet Van Vleck
Van Orvil Wood
Orvil Harvey

mother's name
name

Violet
none given

father's name

Orville H. Wood

Subscribed and sworn to before me this 21st
day of December 1943
Gwendolyn Mae Brown
Notary Public, residing at Ventura, Calif.
My commission expires 10/27/46
(Seal)

Signed Esther Violet Wood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 2 Box 3109 Ojai Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Ventura }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 21st
day of December 1943
Gwendolyn Mae Brown
Notary Public, residing at Ventura, Calif.
My commission expires 10/27/46
(Seal)

Signed Orvil H. Wood
(Signature of Any Credible Person Other Than Previous Year)
Rt 2 Box 3109 Ojai Calif.
(Street Address, City, State)

DEC 21 1943

DEC 28 1943

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

736-107-028-793

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-37

CERTIFICATE OF BIRTH

County of Kootenai

City of Port Falls

Registration District No. 29

File No. 77088

No. St.

Primary Registration District No. 1050

Registered No. 10

Hospital

Frederick E.

FULL NAME OF CHILD James Leavis Plenske

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> and { Number in order of birth <u>.....</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 7 1927</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FATHER
FULL NAME Wm. D. Plenske
RESIDENCE Port Falls, Ida. P.D.
COLOR White AGE AT LAST BIRTHDAY 50 (Years)
BIRTHPLACE Germany
OCCUPATION Merchant

MOTHER
FULL MAIDEN NAME Maude Galia
RESIDENCE Port Falls, P.D.
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Tennessee
OCCUPATION Ho

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P.M. on the date above stated. (Born alive or stillborn)

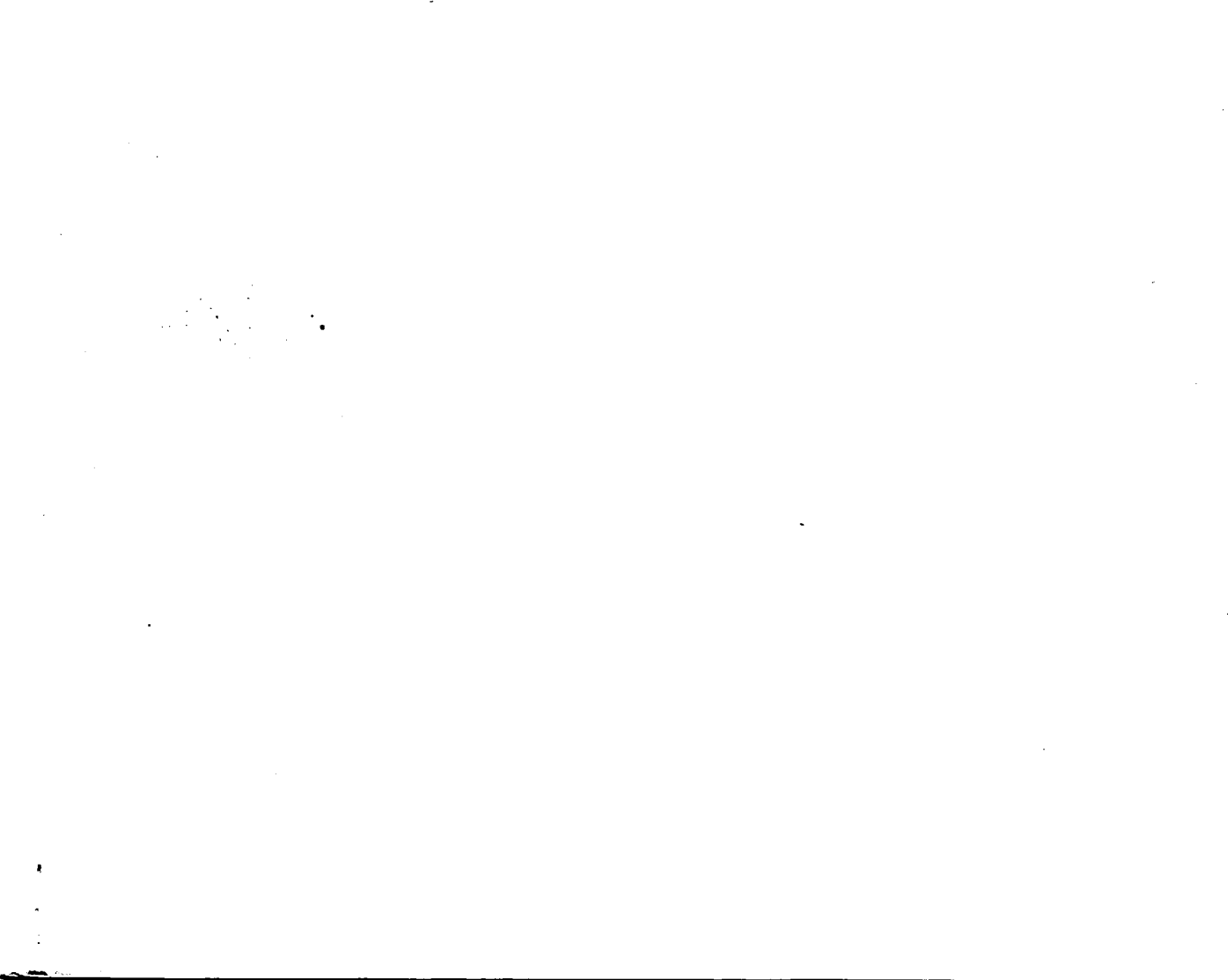
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Wood M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address
Registrar Wm. Nelson

K



265-210-028-745-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-27

CERTIFICATE OF BIRTH

County of *Kootenai*City of *Coeur d'Alene*Registration District No. *29*File No. *77089*No. *51*Primary Registration District No. *1050*Registered No. *11*

Hospital

FULL NAME OF CHILD

Lucile Lois Bonner

Sex of Child

*Female*Twin
Triplet
or other?

}

and { Number
in order
of birth

Legitimacy

Yes

Date of Birth

Jan 10 1920

FULL NAME

Lester Bonner

FATHER

FULL MAIDEN NAME

Lester Mrs Bonner

MOTHER

RESIDENCE

Coeur d'Alene, Idaho

RESIDENCE

Coeur d'Alene, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

21
(Years)

BIRTHPLACE

Wash.

BIRTHPLACE

Wash. D.C.

OCCUPATION

Mechanic

OCCUPATION

Rev.

Number of child of this mother, including present birth

One

Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.*Born alive or stillborn*

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. John W. Nelson

(Physician or midwife)

Given names added from a supplemental report.

Address

Coeur d'Alene, Idaho

Filed

Mar 20 1920

Registrar

Registrar

FEB 25 1960

10-5-71

MARGIN RESERVED FOR BUREAU OF VITAL STATISTICS
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-118-028-533
PLACE OF BIRTH

Form V. S. No. 11-C-25m-2-27
STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai
City of Coeur d'Alene Idaho 29
Registration District No. 29 File No. 77090
No. 2013 Dist. St. Primary Registration District No. 1050 Registered No. 12
Hospital
FULL NAME OF CHILD Roy Elmer Mc Dermott

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> (To be answered only in event of plural births)	Number in order of birth <u>.....</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 18 1922</u> (Month) (Day) (Year)
FULL NAME FATHER <u>James M. Dermott</u>		FULL MAIDEN NAME MOTHER <u>Margaret Ellis</u>		
RESIDENCE <u>2003 Post Ave Coeur d'Alene Id.</u>		RESIDENCE <u>Same</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Colorado</u>		
OCCUPATION <u>Laborer</u>		OCCUPATION <u>Sw.</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

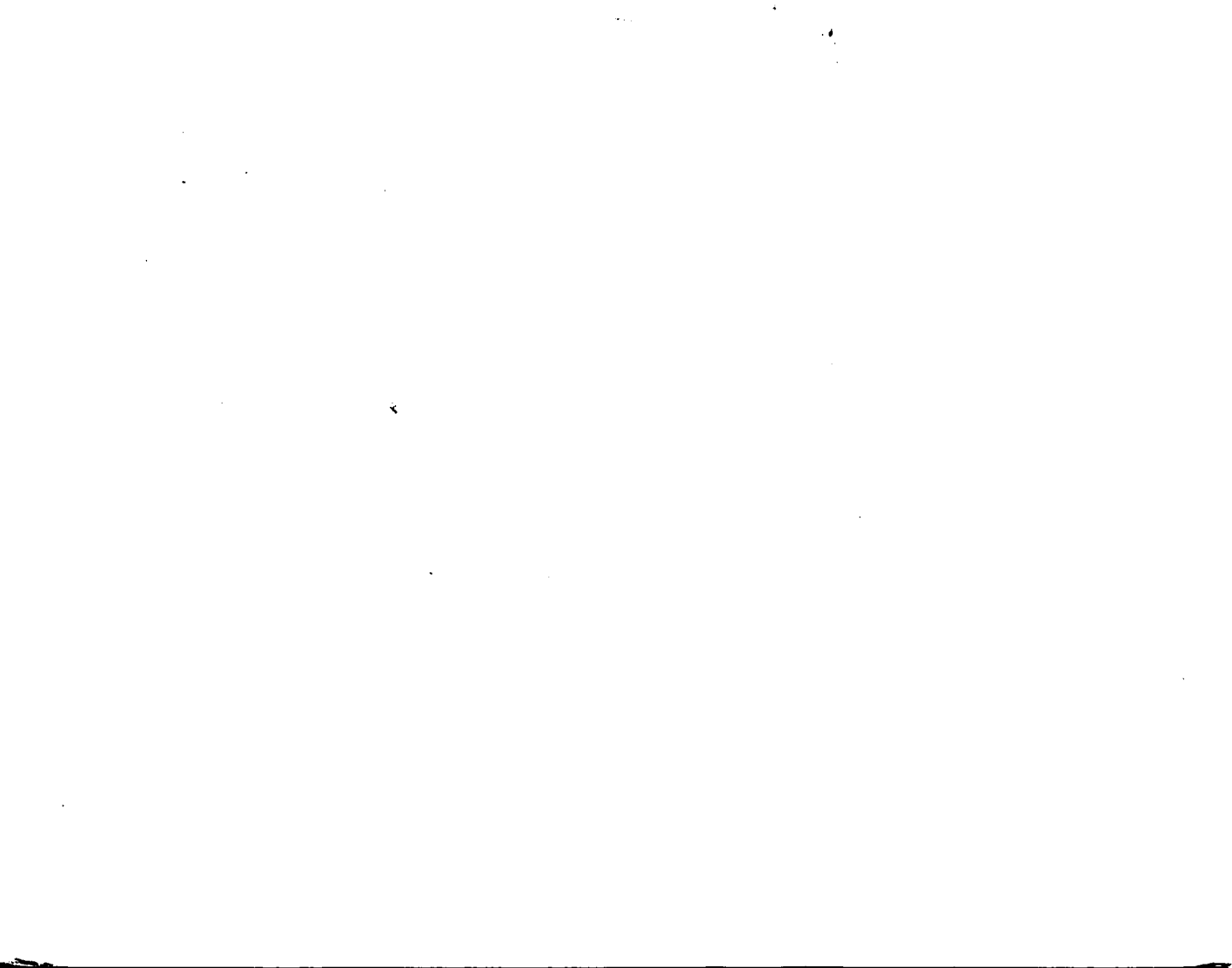
I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Nelson M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene Ida.
Filed Mar 5 1922 John Nelson
Registrar



236-203-028-655
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-4-17

County of *Idaho*

City of

Registration District No. *29*

File No. *77091*

No. *2*

Primary Registration District No. *2050*

Registered No. *13*

Hospital

FULL NAME OF CHILD *Irene Mable Stone*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i> (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <i>Yes</i>	Date of Birth <i>Feb 3</i> (Month) (Day) (Year)
----------------------------	---	--------------------------------	------------------------	--

FATHER
FULL NAME *Lawrence Stone*
RESIDENCE *Gibbs Idaho*
COLOR *White* AGE AT LAST BIRTHDAY *33*
(Years)
BIRTHPLACE *Wisconsin*
OCCUPATION *Laborer*

MOTHER
FULL MAIDEN NAME *Myrtle Dean*
RESIDENCE *Gibbs Idaho*
COLOR *White* AGE AT LAST BIRTHDAY *32*
(Years)
BIRTHPLACE *Wisconsin*
OCCUPATION *Nursewife*

Number of child of this mother, including present birth *4* Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Irene Mable Stone* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. J. H. Nelson*
(Physician or midwife)

Given names added from a supplemental report.

Address *Cur D. Wene Ida*
Filed *Mar 5 1920* *Gus Nelson*
Registrar

MAY 26 1943

[Handwritten signature]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-105-028-995
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. E. No. 11-C-22a-4-27

County of Bontemo

City of Coeur d'Alene, Id.

Registration District No. 29

File No. 77092

No. St.

Primary Registration District No. 1050

Registered No. 14

Hospital

FULL NAME OF CHILD

Baby RICHARD SEYMOUR Shaver

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> and (Number in order of birth) <u>.....</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Dec. 5 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER
FULL NAME Seymour Shaver

MOTHER
FULL MAIDEN NAME Winn Lanehart

RESIDENCE Coeur d'Alene, Idaho.

RESIDENCE Same

COLOR W. AGE AT LAST BIRTHDAY 25
(Years)

COLOR White AGE AT LAST BIRTHDAY 22
(Years)

BIRTHPLACE Idaho.

BIRTHPLACE Idaho.

OCCUPATION Signatype Operator

OCCUPATION W.

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John M. Evans

(Physician or midwife)

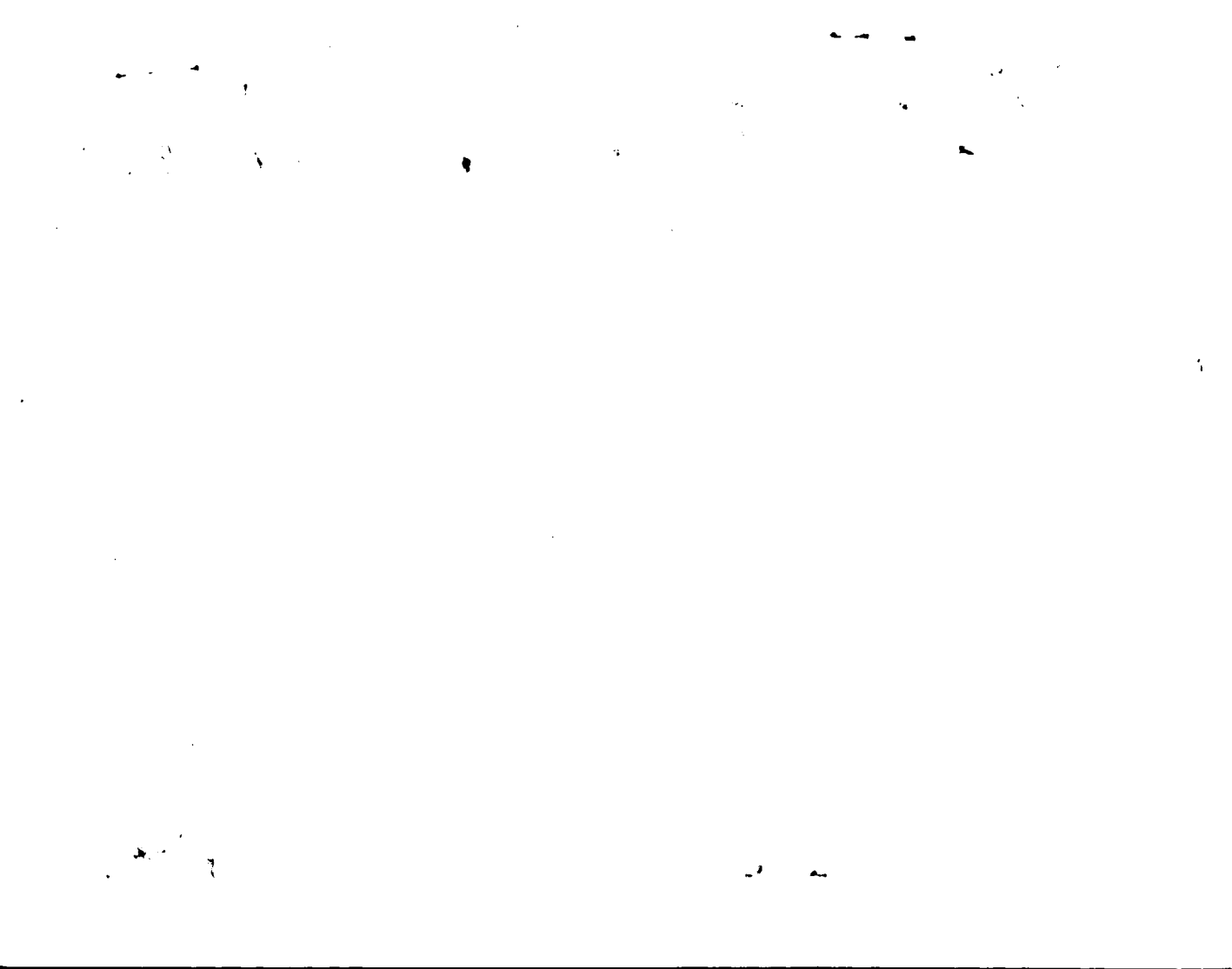
Given names added from a supplemental report.

Address Coeur d'Alene, Ida.

Filed Mar 5 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77092
County of Kootenai }
The undersigned does solemnly swear that certain facts on the certificate of Birth

for Richard Seymour Shaver who was born on Feb. 5, 1920 (Birth or Death)
in Coeur d'Alene, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record prepared on Feb. 5, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Richard Seymour Shaver
Birth date Feb. 5, 1942 Feb. 5, 1920

Subscribed and sworn to before me this 10th
day of June, 19 42

Signed Seymour Shaver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Notary Public, residing at Coeur d'Alene, Idaho
My commission expires Aug. 8, 1942
(Seal)

1421 Front Avenue
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of June, 19 42

Signed H. E. Reynolds
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Coeur d'Alene, Ida.
My commission expires Aug. 8th 1942.
(Seal)

309 Military Street
(Street Address, City, State)
Coeur d'Alene Idaho

JUN 12 1942

1948

2 100

JUN 16 1948

JUN 17 1948

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-205-028-783

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

County of Blaine
City of Coeur d'Alene Registration District No. 79 File No. 77093
No. St. Primary Registration District No. 1050 Registered No.

Hospital
FULL NAME OF CHILD Gladys Schwarzbach

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>Dec. 5</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	---

FATHER
FULL NAME Mr. Wm. Schwarzbach
RESIDENCE Coeur d'Alene Idaho
COLOR White AGE AT LAST BIRTHDAY 24
(Years)
BIRTHPLACE Wisconsin
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Olive J. Fogle
RESIDENCE Coeur d'Alene Idaho
COLOR White AGE AT LAST BIRTHDAY 31
(Years)
BIRTHPLACE Montana
OCCUPATION H. W.

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

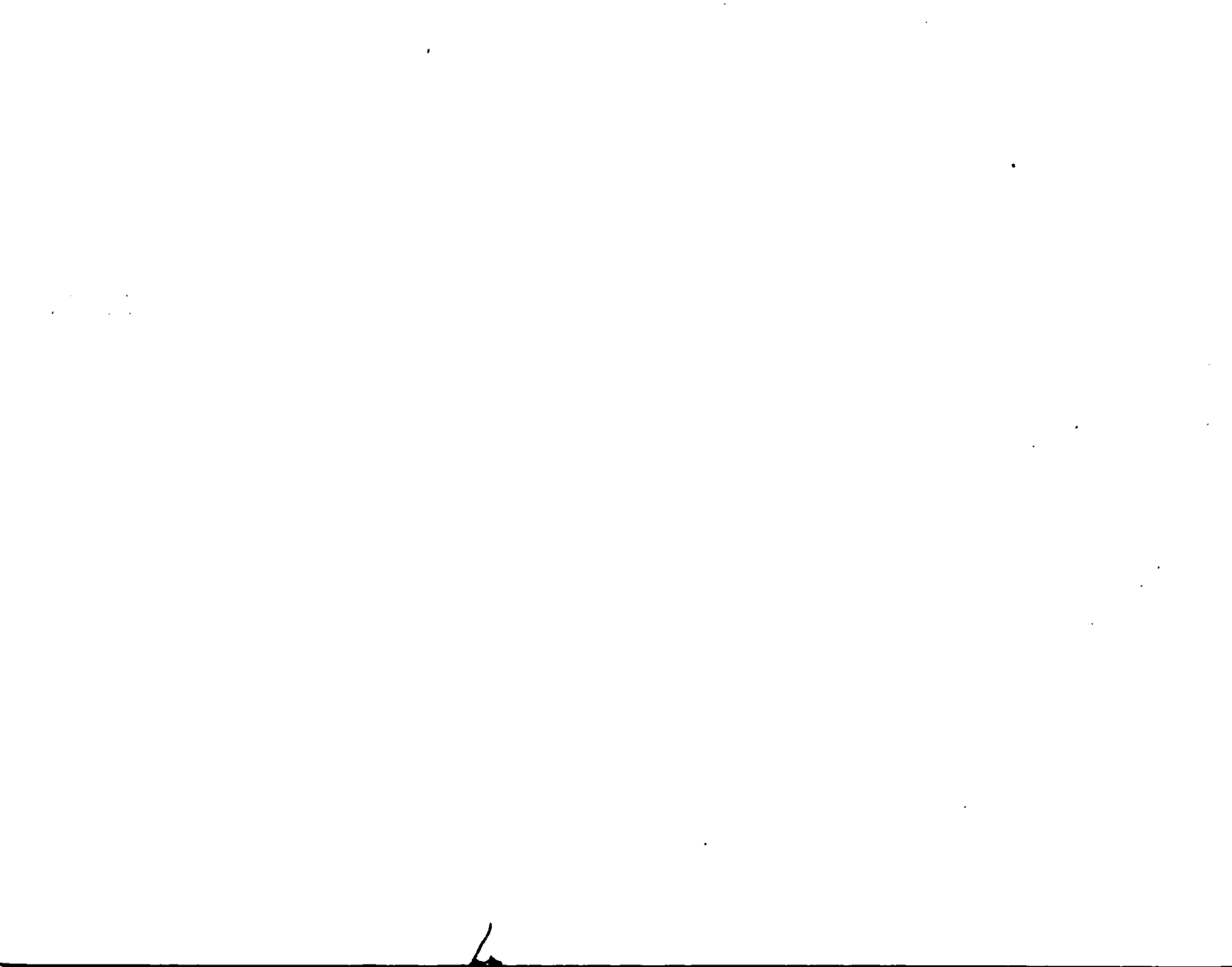
I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John I. Wood

Given names added from a supplemental report.

Address Coeur d'Alene Idaho
Filed Mar 5 1922 Guss Nelson
Registrar



WRITE IN INK - THIS IS A PERMANENT RECORD

When one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

912-212,028-213
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-2-23

County of... *Kootenai*

City of... *Grand Blaine, Idaho*

Registration District No. *29*

File No. *77094*

No. *819 Penn Ave. S.*

Primary Registration District No. *105*

Registered No. *16*

Hospital

FULL NAME OF CHILD

Rabideau

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and { Number in order of birth	Legitimate? <i>Yes</i>	Date of Birth <i>July 12 1920</i> (Month) (Day) (Year)
----------------------------	----------------------------------	--------------------------------	------------------------	---

FULL NAME <i>George Rabideau</i>	FATHER
RESIDENCE <i>819 Penn Ave. Grand Blaine, Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)
BIRTHPLACE <i>Mich</i>	
OCCUPATION <i>Laborer</i>	

FULL MAIDEN NAME <i>Margaret Battelle</i>	MOTHER
RESIDENCE <i>Same</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>21</i> (Years)
BIRTHPLACE <i>Mich</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive or stillborn* on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John Wood

(Physician or midwife)

Given names added from a supplemental report.

Address

1010 Spruce St. Idaho

Filed

May 5 1920

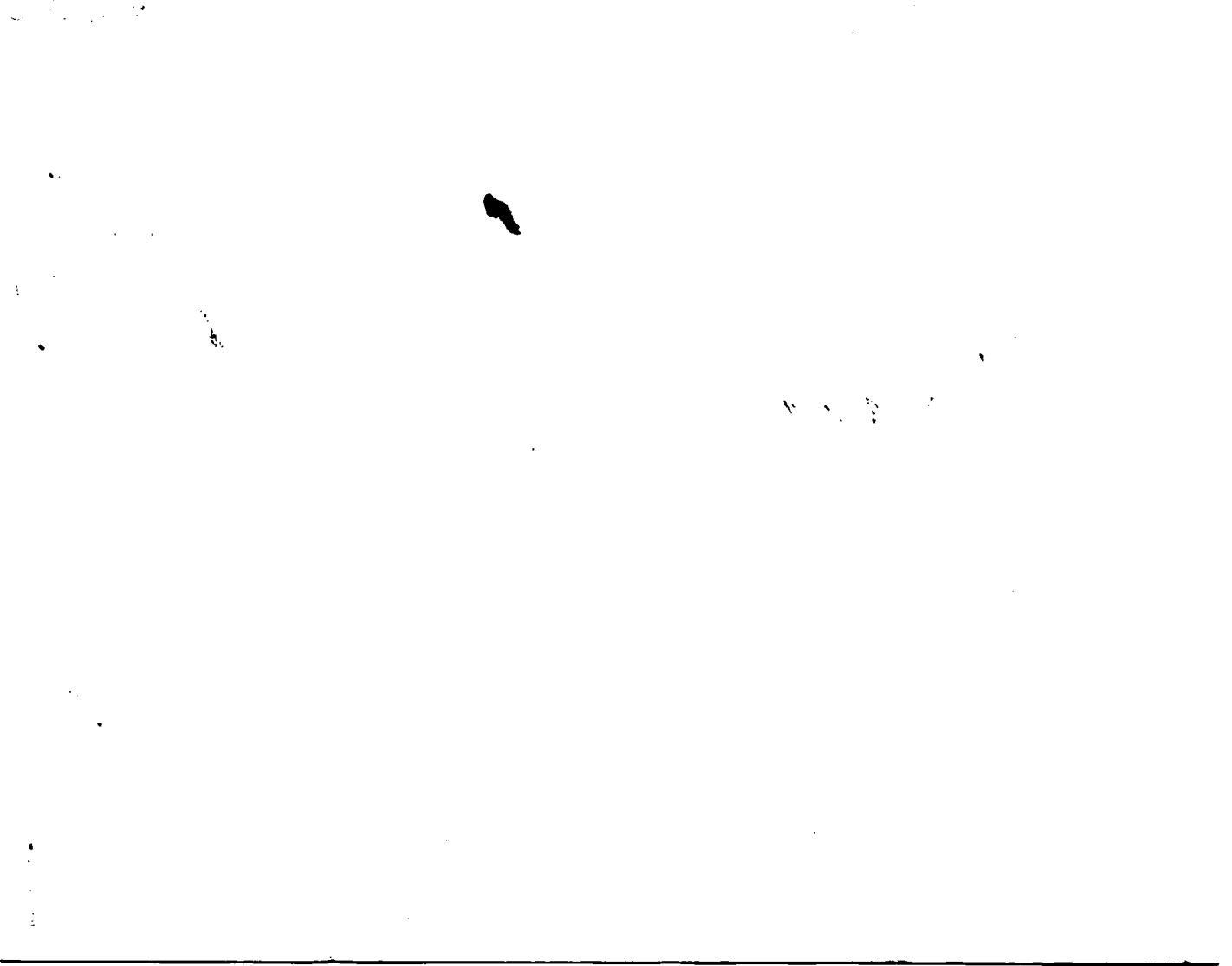
1920

Mrs. Nelson

Registrar

Registrar

N. E. In case



211-115-028-582

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of PostonsaiCity of Coeur d'AleneRegistration District No. 29

File No.

77095

No. _____ St.

Primary Registration District No. 1050Registered No. 17

Hospital _____

FULL NAME OF CHILD

Henry Olaf Bjaland.

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?Yes

Date of Birth

Feb. 15

(Month) (Day)

1920
(Year)

FULL NAME

Gullik Knutson Bjaland

FATHER

RESIDENCE

Coeur d'Alene

COLOR

WhiteAGE AT LAST
BIRTHDAY45
(Years)

BIRTHPLACE

Norway

OCCUPATION

LaborerFULL
MAIDEN
NAMEIngrid Olson Nyberg

MOTHER

RESIDENCE

Coeur d'Alene

COLOR

WhiteAGE AT LAST
BIRTHDAY39
(Years)

BIRTHPLACE

Norway

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4³⁰ A.M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Dwyer
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Coeur d'Alene, Idaho.

Filed

Mar. 5 1920Gus Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25

646-204028-558

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C—22m-2-17

CERTIFICATE OF BIRTH

County of *Boise*City of *Rathbun*Registration District No. *30*File No. *1 77096*

No. St.

Primary Registration District No. *1051 & 7051*Registered No. *7*

Hospital

FULL NAME OF CHILD

Madys Louise O'Donnell

Sex of Child

*female*Twin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth
(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

Jan 4 1920
(Month) (Day) (Year)

FULL NAME

*FATHER
Samuel T. O'Donnell*

FULL MAIDEN NAME

*MOTHER
Esther E. Meyer*

RESIDENCE

Rathbun, Ida

RESIDENCE

Rathbun, Ida

COLOR

white

AGE AT LAST BIRTHDAY

40
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Wash.

BIRTHPLACE

Ida.

OCCUPATION

timber inspector

OCCUPATION

*housewife*Number of child of this mother, including present birth.....*1*Number of children of this mother now living, including present birth.....*1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....*born alive*
on the date above stated.at *12.10 P.M.*

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Frank Meyer

(Physician or midwife)

Given names added from a supplemental report.

Address

Rathbun, Ida

Filed

*2/1 1920**Frank Meyer*

Registrar

Registrar

SEP 6 1944

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-214-028-577
PLACE OF BIRTH

County of Kootenai

City of Rathol

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 30

Primary Registration District No. 1051251

ERMA FRANCES

Hattie Lawrence

File No. 77097

Registered No. 8

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 14 1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Earl D. Lawrence</u>	FATHER		FULL MAIDEN NAME <u>MOTHER</u> <u>Ella C. Eggers</u>	MOTHER
RESIDENCE <u>Rathol, Ida</u>	RESIDENCE		RESIDENCE <u>Rathol, Idaho</u>	RESIDENCE
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR
BIRTHPLACE <u>Wash.</u>	BIRTHPLACE	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE	BIRTHPLACE
OCCUPATION <u>farmer</u>	OCCUPATION	OCCUPATION <u>housewife</u>	OCCUPATION	OCCUPATION

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 11:10 P.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

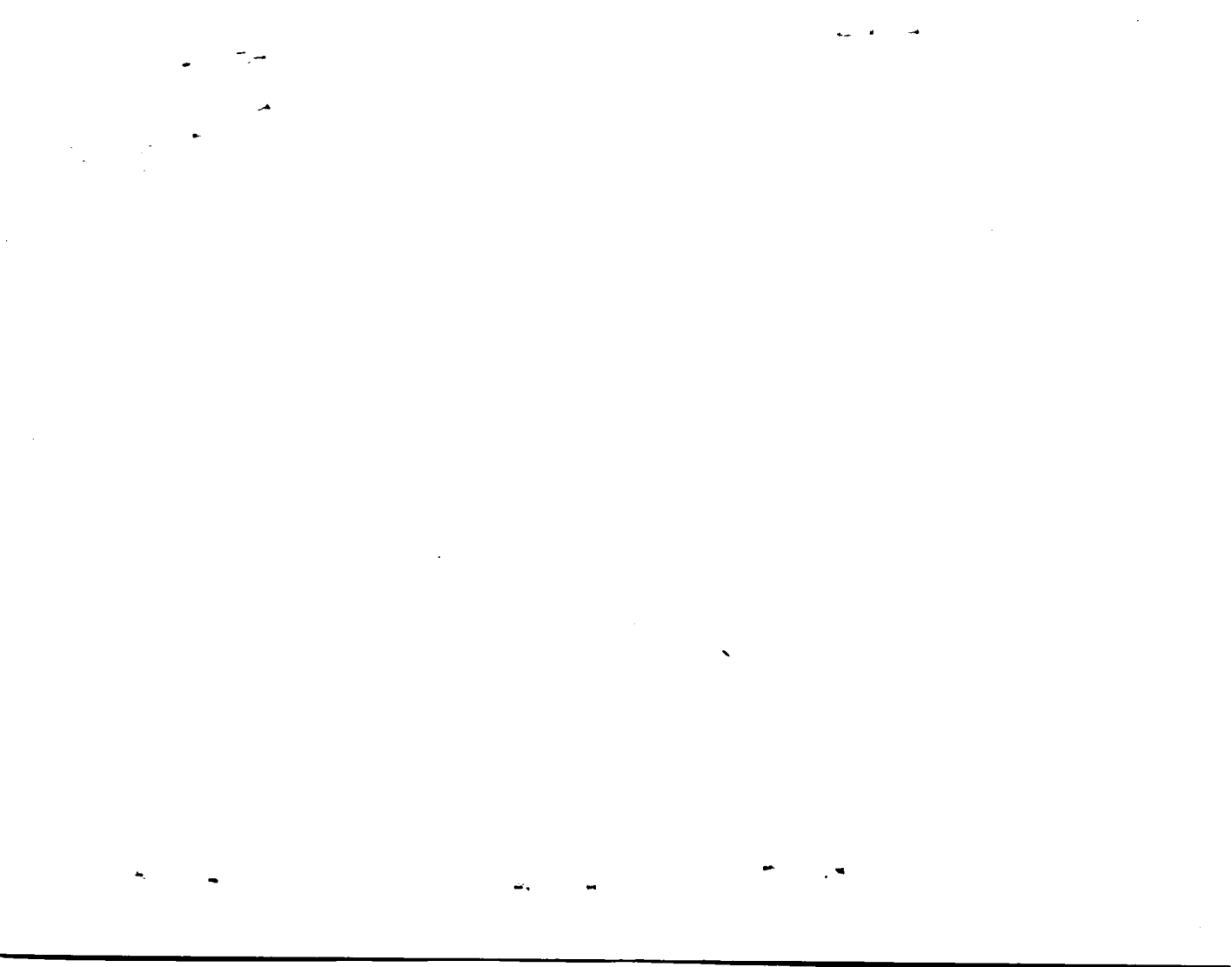
Given names added from a supplemental report.

(Signature) Frank P. Henry

Physician
(Physician or midwife)

Address Rathol, Idaho

Filed 2/11/20 Frank P. Henry
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington
County of Bierce } ss.

Certificate No. 77097

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Hattie Lawrence who was born on January 14-1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible prepared on day 7 birth, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name

FROM
(As on Original)
Hattie

TO
(The Correct Facts)
Erma Frances Lawrence

Subscribed and sworn to before me this 3rd

day of June 19 42

Notary Public, residing at Jacoma

My commission expires March 16th 1945
(Seal)

Signed Ellen C Lawrence
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

930 1 McKibben Jacoma
(Street Address, City, State)

Wash

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19 _____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

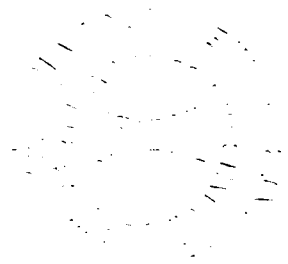
Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

JUN 6 1942

JUN 8 1942



466126-228-799

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C—Rev. 4-4-17

County of... *Kootenai*City of... *Rechebun*Registration District No. *30*File No. *77098*

No. St.

Primary Registration District No. *1051 + 2051*Registered No. *9*

Hospital

FULL NAME OF CHILD

Ray E. Moore

Sex of Child

*male*Twin
Triplet
or other?} and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?*Yes*Date of
Birth*January 26, 1920*
(Month) (Day) (Year)FULL
NAME*Frank Moore*

RESIDENCE

At Hol, Ida

COLOR

*white*AGE AT LAST
BIRTHDAY*4.2*
(Years)

BIRTHPLACE

Mo

OCCUPATION

*farmer*FULL
MAIDEN
NAME*Sadie Grigg*

RESIDENCE

At Hol, Ida

COLOR

*white*AGE AT LAST
BIRTHDAY*2.5*
(Years)

BIRTHPLACE

Ida

OCCUPATION

*housewife*Number of child of this mother, including present birth.....*3*.. Number of children of this mother now living, including present birth.....*3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....*Born alive*..... at.....*1.20 P.M.*
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Frank Grigg
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Rechebun, Ida

Filed

*2/1*19 *20*

Registrar

Filed

*2/1*19 *20**Frank Grigg*
Registrar

MAR 1 1945

553-127-028-813

PLACE OF BIRTH

County of... *Kootenai*City of... *Ratholrum*No. *St.*

Hospital

FULL NAME OF CHILD

*Joseph Conrad Kettasheim*STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-01a-2-17

CERTIFICATE OF BIRTH

77099

Registration District No. *30*File No. *1*Primary Registration District No. *1057.1.2051*Registered No. *10*Sex of
Child *male*Twin
Triplet
or other?and (Number
in order
of birth
(To be answered only in event of plural births))Legiti-
mate?*Yes*Date of
Birth*July 27, 1920*
(Month) (Day) (Year)FULL
NAME*FATHER Conrad Kettasheim*

RESIDENCE

Ratholrum, Ida

COLOR

*white*AGE AT LAST
BIRTHDAY*31*
(Years)

BIRTHPLACE

Wis.

OCCUPATION

*farmer*FULL
MAIDEN
NAME*MOTHER Catherine Haasch*

RESIDENCE

Ratholrum, Ida

COLOR

*white*AGE AT LAST
BIRTHDAY*31*
(Years)

BIRTHPLACE

Wis.

OCCUPATION

*housewife*Number of child of this mother, including present birth *3*Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *5:00 p.m.*
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Frank Henry

(Physician or midwife)

Given names added from a supplemental report.

Address

Ratholrum, Ida

Filed

2/11/20 Frank Henry

Registrar

Registrar

MAY 11 1942

JAN 18 1944

PLACE OF BIRTH
 328-228-249
 Lillian

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. B. 20-41-2-22-17

City of Ratholm, Ida. Registration District No. 30 File No. 77100

No. St. Primary Registration District No. Registered No. 11

Hospital LILLIAN
 FULL NAME OF CHILD Lillian Lucien

Sex of Child female Twin Triplet or other? and (Number in order of birth) 1 Legitimate? Yes Date of Birth Jan. 28, 1920
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Jacob Lucien

RESIDENCE Ratholm, Ida.

COLOR white AGE AT LAST BIRTHDAY 41
 (Years)

BIRTHPLACE Idaho

OCCUPATION farmer

FULL MAIDEN NAME MOTHER Martha M. Burghard

RESIDENCE Ratholm, Ida.

COLOR white AGE AT LAST BIRTHDAY 32
 (Years)

BIRTHPLACE Idaho

OCCUPATION housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8.30 p.m.
 on the date above stated. (Born alive or stillborn)

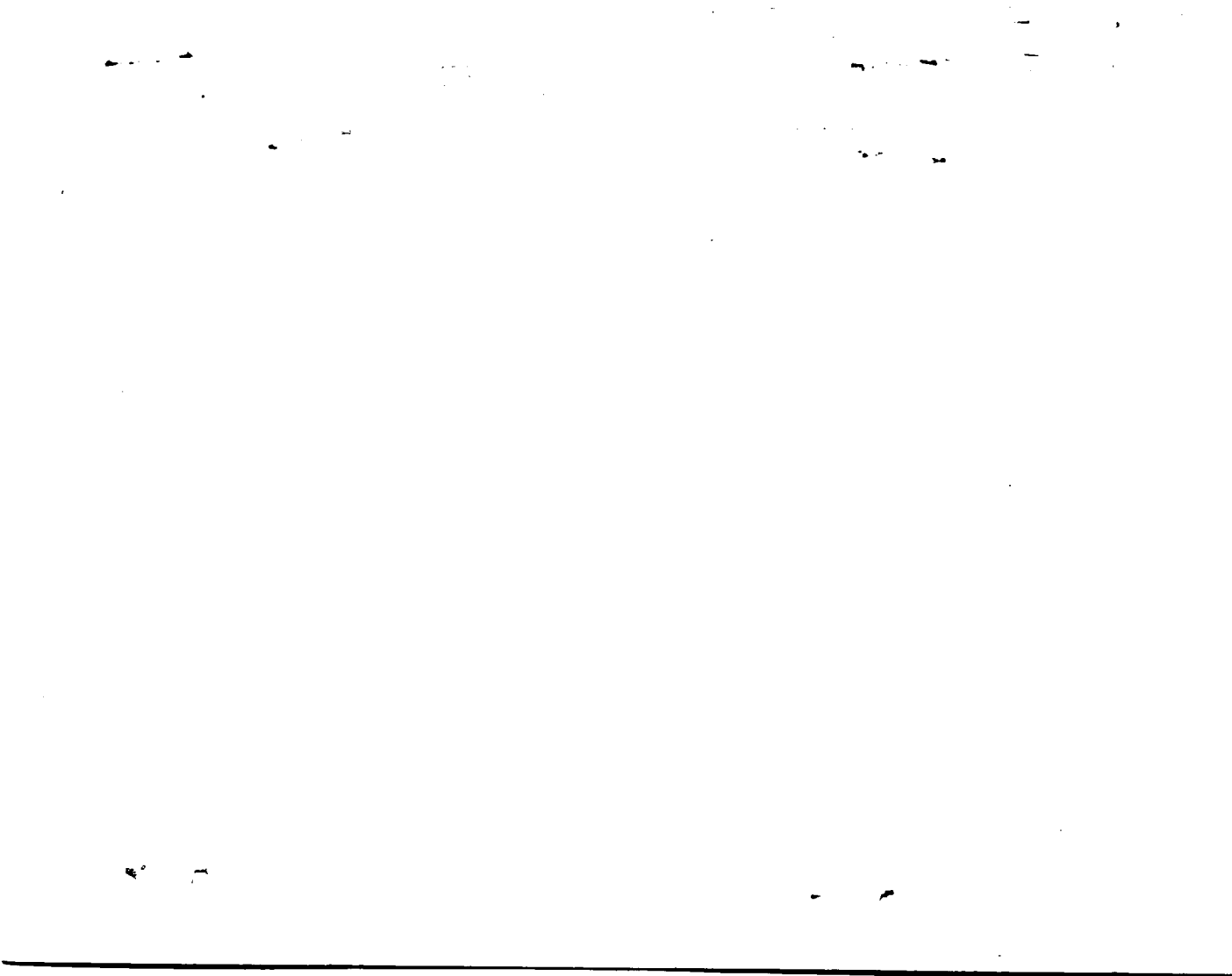
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank K. King
Physician or midwife
 (Physician or midwife)

Given names added from a supplemental report.

Address Ratholm, Ida.

Filed 2/11/20 Frank K. King
 Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Lincoln } ss. Certificate No. 77100
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
for Lillian Jacqueline Luiten who born on January 28, 1920
in Bathrum Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record prepared on, are:
(PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
<u>Name</u>	<u>Violet Luiten</u>	<u>Lillian Luiten</u>

Subscribed and sworn to before me this 29
day of April, 19 42

Signed Jacob Luiten
(SIGNATURE OF PERSON OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Davenport Wash
(STREET ADDRESS, CITY, STATE)

Notary Public, residing at Davenport W.
My commission expires May 1945
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19..... Signed.....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at.....
My commission expires.....
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on MAY 1 1942 By.....
(REGISTRAR'S SIGNATURE)

1/1/1

1/1/1



253-111-028855

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai
 City of Spokane bridge
 Registration District No. 30 File No. 77101
 No. _____ St. _____
 Primary Registration District No. 2051 Registered No. 746

Hospital _____
 FULL NAME OF CHILD John Lorin Beck

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 11 1920</u> (Month) (Day) (Year)
FULL NAME <u>Peter L. Beck</u>	FATHER			FULL MAIDEN NAME <u>Ora</u>	MOTHER <u>Henry</u>
RESIDENCE <u>Spokane bridge</u>				RESIDENCE <u>Spokane-bridge</u>	
COLOR _____	AGE AT LAST BIRTHDAY <u>43</u> (Years)			COLOR _____	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE _____	<u>Mo</u>			BIRTHPLACE _____	<u>wash</u>
OCCUPATION <u>Farmer</u>				OCCUPATION <u>House-keeper</u>	
Number of child of this mother, including present birth <u>10</u>			Number of children of this mother now living, including present birth <u>10</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 9 A.M.
 on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. L. McCauley M.D.

(Physician or midwife)

Address

Filed

Post Falls
3/10 1920
H. D. Green

Registrar

22

STATE OF CALIFORNIA
COUNTY OF ALBANY

IN SENATE

1911

1

2

STATE OF CALIFORNIA
COUNTY OF ALBANY

e of Idaho

ty of Kootenai

Peter L. Beck (nee Ora Henry) being first duly sworn says that she is mother of John Lorin Beck, born February 11, 1920 at the home farm in Kootenai County, Section 31, Township 51, Range 5 West of Boise Meridian (Office at that time, Spokane Bridge), whose certificate of birth was March 10, 1920; affiant further states that the name's Brent B. used on the certificate so filed were incorrect and desires that a true record be made, indicating the given names as John Lorin.

Name of Affiant

P. O. Address

Mrs Peter L. Beck
Post Falls, Idaho

Subscribed and sworn to before me this 19th day of August, 1941

Gas. A. Foster

Clerk of the District Court
Ex-Officio Auditor and Recorder

By Adath Babke, Deputy

SEP 11 1951

353-219-028-384

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-15

CERTIFICATE OF BIRTH

County of FootenaiCity of Post FallsRegistration District No. 30File No. 77104

No. _____ St. _____

Primary Registration District No. 2051Registered No. 748

Hospital _____

FULL NAME OF CHILD

Margaret Carol Peters

Sex of Child

FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

-

and

-

Number
in order
of birth

-

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Legiti-
mate?yes

Date of Birth

Feb 19 1920
(Month) (Day) (Year)

FULL NAME

Chas. A. Peters

FATHER

FULL MAIDEN NAME

Latona Chute

MOTHER

RESIDENCE

Post Falls

RESIDENCE

Post Falls

COLOR

white

AGE AT LAST BIRTHDAY

31
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

33
(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Mo.

OCCUPATION

Electric Switch Operator

OCCUPATION

House-keeper

Number of child of this mother, including present birth

4

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.alive
(Born alive or stillborn)11 450
at _____ P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. L. McCauley M.D.
(Physician or midwife)

Given names added from a supplemental report.

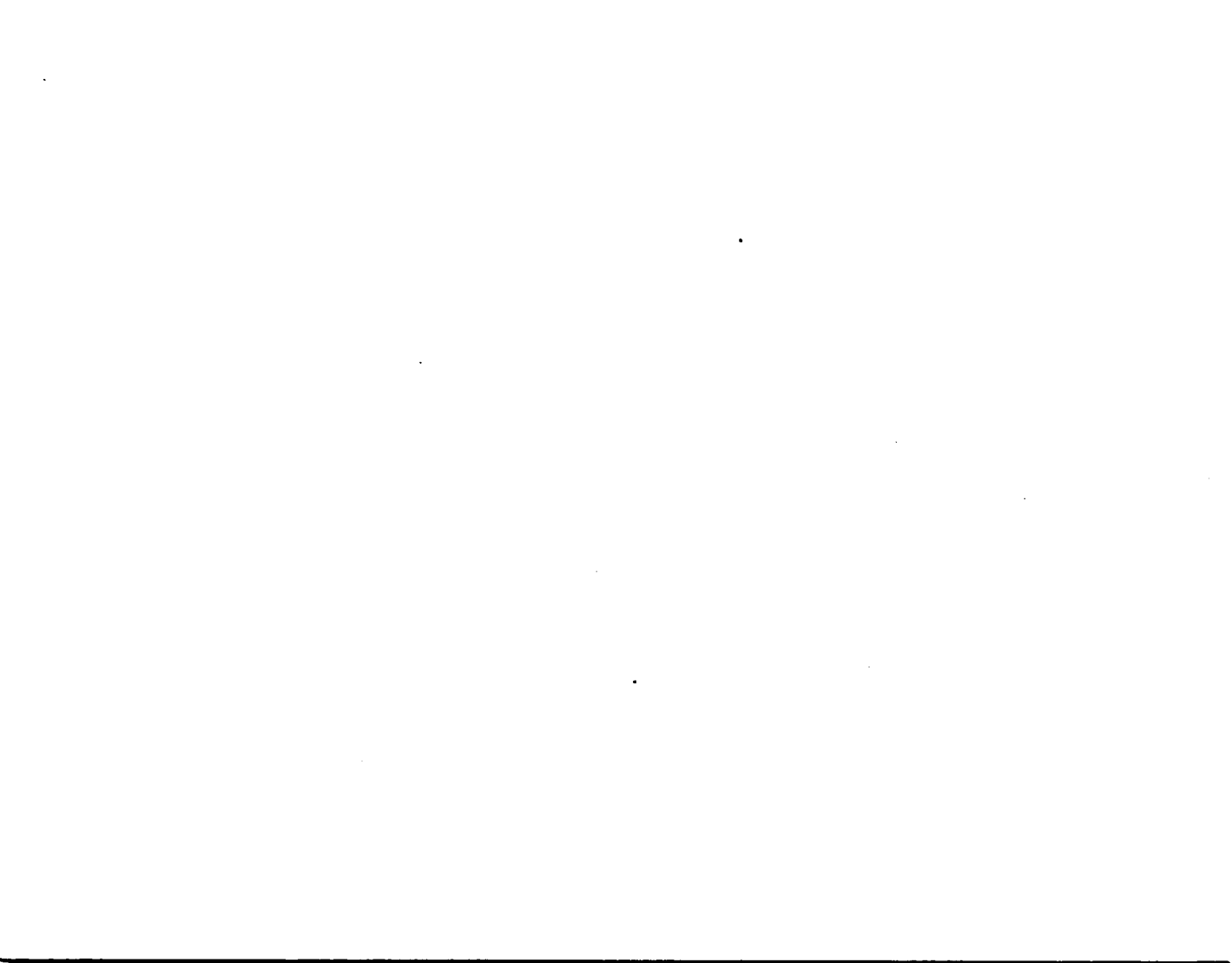
Address

Post Falls, Idaho

Filed

3-10 1920D. D. Drennan

Registrar



763-107-028-292

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai
City of Post Falls

Registration District No. 30 File No. 77105

No. _____ St. _____
Primary Registration District No. 2051 Registered No. 747

Hospital _____
FULL NAME OF CHILD Marshall David Potter

Sex of Child <u>male</u>	Twin Triplet or other? <u>—</u>	and {	Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 7 1920</u> (Month) (Day) (Year)
FULL NAME <u>J. S. Potter</u> FATHER				FULL MAIDEN NAME <u>Ruth Sisson</u> MOTHER	
RESIDENCE <u>Post Falls</u>				RESIDENCE <u>Post Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)			COLOR	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Mass</u>				BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Minister of Gospel</u>				OCCUPATION <u>House-wife</u>	
Number of child of this mother, including present birth <u>1</u>				Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1:30 P. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. L. McAnley
(Physician or midwife)

Address Post Falls, Idaho

Filed 3-10 1920 D. D. Drennan

Registrar

Registrar

Feb. 1962

789.218.028-919

PLACE OF BIRTH

County of *Kootenai.*City of *Atlas, Idaho.*Registration District No. *20*No. *St.*Primary Registration District No. *2.03.1.*File No. *77106.*Registered No. *74.3.*

Hospital

FULL NAME OF CHILD

Mary M. Phillips

Sex of Child <i>Female</i>	Twin Triplet or other? <input type="checkbox"/>	and {	Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>Feb 18 1920</i> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME <i>Melvin E. Phillips</i>	FATHER
RESIDENCE <i>Atlas, Ida.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)
BIRTHPLACE <i>Dakota</i>	
OCCUPATION <i>Engineer</i>	

FULL MAIDEN NAME <i>Mary Marshall</i>	MOTHER
RESIDENCE <i>Atlas, Ida.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>Missouri</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *4* Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* (Born alive or stillborn) at *1.40 P.* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *M. Munster*

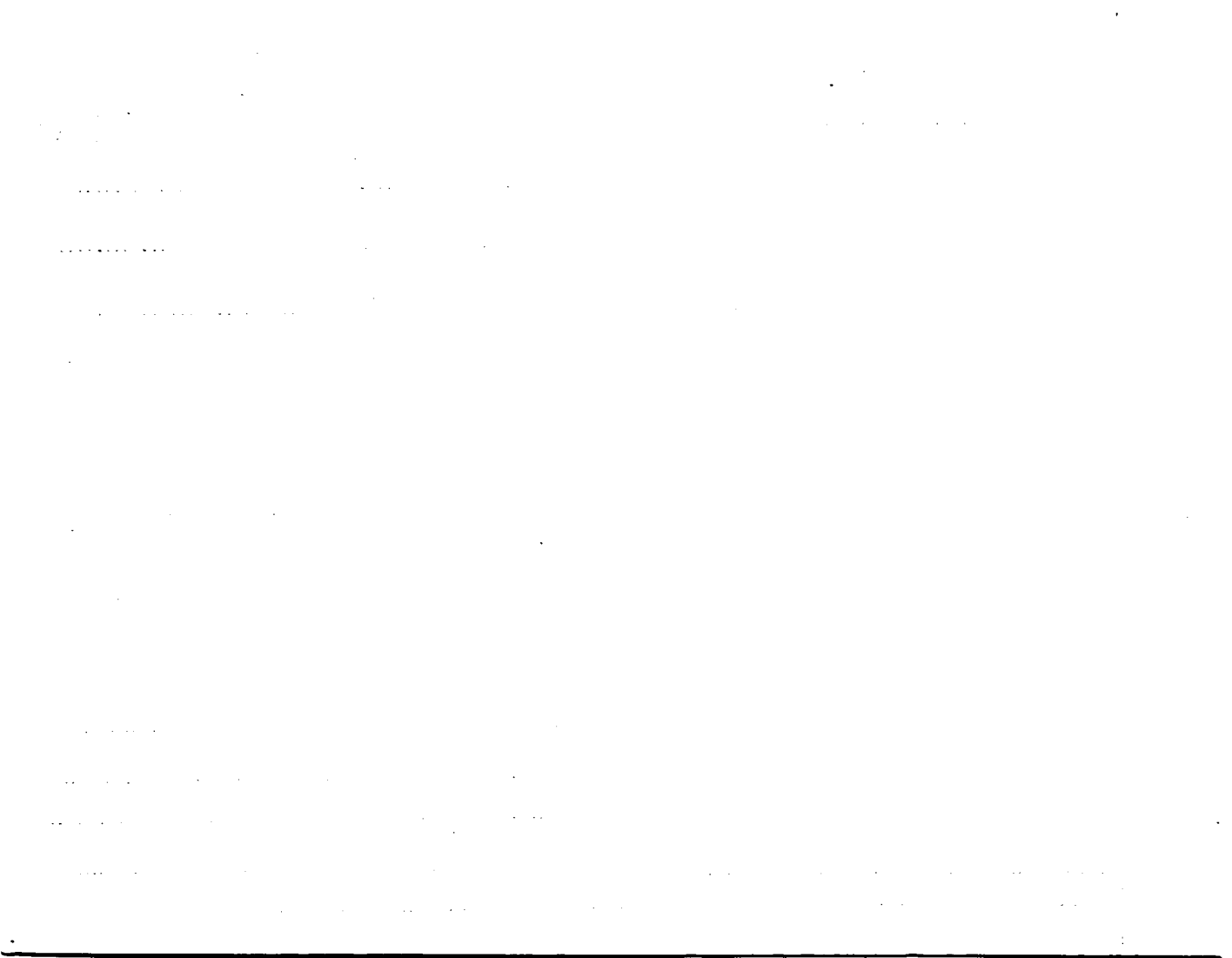
Physician or midwife

Given names added from a supplemental report.

Address *Cand. Alene, Ida.*Filed *3-10-20* *D. D. Dr. Dr. Dr.*

Registrar

Registrar



434-226-028-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11

CERTIFICATE OF BIRTH

County of KootenaiCity of Coeur d'AleneRegistration District No. 90File No. 77107

No. _____ St. _____

Primary Registration District No. 1051Registered No. 745Hospital #15 Wallon 2ndFULL NAME OF CHILD Ruth Arlene McNeillSex of
Child 7Twin
Triplet
or other? 5

and

Number
in order
of birth 4Legiti-
mate? noDate of
Birth Feb 26 1920
(Month) (Day) (Year)FULL NAME FATHER Walter B McNeillRESIDENCE Sunnyvale 2ndCOLOR WhiteAGE AT LAST
BIRTHDAY 29
(Years)BIRTHPLACE IowaOCCUPATION Officer LumbermanFULL MAIDEN NAME MOTHER Sadie O SmithRESIDENCE Sunnyvale 7thCOLOR White AGE AT LAST
BIRTHDAY 40
(Years)BIRTHPLACE IndianaOCCUPATION HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

(Born alive or stillborn)

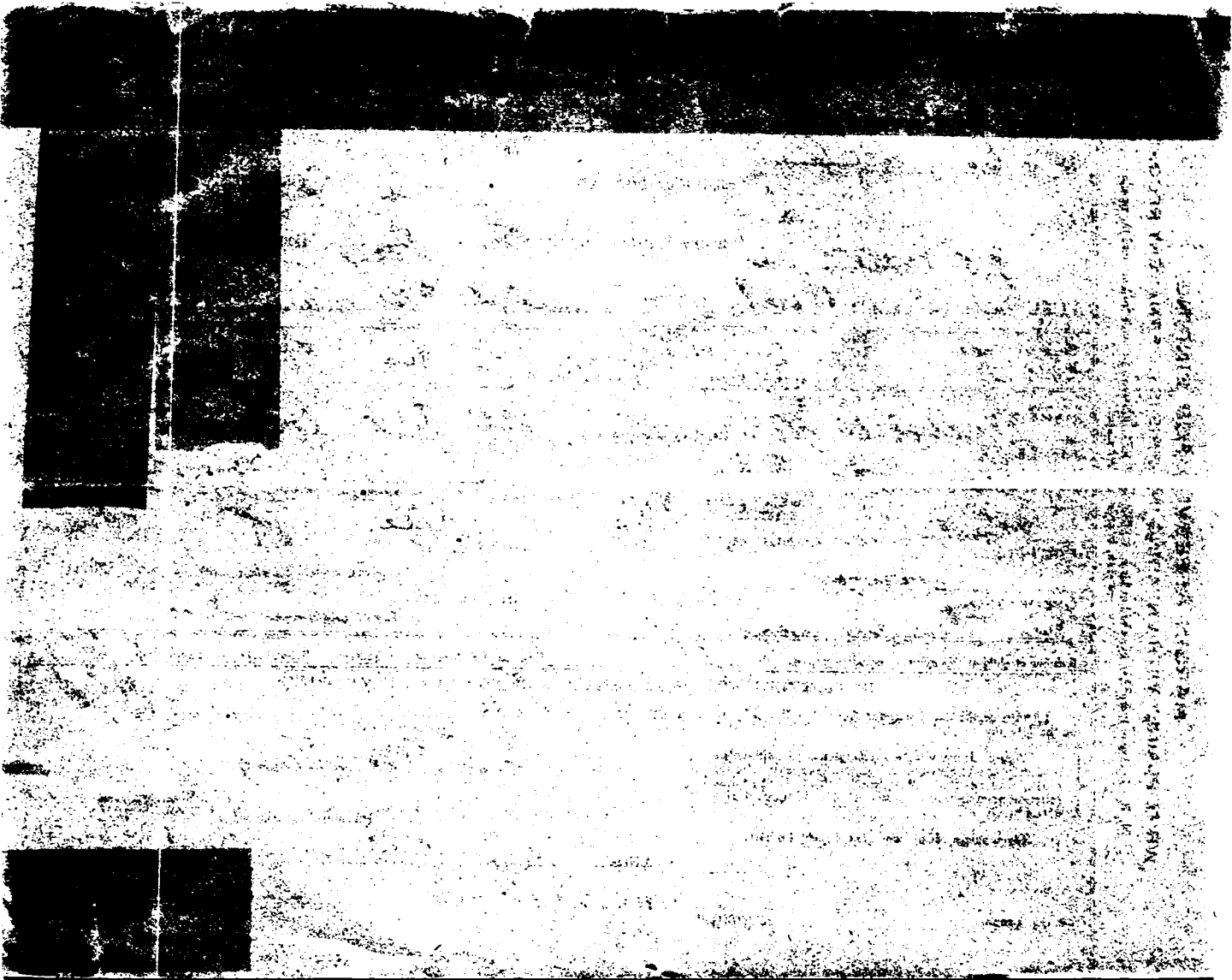
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. E. Westinghouse
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene, IdahoFiled 3-10-20 D. D. Dress



653-1171028-955

PLACE OF BIRTH

County of KootenaiCity of Ford

No. St.

Registration District No. 20Primary Registration District No. 1451

Form V. S. No. 11-C-25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 77108Registered No. 7421

Hospital

FULL NAME OF CHILD

Sex of Child MaleTwin
Triplet
or other?} and {
Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
BirthFeb 17

(Month) (Day) (Year)

FULL
NAMEArchie John Weller

FATHER

RESIDENCE

Ford, Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY38

(Years)

BIRTHPLACE

Michigan

OCCUPATION

FarmerFULL
MAIDEN
NAMEDora Ellen Rensinger

MOTHER

RESIDENCE

Ford, Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY27

(Years)

BIRTHPLACE

Washington

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive

(Born alive or stillborn)

at 10:30 P. M.*When there was no attending physician or
midwife then the father, household, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

D. D. DrennanPhysician

(Physician or midwife)

Given names added from a supplemental report.

Address

Carm d'Alene

Filed

3-10-20D. D. Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

AUG 2

AUG 2 1942

798-219-028-133

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-2-n-1-1-18

County of KootenaiCity of BullgownRegistration District No. 30File No. 77109

No. _____ St. _____

Primary Registration District No. 1-051Registered No. 74-4Hospital ProvidenceKathleen Patience QUINN

FULL NAME OF CHILD _____

Sex of Child <u>J</u>	Twin Triplet or other? <u>S</u>	and	Number in order of birth <u>2</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 19</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---------------------------------------	-----	---	-----------------------------	--

(To be answered only in event of plural births)

FULL NAME <u>Edwin Quinn</u>	FATHER
RESIDENCE <u>Bullgown Id</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Patience Allman</u>	MOTHER
RESIDENCE <u>Bullgown Id</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

COPIES ADDED 5/3 8808 04-08-72 PJR

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Cass Adams Park, Belgium
Street and House No. Bill Lane
County Footscray

Registered Number 744
Registration District No. 30

Sex of Child Female
Date of Birth, Feb 19 1915
(Month) (Day) (Year)
Full Name Edwin Quinn
Father
Full Maiden Name Patience Allman
Mother

I HEREBY CERTIFY that the child described herein has
been named:

Kathleen, Patience Quinn
(Given name in full) (Surname)

as reported by Mrs. Edwin W. Quinn
(Father or Mother)

A. D. Greenman
(Local Registrar)

DEC 24 1947

PLACE OF BIRTH.

Idaho

STATE BOARD OF HEALTH

Record No.

77110

County of

Kootenai

BUREAU OF VITAL STATISTICS

File No.

City of

IDAHO CERTIFICATE OF BIRTH

Registered No.

20741

or

Town of

Rathdrum, Ida. dist 30 - Precinct 2087

St.:

Ward)

FULL NAME OF CHILD

Clara Gladys Satchurll

If child is not yet named, make supplemental report, as directed.

Sex of Child

female

Twin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?Date of
Birth

Feb 12

(Month)

(Day)

1920
(Year)

FATHER

Full
Name

Roscoe Erwin Satchurll

Residence

Rathdrum Ida

Color

white

Age at last
Birthday

38

(Years)

Birthplace

(State or Country)

Minnesota

Occupation

Turner

Full
Maiden
Name

MOTHER

Roberta

Residence

Rathdrum Ida

Color

white

Age at last
Birthday

34

(Years)

Birthplace

(State or Country)

Minnesota

Occupation

House wife

Number of child of this mother.....3

Number of children, of this mother, now living.....3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, and that it occurred on Feb 12, 1920, at 3:30 AM.

* When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

(Signature)

Mrs. S L Clark

(Physician or Midwife.)

Midwife

Give name added from a supplemental

report

Feb 15 1920

Address

Post Falls, Ida RTD 1

Filed

3/10

1920

D. D. Drennan

Registrar.

Registrar.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

MAR 9 1967

256-124,028-815

PLACE OF BIRTH

County of... *New Terman*City of... *Ratholm*

No. St.

Hospital

FULL NAME OF CHILD *Kesue th Le Roy Knobel*STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-0-20-24-17

Registration District No. *30*File No. *77111*Primary Registration District No. *1051 + 2051*Registered No. *12*

Sex of Child <i>male</i>	Twin Triplet or other? <i>(To be answered only in event of plural births)</i>	and { Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>Feb 24 1920</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------	------------------------	--

FULL NAME <i>John Knobel Jr.</i>	FATHER
RESIDENCE <i>Ratholm, Ida.</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>46</i> (Years)
BIRTHPLACE <i>Wis.</i>	
OCCUPATION <i>farmer</i>	

FULL MAIDEN NAME <i>Martha Maud Handy</i>	MOTHER
RESIDENCE <i>Ratholm, Ida.</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)
BIRTHPLACE <i>Nw</i>	
OCCUPATION <i>housewife</i>	

Number of child of this mother, including present birth *5* Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *1159* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) *Frank K. Wenz*
Physician or midwife

Address *Ratholm, Idaho*Filed *3/1* 19 *20* *Frank P. Prange*

Registrar

Registrar

DEC 21 1942

614218-028-415

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of KootenaiCity of Spirit Lake, Ida.

Amended 10/24/75

Registration District No. 45File No. 77112

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

Waddell, Helen LeeSex of
Child

Female

Twin
Triplet
or other?

1

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
Birth2 - 181920

(Month) (Day) (Year)

FULL
NAME

FATHER

Henry Waddell

RESIDENCE

Spirit Lake, Ida.

COLOR

whiteAGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

MO

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Verna Davis

RESIDENCE

Sp. Lake

COLOR

wh.AGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

MO

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. A. Brundage, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

2/191920John Waddell

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

SEP 29 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct an Original Certificate of Birth or Death

State of WASHINGTON

Certificate No. 77112

County of SPOKANE

Date Filed 11/15/75

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Waddell (Male) who was born on Feb. 18, 1920 in Spirit Lake, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ins. policy, marriage license prepared on June 1, 1942 & Sept 29, 1942 are: (Bible/Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name Unnamed sex of child listed Male Helen Lee Waddell female

Subscribed and sworn to before me this 7th day of October, 1975

Signed Thelma J. Moreland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) - COUSIN
714521 Ridgewood, Spokane, Wash
(Street Address, City, State) 99207

Notary Public, residing at Spokane
My commission expires August 29, 1979
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of October, 1975

Signed Ellen L. Hair
(Signature of Any Credible Person)

Notary Public, residing at San Jose, CA
My commission expires 12-1-1978
(Seal)

ELLEN L. HAIR
NOTARY PUBLIC - CALIFORNIA
My commission expires Dec. 1, 1978
SANTA CLARA COUNTY

Marriage License and Certif from Idaho gives names as George Avery Richards
ans Helen Lee Waddell married Septl 28, 1942. viewed by V. S. **OCT 27 1975**

Insurance policy from Metropolitan Life Ins. Co. gives name as Helen L. Waddell
as 23. date of issue June 1, 1942. Policy # 490221741. viewedb V. S.

237
OCT 27 1975
PPH 11/

7831021028762

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of NastarCity of Spirit Lake, Ida.Registration District No. 45File No. 77113

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

Donald Pyle

DONALD ALBERT PYLE

Sex of Child

MTwin
Triplet
or other?1

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
Birth221920

(Month)

(Day)

(Year)

FULL
NAMEAlbert Pyle

FATHER

FULL
MAIDEN
NAMECharlotte Jones

MOTHER

RESIDENCE

Sp. Lu. Id.

RESIDENCE

Sp. Id.

COLOR

WhAGE AT LAST
BIRTHDAY43

(Years)

COLOR

WhAGE AT LAST
BIRTHDAY80

(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Minn.

OCCUPATION

Eng. (Sta.)

OCCUPATION

Han. wifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 11:50 A. M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

E. D. Hawks M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

7/12 1920 Thur. H. H. H. H.

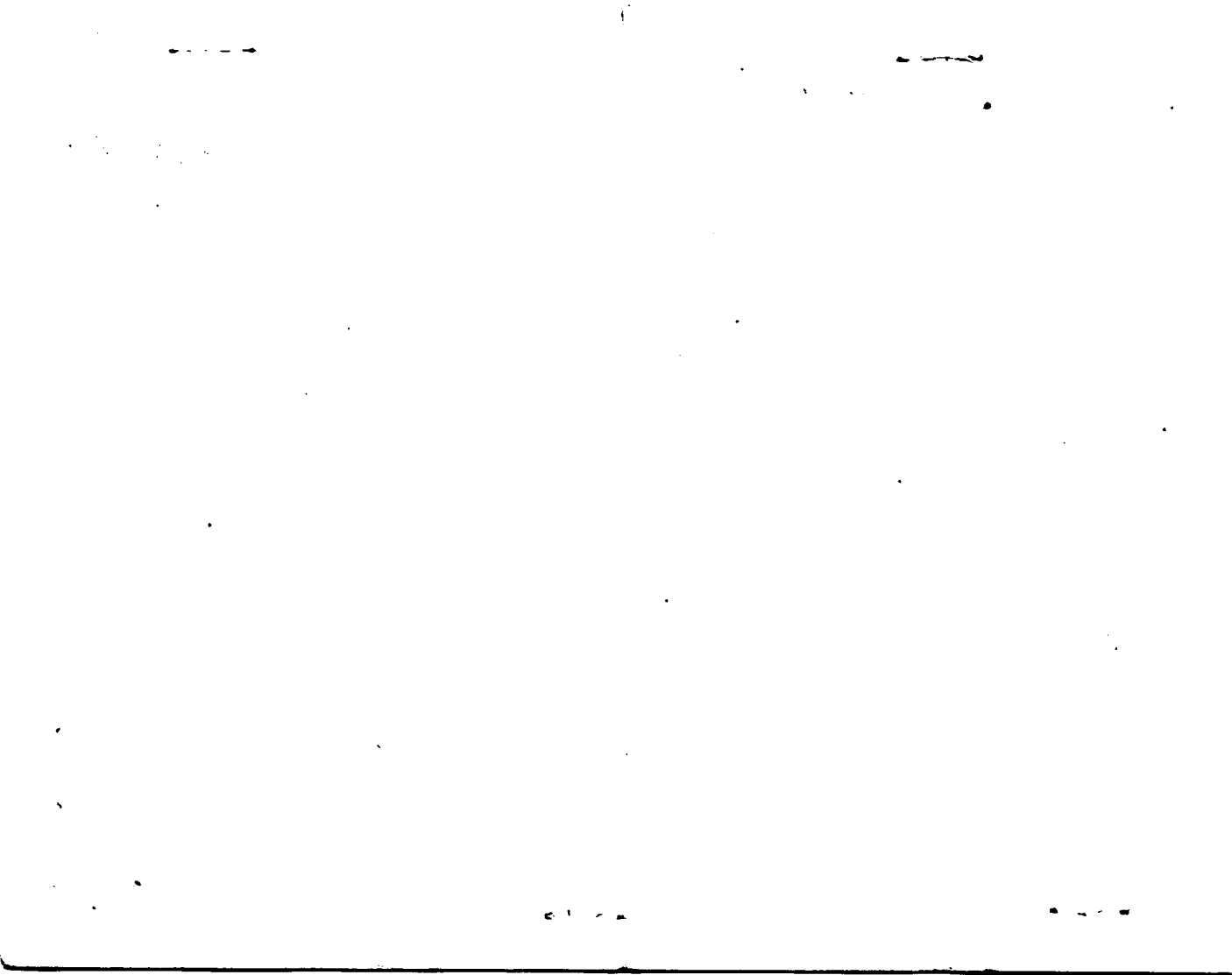
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

K



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss. Certificate No. 77113
 County of UNION }

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
 (Birth or Death)
 for Baby Pyle who was born on February 2, 1920
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in Spirit Lake, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)
 true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name Baby Pyle Donald Albert Pyle
birthdate February 2, 1920
~~Charles R. Cate~~

Subscribed and sworn to before me this 23rd
 day of March 1942
~~Charles R. Cate~~
 Notary Public, residing at La Grande, Oregon
 My commission expires 5/19/44
 (Seal)
 Signed _____
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss. [This Affidavit **MUST** Also be Executed.
 County of Union } (See Chapter 139, 1937 Idaho Session Laws.)]
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
 Subscribed and sworn to before me this 23rd
 day of March 1942
~~Charles R. Cate~~
 Notary Public, residing at La Grande, Ore.
 My commission expires 5/19/44
 (Seal)
 Signed Lester Gofes
 (Signature of Any Credible Person Other Than Previous Year)
2716-2nd La Grande ore
 (Street Address, City, State)

MAY 26 1942

963231-229-662

PLACE OF BIRTH
County of Idaho

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-3-8-17

City of

Registration District No. 61

File No. 77114

No. St.

Primary Registration District No. RAH1

Registered No. 191

Hospital

FULL NAME OF CHILD Nona Lois Rothwell

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 31 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Jesse Rothwell</u>	FATHER
RESIDENCE <u>Viola Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ethel Foster</u>	MOTHER
RESIDENCE <u>Viola Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Home Keeping</u>	

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:10 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

Moseow Idaho
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address

.....19.....

Filed Feb 11 1922 W. H. Carls

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243.07.029.279

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 12-C-2000000

CERTIFICATE OF BIRTH

County of LatahCity of MoscowRegistration District No. 61File No. 77115No. B. 11 St.Primary Registration District No. RS. H. 1Registered No. 199

Hospital

FULL NAME OF CHILD Howard Wellington

Sex of Child M Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of Birth Feb. 7, 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Nathan BuchananRESIDENCE Moscow, Ida. R.D.COLOR White AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE Moscow, Ida.OCCUPATION FarmingMOTHER
FULL MAIDEN NAME Edna Mabel SprayRESIDENCE Moscow, Ida. R.D.COLOR White AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE Palmer, Wash.OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:45 M.
on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) Chas. L. Gritsman

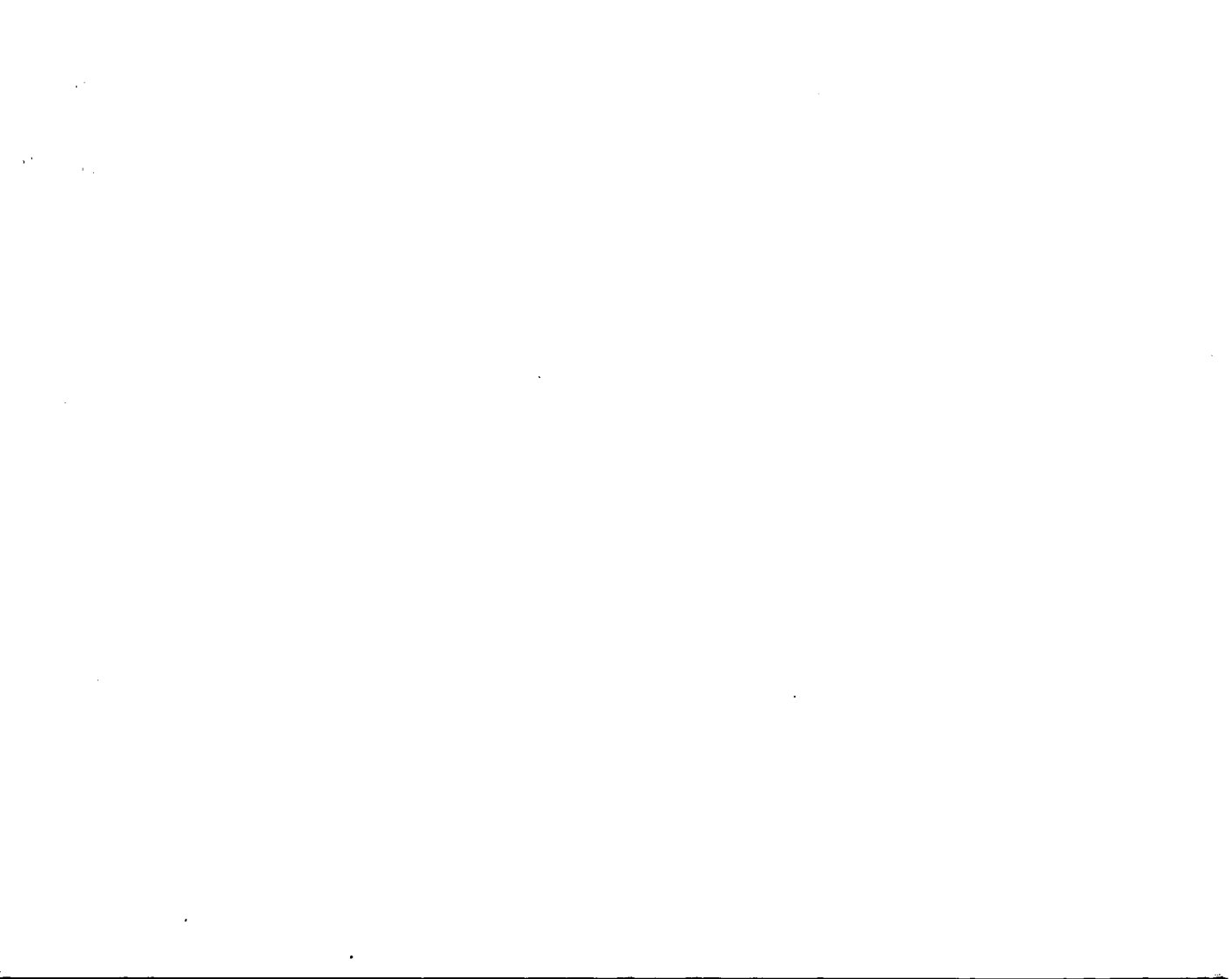
Given names added from a supplemental report.

(Physician or midwife)

Address Moscow, Ida.Filed Feb. 26, 1920 N. H. Carithers

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

339 224 029-675
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Latah

City of Moscow

No. _____ St.

Hospital _____

AMENDED

CERTIFICATE OF BIRTH

June 14, 1946

Registration District No. 61

File No. 77116

Primary Registration District No. 2141

Registered No. 189

FULL NAME OF CHILD

Ema Jane Clinton

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	} and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Jan. 24, 1920</u> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	---

What bacterioidal solution was used in eyes?.....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER
FULL NAME Walter H. Clinton

RESIDENCE
Potlatch

COLOR White AGE AT LAST BIRTHDAY 27
(Years)

BIRTHPLACE
Wisconsin

OCCUPATION
Shoe Repairer

MOTHER
FULL MAIDEN NAME Arlena Van Wormer

RESIDENCE
Potlatch

COLOR White AGE AT LAST BIRTHDAY 27
(Years)

BIRTHPLACE
New York

OCCUPATION
Homewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

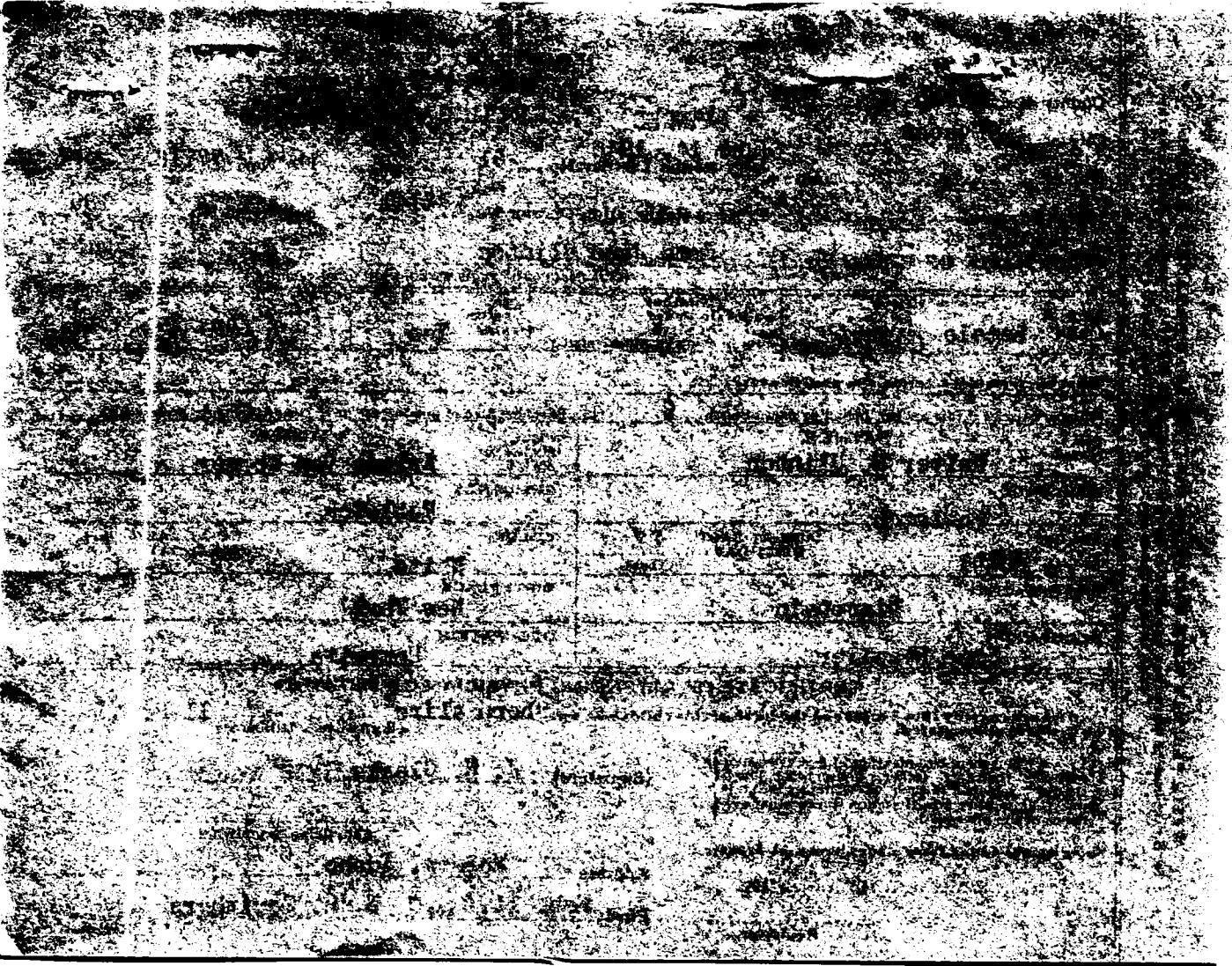
Give names added from a supplemental report.

Address Moscow, Idaho

Filed Feb. 11, 1920 W. H. Carithers

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 77116

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Emma Jane Clinton who was born on January 26, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Moscow, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on January 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)
Name Emma J. Clinton
Birth Date Jan. 24, 1920

TO
(The Correct Facts)
Emma Jane Clinton
Jan. 26, 1920

Subscribed and sworn to before me this eleventh
day of June, 1946
Ernest R. Ruth
Notary Public, residing at Shuman Oaks, Cal.
My commission expires My Commission Expires Dec. 9, 1949
(Seal)

Signed Arlene G. Clinton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this eleventh
day of June, 1946
Signed Walter H. Clinton
(Signature of Any Credible Person)

Notary Public, residing at Shuman Oaks, Cal.
My commission expires My Commission Expires Dec. 9, 1949
(Seal)

(Street Address, City, State)

JUN 17 1946

915-107029-966

PLACE OF BIRTH

County of Latah.....City of Moscow, Ida.No. R. 2.....St.

Hospital.....

FULL NAME OF CHILD.....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69.....

File No. 77117.....

Primary Registration District No. 241.....Registered No. 298.....

FULL NAME OF CHILD.....

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 7</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FULL NAME <u>Alfred B. Randall</u>	FATHER
RESIDENCE <u>Moscow, Ida. R. 2</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Grace Helen Root</u>	MOTHER
RESIDENCE <u>Moscow, Ida. R. 2</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.... 3..... Number of children of this mother now living, including present birth.... 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.... Born alive..... at 3:04 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Gutman

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow IdaFiled Feb 26 1920 R. H. Carithers

Registrar

Registrar

c.c. 6/20/41. w.h.

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

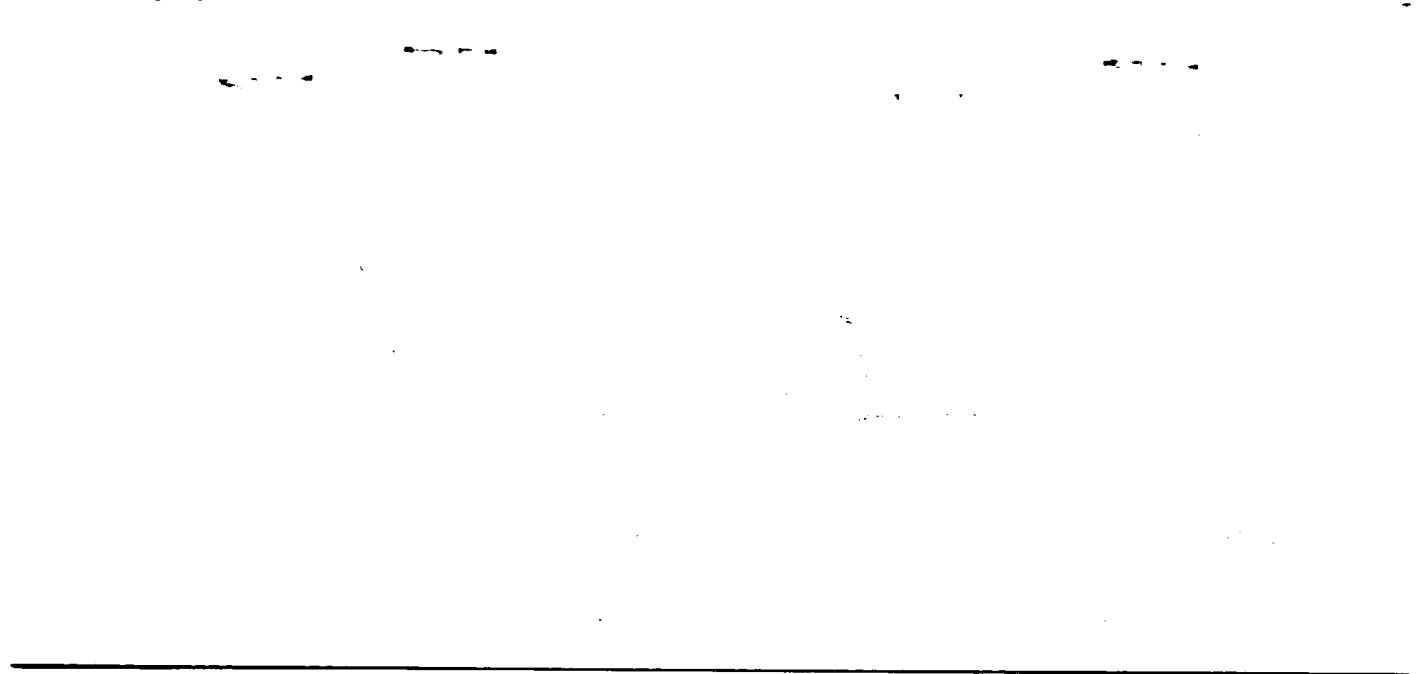
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Moscow Ida ----- Registered No. 200 -----
Street and House No. R + D. -----
County Latah ----- Registration Dist. No. 61 -----

Sex of Child male -----
Date of Birth Feb 7 1920 -----
MONTH DAY YEAR
Father Alfred B Randall -----
FULL NAME
Mother Grace Helen Root -----
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Dean Lavern Randall -----
GIVEN NAME IN FULL SURNAME
as reported by Alfred Randall -----
FATHER OR MOTHER
N. H. Carithers -----
LOCAL REGISTRAR



515-203-029-236
PLACE OF BIRTHCounty of LatohCity of MoscowNo. 44 St.

Hospital _____

Full Name of Child

Registration District No. 61Primary Registration District No. 2141Alice E. VanickleSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

File No. 77118Registered No. 2022

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Feb</u> <u>3</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Evel Vanickle</u>	FATHER		FULL MAIDEN NAME <u>Ellen Stone</u>	MOTHER
RESIDENCE <u>Viola</u>			RESIDENCE <u>Viola</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Latoh</u>			BIRTHPLACE <u>Ore</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 1-P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow IdaFiled Feb 6 1920 M. H. Caruthers

Registrar

Registrar

MAR 3 1958

JUL 19 1955

8/5-223-029-693

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77119

County of LatahCity of MoscowRegistration District No. 61

File No. _____

No. 410 N. Lincoln St.Primary Registration District No. 1011Registered No. 198

Hospital _____

FULL NAME OF CHILD Ruth Geraldine Haverland

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 23</u> <u>1920</u>
(To be answered only in event of plural births)				
	(Month)	(Day)	(Year)	

FATHER
FULL NAME Robert Telford Haverland
RESIDENCE 2472 N. Cedar St. Spokane Wa.
COLOR White AGE AT LAST BIRTHDAY 30 (Years)

MOTHER
FULL MAIDEN NAME Pearl Ethel Wilson
RESIDENCE 2472 N. Cedar St. Spokane Wa.
COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE North Fork, Dakota
OCCUPATION Labourer for Wash. & Water Power Heating Plant

BIRTHPLACE Fayette Iowa
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Virgil M. Gilchrist
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Moscow Idaho

Filed

Feb 26

1920

N. H. Carver

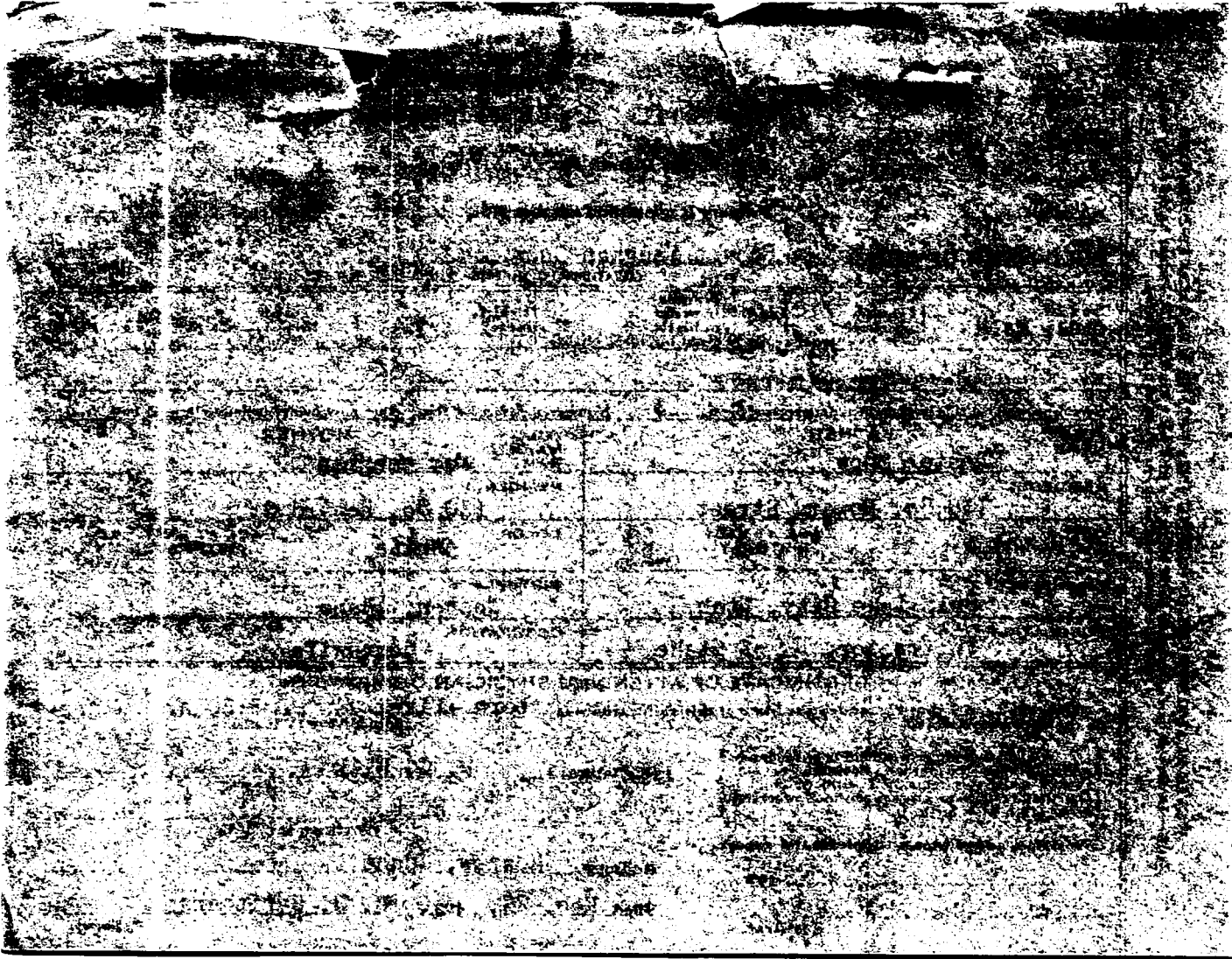
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1974



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Maryland } Certificate No. 77120
County of Montgomery } ss. Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Robert Snow (Birth or Death)
who was born on 24 January 1920 (Date of Event)
in Moscow, Latah County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by statement of parents, made hereby.
(Bible Record, Insurance Policy, Etc.) prepared on _____, are:

FACTS TO BE CORRECTED FROM
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)
Name Robert Snow TO Robert Maughan Snow
(The Correct Facts)

Subscribed and sworn to before me this 16th
day of February, 1946.

Notary Public, residing at Cherry Chase Md
My commission expires May 5, 1947
(Seal)

Signed Chester Snow, father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
6805 Brookville Rd, Ch. Ch. Md
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Maryland }
County of Montgomery } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of February, 1946.

Notary Public, residing at Cherry Chase Md
My commission expires May 5, 1947
(Seal)

Signed May Maughan Snow, mother
(Signature of Any Credible Person)
6805 Brookville Rd, Cherry Chase, Md
(Street Address, City, State)

MAR 1 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356225029-291
PLACE OF BIRTH

County of Latah

City of Moscow

No. 2048 1st St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 61

File No. 77124

Primary Registration District No. 1011

Registered No. 196

FULL NAME OF CHILD Katherine Elizabeth Leonard

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 25 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FATHER
FULL NAME Thomas W. Leonard
RESIDENCE 2048 1st St. Moscow Idaho
COLOR white AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Jackson Co Missouri
OCCUPATION Merchant

MOTHER
FULL MAIDEN NAME Mary Braekert
RESIDENCE 2048 1st St. Moscow Idaho
COLOR white AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE New York City N. Y.
OCCUPATION Housewife

Number of child of this mother, including present birth. Two Number of children of this mother now living, including present birth. Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 1:40 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Litch M. D.

Given names added from a supplemental report

(Physician or midwife)

_____ 19____

Address Moscow Idaho

S-Y CO. 20174

Registrar

Filed Feb 27 19 20 N. H. Canthens
Registrar

44-38861-311, p. 4

CONFIDENTIAL

1950-1951

1. **IDENTIFICATION**
 2. **PERSONAL DATA**
 3. **EDUCATION**
 4. **EMPLOYMENT**
 5. **RESIDENCE**
 6. **RELIGION**
 7. **POLITICAL AFFILIATION**
 8. **CRIMINAL RECORD**
 9. **PSYCHOLOGICAL EVALUATION**
 10. **PHYSICAL EXAMINATION**
 11. **INTERVIEW**
 12. **CONCLUSION**

386-114,029-955

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of LatahCity of MoscowNo. 216 N. Lilly St.Registration District No. 61File No. 77125

Hospital

Primary Registration District No. 1011Registered No. 195

FULL NAME OF CHILD

Leslie Walter LyonsSex of
ChildMaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
BirthFeb 14 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Leslie Leander Lyons

RESIDENCE

Moscow, Id.

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Hillsborough Ore.

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Isla Ruth Iverson

RESIDENCE

Moscow, Id.

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Moscow Id.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 A.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Virgil M. Gilchrist
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

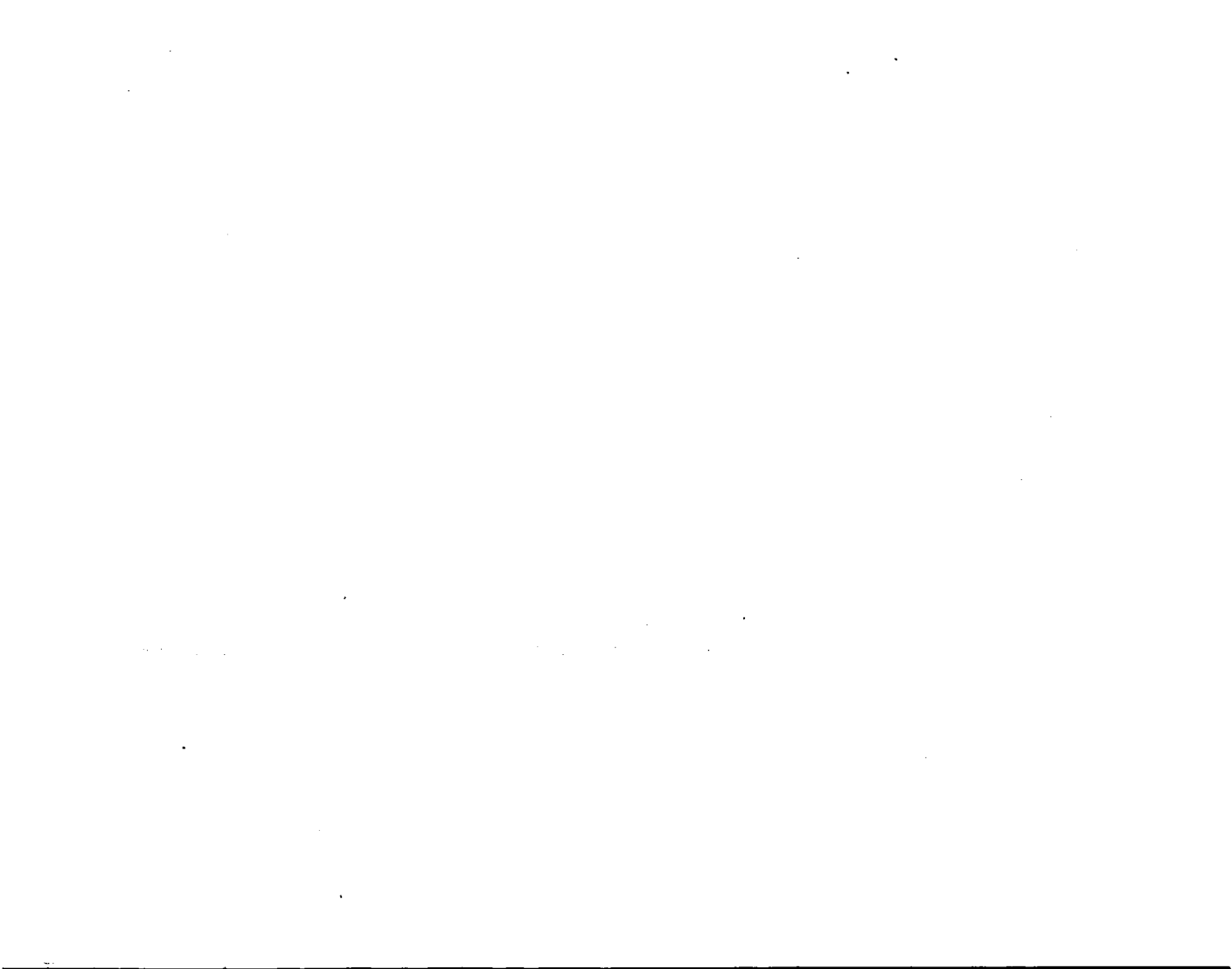
Moscow, Idaho

Filed

Feb 1719 20W. H. Carithers

Registrar

Registrar



313-206 029-559

PLACE OF BIRTH

County of LatahCity of Muscow

No. _____ St. _____

Registration District No. 61Primary Registration District No. 1011

Hospital _____

Full Name of Child

Helen Gladys TateSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

File No. 77126Registered No. 186

SEX OF CHILD <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 6 1920</u> (Month) (Day) (Year)
FULL NAME <u>W. P. Tate</u>	FATHER			FULL MAIDEN NAME <u>Gladys Neighbors</u>
RESIDENCE <u>Muscow</u>				RESIDENCE <u>Muscow</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)		
BIRTHPLACE <u>Mo.</u>				BIRTHPLACE <u>Wash</u>
OCCUPATION <u>Farmer</u>				OCCUPATION <u>House wife</u>

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Clark

(Physician or midwife)

Given names added from a supplemental report.

Address

Muscow Ida

Filed

Feb 11 1920 N. H. Carothers

Registrar

Registrar

PLACE OF BIRTH

100%

Registered No. _____

File No. _____

AUG - 6 1974

..... Istigzohi

SEX OF CHILD		Twin Triple or other?		Rank in order of birth		Legiti- mate?		DATE OF BIRTH		(Month) (Day) (Year)	
FULL NAME		FATHER		MOTHER		FULL MAIDEN NAME		RESIDENCE		AGE AT LAST BIRTHDAY (Years)	
RESIDENCE		COLOR		BIRTHPLACE		OCCUPATION		RESIDENCE		AGE AT LAST BIRTHDAY (Years)	
COLOR		BIRTHDAY (Year)		BIRTHPLACE		OCCUPATION		RESIDENCE		AGE AT LAST BIRTHDAY (Years)	

I hereby certify that I attended the birth of this child, who was _____, at _____, on the _____ day of _____, 19____.

(Born alive or stillborn)

_____, M.D.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

.....(Signature).....

10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100									
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319-229-029-691

PLACE OF BIRTH

County of LatahCity of Moscow

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 61Primary Registration District No. 1011

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 77127Registered No. 190Evelyn P. Carlson

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan. 28, 1900</u> (Month) (Day) (Year)
FULL NAME <u>Charles O. Carlson</u>	FATHER		FULL MAIDEN NAME <u>Anna B. Frame</u>	MOTHER
RESIDENCE <u>Moscow</u>			RESIDENCE <u>Moscow</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Ind</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth. 1..... Number of children of this mother now living, including present birth. 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... at 1-28 M
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, IdaFiled Feb 11, 1900

Registrar

Registrar

MAY 2 1975

515-208029-168
PLACE OF BIRTHCounty of... SalathCity of... MoscowNo. St.Hospital... Caruthers

FULL NAME OF CHILD

Maxine Beth Van SlykeSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C—22m-2-17

Registration District No. 61File No. 77128Primary Registration District No. 1011Registered No. 194

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 8</u> (Month) (Day) (Year) <u>1912</u>
-------------------------------	---	--------------------------------------	--------------------------------	---

FULL NAME <u>Frank Howard Van Slyke</u>	FATHER
RESIDENCE <u>Moscow Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Auto Mechanic</u>	

FULL MAIDEN NAME <u>Charlotte Mae Johnstone</u>	MOTHER
RESIDENCE <u>Moscow</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Neb.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.... 1..... Number of children of this mother now living, including present birth.... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... alive..... at..... 8 200 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Caruthers
.....
(Physician or midwife)

Given names added from a supplemental report.

Address... Moscow Idaho
.....
Filed... Feb 9..... 1922 N. H. Caruthers
.....
Registrar

JAN 6 1972

AUG 3 1 1943

291-104.029-396

PLACE OF BIRTH

County of Utah

City of Moscow

No. St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—22m-3-3-17

CERTIFICATE OF BIRTH

Registration District No. 61

File No. 77129

Primary Registration District No. 1011

Registered No. 193

Hospital

FULL NAME OF CHILD GAYLE HESSTON BRADLEY

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 4</u> 19 <u>27</u> (Month) (Day) (Year)
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FULL NAME <u>P. V. Bradley</u>	FATHER
RESIDENCE <u>Moscow Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Ava Crow</u>	MOTHER
RESIDENCE <u>Moscow Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>House Keeping</u>	

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 A. on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) W. A. Hudson
Moscow Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

.....

Filed Feb 11 1928 N. H. Caruthers

Registrar

Registrar

OBV- NAME ADDED PER SROB - 02/01/2011 JCJ

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

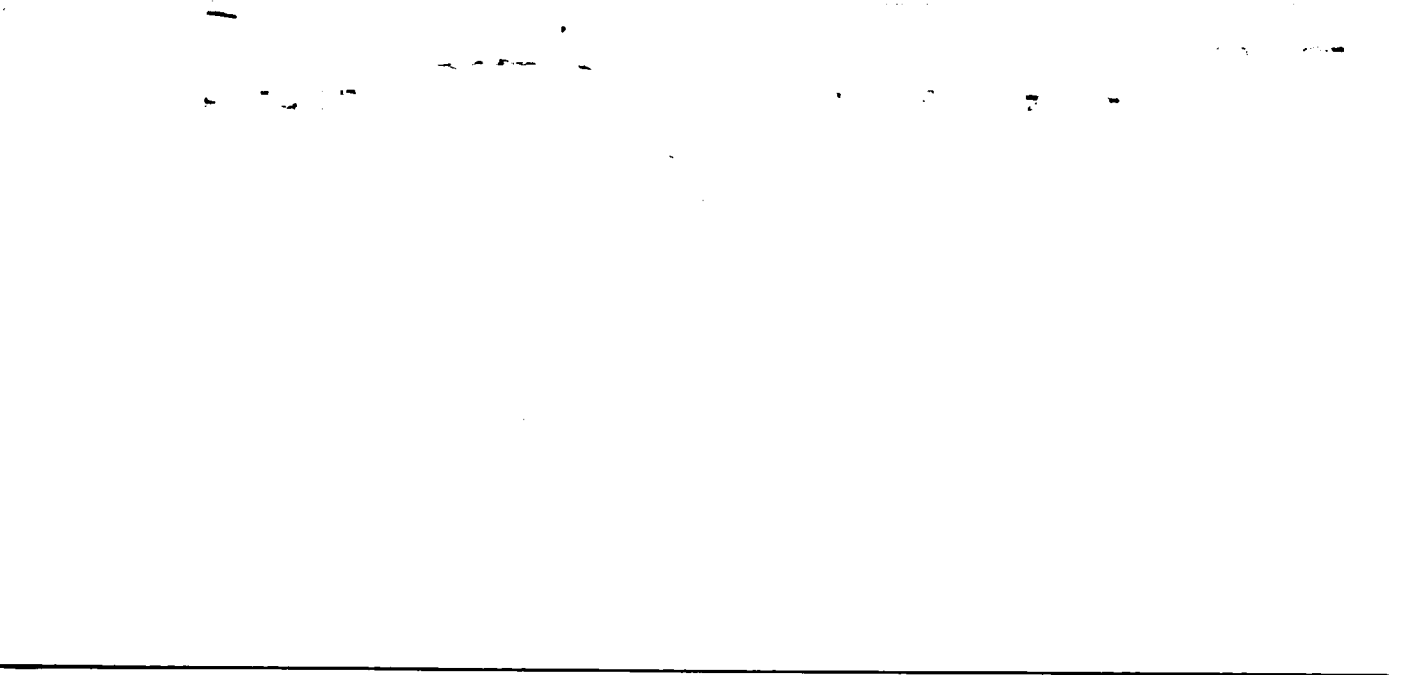
Place of Birth { City MOSCOW Registered No. 61
Street and House No. _____
County LARSEN Registration Dist. No. 193

Sex of Child male
Date of Birth Feb 4 1920
FATHER P. V. Bradley
MOTHER Ava Brown

MONTH DAY YEAR
FULL NAME
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Gale Weston Bradley
GIVEN NAME IN FULL SURNAME
as reported by P. V. Bradley
FATHER OR MOTHER
W. H. Barnhart
LOCAL REGISTRAR



1/19-201-029-799

PLACE OF BIRTH

County of Latah.....City of Moscow.....

No.St.

Hospital

FULL NAME OF CHILD Mabel May Martinson.....STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-2-17

Registration District No. 61.....

File No.

Primary Registration District No. 1011.....Registered No. 192.....

77130

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and (Number in order of birth)	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb 1 1922</u> (Month) (Day) (Year)
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FULL NAME <u>FATHER</u> <u>Maudell Paul Martinson</u>
RESIDENCE <u>332 S. Polk St.</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>La Crosse Wis.</u>
OCCUPATION <u>Laborer</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Elvorn Ruth Griffith</u>
RESIDENCE <u>332 S. Polk St.</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Pullman Wash</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth	Number of children of this mother now living, including present birth
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist

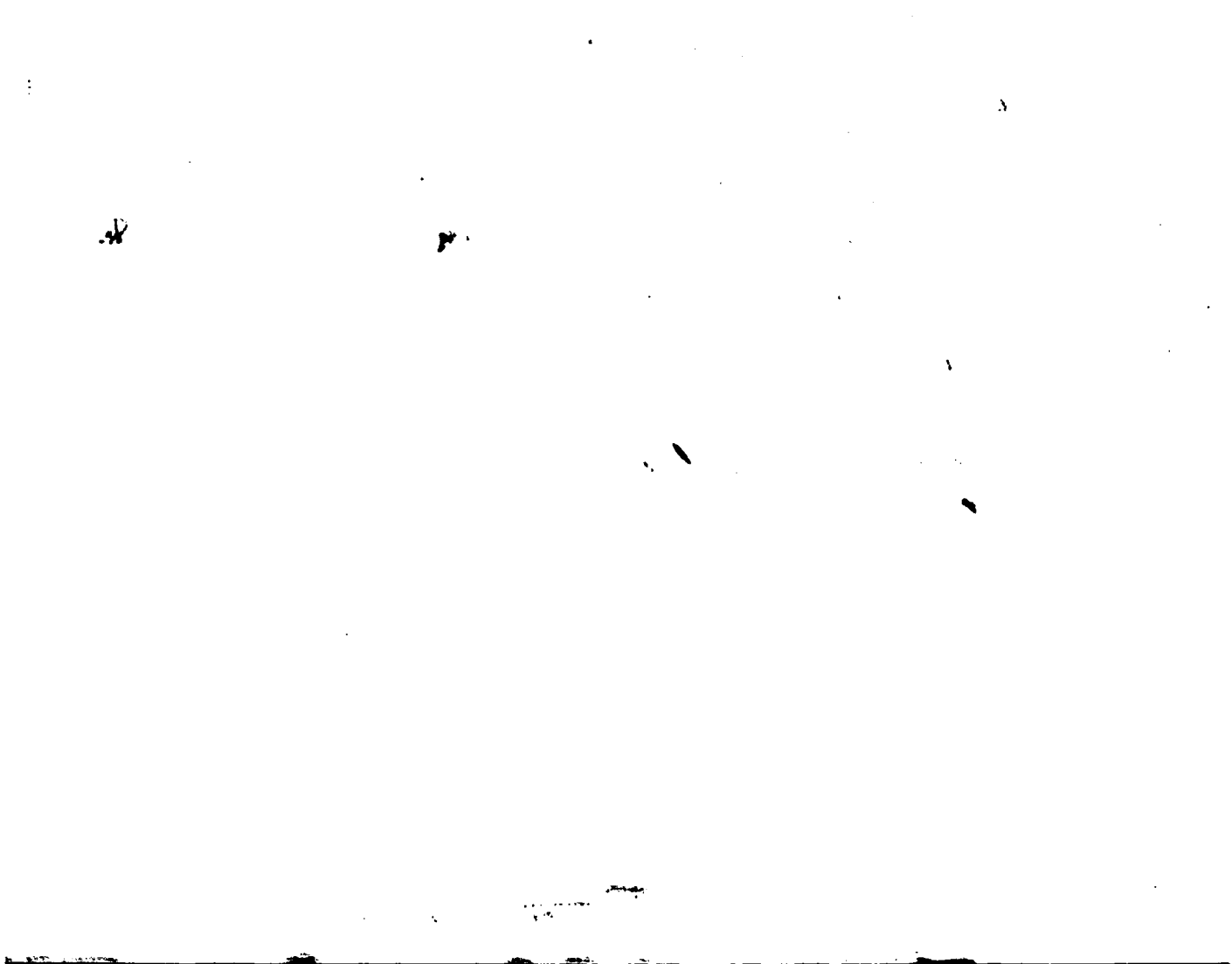
(Physician or midwife)

Given names added from a supplemental report.

Address Moscow IdahoFiled 2/2 1920 W. H. Carrithers

Registrar

Registrar



892.219.029-289

PLACE OF BIRTH

County of LatahCity of Moscow

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 61Primary Registration District No. 1011

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 77131Registered No. 188

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 19 1920</u> (Month) (Day) (Year)
FULL NAME <u>Herbert Hiel</u>	FATHER		FULL MAIDEN NAME <u>May Byres</u>	MOTHER
RESIDENCE <u>Moscow</u>			RESIDENCE <u>Moscow</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Mo</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

at 2-P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

19

Address

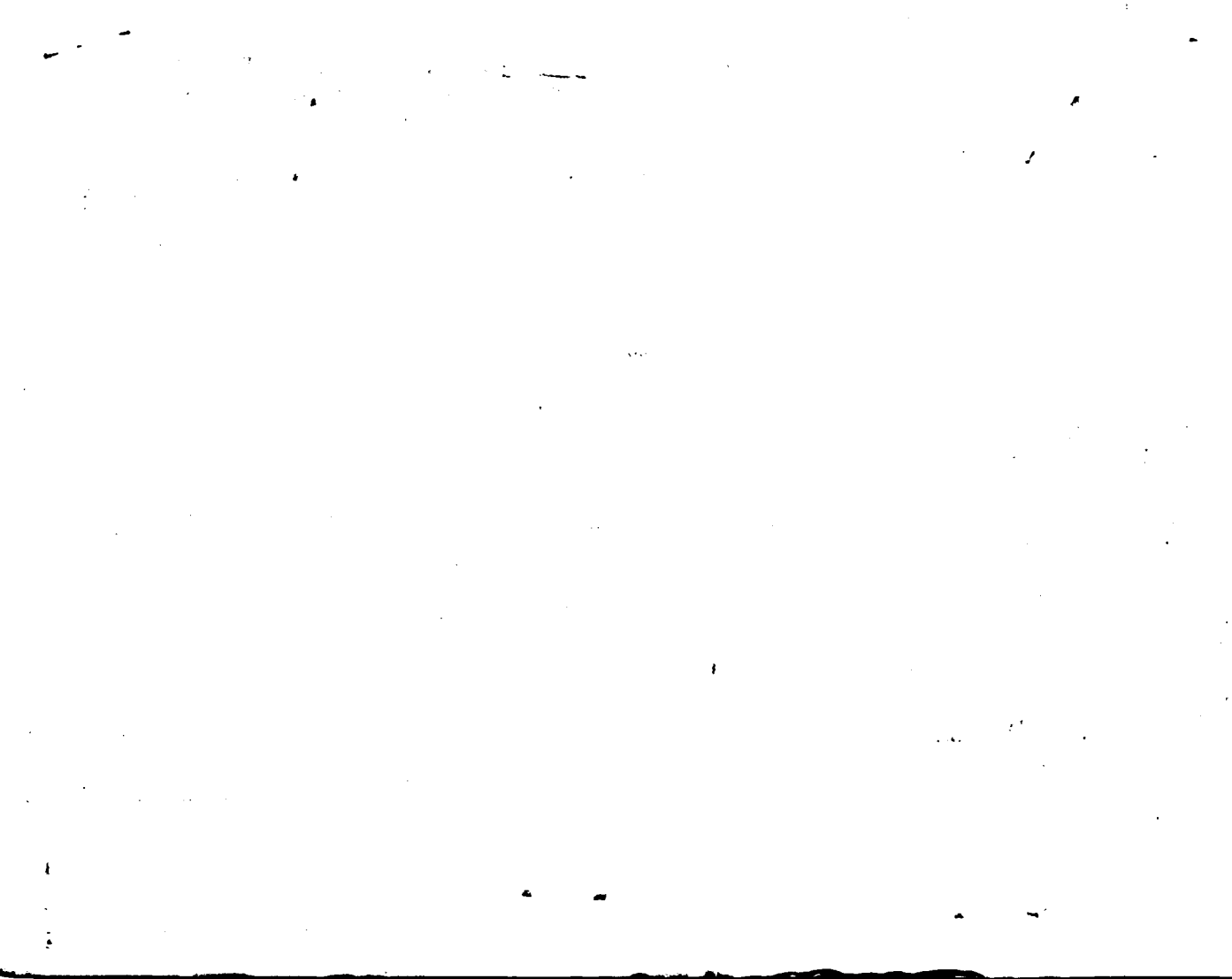
Moscow Ida

Filed

Feb 1119 20N. H. Carothers

Registrar

Registrar



STATE OF IDAHO

77131

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Moscow Registered No. 188
Street and House No. _____
County Latah Registration Dist. No. 61

Sex of Child Female
Date of Birth Jan 19 1920
 MONTH DAY YEAR
Father Herbert Husel
 FULL NAME
Mother May Byers
 FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Jennie Mae Husel
 GIVEN NAME IN FULL SURNAME
as reported by Herbert Husel
 FATHER OR MOTHER
N. H. Caruthers
 LOCAL REGISTRAR

JUN 9 1944

JUN 8 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653.210.029-262

PLACE OF BIRTH

County of Idaho.....

City of

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—22m-2-8-17

Registration District No. 61File No. 77132Primary Registration District No. 10.11Registered No. 187Hospital Norma M. Perkins

Sex of Child Female Twin Triplet or other? and {Number in order of birth} Legitimate? Yes Date of Birth Jan 10 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Chas. Perkins
RESIDENCE Moscow Idaho
COLOR white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Idaho
OCCUPATION Clerk

MOTHER
FULL MAIDEN NAME Grace Bostie
RESIDENCE Moscow
COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Idaho
OCCUPATION House Keeping

Number of child of this mother, including present birth.....4..... Number of children of this mother now living, including present birth.....3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....born alive....., at.....4 P...... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adams
..... Moscow
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address.....

.....19.....

Filed.....Feb 11.....1920.....W. H. Carithers.....

Registrar

Registrar

Dup of 1920-346278

845-2081029-713

PLACE OF BIRTH

County of ButteCity of Moscow

No. St.

Hospital Guthrie

FULL NAME OF CHILD

Registration District No. 61

Primary Registration District No. 1011

File No.

Registered No. 201

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77133

Sex of Child <u>H</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>Legitimate?</u> <u>Yes</u>	Date of Birth <u>Feb. 8</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Charles Hungerford</u>	FATHER
RESIDENCE <u>Moscow, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>State Pathologist</u>	

FULL MAIDEN NAME <u>Ruth Catledge</u>	MOTHER
RESIDENCE <u>Moscow, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:20 M.
on the date above stated. (Born alive or stillborn)

{ "When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth." }

(Signature) Chas. L. Guthrie

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Ida.Filed Feb 26 1920 N. H. Condit

Registrar

Registrar

FEB 3 1981

City of Moscow
249-24029217
 No. _____ St.

Registration District No. 61

File No. 77134

Primary Registration District No. 1011

Registered No. 204

Hospital _____

Full Name of Child Alice L Burr

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Feb. 14, 1920</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Arnes Burr</u>			FULL MAIDEN NAME <u>Mera M. Sage</u>	
RESIDENCE <u>Moscow</u>			RESIDENCE <u>Moscow</u>	
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>22</u> (Years)			COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)	
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Wash</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at 7-36-A M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____

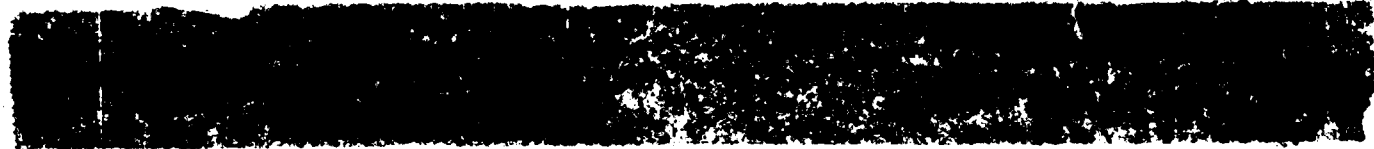
Address _____

Filed March 2 1920

M. H. Carithers

Registrar

Registrar



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469-1051029-286

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

Full Name of Child

Registration District No. 61

Primary Registration District No. 1011

File No. 77135

Registered No. 203

Glen A. Morton Jr.

SEX OF CHILD <u>male</u>	Twin Triplet or other? _____	Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Feb 5 1920</u> (Month) (Day) (Year)
FULL NAME <u>Glen Morton</u>			MOTHER <u>Hettie M. Shoemaker</u>	
RESIDENCE <u>Moscow</u>			RESIDENCE <u>Moscow</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)		
BIRTHPLACE <u>Kan</u>		BIRTHPLACE <u>Iowa</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10-P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. H. Clarke

(Physician or Midwife)

Address Moscow Ida

Filed March 2 1920 M. H. Caruthers
Registrar

Registrar

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WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-729-029236

PLACE OF BIRTH

County of LatahCity of Genesee

No. St.

Hospital

FULL NAME OF CHILD Arnold Leon PetersonSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C-21m-3-37

CERTIFICATE OF BIRTH

Registration District No. 62File No. 77136Primary Registration District No. 2142Registered No. 4

Sex of Child <u>721</u>	Twin Triplet <u>-</u> } and { Number or other? <u>-</u> } in order (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>2 29 20</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Harry Peterson</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Eula Scott</u>		
RESIDENCE <u>Genesee</u>	RESIDENCE <u>Genesee</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>S. Dak</u>	BIRTHPLACE <u>Mo. Co.</u>		
OCCUPATION <u>Musician</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth (.... Number of children of this mother now living, including present birth.....)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehem

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 2-29-20 W. H. Ehem

Registrar

Registrar

MAY 10 1945

APR 27 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

195-223-029-349

PLACE OF BIRTH

County of LatahCity of GeneseeNo. St. Hospital

FULL NAME OF CHILD

Registration District No. 62Primary Registration District No. 2142File No. 77137Registered No. 3Frances Brecher

Sex of Child <u> F </u>	Twin Triplet or other? <u> — </u> and Number in order of birth <u> — </u> (To be answered only in event of plural births)	Legitimate? <u> yes </u>	Date of Birth <u> 1 </u> <u> 22 </u> (Month) (Day) (Year)
FULL NAME <u>John Brecher Jr</u>	FATHER	FULL MAIDEN NAME <u>Mona Currier</u>	MOTHER
RESIDENCE <u>Genesee</u>		RESIDENCE <u>Genesee</u>	
COLOR <u> W </u>	AGE AT LAST BIRTHDAY <u> 29 </u> (Years)	COLOR <u> white </u>	AGE AT LAST BIRTHDAY <u> 33 </u> (Years)
BIRTHPLACE <u> Oregon </u>		BIRTHPLACE <u> Idaho </u>	
OCCUPATION <u> Farmer </u>		OCCUPATION <u> Housewife </u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. E. (Born alive or stillborn) born

(Physician or midwife)

Given names added from a supplemental report.

Address Filed 2-26-25

Registrar

Registrar

APR 9 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-221-029-717

PLACE OF BIRTH

County of *Butte*

City of *Seneca*

No. *St.*

Hospital

FULL NAME OF CHILD

Registration District No. *62*

File No. *77138*

Primary Registration District No. *2142*

Registered No. *2*

Hazel Green

Sex of Child <i>7</i>	Twin Triplet or other? <i>—</i> and Number in order of birth <i>—</i> (To be answered only in event of plural births)	Legitimate? <i>yes</i>	Date of Birth <i>2-2-20</i> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FATHER
FULL NAME *Frank C. Green*

RESIDENCE *7 arm*

COLOR *W* AGE AT LAST BIRTHDAY *22*
(Years)

BIRTHPLACE *Nash.*

OCCUPATION *Farmer*

MOTHER
FULL MAIDEN NAME *Mable Page*

RESIDENCE *7 arm*

COLOR *W* AGE AT LAST BIRTHDAY *28*
(Years)

BIRTHPLACE *Idaho*

OCCUPATION *Housewife*

Number of child of this mother, including present birth. *4* Number of children of this mother now living, including present birth. *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born* (Born alive or stillborn) at *4-9* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. H. Ehem*

Given names added from a supplemental report.

(Physician or midwife)

..... 19.....

Address

..... 19.....

Filed *2-21-20*

Registrar

Registrar

OCT 18 1949

5692021029-345

PLACE OF BIRTH

County of *Latah*City of *Seneca*

No. St.

Registration District No. *62*File No. *77139*Primary Registration District No. *2142*Registered No. *1*

Hospital

FULL NAME OF CHILD

Sex of Child

*7*Twin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birth-
(To be answered only in event of plural births)Legiti-
mate?*yes*

Date of Birth

2-2-20

(Month) (Day) (Year)

FULL NAME

Rudolph Nordley

FATHER

Nordley

FULL MAIDEN NAME

Michael Luvaas

MOTHER

RESIDENCE

farm

RESIDENCE

farm

COLOR

W

AGE AT LAST BIRTHDAY

30

(Years)

COLOR

W

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

Loun

BIRTHPLACE

S. Oak

OCCUPATION

farmer

OCCUPATION

*housewife*Number of child of this mother, including present birth *2*Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

5' P.

M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. N. Ehem

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

MAR 10 1965

MAR 10 1965

114-222-1029-263 Registration District No. 21

(If born in hospital or institution give name.) Prim. Registration District No. 21

2. FULL NAME OF CHILD Margaret Louise Jameson

3. Sex Female	If plural births {	4. Twin, triplet, or other.	6. Premature.	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 22</u> 1920 (Month, Day, Year)
		5. Number, in order of birth	Full term		

9. Full name James Washington Jameson	FATHER	18. Full maiden name Amanda Louise Boldrick	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Lewiston</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Lewiston</u>	
11. Color or race <u>W.</u>	12. Age at last birthday <u>43</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) (State or Country)		22. Birthplace (city or place) (State or Country) <u>Corbyville Ontario, Canada</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
19.		19.	

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 2nd
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks } 30. Cause of Stillbirth { During labor. Before labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 2 AM at 2 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed)

or

Address Potlatch, Idaho

Filed Mar. 4 1920, 1920

Registrar.

Dr. J. W. Thompson

Mid

Dr. J. W. Thompson

887

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-298-029-855

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of Latah

CERTIFICATE OF BIRTH

City of R. F. D. PottluchRegistration District No. 65File No. 77141

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Sylvia MAY Hanson

Sex of Child <u>Female</u>	Twin Triplet or other? <input checked="" type="checkbox"/>	and { Number in order of birth <input checked="" type="checkbox"/>	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan. 7</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	--	-----------------------------	--

FULL NAME <u>Peggy Hanson</u>	FATHER
RESIDENCE <u>Pottluch R. D.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ordn. Hensley</u>	MOTHER
RESIDENCE <u>Pottluch R. F. D.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive at 10 P. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. W. Thompson
his

(Physician or midwife)

Given names added from a supplemental report.

Address

Pottluch Idaho

Filed

Feb. 21st 1920D. W. Thompson

1

2

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whitman } ss. Certificate No. 77141
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Sylvia Hanson who was born on January 7, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Latah County are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name _____	Sylvia _____	Sylvia May Hanson _____

Subscribed and sworn to before me this 19th
day of November 19 42
Notary Public, residing at Farmington, Wash.
My commission expires 8/14/45
(SEAL)

Signed Ray Hanson Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Farmington, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19 _____

Notary Public, residing at _____
My commission expires _____
(SEAL)

Signed Joseph Traft
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

NOV 30 1942

255-231-029-243

PLACE OF BIRTH

Form V. S. No. 11-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.City of PorterRegistration District No. 65File No. 77142

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD Edith Floy Bennett

Sex of Child <u>Female</u>	Twin Triplet or other? <input checked="" type="checkbox"/> } and { Number in order of birth <u>1</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 31 1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Floy E. Bennett</u>		FULL MAIDEN NAME <u>MOTHER</u> <u>Muriel Ball</u>	
RESIDENCE <u>Porter</u>		RESIDENCE <u>Porter</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>NY</u>		BIRTHPLACE <u>Mich.</u>	
OCCUPATION <u>Salesman</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive
(Born alive or stillborn)9 30
at P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

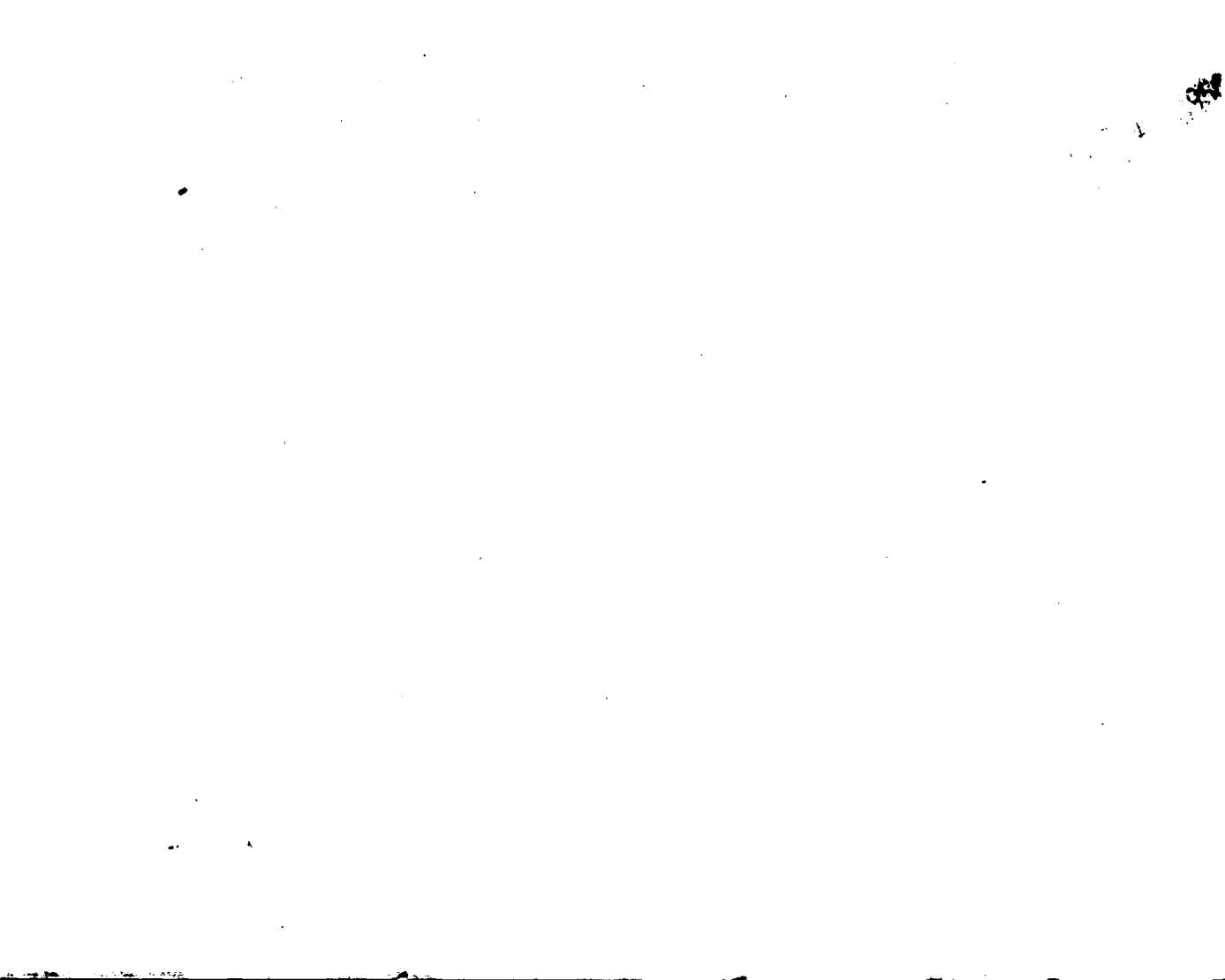
D. J. W. Thompson

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address PorterFiled Feb. 12 19 20D. J. W. Thompson
Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359/105-029-731
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 3-3-17

County of *Latah*

City of *Pollatch*

No. *935 Spruce St.*

Registration District No. *65*

File No. *77143*

Primary Registration District No. *2145*

Registered No.

Hospital

FULL NAME OF CHILD *Arthur Roland Leiter*

Sex of Child *male*

Twin Triplet or other? *2* and *2* Number in order of birth
(To be answered only in event of plural births)

Legitimate? *yes*

Date of Birth *March 5 1920*
(Month) (Day) (Year)

FULL NAME FATHER *Claude B. Leiter*

FULL MAIDEN NAME MOTHER *Hazel B. Blackett*

RESIDENCE *935 Spruce*

RESIDENCE *same*

COLOR *white* AGE AT LAST BIRTHDAY *20*
(Years)

COLOR *white* AGE AT LAST BIRTHDAY *21*
(Years)

BIRTHPLACE *Ohio*

BIRTHPLACE *S. D.*

OCCUPATION *Plumbers*

OCCUPATION *Home mfg.*

Number of child of this mother, including present birth Number of children of this mother now living, including present birth *the*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *3:40 P.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Emmett H. H. M.D.*

Given names added from a supplemental report.

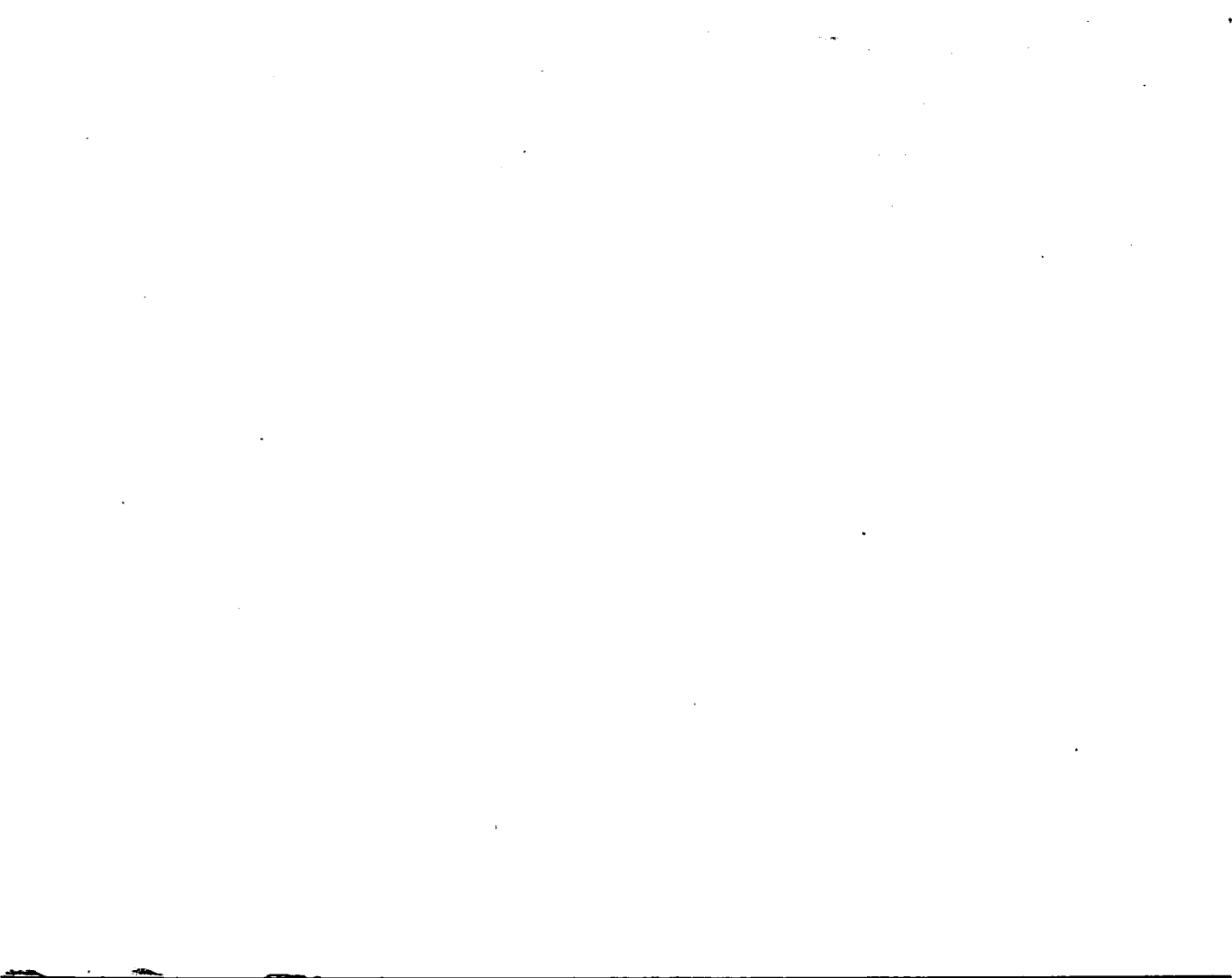
(Physician or midwife)

Address *Pollatch Idaho*

Filed *March 6 1920*

Registrar

Registrar



29-129-463
PLACE OF BIRTHIDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. A. No. 10-0-10-20-11

77144

County of LatahCity of PollatchNo. 755 Pine St.Registration District No. 65

File No.

Hospital

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD

Okio KishiyamaSex of Child maleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthFeb. 28

(Month)

(Day)

(Year)

FULL
NAMEFATHER
Kakichi KishiyamaFULL
MAIDEN
NAMEMOTHER
Sakie Mochizuki

RESIDENCE

755 Pine Pollatch Idaho

RESIDENCE

same

COLOR

BrownAGE AT LAST
BIRTHDAY29

(Years)

COLOR

BrownAGE AT LAST
BIRTHDAY23

(Years)

BIRTHPLACE

Shizuokaken Japan

BIRTHPLACE

Shizuokaken Japan

OCCUPATION

Lumber loader

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.alive

(Born alive or stillborn)

at 4 A. M.{
*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.
}

(Signature)

Dr. H. H. H. M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address

Pollatch Idaho

Filed

March 12 1920

Registrar

D. W. Thompson

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEPARTMENT OF HEALTH

DATE

TIME

AGE

SEX
M
F

FILE NO.

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

REMARKS

319-109.029-319
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Latah

City of _____

Registration District No. 65File No. 77145

No. _____ St. _____

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Victor Harold Carlson

Sex of Child <u>male</u>	Twin Triplet or other? <u>r</u>	{ and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 9 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Adolph Carlson</u>			MOTHER FULL MAIDEN NAME <u>Mary Oleson Carlson</u>	
RESIDENCE <u>8 mi. East Palouse</u>			RESIDENCE <u>Same</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Norway</u>			BIRTHPLACE <u>Norway</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 5Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive
(Born alive or stillborn)at 8:20 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

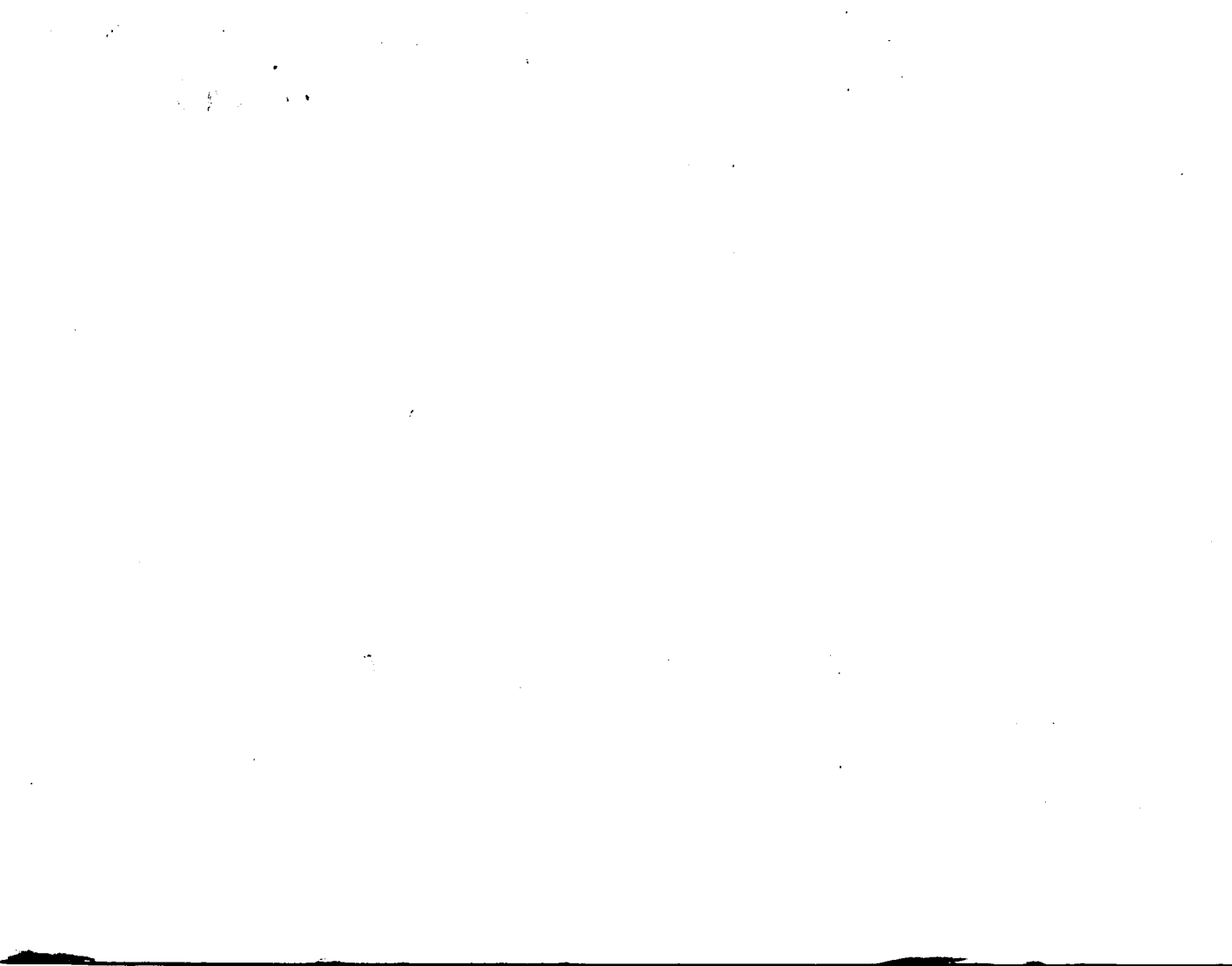
Address

Palouse, Wash.

Filed

Feb 15 1920D. J. W. Thompson

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-114-029-451
PLACE OF BIRTH

County of Katahdin

City of _____

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD Daily - Robert Edward

STATE OF MAINE
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-05m-0-0-10

CERTIFICATE OF BIRTH

77146

Registration District No. 65

File No. _____

Primary Registration District No. 2145

Registered _____

Sex of Child Male { Twin Triplet or other? r } and { Number in order of birth _____ } Legitimate? Yes Date of Birth Feb 20 1970 (Month) (Day)

FATHER
FULL NAME Robt. T. Daily
RESIDENCE 5 mi. N. E. Palouse
COLOR white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Wash
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Lucy Dearborn
RESIDENCE Idaho
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Mo
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at S. t. M., on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Palouse Wash

Filed Feb 20 1970 D. J. Thompson

OCT 11 1954

NOV 8 1971

OH-OH TO THAL

THE UNIVERSITY OF CHICAGO

1992

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319.205.029-152

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of LatahCity of PotlatchRegistration District No. 65File No. 77148

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Edith Regina LarsonSex of Child FemaleTwin
Triplet
or other?☒

and

Number
in order
of birth☒

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthMarch 5 1920
(Month) (Day) (Year)FULL
NAMEBeard Larson

FATHER

RESIDENCE

Potlatch

COLOR

whiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Idaho

OCCUPATION

LaborerFULL
MAIDEN
NAMEEustace Anshutz

MOTHER

RESIDENCE

Potlatch

COLOR

whiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 4:20 P. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. W. ThompsonPotlatch, Idaho

(Physician or midwife)

Given names added from a supplemental report.

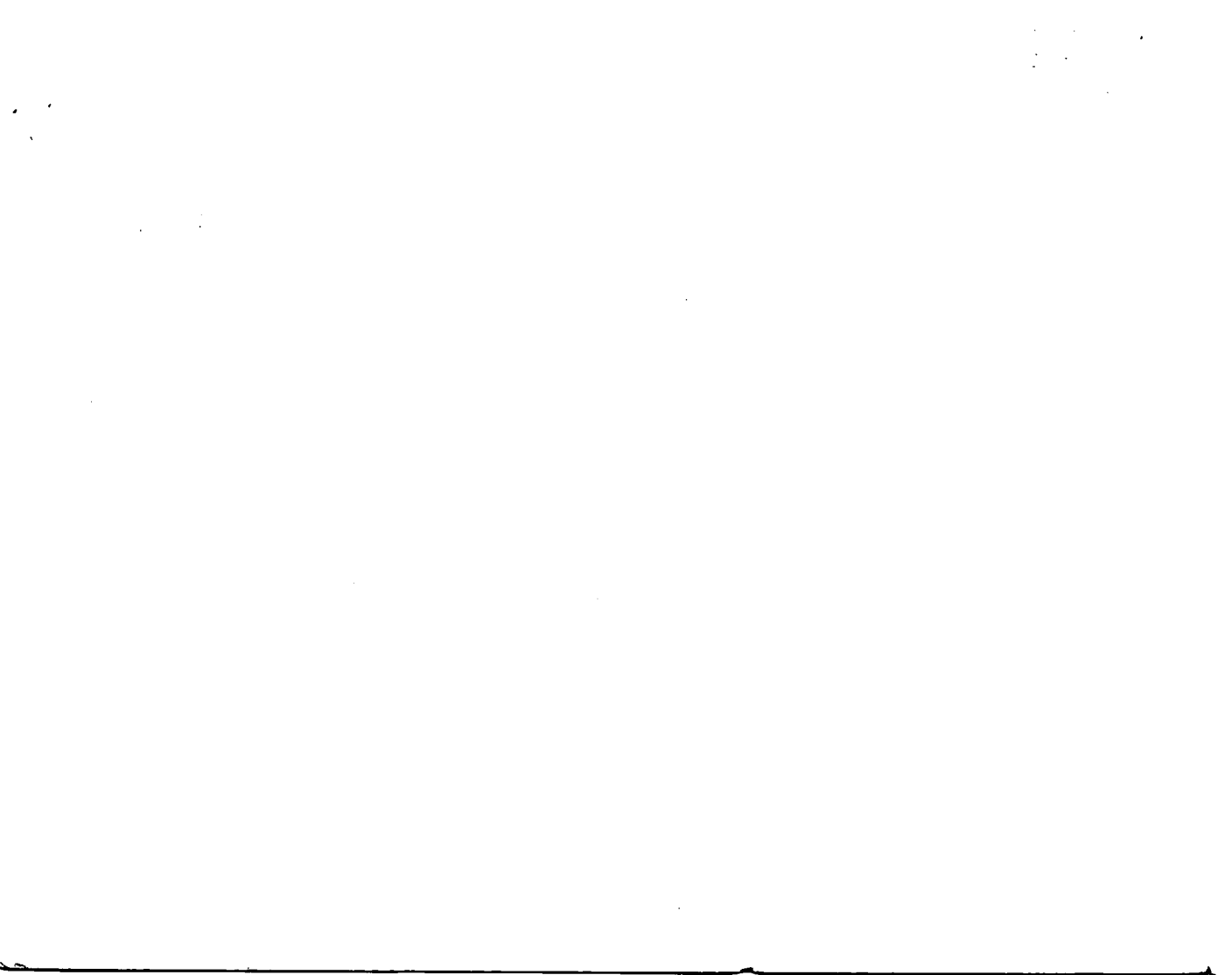
Address

Potlatch

Filed

March 10 1920Dr. J. W. Thompson

Registrar



155-103-029-268

PLACE OF BIRTH

County of *Latah*City of *Oranay*

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. *65*Primary Registration District No. *2145*File No. *77149*

Registered No.

Sex of Child *male*Twin
Triplet
or other?

and

(Number
in order
of birth
(To be answered only in event of plural births))Legitimate? *yes*

Date of Birth

Feb 3 20

FULL NAME

Robert H. Jennings

FATHER

RESIDENCE

Oranay

COLOR

white

AGE AT LAST BIRTHDAY

38

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Mill hand

FULL MAIDEN NAME

Mabel H. Royan

MOTHER

RESIDENCE

Oranay

COLOR

white

AGE AT LAST BIRTHDAY

26

(Years)

BIRTHPLACE

Idaho

OCCUPATION

*Home wife*Number of child of this mother, including present birth *4*Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *2:40 p.m.* on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

Address

Polson, Wash.

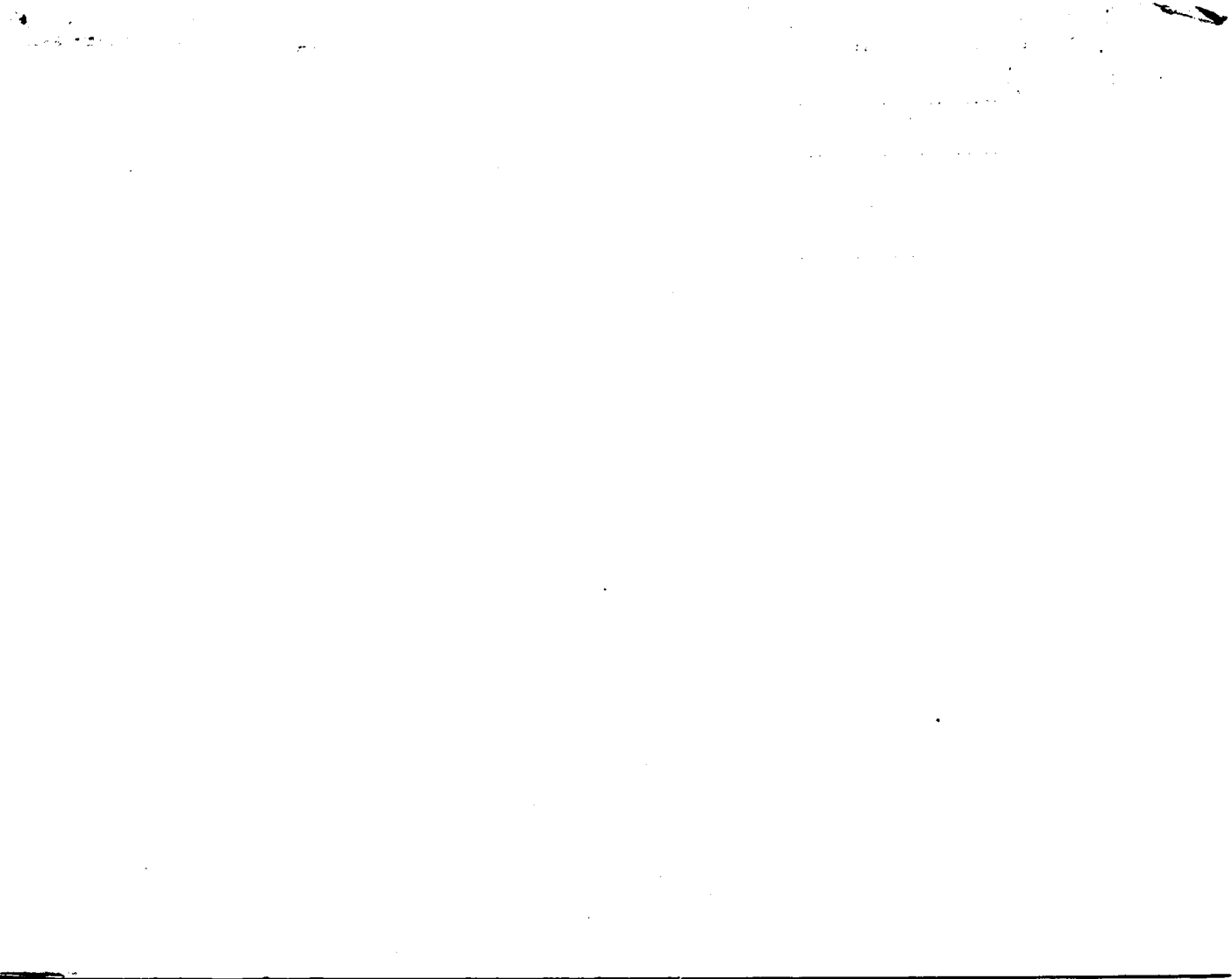
Filed

Feb 6 1920

Registrar

Dr. J. H. Thompson

Registrar



PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-2-22-27

CERTIFICATE OF BIRTH

County of

City of

Registration District No.

File No.

No.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?Date of
Birth

(Month) (Day) (Year)

FULL NAME

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:30 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address

File

Registrar

Registrar

DEC 2 1944

DEC 6 1944

693-129-029-674

PLACE OF BIRTH

County of LatahCity of Helmer

No. St.

Hospital

FULL NAME OF CHILD

Stanley Murry WilkinsSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

Registration District No. 2147File No. 57151Primary Registration District No. 67Registered No. 22

Sex of Child <u>M.</u>	Twin Triplet or other? <u>✓</u> and { Number in order of birth <u>✓</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 29</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	------------------------	---

FULL NAME FATHER Bloyd L. WilkinsFULL MAIDEN NAME MOTHER Dora OgdenRESIDENCE HelmerRESIDENCE HelmerCOLOR W. AGE AT LAST BIRTHDAY 25
(Years)COLOR W. AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE KyBIRTHPLACE Ida.OCCUPATION laborerOCCUPATION H.W.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 A. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Faust
physician
(Physician or midwife)

Given names added from a supplemental report.

3-1-20 Address D. C. Faust
D. C. Faust Filed 3-1-20 D. C. Faust
Registrar Registrar

NOV 6 1951

859-110-029-515

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of LalishCity of BorrellRegistration District No. 66File No. 4 77152

No. _____ St. _____

Primary Registration District No. 2146

Registered No. _____

Hospital _____

FULL NAME OF CHILD

William Charles Heidke

Sex of

MaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?Yes

Date of

Birth Feb. 101920

(Month)

(Day)

(Year)

FULL
NAMEFATHER
Henry W. HeidkeFULL
MAIDEN
NAMEMOTHER
Helen M. Van Lew

RESIDENCE

Borrell Idaho

RESIDENCE

COLOR

White

AGE AT LAST

BIRTHDAY 47
(Years)

COLOR

White

AGE AT LAST

BIRTHDAY 23
(Years)

BIRTHPLACE

Wisconsin

BIRTHPLACE

Pennsylvania

OCCUPATION

Woodsman

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated.

aliveat 120 P. M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. L. Gibson

(Physician or midwife)

Given names added from a supplemental report.

Address


Borrell Idaho

Filed

Feb. 151920Mrs. J. L. Gibson

Registrar

Registrar



MAR 30 1970

219-101-029-851

Form V. S. No. 11-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of LatahCity of KendrickRegistration District No. 68File No. 77157

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	Date of Birth <u>Jan 1</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-----------------	---

FULL NAME <u>Ernest Basley</u>	FATHER
RESIDENCE <u>Kendrick</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Cornstock Neb</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Gladys Brad</u>	MOTHER
RESIDENCE <u>Kendrick</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Wymore Neb</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10:40 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

James W. Kelly MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Kendrick Idaho

Filed

2-26-20

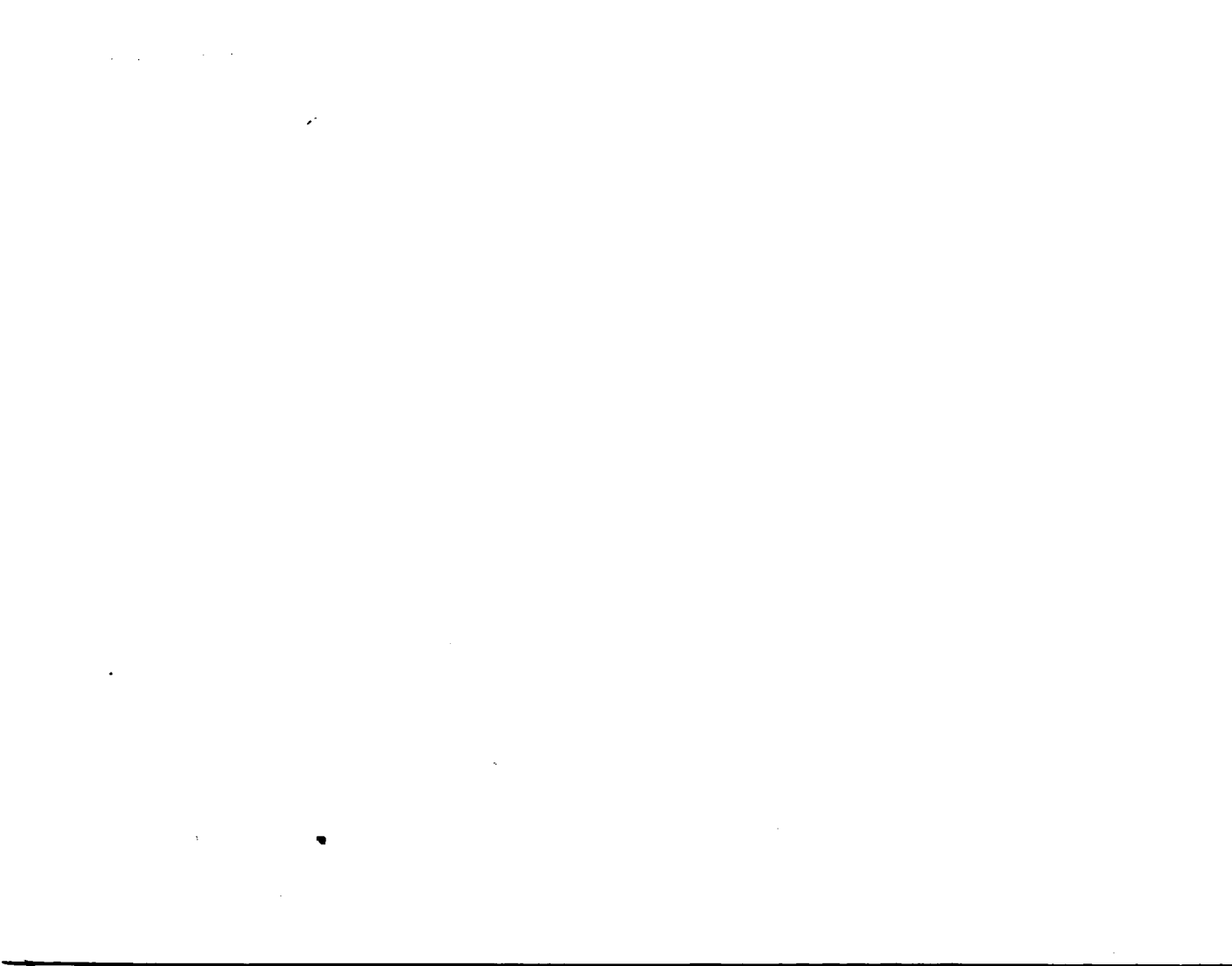
19

R. F. Peppley

Registrar

Registrar

Julian



993-47-029-395

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of LatahCity of KendrickRegistration District No. 68File No. 77158

No. _____ St.

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

Marvin Carl Riley

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimacy? <u>Yes</u>	Date of Birth <u>1</u> <u>17</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	------------------------	--

FATHER
FULL NAME Frank Riley
RESIDENCE Kendrick Idaho
COLOR White AGE AT LAST BIRTHDAY 32
(Years)
BIRTHPLACE Moscow Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Nora Livingston
RESIDENCE Kendrick
COLOR White AGE AT LAST BIRTHDAY 30
(Years)
BIRTHPLACE Hamsas
OCCUPATION House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5:10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

James H. Kelly

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Kendrick Idaho

Filed

2-26

19

20 R. H. Peppers

Registrar

Registrar

J. A. Carter

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Nov. 7, 1940 L.B.

635-2)7-

Form V. S. No. 11-0-25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

035-496
County of Key Pierce
City of PelandRegistration District No. 68 File No. 77159

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Eva Pearl Fishman

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 17th 1920</u> (Month) (Day) (Year)
FULL NAME <u>George W. Fishman</u>				FULL MAIDEN NAME <u>Joy Deaper</u>	
RESIDENCE <u>Peland Idaho</u>				RESIDENCE <u>Peland Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	
BIRTHPLACE <u>Missouri</u>			BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:35 A.M.
on the date above stated. (Born alive or stillborn)


*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rothwell MD.

(Physician or midwife)

Given names added from a supplemental report.

Address Nendrick Idaho.Filed 2-24 1920 R. F. Pepper Registrar

 OCT 27 1959

658-119-8254-238

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—Rev. 1-1-18

CERTIFICATE OF BIRTH

County of Nez PerceCity of LelandRegistration District No. 68File No. 77160

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Billy Frank WeyenSex of
ChildMaleTwin
Triplet
or other?

{

{

and

{

{

Number
in order
of birth

{

{

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{

{

Legiti-
mate?yesDate of
BirthJan 191920

(Month) (Day) (Year)

(Year)

(Year)

FULL
NAMEWeyen, H.

FATHER

Weyen

RESIDENCE

Leland IdahoIdaho

COLOR

WhiteAGE AT LAST
BIRTHDAY32

(Years)

BIRTHPLACE

Illinois

OCCUPATION

FarmerFULL
MAIDEN
NAMEAnnie

MOTHER

Schoeffler

RESIDENCE

Leland IdahoIdaho

COLOR

WhiteAGE AT LAST
BIRTHDAY21

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born aliveat 8:30 P.*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

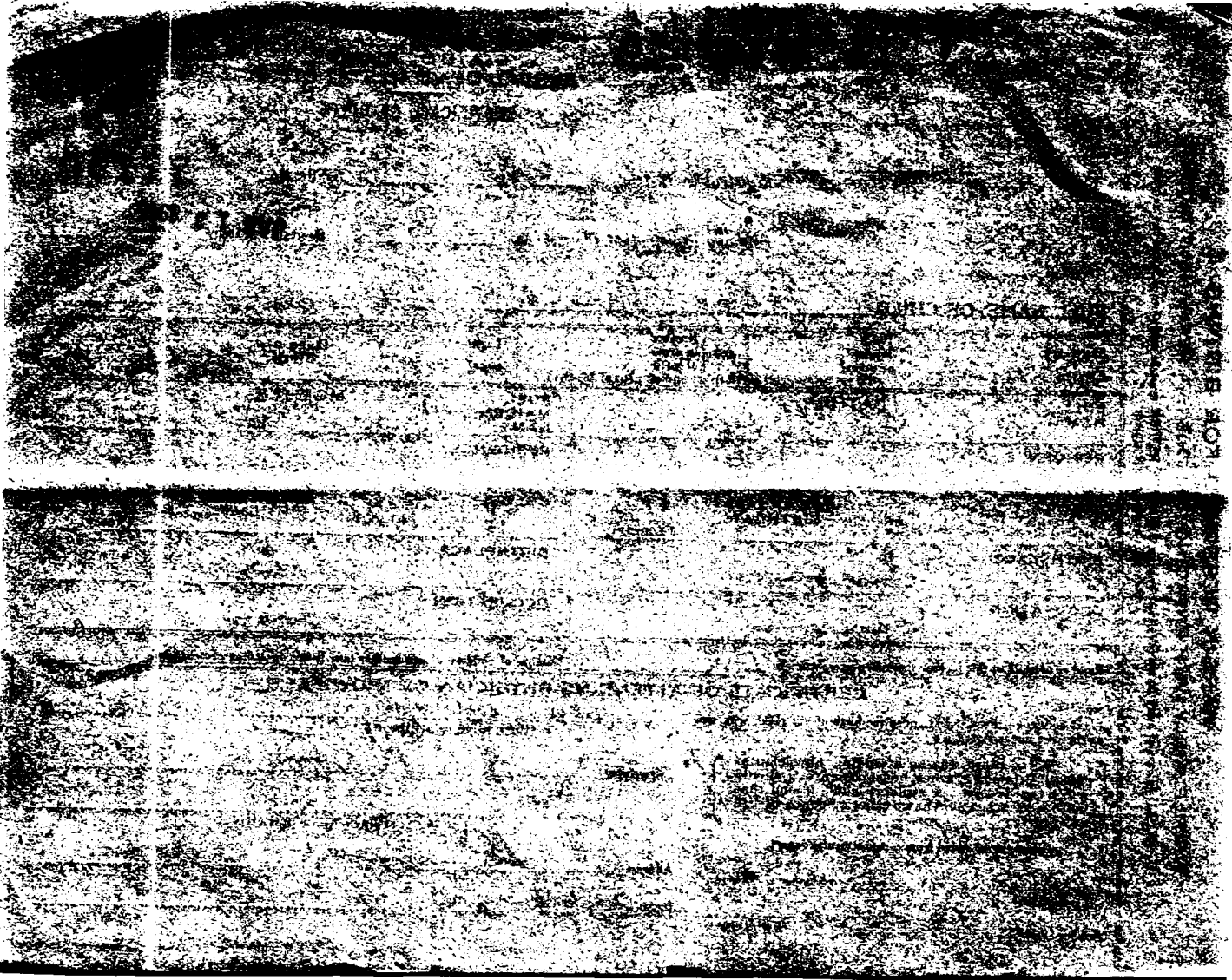
Address

Kendrick Idaho.

Filed

2-24-20R. F. Pepples

Registrar



263-210-029-456

PLACE OF BIRTH

County of IdahoCity of Kendrick

No. _____ St.

Hospital _____

FULL NAME OF CHILD

Eleota Ariflae Bolon

Sex of Child

FemaleTwin
Triplet
or other?

and

Number

in order

of birth

(To be answered only in event of plural births)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-28

CERTIFICATE OF BIRTH

Registration District No. _____

68

File No. _____

77161

Primary Registration District No. _____

Registered No. _____

FULL NAME

Ira Bolon

RESIDENCE

Kendrick Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Wash

OCCUPATION

Butcher

FULL MAIDEN NAME

Lillie Leah Deford

RESIDENCE

Kendrick Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Wash

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

W.A. Rothwell M.D.

(Physician or midwife)

Address

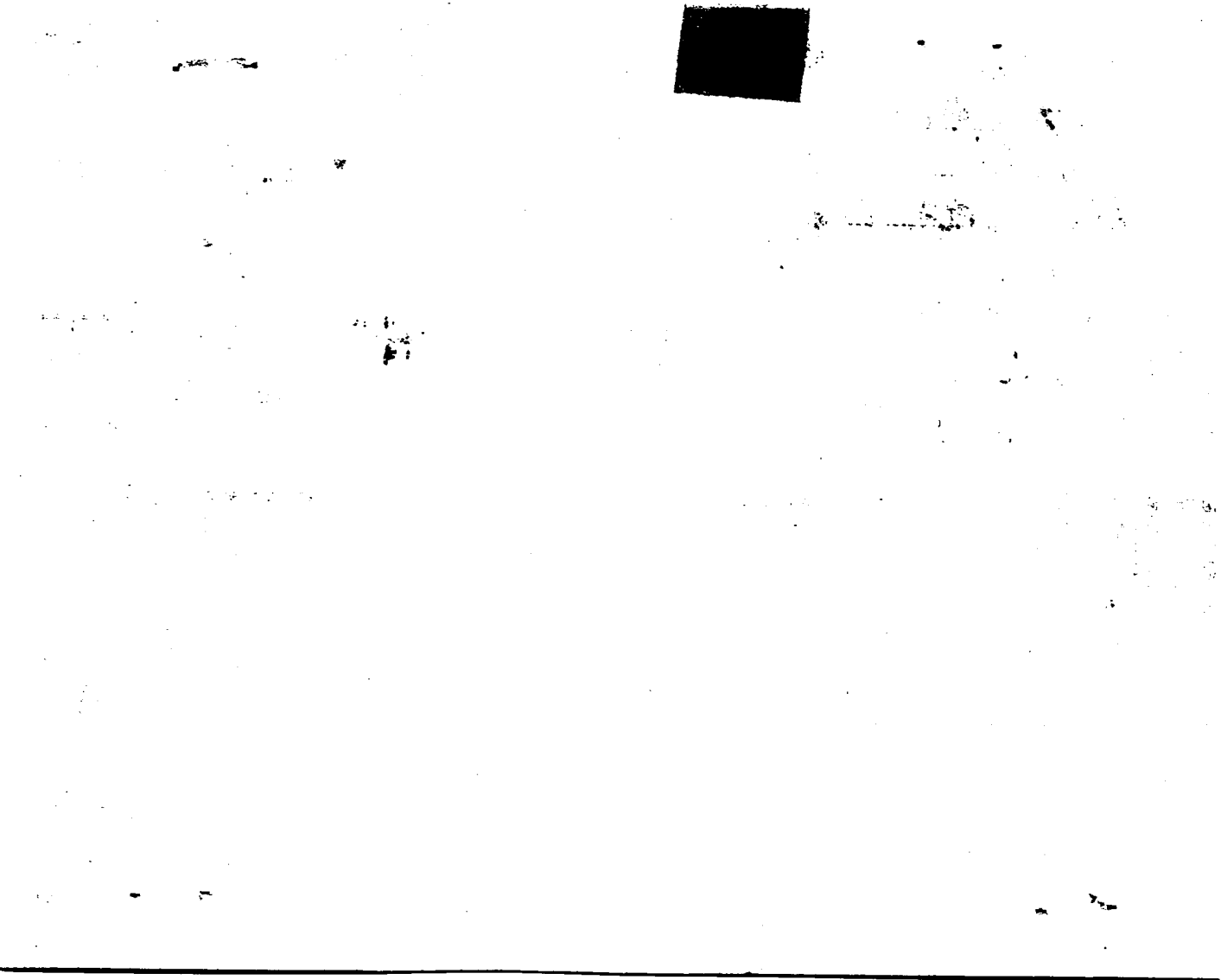
Kendrick Idaho.

Filed

2-24-20R.P. Bepple

Registrar

Juliantha Ida



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.
Certificate No. 77161
Date Filed Birth
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Cleota Arylee Bolon who Born on February 10-1920
(Name on original certificate) (Was born or died) (Date of event)
in Kendrick are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by _____ prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name
Date of birth

Cleota Arylee Bolon
Feb. 9, 1920

Cleota Arylee Bolon
Feb. 10, 1920

Subscribed and sworn to before me this _____

day of _____, 19____

Notary Public, residing at _____

My commission expires _____

[SEAL]

Signed Lillie Bolon

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1512-7th Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19____

Notary Public, residing at _____

My commission expires _____

[SEAL]

Signed Mrs. M. O. Raby

(Signature of any credible person other than the previous affiant.)

Kendrick, Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

OCT 16 1941

JUL 8 1970

893-2181029-168

PLACE OF BIRTH

County of ButteCity of Linden

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 68File No. 77162

Primary Registration District No. _____

Registered No. _____

Eleanor Rachel Hill

Sex of Child

FrTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
Birth21820

(Month)

(Day)

(Year)

(To be answered only in event of plural births)

FULL
NAME

FATHER

Leotr Hill

RESIDENCE

Linden

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Oregon

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Ruth Johns

RESIDENCE

Linden

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Oregon

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 11 10
a M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. A. Kelly MD
(Physician or midwife)

Given names added from a supplemental report.

19____

Address

2-26

19____

R. F. Peppers
Registrar

Registrar

Filed

Julia Carter

PER 11 1942

NOV 29 1955

OCT 23 1951

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-202-029.814

PLACE OF BIRTH

County of LatahCity of Juliaetta

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V, S. No. 11-C-25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 68File No. 77163

Primary Registration District No. _____

Registered No. _____

Sex of Child <u>Fr.</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>1 2 20</u> (Month) (Day) (Year)
-------------------------	---	--------------------------------------	------------------------	---

FULL NAME <u>John A Kite</u>	FATHER
RESIDENCE <u>Moscow</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Lumberman</u>	

FULL MAIDEN NAME <u>Effie S Hammond</u>	MOTHER
RESIDENCE <u>Moscow</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.(Born alive or stillborn) 2, A, M

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."

(Signature) W. A. Portwelle M D

(Physician or midwife)

Given names added from a supplemental report.

Address Kendrick IdahoFiled Jan 10 20 R. N. Gepple
Registrar

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-01-2001 BY 60322 UCBAW

100-443887-100

CONFIDENTIAL

SECRET

TELETYPE UNIT

10-11-68

SECRET

100-443887-100

[Faint handwritten notes at the bottom of the page]

SECRET

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

248-109-035-666

PLACE OF BIRTH

County of My Persees

City of Peelond

No. _____ St.

Hospital _____

FULL NAME OF CHILD

Lawren Kassel Kuy Kendall

Sex of Child

Male

Twin
Triplet
or other?

and Number in order of birth
(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

Jan 9 1920
(Month) (Day) (Year)

FULL NAME

Elbert L. Kuy Kendall

FATHER

RESIDENCE

Selana Idaho

COLOR

White

AGE AT LAST BIRTHDAY

24
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

Leatha L. Fowler

MOTHER

RESIDENCE

Selana Idaho

COLOR

White

AGE AT LAST BIRTHDAY

20
(Years)

BIRTHPLACE

Illinois

OCCUPATION

Housewife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

4 A M

on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. A. Rothwell MD

(Physician or midwife)

Given names added from a supplemental report.

Address

Kendrick Idaho

Filed

1-12-20

Registrar

Juliantha Idaho

SEP 16 1942

Dist. 1000

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

742-230-228

PLACE OF BIRTH

OF IDAHO
VITAL STATISTICS

Form V-S. No. 11-C-25m-1-1-18

County of LatahCity of Kendrick

DATE OF BIRTH

Registration District No. 68File No. 77165

No. _____

St. _____

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

EVELYN ELZORAH GUSTAFSONSex of
Child MTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate? YesDate of
Birth 1 30 20

(Month)

(Day)

(Year)

FULL
NAMEC. O. Gustafson

RESIDENCE

Kendrick Id.

COLOR

WhiteAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL ELVIRA
MAIDEN
NAME

MOTHER

Olson

RESIDENCE

Kendrick

COLOR

WhiteAGE AT LAST
BIRTHDAY20

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 a on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

James H. Kelly M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Kendrick IdaFiled 2-1-20

19

R. F. Pepple

Registrar



20157

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Latah } SS.
 Certificate No. 77165
 Date Filed birth
 The undersigned does solemnly swear that certain facts on the certificate of Evelyn Elzarah Gustafson on born who Jan 30, 1920 (BIRTH OR DEATH)
 for R#2 Kendrick (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
 in R#2 Kendrick (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ prepared on _____, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) name _____ birthdate _____ mother's name _____ Subscribed and sworn to before me this <u>18th</u> day of <u>April</u> <u>1942</u> Notary Public, residing at <u>Neary</u> My commission expires <u>Nov 16, 1943</u> (SEAL)	FROM (AS ON ORIGINAL) Unnamed _____ Jan. 29, 1920 _____ Averia Olson _____ Signed <u>Elvira V. Gustafson</u> (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OF OTHER CREDIBLE PERSON) <u>R#2 Kendrick, Idaho</u> (STREET ADDRESS, CITY, STATE)	TO (THE CORRECT FACTS) Evelyn Elzarah Gustafson _____ Jan. 30, 1920 _____ Elvira V. Olson _____
--	--	--

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
 County of _____ } SS.
 [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
 (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
 Subscribed and sworn to before me this _____
 day of _____, 19 _____
 Signed _____
 (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
 Notary Public, residing at _____
 My commission expires _____
 (SEAL)
 (STREET ADDRESS, CITY, STATE)

Received for filing on APR 22 1942 By _____
 (REGISTRAR'S SIGNATURE)

1- 24 24 24

1000000

1000000

1000000

551-209.030-175

PLACE OF BIRTH

County of LewisiCity of SubmonRegistration District No. 41File No. 77167

No. St.

Primary Registration District No. 2-116

Registered No.

Hospital

FULL NAME OF CHILD

Mattie Elizabeth Evans

Sex of Child

FemaleTwin
Triplet
or other?and
(Number
in order
of birth)Legiti-
mate?yesDate of
Birth2-9-20

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAMEFATHER
Richard EvansFULL
MAIDEN
NAME

MOTHER

Mattie Agee

RESIDENCE

Submon, Ida

RESIDENCE

Submon, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY32
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Massachusetts

BIRTHPLACE

Missouri

OCCUPATION

Miner

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.born aliveat 11.15 A.M.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

C. Stratton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Submon, Idaho

Filed

3/1019 22M. M. Greene

Registrar

Registrar

Dup of 1920-147586

107

445-101-030-299

PLACE OF BIRTH

County of Lemhi

City of Carmen

Registration District No. 41

File No. 77168

No. _____ St. _____

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD Norman Arthur Dunkin

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 1</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FATHER
FULL NAME Hugh Earnest Dunkin
RESIDENCE Carmen, Idaho
COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Red Buttes, Wyo
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Ruth Birchby
RESIDENCE Carmen, Idaho
COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Carmen, Wyo
OCCUPATION Farmer

Number of child of this mother, including present birth. three

Number of children of this mother now living, including present birth. two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hugh E. Dunkin
Father
(Physician or midwife)

Given names added from a supplemental report.

Address Carmen, Idaho

Filed 3/10 1920 W. Deering Greene
Registrar

c.c. 5/28/41. w.h.



MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-122-030-943
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-22-0-17

County of Bear

City of Baker

Registration District No. 41

File No. 77169

No. St.

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD Thomas Kelly Kelly

Sex of Child <u>m.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>1/22/20</u> (Month) (Day) (Year) <u>1920</u>
------------------------	---	---------------------------------------	-----------------------------	--

FATHER
FULL NAME James Arthur Kelly
RESIDENCE Baker
COLOR White AGE AT LAST BIRTHDAY 38
(Years)
BIRTHPLACE Virginia
OCCUPATION Dr. J. J. J. J.

MOTHER
FULL MAIDEN NAME Olivia Ruthertford
RESIDENCE Baker
COLOR White AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Virginia
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1000 M. on the date above stated. (Born alive or stillborn)

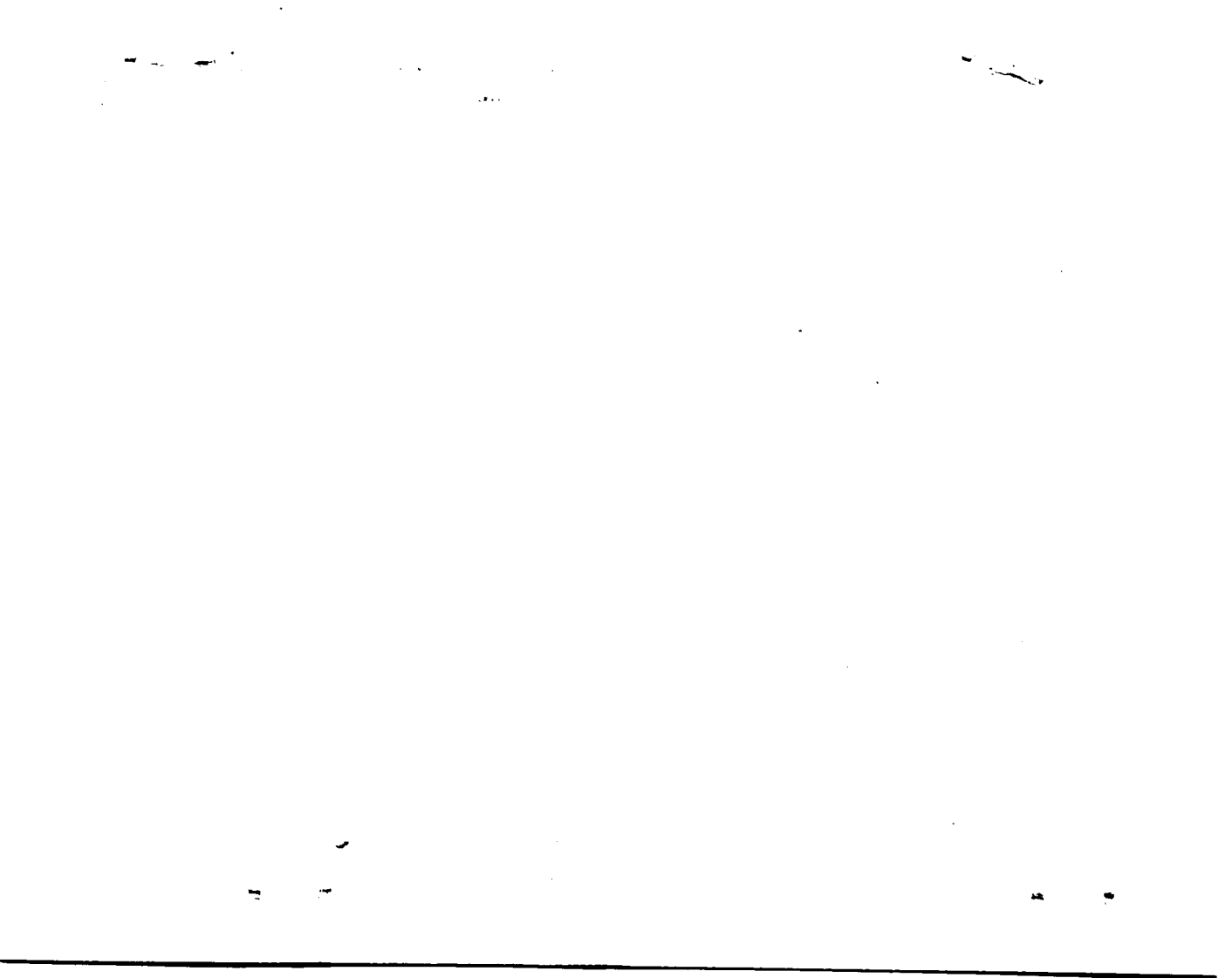
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Baker
Filed 3/10 1920 M. H. King Green
Registrar Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gem } ss.
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Thomas Kelly who born on Jan 23, 1920
in Baker, Ida. are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by another prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
<u>Name</u>	<u>Omitted</u>	<u>Thomas Kelly</u>
<u>Birth date</u>	<u>Jan. 25, 1920</u>	<u>Jan. 22, 1920</u>

Subscribed and sworn to before me this 14th
day of May, 1942
Notary Public
Notary Public, residing at Idaho
My commission expires Oct. 7, 1942
(SEAL)

Signed Thomas Kelly
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19 _____

Notary Public, residing at _____
My commission expires _____
(SEAL)

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

MAY 14 1942

759-124030-462 added child's name & amend last name
 792 PLACE OF BIRTH 11-7-84 dl
 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

County of LewiaCity of SalmonRegistration District No. 41File No. 77170No. St.Primary Registration District No. 2116Registered No. Hospital FULL NAME OF CHILD George Grkovic Grkovich

Sex of Child <u>m.</u>	Twin Triplet or other? <u> </u>	(Number and in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>1/24/85</u>
				(Month) (Day) (Year)

FATHER Grkovic
 FULL NAME Eli Grkovich
 RESIDENCE Salmon
 COLOR White AGE AT LAST BIRTHDAY 36
 (Years)

BIRTHPLACE Austria
 OCCUPATION Rancher

MOTHER
 FULL MAIDEN NAME Dorka Bokmanovich
 RESIDENCE Salmon
 COLOR White AGE AT LAST BIRTHDAY 29
 (Years)

BIRTHPLACE Austria
 OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

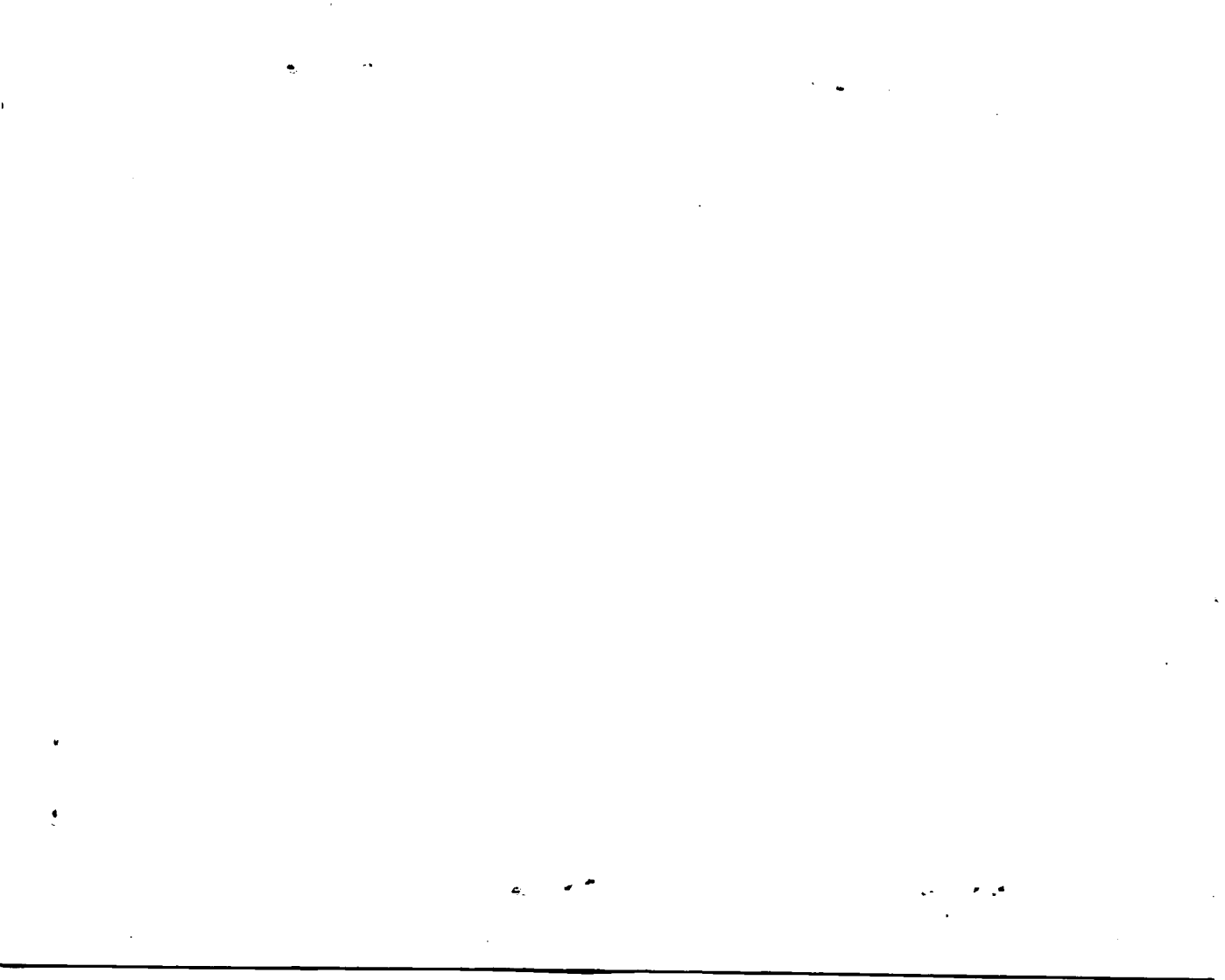
Given names added from a supplemental report.

Address Salmon

Filed 3770 = 1920 M. H. Young

Registrar

Registrar



RECEIVED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

NOV 5 1984

State of _____ }
County of _____ } ss.

Certificate No. 77170

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Gerkovich who was born on Jan 24, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Salmon (Lemhi) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>Unnamed Gerkovich</u>	<u>George Grkovic</u>
<u>fathers name</u>	<u>Eli Gerkovich</u>	<u>Eli Grkovic</u>

Subscribed and sworn to before me this 31st day of October, 19 84

Notary Public, Louis D. Olan
Residing at McLean VA
My commission expires February 1986
(Seal)

x George Grkovic
Signature of Applicant
x RT1, Box 316C, Lemburg, Va,
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } (Must be completed ___)
County of _____ } ss. (Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

2CC

Military Record lists George Grkovic born 1-24-20
in Idaho was honorably discharged June 30, 1972. Viewed by V.S.

Background report from S.W.L. Corp Dated March 13, 1979
lists Name as George Grkovic born Jan 24, 1920 in Salmon, Idaho
father listed as Eli Grkovic born in Yugoslavia. Viewed by V.S.

NOV 7 1984

239-218-030-294
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-00000

CERTIFICATE OF BIRTH

County of LincolnCity of SalmonRegistration District No. 41File No. 77171No. St.Primary Registration District No. 2116Registered No. StillsHospital StillsFULL NAME OF CHILD Violet Venita

Sex of Child <u>f</u>	Twin Triplet or other? <u>and</u> { Number in order of birth <u>1</u> } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>1/18</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FULL NAME <u>David L. Stills</u>	FATHER
RESIDENCE <u>Salmon</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Barleigh Limer</u>	MOTHER
RESIDENCE <u>Salmon</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>New Mexico</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

(Physician or midwife)

Given names added from a supplemental report.

Address SalmonFiled 3/10 1920 M. Dering Green

Registrar

Registrar

100-100000-100000
BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
(U. S. DEPARTMENT OF JUSTICE)

100-100000-100000
JUL 31 1969

9-16-71

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. **JUL 28 12 20 PM '72** Certificate No. **77171**
County of Date Filed

The undersigned does solemnly swear that certain facts on the certificate of **Birth**
for **Unnamed Still** (Name on Original Certificate) who **was born** (Birth or Death) on **January 18, 1920** (Date of Event)
in **Salmon, Idaho** (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Omitted	Violet Venita Stills
Father's name	David L. Stills	David L. Stills

Subscribed and sworn to before me this **27** day of **SEP**, 19**71**
My Comm. Expires 7-1-72
Notary Public, residing at
My commission expires
(Seal)

Born 8-12-06 Lawrence
Signed *a sister Stella Mae Stills*
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
7712 Pierce, Phoenix, Ariz.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss. [This Affidavit **MUST** Also be Executed.
County of (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19.....
.....
Notary Public, residing at
My commission expires
(Seal) (Street Address, City, State)

Signed
(Signature of Any Credible Person)

Certificate of Baptism and Confirmation from LDS Church dated Oct. 11, 1962 gives name as Violet Venita Stills Compton daughter of David Lafayette Stills and Burleigh Merinder Simer. Born Jan. 18, 1920. ~~XX~~ Baptized Sept. 29, 1962 and Cnfmd Sept. 29, 1962. Viewed by V. S.

AUG 4 1972

Certif. of Baptisma nd Confmation from LDS Church gives name as Melody Venita Campton daughter of Orville Alfred Compton and Violet Venita Stills. Born Dec. 7, 1947. Was ~~XX~~ Baptized Sept 29, 1962 and Confmd. Sept. 29, 1962. Viewed by V. S.

PLACE OF BIRTH

Form T. A. No. 11-0-250-4-8-17

City of Salt Lake

File No. 77172

Primary Registration District No. 2116

Registered No. 9.....

Hospital.....
FULL NAME OF CHILD..... *Mattie Maxine McGee*.....

Sex of Child <input checked="" type="checkbox"/>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <input checked="" type="checkbox"/>	Date of Birth <u>1/15</u> 19 <u>84</u> (Month) (Day) (Year)
--	---	--------------------------------------	---	--

FULL NAME **FATHER**
Frank Henry McCrocker

RESIDENCE *Salerno*

COLOR *white* AGE AT LAST BIRTHDAY *57*
(Years)

BIRTHPLACE *Kansas*

OCCUPATION *Rancher*

FULL MAIDEN NAME Muriel Bourman MOTHER

RESIDENCE Salmon

COLOR *White* AGE AT LAST BIRTHDAY *30*
(Years)

BIRTHPLACE *Dalau*

OCCUPATION *Housewife*

Number of child of this mother, including present birth.....2... Number of children of this mother now living, including present birth...4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at.....
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

.....
(Physician or midwife)

Given names added from a supplemental report.

Address Salvador

Filed 3/10.....19 20 M. Deering Green
Registrar

Registrar

Registrar

Y WITH LINEADING INK- THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1966

MAR 19 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-101-031-469

Form V. S. No. 11-0-25m-2-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77173

County of Lewis

City of Ho R D

Registration District No. 30

File No.

No. St.

Primary Registration District No. 2129

Registered No. 4

Hospital

FULL NAME OF CHILD Augustus Raymond Patton

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb 1 1900</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>Claude H. Patton</u>	FATHER
RESIDENCE <u>Lewis County</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Clara C. Morris</u>	MOTHER
RESIDENCE <u>Lewis County</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 13:20 PM on the date above stated.

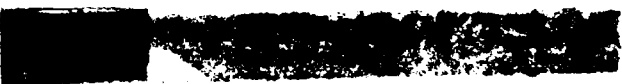
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Darby
Physician
(Physician or midwife)

Given names added from a supplemental report.
.....19.....
.....

Address Volmer Idaho
Filed 74 1900 P. E. D. ...
Registrar

Nov. 16, 1940 L.B.



296116-
031-614

PLACE OF BIRTH

County of *Lewis*City of *Idaho Falls*

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-2-17

CERTIFICATE OF BIRTH

Registration District No. *30*File No. *77174*Primary Registration District No. *2129*Registered No. *5*

Hospital

FULL NAME OF CHILD

Sex of Child <i>male</i>	Twin Triplet or other? <i>and</i> { Number in order of birth <i>—</i>	Legitimate? <i>Yes</i>	Date of Birth <i>Sept 16 1920</i> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <i>Mary A. Brooker</i>	FATHER
RESIDENCE <i>Idaho Falls</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>Lincoln Kans.</i>	
OCCUPATION <i>teacher</i>	

FULL MAIDEN NAME <i>Laura A. Tautfest</i>	MOTHER
RESIDENCE <i>Idaho Falls</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>21</i> (Years)
BIRTHPLACE <i>Ferdinand Ida</i>	
OCCUPATION <i>housewife</i>	

Number of child of this mother, including present birth. *2* Number of children of this mother now living, including present birth. *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *Idaho Falls* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

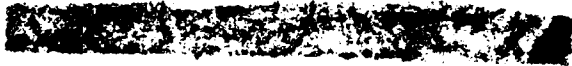
(Signature) *P. E. Duvall*

(Physician or midwife)

Given names added from a supplemental report.

Address *Idaho Falls*Filed *9/16* 19*20* Registrar

Registrar



JUN 24 1942

Certified Copy issued Jan. 27, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-201-031-384

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-24a-4-17

CERTIFICATE OF BIRTH

County of Lemhi

City of Valley View

Registration District No. 60

File No. 77175

No. St.

Primary Registration District No. 3129

Registered No. 7

Hospital

FULL NAME OF CHILD Lydora

Sex of Child Female Twin Yes and in order of birth 2 Legitimate? No Date of Birth Feb 1 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER None refused

FULL MAIDEN NAME MOTHER Bessie Adeline Lydora

RESIDENCE

RESIDENCE Valley View

COLOR AGE AT LAST BIRTHDAY (Years)

COLOR white AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE

BIRTHPLACE Kanasa

OCCUPATION

OCCUPATION Telephone Operator

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Durell

Given names added from a supplemental report.

(Physician or midwife)

Address No. Idaho

Filed 3/1 1920 P. E. Durell

Registrar

Registrar

child took 2 gasps of breath.

297-206, 231-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-2-3-15

CERTIFICATE OF BIRTH

County of LewinCity of Her PenseRegistration District No. 47File No. 77177

No. _____ St. _____

Primary Registration District No. _____

Registered No. 70

Hospital _____

FULL NAME OF CHILD

Sylvesta May Knight

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Mar 6, 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Herbert Saxons Knight</u>			MOTHER FULL MAIDEN NAME <u>Myrtle Smith</u>	
RESIDENCE <u>Her Pense, Ida</u>			RESIDENCE <u>Her Pense, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Wisconsin</u>			BIRTHPLACE <u>Canada</u>	
OCCUPATION <u>Brayman</u>			OCCUPATION <u>Widow</u>	

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.Born alive
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wallace H. H. H.

Given names added from a supplemental report.

Address Her Pense, IdaFiled 3-19-20

FEB 8 1971

351-228-031-263

PLACE OF BIRTH

Form V. S. No. 11-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of LewisCity of Kamiah

No. _____ St.

Hospital _____

Registration District No. _____

49

File No. _____

77178

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

Teats

EVA ELIZABETH TEATS

Sex of Child <u>Female</u>	Twin Triplet or other?	and { Number in order of birth } <u>7</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb. 28th</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	------------------------------	---	-----------------------------	--

FULL NAME <u>George H Teats</u>	FATHER
RESIDENCE <u>Kamiah</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna Kole</u>	MOTHER
RESIDENCE <u>Kamiah</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 9 a.m.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Caline
E Taylor M D

(Physician or midwife)

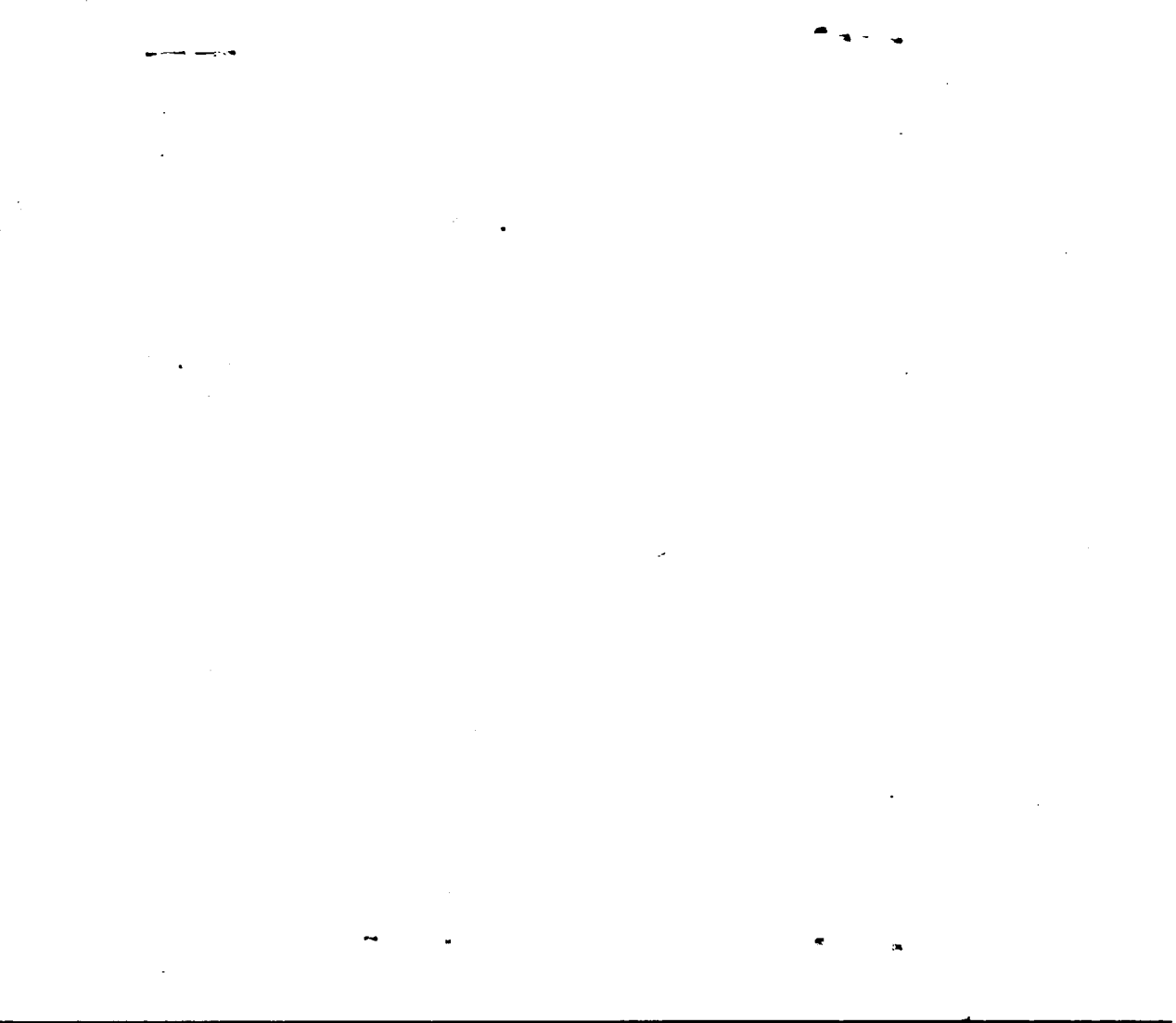
Given names added from a supplemental report.

Address

Filed

Kamiah Idaho
3/5 1920
E J Johnson

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 77178

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Eva Elizabeth Teats who was born on Feb. 28, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Kamiah, Ida are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)		(As on Original)	(The Correct Facts)
name	<u>unnamed Teats</u>		<u>Eva Elizabeth Teats</u>
birthdate	<u>March 1, 1920</u>		<u>Feb. 28, 1920</u>

Subscribed and sworn to before me this 17th
day of Sept., 1942
H. G. Sandhoff

Notary Public, residing at Elk Wash.

My commission expires Oct. 1, 1942
(Seal)

Signed H. H. Teats
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 Elk Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of Sept., 1942
H. G. Sandhoff

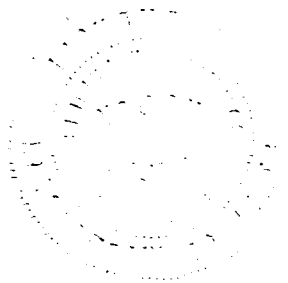
Notary Public, residing at Elk Wash.

My commission expires Oct. 1, 1943
(Seal)

Signed Mrs. Anna Teats
(Signature of Any Credible Person Other Than Previous Year)

Rt. 1 Elk Wash.
(Street Address, City, State)

OCT 23 1942



238-202.031-213
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of SevierCity of Heppner Id.Registration District No. 47File No. 77179

No. _____ St. _____

Primary Registration District No. _____

Registered No. 74

Hospital _____

FULL NAME OF CHILD Edith Marie Schlader

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>3-2-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>George Schlader</u>			MOTHER FULL MAIDEN NAME <u>Esther Kachlany</u>	
RESIDENCE <u>Heppner Id.</u>			RESIDENCE <u>Heppner Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Lowry</u>			BIRTHPLACE <u>Heppner Id.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Home Wife</u>	
Number of child of this mother, including present birth <u>1st</u>			Number of children of this mother now living, including present birth <u>1st</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Given names added from a supplemental report.

Address _____

Filed 3-24-20

DR. JAC

UNION 407

PHOTOGRAPH

FOR IDENTIFICATION

1. Child is born with a birthmark on the back of the neck.

2. Child is born with a birthmark on the back of the neck.

3. Child is born with a birthmark on the back of the neck.

4. Child is born with a birthmark on the back of the neck.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FILE NO.

Date of Birth

MONTH

AGE

CERTIFICATE OF BIRTH

1. Child is born with a birthmark on the back of the neck.

2. Child is born with a birthmark on the back of the neck.

3. Child is born with a birthmark on the back of the neck.

4. Child is born with a birthmark on the back of the neck.

453-111-031-895
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—26m-9-8-15

County of LewisCity of Hayden

No. _____ St. _____

Registration District No. 47File No. 77180

Primary Registration District No. _____

Registered No. 75

Hospital _____

FULL NAME OF CHILD William Robert Medrud

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb - 11 - 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>George Peter Medrud</u>			MOTHER FULL MAIDEN NAME <u>Marie Wm. Fred Hines</u>	
RESIDENCE <u>Hayden Id.</u>			RESIDENCE <u>Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>2 1/4</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>2 1/2</u> (Years)
BIRTHPLACE <u>Minnesota</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Butcher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2ndNumber of children of this mother now living, including present birth 2 of 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

Alvin _____ at 2:30 P. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John F. Galt M.D.
Hayden Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 3-24-20Albert Huff Registrar

MEDVED

Dup of 1920-144445

255-210-031-719
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lewin

City of Nezane

Registration District No. 47

File No. 77181

No. _____ St. _____

Primary Registration District No. _____

Registered No. 72

Hospital _____

FULL NAME OF CHILD

Ellen Pearl Senter

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb-10-1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Frank David Senter</u> RESIDENCE <u>Nezane</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years) BIRTHPLACE <u>Nezane Idy</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Bessie Grace Parson</u> RESIDENCE <u>Nezane Idy</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u> (Years) BIRTHPLACE <u>Nezane Idy</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2nd Number of children of this mother now living, including present birth. 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated.

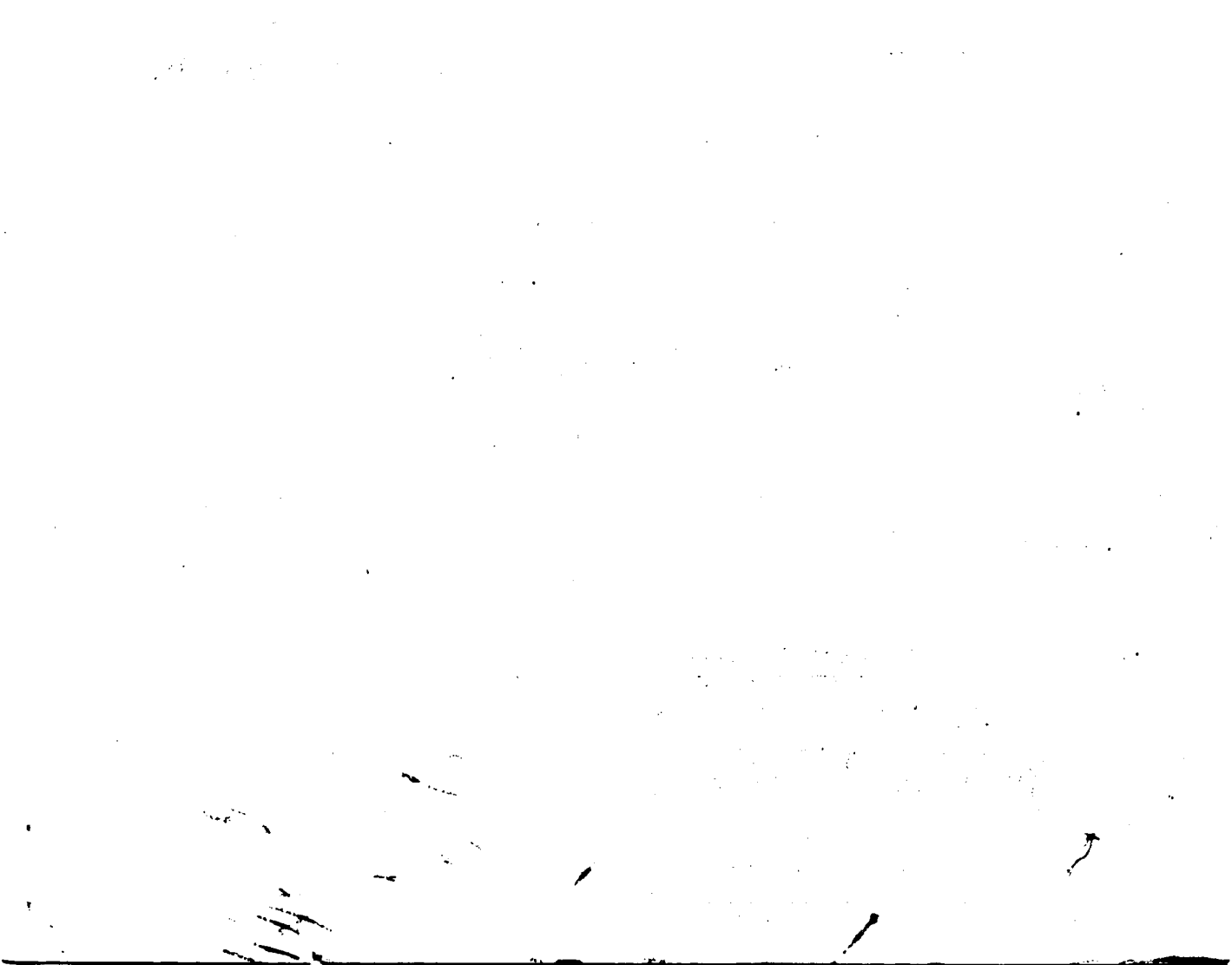
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Born alive or stillborn) _____ at _____ M.
(Signature) John F. Gustafson
Nezane Idaho
(Physician or midwife)

Given names added from a supplemental report.

Albert Huff
Registrar

Address _____
Filed 3-24-20 Albert Huff
Registrar



995-203-031-759
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-9-15

County of Lenox Id.

CERTIFICATE OF BIRTH

City of Nezperce

Registration District No. 47

File No. 77182

No. _____ St. _____

Primary Registration District No. _____

Registered No. 71

Hospital _____

FULL NAME OF CHILD Maxie Hazel Ringage

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb 3 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	---

FATHER
FULL NAME Helmer Ringage
RESIDENCE Near Steele Ida
COLOR White AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE U.S.A.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Bertha Ethel Geistle
RESIDENCE Near Steele Ida
COLOR W. AGE AT LAST BIRTHDAY 27
(Years)
BIRTHPLACE U.S.A.
OCCUPATION Matron

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1 30 P. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Wallace Newkirk

Given names added from a supplemental report.

(Physician or midwife)
Address Her Pence. Ida

Albert Huff Registrar

Filed 3-24-20 Albert Huff Registrar

NAME
CHANGE

RING SAGE

632-116-031-255
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of LewisCity of PeppereRegistration District No. 47File No. 77183

No. _____ St. _____

Primary Registration District No. _____

Registered No. 75

Hospital _____ ODIN LAWRENCE

FULL NAME OF CHILD

~~YOUNG~~ Olaf Eather

Sex of Child

MaleTwin
Triplet
or other?and { Number
in order
of birthLegiti-
mate?Date of
BirthMarch-16-1920
(Month) (Day) (Year)FULL
NAMEOlaf EatherFULL
MAIDEN
NAMEElizabeth Lovland

RESIDENCE

Peppere Id.

RESIDENCE

Peppere Id.

COLOR

WhiteAGE AT LAST
BIRTHDAY14
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Norway

BIRTHPLACE

Norway

OCCUPATION

Farm

OCCUPATION

House wife

Number of child of this mother, including present birth

5th

Number of children of this mother now living, including present birth

3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____, on the date above stated.

Alfred, at 3:48 P.M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

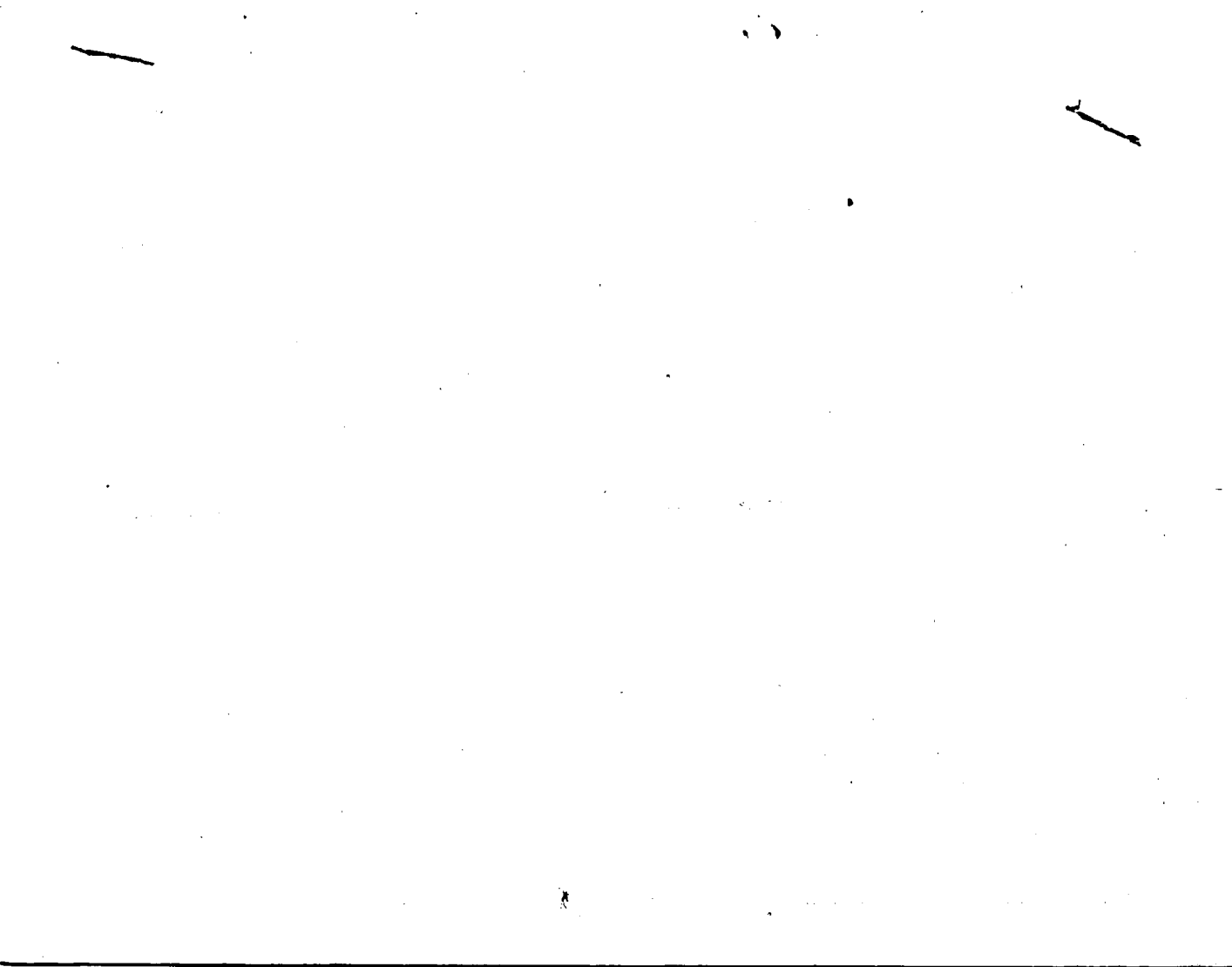
(Signature)

John F. Gist
Peppere Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address

Albert Huff 19 _____
RegistrarFiled 3-24 19 20Albert Huff
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Snohomish } ss.

Certificate No. 77183

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Odan Gaylard Olson who was born on March 16th 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Nezperce, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Certificate of Baptism prepared on April 18th 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name
Father's Name

Odan Gaylard Olson
Olas Olson

Odin Lawrence Olson
Olaus Olson

Subscribed and sworn to before me this 3rd
day of May, 1944
A. J. Hargland
Notary Public, residing at SILVANA, WASH.
My commission expires Aug. 7, 1947
(Seal)

Signed Olaus Olson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 1 East Hammond, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Snohomish } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of March, 1944

Signed L. M. Seeland
(Signature of Any Credible Person Other Than Previous Year)

ex. H. Seeland
Notary Public, residing at Everett, Wash
My commission expires July 16, 1946
(Seal)

Route Box 723, Everett, Wash.
(Street Address, City, State)

MAR 11 1944

386 222-032-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

77184

County of Lincoln
City of ShoshoneRegistration District No. 16

File No. _____

No. _____ St. _____

Primary Registration District No. 2016Registered No. 11

Hospital _____

FULL NAME OF CHILD Yvonne Inez ThorpeSex of
Child FTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate? yesDate of
Birth Feb 22

(Month)

(Day)

19 20
(Year)

(To be answered only in event of plural births)

FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address ShoshoneFile Feb 819 20

Registrar

Registrar

JUN 9 1970

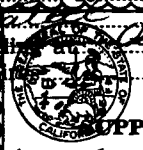
IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. **RECEIVED**
County of Orange } JUN 8 - 1970
Certificate No. 77184
Date Filed Feb. 22, 1920


The undersigned does solemnly swear that certain facts on the certificate of birth
for No Name (Name on Original Certificate) Bureau who Vital Statistics Born (Birth or Death)
in Shoshone, Idaho (Place of Event) on Feb. 22, 1920 (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Records prepared on 1934 - 1938, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Name No name Yvonne Inez Thorpe

Subscribed and sworn to before me this 3 day of June, 1970
ST PATIN
Notary Public, residing at 1416 Damon Ave., Anaheim, Calif. 92802
My commission expires Dec. 1, 1972
(Seal)  **SUPPORTING AFFIDAVIT OF A SECOND PERSON**
Signed Sylvia M. Sharpe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)
State of California
County of Orange

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of June, 1970
ST PATIN
Notary Public, residing at 1416 Damon Ave., Anaheim, Calif. 92802
My commission expires Dec. 1, 1972
(Seal)  **OFFICIAL SEAL**
FERDINAND T. PATIN
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
My Commission Expires Dec. 1, 1972
Signature of Any Credible Person Sylvia M. Sharpe
(Street Address, City, State)

Eight Year Elementary School Diploma gives name as Yvonne I. Thorpe. From Los Angeles City School & District. Rdated February 2, 1934. Signed by. Jessie M. Tearhardt, Principal. Viewed by V. S.

Abraham Lincoln High School, Las Angeles City High School District ~~gix~~ gives name as Yvonne Inez Thorpe. Dated June 24, 1938. Signed by. Roy J. Becker, President ~~of~~ Board of Education. Viewed by V. S.

866-217-032-719

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V, S. No. 11-C-25m-7-21-19

County of LincolnCity of DietrichRegistration District No. 16File No. 77185

No. _____ St. _____

Primary Registration District No. 2016Registered No. 10

Hospital _____

FULL NAME OF CHILD

Charlotte Yowell

Sex of Child

fTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
BirthFeb. 171920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. P. Jones. M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

19.20

Registrar

Registrar

MAY 28 1970

OCT 8 1942

257-105-032-255
PLACE OF BIRTHCounty of Lincoln
City of Dietrich

No. _____ St. _____

Hospital _____

Full Name of Child _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-4-18-18

Registration District No. 16 File No. 77186Primary Registration District No. 2016 Registered No. 8Full Name of Child Paul Clark Segerson

SEX OF CHILD <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Feb 5</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Walter Clark Segerson</u>	FATHER		FULL MAIDEN NAME <u>Leona Elizabeth Kenney</u>	MOTHER
RESIDENCE <u>Dietrich Idaho</u>			RESIDENCE <u>Dietrich Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Ind.</u>			BIRTHPLACE <u>Ind.</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>house wife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:50 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. A. Carothers

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Dietrich IdahoFiled Mar 2 1920

Registrar

Registrar

1 SEP 1964

MADE TO ORDER

SEP 8

1964

RECEIVED
SEP 10 1964
U.S. AIR FORCE
HONOLULU, HAWAII

114-117-032-763

PLACE OF BIRTH

County of LynnCity of Brook

No. _____ St.

Hospital Dies

Full Name of Child

Registration District No. 16Primary Registration District No. 2016STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHFile No. 77187Registered No. 7

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>25</u>	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>Feb. 17</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Ottis James</u> FATHER		FULL MAIDEN NAME <u>Mrs. Lueder</u> MOTHER		
RESIDENCE <u>W. C. Wells</u>		RESIDENCE <u>Prosser</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)		
BIRTHPLACE <u>Kentucky</u>		BIRTHPLACE <u>Tenn.</u>		
OCCUPATION <u>RR</u>		OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) at 7:20 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Feb 20Filed Feb 20

Registrar

Registrar

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No.

Full Name of Child

RENTAL

РЕЗУЛТАТ

100-443887-100

3243301-0000

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APR 17 1964
FBI - NEW YORK

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(P. 15)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

10-10-68

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349-102-032-539
PLACE OF BIRTHCounty of LapwaiCity of Shoshone

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 16File No. 77188Primary Registration District No. 1016Registered No. 5John Howard Turnbull

SEX OF CHILD <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and	Number in order of birth <u>5</u>	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>Jan 2 20</u> (Month) (Day) (Year)
FULL NAME <u>John Harrison Turnbull</u>	FATHER			FULL MAIDEN NAME <u>Mona Lebrud</u>	MOTHER
RESIDENCE <u>Shoshone</u>				RESIDENCE <u>Shoshone</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)			COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>				BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Chap.</u>	

Number of child of this mother, including present birth. _____ Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn, at Shoshone on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed _____

Registrar _____

Registrar _____

Certified Copy issued Feb. 17, 1941. E.W.

1957

553-115-032-493
PLACE OF BIRTHCounty of LatahCity of Threshone

No. _____ St. _____

Hospital DavisRegistration District No. 16File No. 77189Primary Registration District No. 2016Registered No. 6Full Name of Child Victor Louis Nelson

SEX OF CHILD

MaleTwin
Triplet
or other?

—

{and}

Number
in order
of birth3Legiti-
mate?YesDATE OF
BIRTHFeb. 15

(Month) (Day) (Year)

FULL
NAMELouis Nelson

FATHER

FULL
MAIDEN
NAMEElizabeth Urfer

MOTHER

RESIDENCE

District

RESIDENCE

District

COLOR

WhiteAGE AT LAST
BIRTHDAY28

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY25

(Years)

BIRTHPLACE

Sweden

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

WifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 4:35 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Dill

(Born alive or stillborn)

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

File

Registrar

Feb. 17 19 20 J. H. Green
Registrar

JAN 18 1942

RECEIVED
FEB 18 1942

APR 25 1944

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-122-918
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Lincoln

City of Richfield

Registration District No. 14

File No. 22

No. St.

Primary Registration District No. 11.00

Registered No. 6

Hospital

FULL NAME OF CHILD Geo. Wendell Lockey

77190

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> } and { Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 22</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Fred Lockey</u>	FATHER
RESIDENCE <u>Richfield</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Mabton Wash</u>	
OCCUPATION <u>Clk in Store</u>	

FULL MAIDEN NAME <u>Lona M Ray</u>	MOTHER
RESIDENCE <u>Richfield</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Little York Ill.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. S. Bloom
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Richfield Idaho
Filed March 10 1920
Registrar P. E. K. Elliot
Registrar

JAN 28 1966

AUG 31 1966

61 9-213-032-693
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22-0-0-27

CERTIFICATE OF BIRTH

77191

County of Lincoln

City of Richfield

Registration District No. 17

File No. 21

No. St.

Primary Registration District No. 1100

Registered No. 5

Hospital

FULL NAME OF CHILD

Lola Gertrude Farnes

Sex of Child Female

Twin
Triplet
or other?

and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of
Birth

Feb. 13 1920
(Month) (Day) (Year)

FULL
NAME

Irwin L Farnes

FATHER

FULL
MAIDEN
NAME

Lola Methrow

MOTHER

RESIDENCE

Richfield
2 1/2 mi N 1 mile E.

RESIDENCE

Richfield 2 1/2 mi N - 1 mi E

COLOR

White

AGE AT LAST
BIRTHDAY

50

(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

34

(Years)

BIRTHPLACE

Ill.

BIRTHPLACE

Ill Co Tex.

OCCUPATION

Farmer

OCCUPATION

House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

born alive at 1:30 A. M.
(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address

Richfield

Filed

March 4, 1920

Registrar

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 9 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-202-033-212

PLACE OF BIRTH

Form 25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Pelon

Registration District No. 99

File No. 77192

No. _____ St. _____

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Grace Rodgson

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legit male?	Date of Birth <u>Jan 2</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------	---

FATHER
FULL NAME Henry Marson Rodgson
RESIDENCE Pelon Idaho
COLOR white AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Salt Lake City, Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Lacy Ada Baker
RESIDENCE Pelon Idaho
COLOR white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Pelon, Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, still ED P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Eames MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Pelon Idaho
Filed 2 10 1920 W D Ward

Registrar

Registrar



141-206.033-212
PLACE OF BIRTHCounty of NachianCity of LugarNo. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-3-17

Registration District No. 100File No. 77200Primary Registration District No. 2178Registered No. LeDFULL NAME OF CHILD Yuriko Adachi

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan. 6th 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Y. Adachi</u>	FATHER	FULL MAIDEN NAME <u>Y. Adachi</u>	MOTHER
RESIDENCE <u>Lugar</u>		RESIDENCE <u>Lugar</u>	
COLOR <u>yellow</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>yellow</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Japan</u>		BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1030 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ATB Evans
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed Jan 20 1920

Registrar

Registrar

First certified copy issued December 3, 1934, PBA

APR 26 1957

269-247-023-557

PLACE OF BIRTH

County of

Madison

City of

Sugar

No.

St.

Hospital

FULL NAME OF CHILD

Grace Agnes Sorensen

Sex of Child

Female

Twin
Triplet
or other?

and

(Number
in order
of birth)Legiti-
mate?

Yes

Date of
BirthJanuary 11th 1920
(Month) (Day) (Year)FULL
NAME

Edward Sorensen

FATHER

FULL
MAIDEN
NAME

Verna Nibauer

MOTHER

RESIDENCE

Sugar City

RESIDENCE

Sugar City

COLOR

White

AGE AT LAST
BIRTHDAY37
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

born alive

at 10:15 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. B. Evans

(Physician or midwife)

Given names added from a supplemental report.

.....

Address

.....

Date Jan 1920

Registrar

Registrar

MARGIN RESERVED WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

FOR
JAN

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. **RECEIVED**
County of Madison }
The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Sorensen (Female) was born on Jan. 11, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Sugar, Idaho
(Place of Event)
true facts are shown by Marriage License prepared on Dec - 28 - 1938 - are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's name

Unnamed Sorensen

Grace Agnes Sorensen

Subscribed and sworn to before me this 9th day of August 1971

Signed Thomas G. Gardner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

15 W. 1st St. Refugio Idaho
(Street Address, City, State)

Notary Public, residing at Refugio, Idaho
My commission expires March 1, 1975
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August 1971

Signed Thomas Gardner
(Signature of Any Credible Person)

Notary Public, residing at St. Anthony, Idaho
My commission expires January 8, 1973
(Seal)

Teton City, Idaho
(Street Address, City, State)

Certificate of Baptism and Confirmation from LDS Church dated July 23, 1950 for child names Steven James Wood son of Owen Henry Wood and Grace Agnes Sorensen. Born S Sept. 18, 1939 at Rexburg,. Baptized July 18, 1950. Viewed by V. S

AUG 13 1971

Marriage License from Idaho gives groom's name as Owen H. Wood and the bride's name as Grace Agnes Sorensen. Dated Dec. 28, 1938. Marriage Performed by Edward V. Davis Probate Judge. Viewed by V. S.

213-213-033-689

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of ReplungRegistration District No. 100File No. 77203

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 63

Hospital _____

FULL NAME OF CHILD

Sex of Child <u>St.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>Jan 13</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------	---	-----	---	----------------------------	--

FULL NAME <u>Russel J. Bates</u>	FATHER
RESIDENCE <u>Replung Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Wanda C. Whitehead</u>	MOTHER
RESIDENCE <u>Replung Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 11:45 AM
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. G. Espe

(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

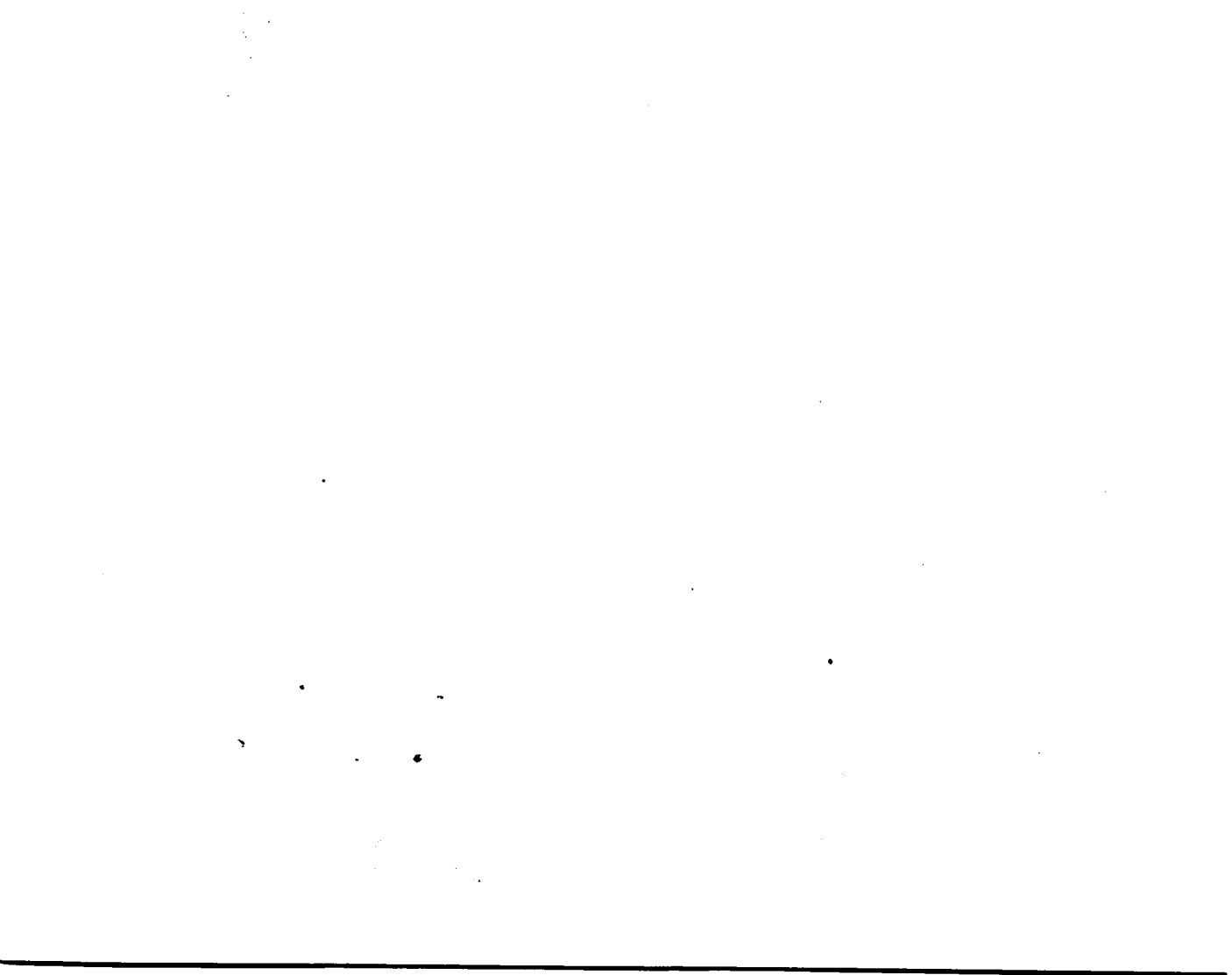
Filed Jan 20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-114-033-215

PLACE OF BIRTH

Amended 1/3/78

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of Rexburg Registration District No. 100 File No. 77204

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 14

Hospital _____

FULL NAME OF CHILD Carl Wheaton Davies

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 14</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Benjamin Thomas DaviesFULL MAIDEN NAME MOTHER Rose SandersRESIDENCE Rexburg IdahoRESIDENCE RexburgCOLOR White AGE AT LAST BIRTHDAY 41 (Years)COLOR White AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE Portage UtahBIRTHPLACE SwitzerlandOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:40 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

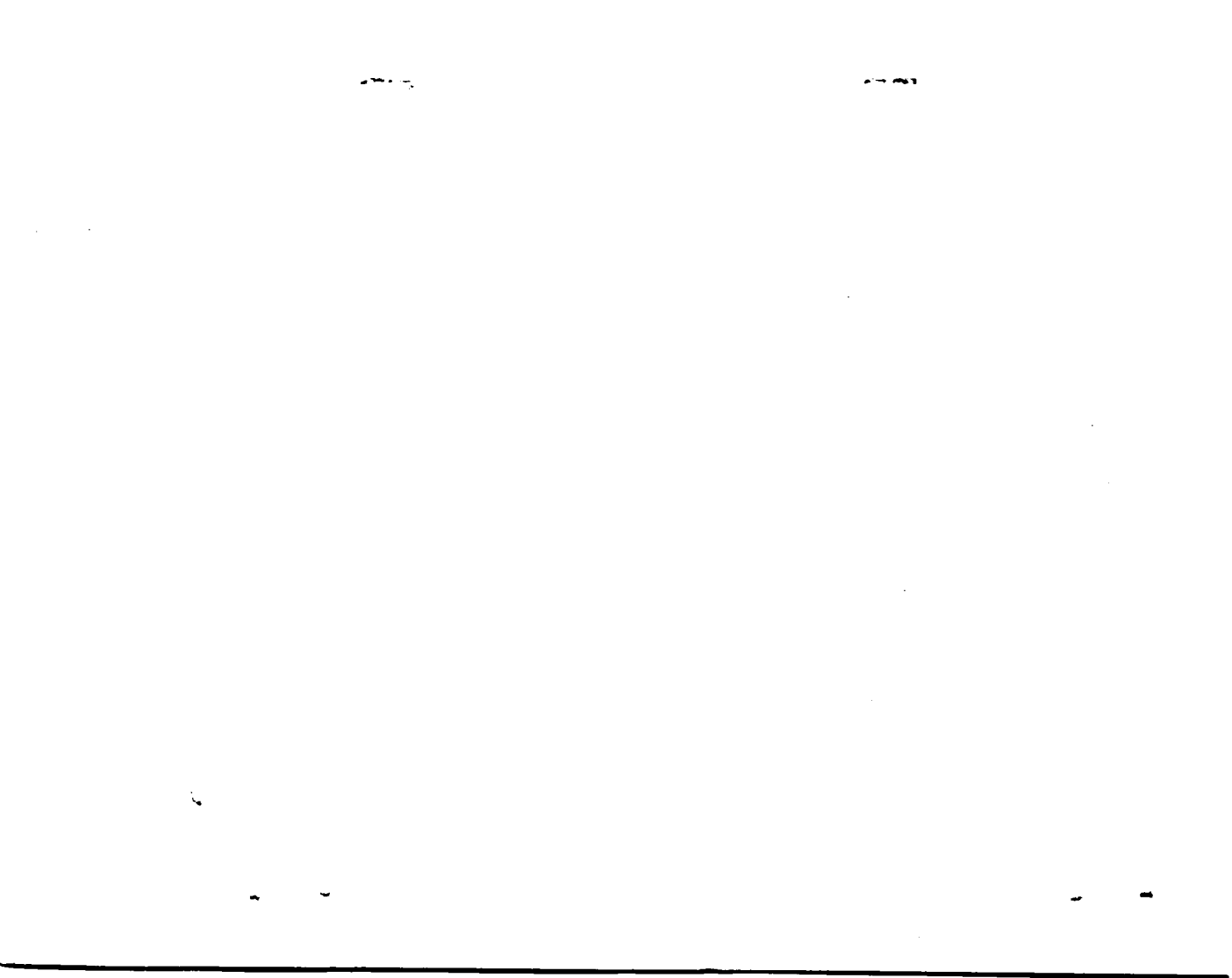
(Signature) W. Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho
Filed Feb. 20 1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of } ss. **DEC 9 2 58 PM '77** Certificate No. 77204
County of Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Davis who was born on Jan. 14, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

Wheaton TO
(The Correct Facts)

Name

Unnamed Davis

Carl Davies

Father's name

Benjamin Davis

Benjamin Davies
Thomas

Subscribed and sworn to before me this day of
....., 19.....

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls, Id.
My commission expires 10/27/81
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed

(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

JAN 3 1978

Honorable Discharge from the U.S. Army gives name as Carl W. Davies born Jan 14, 1920 at Rexburg, Idaho. dated Oct. 31, 945. viewed by V. S.

Holy Sacrament of Baptism gives name as Carl Wheaton Davies son of Benjamin Thomas Davies and Rose Marie Zanders. born Jan 14, 1920 at Rexburg, Idaho. Baptized Aug 17, 1962 in the x Roman Catholic Church. viewed by V. S.

893-214-033-386

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICSname added
County of Madison 3/31/81 CERTIFICATE OF BIRTHCity of Thornton Registration District No. 100 File No. 77205No. _____ St. _____
Primary Registration District No. 2178 Registered No. 45

Hospital _____

FULL NAME OF CHILD Clea Hill

Sex of Child <u>F.</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 14</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	--------------------------------	------------------------	--

FULL NAME FATHER Robt. R. HillRESIDENCE ThorntonCOLOR White AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Hazel ThomasonRESIDENCE ThorntonCOLOR White AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Espe

(Physician or midwife)

Given names added from a supplemental report.

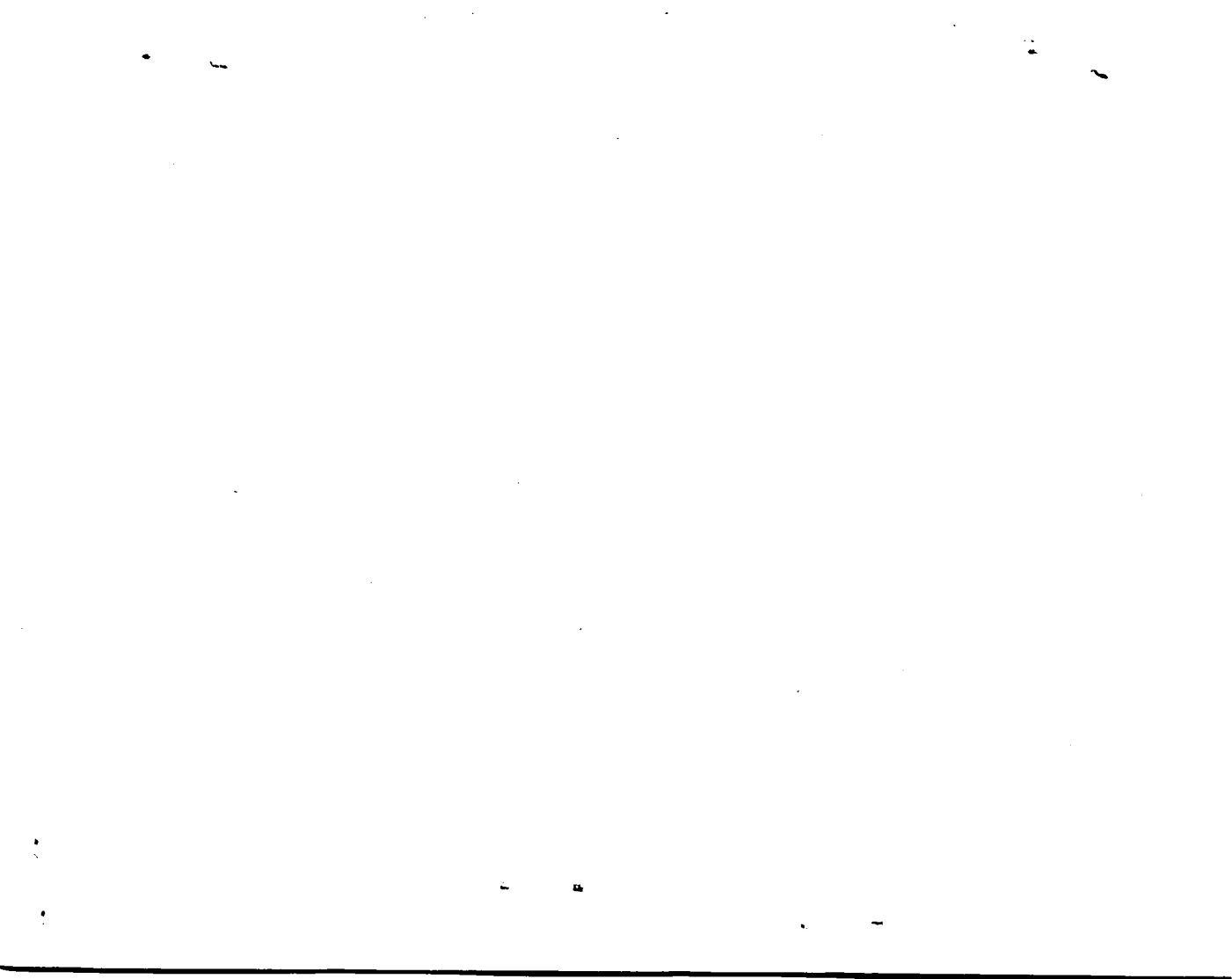
19 _____

Address _____

Filed Jan 1920

Registrar _____

Registrar _____



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of Madison

ss.

EB 12 1 44 PM '81

Certificate No. 77205

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Hill who was born on 1-14-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Lewiston (Madison) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameunnamedClea HillSubscribed and sworn to before me this 6th day of
February 19 81Notary Public, Mary Lee ShawResiding at Rexburg, IdahoMy commission expires 5-20-81

(Seal)

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Madison } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of
February 19 81Notary Public, Mary Lee ShawResiding at Rexburg, IdahoMy commission expires 5-20-81

(Seal)

Supporting Signature

Street Address, City, State

Cecil L. Blessing from LDS Church gives name as
Clea Hill daughter of Robert P. Hill & Hazel Thomason.
Born Jan. 14, 1920 at Independence, Idaho.
Blessed Feb 1, 1920. married by V.S.

Membership record gives name as Clea Freeman,
Born Jan 14, 1920 at Independence, Idaho. Her father's
name as Robert Hunter Hill & Mother's name as
Hazel Manila Thomason. Blessed - 2-1-20 & Baptized
April 15, 1926. married by V.S.

APR 3 1981

366-214-033-445

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-9-3-17

County of *Madison*City of *Lugan*Registration District No. *100*File No. *77206*

No. St.

Primary Registration District No. *2178*Registered No. *66*

Hospital

FULL NAME OF CHILD

*Nina Ruth Cook*Sex of
Child*Female*Twin
Triplet
or other?

}

and

{ Number
in order
of birth

(To be answered in event of plural births)

Legiti-
mate?*Yes*Date of
Birth*Jan. 14 1920*
(Month) (Day) (Year)FULL
NAME*Wiley & Valma Cook*

FATHER

FULL
MAIDEN
NAME*Lulu Mae Munn*

MOTHER

RESIDENCE

Lugan

RESIDENCE

Lugan

COLOR

*White*AGE AT LAST
BIRTHDAY*22*
(Years)

COLOR

*White*AGE AT LAST
BIRTHDAY*20*
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *10 P.M.*
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

H. B. Evans
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

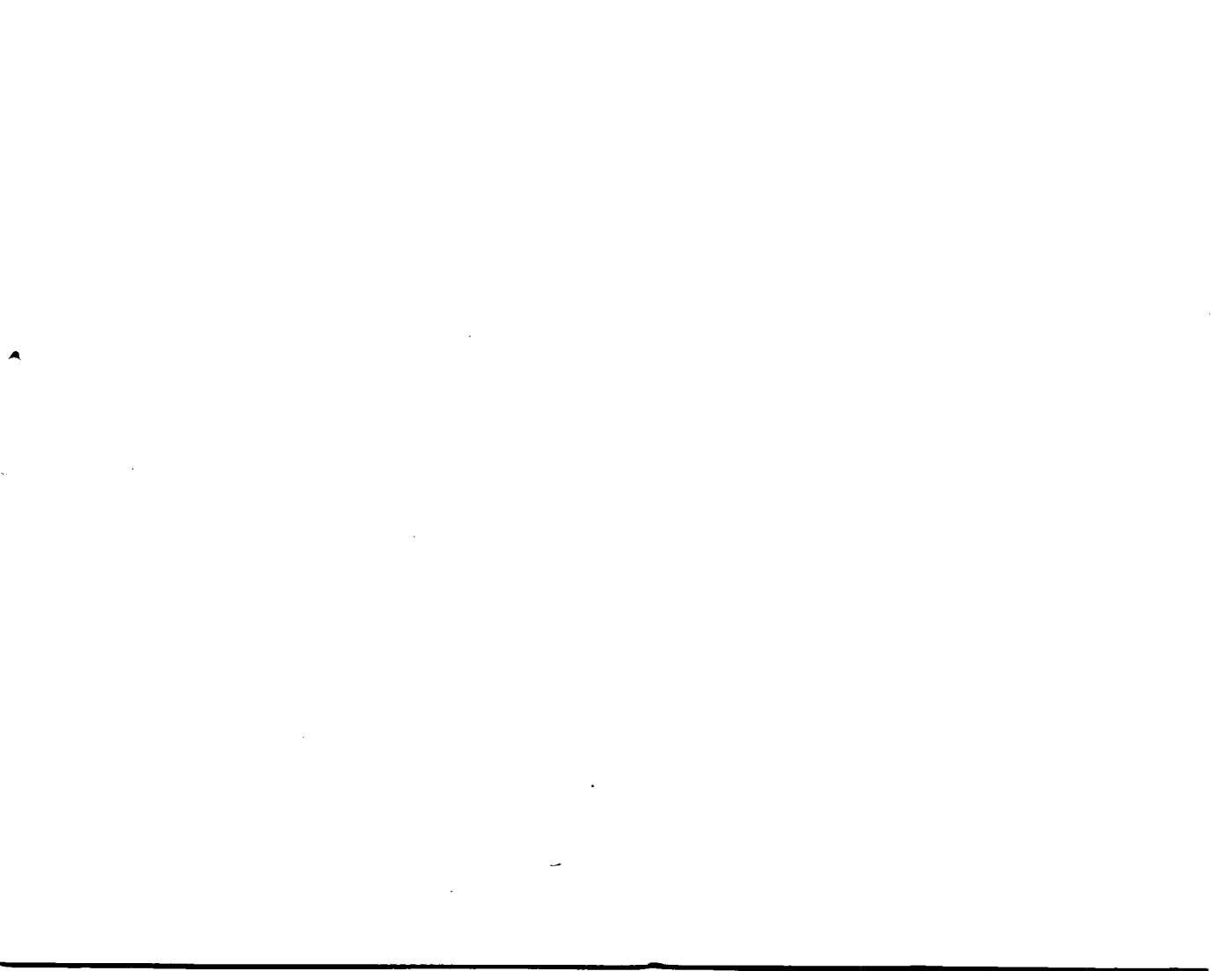
Filed

Jan 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



154-117-030-236
PLACE OF BIRTH amended 7/3/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-2-17

County of Madison

City of Sugar City Registration District No. 1.00 File No. 77207

No. St. Primary Registration District No. 2178 Registered No. 67

Hospital

FULL NAME OF CHILD Wendell Harold Andersen

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 17 1920</u> (Month) (Day) (Year)
--------------------------	----------------------------------	--	------------------------	--

FULL NAME <u>Harold Anderson</u>	FATHER	FULL MAIDEN NAME <u>Rita Stacks</u>	MOTHER
RESIDENCE <u>Canyon Creek</u>		RESIDENCE <u>Canyon Creek</u>	
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7.20 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

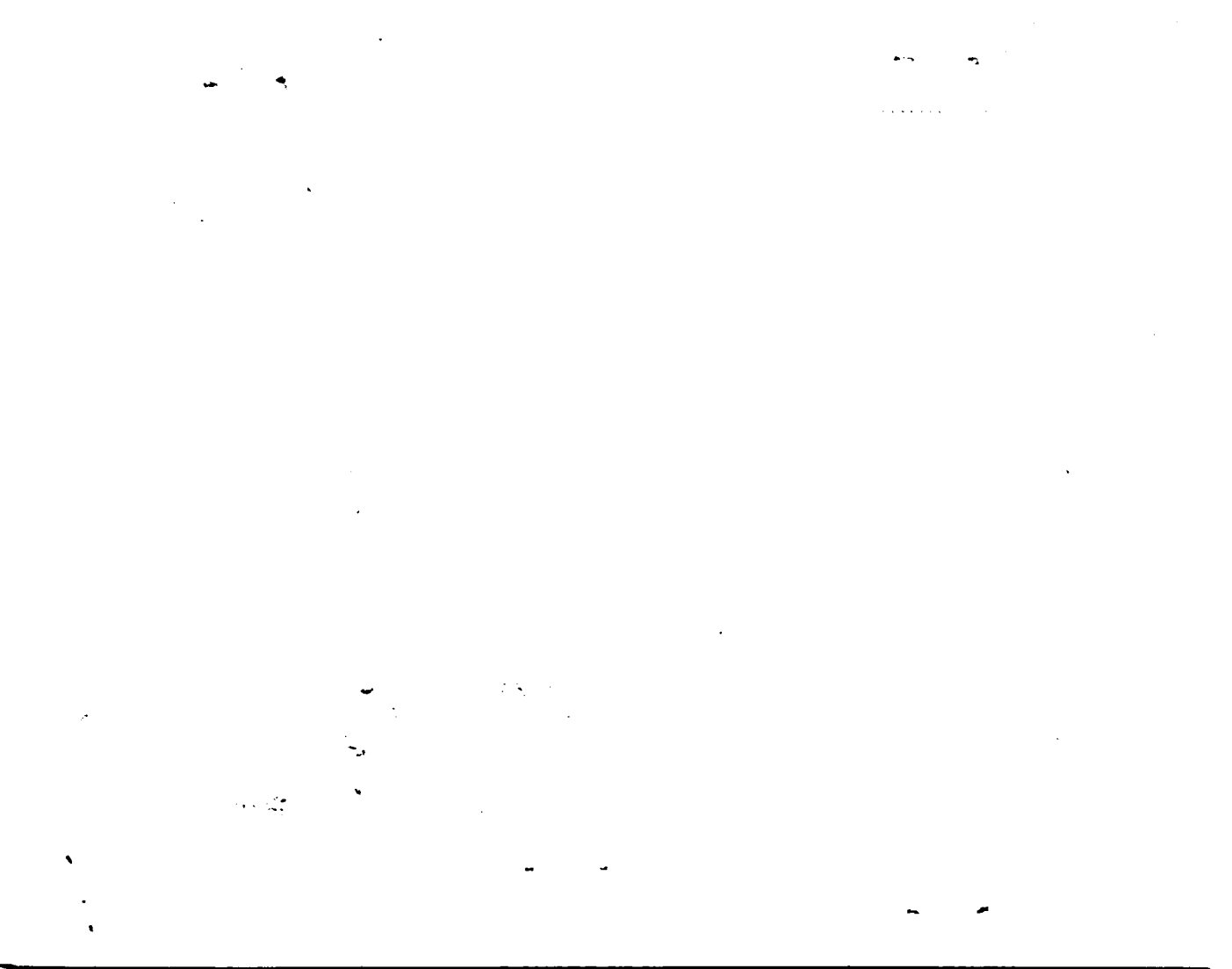
(Signature) D. B. Evans
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed Jan 1920
Registrar [Signature]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



5-19-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF
VITAL STATISTICSState of IDAHO
County of BANNOCK } ss.Certificate No. 77207

Date Filed _____

JUN 16 12 57 PM '80

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Andersen who was born on Jan. 17, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Canyon Creek, (Madison) are erroneous or were omitted:
(Place of Event)ITEMS TO BE CORRECTED
childs nameFROM
omitted

TO

Wendell Harold AndersenPlace of birthCanyon Creek, IdaSugar City, IdahoSubscribed and sworn to before me this 2nd day ofJUNE1980Notary Public, Brent D. BradyResiding at POCATELLO, IDAHOMy commission expires SEPT 1, 1984

(Seal)

Wendell H. Andersen

Signature of Applicant

3579 Hawthorne Rd Pocatello, Ida

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BANNOCK } ss.

(Must be completed ___)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day ofJUNE1980Notary Public, Brent D. BradyResiding at POCATELLO, IDMy commission expires 1 SEPT. 1984

(Seal)

Harold R. AndersenReeta L. Andersen

Supporting Signature

Arco Idaho 83213

Street Address, City, State

K

Honorable Discharge from the US Army gives name as Wendell H. Andersen born Jan 17, 1920 at Sugar City, Idaho. date of separation Feb 23, 1946. viewed by V. S.

JUL 3 1980

Application for insurance from Great Northwest Life Insurance Co. gives name as Wendell Harold Anderson born Jan 17, 1920. dated May 24, 1949. viewed by V. S.

249-118-033-249

Form V. S. No. 11-C-25m-7-21-16

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of ThorntonRegistration District No. 100File No. 77209

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 49

Hospital _____

FULL NAME OF CHILD Frank Lyle Smith

Sex of Child <u>m</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 18</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	------------------------------	-----------	--------------------------------	------------------------	---

FULL NAME <u>Wm. J. Smith</u>	FATHER
RESIDENCE <u>Thornton</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Emma Smith</u>	MOTHER
RESIDENCE <u>Thornton</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>England</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive 12:12 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. E. Gease

(Physician or midwife)

Given names added from a supplemental report.

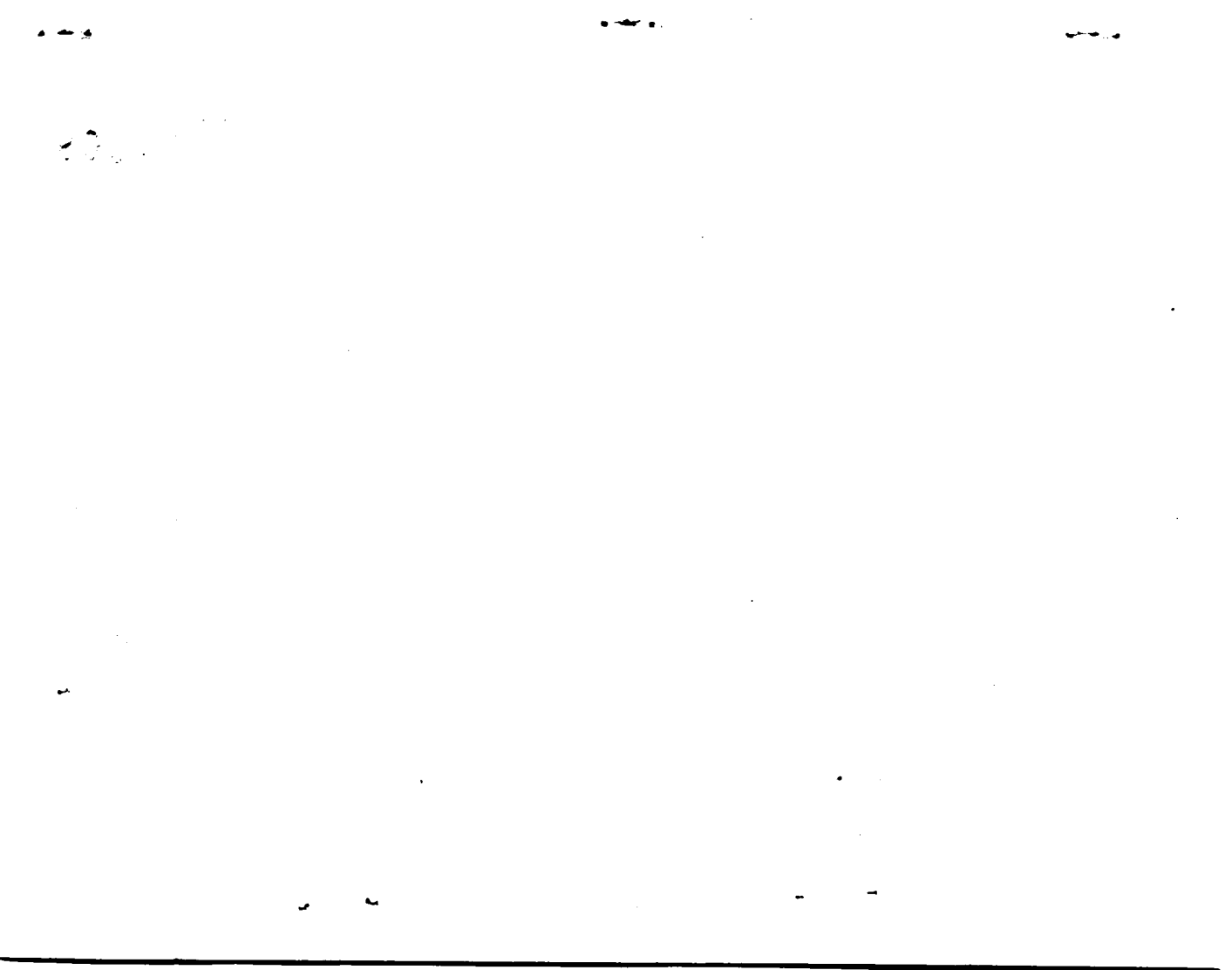
19 _____

Address _____

Filed Jan 1920

Registrar _____

Registrar _____



Own Child's Birth Cert. on file: (Idaho Birth) #381527 gives full name of father as Frank Lyle Smith - viewed by V.S. L.D.S. Church Cert. of Baptism and Confirmation, Aug. 5, 1928 gives full name as Frank Lyle Smith, son of William J. Smith and Emma Smith, born Jan. 18, 1920 at Lyman, Idaho - viewed by V.S.
IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. Certificate No. 77209
County of } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Smith (male child) who was born on Jan. 18, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Thornton, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Full Name of Child Unnamed Frank Lyle Smith

Subscribed and sworn to before me this 26th day of

Nov. 1962
Vernon C. Mortensen
Probate Judge, residing at Rexburg, Idaho
My commission expires
(Seal)

Signed x Emma Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 1, Thornton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of

Nov. 1962
Vernon C. Mortensen
Probate Judge, residing at Rexburg, Idaho
My commission expires
(Seal)

Signed x Orval Smith
(Signature of Any Credible Person)
Rt. 1, Thornton, Idaho
(Street Address, City, State)

NOV 28 1962

836-222-033-275

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of BurtonRegistration District No. 100File No. 77210

No. _____ St.

Primary Registration District No. 2178 Registered No. 70

Hospital _____

FULL NAME OF CHILD Vera Eleanor

Sex of Child <u>L</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 22 1920</u> (Month) (Day) (Year)
-----------------------	--	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Clarence ScottRESIDENCE Burton IdahoCOLOR White AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE Crows, UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Mary Eleanor SpendenRESIDENCE Burton IdahoCOLOR White AGE AT LAST BIRTHDAY 24
(Years)BIRTHPLACE Tropic UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin
Reisburg Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

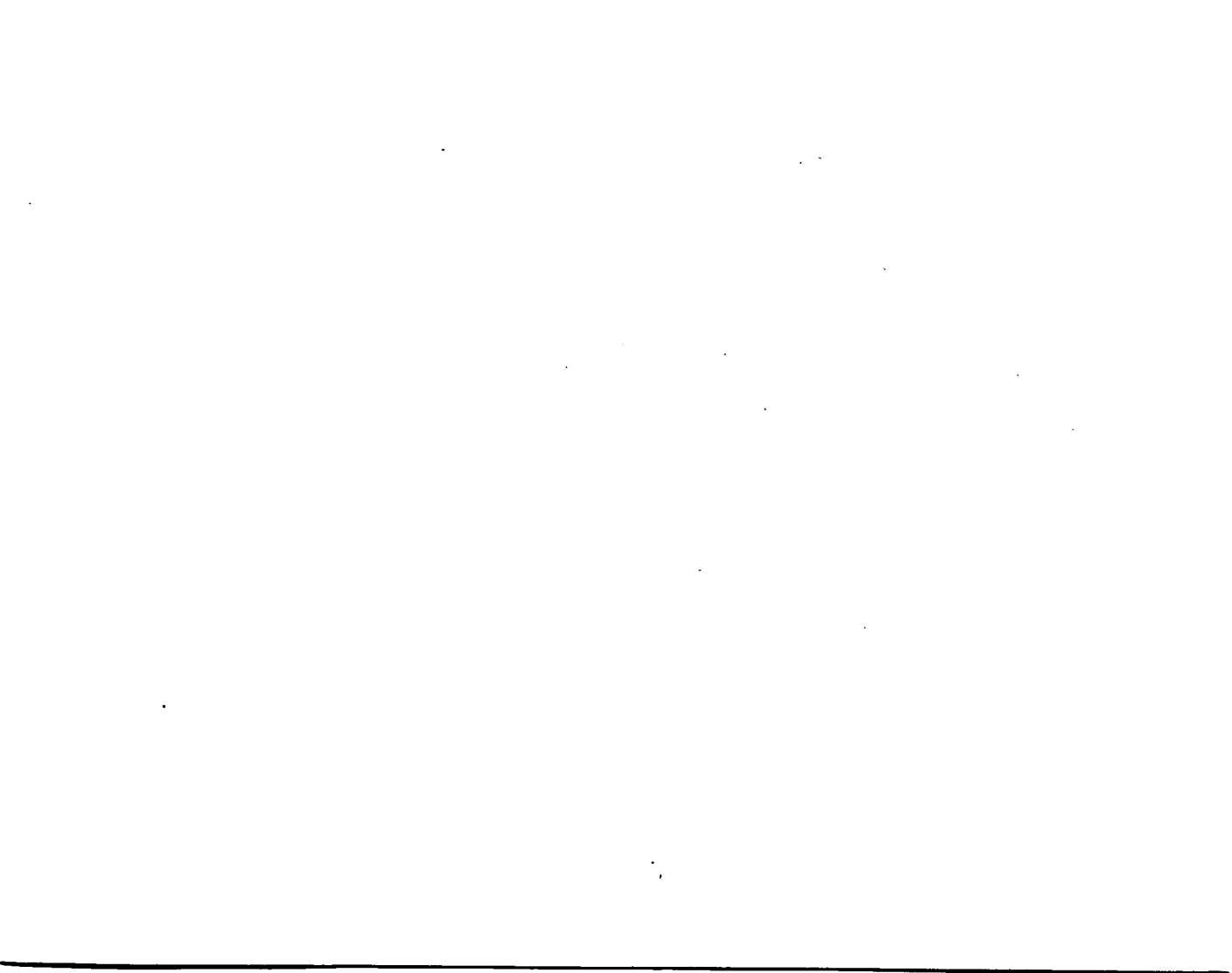
Filed Jan 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



719-223-033-294

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of RexburgRegistration District No. 100 File No. 77211

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 71

Hospital _____

FULL NAME OF CHILD Norma Mary Garner

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>Jan 23</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-----	---	----------------------------	--

FULL NAME George FATHER GarnerRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 33
(Years)BIRTHPLACE Liton IdahoOCCUPATION FarmerFULL MAIDEN NAME Myrtle Simmons MOTHERRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 23
(Years)BIRTHPLACE Liberty IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:20 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. O. Martin
Physician
(Physician or midwife)

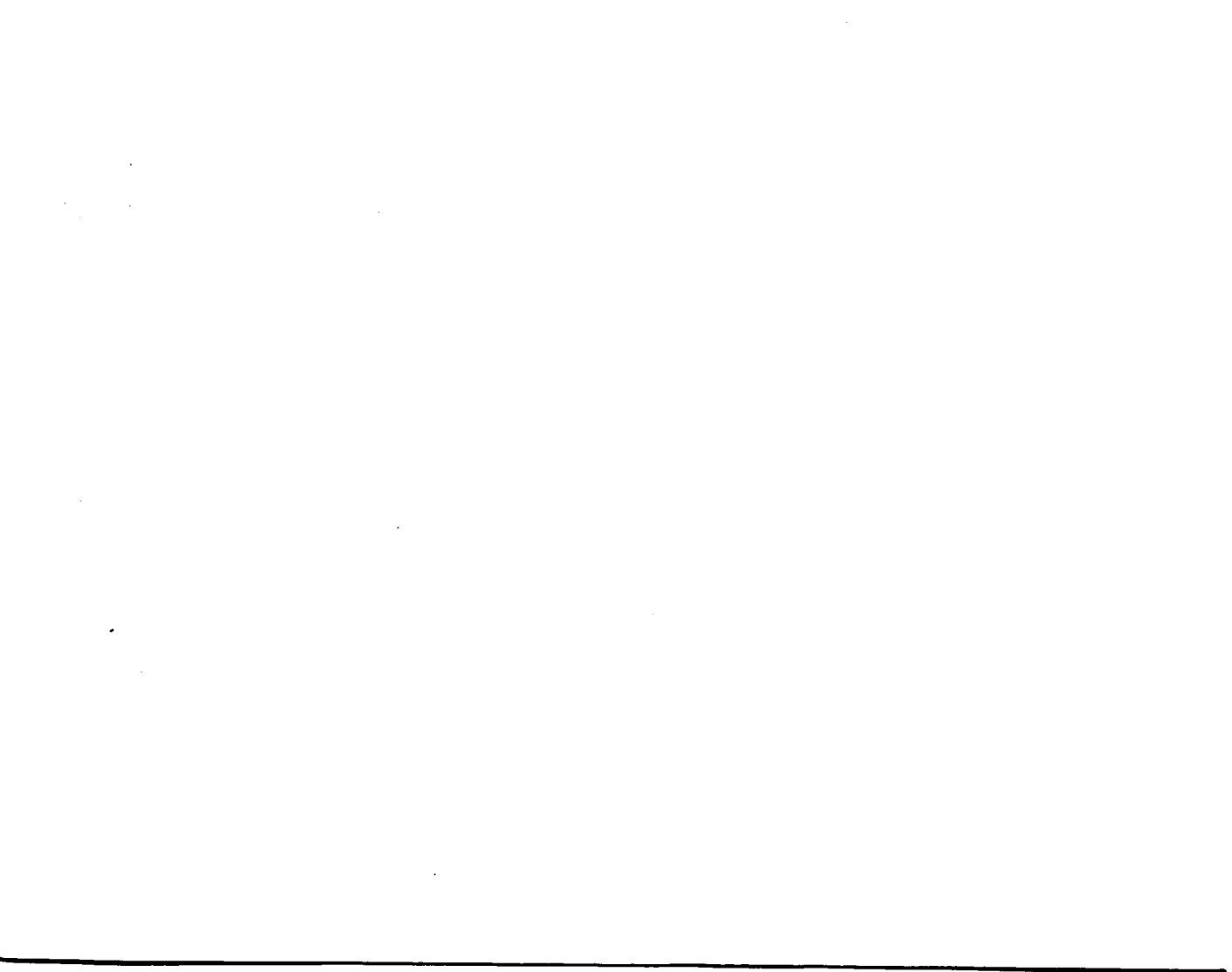
Given names added from a supplemental report.

Address Rexburg IdahoFiled Jan 1920 Registrar [Signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



193-226-033-456

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of ReynoldsRegistration District No. _____ File No. 77213

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Helen Marr ArchibaldSex of
ChildFTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
BirthJan 26 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Robt Archibald

RESIDENCE

Reynolds

COLOR

WhiteAGE AT LAST
BIRTHDAY48
(Years)

BIRTHPLACE

Wellsville

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Emily Lonis Dunsen

RESIDENCE

Reynolds

COLOR

WhiteAGE AT LAST
BIRTHDAY42
(Years)

BIRTHPLACE

Deseret Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 2:20 P.M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

G. L. Parkinson

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Jan 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

SEP 2 1954

APR 3 1963

OCT 14 1968

358-228-033-469

PLACE OF BIRTH amend 12-10-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

V. S. No. 11-C-25m-7-21-19

County of Madison

CERTIFICATE OF BIRTH

City of BerburgRegistration District No. 100

File No.

77214

No. _____ St.

Primary Registration District No. 2178Registered No. 73

Hospital _____

FULL NAME OF CHILD Amanda Jane Leavitt

Sex of Child <u>F.</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 28</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME FATHER
Israel Vernon LeavittFULL MAIDEN NAME MOTHER
Ines Mary MorrisRESIDENCE BerburgRESIDENCE BerburgCOLOR White AGE AT LAST BIRTHDAY 23 (Years)COLOR White AGE AT LAST BIRTHDAY 20 (Years)BIRTHPLACE Livingston UtahBIRTHPLACE Morgan UtahOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 12 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

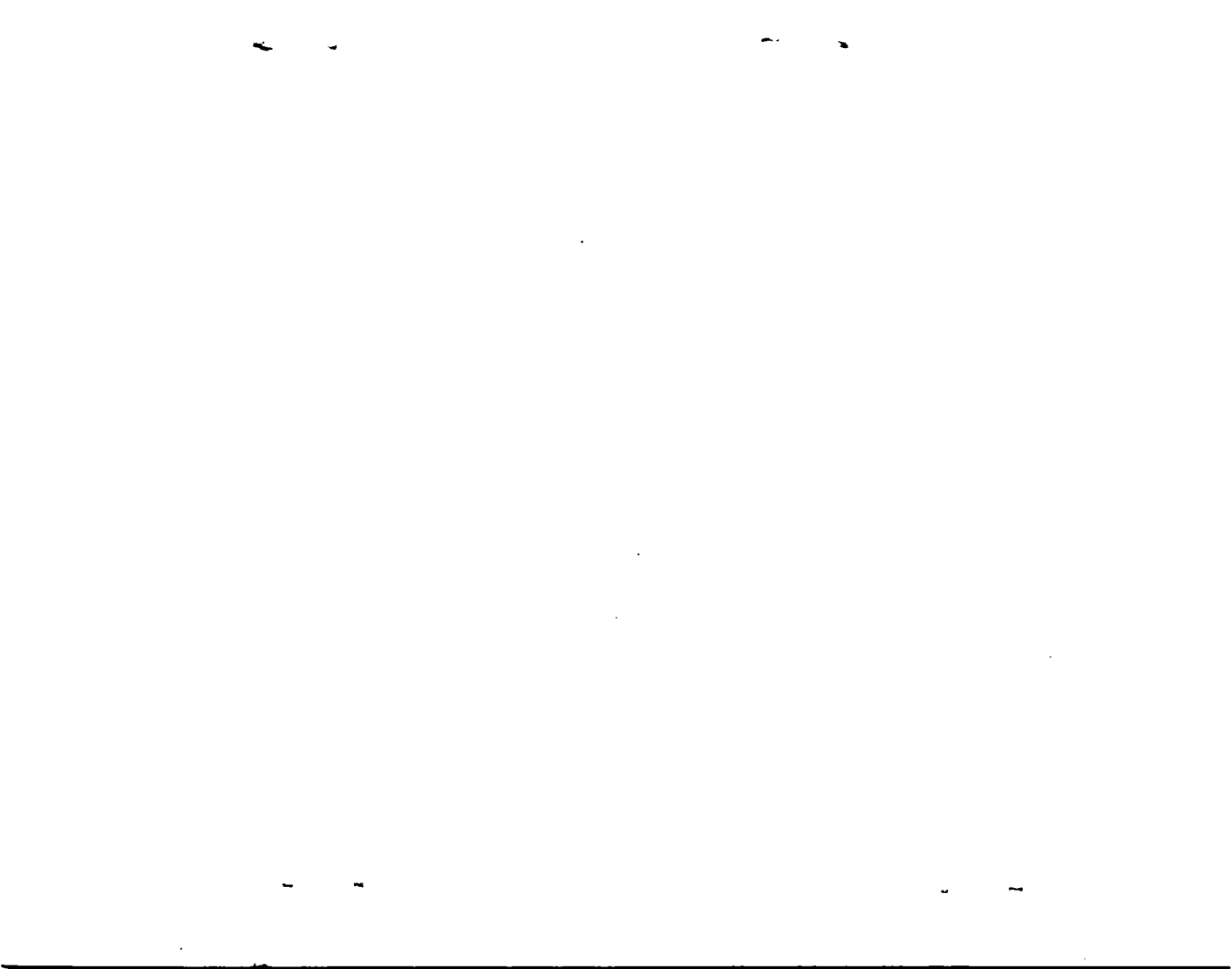
E. L. Parkinson

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed Jan 19 20Registrar [Signature]Registrar [Signature]



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICSState of _____ } ss.
County of _____ }

NOV 25 11 13 AM '81

Certificate No. 77214
Date Filed _____
birth _____

The undersigned does solemnly swear that certain facts on the certificate of _____

for Unnamed Levitt who was born on 1-28-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Rexburg (Madison) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

fathers name

Isrial Levitt

Israel Vernon Leavitt

mothers name

Mary A Morris

Ine Mary Morris

childs name

Unnamed Levitt

Amanda Jane Leavitt

Subscribed and sworn to before me this 20th day ofNovember
Notary Public, [Signature]Residing at Cody, UtahMy commission expires June 1, 1985
(Seal)[Signature: Amanda L. Haven]
Signature of Applicant_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ____)

(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)_____
Supporting Signature_____
Street Address, City, State

LDS Church Record gives Amanda Jane Haven Maiden name Leavitt born 1-28-20 in Madison, Idaho to Israel Vernon Leavitt and Ines Mary Morris was baptised 10-5-28. Viewed by V.S.

DEC 10 1981

LaVere Vernon Leavitt son of Israel V Leavitt and Ines Morris born 8-9-24 in RExburg, state file # 125378. Viewed by V.S.

LDS Church record gives Amanda Jane Leavitt born 1-28-20 to Israel Vernon Leavitt and Ines Mary Morris. Last date on record is birth date for brother Rodney Morris Leavitt 2-1-40. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

249-128-033-692

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of MadisonCity of Sunny dellRegistration District No. 100

File No.

77215

No. _____ St.

Primary Registration District No. 2178

Registered No.

74

Hospital _____

FULL NAME OF CHILD

MARVIN DEE SMITH

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Jan. 28</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	----------------------------	---

FATHER
FULL NAME James Ray Smith
RESIDENCE Sunny dell
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Pauline Weiland
RESIDENCE Sunny dell
COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Germany
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive at 7:35 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

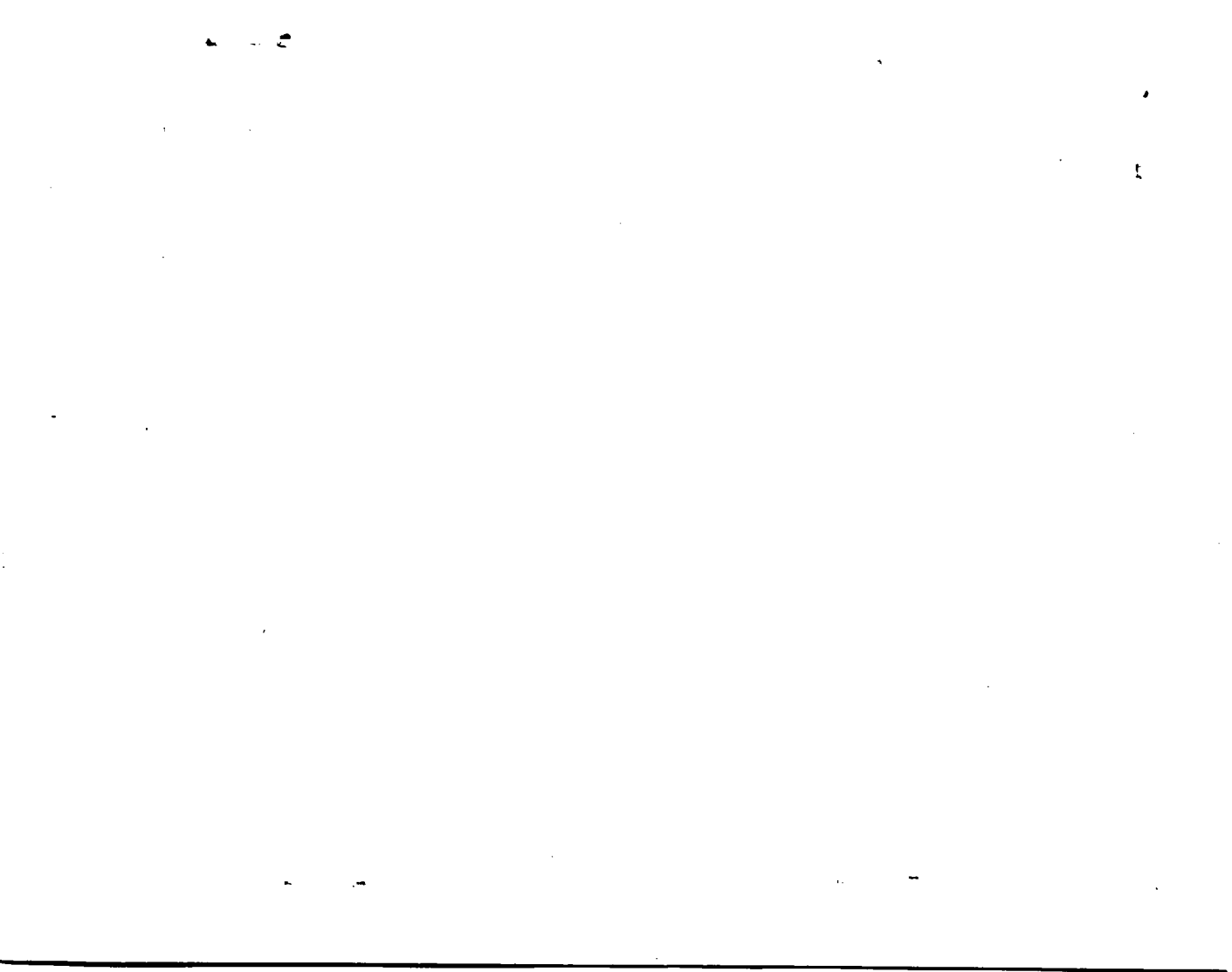
Address

Filed

Feb. 20 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.
Certificate No. 77215
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Marvin Dee Smith who was born on Jan. 28, 1920
in Archer, Madison County are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Archer, Madison County prepared on Jan. 28, 1920, are:
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)
(PLACE OF EVENT)

FACTS TO BE CORRECTED
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM
(AS ON ORIGINAL)

TO
(THE CORRECT FACTS)
Marvin Dee Smith

Name Marvin Dee Smith
Unnamed Marvin Dee Smith

Subscribed and sworn to before me this 27th
day of January, 19 43

Signed J. Ray Smith
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Rexburg, Ida
My commission expires Mar 27, 1943
(SEAL)

Thornton, Idaho R. D. No. 1
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of Jan., 19 43

Signed J. J. Sellers
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Rexburg, Idaho
My commission expires Mar. 27, 1943
(SEAL)

Rexburg, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on Jan. 27, 1943 By J. J. Sellers
(REGISTRAR'S SIGNATURE)

FEB 1 1943

866-128-033-483

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of RexburgRegistration District No. 100File No. 77216

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 78

Hospital _____

FULL NAME OF CHILD

Grant HowardSex of
ChildmTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
BirthJan 28 1920
(Month) (Day) (Year)FULL
NAMEHarry

FATHER

HowardFULL
MAIDEN
NAMEAlice Myler

MOTHER

RESIDENCE

Rexburg Idaho

RESIDENCE

Rexburg Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY49
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY37
(Years)

BIRTHPLACE

Salt Lake City

BIRTHPLACE

Cache Co. Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M.
on the date above stated. (Born alive or stillborn){ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

O. V. Martine
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rexburg Idaho

Filed

Jan 28

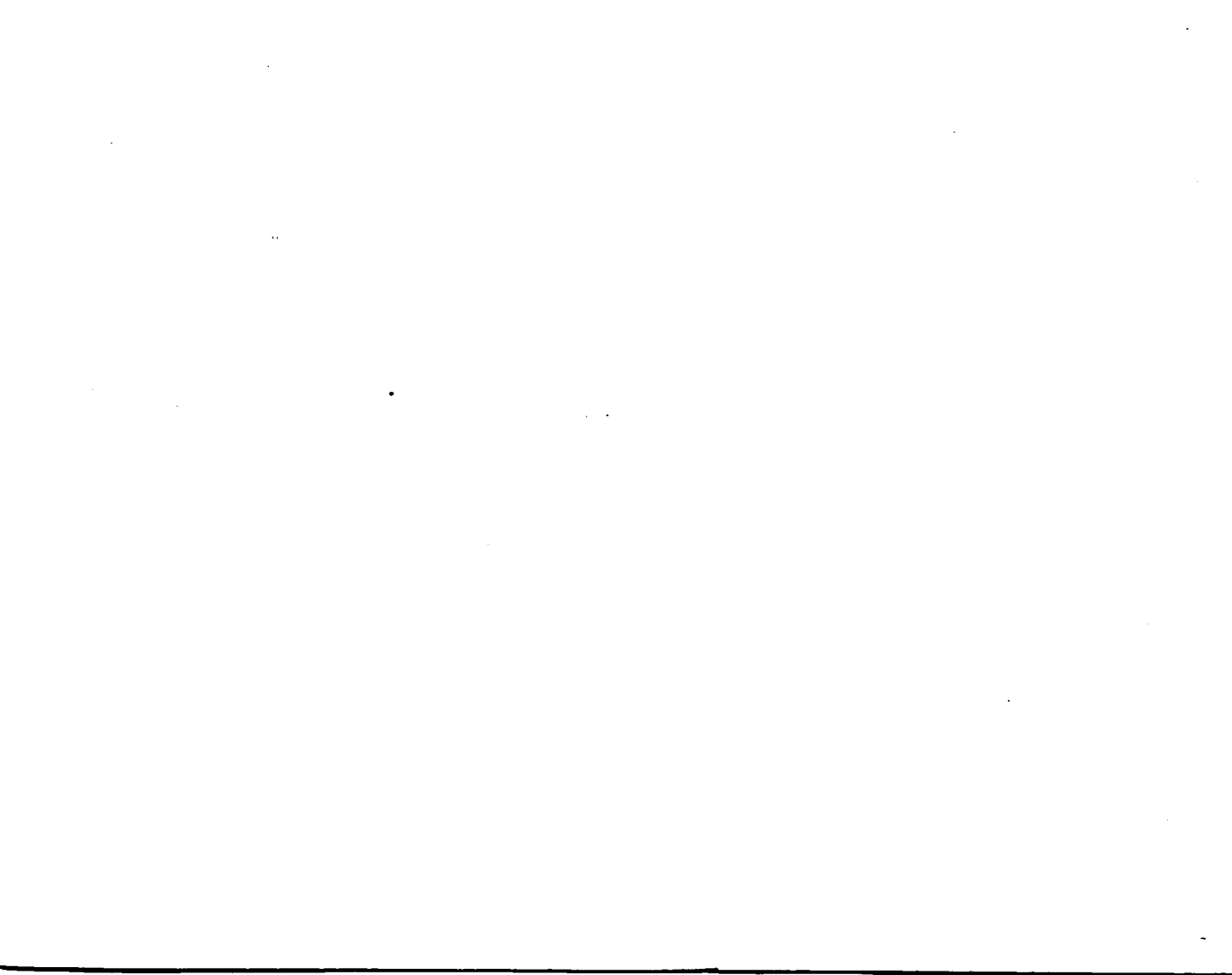
19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



PLACE OF BIRTH

County of *Madison*City of *Lugan*

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 100

Primary Registration District No. 2578

File No.

Registered No. 74

STATE OF IDAHO

Form V. & No. 11-0-2200-44

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77217

Sex of Child <i>Male</i>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate?	Date of Birth
	(To be answered only in event of plural births)			<i>Yes</i>	<i>January 25</i>
					(Month) / (Day) (Year)

FULL NAME <i>Rulon Blake</i>	FATHER	FULL MAIDEN NAME <i>Eola Dayley</i>	MOTHER
RESIDENCE <i>Lugan City</i>		RESIDENCE <i>Lugan City</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>20</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>18</i> (Years)
BIRTHPLACE <i>Utah</i>		BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Factory Hand</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *9:50 P.M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *D. B. Evans*
 Physician or midwife

Given names added from a supplemental report.

Address
 Date *Feb 20 1926*
 Registrar

JUN 1 1962

Certified Copy issued Feb. 2, 1941. E.W.

419-128-033-367

PLACE OF BIRTH

County of *Machin*City of *Lugar*No. *St*

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-3-3-17

CERTIFICATE OF BIRTH

Registration District No. *101*File No. *77218*Primary Registration District No. *2178*Registered No. *77*FULL NAME OF CHILD *Jesus Martinez*Sex of Child *Male* Twin Triplet or other? *}* and { Number in order of birth (To be answered only in event of plural births)Legitimate? *Yes*Date of Birth *Jan 28 1920*
(Month) (Day) (Year)

FULL NAME	<i>FATHER</i> <i>Mamuel Martinez</i>
RESIDENCE	<i>Lugar City</i>
COLOR	<i>Mexican</i>
AGE AT LAST BIRTHDAY	<i>30</i> (Years)
BIRTHPLACE	<i>Mexico</i>
OCCUPATION	<i>Laborer</i>

FULL MAIDEN NAME	<i>MOTHER</i> <i>Mary Lopez</i>
RESIDENCE	<i>Lugar City</i>
COLOR	<i>Mexican</i>
AGE AT LAST BIRTHDAY	<i>22</i> (Years)
BIRTHPLACE	<i>Mexico</i>
OCCUPATION	<i>Housewife</i>

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive*, at *HA* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

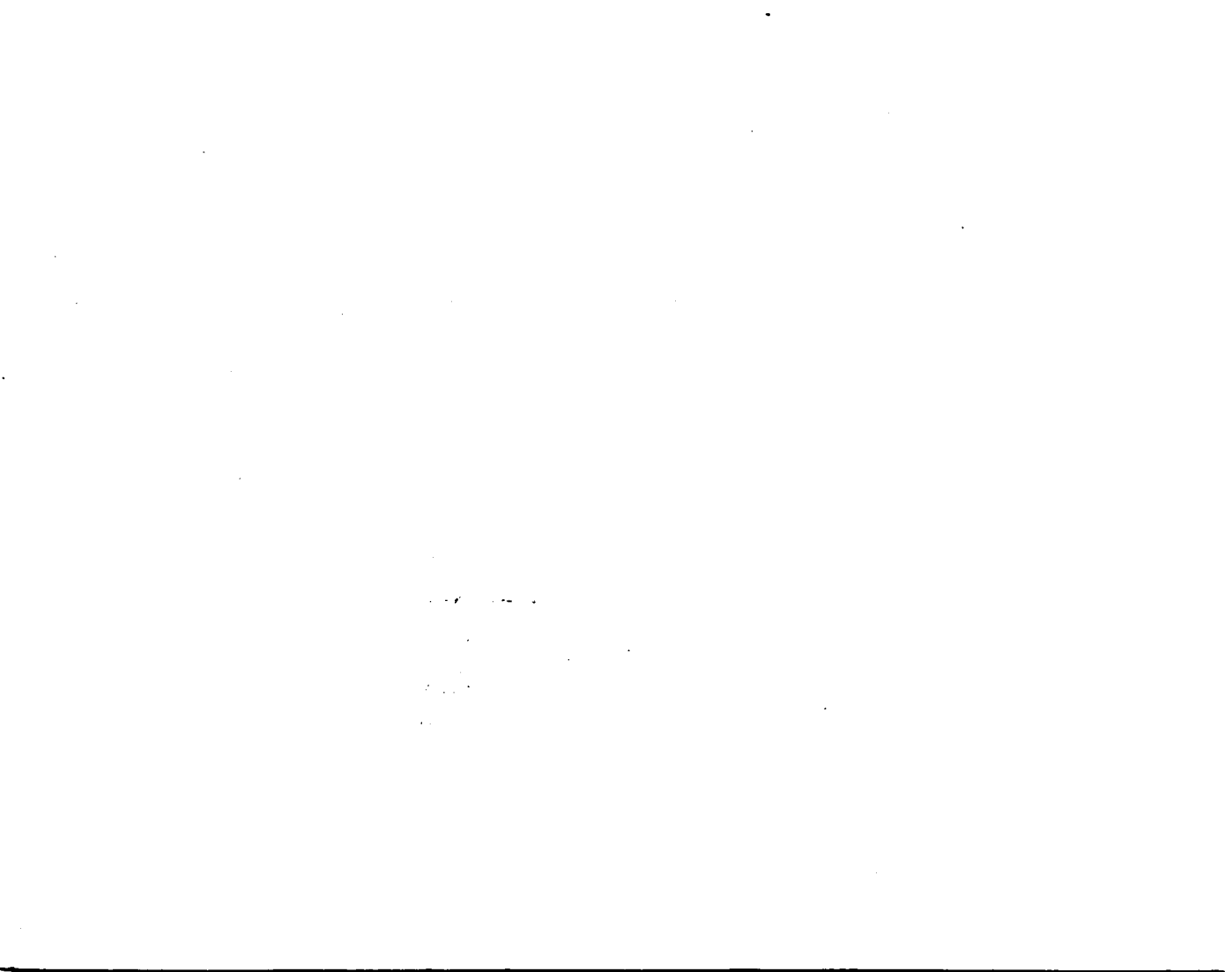
(Signature) *H. B. Evans*
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19

..... 19

Registrar *Jan 20* Registrar



243-230-033-132

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of Replburg #1Registration District No. 100File No. 77219

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 78

Hospital _____

FULL NAME OF CHILD Ramona Buchnieler

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>Jan. 30 1920</u> (Month) (Day) (Year)
------------------------	---	-----	---	----------------------------	--

FULL NAME FATHER John BuchnielerRESIDENCE Replburg #1COLOR White AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Effie AtkinsRESIDENCE Replburg #1COLOR White AGE AT LAST BIRTHDAY 31
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. G. Espe

(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

Filed Feb. 10 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 21 1948

DECEASED

493-231033-384

name added 7-30-84 dl

Form V. S. No. 11-C-25m-7-21-19

PLACE FOR BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of ThorntonRegistration District No. 100 File No. 77220

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 79

Hospital _____

FULL NAME OF CHILD

Margaret Lois Dickson

Sex of Child <u>Fr</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>1</u>	Legitimacy? <u>Yes</u>	Date of Birth <u>Jan. 31</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-----	-----------------------------------	------------------------	---

FULL NAME FATHER Judson DicksonFULL MAIDEN NAME MOTHER Gundel LymanRESIDENCE Thornton IdahoRESIDENCE ThorntonCOLOR white AGE AT LAST BIRTHDAY 47 (Years)COLOR White AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE Morgan UtahBIRTHPLACE Hyrum UtahOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Reynolds Idaho
Filed Jan 1920

Registrar

Registrar

OCT 13 1972

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 17 1984

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana
County of Beaverhead } ss.

Bureau of Vital Statistics

Certificate No. 77220

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed Dickson (Female) who was born on Jan. 31, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Thornton, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's name Unnamed

Margaret Lois Dickson

Subscribed and sworn to before me this 14 day of

Signed Gundel Dickson McMannis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sister of Margaret Lois Dickson - (Born 4/20/06)
(Street Address, City, State)

Notary Public, residing at Billings, Montana
My commission expires 1977
(Seal) **CLERK OF DISTRICT COURT**

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Beaverhead } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of

Signed Blanche Dickson Knight
(Signature of Any Credible Person)

Notary Public, residing at Billings, Montana
My commission expires.....
(Seal) **CLERK OF DISTRICT COURT**

(Street Address, City, State)

Sister of Margaret Lois Dickson
Born 1/20/1909

Marriage license lists Raymadsen and Margaret Lois Dickson
were married Oct 6, 1941 in Oneida County. Viewed by V.S.

Certificate of Blessing from LDS Church gives Larry Ray Madsen
son of Ray Madsen and Margaret Lois Dickson born Sept 13, 1942
was blessed Sept 13, 1942. Viewed by V.S.

859-103-033-983

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of SymanRegistration District No. 100File No. 77221

No. _____ St. _____

Primary Registration District No. 2178Registered No. 80

Hospital _____

FULL NAME OF CHILD

Doyle HelesonSex of
ChildM.Twin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?YesDate of
BirthFeb. 3

(Month) (Day)

1920
(Year)FULL
NAMEW. Gwen Heleson

FATHER

RESIDENCE

Syman Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAME

RESIDENCE

Syman

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive, at 1:50 AM.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. H. Espe
M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Feb. 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

4-11-41

532-204-033-313

PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of Lugar

No. _____ St. _____

Registration District No. 100File No. 77223

Hospital _____

Primary Registration District No. 2178Registered No. 82

Full Name of Child _____

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____	and } Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Feb. 4</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Paula Mae Echusky</u>			FULL MAIDEN NAME <u>Margaret Callahan</u>	
RESIDENCE <u>Lugar</u>			RESIDENCE <u>Lugar</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>4.2</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>37</u> (Years)		
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Armer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 AM on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature) H. B. Evans

(Physician or midwife)

Given names added from a supplemental report

Address _____

Filed Feb 1920

Registrar _____

Registrar _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BIRTH

"Z" flag for file date

815-206-033-914

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of BefungRegistration District No. 100 File No. 77224

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 83

Hospital _____

FULL NAME OF CHILD Esther R. Hansen

Sex of Child <u>F</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 6</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----------	--------------------------------	------------------------	---

FULL NAME Emil FATHER HansenRESIDENCE Rexburg IdahoCOLOR white AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE Logan UtahOCCUPATION PrinterFULL MAIDEN NAME Idea Ramsay MOTHERRESIDENCE Befung IdahoCOLOR White AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE Salt Lake City, Ut.OCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____

(Signature) _____

Born alive, at 6:32 P.M.
(Born alive or stillborn)

Dr. Martin
Physician
(Physician or midwife)

Address _____

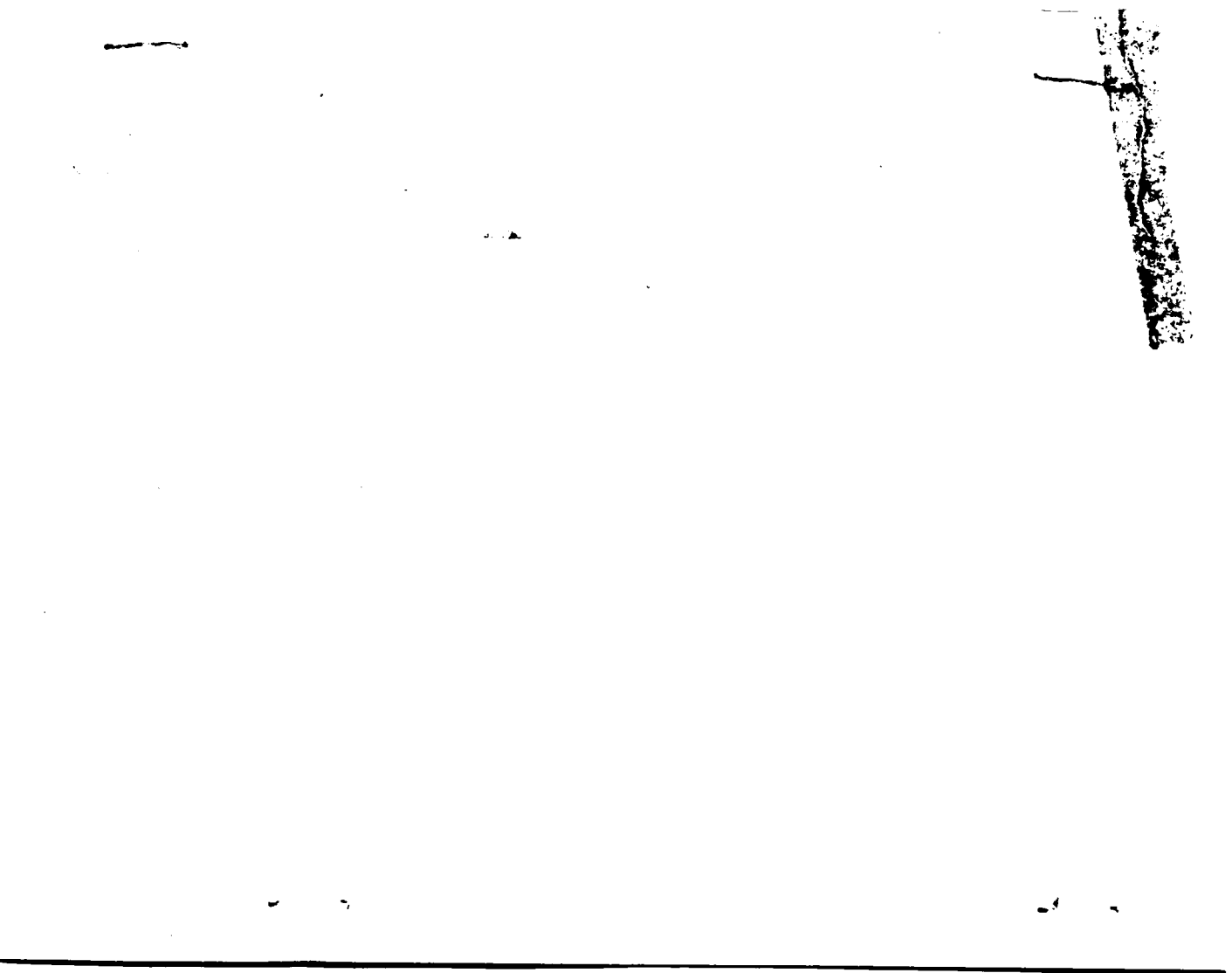
Rexburg Idaho

Filed _____

Feb 1920

Registrar _____

Registrar _____



FEB 19 1945 STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 77224
County of Utah } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Esther R. Hansen who Born on Feb 6 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Rephurg Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Certificate of Blessing prepared on Apr 7 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED

FROM

TO

("Name," "Birth Date," "Cause of Death," Etc.)

(As on Original)

(The Correct Facts)

name

none given

~~Esther Ramseyer Hansen~~

Esther R. Hansen

Subscribed and sworn to before me this 8th
day of Feb 1945

Signed V. Emil Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Crem Utah

My commission expires Sept 20 - 1945
(Seal)

262 South State St. Crem, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of Feb 1945

Signed Ruth Matthews
(Signature of Any Credible Person)

Notary Public, residing at Crem Utah

My commission expires Sept 20 - 1945
(Seal)

R2 Crem, Utah
(Street Address, City, State)

LEB 2 2 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-106-033-595

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Sunnydell

Registration District No. 100

File No. 77225

No. _____ St. _____

Primary Registration District No. 2175 Registered No. 84

Hospital _____

FULL NAME OF CHILD

Jesse Ray Niederer

Sex of Child <u>m</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 6</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------	------------------------	--

FATHER
FULL NAME Rulon S. Niederer
RESIDENCE Sunnydell Idaho
COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Noda Nielson
RESIDENCE Sunnydell, Idaho
COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:45 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Gessner
Redburg
(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

Filed March 5 19 20

Registrar

Registrar

c.c. 6/17/41. w.h.

251-110033-389

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of ReynoldsburgRegistration District No. 100File No. 77226

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 85

Hospital _____

FULL NAME OF CHILD Wilford Dallas Knapp

Sex of Child <u>m.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 10 1920</u> (Month) (Day) (Year)
------------------------	---	-----	---	----------------------------	---

FATHER
FULL NAME Wilford H. Knapp
RESIDENCE Reynoldsburg, Idaho
COLOR White AGE AT LAST BIRTHDAY 20
(Years)
BIRTHPLACE Idaho
OCCUPATION Carpenter

MOTHER
FULL MAIDEN NAME Blourence Christopherson
RESIDENCE Reynoldsburg
COLOR White AGE AT LAST BIRTHDAY 24
(Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive, at 2:50 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed Feb. 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

415-220-233-299

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Boylburg
No. _____ St. _____

Registration District No. 100

File No. 77227

Hospital _____

Primary Registration District No. 2178

Registered No. 88

FULL NAME OF CHILD Lenore Manwaring

Sex of Child <u>F.</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>36</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>Feb 20 1920</u> (Month) (Day) (Year)
------------------------	---	-----	------------------------------------	-------------------------	--

FATHER
FULL NAME W. A. Manwaring
RESIDENCE Boylburg
COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Granger Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Emmogene Bird
RESIDENCE Boylburg
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Springville Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Parkinson

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed Mar. 7 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss. Certificate No. 7727
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of _____
for Unmarried who born on Feb 20, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Pauline, Pa. are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Brother prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name Unmarried Lenore Manwaring

Subscribed and sworn to before me this 21st
day of May, 19 42
Marion E. Cox

Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed Leo R Manwaring ✓
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____
Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

MAY 21 1949

1. *Pharmaceutical industry*—United States—History. I. Title. II. Series.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

913-214.033-193

PLACE OF BIRTH

County of MadisonCity of Pepburg #3

No. _____ St. _____

Hospital _____

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 100 File No. 77228Primary Registration District No. 2177 Registered No. 86FULL NAME OF CHILD Ruth Ricks

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Feb. 14</u> 19 <u>29</u> (Month) (Day) (Year)
---------------------------	---	-------	--------------------------------	-------------------------------	--

FULL NAME <u>Orson Ricks</u>	FATHER
RESIDENCE <u>Pepburg #3</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Margaret Archibald</u>	MOTHER
RESIDENCE <u>Pepburg #3</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Feb 1929

Registrar

Registrar

JUN 11 1958

MAR 24 1948

759-226-026-381

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of JeffersonCity of Bigby #3

No. _____ St. _____

Registration District No. 100File No. 77229

Hospital _____

Primary Registration District No. 2175Registered No. 89

FULL NAME OF CHILD

Hazel Perry

Sex of Child

FTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legitimacy

Yes

Date of Birth

Feb. 26 1920
(Month) (Day) (Year)

FULL NAME

FATHER

H. M. Perry

RESIDENCE

Bigby #3

COLOR

White

AGE AT LAST BIRTHDAY

31
(Years)

BIRTHPLACE

Rhudy Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Ledia Champine

RESIDENCE

Bigby #3

COLOR

White

AGE AT LAST BIRTHDAY

29
(Years)

BIRTHPLACE

London

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive, at 12 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

G. S. Parkinson

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed

Mar. 1 1920

Registrar

Registrar

MAY 1 1942

4713

714-237-0
PLACE OF

45

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

25m-6-15-18

County of MaCity of Lugan

No. _____ St. _____

Hospital _____

Registration District No. 100File No. 7230Primary Registration District No. 2178Registered No. 90

Full Name of Child _____

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>Other</u> (To be answered only in event of plural births)	Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>Feb 27</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>James M. Buddie</u>		MOTHER FULL MAIDEN NAME <u>Winnie Hunter</u>		
RESIDENCE <u>Lugan City</u>		RESIDENCE <u>Lugan City</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Mechanic</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 49 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

V. B. Evans
Physician
(Physician or midwife)

Given names added from a supplemental report _____

19 _____

Address _____

Filed Feb19 20

Registrar _____

Registrar _____

100 of Chi.

100 of Chi.
100 of Chi.
100 of Chi.

285-127-033

PLACE OF BIRTH

County of Madison
City of SugarSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 31—25m-6-15-18

No. _____ St. _____

Registration District No. 100File No. 77231

Hospital _____

Primary Registration District No. 2178Registered No. 91

Full Name of Child

Julius Lee Shepard

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>Neither</u> {and} Number (To be answered only in event of plural births)	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>Feb 27</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------	---

FULL NAME <u>Ralph Shepard</u>	FATHER
RESIDENCE <u>Sugar City</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Carpenter</u>	

FULL MAIDEN NAME <u>Martha Wamoy</u>	MOTHER
RESIDENCE <u>Sugar City</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 5 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. B. Evans
Physician
(Physician or midwife)

Given names added from a supplemental report

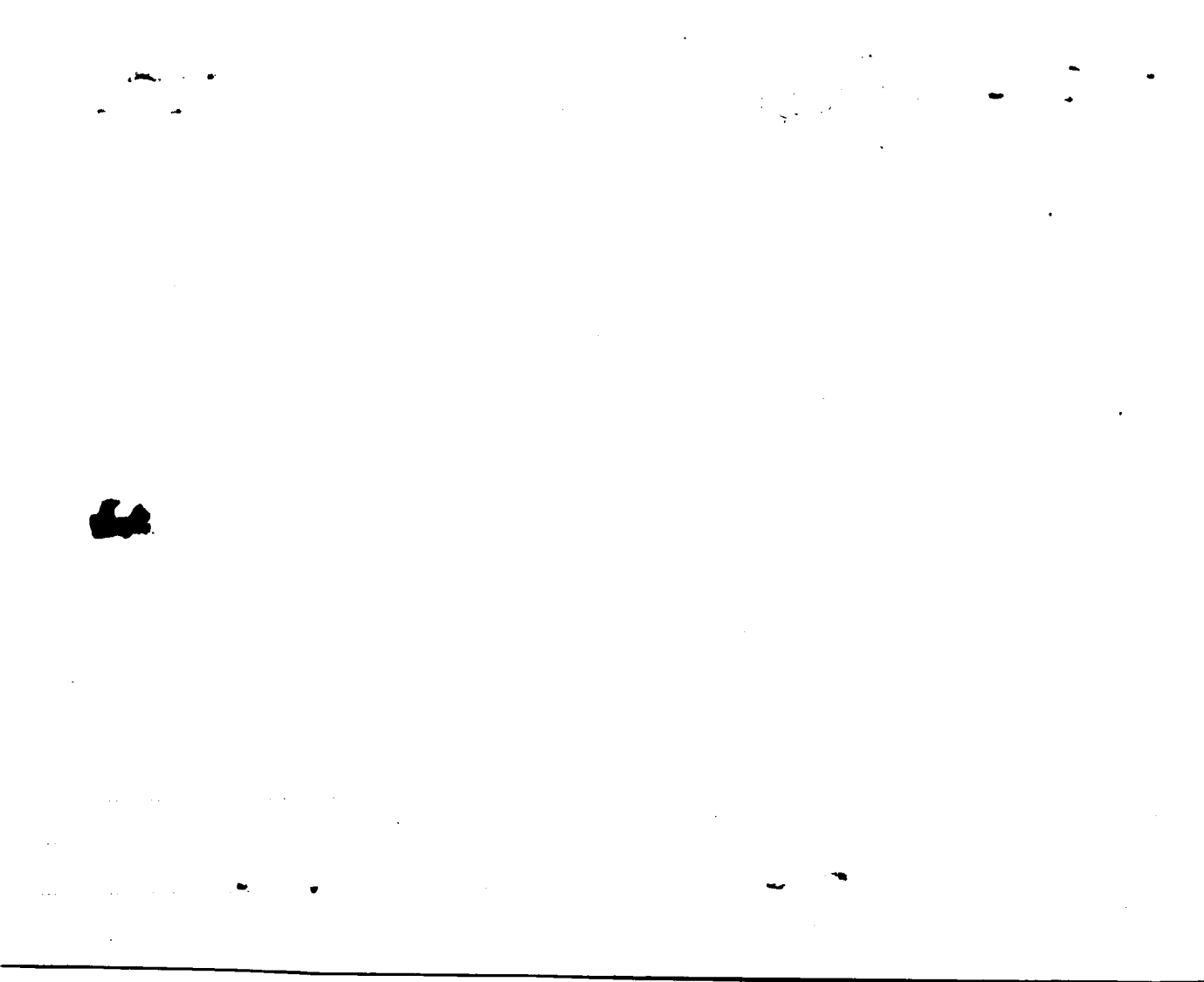
19

Address

Filed MAR 1 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Cache } ss.

Certificate No. 77231;

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

(Birth or Death)

for Julius Dee Shepard who Born on Feb. 27, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Sugar City, Idaho. are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Mother prepared on APR - 6 1943, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Julius Dee Shepard

Subscribed and sworn to before me this 6th
day of March, 19 43

Signed Mrs Lauretta Shepard Conish
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Richmond, Utah

My commission expires Feb. 25, 1947
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

APR 8

1943

AUG 18 1947

NOV 6 1958

199-227-033-648

PLACE OF BIRTH

County of MadisonCity of Sugar

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 100File No. 77232Primary Registration District No. 2178Registered No. 92Full Name of Child Mary Tizawa

SEX OF CHILD <u>Female</u>	Twin <u>Triplet</u> <u>other</u> { and } Number <u>in order of birth</u>	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>Feb 27</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>M. Tizawa</u>	FATHER
RESIDENCE <u>Sugar City</u>	
COLOR <u>Yellow</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Dr. Tizawa</u>	MOTHER
RESIDENCE <u>Sugar City</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

1 Certified copy 11/30/38

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 a.m. on the date above stated.

1 Photostat copy 1/26/42

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Sugar City, IdahoFiled Feb 28

Registrar

Registrar

First certified copy issued 11-30-36 #4046 PBA

JAN 26 1942



713-228.033-294

PLACE OF BIRTH

County of Madison

City of Lugar

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 100

Primary Registration District No. 2178

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 77233

Registered No. 93

Mary Salloway

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>Feb 28</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Reginald Salloway</u>	FATHER	FULL MAIDEN NAME <u>Flora Kidd</u>	MOTHER
RESIDENCE <u>Lugar City</u>		RESIDENCE <u>Lugar City</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>England</u>		BIRTHPLACE <u>Kentucky</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at HA M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. B. Evans
Physician
(Physician or midwife)

Given names added from a supplemental report

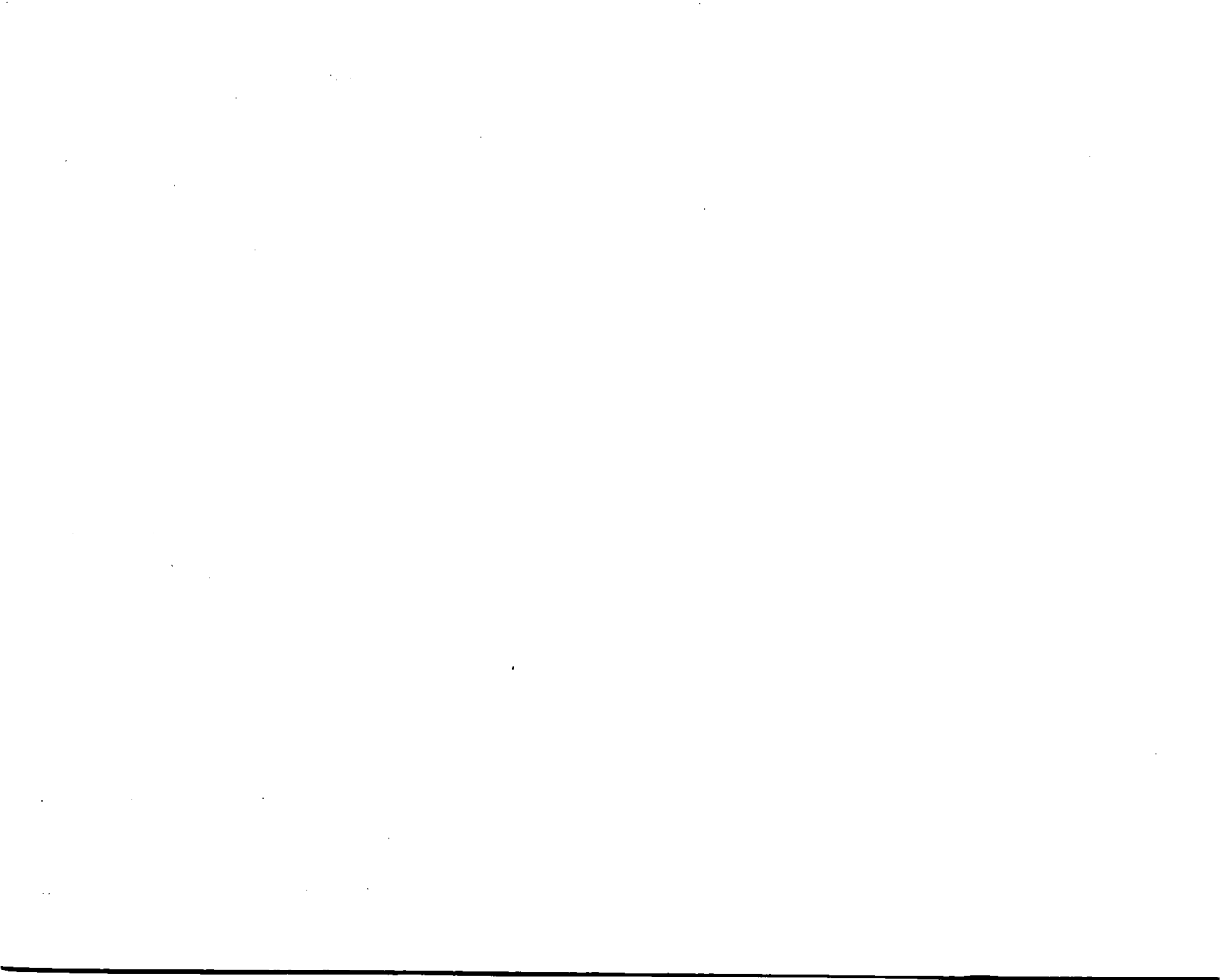
19

Address

Filed Feb 1920

Registrar

Registrar



413.227.033-795

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of Reynolds #1Registration District No. 100 File No. 77234

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 94

Hospital _____

Nina Ilene Machen

FULL NAME OF CHILD

Sex of Child <u>Fr.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>Feb. 27</u> 19 <u>22</u> (Month) (Day) (Year)
-------------------------	---	-----	---	----------------------------	---

FULL NAME <u>Lorn Machen</u>	FATHER
RESIDENCE <u>Reynolds #1</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Winnie Preston</u>	MOTHER
RESIDENCE <u>Reynolds #1</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive, at 10:50 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

19____

Address _____

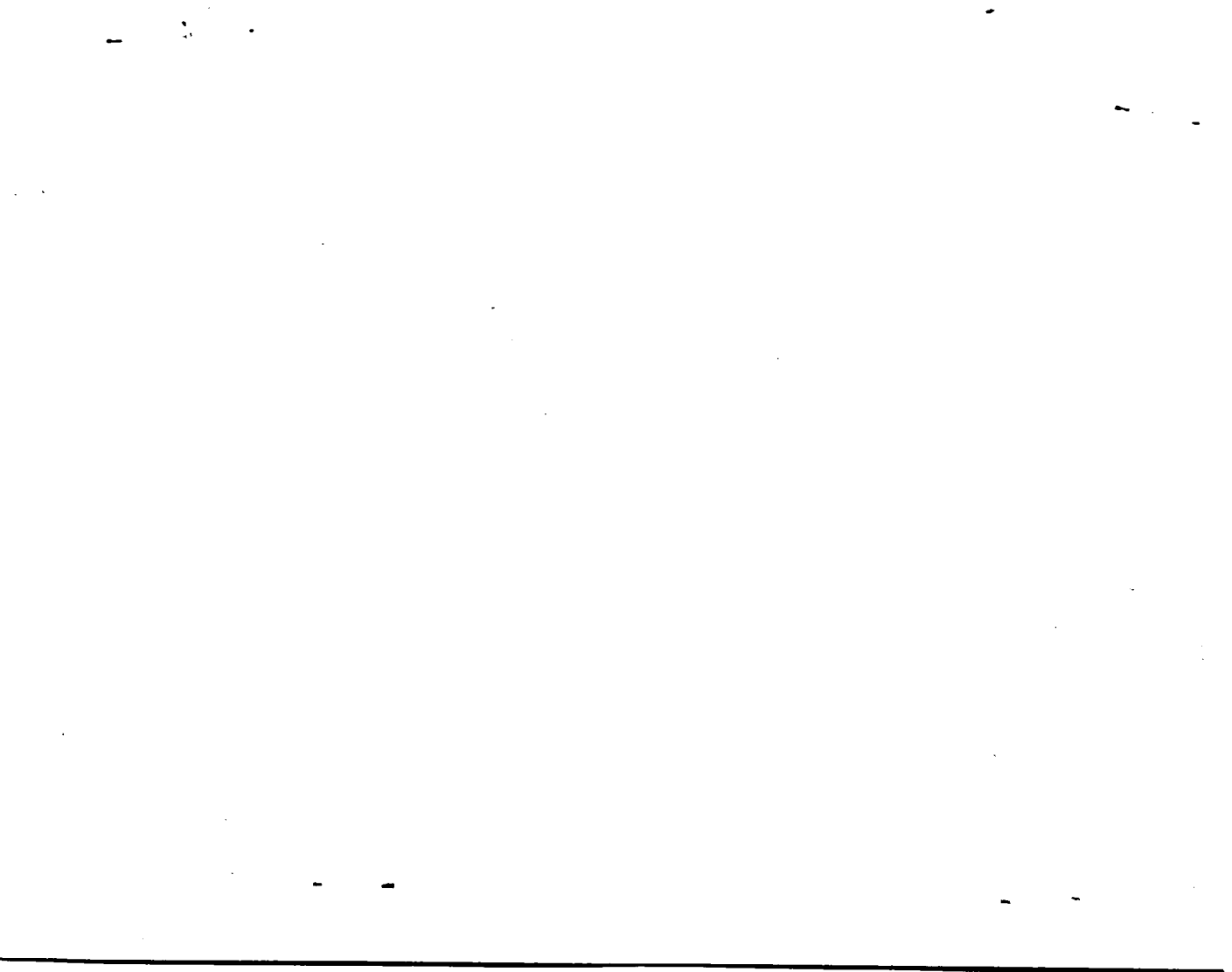
Filed Feb 1922

Registrar _____

Registrar _____

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. OCT 9 1943 Certificate No. 77234
County of Madison Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of Nina Ilene Machen (Birth or Death)
for Nina Ilene Machen who was born on Feb. 27, 1920 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by prepared on (Give Date), are:

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name

none given

Nina Ilene Machen

Subscribed and sworn to before me this 7th
day of October, 19 43

Signed Minnie Machen **MOTHER**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, clerk of the District Court
residing at

Rexburg, Idaho

My commission expires
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of October, 19 43

Signed Blanche Winn
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

Rexburg, Idaho

My commission expires
(Seal)

(Street Address, City, State)

OCT 11 1948

613/28033-968

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of ReplungRegistration District No. 100File No. 77235

No. _____ St. _____

Primary Registration District No. 2178Registered No. 90-

Hospital _____

FULL NAME OF CHILD Howard Lavell Walters

Sex of Child <u>M</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 28</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----------	--------------------------------	------------------------	--

FULL NAME <u>Wm. S. Walters</u>	FATHER
RESIDENCE <u>Replung</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Train buyer</u>	

FULL MAIDEN NAME <u>Nellie E. Rohde</u>	MOTHER
RESIDENCE <u>Replung</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Canada</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Espe

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed Feb 1920

Registrar _____

Registrar _____

JUN 26 1968

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77236

County _____

City of _____

Registration District No. 100

File No. _____

No. _____ St. _____

Primary Registration District No. 217FRegistered No. 96

Hospital _____

FULL NAME OF CHILD

MERLE HOWELL

Sex of Child

M.Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?Yes

Date of Birth

Feb. 29 1920
(Month) (Day) (Year)

FULL NAME

FATHER

Russ Howell

RESIDENCE

Peyburg Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Essie Sechrist

RESIDENCE

Peyburg

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 6:05 A.M.
(Born alive or stillborn){ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

L. H. Cooper

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Feb1920

Registrar

Registrar



9 1968

433-101-033-415

name added 12-22-82

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77237

County of MadisonCity of RexburgRegistration District No. 100 File No. _____

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 97

Hospital _____

FULL NAME OF CHILD

Theron L. McCulloch

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>March 1</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER Alexander McCullochRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 50
(Years)BIRTHPLACE Logan UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Ethel MayoRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE EnglandOCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. C. Martie
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

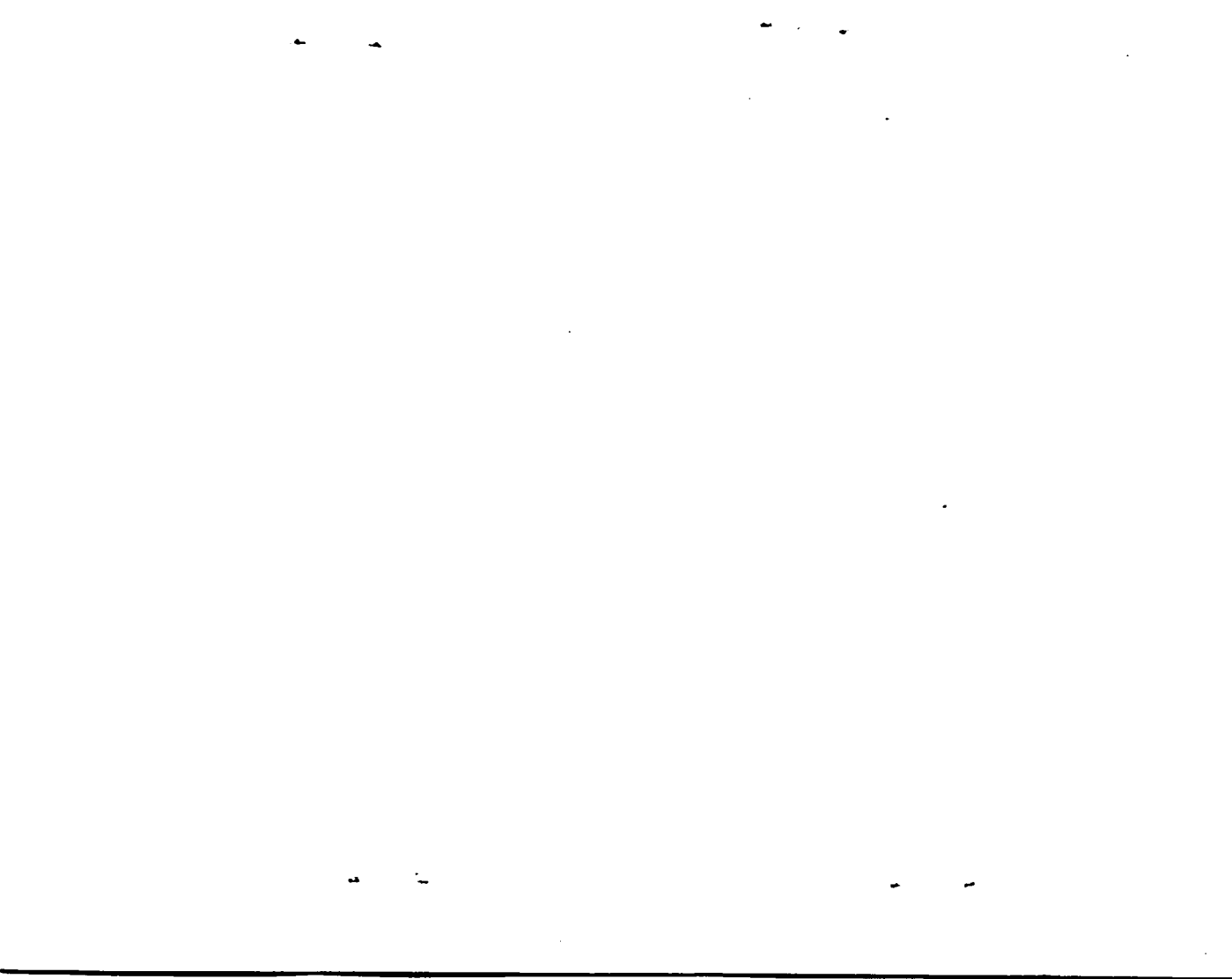
Rexburg Idaho

Filed

19

Registrar

Registrar



12-3-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of Los Angeles } ss.

RECEIVED
BUREAU OF VITAL STATISTICS
Certificate No. 77237
Date Filed DEC 15 9 38 AM '81

The undersigned does solemnly swear that certain facts on the certificate birth
for Unnamed McCulloch who was born on 3-1-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Rexburg (Madison) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>Unnamed</u>	<u>Theron Lavirl McCulloch</u>

Subscribed and sworn to before me this 10th day of
December, 19 81

Notary Public KIMIKO FUJITA
Residing at 1251 W. Redondo Beach Blvd.
Gardena, Ca.

My commission expires JAN 8, 1983
LOS ANGELES COUNTY
My comm. expires JAN 8, 1983

State of California
County of Los Angeles ss.

Theron Lavirl McCulloch
Signature of Applicant
1840 W. Lawrence Calif
Street Address, City, State
Lawrence, Calif. 90501

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed)

(Is not necessary)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of
December, 19 81

Notary Public KIMIKO FUJITA
Residing at 1251 W. Redondo Beach Blvd.
Gardena, Ca.

My commission expires JAN 8, 1983
LOS ANGELES COUNTY
My comm. expires JAN 8, 1983

Robert M. Cruz
Supporting Signature
200 E. Gardena Blvd. #24
Street Address, City, State
Gardena Calif. 90248

credit

Honorable Discharge from U.S. Armed forces gives Theron L. McCulloch born 3-1-20 in Rexburg was discharged on 12-19-45. Viewed by V.S.

DEC 22 1982

School Census Marshal's Report for Sept 30, 1927 gives Theron L McCulloch born 3-1-20 in Idaho to Alex and Ethel McCulloch. Viewed by V.S.

845-102,033-649

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of ReplburgRegistration District No. 100File No. 77238

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 98

Hospital _____

FULL NAME OF CHILD _____

Sex of Child <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Mar. 2</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER David Clarence HunterRESIDENCE ReplburgCOLOR White AGE AT LAST BIRTHDAY 31
(Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Mary Ann LunnissRESIDENCE ReplburgCOLOR White AGE AT LAST BIRTHDAY 24
(Years)BIRTHPLACE WyomingOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive at 07:30 A.M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) L. F. E. [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed _____

19 _____

Registrar _____

Registrar _____

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

JUN 28 1974

366-116-034-

PLACE OF BIRTH

Mindoro

County of

City of

No. R# I St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-0-25a-6-3-17

CERTIFICATE OF BIRTH

File No. 77241

Registered No. 29

Sex of Child	M	Twin Triplet or other?	1	and	Number in order of birth	1	Legiti- mate?	Yes	Date of Birth	Jan 16 1920
(To be answered only in event of plural births)										

FULL NAME	FATHER	Harry Cowger
RESIDENCE		Hayburn RI
COLOR		W
BIRTHPLACE		Kansas
OCCUPATION		Farm

FULL MAIDEN NAME	MOTHER	Mary Kress
RESIDENCE		Hayburn RI
COLOR		W
BIRTHPLACE		Nebraska
OCCUPATION		House

Number of child of this mother, including present birth	2	Number of children of this mother now living, including present birth	2
---	---	---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 59 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith MD

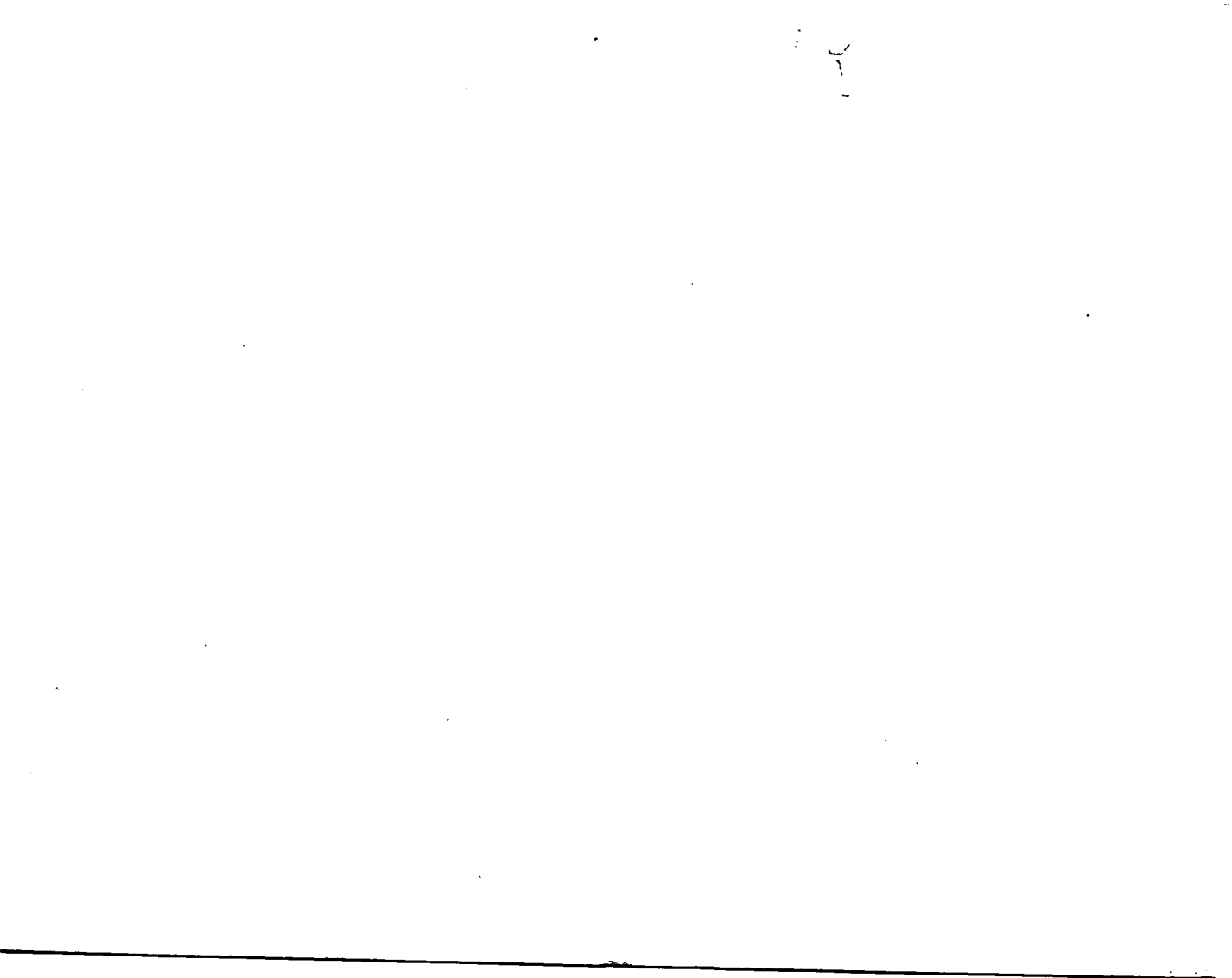
(Physician or midwife)

Given names added from a supplemental report.

Address Burley IdahoFiled Mar 5 1920 R. D. Shure

Registrar

Registrar



533-203-034-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Minidoka.City of Paul.Registration District No. 19File No. 77242

No. _____ St.

Primary Registration District No. 2015Registered No. 30

Hospital _____

FULL NAME OF CHILD Ruth Eller.

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and <u> </u>	Number in order of birth <u> </u>	Legiti mate? <u>Yes</u>	Date of Birth <u>Jan. 3, 1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME <u>Wm. H. Eller</u>	FATHER
RESIDENCE <u>Paul.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>North Carolina.</u>	
OCCUPATION <u>Farmer.</u>	

FULL MAIDEN NAME <u>Effie Watson</u>	MOTHER
RESIDENCE <u>Paul.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>North Carolina.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 12-30, A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. V. Davis

(Physician or midwife)

Given names added from a supplemental report.

19

Address Paul, Idaho.Filed Mar. 5 1920 E. H. Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-25

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

445-221-034-389

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Minidoka.

City of Heyburn.

Registration District No. 15

File No. 77243

No. _____ St.

Primary Registration District No. 215

Registered No. 31

Hospital _____

FULL NAME OF CHILD Stella Cleone Munsee.

Sex of Child <u>Female.</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes.</u>	Date of Birth <u>Jan. 21, 1920</u> (Month) (Day) (Year)
-----------------------------	--	---------	---	-----------------------------	--

FATHER
FULL NAME George Wm. Munsee.

RESIDENCE Heyburn.

COLOR White AGE AT LAST BIRTHDAY 42
(Years)

BIRTHPLACE Hooper, Utah.

OCCUPATION Farmer.

MOTHER
FULL MAIDEN NAME Elve A. Child.

RESIDENCE Heyburn.

COLOR White AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE Ogden, Utah.

OCCUPATION Housewife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. C. Bart & M. L.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

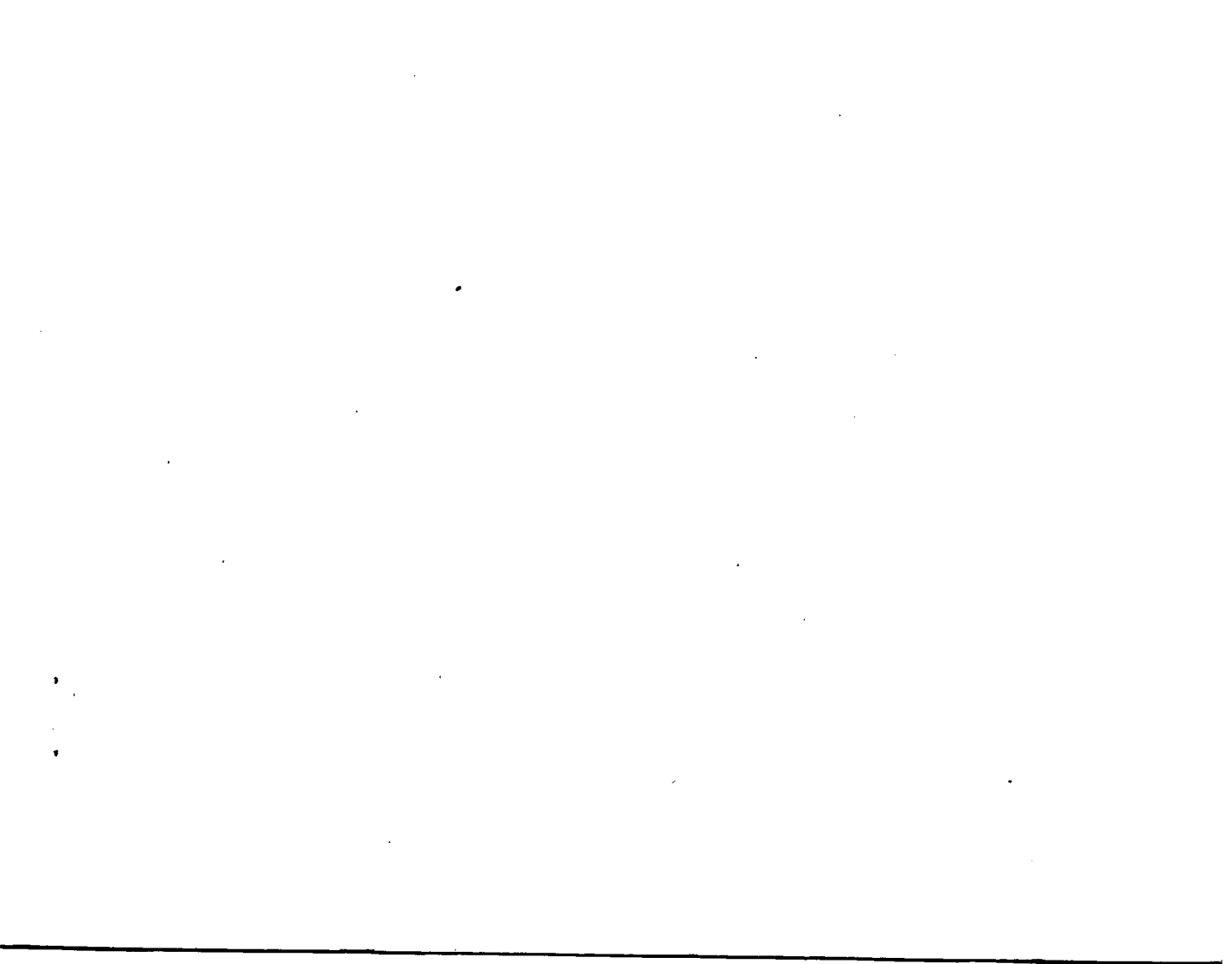
Paul, Idaho.

Filed

Mar. 6 1920 E. E. Elmore

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

413-123-034-255

Form V, S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
County of MinidokaCity of PaulRegistration District No. 19File No. 77244

No. _____

St. _____

Hospital _____

Primary Registration District No. 2015Registered No. 32FULL NAME OF CHILD William Daryl ManningSex of Child Male
 Twin
Triplet
or other?
(To be answered only in event of plural births)

- { and {

 Number
in order
of birth
(To be answered only in event of plural births)
Legiti
mate? yesDate of Birth Feb. 23 20

(Month)

(Day)

(Year)

FULL NAME Henry D. Manning

FATHER

FULL MAIDEN NAME Alice S. Bentley

MOTHER

RESIDENCE PaulRESIDENCE PaulCOLOR WhiteAGE AT LAST BIRTHDAY 33

(Years)

COLOR WhiteAGE AT LAST BIRTHDAY 30

(Years)

BIRTHPLACE Hooper, W. Va.BIRTHPLACE Culmer, Colo.OCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 6Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was born alive, at 6 A. M.
on the date above stated.

 *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.
(Signature) R. V. Barba

(Physician or midwife)

Given names added from a supplemental report.

19

Address Paul, Ida.Filed Mar. 6 1920Registrar E. H. Elmore

Registrar

NOV 23 1959

FEB 2 1968

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-128.034-962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-9-8-27

CERTIFICATE OF BIRTH

County of Minidoka

City of Reper

Registration District No. 19

File No. 77245

No. St.

Primary Registration District No.

Registered No. 33

Hospital

ANDREW

FULL NAME OF CHILD

Raymond Both

Sex of Child <u>Boy</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>2 28 1913</u> (Month) (Day) (Year)
-------------------------	---	--------------------------------	------------------------	--

FULL NAME <u>Louis Both</u>	FATHER
RESIDENCE <u>Reper</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Austria</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Scrophina Rossi</u>	MOTHER
RESIDENCE <u>Reper</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Austria</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:15 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

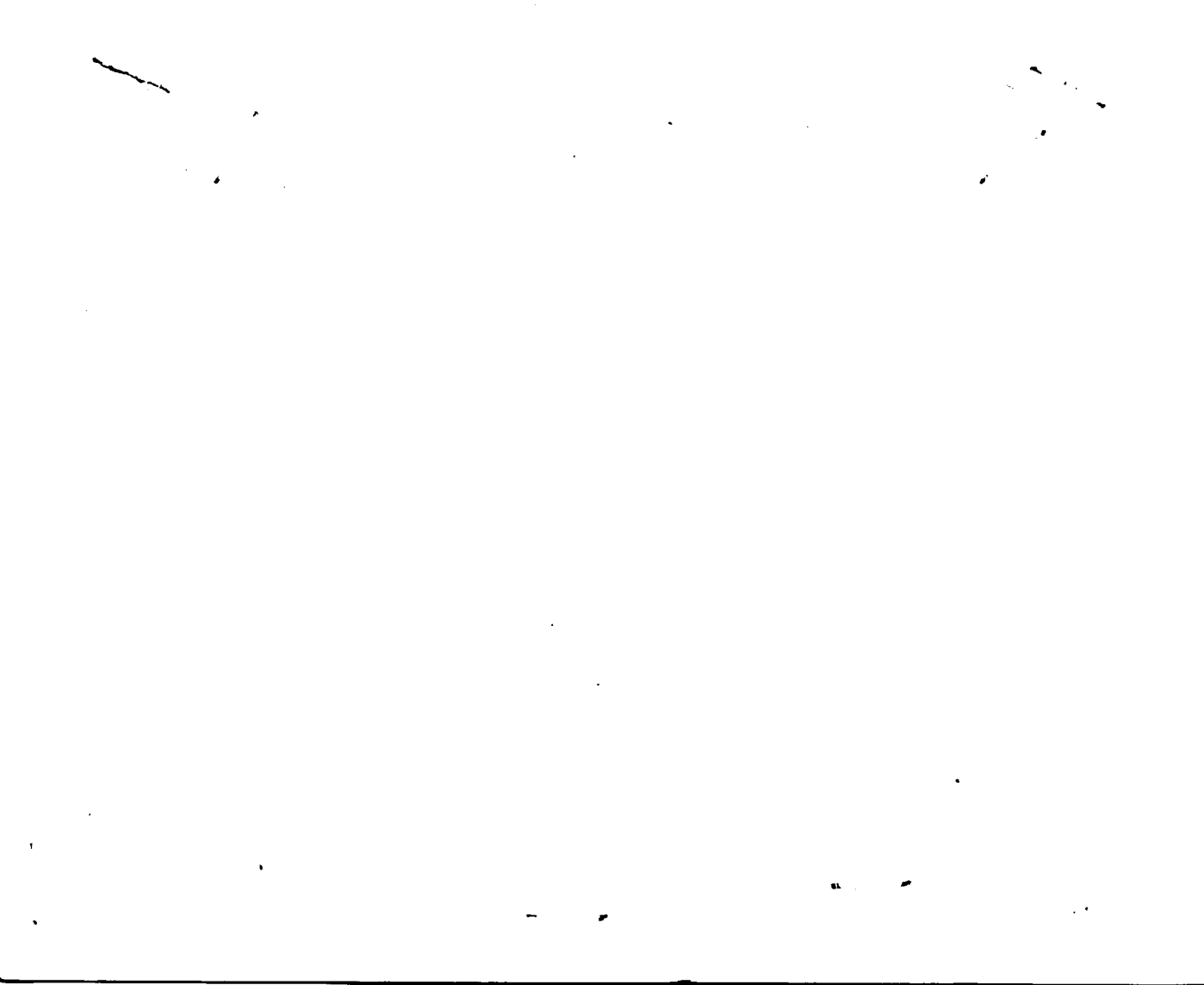
 19

Address Reper

Filed May 6 1920 E. H. Elmore

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
 County of Minidoka

Certificate No. 77245Date Filed Sept 17, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth
 for Raymond Andrew Bott who was born on Feb 28, 1920
 in Rupert Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
 are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name", "Birth Date", "Cause of Death", Etc.)FROM
 (As on Original)TO
 (The Correct Facts)
Raymond Andrew BottName Raymond

Subscribed and sworn to before me this 11th
 day of Sept, 19 42

Notary Public, residing at Rupert, Ida

My commission expires Feb 20th 1946
 (Seal)

Signed Seraphina Bott
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
 County of _____

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
 day of _____, 19 _____

Signed _____
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
 (Seal)

(Street Address, City, State)

SEP 18 1942

413-129-010-445

PLACE OF BIRTH amended Jan. 5, 1978

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-6-24-34-37

CERTIFICATE OF BIRTH

77246

County of Cassia

City of Boise

No. St.

Registration District No.

File No.

Primary Registration District No. 2070

Registered No. 7

Hospital

FULL NAME OF CHILD Aldo Stephen

Dallolio

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>2</u> <u>19</u> <u>1978</u> (Month) (Day) (Year)
-------------------------	--	------------------------	--

FULL NAME <u>Stephano Dallolio</u>	FATHER
RESIDENCE <u>Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Italy</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Maria Munari</u>	MOTHER
RESIDENCE <u>Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Italy</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 6:30 p.m.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Regan
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed Mar 6 1978

Registrar

Registrar

1. 2. 3. 4.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend ~~ABORIGINAL~~ Certificate of Birth or Death

State of..... }
County of..... } ss. **DEC 21 8 41 AM '77**
Certificate No. 77246
Date Filed.....
birth.....

The undersigned does solemnly swear that certain facts on the certificate of.....
for..... Raymond Dallolio..... who was born..... on..... Feb. 19, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in..... Rupert, Idaho..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

True facts are shown by..... prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name..... Raymond Dallolio..... Aldo Stephen Dallolio

Subscribed and sworn to before me this 16th day of
December, 1977

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R#1 Box 192 Paul, Id. 83347
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of
....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

JAN 10 1978

Own child's birth certificate, S.F.#413944, for Larry Stephen Gallolio, born October 12, 1945, lists father as Aldo Stephen Dallolio. Child born in Rupert, Idaho.

viewed by V.S. December 16, 1977

Certificate of baptism lists name as Aldo Stephano Dallolio, born Feb. 19, 1920 in Rupert, Idaho to Stephano and Maria Dallolio. Baptised Dec. 15, 1929.

viewed by vs Jan. 5, 1978

235-119-534-281

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-4-37

CERTIFICATE OF BIRTH

County of MinidokaCity of ReperRegistration District No. 2File No. 77247No. StPrimary Registration District No. 2Registered No. 25HospitalFULL NAME OF CHILD DOYLE ERVIN STEWART

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>2 19 1970</u> (Month) (Day) (Year)
-------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME FATHER George A StewartRESIDENCE ReperCOLOR White AGE AT LAST BIRTHDAY 31
(Years)BIRTHPLACE IowaOCCUPATION FarmerFULL MAIDEN NAME MOTHER Lillie ThalbergRESIDENCE ReperCOLOR White AGE AT LAST BIRTHDAY 28
(Years)BIRTHPLACE Nebr.OCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:10 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

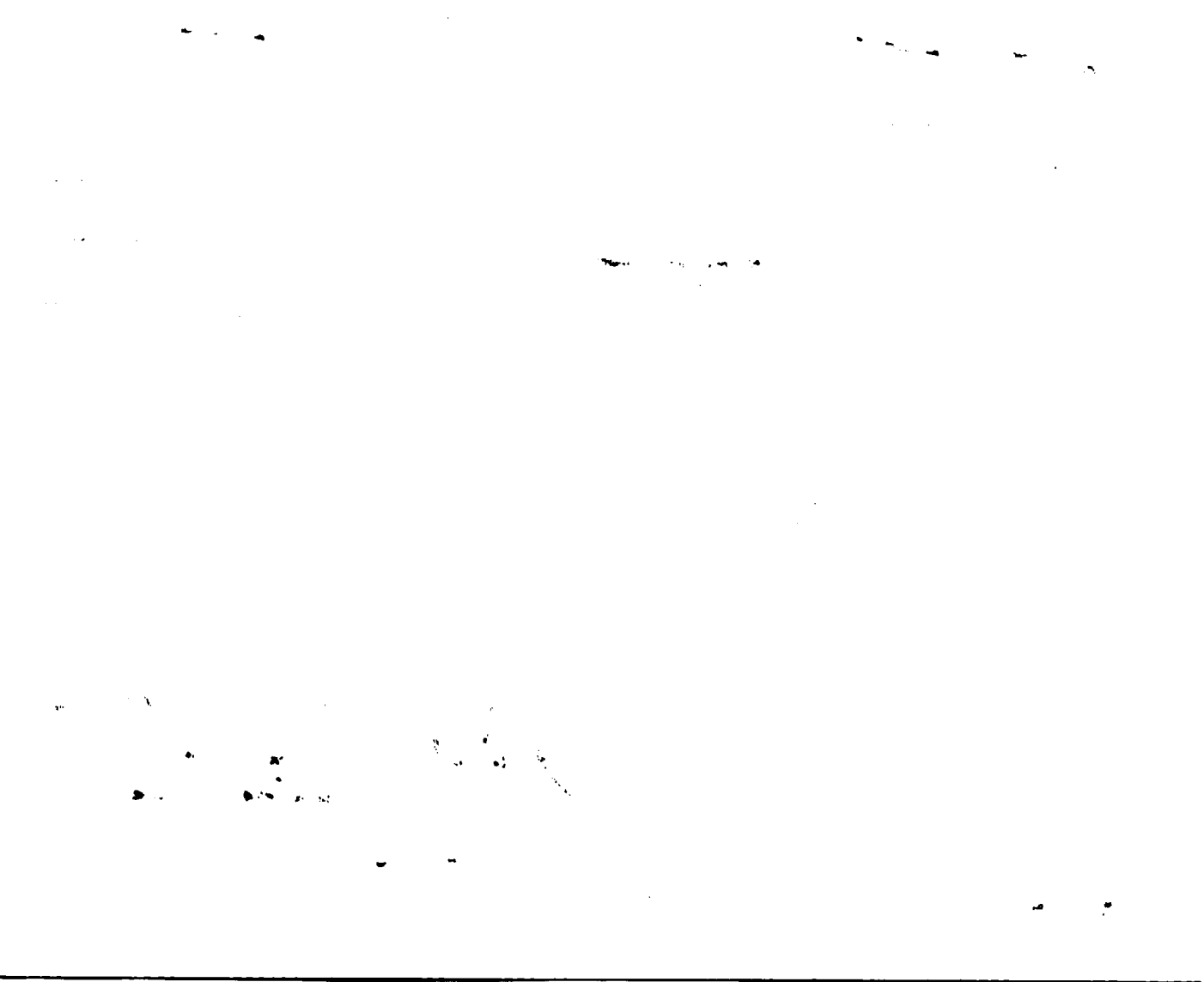
(Signature) J B Rogers
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19Address 19File Mar 1 1970 E. D. Elmore

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nebraska } ss. Certificate No. 77247
County of Knox } Date Filed _____

RECEIVED
DEC 1 1941

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or death)
for Doyle Erwin Stewart who born on Febr. 19, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Rupert, Idaho ~~XXXXXXXXXX~~ were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by bible records prepared on July 1, 1920, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)
Unnamed Stewart

TO
(The correct facts)
Doyle Ervin Stewart

Subscribed and sworn to before me this 28th
day of November, 1941.

Signed George Stewart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dwight Reisher
Notary Public, residing at Crofton, Nebraska
My commission expires October 22, 1946
[SEAL]

Crofton, Nebraska
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska } ss.
County of Knox }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

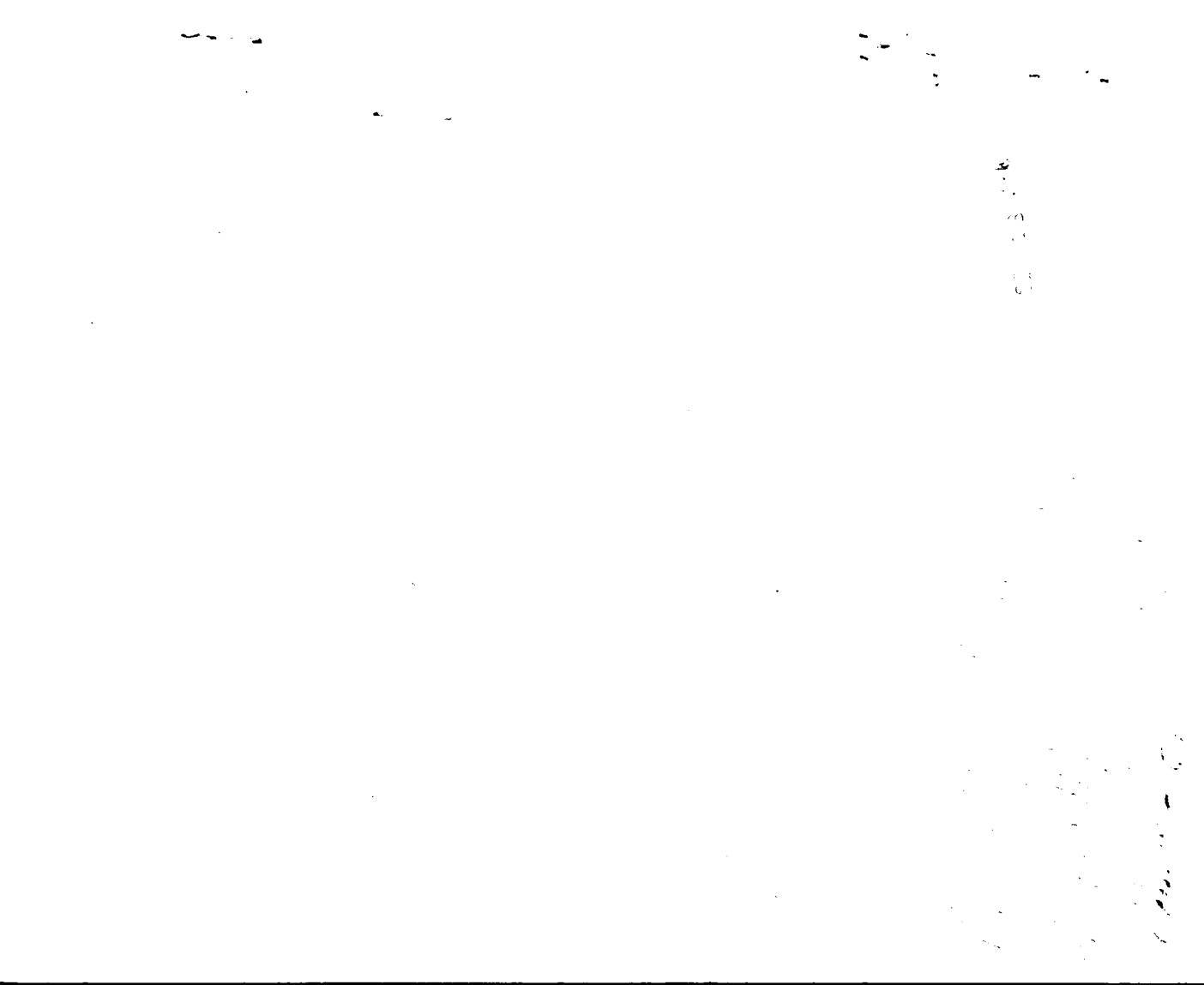
Subscribed and sworn to before me this 28th
day of November, 1941

Signed Mrs. Edna Stranger
(Signature of any credible person other than the previous affiant.)

Dwight Reisher
Notary Public, residing at Crofton, Nebraska
My commission expires October 22, 1946
[SEAL]

Crofton, Nebraska
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)



844-211-034313

Amended 5/8/78

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. 2 No. 11-0-25-44-37

CERTIFICATE OF BIRTH

77248

County of MinidokaCity of ReupertRegistration District No. 19

File No.

No. St.

Primary Registration District No. 20-1-ERegistered No. 36

Hospital

FULL NAME OF CHILD

Floretta Humphries

Sex of Child

girlTwin
Triplet
or other?{ and {
Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

2-11-90
(Month) (Day) (Year)

FULL NAME

Roy Humphries

FATHER

FULL MAIDEN NAME

Zella Catmull

MOTHER

RESIDENCE

Reupert

RESIDENCE

Reupert

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

31
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Carpenter

OCCUPATION

HousewifeNumber of child of this mother, including present birth.....7Number of children of this mother now living, including present birth.....7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

JOB K...

Physician or midwife

Given names added from a supplemental report.

Address

Reupert

Filed

Mar 6 1920

Registrar

Registrar

CHARGE OF THE
CENTRAL INVESTIGATIVE
DIVISION

100

1/8/41 L. B.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 77248
County of _____ Date Filed _____

The undersigned does solemnly swear that certain facts on the _____ of _____ birth
for Floretta Humphries who was born on Feb 10, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Rupert, Idaho (Minidoka) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

date of birth Feb. 10, 1920 Feb. 11, 1920

Subscribed and sworn to before me this 12 day of

APRIL 1978

Notary Public, residing at IDAHO FALLS, IDAHO

My commission expires JUNE 25, 1978

(Seal)

Signed Rilla Humphries

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1005 Fst Rupert Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of

APRIL 1978

Notary Public, residing at Rupert Idaho

My commission expires 3 June 1979

(Seal)

Signed Ray M. Humphries

(Signature of Any Credible Person)

1005 Fst Rupert Idaho
(Street Address, City, State)

Certificate of Baptism and Confirmation from the LDS Church gives name as Floretta Humphries born Feb 11, 1920 to Ray Humphries and Zellah Catmull. Baptized Mar 4, 1928. viewed by V. S.

MAY 8 1978

Certif of Blessing from LDS Church gives name as Floretta Humphries daughter of Roy M. Humphries and Zillah N. Catmull. born Feb 11, 1920 at Rupert, Idaho. Blessed May 2, 1920. viewed by V. S.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-108.016-819

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 6-10-11 C. 22m-4433

County of Lassie

City of Reper

No. St.

Registration District No. 19

File No. 77249

Primary Registration District No. 20.15

Registered No. 37

Hospital

FULL NAME OF CHILD TOMMY ALBERTSON

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>Yes</u>	Date of Birth <u>2</u> <u>8</u> <u>1913</u> (Month) (Day) (Year)
-------------------------	--	------------------------	---

FATHER
FULL NAME Clarence Albertson
RESIDENCE Reper
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Albion Ida
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Blanch Hartwell
RESIDENCE Reper
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Salt Lake Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

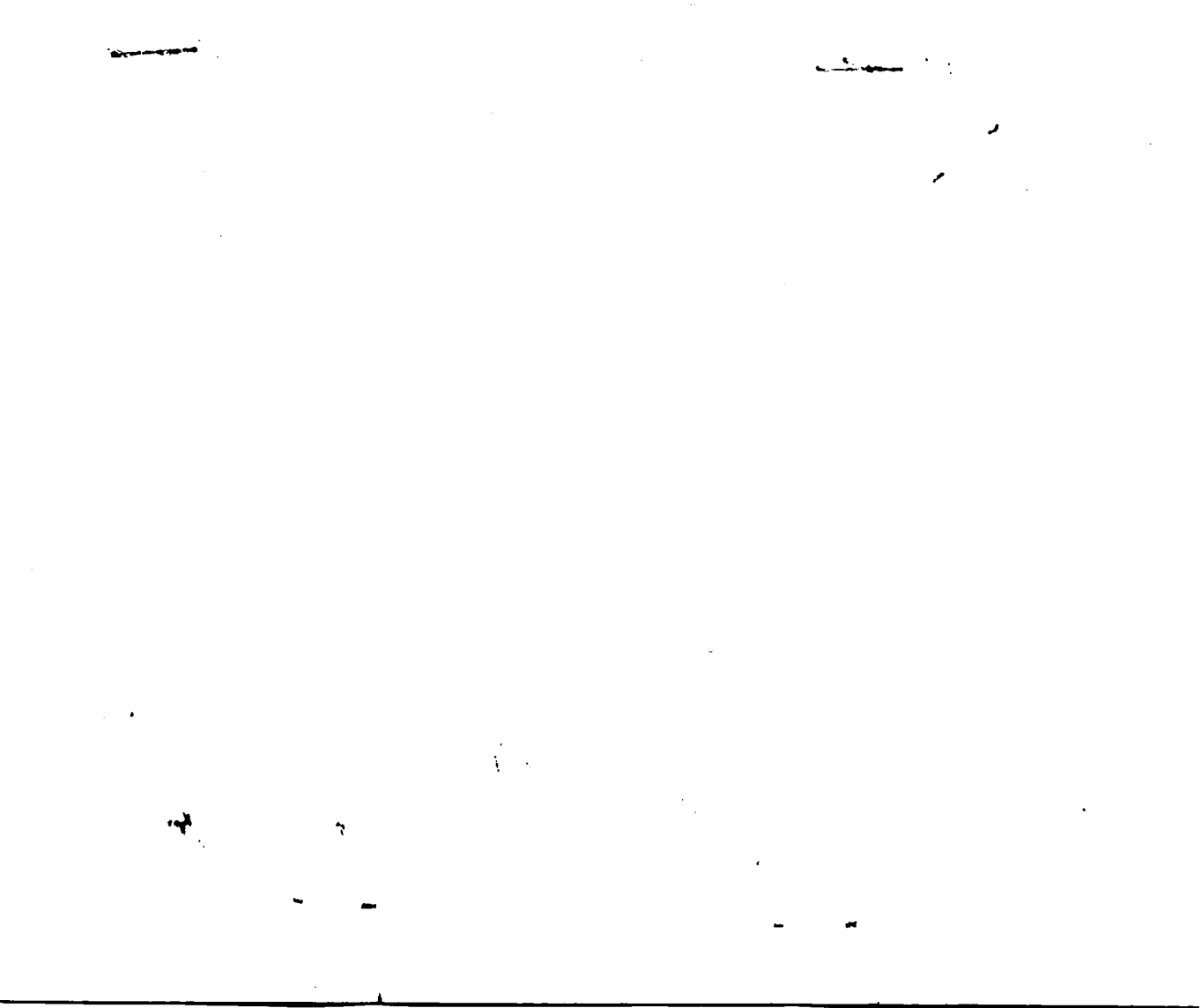
I hereby certify that I attended the birth of this child, who was Born alive at 11:30 p.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kengag
.....
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed Mar 6 1913 J. B. Elmore
Registrar Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77249
County of Gooding }
The undersigned does solemnly swear that certain facts on the certificate of Birth
for TOMMY ALBERTSON who FEB. 8th 1920 on February - 8 - 1920
(Name on original certificate) (Was born or died) (Date of event)
in Jackson Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by _____ prepared on Sept. 15 - 1941, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name

Unnamed Albertson

Tommy Albertson

Subscribed and sworn to before me this 18th
day of October, 1941

Signed Mrs. Blanche Albertson
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)

Notary Public, residing at Hagerman Ida.
My commission expires Nov. 23rd - 1944
[SEAL]

Hagerman Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This affidavit MUST also be executed.
County of Gooding } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of October, 1941

Signed H. H. Martin
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Hagerman Idaho
My commission expires Nov. 23rd - 1944
[SEAL]

Hagerman Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

77-10

11-11

219-211-034-695

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MinidokaCity of PaulRegistration District No. 19File No. 77250

No. _____ St. _____

Hospital _____

Primary Registration District No. 2015 Registered No. 38

FULL NAME OF CHILD

Barba Ruth Barney

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>No.</u>	Date of Birth <u>Feb. 11</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME William W. Barney FATHERRESIDENCE Burley, IdaCOLOR White AGE AT LAST BIRTHDAY 35
(Years)

BIRTHPLACE _____

OCCUPATION Real estateFULL MAIDEN NAME Helen Wiebe MOTHERRESIDENCE Paul, Ida.COLOR White AGE AT LAST BIRTHDAY 20
(Years)BIRTHPLACE Cottonwood Co., Minn.OCCUPATION Housework.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. V. Baird

Given names added from a supplemental report.

19 _____

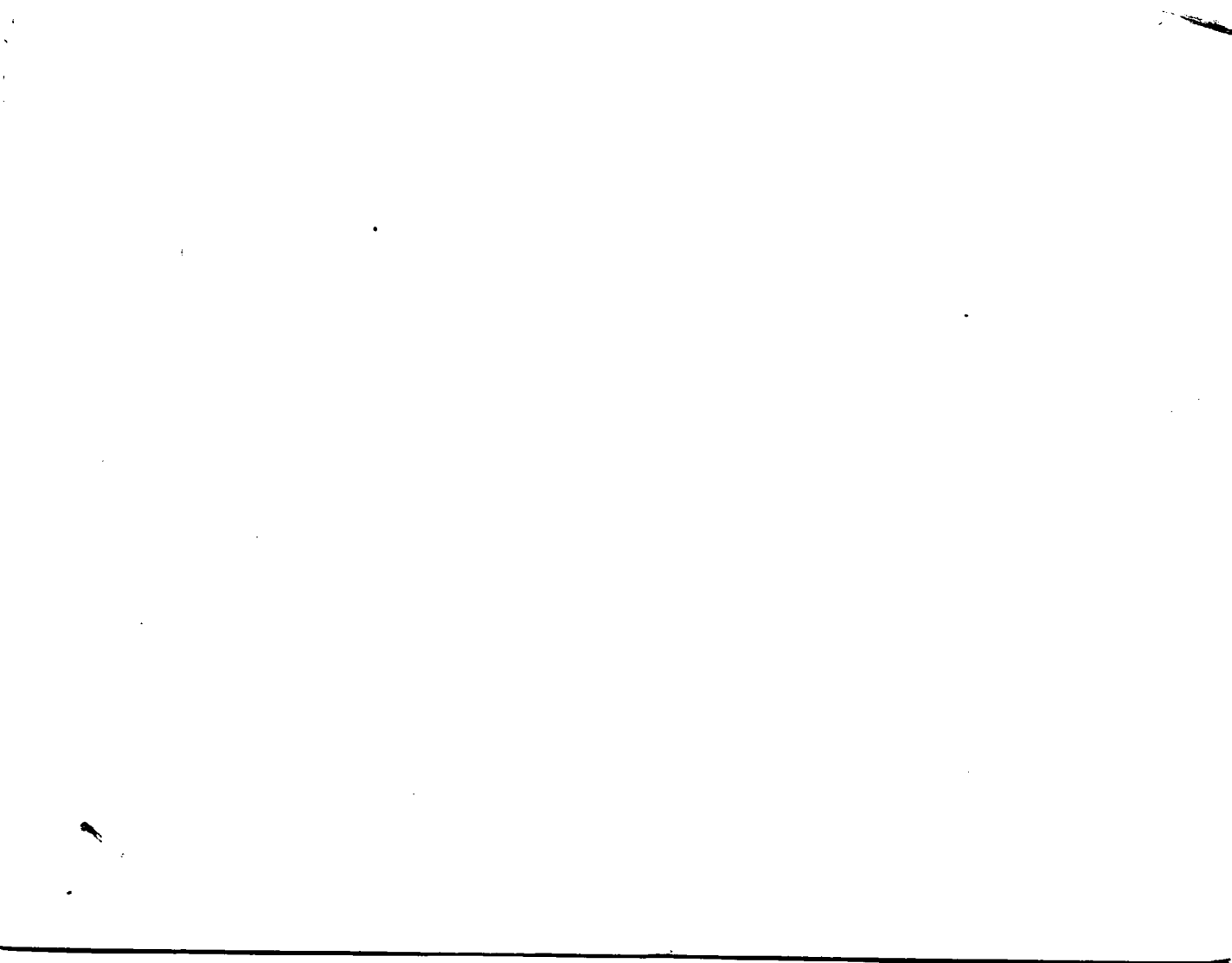
Address Paul, Ida. (Physician or midwife)Filed Mar. 6 1920 E. H. Thorne

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



219-131-034-766

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. A. No. 11-C-22m-3-3-17

County of MinidokaCity of Heyburn

Registration District No.

File No. 77251

No. St.

Primary Registration District No. 265Registered No. 30

Hospital

FULL NAME OF CHILD Kenneth Bryant Barry

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 21 1920</u> (Month) (Day) (Year)
--------------------------	---	---	------------------------	--

FULL NAME <u>E. R. Barry</u>	FATHER
RESIDENCE <u>Heyburn Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Colo.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Josephine Power</u>	MOTHER
RESIDENCE <u>Heyburn</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Burley Ida.Filed Mar 6 1920 E. D. Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/9/41 L. B.

557-203-034-155

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C-22a-9-3-17

CERTIFICATE OF BIRTH

77252

County of Minadaska

City of Hayden

Registration District No. 19

File No.

No. St.

Primary Registration District No. 2015

Registered No. 40

Hospital

FULL NAME OF CHILD Jarvis J. England

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>Jun 9</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>C W England</u>	FATHER
RESIDENCE <u>Don. Boise Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Merchant</u>	

FULL MAIDEN NAME <u>Alberta Jensen</u>	MOTHER
RESIDENCE <u>Don. Boise Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Canada</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated.

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) H. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

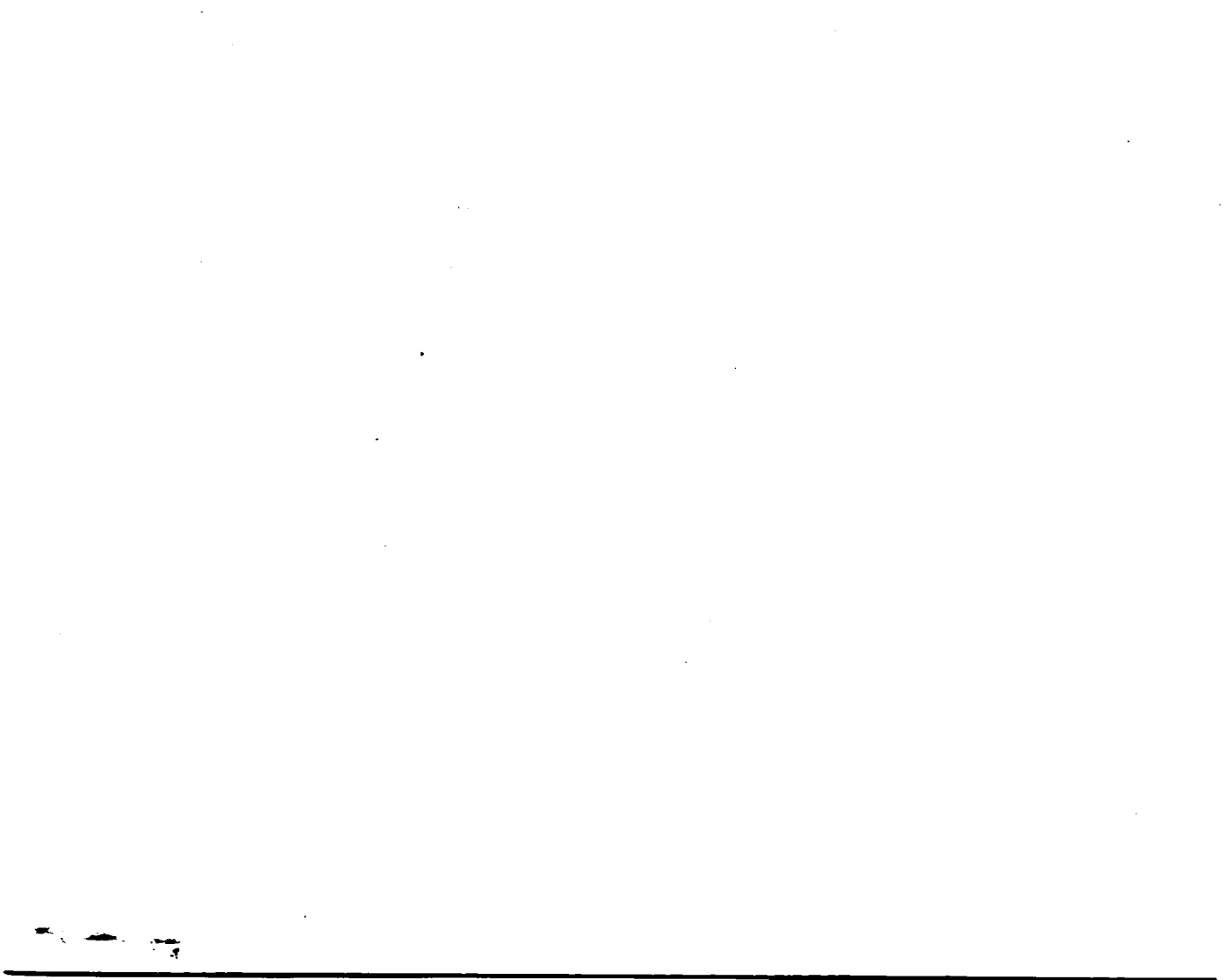
..... 19

Address Boise Ida.

Registrar

Filed Mar 1 20 E. D. Schore
Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



163-111-034-465

Form V. 2. No. 11-C-Mm-2-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of *Minidoka*City of *Paul*Registration District No. *18*File No. *77.25.3*

No.St.

Primary Registration District No. *2.1.5*Registered No. *41*

Hospital

FULL NAME OF CHILD

Sex of Child <i>Male</i>	Twin Triplet or other? <i></i>	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>Jan 11 1920</i> (Month) (Day) (Year)
--------------------------	--------------------------------------	--------------------------------------	-----------------------------	--

FULL NAME <i>W.M. Jolley</i>	FATHER
RESIDENCE <i>Paul Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>21</i> (Years)
BIRTHPLACE <i>Utah</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Theda Moncur</i>	MOTHER
RESIDENCE <i>Paul Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>23</i> (Years)
BIRTHPLACE <i>Utah</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *2* ... Number of children of this mother now living, including present birth *2* ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *11 P* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. J. C. Patterson*
M. H.
(Physician or midwife)

Given names added from a supplemental report.

Address *Burley, Idaho*Filed *Mar 6 1920* *E. J. Patterson*

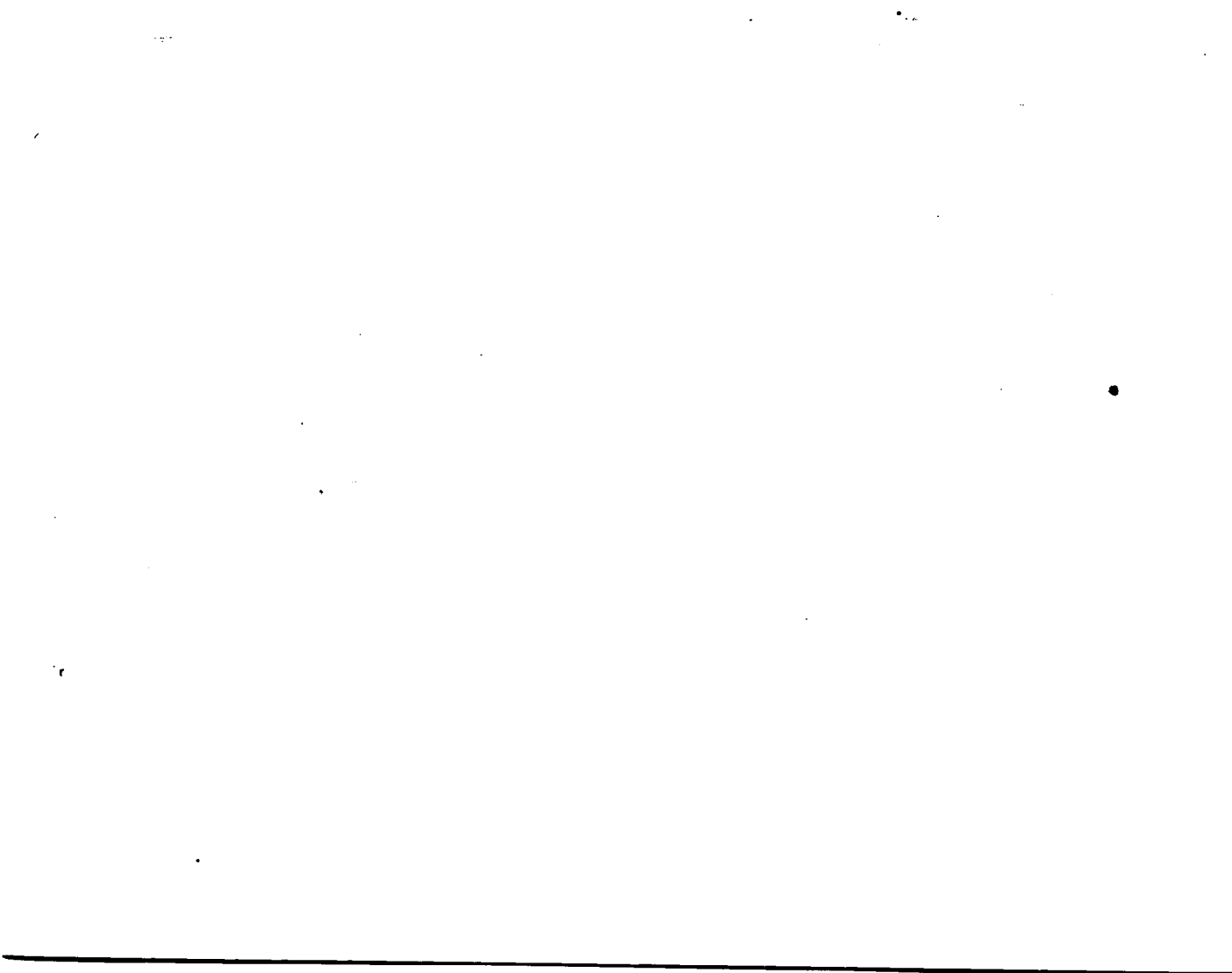
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CD FOR BINDING



792-104-034-766
 PLACE OF BIRTH

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25m-7-21-19

County of Minidoka

City of Rupert

Amended 5-8-79

No. _____ St.

Registration District No. 19

File No. 77255

Hospital _____

Primary Registration District No. 2015

Registered No. 43

FULL NAME OF CHILD

ORIS OTTO GIBSON

Sex of Child Male Twin Triplet or other? _____ and _____ Number in order of birth _____ Legiti mate? yes Date of Birth 3 4 1920
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
 FULL NAME John S. Gibson

RESIDENCE Rupert

COLOR white AGE AT LAST BIRTHDAY 34
 (Years)

BIRTHPLACE Nebraska

OCCUPATION Rancher

MOTHER
 FULL MAIDEN NAME Ada Powell

RESIDENCE Rupert

COLOR white AGE AT LAST BIRTHDAY 27
 (Years)

BIRTHPLACE Wash

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Bernadine, at 8 P. M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

(Physician or midwife)

Given names added from a supplemental report.

Address Rupert, Ida

Filed Mar 6 1920 OT. E. House

Registrar

Registrar

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICSState of _____ } ss.
County of _____ }

MAR 21 10 59 AM '79

Certificate No. 77255

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Gibson (Male) who was born on March 5, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Rupert (Minidoka) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

child's name

FROM
unnamed GibsonTO
Oris Otto Gibson

child's date of birth

March 5, 1920

March 4, 1920

Subscribed and sworn to before me this 19th day ofMarch, 1929Notary Public, Oris Otto GibsonResiding at Rupert IdahoMy commission expires Life

(Seal)

Oris Otto Gibson

Signature of Applicant

Rupert Idaho

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

(Must be completed)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day ofMarch, 1929Notary Public, Oris Otto GibsonResiding at Rupert IdahoMy commission expires Life

(Seal)

Oris Otto Gibson

Supporting Signature

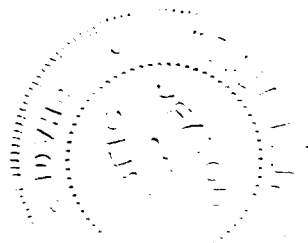
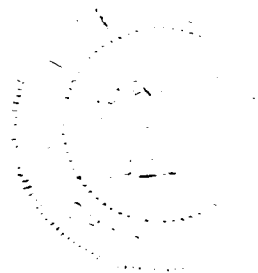
Rupert Idaho

Street Address, City, State

Application for Insurance, New York Life gives name as
Oris Otto Gibson, born March 4, 1920. Issued Nov-20,

1944.
Viewed by U.S.

Honorable Discharge issued by U. S. Navy certifies
that Oris Otto Gibson was born Mar 4, 1920, in
Rupert, Idaho. Inducted 3-19-45. Discharged 4-12-46.
Viewed by U.S.



499-22803K-689

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77256

County of MinidokaCity of PaulRegistration District No. 10

File No. _____

No. _____ St. _____

Primary Registration District No. 2015 Registered No. 44

Hospital _____

FULL NAME OF CHILD

Geo Urry

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legal
male?yesDate of
Birth2 28 20
(Month) (Day) (Year)FULL
NAMERichard G. Urry

FATHER

RESIDENCE

PaulFULL
MAIDEN
NAME

MOTHER

RESIDENCE

Pearl WhitePaul

COLOR

whiteAGE AT LAST
BIRTHDAY23
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Rancher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Bronckline, at 3 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

G. P. Groom

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address

Ripport, Idaho

Filed

May 6, 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

MAR 18 1976

Amended 1/21/72

Form V. S. No. 1-C-25m-7-21-10

PLACE OF BIRTH

865-203-034-293

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77257

County of MinidokaCity of MinidokaRegistration District No. 19

File No. _____

No. _____ St. _____

Primary Registration District No. 2015 Registered No. 45

Hospital _____

FULL NAME OF CHILD

Gladys Marie Honroth

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
Birth8-3

(Month) (Day)

1920
(Year)FULL
NAMEGeorge Honroth

FATHER

RESIDENCE

MinidokaFULL
MAIDEN
NAMESilvia Ricketts

MOTHER

RESIDENCE

Minidoka

COLOR

whiteAGE AT LAST
BIRTHDAY37
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY18
(Years)

BIRTHPLACE

Indiana

BIRTHPLACE

Idaho

OCCUPATION

Painter

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Barnard at 9:30 A.M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

C. P. Groom

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address

Rupert Idaho

Filed

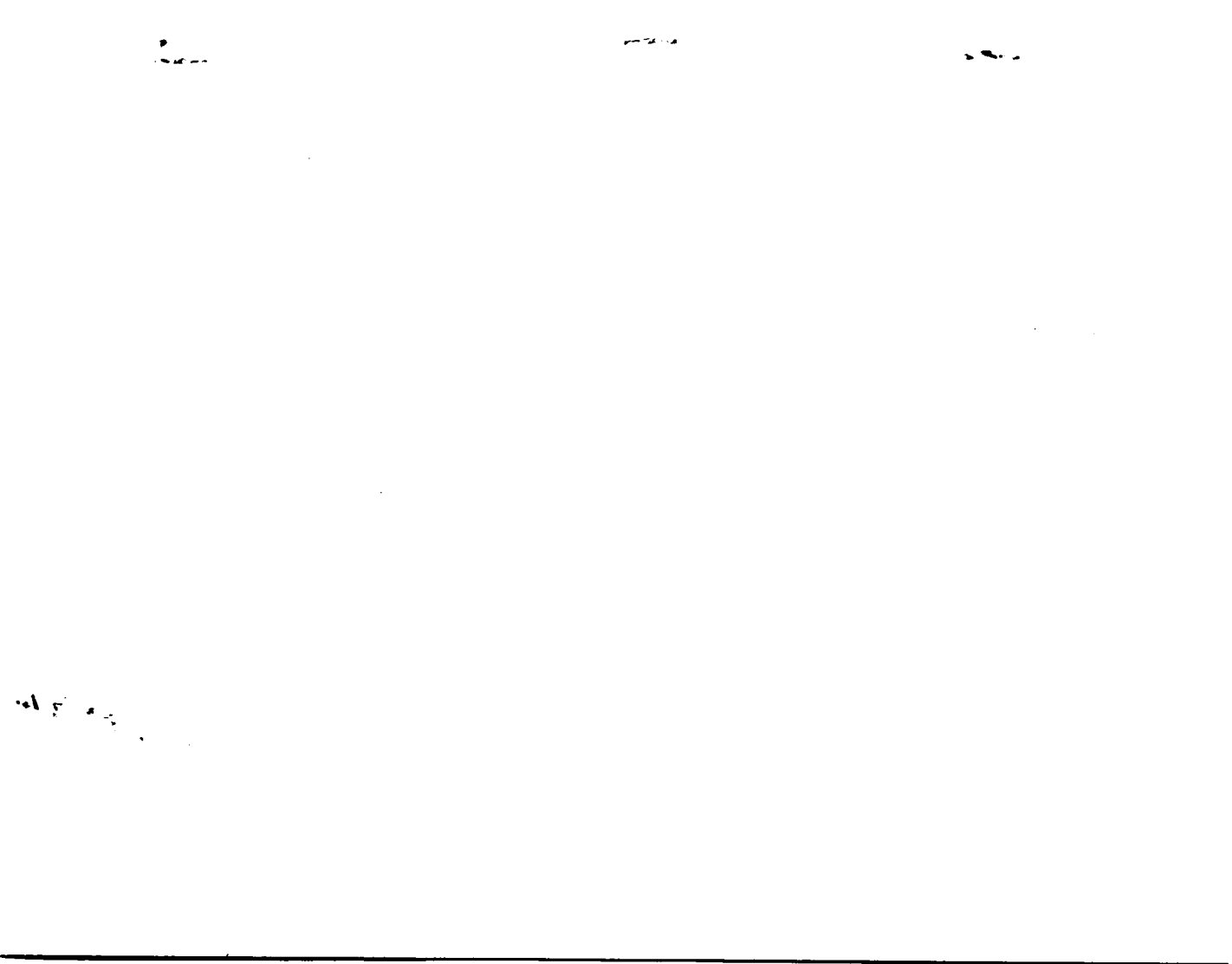
Mar 6 1920E. E. Thorne

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



10-28-71

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of..... Certificate No. 77257

County of..... Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth

for Gladys Hunroth who was born on March 3, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Minidoka are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by..... prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Childs name

Gladys Hunroth

Gladys Marie Honroth

Father's last name

Hunroth

Honroth

Subscribed and sworn to before me this 22 day of

Signed

Clinton I. R. Honroth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho

My commission expires 12-15-73

(Seal)

7601-146 SW Sacoma, wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....

(Seal)

.....
(Street Address, City, State)

Birth Certif. from The Twin Falls County General Hospital gives child's name as Harold Francis Rowley. Born July 4, 1945. Gives father's name as Francis Glenn Rowley and mother's name as Gladys Marie Honroth. Viewed by V. S. JAN 21 1972

Notification of Birth Registration for Donald George Rowley, File No. 309167. Born Feb. 1, 1941 at Twin Falls, Idaho. Name of Father: Francis Glen ~~Rowley~~ Rowley and Mother's maiden name: Gladys Marie Honroth. Viewed by V. S.

Membership card to the Fraternal Order of Eagles. Card # 696 gives name as Geo. Honroth. Dated Aug. 1, 1927. Viewed by V. S.

363-228.034-753

PLACE OF BIRTH

County of MinnesotaCity of Rupert

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Ada Charlotte Cole

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-7-21-19

Registration District No. 19 File No. 77258Primary Registration District No. 2015 Registered No. 46

Sex of Child <u>Females</u>	Twin <u>yes</u> Triplet <u>or other?</u> (To be answered only in event of plural births)	and {	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>2 28 20</u> (Month) (Day) (Year)
-----------------------------	--	-------	--------------------------	------------------------	--

FULL NAME FATHER Haratus M. ColeRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 40
(Years)BIRTHPLACE UtahOCCUPATION RancherFULL MAIDEN NAME MOTHER Sarah PeckRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 35
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bain Alene, at 450 Av.
on the date above stated. (Born alive or stillborn)

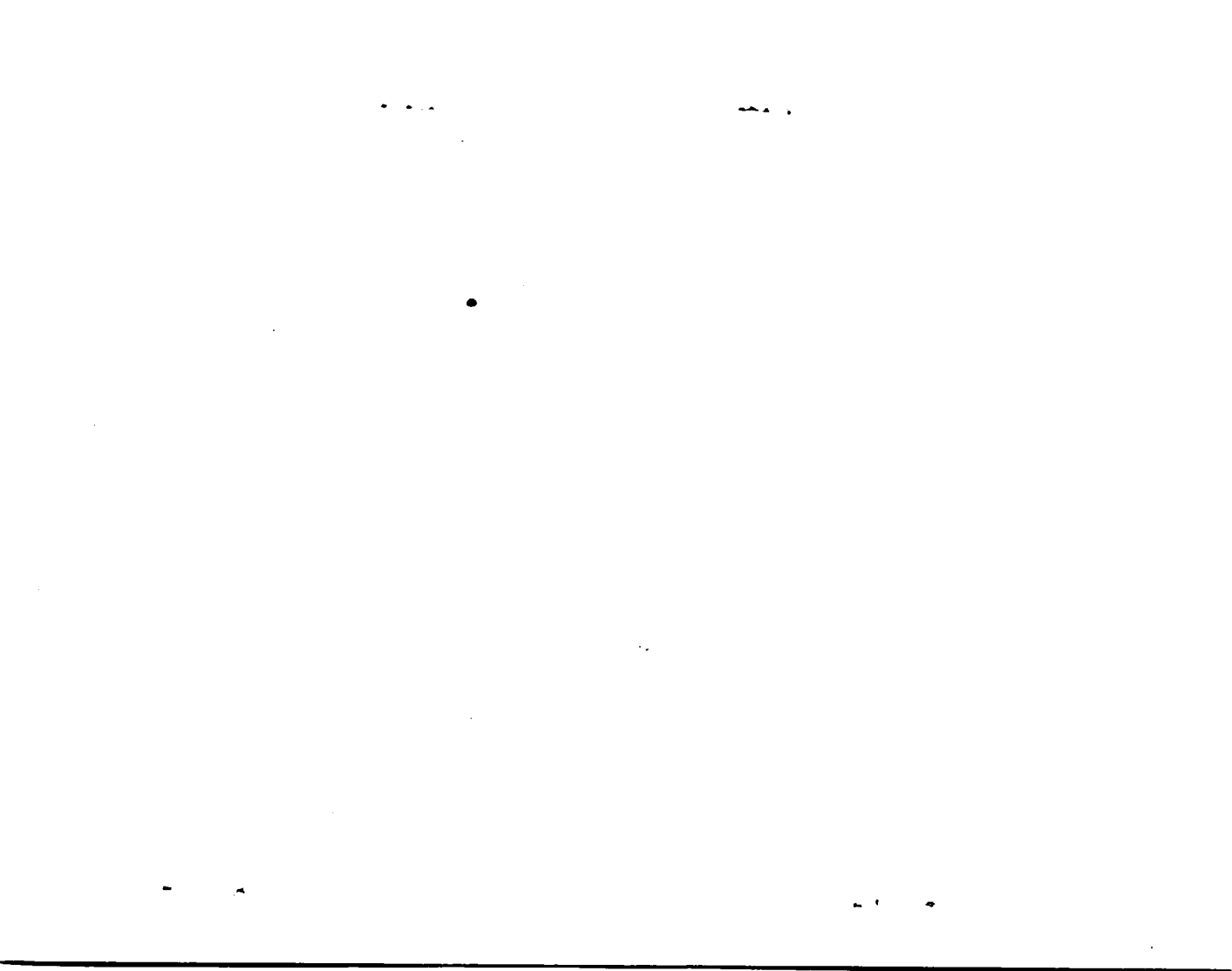
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Groom
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Rupert Idaho
Filed Mar 6 1920 W. H. E. E. E.
Registrar

Registrar



IDAHO RECEIVED
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } **JAN 13 8 57 AM '75**
 County of _____ } ss. Certificate No. 77258
 Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
 for Unnamed Cole (female) who was born on Feb. 28, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in Rupert, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)

true facts are shown by _____ prepared on _____ are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED (“Name,” “Birth Date,” “Cause of Death,” Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name _____	Unnamed _____	Ada Charlotte Cole _____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this _____ day of _____, 19 _____

Notary Public, residing at _____
 My commission expires _____
 (Seal)

Signed _____
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
 County of Salt Lake } ss.

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of January, 19 75
Flora M. Carnack

Signed Newell Brown
 (Signature of Any Credible Person)
1502 Canterbury Dr.
Salt Lake City, Utah
 (Street Address, City, State)

Notary Public, residing at Salt Lake City, Utah
 My commission expires 12-4-77
 (Seal)

Marriage Certif. from Utah gives names as John Garth Brown and Ada Charlotte Cole. dated Nov. 30, 1942. (date they were sealed). married in Rupert, Idaho on June 5, 1938. viewed by V. S.

JAN 13 1975

Certificate of Baptism and Confirmation from the LDS Church gives name as Ada Charlotte Cole daughter of Horatius M. Cole and Sarah Marie Peck. born Feb. 28, 1920 at Rupert, Idaho. Was Baptized March 4, 1928. viewed by V. S.

813-218-034-813

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MinidokaCity of RupertRegistration District No. 19File No. 77259

No. _____ St. _____

Primary Registration District No. 2015 Registered No. 47

Hospital _____

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>2 18 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	------------------------	--

FULL NAME <u>Laraine Hall</u>	FATHER
RESIDENCE <u>Rupert</u>	

FULL MAIDEN NAME <u>Mina Hall</u>	MOTHER
RESIDENCE <u>Rupert</u>	

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
--------------------	---

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
--------------------	---

BIRTHPLACE <u>Nebraska</u>

BIRTHPLACE <u>North Dakota</u>

OCCUPATION <u>Teacher</u>

OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Loom

(Physician or midwife)

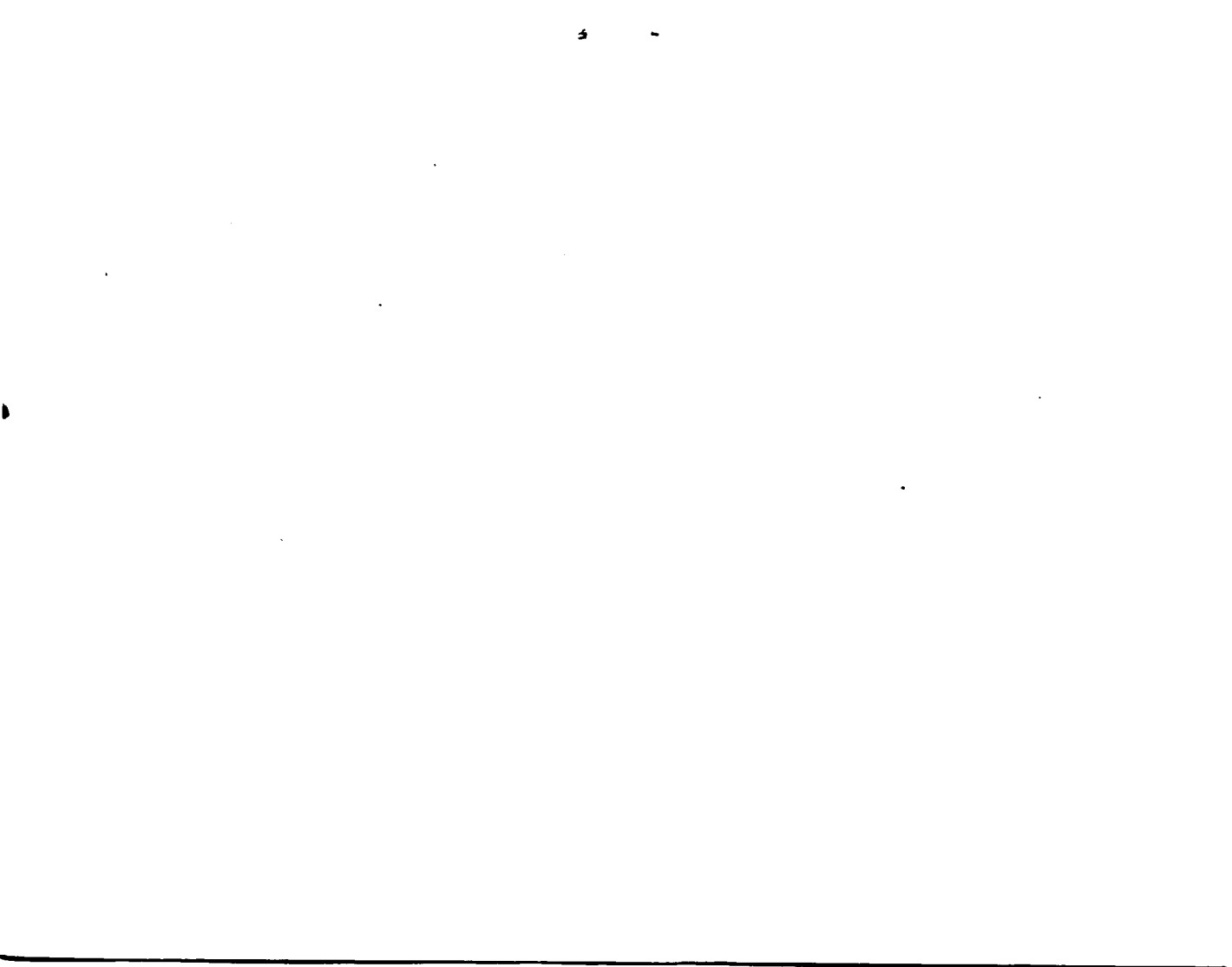
Given names added from a supplemental report.

Address Rupert IdahoFiled Mar 4 1920Registrar E. H. Elmore

Registrar _____

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



499-224-034-863

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MinidokaCity of MinidokaRegistration District No. 10File No. 77260

No. _____ St. _____

Primary Registration District No. 2015Registered No. 48

Hospital _____

FULL NAME OF CHILD Conrad Thola Urry

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>2 24 20</u> (Month) (Day) (Year)
-------------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME <u>Walter Urry</u>	FATHER
RESIDENCE <u>Minidoka</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>R.R. Employ</u>	

FULL MAIDEN NAME <u>Mabel Holden</u>	MOTHER
RESIDENCE <u>Minidoka</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barnadine at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. P. Groom
M.D.
(Physician or midwife)

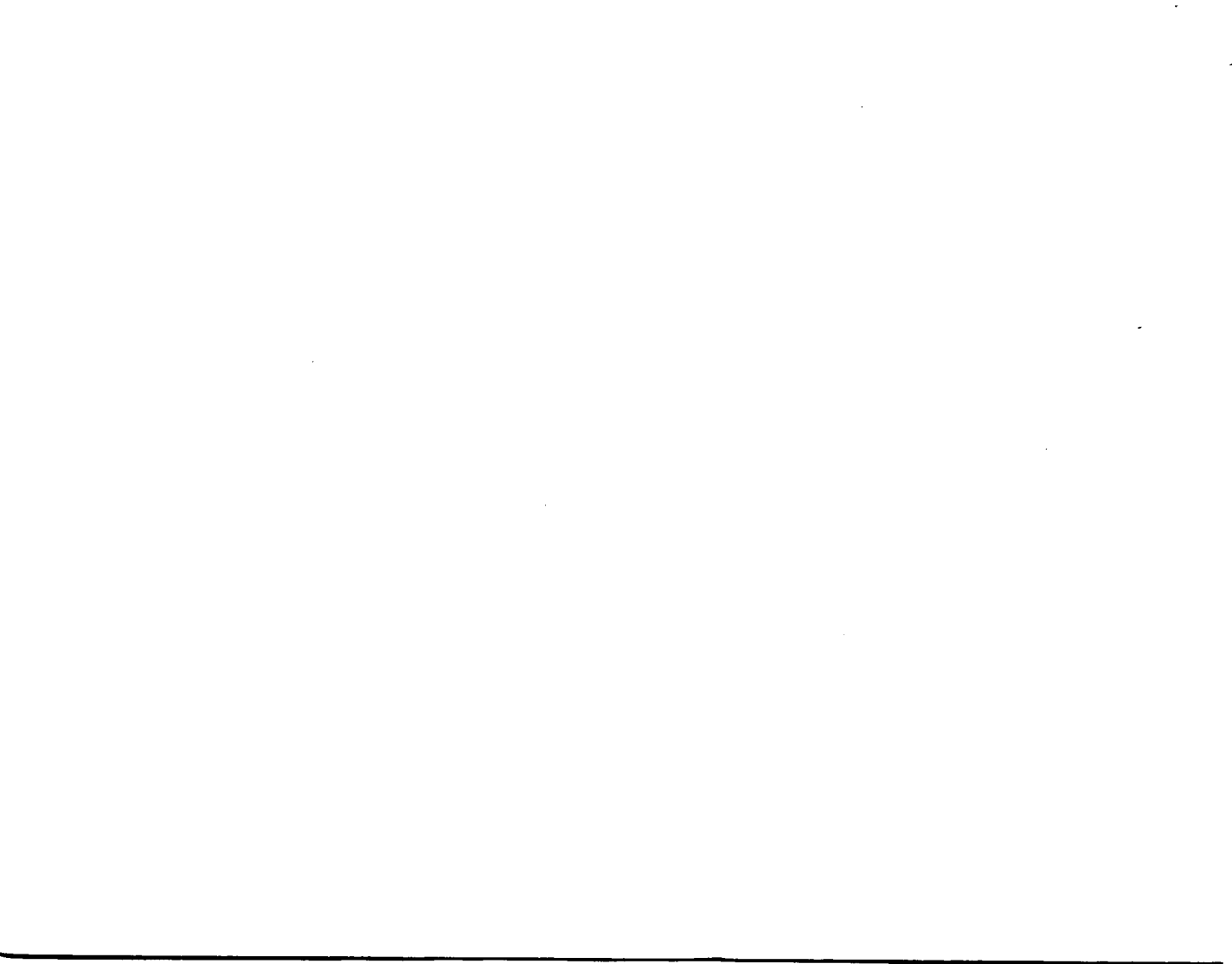
Given names added from a supplemental report.

Address Rupert IdahoFiled Mar 6 1920 E. E. Edmunds
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



238-1261034 -155

PLACE OF BIRTH

County of Minnesota

City of Rupert

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-6-25-3-13

Registration District No. 19

File No. 77261

Primary Registration District No. 20.13

Registered No. 49

FULL NAME OF CHILD Howard Victor Scheffel Jr

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 26</u> (Month) (Day) (Year) <u>20</u>
--------------------------	--	-----------------------------	---

FULL NAME <u>Howard Victor Scheffel</u>	FATHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Montana</u>	
OCCUPATION <u>merchant</u>	

FULL MAIDEN NAME <u>Olivia Harriet Jensen</u>	MOTHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Mebr.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2

Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. at 4:30 a.m.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Schrage
(Born alive or stillborn)

Given names added from a supplemental report.

.....
(Physician or midwife)

Address Rupert

Filed Mar 4 20

Registrar

Registrar

AUG 24 1973

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-127-034-55-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-0-22m-4-4-17

County of *Moscow*

City of *Rupert*

No. St.

Registration District No. *19*

File No. *77262*

Primary Registration District No. *2015*

Registered No. *50*

Hospital

FULL NAME OF CHILD *Vincent Claude Hite*

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate <i>Yes</i>	Date of Birth <i>2</i> <i>37</i> <i>1910</i> (Month) (Day) (Year)
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FATHER
FULL NAME *W. L. Davis Hite*
RESIDENCE *Rupert*
COLOR *White* AGE AT LAST BIRTHDAY *34*
(Years)
BIRTHPLACE *MO.*
OCCUPATION *Farmer*

MOTHER
FULL NAME *Bessie Jane Evans*
RESIDENCE *Rupert*
COLOR *White* AGE AT LAST BIRTHDAY *34*
(Years)
BIRTHPLACE *MO.*
OCCUPATION *Housewife*

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive and stillborn* at *8:30 A.M.* on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. H. Elmore*

Given names added from a supplemental report.

Address *Rupert, Ida*

Filed *Mar. 5, 1910* *E. H. Elmore*
Registrar

CC 10-12-40

MAY 7 1956

289-201-034-453

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-8-17

Registration District No. 14

File No. 77263

Primary Registration District No. 5015

Registered No. 51

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> and (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>9</u> / <u>1</u> / <u>1920</u> (Month) (Day) (Year)
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FATHER
Full Name Robert Edward Byington
Residence Rupert
Color White AGE AT LAST BIRTHDAY 24 (Years)
Birthplace Idaho
Occupation Farmer

MOTHER
Full Maiden Name Driscoll Mary Delora
Residence Rupert
Color White AGE AT LAST BIRTHDAY 26 (Years)
Birthplace Utah
Occupation Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Barnabine at 2.9 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Smare
(Physician or midwife)

Given names added from a supplemental report.

Address Rupert, Ida
Filed 3-1-20 E. H. Smare
Registrar

OCT 26 1966

294-205, 234-636

Form V. S. No. 11-5-22m-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MinidokaCity of PurfertNo. StRegistration District No. 19File No. 77264Primary Registration District No. 2013Registered No. 52

Hospital

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Mar 5</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>FATHER</u> <u>Carson Gilbert Kidd</u>
RESIDENCE <u>Purfert</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Farmer</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Mellie Florence</u>
RESIDENCE <u>Purfert</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 20 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. E. E. E.

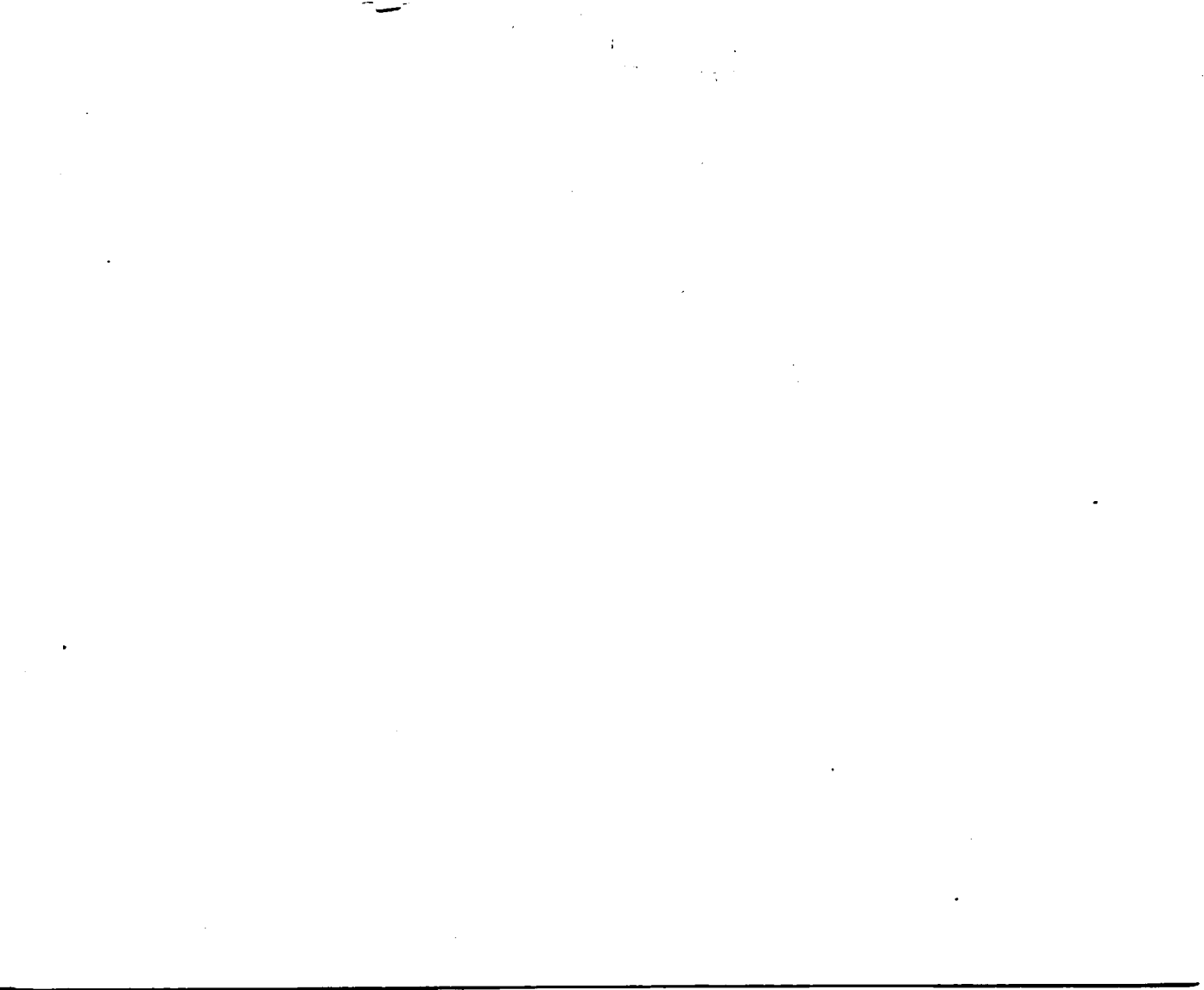
Given names added from a supplemental report.

Address Purfert, IdahoFiled Mar 6 20 1920 E. E. E. E. E.
Registrar Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
M. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-118-035-213

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-3-3-17

CERTIFICATE OF BIRTH

County of *My. Pava*

City of *Gifford*

No. St.

Registration District No. *92*

Primary Registration District No. *2170*

File No. *77266*

Registered No. *46*

Hospital

FULL NAME OF CHILD *Jay Lorayne Cornwell*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>—</i> and <i>—</i> Number in order of birth <i>—</i>	Legitimate? <i>Yes</i>	Date of Birth <i>2 18 1929</i> (Month) (Day) (Year)
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FATHER
FULL NAME *Jacob H. Cornwell*
RESIDENCE *Gifford*
COLOR *W* AGE AT LAST BIRTHDAY *26*
(Years)
BIRTHPLACE *Oregon*
OCCUPATION *blacksmith*

MOTHER
FULL MAIDEN NAME *Thelma Bachus*
RESIDENCE *Gifford*
COLOR *W* AGE AT LAST BIRTHDAY *32*
(Years)
BIRTHPLACE *W. M.*
OCCUPATION *housewife*

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

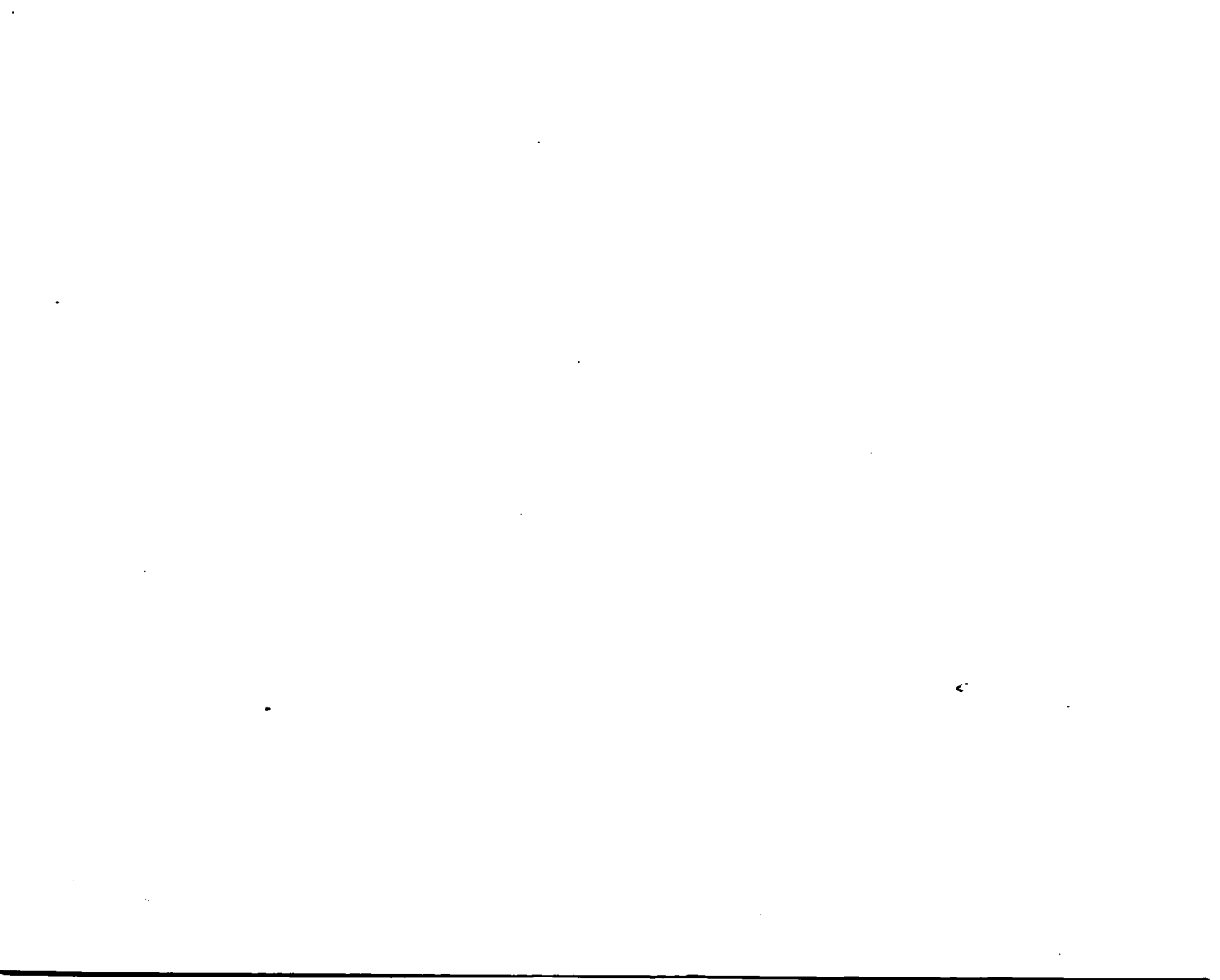
I hereby certify that I attended the birth of this child, who was *born alive*, at *b a* M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. E. Watts*
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed *2-18-1930* Registrar *E. E. Watts*



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-213-035-434

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-21a-3-3-17

CERTIFICATE OF BIRTH

77269

County of *My Perce*

City of *Elford*

Registration District No. *92*

File No.

No. St.

Primary Registration District No. *2170*

Registered No. *45*

Hospital

FULL NAME OF CHILD *JOAN EVELYN GLASBY*

Sex of Child <i>7</i>	Twin Triplet or other? <i>\</i> and <i>\</i> Number in order of birth <i>\</i>	Legitimate? <i>yes</i>	Date of Birth <i>2 13 1929</i> (Month) (Day) (Year)
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FATHER
FULL NAME *Geo. L. Glasby*
RESIDENCE *Elford*
COLOR *Wh* AGE AT LAST BIRTHDAY *56* (Years)
BIRTHPLACE *Minn*
OCCUPATION *farmer*

MOTHER
FULL MAIDEN NAME *Maudie McDowell*
RESIDENCE *Elford*
COLOR *Wh* AGE AT LAST BIRTHDAY *36* (Years)
BIRTHPLACE *Minn*
OCCUPATION *housewife*

Number of child of this mother, including present birth... *10* Number of children of this mother now living, including present birth... *10*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive*, at *2 A* M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. E. Watts*

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address.....

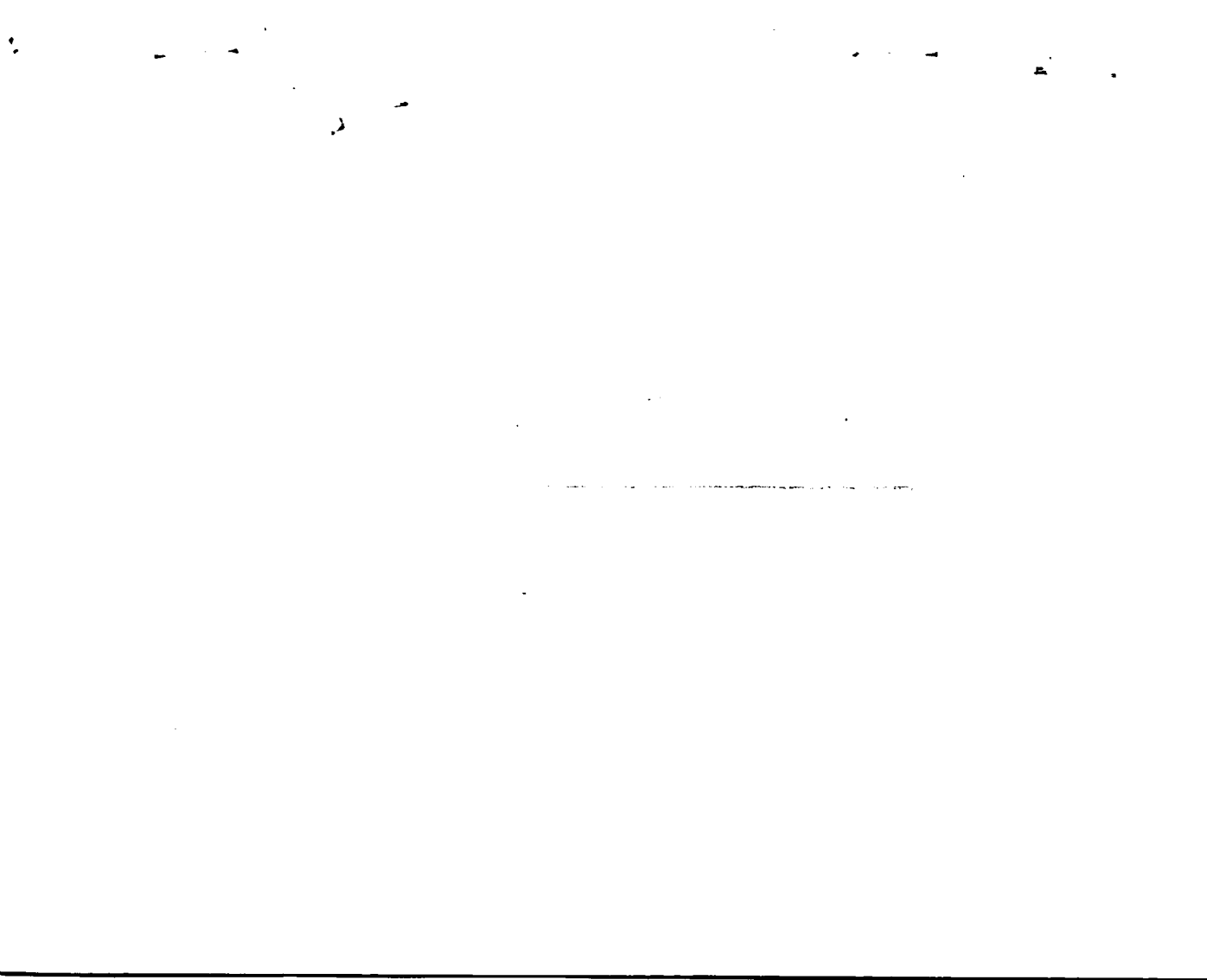
.....19.....

Filed *2-13-20* 19.....

E. E. Watts

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Date Filed 7/1/11

County of Alameda
The undersigned does solemnly swear that certain facts on the certificate of Born
(Birth or Death)
for no name who born on February 13, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Hoffard Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
 Name Unnamed Joan Evelyn Glasby

Subscribed and sworn to before me this 14
day of April, 1943
John L. Phillips
Notary Public, residing at Leicester
My commission expires 6-21-45
(Seal)

Signed: George Glasby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Spalding, Ida.
(Street, address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ng. Pene

County of Washoe
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 14-
day of April 1943
Antony H. Hingler.
Signed Mrs L M Crosby
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at 1001 N. 1st St., Phoenix, Arizona
My commission expires 12-31-1964
(Seal)

Signed Mrs. J. J. [illegible]
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 27 1943

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

238-202-036-0599
PLACE OF BIRTHCounty of *Myer*City of *Lewiston*Registration District No. *96*File No. *77270*

No.St.

Primary Registration District No. *1009*Registered No. *401*

Hospital

FULL NAME OF CHILD *Sly*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>X</i>	and { Number in order of birth of birth <i>X</i>	Legiti- mate? <i>Yes</i>	Date of Birth <i>1 2 1920</i> (Month) (Day) (Year)
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FULL NAME <i>Bernie Sly</i>	FATHER	FULL MAIDEN NAME <i>Mabel Erickson</i>	MOTHER
RESIDENCE <i>Lewiston Ida</i>		RESIDENCE <i>Lewiston Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>Idaho</i>		BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Mechanic</i>		OCCUPATION <i>H. W.</i>	

Number of child of this mother, including present birth.....1. Number of children of this mother now living, including present birth.....1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was....., at *10-20*.....M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *P. A. Waters*
By M. C. Parley
(Physician or midwife)

Given names added from a supplemental report.

Address.....*Lewiston*Filed *Mar 10 1920* *Eugene E. Bruce*

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

642-207-035-613

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Nez PerceCity of LewistonRegistration District No. 96File No. 77271

No. _____ St. _____

Primary Registration District No. 1009Registered No. 402

Hospital _____

FULL NAME OF CHILD

Edith Clara Wengrober

Sex of Child

Twin
Triplet
or other?
{ and } Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?Date of
Birth

Month Day Year

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn) _____ at _____ M.

{ * When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth. }

(Signature)

E. V. Shuff

(Physician or midwife)

Given names added from a supplemental report.

Address

Lewiston

Filed

Mar 10 1920 Anna E. Bruce

S-Y-CO 38071

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDINGN. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number
of each, in order of birth stated.

MAR 10 1969

351-101-035-719

PLACE OF BIRTH

Form V. S. No. 11-C-25m-2-2-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of... Nezperce.....City of... Lewiston.....Registration District No. 96.....File No. 77272.....No. 1331- G.....Primary Registration District No. 1009.....Registered No. 403.....Hospital... St. Josephs.....FULL NAME OF CHILD Donald Byrne Leach.....

Sex of Child	<u>Male</u>	Twin Triplet or other?	<u>and</u>	Number in order of birth	Legiti- mate?	<u>yes</u>	Date of Birth	<u>2-1-</u>	<u>1917</u>
		(To be answered only in event of plural births)					(Month)	(Day)	(Year)

FULL NAME	<u>FATHER</u> <u>Floyd Leach</u>
RESIDENCE	<u>Lewiston, Idaho</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>26</u> (Years)
BIRTHPLACE	<u>Idaho</u>
OCCUPATION	<u>Deliveryman</u>

FULL MAIDEN NAME	<u>MOTHER</u> <u>Mary E. Parks</u>
RESIDENCE	<u>Lewiston, Idaho</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>24</u> (Years)
BIRTHPLACE	<u>Oregon</u>
OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth... 3.... Number of children of this mother now living, including present birth... 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at... 4, 30 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).... Paul W. Johnson.....

(Physician or midwife)

Given names added from a supplemental report.

Address... Lewiston, Idaho.....Filed... March 19, 1920... Gran E. Bruce.....

Registrar

Registrar

MARGIN RESERVED FOR UNFADING INK - THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK - SEPARATE RETURN must be made for each N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/30/41. w.h.

JUN 19 1941

LOCAL REGISTRATION in the district where the birth occurred
correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

(Be sure the information is complete and accurate)

Amended 4-6-65

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **77273**

Local Reg. No. **404**

Reg. Dist. No. **96**

1. PLACE OF BIRTH

a. COUNTY

Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

Lewiston

c. FULL NAME OF (If NOT in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township)

OR

TOWN

Lewiston

d. STREET
ADDRESS

0134 8th St.

3. CHILD'S NAME

(Type or print)

a. (First)

Margaret

b. (Middle)

Elaine

c. (Last)

Paris

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒

TWIN ☐

TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1st ☐

2nd ☐

3rd ☐

6. DATE

(Month)

(Day)

(Year)

OF
BIRTH

February 3, 1920

FATHER OF CHILD

7. FULL NAME

a. (First)

Clarence

b. (Middle)

Everett

c. (Last)

Paris

8. AGE (At time of this birth)

30

YEARS

9. BIRTHPLACE (State of foreign country)

(City or Town)

Kentucky

10. USUAL OCCUPATION

Clerk

11. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First)

Marie

b. (Middle)

Irene

c. (Last)

Bumpass

13. AGE (At time of this birth)

26

YEARS

14. BIRTHPLACE (State or foreign country)

(City or Town)

Washington

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER
children are now
living?

1

b. How many OTHER children were
born alive but are now dead?

c. How many children
were stillborn (born dead
after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

*I hereby certify that
this child was born
alive on the date
stated above.*

17. SIGNATURE

O. C. Carssow

19. ADDRESS

Lewiston, Idaho

18. ATTENDANT AT BIRTH

M.D. ☒ MIDWIFE ☐

OTHER

(Specify)

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.

May 10, 1920

22. REGISTRAR'S SIGNATURE

Susan E. Bruce

23. DATE ON WHICH GIVEN NAME ADDED

BY

Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY

WEIGHT AT BIRTH

Was a standard serological test for syphilis performed? Yes ☐ No ☐

WEEKS

LBS. OZS.

Approximate date

RACE OR COLOR OF FATHER

White

RACE OR COLOR OF MOTHER

White

METHOD OF DELIVERY

Was 1% Silver Nitrate Used
to prevent blindness?

YES ☐ NO ☐

BIRTH INJURY TO INFANT

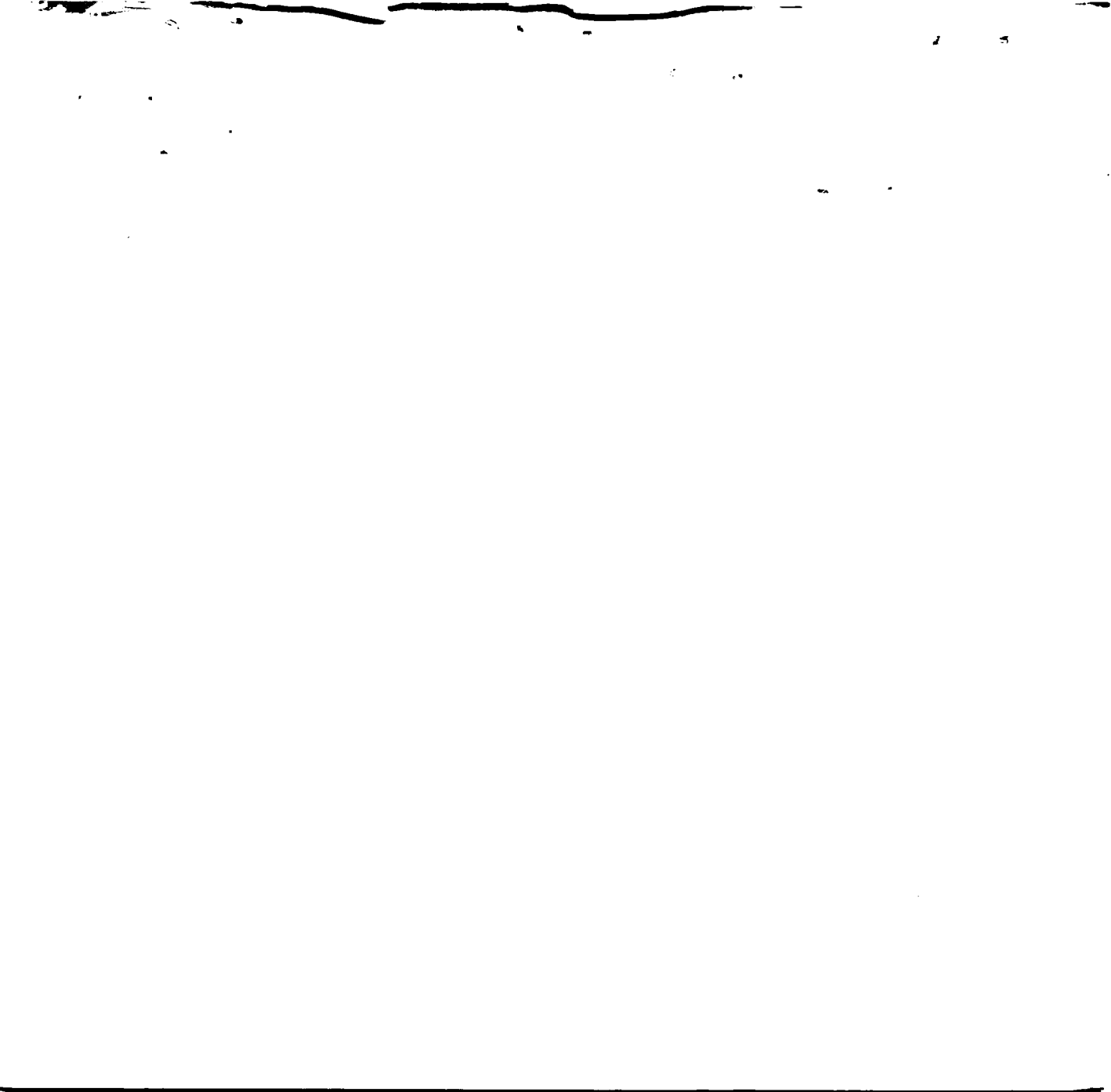
YES IF YES, DESCRIBE

NO

CONGENITAL MALFORMATIONS OF INFANT

YES IF YES, DESCRIBE

NO



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Nez Perce } ss.

Certificate No. 77273
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Parks (female child) who was born on Feb. 2, 1920 2nd.
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Margaret Elaine Paris
Full Name of Father	C. E. Parks	Clarence E. Paris
Full Maiden Name of Mother	Marie Bumpus	Marie Bumpus

Subscribed and sworn to before me this day of
....., 19.....

Signed Marie Irene Paris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of
March, 1965

Signed Marie J. Vooster
(Signature of Any Credible Person)
1323 - 9 Ave.
Lewiston, Idaho
(Street Address, City, State)

Notary Public, residing at Lewiston
My commission expires Jan. 18, 1966
(Seal)

Statement from E. Paul Hovey, Minister, Congregational-Presbyterian (Federated) Church, Lewiston, Idaho, written March 26, 1965 states "Margaret Elaine Paris Wolf, daughter of Mr. and Mrs. C. E. Paris, was baptized and Joined this church November 9, 1947." - viewed by V.S.

Statement from Frank B. Clark, Principal, Lewiston, Idaho, written March 26, 1965 states "This is to certify that according to Lewiston Senior High School records, Elaine Paris was born February 3, 1920. She graduated from the Lewiston High School, May 18, 1938. Her address at that time was 1323 9th Avenue, parent's name C.E. Paris." - viewed by V.S.

Own child's birth certificate, on file Idaho File #430159, gives name of child as Betty Lou Wolf, born December 19, 1946, at Lewiston, Idaho, Mother - Margaret Elaine Paris, Father - Donald Eugene Wolf. viewed by V. S.

Own Father's Death Certificate on file Idaho, File #52-2265, gives full name as Clarence Everett Paris, died June 25, 1952, at Lewiston, Idaho - viewed by V. S.

Brother's App. for National Service Life Insurance, gives name of applicant as James Francis Paris, Mother - Marie Irene Paris and Father - Clarence Everett Paris. Issued June 26, 1943 - viewed by V. S.

(Mother's Marriage License)

Marriage License, Issued February 23, 1954, State of Nevada, County of White Pine, gives name of Groom as Fred D. Wooster and name of Bride as Marie Irene Paris - viewed by V. S.

173-2035-249
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-4-4-37

County of.... Nezperce.....

City of.... Lewiston.....

Registration District No. 96

File No. 77274

No. St.

Primary Registration District No. 1009

Registered No. 4057

Hospital.... St. Josephs

FULL NAME OF CHILD Jane Elizabeth Axtell

Sex of Child	Female	Twin Triplet or other?		and	Number in order of birth	Legitimate?	yes	Date of Birth	2- 3- 20
		(To be answered only in event of plural births)						(Month)	(Day)

FULL NAME	FATHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

FULL MAIDEN NAME	MOTHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

Number of child of this mother, including present birth.... 2 Number of children of this mother now living, including present birth.... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at 10.30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

(Physician or midwife).....

Given names added from a supplemental report.

Address.... Lewiston, Idaho.

Filed Mar 10 1920 Susan E. Bruce

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

JUN 12 1967

JUN 29 1942

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-109-035-241
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-37

County of.....Nezperce.....City of.....Lewiston.....Registration District No.....96.....File No.....77275.....No.....St......Primary Registration District No.....1009.....Registered No.....406.....

Hospital.....

FULL NAME OF CHILD.....Bernard Shepler.....

Sex of Child	<u>Male</u>	Twin Triplet or other?	} and { Number in order of birth	Legiti- mate?	<u>yes</u>	Date of Birth..... <u>2-9-</u> <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)						

FULL NAME	<u>FATHER</u> <u>Benjamin Shepler</u>	
RESIDENCE	<u>Lewiston, Idaho</u>	
COLOR	<u>White</u>	AGE AT LAST BIRTHDAY ... <u>24</u> (Years)
BIRTHPLACE	<u>Idaho</u>	
OCCUPATION	<u>Farmer</u>	

FULL MAIDEN NAME	<u>MOTHER</u> <u>Audrey Smalls</u>	
RESIDENCE	<u>Lewiston, Idaho</u>	
COLOR	<u>White</u>	AGE AT LAST BIRTHDAY ... <u>22</u> (Years)
BIRTHPLACE	<u>Idaho</u>	
OCCUPATION	<u>Housewife</u>	

Number of child of this mother, including present birth.....1..... Number of children of this mother now living, including present birth.....1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....10 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....Paul W. Johnson.....

(Physician or midwife)

Given names added from a supplemental report.

Address.....Lewiston, Idaho.....Filed.....Mar 10 1920.....Brian E. Bruce.....

Registrar

Registrar

Certified copy issued Jan. 28, 1941. E.W.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

575-213-935-145

County of *Nez Perce*City of *Levieston*No. *418* - *15* St.Registration District No. *96*File No. *77276*Primary Registration District No. *1009*Registered No. *407*

Hospital

FULL NAME OF CHILD *Mary Elizabeth Vance*

Sex of Child

*female*Was
Trapped
or other?
(To be answered only in event of plural births)Number
in order
of birth*2*Legiti-
mate?*yes*Date of
Birth*February 1920*
(Month) (Year)FULL
NAME*Frank*

FATHER

*Vance*FULL
MAIDEN
NAME*Julia Ann*

MOTHER

RESIDENCE

Levieston

RESIDENCE

Levieston

COLOR

*white*AGE AT LAST
BIRTHDAY*24*
(Years)

COLOR

*white*AGE AT LAST
BIRTHDAY*20*
(Years)

BIRTHPLACE

Michigan

BIRTHPLACE

Hungary

OCCUPATION

fireman

OCCUPATION

*Housewife*Number of child of this mother, including present birth *2*Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* at *11 A.M.*
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

L. F. Verman M.D.
Levieston, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address

File *Mar 10 1920*

Registrar

Wm E Bruce
Registrar

MARGIN RESERVED FOR UNFADING INK - THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

DEC 22 1958

APR 14 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-18035-385
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-4-4-27

County of.....Nezperce.....

City of.....Lewiston.....

No.....709-14th Ave. St.....

Hospital.....

Registration District No.....96.....

File No.....77277.....

Primary Registration District No.....1009.....

Registered No.....408.....

FULL NAME OF CHILD.....Loren William Enoch.....

Sex of Child	Male	Twin Triplet or other? { and { Number in order of birth	Legitimate? yes	Date of Birth.....2-18-1912
		(To be answered only in event of plural births)		(Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	James Roy Enoch		Genevieve G. Lynn
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Railway clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth.....1..... Number of children of this mother now living, including present birth.....1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....at.....1.P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....Paul W. Johnson.....

(Physician or midwife)

Given names added from a supplemental report.

Address.....Lewiston, Idaho.....

Filed.....10.....10 20.....Susan E. Bruce.....

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-24a-3-3-17

County of Nez Perce
659-223-935-285
City of East Lewiston

Registration District No. 95 File No. 77278

No. St. Primary Registration District No. 1009 Registered No. 409

Hospital **ANITA JEAN WEIPERT**

FULL NAME OF CHILD ANITA JEAN WEIPERT

Sex of Child <u>female</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>one</u>	Legitimate? <u>yes</u>	Date of Birth <u>February 23</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>ANITA JEAN WEIPERT</u>	FATHER <u>C. C. WEIPERT</u>		MOTHER <u>Lice Shepherd</u>	
RESIDENCE <u>East Lewiston</u>	RESIDENCE <u>East Lewiston</u>		RESIDENCE <u>East Lewiston</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	COLOR <u>white</u>
BIRTHPLACE <u>Washington</u>	BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>farmer</u>	OCCUPATION <u>Housewife</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:20 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Enman M.D.

(Physician or midwife)

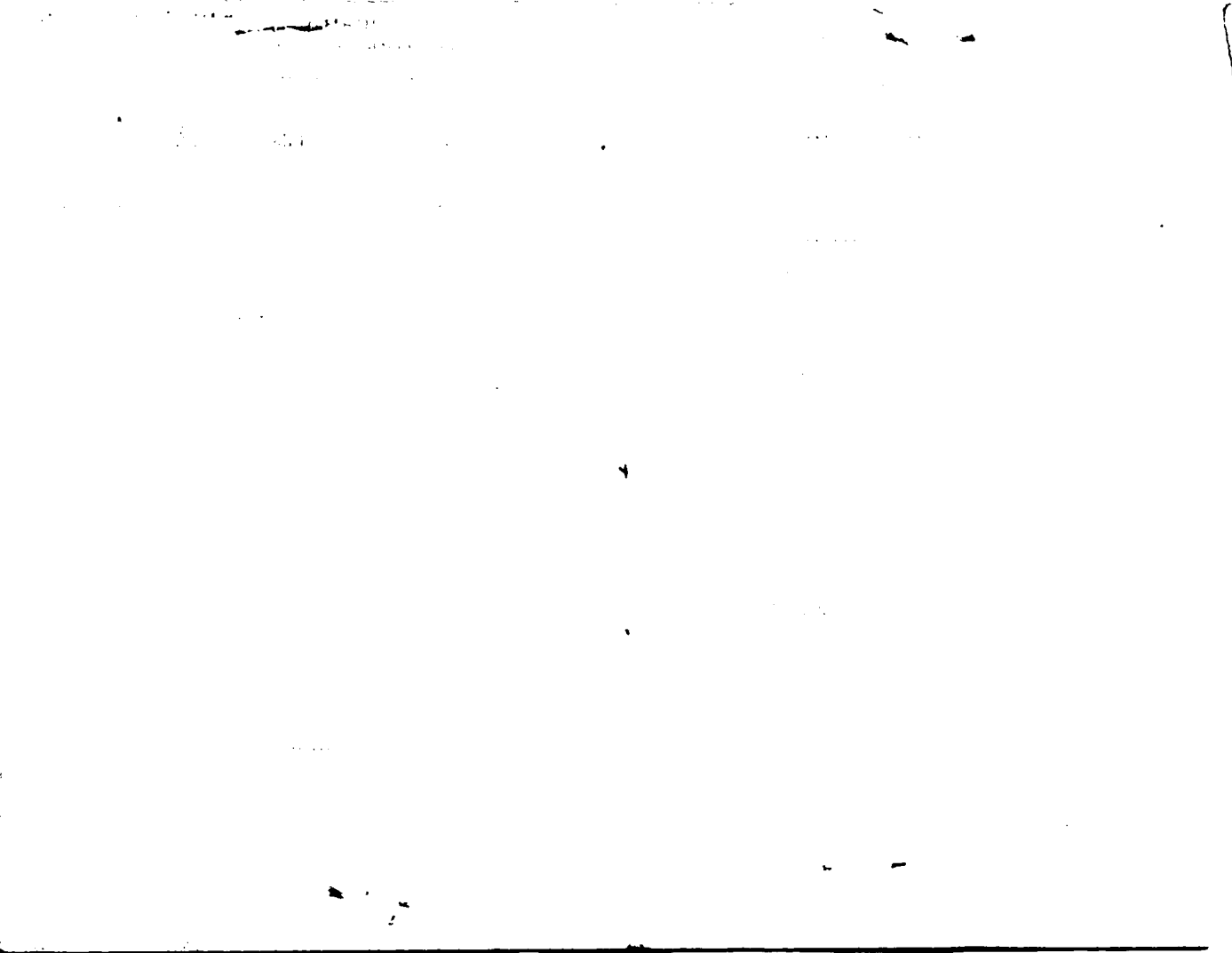
Given names added from a supplemental report.

Address Lewiston Idaho

Filed Mar 14 1920 Ryan E. Bruce

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of }
County of } ss. Certificate No. 77278
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....
(BIRTH OR DEATH)

for who on
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by prepared on are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

Surname

Weipert

Weipert

Name

Annetta

Anita Jean Weipert

Subscribed and sworn to before me this.....
day of....., 19 43

Notary Public, residing at.....

My commission expires.....
(SEAL)

Signed.....

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19 43

Notary Public, residing at.....

My commission expires.....
(SEAL)

Signed.....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on..... By.....

(REGISTRAR'S SIGNATURE)

FEB 4 1943

FEB 28 1966

MAR 2 1966

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-2-17

County of.....Nezperce.....

City of Lewiston

Registration District No. 96

File No. 77279...

No. St.

Primary Registration District No.1009.....

Registered No. 410

Hospital.....St. Josephs

FULL NAME OF CHILDBernie Carey.....

Sex of Child	Female	Twin Triplet or other?	} and {	Number in order of birth	Legitimate?	yes	Date of Birth	2-25-	20
		(To be answered only in event of plural births)					(Month) (Day) (Year)		

FULL NAME	FATHER		
	Clem Cud Carey		
RESIDENCE	Lewiston, Idaho		
COLOR	White	AGE AT LAST BIRTHDAY ...	38 (Years)
BIRTHPLACE	Oregon		
OCCUPATION	Farmer		

FULL MAIDEN NAME	MOTHER Belle H. French		
RESIDENCE	Lewiston, Idaho		
COLOR	White	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mich		
OCCUPATION	Housewife		

Number of child of this mother, including present birth.....3 Number of children of this mother now living, including present birth.....2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was....., at..... 6 A.M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *L. V. Karsaw*

Given names added from a supplemental report.

.....
(Physician or midwife)

.....19.....

Address Lewiston, Idaho

.....

Mar 10 20 Simon E Bruce

.....
Registrar

***** Registrare

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

MAR 11 1959

CONFIDENTIAL - SECURITY INFORMATION

CONFIDENTIAL - SECURITY INFORMATION

CONFIDENTIAL - SECURITY INFORMATION

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CONFIDENTIAL - SECURITY INFORMATION

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD -
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

76-127-035-238

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-27

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Registration District No. 96

File No. 77280

Hospital White

Primary Registration District No. 1009

Registered No. 4.1.1

FULL NAME OF CHILD John Robert Powell

Sex of Child <u>Male</u>	Twin <u>X</u> or other? <u>X</u> and { Number in order of birth <u>X</u> }	Legitimate? <u>yes</u>	Date of Birth <u>2 27 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FATHER
FULL NAME J. E. Powell
RESIDENCE Lewiston Idaho
COLOR white AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Montana
OCCUPATION Accountant

MOTHER
FULL MAIDEN NAME Catherine Schindler
RESIDENCE Lewiston Idaho
COLOR white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Minn.
OCCUPATION H. W.

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at 5:30 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar J. White MD
B. P. C. Parley
(Physician or midwife)

Given names added from a supplemental report.

Address.....
Filed Mar 10 1920 W. E. Bruce
Registrar Registrar

4/26 41 Z.J.

NOV 3 1964

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

1. 133-172-035-253
County of Nez Perce
City of Lewiston, Idaho
No. _____ St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Wesley Allen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77281

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? _____	8. Date of birth <u>February 12 1920</u> (Month, Day, Year)
-----------------------	--	---------------------------------------	---------------------------	---

FATHER		MOTHER	
9. Full name <u>James R. Allen</u>	18. Full maiden name <u>Frances Embley Kellogg</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>American Falls</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Lewiston, Idaho</u>
11. Color or race <u>Wn</u>	12. Age at last birthday <u>25</u> (years)	20. Color or race <u>Wn</u>	21. Age at last birthday <u>22</u> (years)
13. Birthplace (city or place) (State or Country) <u>American Falls Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Porkville Michigan</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plant Operator</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Idaho Power Co</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>	16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, { months _____
of _____ } 30. Cause of Stillbirth { During labor _____
Before _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 5:00 at A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from _____
a supplemental report _____

(Date of) _____

Registrar.

(Signed) R. J. Perkins, M. D.

or _____, Midwife

Address Lewiston, Idaho

Filed March 10, 1920 Wm E. Bruce

Registrar.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, N. Y.

AN 31 1963

DEC 29 1941

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, N. Y.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, N. Y.

793-125-035-766

Form V. A. No. 11-0-21-4-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of... *Neg. Price*City of... *Lewiston*Registration District No. *96*File No. *77287*No. *1913* *Carson Ave.*Primary Registration District No. *1009*Registered No. *418*

Hospital

FULL NAME OF CHILD

Earl Edward Gillespie

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>1-26-20</i> (Month) (Day) (Year)
-----------------------------	---	--------------------------------	---------------------------	---

FULL NAME <i>James E. Gillespie</i>	FATHER
RESIDENCE <i>Lewiston Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>44</i> (Years)
BIRTHPLACE <i>Sigourney Iowa</i>	
OCCUPATION <i>Teacher</i>	

FULL MAIDEN NAME <i>Laura Powell</i>	MOTHER
RESIDENCE <i>Lewiston Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>38</i> (Years)
BIRTHPLACE <i>Elk River Minn.</i>	
OCCUPATION <i>Home wife</i>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at *8 A* M. on the date above stated. (Born alive ~~or dead~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) *L. J. Perkins* (Physician or midwife)Address *Lewiston Idaho*Filed *Mar 10* 19*20* *Ryan E. Bruce*MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1943

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-216-035-863

PLACE OF BIRTH

Amended 6/5/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Nez PerceCity of LeucistonNo. 406-12th St.

Hospital _____

CERTIFICATE OF BIRTH

Registration District No. 96File No. 77288Primary Registration District No. 1009Registered No. 419FULL NAME OF CHILD Iva Bernice Berry

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan. 16</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FATHER
FULL NAME E. C. Berry
RESIDENCE Asotin, Wash
COLOR white AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Mich
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Addie Horoe
RESIDENCE Asotin, Wash
COLOR white AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Oregon
OCCUPATION House wife

Number of child of this mother, including present birth. 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at 1920 M.
on the date above stated. (Born alive ~~conceived~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Given names added from a supplemental report.

Address Leuciston IdahoFiled Mar 10 1920 Wm E Bruce

- FEB 25 1972

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS

State of Washington } ss.
County of Spokane

MAY 30 3 53 PM '79

Certificate No. 77288
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Berry (female) who was born on Jan 16, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Lewiston, Idaho are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name

Unnamed

Iva Bernice Berry

Subscribed and sworn to before me this 25 day of

May 1979.
Notary Public John A. Colwell
Residing at Spokane, Wa
My commission expires 12-31-82
(Seal)

Iva Bernice Berry
Signature of Applicant
So. 221 Sargent Rd.
Street Address, City, State
Spokane Wash. 99206

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of Spokane

(Must be completed _____)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Certif of Baptsim from St. Patrick's Church, Walla Walla, Washingto gives name as Carol Virginia Barstad child of Russell D. Barstad and Iva Bernice Berry. orn Feb 2, 1951. Baptized Marc 25, 1951. viewed by V. S.

JUN 5 1979

Birth certificate from St. ~~XXXX~~ Mary's Hospital gives name as John Raymond Danly born to Mr. & Mrs. John Henry Daly. on Aug 7, 1944. mother's name given as Iva Bernice Berry obnr Jan 16, 1920. viewed by V. S

219-117-035-294
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-15

CERTIFICATE OF BIRTH

County of Nez PerceCity of LewistonNo. 1608-8th Av. St.Registration District No. 96File No. 77289Primary Registration District No. 1009Registered No. 420

Hospital

FULL NAME OF CHILD

George Gordon Seymour Barrett

Sex of Child

SonTwin
Triplet
or other?{ and { Number
in order
of birthLegiti-
mate?yes

Date of Birth

Jun. 17 1920
(Month) (Day) (Year)

FULL NAME

George Gordon Barrett

FATHER

FULL MAIDEN NAME

Blanche Mary Simonsen

MOTHER

RESIDENCE

Lewiston Idaho

RESIDENCE

Lewiston Idaho

COLOR

white

AGE AT LAST BIRTHDAY

39
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

24
(Years)

BIRTHPLACE

Wamego, Kans.

BIRTHPLACE

Logan Utah

OCCUPATION

Teacher

OCCUPATION

House wife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was
on the date above stated.(Born alive ~~unborn~~)at 11:45 A. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Louis G. Perkins
(Physician or midwife)

Given names added from a supplemental report.

Address

Lewiston Idaho

Filed

Mar 10 1920 Susan E. Bruce

Registrar

Registrar

P. C. 64-4141

JUN 18 1967

5/19/41 L. B.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

138-227-035-249
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of My Peru
City of Lapwai Registration District No. 97 File No. 77290
No. _____ St. _____
Hospital _____ Primary Registration District No. 3174 Registered No. -5
FULL NAME OF CHILD Myrle Frances Alligier

Sex of Child female Twin Triplet or other? ☒ and Number in order of birth 1 Legitimacy yes Date of Birth Feb. 27 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME John Alligier
RESIDENCE Lapwai
COLOR white AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Utah
OCCUPATION farmer

MOTHER
FULL MAIDEN NAME Ruth Smith
RESIDENCE Lapwai
COLOR white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:15 p. m.
on the date above stated. (born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William R. Habel
(Physician or midwife)

Given names added from a supplemental report.

Address Lapwai, Ida.
Filed Feb. 28 1920 William R. Habel
Registrar

JAN 22 1962

693-222-035-192

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of May PeaceCity of LapwaiRegistration District No. 97File No. 77291

No. _____ St. _____

Primary Registration District No. 2174Registered No. 4

Hospital _____

FULL NAME OF CHILD

Edna May Wilson

Sex of Child <u>female</u>	Twin <u>✓</u> Triplet <u>✓</u> or other? <u>✓</u> (To be answered only in event of plural births)	and	Number in order of birth <u>✓</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 22</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-----	--	------------------------	---

FULL NAME	FATHER <u>Homer Wilson</u>
RESIDENCE	<u>Lapwai</u>
COLOR	<u>white</u>
AGE AT LAST BIRTHDAY	<u>33</u> (Years)
BIRTHPLACE	<u>Iowa</u>
OCCUPATION	<u>farmer</u>

FULL MAIDEN NAME	MOTHER <u>Grace Asbuckle</u>
RESIDENCE	<u>Lapwai</u>
COLOR	<u>white</u>
AGE AT LAST BIRTHDAY	<u>28</u> (Years)
BIRTHPLACE	<u>Oregon</u>
OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7-10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address LapwaiFiled Feb. 22 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1942

City of Murphy, (near) Registration District No. 43 File No. 77292

No. _____ St. _____ Primary Registration District No. 2120 Registered No. _____

Hospital _____

FULL NAME OF CHILD Wilfred Raymond Brown

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan. 22, 1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Charles A. Brown</u>		FULL MAIDEN NAME MOTHER <u>Olara Belle Poole</u>		
RESIDENCE <u>Murphy, (near) Ida.</u>		RESIDENCE <u>near Murphy, Idaho</u>		
COLOR <u>White.</u>	AGE AT LAST BIRTHDAY <u>52</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>33</u> (Years)		
BIRTHPLACE <u>New Hampshire</u>		BIRTHPLACE <u>Wyoming</u>		
OCCUPATION <u>Rancher</u>		OCCUPATION <u>House-wife</u>		

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 5:15 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

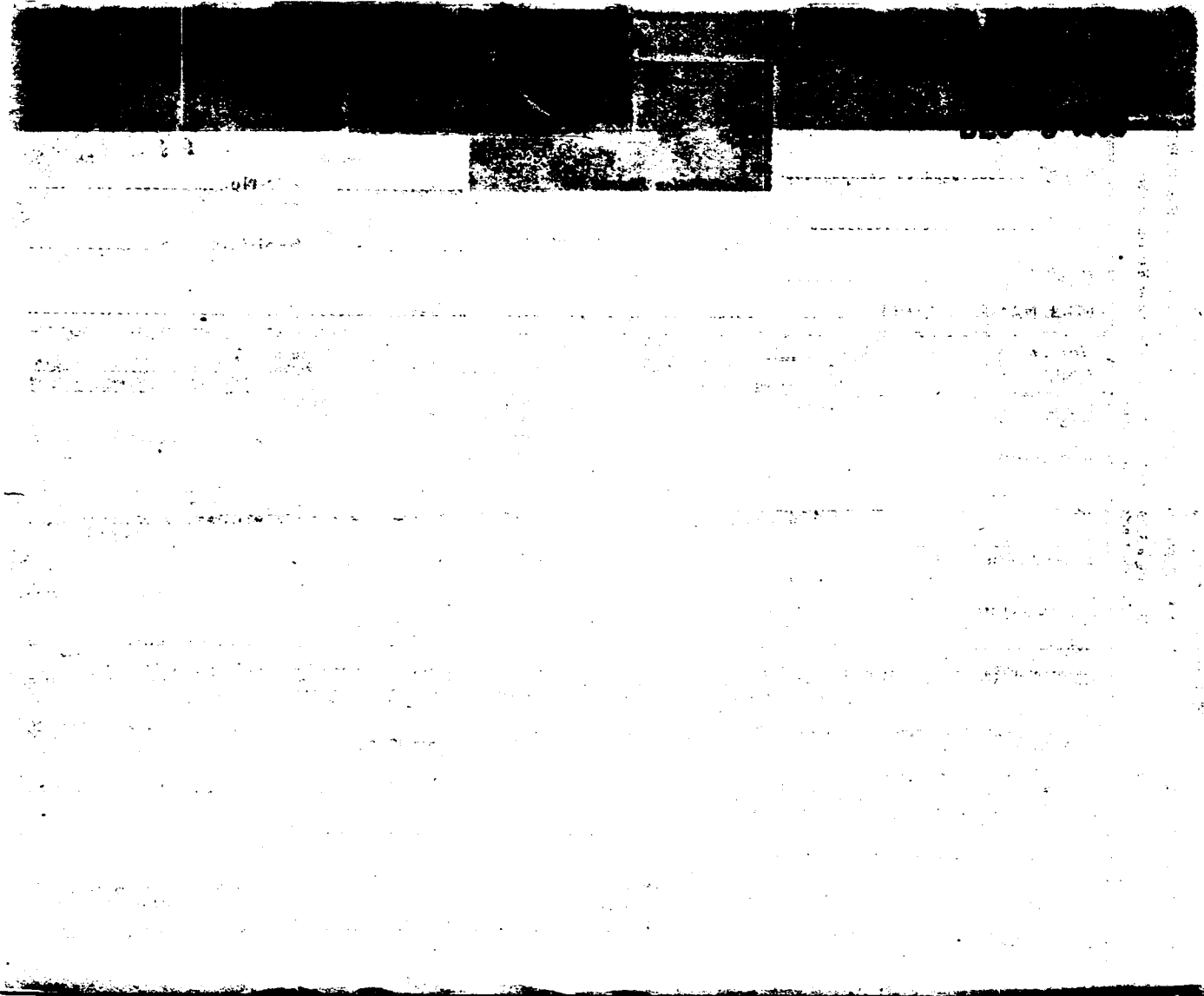
W. H. Schuyler, M.D.
Physician
(Physician or midwife)

Address

Murphy, Idaho

Filed

Jan. 23, 1920 W. H. Schuyler, M.D.
Registrar



759-203-037-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-2-15-12

CERTIFICATE OF BIRTH

County of OwyheeCity of Guffey, (nearby)Registration District No. 43File No. 77293

No. _____ St. _____

Primary Registration District No. 2120

Registered No. _____

Hospital _____

FULL NAME OF CHILD Marie PerdrilloSex of Child FemaleTwin
Triplet
or other?

—

and

Number
in order
of birth

—

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthJan. 3

(Month)

(Day)

1920
(Year)FULL
NAMEFATHER
Miguel Perdrillo

RESIDENCE

Owyhee County,

COLOR

whiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Spain, (Basque)

OCCUPATION

Shepherd & camp-tenderFULL
MAIDEN
NAMEMOTHER
Marie Cantua

RESIDENCE

Owyhee Co. & Jordan Valley, Or.

COLOR

whiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Spain (Basque)

OCCUPATION

Camp-cook

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 3:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. H. Schuyler M.D.Physician

(Physician or midwife)

Given names added from a supplemental report

19 _____

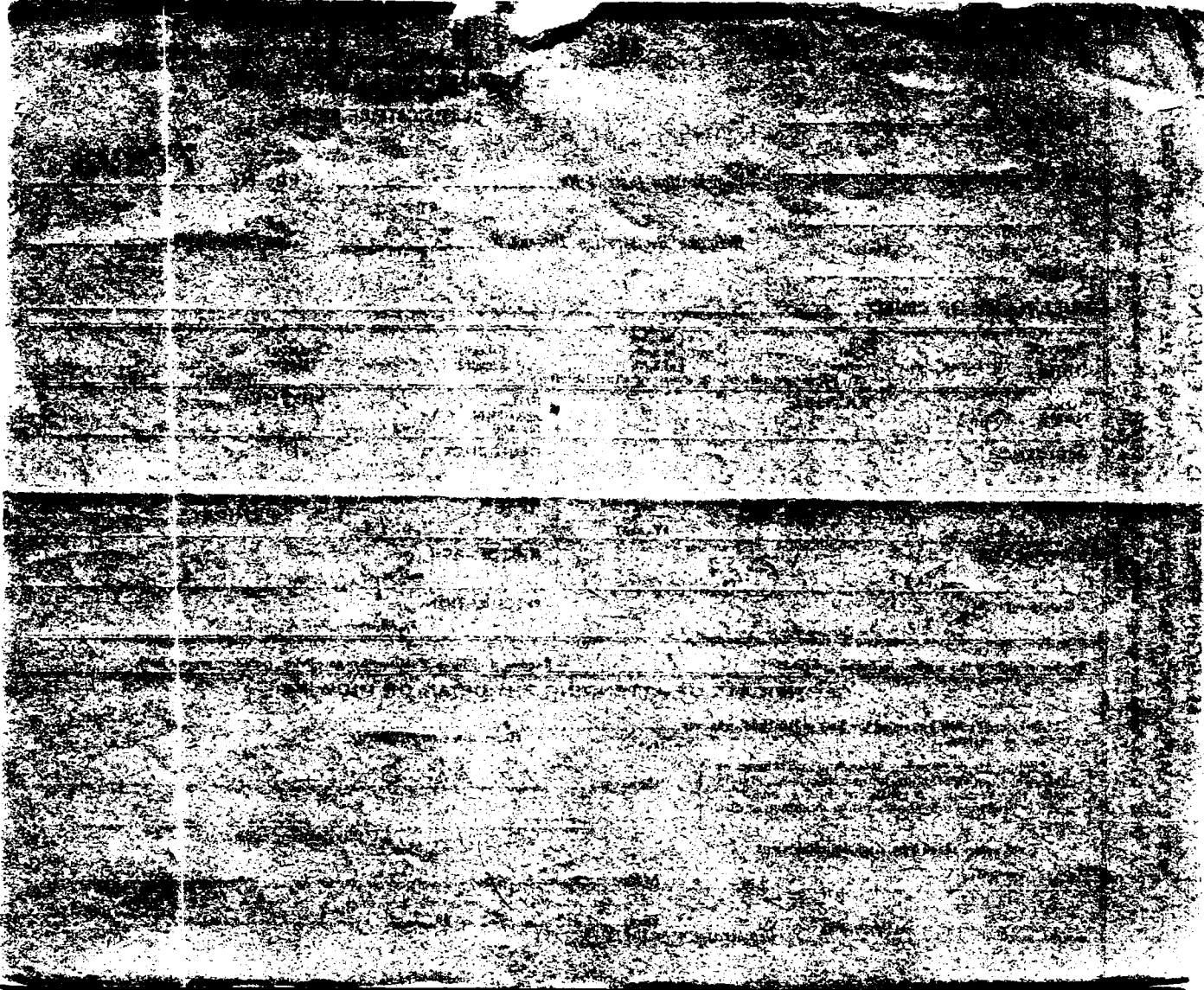
Address

Silver City, Idaho

Filed

Jan. 5, 1922 M. H. Schuyler, M.D.

Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-201038-339

PLACE OF BIRTH

County of PayetteCity of PayetteNo. 541 N. 7th St.

Hospital _____

FULL NAME OF CHILD _____

IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

77294

Registration District No. 4 File No. 1Primary Registration District No. 1008 Registered No. _____

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb. 11/19</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Marion Phillip Stern</u>	FATHER	FULL MAIDEN NAME <u>Ida Marie Cline</u>	MOTHER
RESIDENCE <u>Payette</u>		RESIDENCE <u>Payette</u>	

COLOR <u>Blk.</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	COLOR <u>Blk.</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
-------------------	---	-------------------	---

BIRTHPLACE <u>Iowa</u>	BIRTHPLACE <u>Iowa</u>
------------------------	------------------------

OCCUPATION <u>Laborer</u>	OCCUPATION <u>Housewife</u>
---------------------------	-----------------------------

Number of child of this mother, including present birth. <u>2</u>	Number of children of this mother now living, including present birth. <u>2</u>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:09 M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward, M.D.
Physician or midwife

Given names added from a supplemental report.

Address Payette, IdahoFiled Feb. 11, 1920

Registrar

Registrar

PLACE OF BIRTH

CHAD
STATISTICS

CERTIFICATE OF BIRTH

1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

415-217-038-693
PLACE OF BIRTH

County of Payette

City of Payette

No. 1030 Center Ave. St.

Hospital _____

Registration District No. _____

Primary Registration District No. 1008

File No. 77295

Registered No. 2

FULL NAME OF CHILD BETTY JEAN DAVIS

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u> }	Legitimate? <u>yes</u>	Date of birth <u>Feb. 17</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	--	------------------------	--

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth... 1 ... Number of children of this mother now living, including present birth... 1 ...

FATHER
FULL NAME John R. Davis
RESIDENCE Payette
COLOR white AGE AT LAST BIRTHDAY 36
(Years)
BIRTHPLACE Oklahoma
OCCUPATION Electric Lineman

MOTHER
FULL MAIDEN NAME Sally L. Williams
RESIDENCE Payette
COLOR white AGE AT LAST BIRTHDAY 21
(Years)
BIRTHPLACE Tennessee
OCCUPATION Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:00 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward MD

(Physician or midwife)

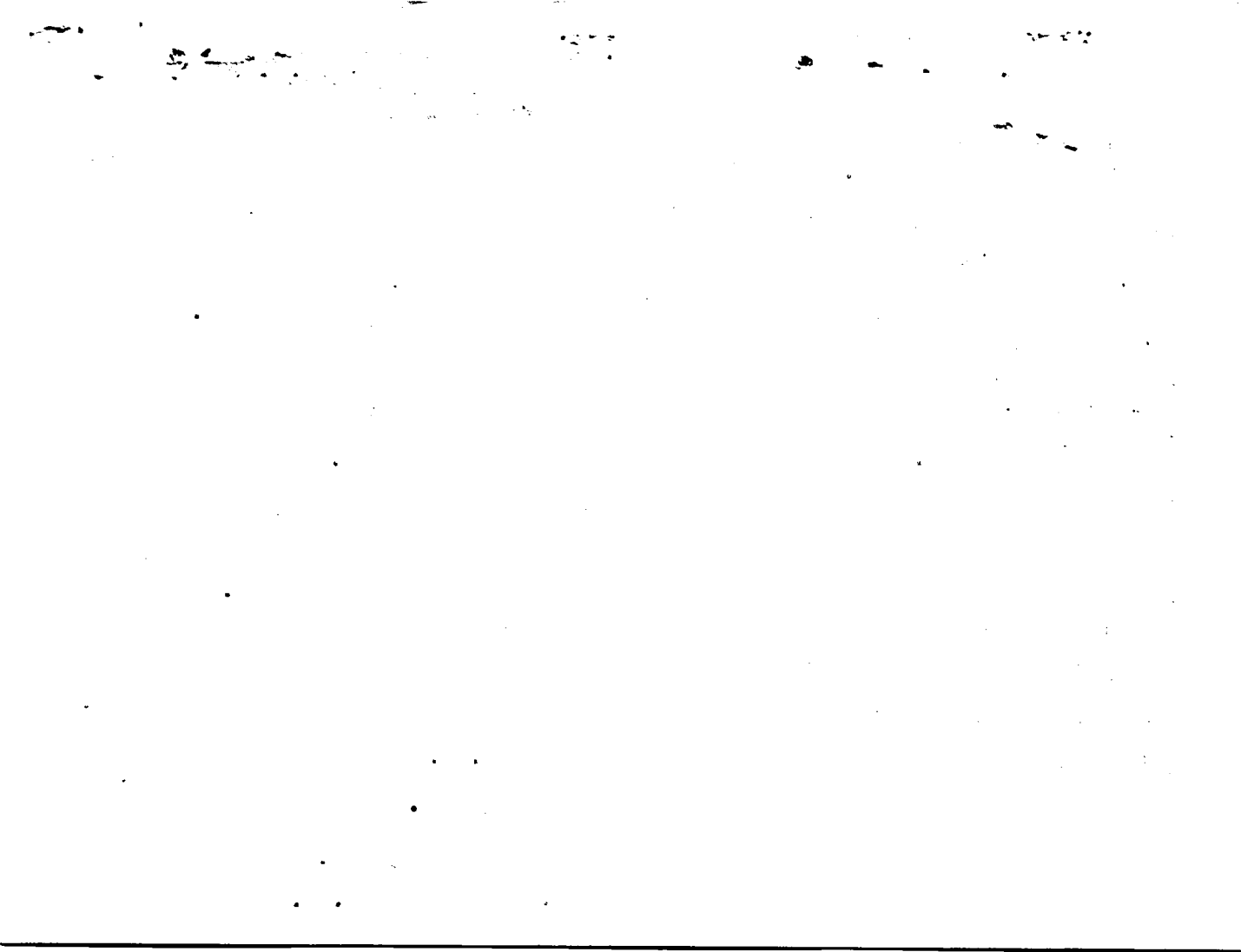
Give names added from a supplemental report.

Address Payette, Ida.

Filed Feb. 17 1920 J. C. Woodward

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California }
County of Los Angeles } ss. Certificate No. 77295
Date Filed 2-17-20

The undersigned does solemnly swear that certain facts on the certificate of BETTY JEAN DAVIS who BORN (Birth or Death) on 3/17/20 (Date of Event) for PAYETTE, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by FAMILY BIBLE prepared on 2/17/1920, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Father's name James R. Davis John R. Davis

Subscribed and sworn to before me this 26TH day of MARCH, 1951

Signed Sallie Davis Curl
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at LOS ANGELES COUNTY
My commission expires AUG. 9, 1953 CALIF.
(Seal)

8912 ELIZABETH SOUTH GATE
CALIF
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gooding } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

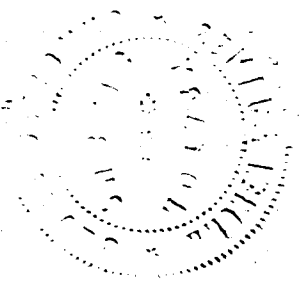
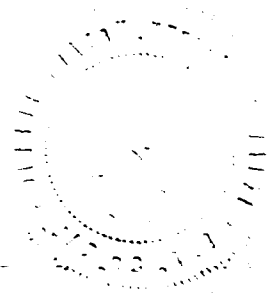
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge

Subscribed and sworn to before me this 28th day of March, 1951

Signed Elli C. Bink
(Signature of Any Credible Person)

Notary Public, residing at Gooding, Idaho
My commission expires November 1, 1954
(Seal)

Gooding, Idaho
(Street Address, City, State)



231-202-038-433

Form V. 8. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of PayetteCity of PayetteRegistration District No. 4File No. 77296

No. _____ St. _____

Primary Registration District No. 1008Registered No. 3

Hospital _____

FULL NAME OF CHILD

Madora Margaret Blackburn

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birth

Legitimate?

yes

Date of Birth

June 21920

(Month)

(Day)

(Year)

FULL NAME

John

FATHER

John Blackburn

RESIDENCE

Payette Ida

COLOR

White

AGE AT LAST BIRTHDAY

31
(Years)

BIRTHPLACE

Edwardsville, Illinois

OCCUPATION

Farmer

FULL MAIDEN NAME

Helen V. McCluskey

MOTHER

RESIDENCE

Payette Ida

COLOR

White

AGE AT LAST BIRTHDAY

20
(Years)

BIRTHPLACE

Kinmundy, Illinois

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

Born alive, at 11:45 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. E. Woodward M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Payette Ida

Filed

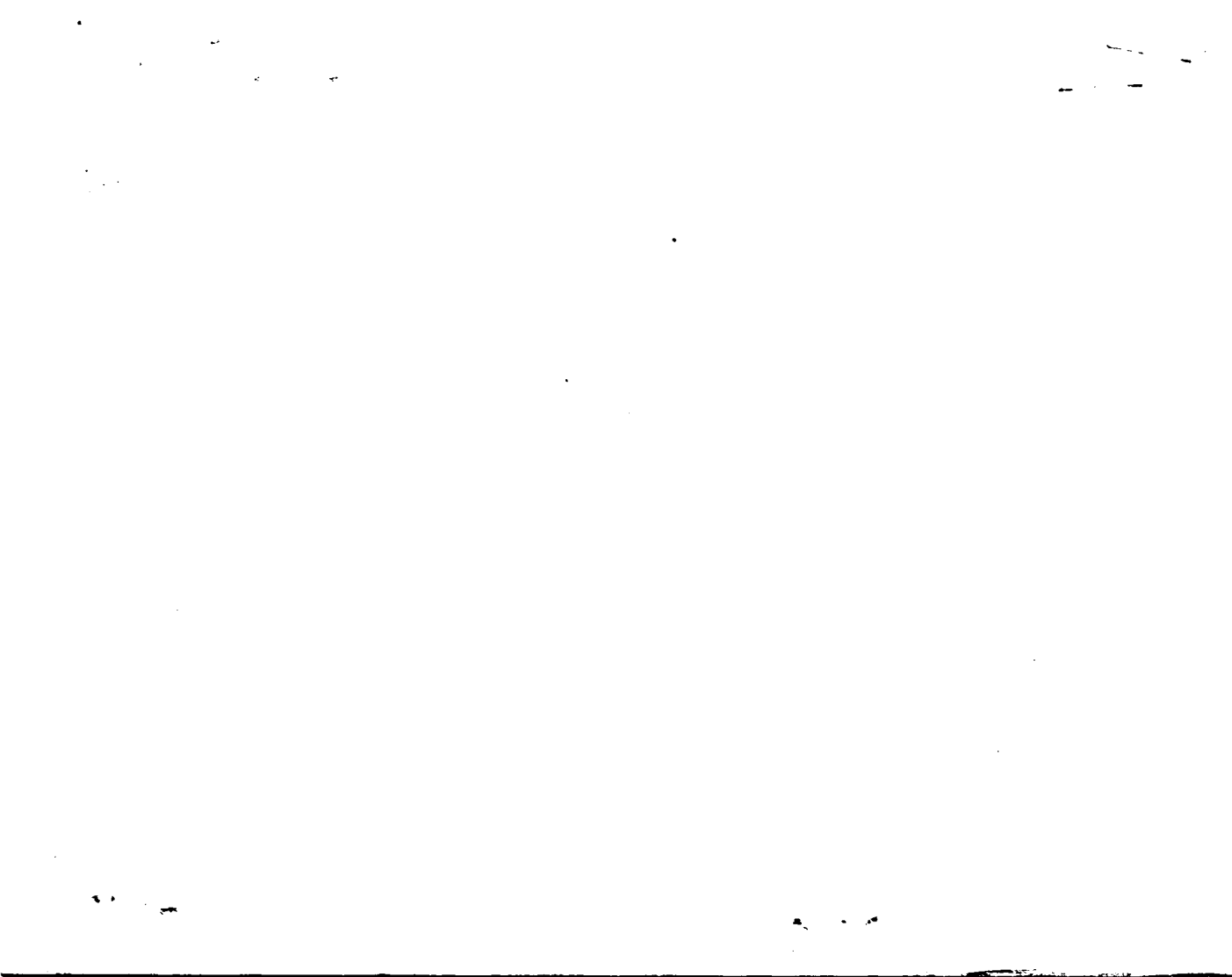
Mrs. G. E. Woodward1920

Registrar

- Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

165-106-330-26

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. _____ St. _____

Registration District No. 4 File No. 77297

Hospital _____

Primary Registration District No. 1008 Registered No. 4

FULL NAME OF CHILD R. J. Lorraine Jones

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimacy <u>yes</u>	Date of Birth <u>Jan 6 1920</u> (Month) (Day) (Year)
--------------------------	----------------------------------	-----	-----------------------------------	-----------------------	---

FATHER
FULL NAME Porter M Jones
RESIDENCE Payette Ida
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Idaho
OCCUPATION Farmhouse

MOTHER
FULL MAIDEN NAME Bircha M Woodrall
RESIDENCE Payette Ida
COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 220 a-m on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward M D

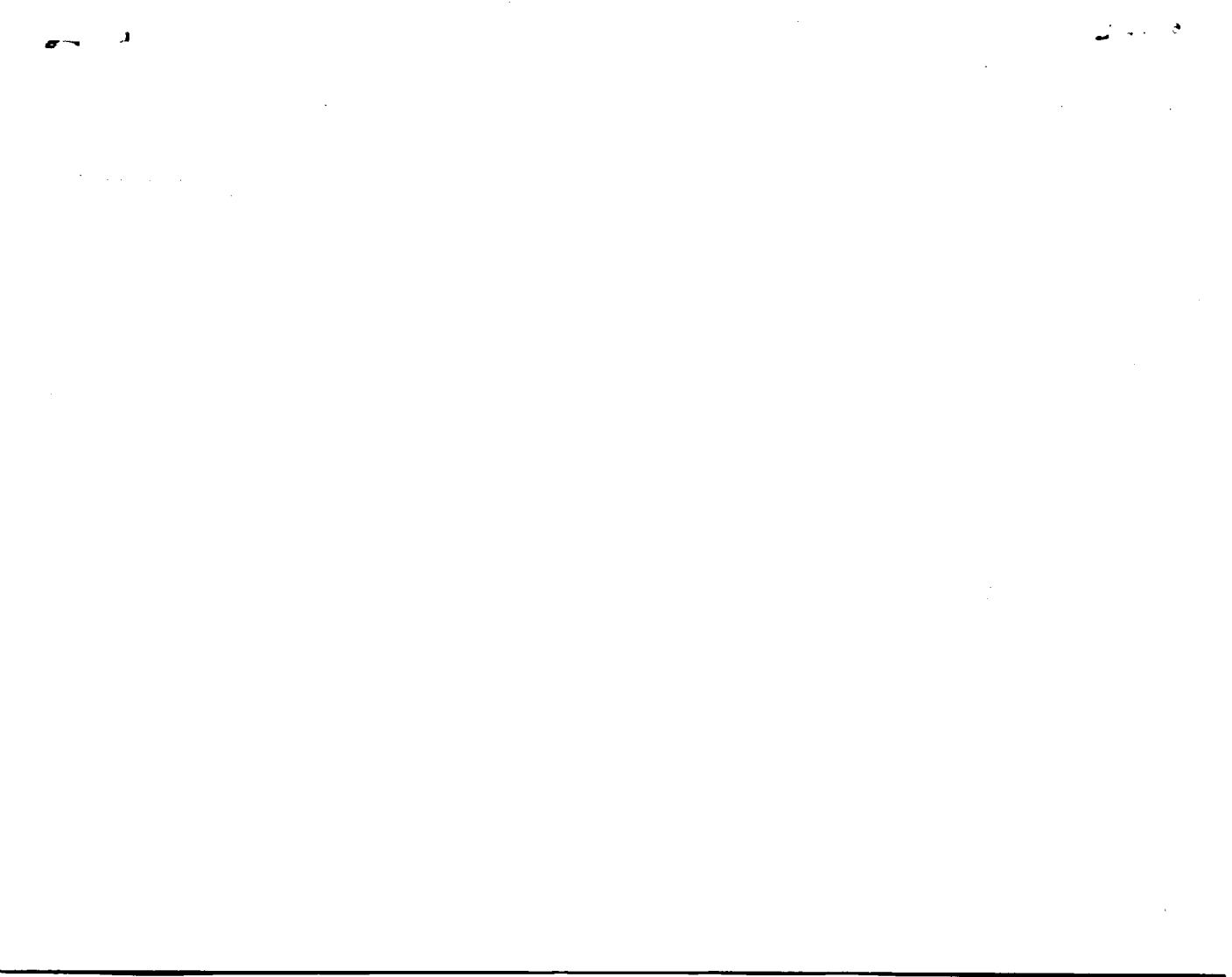
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Mar 6 1920 J R Woodward
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Lewis } ss.

Certificate No. 77297

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for ----- Jones who was born on January 8th, 1920
(NAME ON ORIGINAL CERTIFICATE) (BIRTH OR DEATH)

in Payette, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT) (DATE OF EVENT)

true facts as shown by Bible prepared on January 8th 1920, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

name

no name

R. J. Lorraine Jones

Subscribed and sworn to before me this 31st
day of January, 19 42

Signed Bertha Mae Jones

(SIGNATURE OF PARENT, GUARDIAN, OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Chehalis
My commission expires March 7, 1942
(SEAL)

717 Prindle St. Chehalis, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Lewis } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of January, 19 42

Signed R. M. Jones
(SIGNATURE OF ANY PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Chehalis
My commission expires March 7, 1942
(SEAL)

717 Prindle St. Chehalis, Washington
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

2012



381-218238-413

Form V. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of PayetteCity of Payette

No. _____ St. _____

Registration District No. 14File No. 77298

Hospital _____

Primary Registration District No. 1008Registered No. 5

FULL NAME OF CHILD

EDITH MAXINE CHANNER

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>Jan 18 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-----------------	--

FULL NAME FATHER Orin W ChannerFULL MAIDEN NAME MOTHER Edith MattsonRESIDENCE Payette IdaRESIDENCE Payette IdahoCOLOR White AGE AT LAST BIRTHDAY 24
(Years)COLOR White AGE AT LAST BIRTHDAY 24
(Years)BIRTHPLACE IowaBIRTHPLACE Wis.OCCUPATION MechanicOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive, at 4:15 a.m.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Woodward M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

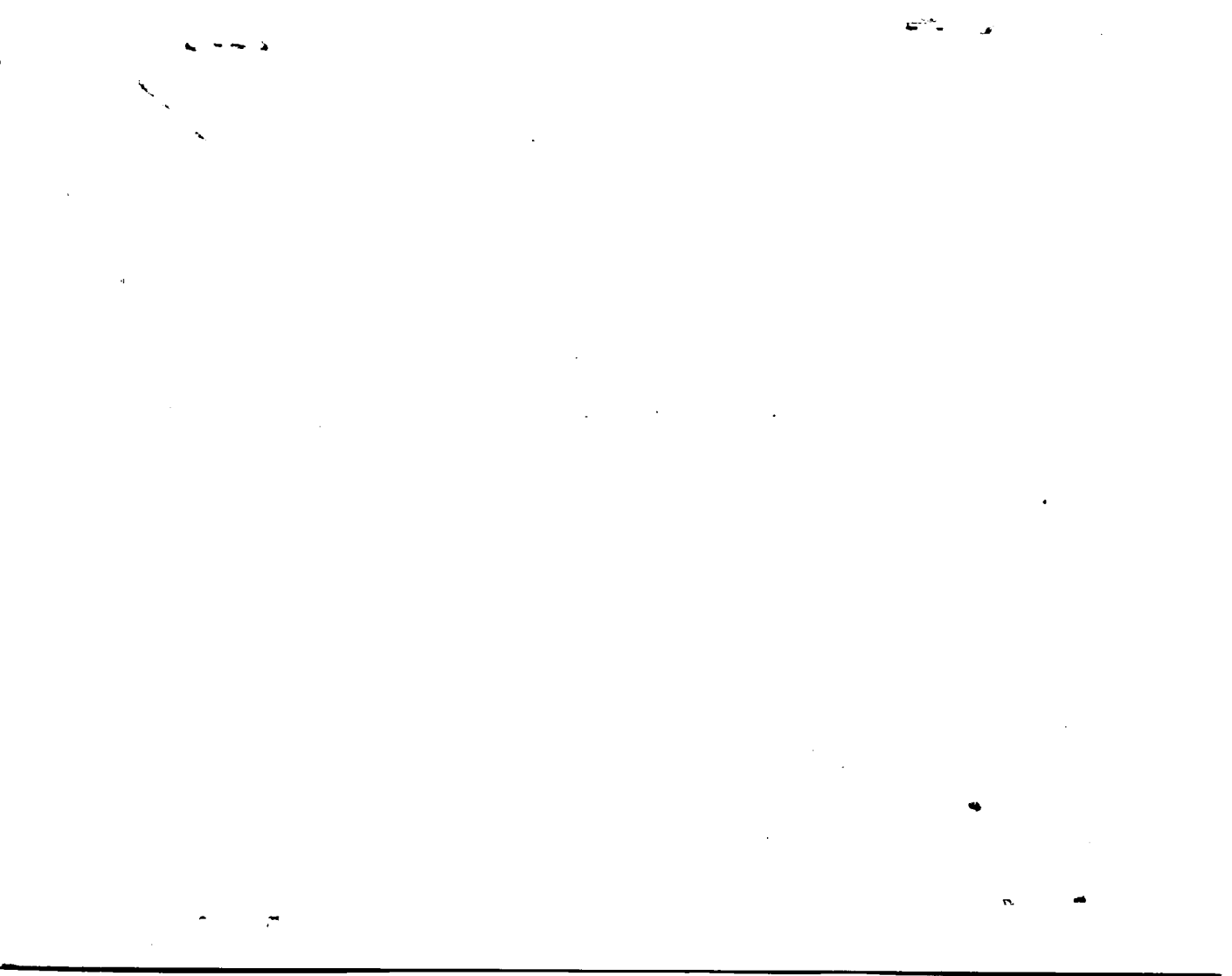
Address Payette IdaFiled Mar 6 1920

Registrar

Registrar J. E. Woodward

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77298
 County of Blaine } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
 for unnamed who born on Jan 18 - 1920
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in Payette Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)
 true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Edith Maxine Channer

Subscribed and sworn to before me this 6th
 day of July, 1942

Signed Mrs. Erin D. Channer
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
402 24 Change Astoria Ave.
 (Street Address City, State)

Notary Public, residing at _____
 My commission expires Jan 1 - 1944
 (Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
 County of Blaine }

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
 Subscribed and sworn to before me this 6th
 day of July, 1942

Signed Mrs. Ray Ponsness
 (Signature of Any Credible Person Other Than Previous Year)
663 Irving Ave.
 (Street Address, City, State)

Notary Public, residing at _____
 My commission expires Jan 1 - 1944
 (Seal)

JUL 16 1942

JUL 17 1942

212-220-038-397

child's name added 8/18/86 tlc
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of PayetteCity of Payette

No. _____ St. _____

Registration District No. 4File No. 77299

Hospital _____

Primary Registration District No. 1008Registered No. 6

FULL NAME OF CHILD

Alberta Louise Baker

Sex of
ChildFemaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
BirthJan 201920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL
NAMEJohn H Baker

FATHER

RESIDENCE

Payette Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

Oregon

OCCUPATION

CarpenterFULL
MAIDEN
NAMEMyrtle Leggett

MOTHER

RESIDENCE

Payette, Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Oregon

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Born alive, 1140 p.m.
(Born alive or stillborn)J. C. Woodward M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Payette Ida

Filed

Mar 6

19

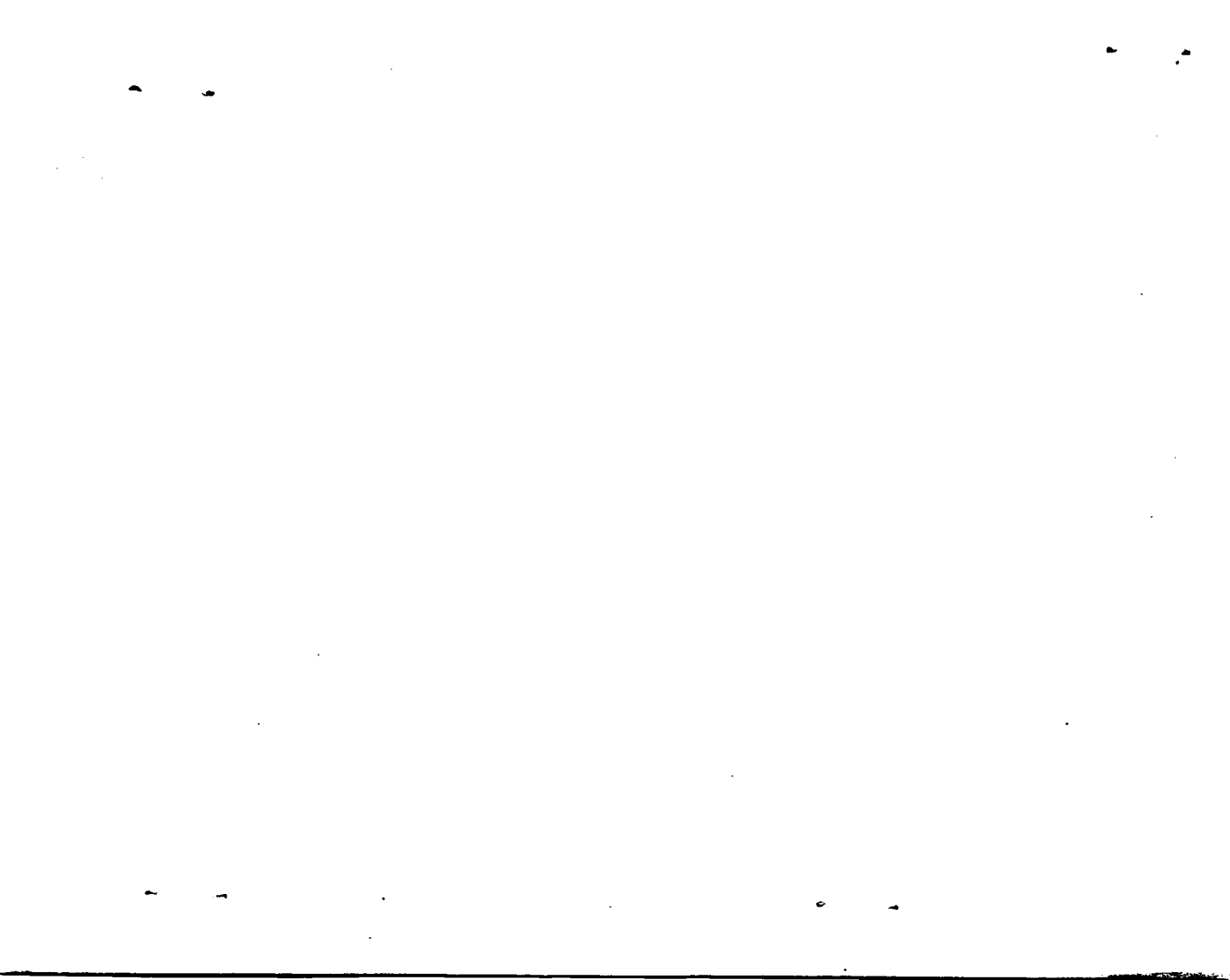
20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

7-9-86

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }
County of ada } ss.

Certificate No. 77299
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____

for unnamed female who was born on Jan. 20, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Payette, Payette Co. are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Alberta Louise Baker

Subscribed and sworn to before me this 18 day of
August, 1986
Notary Public, Frederick L. Cleaveland
Residing at Boise Idaho
My commission expires April 3, 1991
(Seal)

Alberta Louise Marcy
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed ____)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

AUG 18 1986

Own daughter's birth certificate from California. child's name listed as Laura Lee Marcy born Dec. 6, 1946 in San Diego, California.
gives mother's name ad Alberta Louise Baker. dated July 11, 1980.
viewed by vs

Marriage record from San Diego County, California gives groom's name as Albin J. Marcy and the bride's name as Alberta L. Baker.
married June 30, 1937. viewed by tlc

619-131-038-864

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. _____ St. _____

Registration District No. 4

File No. 77300

Hospital _____

Primary Registration District No. 1008

Registered No. 8

FULL NAME OF CHILD Myles Wesley Jarson

Sex of Child

Male

Twin
Triplet
or other?

and { Number
in order
of birth

Legiti
mate?

yes-

Date of Birth

Jan 31 1928
(Month) (Day) (Year)

FULL NAME

Myles Wesley Jarson

RESIDENCE

Payette Ida

COLOR

White

AGE AT LAST BIRTHDAY

32
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Wray man

FULL MAIDEN NAME

Naomi Young-

RESIDENCE

Payette Ida

COLOR

White

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

Born alive, at 1130 A. M.
(Born alive or stillborn)

{ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. R. Woodward M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Payette Ida

Filed

Mar 6 1928

J. R. Woodward
Registrar

Registrar

FEB 8 1941

Certified Copy issued Feb. 13, 1941. W.

451-216-038-653

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of PayetteCity of PayetteRegistration District No. 4File No. 77301

No. _____ St.

Primary Registration District No. 1008 Registered No. 9

Hospital _____

FULL NAME OF CHILD

Kathryn Louise MeadSex of Child FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birthLegiti
mate?Yes -Date of
BirthFeb 16 1920
(Month) (Day) (Year)FULL
NAME

FATHER

M. A. Mead

RESIDENCE

Payette Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Mich.

OCCUPATION

MechanicFULL
MAIDEN
NAME

MOTHER

Rachel Wells -

RESIDENCE

Payette Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Kan.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 12:40 a.m.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

S. R. Woodward M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Payette Ida

Filed

Mar 6 1920 J. C. Woodward

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1964

JUL 13 1942

RECEIVED
JUN 18 1964

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

City of Payette Registration District No. 4 File No. 77302
 No. _____ St. _____
 Hospital _____ Primary Registration District No. 1008 Registered No. 10
 FULL NAME OF CHILD Argyl Lee Wayne

Sex of Child Male Twin Triplet or other? _____ { and } Number in order of birth _____ Legiti mate? Yes- Date of Birth Feb 16 1920
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Henry S Wayne
 RESIDENCE Payette, Ida
 COLOR White AGE AT LAST BIRTHDAY 37 (Years)
 BIRTHPLACE Neb
 OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Irene S Abraham
 RESIDENCE Payette Ida
 COLOR White AGE AT LAST BIRTHDAY 27 (Years)
 BIRTHPLACE Iowa
 OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward

(Physician or midwife)

Given names added from a supplemental report.

Address Payette IdaFiled Mar 6 1920 J. C. Woodward
 Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.
 County of Ada

Certificate No. 77302

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
unnamed male WAYNE who was born on Feb. 16, 1920
 for _____ (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in Payette, ID are erroneous or were omitted:
 (Place of Event)

ITEMS TO BE CORRECTED

child's name

FROM

omitted

TO

Argyl Lee Wayne

Subscribed and sworn to before me this 10 day of

September, 19 80

Notary Public, Robert L. Cunningham

Residing at Boise

My commission expires life term
 (Seal)

Argyl L. Wayne
 Signature of Applicant

R. L. New Plymouth Idaho
 Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
 County of _____

(Must be completed)

(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 ____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

9/10/80

 Supporting Signature

 Street Address, City, State

SEP 16 1980

Own child's birth certificate lists father as Argyl Lee Wayne. Child born
Dec. 27, 1944, in Payette, ID. S.F.#44- 400582.
viewed by vs September 10, 1980

SEP 16 1980

Military discharge, U.S. Navy, dated February 17, 1946, lists name as
Argyl Lee Wayne.
viewed by vs September 10, 1980

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-109.038-819

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-27

CERTIFICATE OF BIRTH

County of PayetteCity of Smile & New PlymouthRegistration District No. 5File No. **77303**No. St.Primary Registration District No. 2009Registered No. 9Hospital FULL NAME OF CHILD

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 9 1920</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Otto Nantz</u>	FATHER
RESIDENCE <u>Smile & New Plymouth</u>	
COLOR <u>M</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>North Dakota</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alice Hargness</u>	MOTHER
RESIDENCE <u>with husband</u>	
COLOR <u>M</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Neb.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3..... Number of children of this mother now living, including present birth... 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive..... at 10 P-
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth IdaFiled Feb 20 1920 Wm J. Drysdale

Registrar

Registrar

Dup of 1920-232925

731-204 038-231

PLACE OF BIRTH

County of PayetteCity of New Plymouth

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-37

CERTIFICATE OF BIRTH

Registration District No. 5File No. 77-304Primary Registration District No. 1007Registered No. 8-FULL NAME OF CHILD DOROTHY ANNABELL PLATZ

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb 4</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Martin Platz</u>	FULL MAIDEN NAME MOTHER <u>Mildred Blayden</u>			
RESIDENCE <u>New Plymouth Ida</u>	RESIDENCE <u>with husband</u>			
COLOR <u>N.</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>N.</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)			
BIRTHPLACE <u>Nebr.</u>	BIRTHPLACE <u>Nebr.</u>			
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth. 2..... Number of children of this mother now living, including present birth. 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J Drysdale M.D.

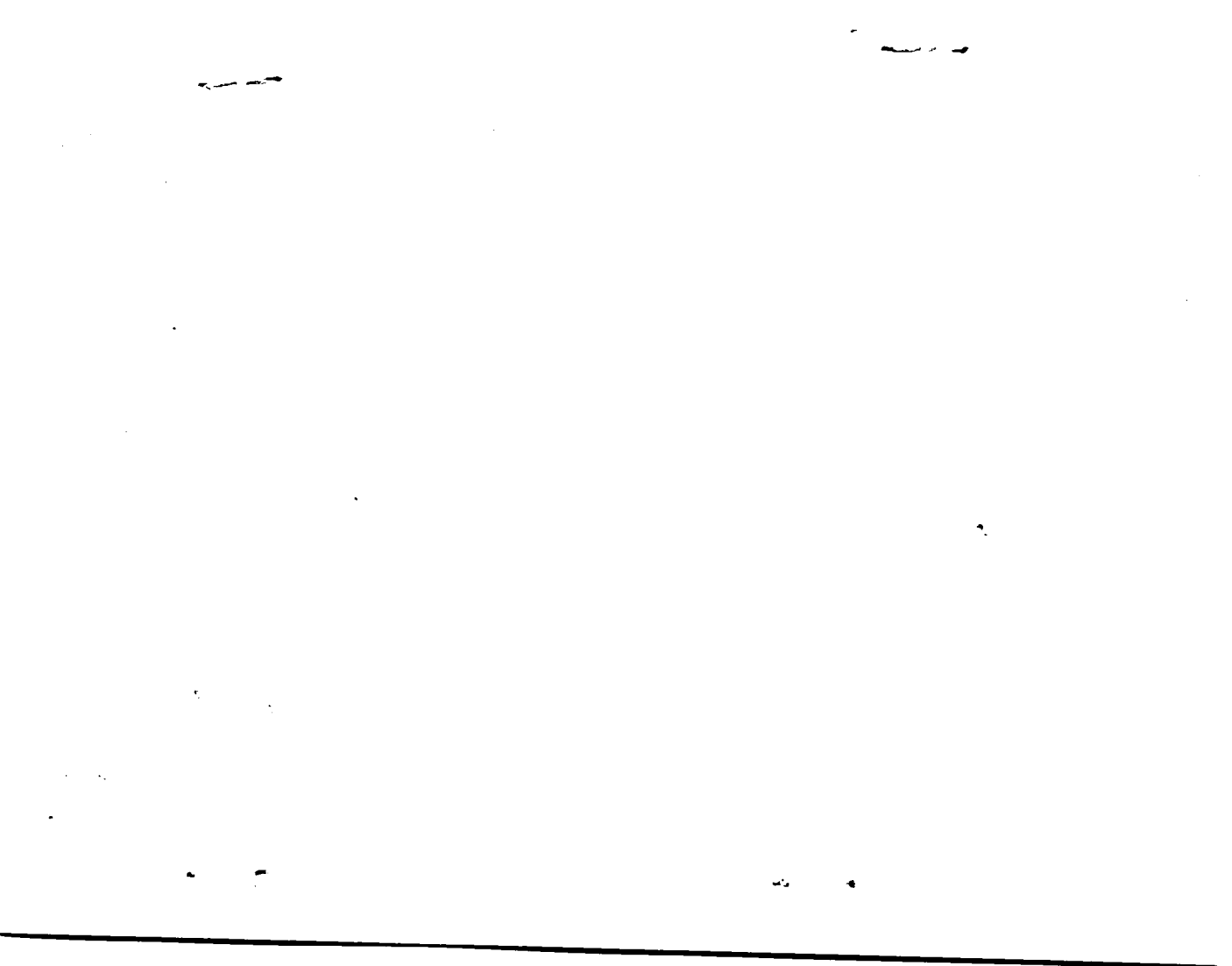
(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth IdaFiled Mar. 1 1920 Wm J Drysdale

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Payette } ss.

Certificate No. 77304

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed who born on Feb. 4, 1920
(Name on Original Certificate) (Birth or Death)
in New Plymouth, Idaho (Was Born or Died) (Date of Event)
(Place of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record prepared on Soon after the birth, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name _____

FROM
(As on Original)
Unnamed _____

TO
(The Correct Facts)
Dorothy Annabell Platz _____

Subscribed and sworn to before me this 26
day of August, 1942

Signed Mrs Mildred Platz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Union St. Idaho

My commission expires 7-6-43
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Payette } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26
day of August, 1942

Signed Esther J. Snyder
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at New Plymouth, Idaho
(Street Address, City, State)

My commission expires 2-6-43
(Seal)

AUG 27 1942

Aug 29 1942

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-40-038-294

PLACE OF BIRTH

County of Payette

City of Near New Ply-

No. St.

Hospital

FULL NAME OF CHILD Dwight Leon Smith

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form No. 8. No. 11-C-25m-8-37

Registration District No. 5

File No. 77305

Primary Registration District No. 2009

Registered No. 10

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 16</u> 191 <u>20</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FULL NAME <u>E. R. Smith</u>	FATHER
RESIDENCE <u>Near New Plymouth</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Ill</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mabel Hadder</u>	MOTHER
RESIDENCE <u>with husband</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 42 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dwydall M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Near Plymouth Ida

Filed Mar 6 1920 Wm J. Dwydall

Registrar

Registrar

7/22/41

SEP 4 1941

236-222038-212

PLACE OF BIRTH

County of PayetteCity of near Falk

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-23m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 5File No. 77306Primary Registration District No. 2009Registered No. 11

Sex of Child <u>7</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb 22</u> (Month) (Day) (Year) <u>1917</u>
-----------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>L. J. Scott</u>	FATHER
------------------------------	--------

RESIDENCE <u>near Falk</u>	
----------------------------	--

COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
----------------	---

BIRTHPLACE <u>Orn</u>	
-----------------------	--

OCCUPATION <u>Farmer</u>	
--------------------------	--

FULL MAIDEN NAME <u>Bessie Baker</u>	MOTHER
--------------------------------------	--------

RESIDENCE <u>with husband</u>	
-------------------------------	--

COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
----------------	---

BIRTHPLACE <u>Nash</u>	
------------------------	--

OCCUPATION <u>Housewife</u>	
-----------------------------	--

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale

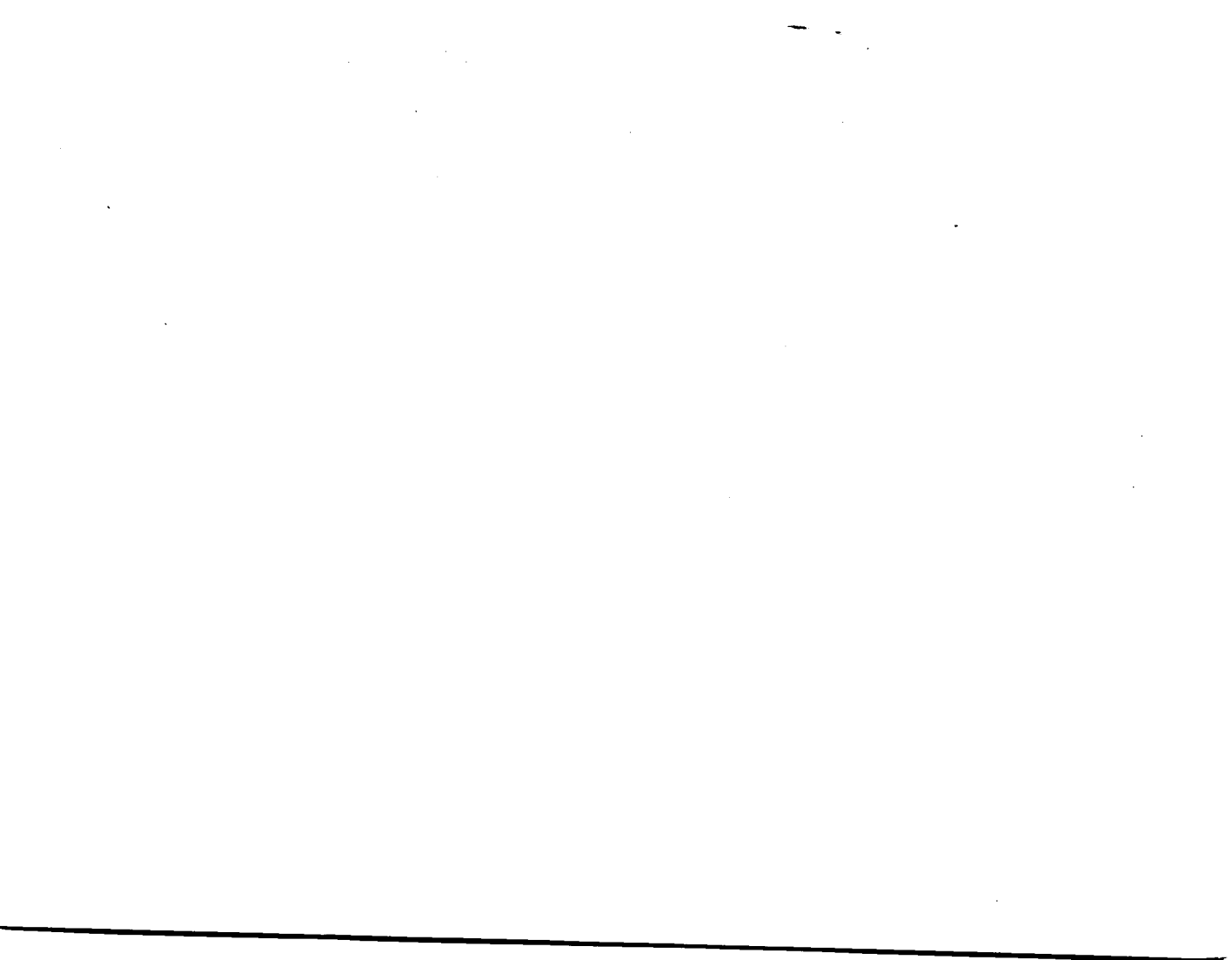
(Physician or midwife)

Given names added from a supplemental report.

Address Wm J. DrysdaleFiled Feb 20 Wm J. Drysdale

Registrar

Registrar



859-2221038-39

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Payette
near New Plymouth
City of _____Registration District No. 5File No. 77307

No. _____ St. _____

Primary Registration District No. 2009Registered No. 12

Hospital _____

FULL NAME OF CHILD Evelyn Elaine HerethSex of Child femaleTwin
Triplet
or other?
(To be answered only in event of plural births)and Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate? yesDate of
Birth Feb 22 1920

(Month) (Day) (Year)

FULL
NAME Fred Hereth

FATHER

FULL
MAIDEN
NAME Louise Klitzke

MOTHER

RESIDENCE New New PlymouthRESIDENCE SameCOLOR whiteAGE AT LAST
BIRTHDAY 43

(Years)

COLOR whiteAGE AT LAST
BIRTHDAY 39

(Years)

BIRTHPLACE GermanyBIRTHPLACE IllinoisOCCUPATION CabmanOCCUPATION HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.at 11 P. M.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Paxton

(Physician or midwife)

Given names added from a supplemental report.

Address Frontland IdaFiled Feb 1920 N. W. Dupdale

Registrar

Registrar

AUG 17 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington

County of Kitsap

ss.

AUG 10 1945

Certificate No. 77307

Date Filed

Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed who was born on February 22, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in New Plymouth, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the

(Place of Event) true facts are shown by Certificate of Baptism prepared on March 21, 1920, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Name Unnamed Hereth Evelyn Elaine Hereth

Subscribed and sworn to before me this 8th day of August, 1945.

[Signature]
Notary Public, residing at Bremerton
My commission expires April 22, 1946
(Seal)

Signed Fred Hereth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2416 - 11th St, Bremerton, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington

County of Kitsap

ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of August, 1945.

[Signature]
Notary Public, residing at Bremerton
My commission expires April 22, 1946
(Seal)

Signed Ralph F. Hereth
(Signature of Any Credible Person)
2416 - 11th St - Bremerton, Wash.
(Street Address, City, State)

AUG 17 1945

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-1281038-796

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-0-3-37

County of Payette

City of near Murphy

Registration District No. 5

File No. 77308

No. St.

Primary Registration District No. 2009

Registered No. 13

Hospital

FULL NAME OF CHILD Arlington Lewis Lickey

Sex of Child <u>M</u>	Twin Triplet or other? <u>.....</u> and in order of birth <u>.....</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 28</u> 19 <u>22</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME Wm Lickey - FATHER

FULL MAIDEN NAME Elizabeth Goat - MOTHER

RESIDENCE near Murfey

RESIDENCE with husband

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

COLOR W AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Mo.

BIRTHPLACE Idaho

OCCUPATION Carpenter

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address near Plymouth, Ida

Filed Feb 20 1922

Registrar

Registrar

MAY 29 1948

413-204-038-219

PLACE OF BIRTH

County of PayetteCity of Mrs. PlymouthNo. R. 401 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-4-17

Registration District No. 5File No. 77310Primary Registration District No. 2009Registered No. 2FULL NAME OF CHILD Rosie May Matthews

Sex of Child <u>F</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 4</u> 19 <u>24</u> Month (Day) (Year)
-----------------------	--	--------------------------	---

FULL NAME <u>Ozias Matthews</u>	FATHER
RESIDENCE <u>Mrs. Plymouth R. 401</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)

BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Eta May Barker</u>	MOTHER
RESIDENCE <u>with husband</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)

BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P.M. on the date above stated. (Born alive or stillborn)

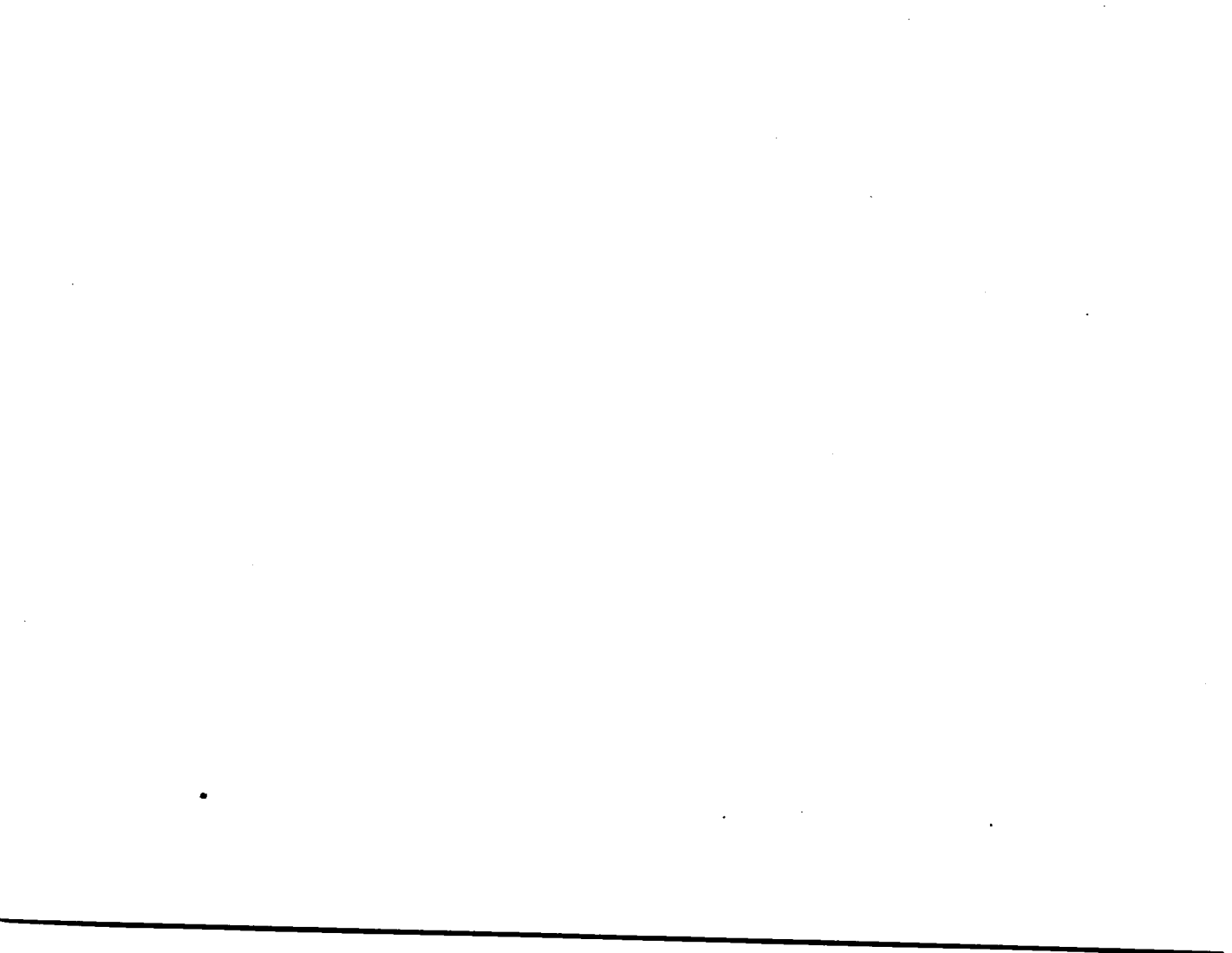
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Mrs. Plymouth Ida
Filed Jan 20 Wm J. Drysdale
Registrar



132-206-038-819

Form V. S. No. 11-C-25a-93-37

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of PayetteCity of Warr PlymouthRegistration District No. 5File No. 77311No. St.Primary Registration District No. 4009Registered No. 3Hospital

FULL NAME OF CHILD

Joan Marie AckermanSex of
ChildFTwin
Triplet
or other?{ and }
Number
in order
of birthLegiti-
mate?YesDate of
BirthJan 61928
(Month) (Day) (Year)FULL
NAMEArthur P. Ackerman

FATHER

FULL
MAIDEN
NAMEMarilla Harigan

MOTHER

RESIDENCE

Warr Plymouth Ida

RESIDENCE

with husband

COLOR

WAGE AT LAST
BIRTHDAY28
(Years)

COLOR

WAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Warr.

BIRTHPLACE

Warr.

OCCUPATION

Adm. clerk

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Wm J. Drysdale MD

(Physician or midwife)

Given names added from a supplemental report.

Address

Warr Plymouth Ida

Filed

Jan 19 28Wm J. Drysdale

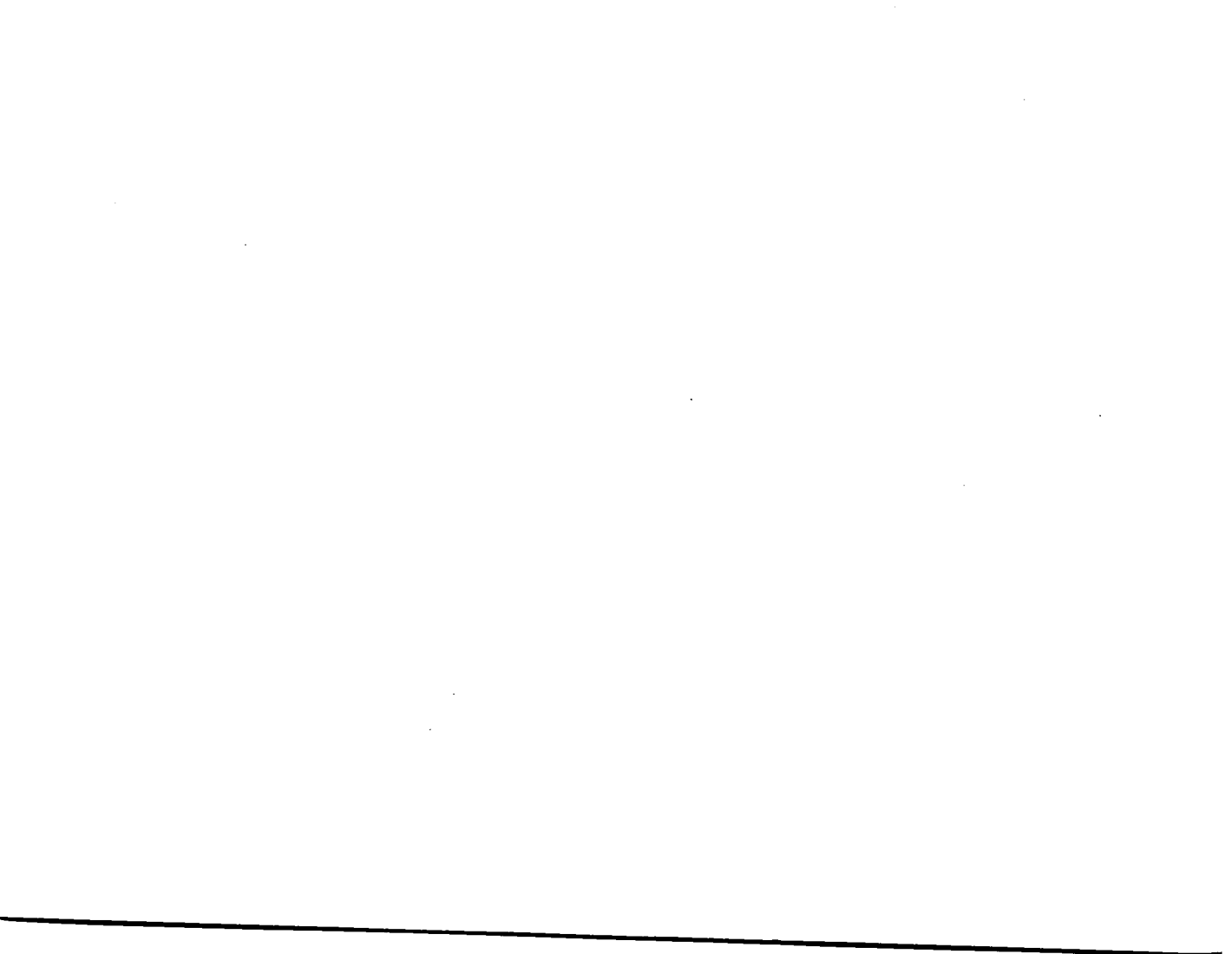
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



559-220-038-763

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-6-5-37

County of PayetteCity of Mrs. PlymouthRegistration District No. 5File No. 77312No. R.L.D. 2 St.Primary Registration District No. 2009Registered No. 4

Hospital

FULL NAME OF CHILD Florence Bernice Mail-

Sex of Child <u>F</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 20 1920</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME <u>Paul Mail-</u>	FATHER
RESIDENCE <u>Burns, Oregon</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Id.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Amelia Cole</u>	MOTHER
RESIDENCE <u>with husband</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Ore.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

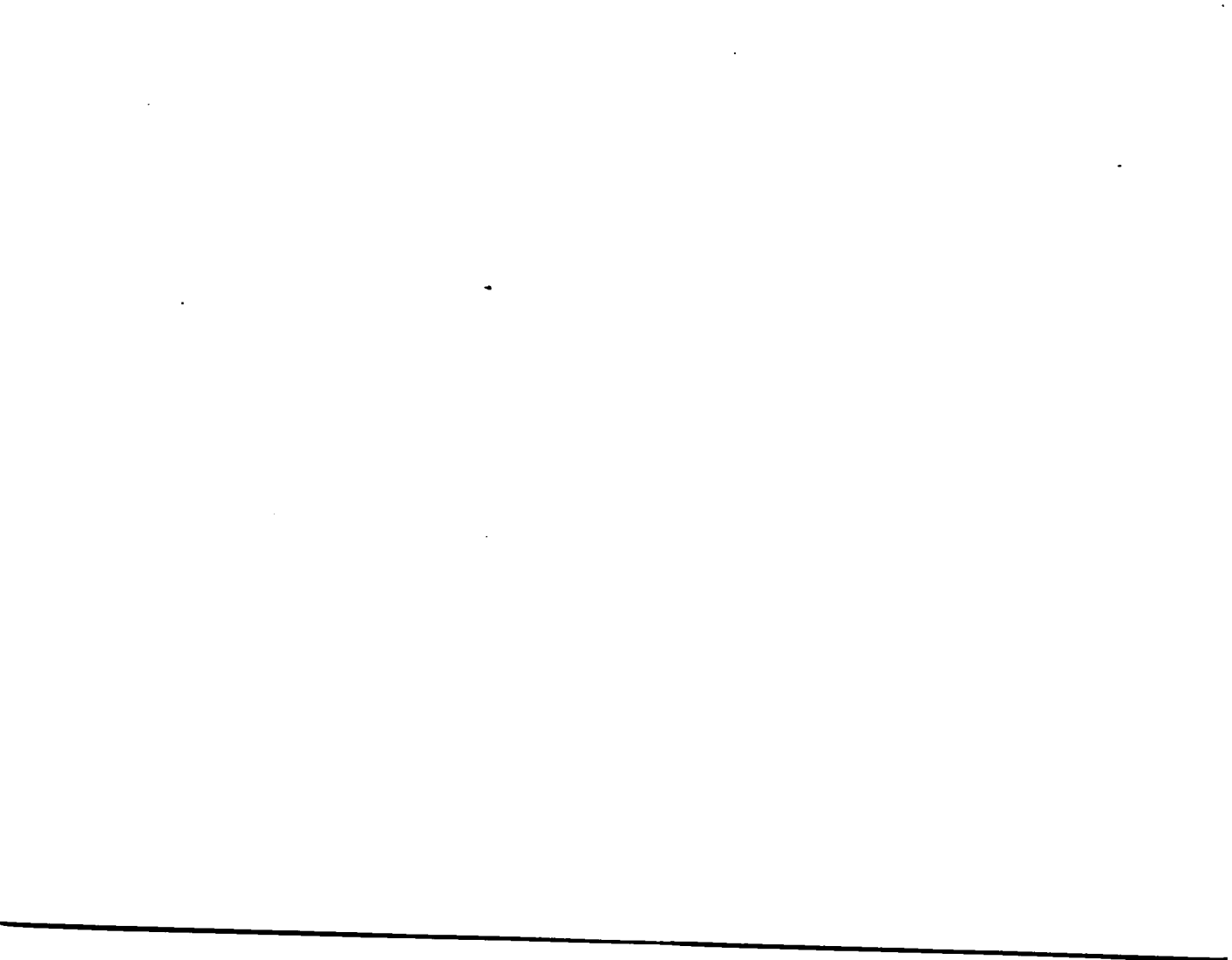
I hereby certify that I attended the birth of this child, who was born alive at 3:30 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. J. Drysdale M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Mrs. Plymouth Ida
Filed Jan 20 1920 Wm. J. Drysdale
Registrar



297-220-038-636

Form V. S. No. 11-C-25m-8-8-37

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of PayetteCity of Wm. PlymouthRegistration District No. 5File No. 77313No. St.Primary Registration District No. 2009Registered No. 5Hospital

FULL NAME OF CHILD

Wanda Siple

Sex of Child <u>F</u>	Twin Triplet or other? <u>.....</u> and <u>.....</u> in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 20</u> 19 <u>37</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME FATHER Ralph Elmer SipleRESIDENCE Wm. Plymouth IdaCOLOR W AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL NAME MOTHER Madge FlockRESIDENCE with husbandCOLOR W AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:00 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Wm. Plymouth IdaFiled Jan 20 1937 Wm. J. Drysdale Registrar

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

JUL 5 1958

238-225-038-132

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-22

County of Payette

City of New Plymouth

Registration District No. 5

File No. 77314

No. R7D1 St.

Primary Registration District No. 2009

Registered No. 6

Hospital

FULL NAME OF CHILD Dorothy Elizabeth Schuler

Sex of Child <u>F</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 25 1922</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FATHER
FULL NAME Alaysius Schuler
RESIDENCE New Plymouth Ida
COLOR W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Switzerland
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Clara Ackerman
RESIDENCE with husband
COLOR W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Nebr.
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Wm J. Drysdale M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth Ida
Filed Jan 26 1922 Wm J. Drysdale
Registrar

OCT 2 1963

MAR 22 1971

365-127-038-693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-27

CERTIFICATE OF BIRTH

County of PayetteCity of 4 mi. N. Wm. Ply-Registration District No. 5File No. 77315No. St.Primary Registration District No. 2009Registered No. 7HospitalFULL NAME OF CHILD Marian Edgar Coulter

Sex of Child <u>M.</u>	Twin Triplet or other? <u>.....</u> and { Number in order of birth <u>.....</u> } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 27</u> 19 <u>22</u> (Month) (Day) (Year)
------------------------	--	------------------------	--

FULL NAME <u>Clyde Coulter</u>	FATHER	FULL MAIDEN NAME <u>Goldie Wilson</u>	MOTHER
RESIDENCE <u>N. Wm. Plymouth R 7 D 1-</u>		RESIDENCE <u>with husband</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barry Adam at 6:40 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Wm. Plymouth IdaFiled Jan 20 1922 Wm J. Drysdale Registrar

Registrar

2013A

493-209.039-789

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Power Registration District No. 25 File No. 4
 City of American Falls Primary Registration District No. 2072 Registered No. 161
 No. _____ St. _____
 Hospital _____
 FULL NAME OF CHILD Myrtle Mitchell

Sex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legiti mate? Yes Date of Birth Feb. 9 1920
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
 FULL NAME Ross Mitchell
 RESIDENCE Aberdeen Ida
 COLOR white AGE AT LAST BIRTHDAY 24 (Years)
 BIRTHPLACE Penn.
 OCCUPATION Farm Hand

MOTHER
 FULL MAIDEN NAME Alie Phillips
 RESIDENCE Aberdeen Ida
 COLOR white AGE AT LAST BIRTHDAY 18 (Years)
 BIRTHPLACE Utah
 OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 4:50 P. M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon, D.

(Physician or midwife)


Given names added from a supplemental report.

19

Address Aberdeen IdaFiled 3/1 1920

Registrar

Registrar R. E. North



FEB 6 1970

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of.....
The undersigned does solemnly swear that certain facts on the certificate of.....
for **Unnamed Mitchell-** who **was born** on **Feb. 9, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **American Falls, ID** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by.....prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

RECEIVED
FEB 25 1970
Bureau of Vital Statistics

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)
Child's name

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Myrtle Mitchell

Subscribed and sworn to before me this.....day of.....
19.....
Notary Public, residing at **Idaho Falls, Idaho**
My commission expires.....
(Seal)

X Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of.....
19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

Certificate of Award gives name as Myrtle Mitchell. From School District No. 1 Bingham County Spelling Contest. Dated March 30, 1928. Signed by. E. Anderson, Teacher and Margaret E. Giesbrecht, County Superintendent. Viewed by VS.

APR 1 1970

Certificate of Baptism and Confirmation from the Church of Jesus Christ of Latter-day Saints, Aberdeen Ward, American Falls Stake, Dated November 5, 1950 gives name as Myrtle Mitchell Payne. Daughter of Ross Mitchell and Alice Esther Phillips. Born Feb. 9, 1920 . Signed by Burce E. Beck, Bishop. Viewed by VS.

PLACE OF BIRTH

294-199-039-815

Casper, Wyo.

City of American Falls

Registration District No. 25

No. St.

Primary Registration District No. 2072

File No. 77317

Hospital

Registered No. 149

FULL NAME OF CHILD Bobbie C. Simms

Sex of Child	Male	Twin Triplet or other?	and (To be answered only in event of plural births)	Number in order of birth	Legiti- mate?	Date of Birth	Feb 9th 20
						(Month)	(Day)

FULL NAME FATHER Charles Simms

FULL MAIDEN NAME MOTHER Mary Ethel Hanson

RESIDENCE Roy Idaho

RESIDENCE Roy Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Mo.

BIRTHPLACE Malta, Idaho

OCCUPATION Farmer

OCCUPATION House wife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. North

Given names added from a supplemental report

(Physician or midwife)

Address American Falls, Id.

Filed 2/15 1922 Richard F. North

Registrar

Registrar

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK



RECEIVED
JAN 10 1964
NEW YORK

100-100000
100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

American Falls, Idaho High School Diploma #1937 gives full name as Bobbie C. Simms - viewed by V.S. and Social Security #518-18-3346 gives full name as Bobbie C. Simms - viewed by V.S. IDAHO DEPT. OF HEALTH

BUREAU OF STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Power } ss. Certificate No. 77317
Date Filed _____

The undersigned does solemnly swear that certain ~~parts of the~~ certificate of Birth for Unnamed Simms (Name on Original Certificate) who was born on Feb. 9, 1920 (Birth or Death) (Date of Event) in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by reason of being his mother and being there at prepared on time of birth. (Bible Record, Insurance Policy, Etc.) (Give Date) are:

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Full Name of Child Unnamed Bobbie C. Simms

Subscribed and sworn to before me this 24th day of April 1961.
W. C. Haffner
Notary Public, residing at American Falls, Idaho.
My commission expires Jan. 3d, 1963.
(Seal)

Signed Bobbie C. Simms
Mrs. Charles Simms
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
American Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Power } ss. [This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 24th day of April 1961.
W. C. Haffner
Notary Public, residing at American Falls, Idaho.
My commission expires Jan. 3d, 1963.
(Seal)
Signed Henry Kiera
(Signature of Any Credible Person)
Tyler St., American Falls, Idaho.
(Street Address, City, State)

THE
MONTANA
LEGISLATURE
JANUARY 1961

JUL 2 1961

acts on the

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-1171039-557
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. 1. No. 11-0-22a-4-47

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 87318

No. St.

Primary Registration District No. 2072 Registered No. 150

Hospital

FULL NAME OF CHILD James Edward Douglas

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> and (Number in order of birth) <u>.....</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 17</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FATHER FULL NAME <u>Jim Douglas</u>		MOTHER FULL MAIDEN NAME <u>Cora Evans</u>	
RESIDENCE <u>American Falls</u>		RESIDENCE <u>American Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Kansas</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Miner</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1920 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. North M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address American Falls, Idaho

Filed 2/18 1920 Richard F. North Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

01577

JUN 2 1942

PLACE OF BIRTH

NOV 26 1962

Dup of 1920 -346677

141-320-239-266
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-27

County of Power
City of American Falls Registration District No. 23 File No. 77319
No. 4 Primary Registration District No. 2072 Registered No. 151
Hospital Bethany
FULL NAME OF CHILD NAUA MARIE ADAMS

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 20 2020</u> (Month) (Day) (Year)
FULL NAME <u>George William Adams</u>	FATHER		FULL MAIDEN NAME <u>Letty Bowler</u>	MOTHER
RESIDENCE <u>American Falls</u>			RESIDENCE <u>American Falls</u>	
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)			COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)	
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Sandy Utah</u>	
OCCUPATION <u>Printer</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>3</u> Number of children of this mother now living, including present birth <u>3</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2409 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Richard F. Noth M.D.

Given names added from a supplemental report.

(Physician's name)

Address American Falls, Ida

Filed 2-21-20 R. F. Noth Registrar

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Calif }
County of Los Angeles } ss.

OCT 25

Certificate No. 77319

Date Filed.....

RECEIVED

The undersigned does solemnly swear that certain facts on the certificate of.....
(Birth or death)

for..... who..... on.....
(Name on original certificate) (Was born or died) (Date of event)

in..... are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)

facts as shown by..... prepared on....., are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "birth date", "cause of death", etc.)	(As on original)	(The correct facts)
Name.....	no name given	Nada Marie Adams
.....
.....
.....

Subscribed and sworn to before me this 21
day of October, 19 41
W. H. H. H.

Notary Public, residing at Los Angeles

My commission expires 9/18/45
[SEAL]

Signed Mrs. S. M. Adams
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death
record; or other credible person)

1027 West 34th St. L.A.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Calif }
County of Los Angeles } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.

Subscribed and sworn to before me this 21
day of October, 19 41
W. H. H. H.

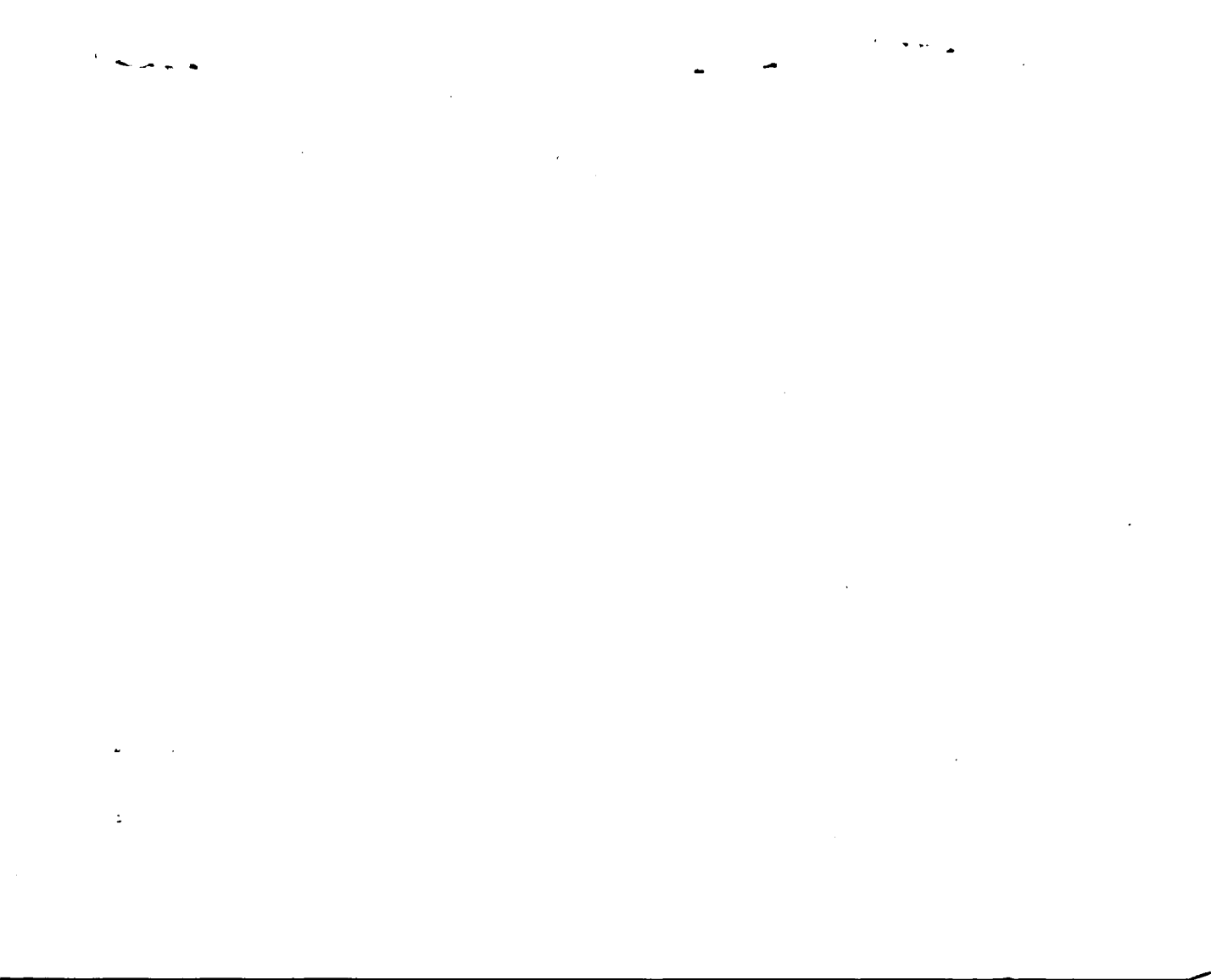
Notary Public, residing at Los Angeles

My commission expires 9/18/45
[SEAL]

Signed Mrs. S. M. Adams
(Signature of any credible person other than the previous affiant)

1027 West 34th St. L.A.
(Street Address, City, State)

Received for filing on..... by.....
(Registrar's signature)



685-228-
PLACE OF BIRTH039-349 Power
County of.....

City of American Falls

Registration District No.

No. St.

Primary Registration District No.

Hospital

FULL NAME OF CHILD

Pearl Wheeler

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-28m-42-17

CERTIFICATE OF BIRTH

23

File No.

77320

Registered No.

Sex of Child

Fem.

Twin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti-
mated

yes

Date of Birth

Feb 28 20
(Month) (Day) (Year)

FULL NAME

Charles Samuel Wheeler

FATHER

FULL MAIDEN NAME

MOTHER

Curtis

RESIDENCE

American Falls

RESIDENCE

American Falls

COLOR

White

AGE AT LAST BIRTHDAY

38
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

33
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Trapper

OCCUPATION

Housewife

Number of child of this mother, including present birth

5

Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive to 50 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Richard T. North

(Physician or midwife)

Given names added from a supplemental report.

Address

American Falls, Ida

Filed

2/28/20 Richard T. North

Registrar

Registrar

CHACITZ 37422
CONFIDENTIAL - U.S. EYE

THE UNIVERSITY OF CHICAGO

477-605-2323

.....

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... ..

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

Journal of Management Education 36(7) 809-824

554203.039-556
PLACE OF BIRTHCounty of *Pomer*City of *Am. Falls*

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-2-17

CERTIFICATE OF BIRTH

77321

Registration District No. 25

File No. 4

Primary Registration District No. 2075

Registered No. 153

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>July 3 1920</i> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <i>Andrew M. M.</i>	FATHER
RESIDENCE <i>Pomer Co</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>30</i> (Years)
BIRTHPLACE <i>Russia</i>	
OCCUPATION <i>R. L. Oak Farmer</i>	

FULL MAIDEN NAME <i>Bertha M. M.</i>	MOTHER
RESIDENCE <i>Pomer Co</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)
BIRTHPLACE <i>R. Oak</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *1 P* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *C. F. Schuch* M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address *American Falls, Idaho*
Filed *3/1/20* *Richard J. Nott*

Registrar

Registrar

MAR 17 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-204-039-244
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C-25m-9-47

CERTIFICATE OF BIRTH

County of Power

City of Amur Falls

Registration District No.

25

File No.

77322

No. St.

Primary Registration District No.

2072

Registered No.

154

Hospital

FULL NAME OF CHILD ZELA BERMIEL WALL

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 4</u> 20 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>FATHER</u> <u>Henry D Wall</u>
RESIDENCE <u>Amur Falls</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Farmer</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Mary H. Summers</u>
RESIDENCE <u>Amur Falls</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>48</u> (Years)
BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth...7..... Number of children of this mother now living, including present birth...5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Amur Falls on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Amur Falls, Ida

Filed 3-1-20 Richard J. With

Registrar

Registrar

OBV - NAME ADDED AS PER SROB -02/01/2011 JCJ

BOARD OF HEALTH - BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

77 2022
Place of Birth { City American Falls
Street and House No. _____
County Power

Registered No. 154Registration Dist. No. 25-

Sex of Child Female
Date of Birth 2 - 4 1920
MONTH DAY YEAR
Father Henry D. Wall
FULL NAME
Mother Mary H. Summers
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Zela Bernice Wall
GIVEN NAME IN FULL SURNAME

as reported by Kather
FATHER OR MOTHER

Richard J. Nott
LOCAL REGISTRAR

AUG 15 1967

386-107.039-292
PLACE OF BIRTHCounty of Power

City of

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.B. No. 41-C—22a-2-24

Registration District No. 25File No. 77323Primary Registration District No. 2072Registered No. 155

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 7 1920</u> (Month) (Day) (Year)
FULL NAME <u>Richard Thomas</u>	FATHER		FULL MAIDEN NAME <u>Maria Bischoff</u>	MOTHER
RESIDENCE <u>Pauline, Ida</u>			RESIDENCE <u>Pauline, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>16</u> (Years)
BIRTHPLACE <u>Ida</u>			BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.....1..... Number of children of this mother now living, including present birth.....1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 5:50 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schuchman

Given names added from a supplemental report.

(Physician or midwife)

Address American FallsFiled 3/1 1920 Richard A. Nash

Registrar

Registrar

Dup of 1920-D51-2180

869-2101037-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-0-28a-9-27

County of Power

CERTIFICATE OF BIRTH

77324

City of Ames Falls

Registration District No.

25

File No.

No. St.

Primary Registration District No.

2072

Registered No.

156

Hospital

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u> (To be answered only in event of plural births)	and { Number in order of birth <u>-</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 10</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Jewell Horton</u>		FULL MAIDEN NAME MOTHER <u>Elvira Smith</u>		
RESIDENCE <u>Ames Falls</u>		RESIDENCE <u>Ames Falls</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	
BIRTHPLACE <u>Ida</u>		BIRTHPLACE <u>Ida</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. F. Helms M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

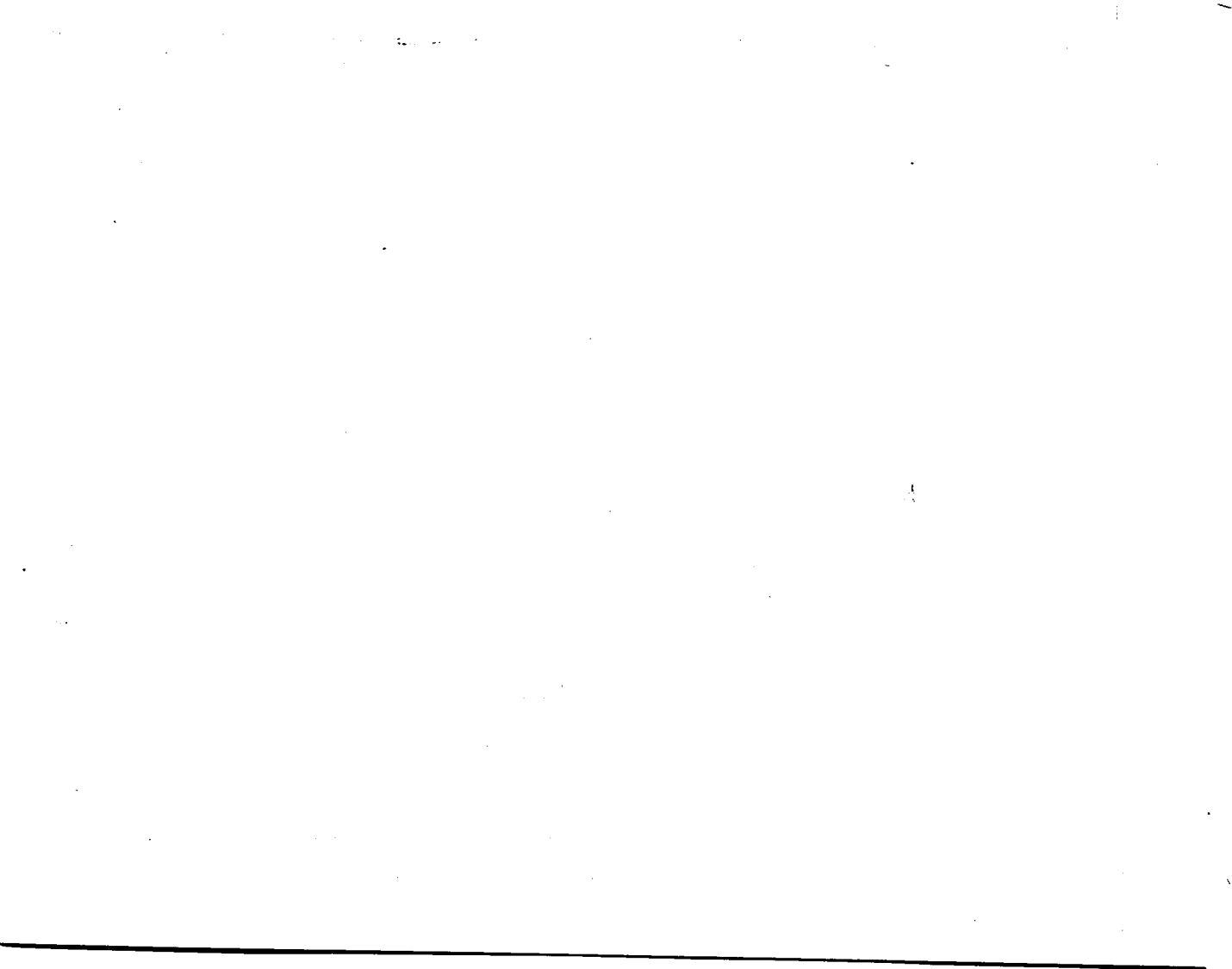
Ames Falls, Ida

Filed

3/11920Richard J. North

Registrar

Registrar



314-111-039 = 816
 PLACE OF BIRTH amend 3-23-82

STATE OF IDAHO Form V. & No. 11-5-22-44-27
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77325

County of PowerCity of PaulineRegistration District No. 25File No. 4No. StPrimary Registration District No. 2072Registered No. 157

Hospital

FULL NAME OF CHILD Wallace Ralph Campbell

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>July 11 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>John Floyd Campbell</u>	FATHER
RESIDENCE <u>Pauline</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Mich</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Charlotte Haas Campbell</u>	MOTHER
RESIDENCE <u>Pauline</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 P. on the date above stated. (Born alive or stillborn) M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Schultz M.D.

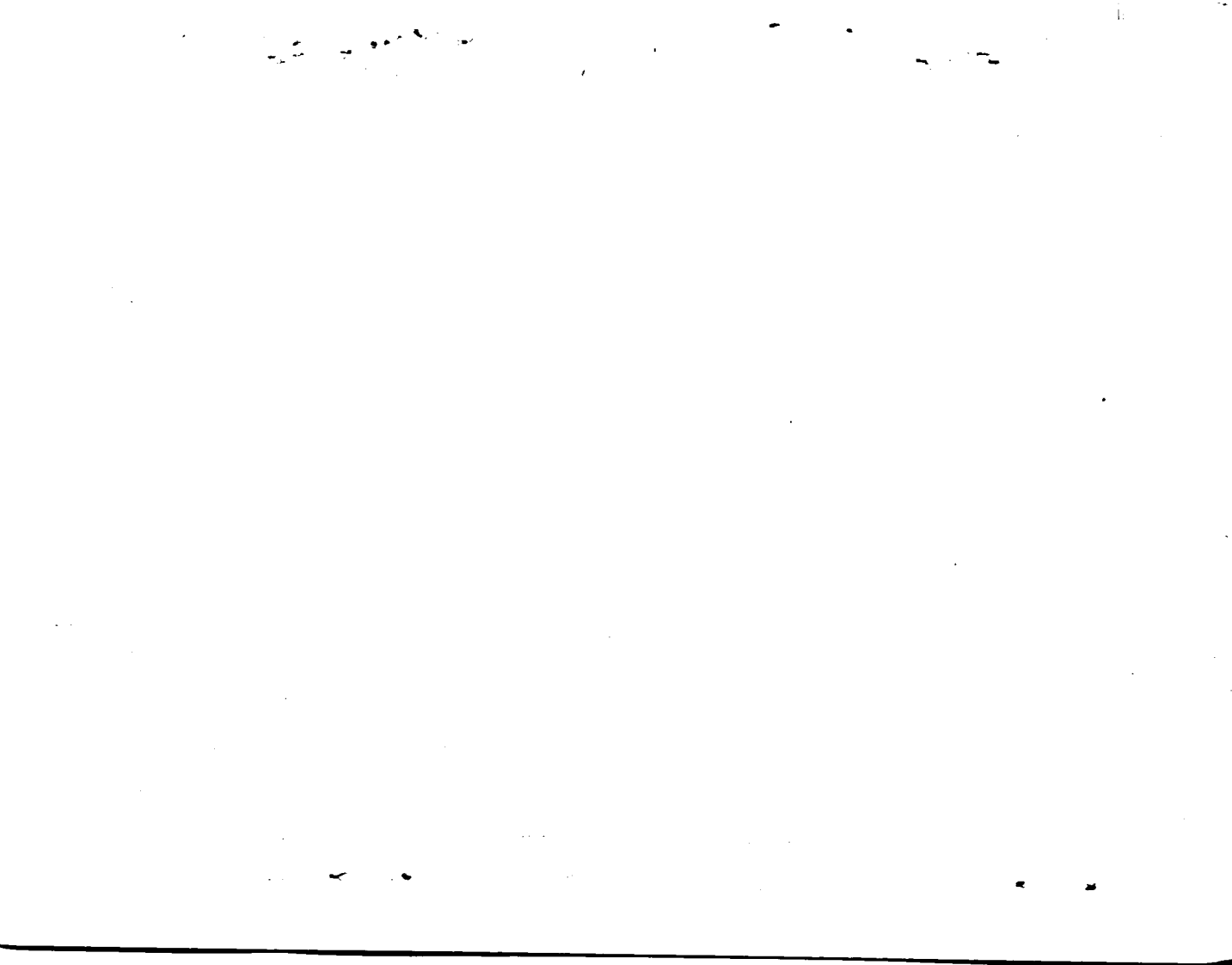
(Physician or midwife)

Given names added from a supplemental report

Wallace Ralph CampbellAddress Amor FallsW. C. MurphyFiled 3/11/20 Richard F. Nott

Registrar

Registrar



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

97325
Place of Birth { City _____
Street and House No. _____
County Power

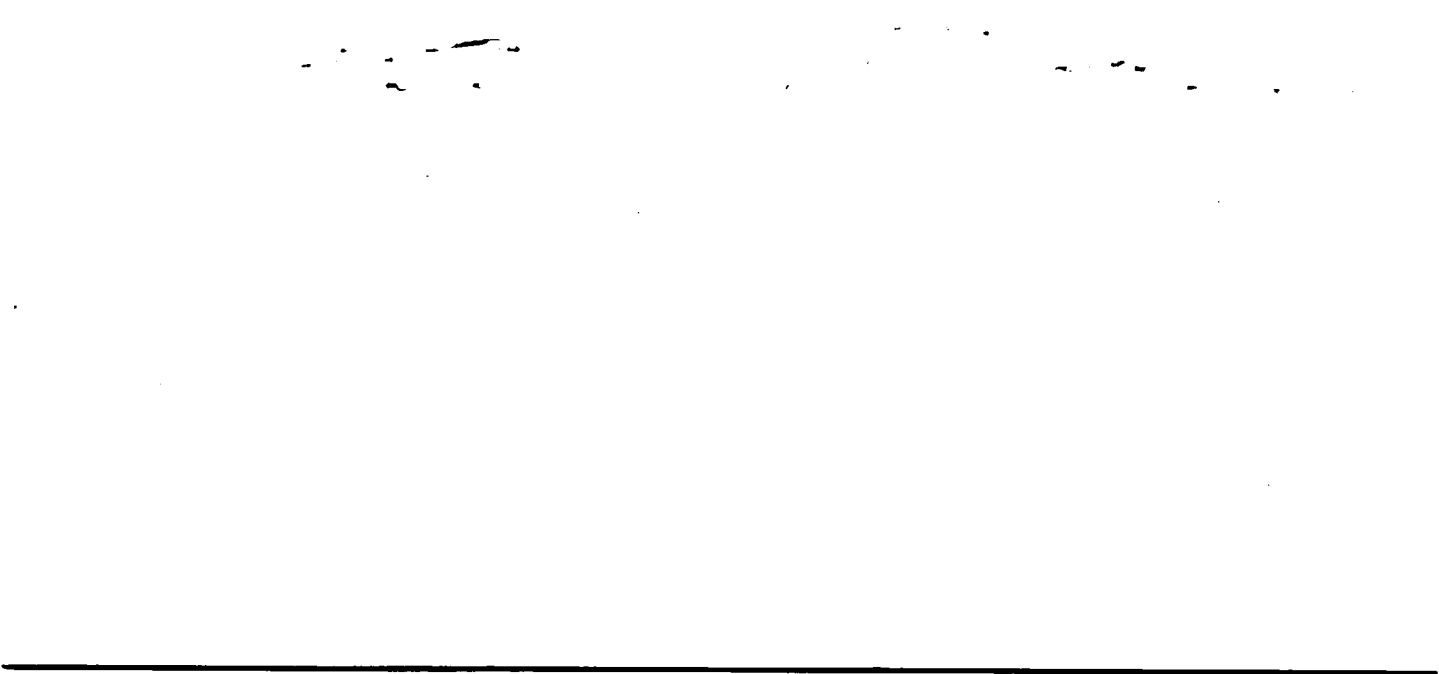
Registered No. 157Registration Dist. No. 20

Sex of Child Male
Date of Birth Feb. 2 1920
FATHER John Lloyd Campbell
MOTHER Charlotte Haasemphug

I Hereby Certify that the child described herein
has been named:

Wallace Ralph Campbell
GIVEN NAME IN FULL SURNAME

as reported by Father
Richard J. Nath
FATHER OR MOTHER LOCAL REGISTRAR



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

MAR 18 4 42 PM '82

Certificate No. 77325

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Campbell who was born on 2-11-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Pauline (Power) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs name

Unnamed

Wallace Ralph Campbell

Subscribed and sworn to before me this 17th day of March 1982.

Notary Public,

Residing at _____

My commission expires _____

(Seal)

Wallace Ralph Campbell
Signature of Applicant
Box 77A Rt 2 Omak Wn.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Carroll }

(Must be completed)

(Is not necessary)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of March 1982.

Notary Public, Idaho

Residing at _____

My commission expires _____

(Seal)

Frances M Hassengly
Supporting Signature
Omaha Wn.
Street Address, City, State

Honorable Discharge from the ARmy of the U.S. gives Wallace R Campbell
was discharged 12-6-45 . Born 2-11-20 in Pauline, Idaho.
Viewed by V.S.

MAR 23 1982

Birth certificate for Aladean Campbell born 4-26-51 in Memorial Hospital
in Omak, Washington gives fathers name as Wallace Ralph Campbell born
in Pauline, Idaho on 2-11-20. Viewed by V.S.

234-113-039-734
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-000000

County of Pomer

City of

Registration District No.

25

File No.

77326

No. St.

Primary Registration District No.

1272

Registered No.

158

Hospital

FULL NAME OF CHILD Oscar Otto Stuhlberg

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>July 13</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Christ Stuhlberg</u>	FATHER
RESIDENCE <u>Pomer Co</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alvina Gubrecht</u>	MOTHER
RESIDENCE <u>Pomer Co</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7..... Number of children of this mother now living, including present birth 6.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. F. Schult MD
(Physician or midwife)

Given names added from a supplemental report.

Address American Falls
Filed 3/1 12 20 Richard F. Nott
Registrar

Registrar

Registrar

[MAR 9

1972

695-114039-419
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-2323

County of Pomer

CERTIFICATE OF BIRTH

77327

City of Amer. FallsRegistration District No. 25File No. 4

No.

Primary Registration District No. 2072Registered No. 159

Hospital

FULL NAME OF CHILD

Jack William Krenn

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 14</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	------------------------------------	--	------------------------	---

FULL NAME <u>Harold Krenn</u>	FATHER
RESIDENCE <u>Amer. Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Ind.</u>	
OCCUPATION <u>Druggist</u>	

FULL MAIDEN NAME <u>Rena Leabell Martin</u>	MOTHER
RESIDENCE <u>Amer. Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Ida.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 430 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. F. Welch, M.D.

Given names added from a supplemental report.

(Physician or midwife)

.....19.....

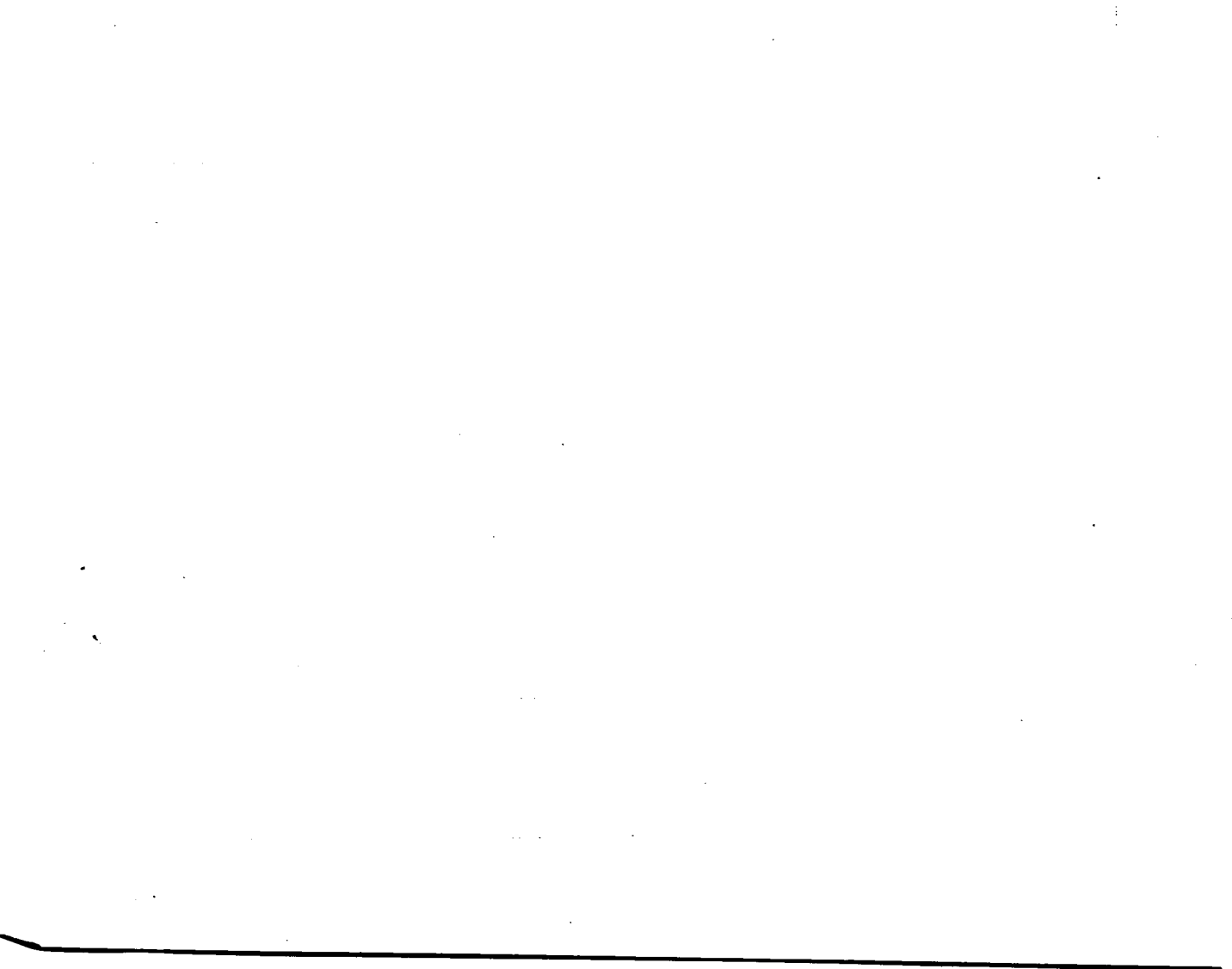
Address Amer. Falls, Ida.

.....

Filed 3/1 1920 Richard F. Roth

Registrar

Registrar



363-218-239-238

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-2-22

CERTIFICATE OF BIRTH

77328

County of PowerCity of Amer. Falls

No. St.

Registration District No. 25File No. 4Primary Registration District No. 2072Registered No. 160

Hospital

FULL NAME OF CHILD Laura Mae Cotant

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 14 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------	------------------------	--

FATHER		MOTHER	
FULL NAME <u>Bert B. Cotant</u>	FULL MAIDEN NAME <u>Pauline Pelicore</u>	FULL NAME <u>Bert B. Cotant</u>	FULL MAIDEN NAME <u>Pauline Pelicore</u>
RESIDENCE <u>Amer. Falls</u>	RESIDENCE <u>Amer. Falls</u>	RESIDENCE <u>Amer. Falls</u>	RESIDENCE <u>Amer. Falls</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Iowa</u>	BIRTHPLACE <u>S. Dak</u>	BIRTHPLACE <u>Iowa</u>	BIRTHPLACE <u>S. Dak</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 6 Number of children of this mother now living, including present birth... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiefelbusch

Given names added from a supplemental report.

Address American Falls, IdaFiled 3/11 20 Richard T. North

Registrar

Registrar

1574

JUL 24 1952

468-22-040418

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of

Shoshone

CERTIFICATE OF BIRTH

City of

Burke

Registration District No.

122

File No.

77330

No.

St.

Primary Registration District No.

2200

Registered No.

170

Hospital

FULL NAME OF CHILD

GEORGE G. DOYLE

Sex of Child

m

Twin
Triplet
or other?

✓

and
Number
in order
of birth

✓

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of Birth

Feb. 22

1920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

James Doyle

RESIDENCE

Burke, Ida

COLOR

white

AGE AT LAST
BIRTHDAY

43

(Years)

BIRTHPLACE

Ireland

OCCUPATION

Steel man

FULL
MAIDEN
NAME

MOTHER

Anna Dahl

RESIDENCE

Burke Ida

COLOR

white

AGE AT LAST
BIRTHDAY

36

(Years)

BIRTHPLACE

Norway

OCCUPATION

Housewife

Number of child of this mother, including present birth

4

Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Alive

(Born alive or stillborn)

at 11 To M.

* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

L. B. Stott

(Physician or midwife)

Given names added from a supplemental report.

Address

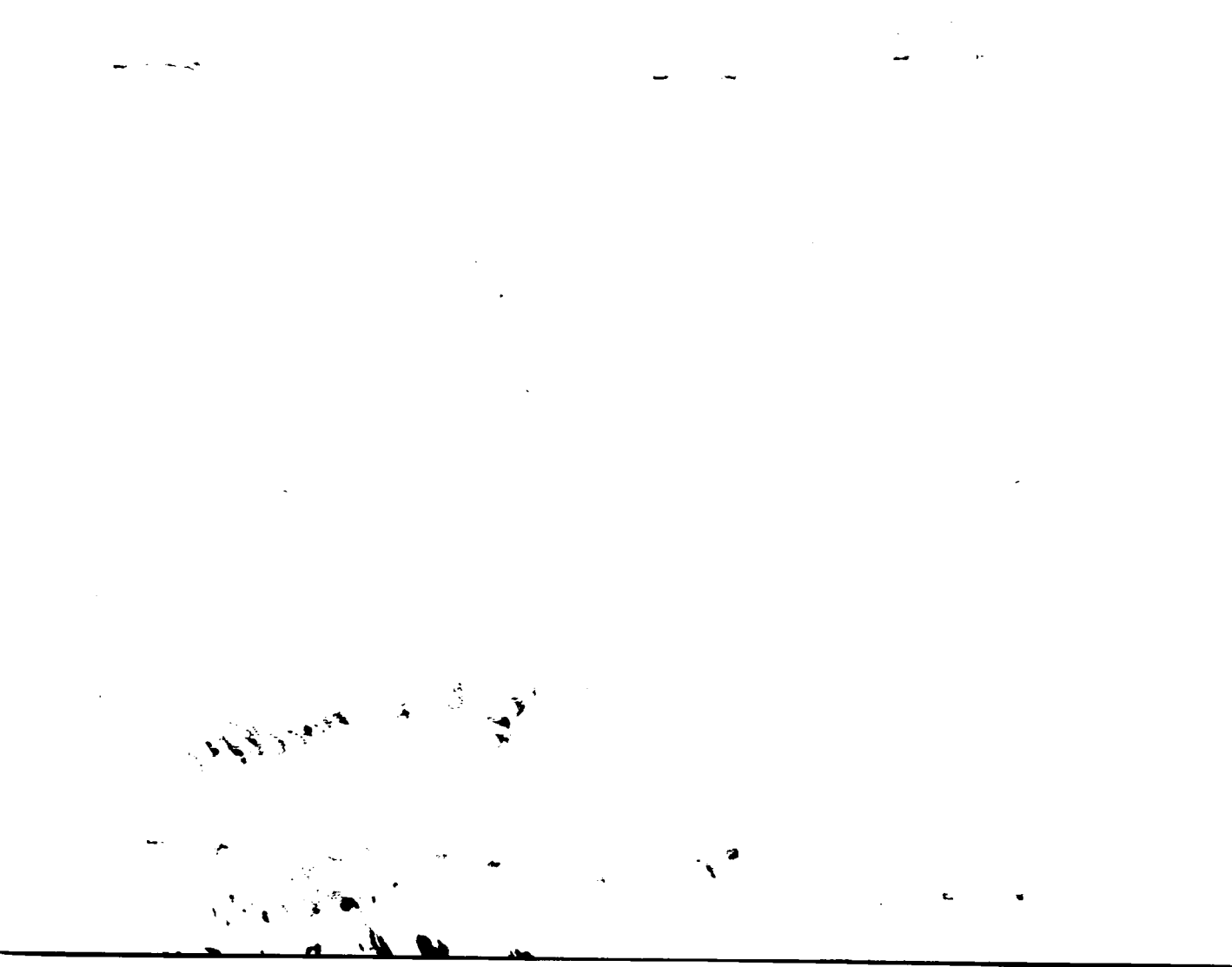
Maclean, Ida

Filed

1920

H. O. Mowbray

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Shoshone Idaho }
County of Shoshone } ss.

Certificate No. 77330

Date Filed MAR 2 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth
for George G. Doyle who was born on February 27, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Burke Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by this statement prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

unnamed

George G. Doyle

Subscribed and sworn to before me this 25th
day of February, 1942
Marie Schenckerson

Notary Public, residing at WALLACE, IDAHO

My commission expires June 5, 1945
(Seal)

Signed Mrs. Anna Doyle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
916 Pearl St. Wallace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of Feb., 1942
Marie Schenckerson

Notary Public, residing at Wallace, Idaho

My commission expires June 5, 1945
(Seal)

Signed Mrs. Carrie Sandeen
(Signature of Any Credible Person Other Than Previous Year)
916 Pearl St. Wallace, Idaho
(Street Address, City, State)

MAR 2 1942

MAR 3 1942

219-119,040-819

PLACE OF BIRTH

County of ShoshoneCity of WallaceNo. 208 Front St. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 122File No. 77331Primary Registration District No. 2200Registered No. 169

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimacy <u>yes</u>	Date of Birth <u>Feb 19 20</u> (Month) (Day) (Year)
-----------------------	--	-----------------------	--

FULL NAME <u>Edward Curtis Bailey</u>	FATHER	FULL MAIDEN NAME <u>Agnes Harrington</u>	MOTHER
RESIDENCE <u>208 Front St Wallace</u>		RESIDENCE <u>same</u>	
COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Mont</u>		BIRTHPLACE <u>Mich</u>	
OCCUPATION <u>Car Rpt</u>		OCCUPATION <u>HW</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... alive..... at 2300 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R. Brown

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed..... 128 10 H.C. Mowery

Registrar

Registrar

MAR 21 1957

493-1181040-339.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Shoshone

CERTIFICATE OF BIRTH

City of Bunker

Registration District No. 122

File No. 77332

No. _____ St. _____

Primary Registration District No. 7200

Registered No. 168

Hospital _____

FULL NAME OF CHILD

Harvey William Miles

Sex of Child

M

Twin Triplet or other? ☒

and Number in order of birth ☒

Legitimate? Yes

Date of Birth

Feb. 18 1930
(Month) (Day) (Year)

FULL NAME

FATHER

Albert John Miles

FULL MAIDEN NAME

MOTHER

Grace E. Lane

RESIDENCE

Bunker Ida

RESIDENCE

Bunker Ida

COLOR

W.

AGE AT LAST BIRTHDAY 28
(Years)

COLOR

W

AGE AT LAST BIRTHDAY 21
(Years)

BIRTHPLACE

Mo

BIRTHPLACE

Idaho

OCCUPATION

Miner

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at the date above stated.

(Born alive or stillborn)

730 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. B. Stockley

(Physician or midwife)

Given names added from a supplemental report.

Address

Harmon, Ida

Filed

3/2

19 30

H. E. Mowery

Registrar

1922

442-201040-251
PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-10m-6-20-11

Bureau of Vital Statistics
CERTIFICATE OF BIRTHCounty of ShoshoneCity of MaceRegistration District No. 122File No. 77335

No. _____ St. _____

Primary Registration District No. 2200Registered No. 165

Hospital _____

FULL NAME OF CHILD

Marion Lucille Dube

Sex of Child

7Twin,
Triplet,
or other?Oneand { Number
in order
of birthLegiti-
mate?7

Date of birth

2 11950

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL NAME

FATHER

Albert Dube

FULL MAIDEN NAME

MOTHER

Corra Wearne

RESIDENCE

Mace

RESIDENCE

Mace

COLOR

W

AGE AT LAST BIRTHDAY

26
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

22
(Years)

BIRTHPLACE

Minim

BIRTHPLACE

Mant

OCCUPATION

Grocery man

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 12 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. Chen C. Wetman

Given name added from a supplemental report

(Physician or Midwife)

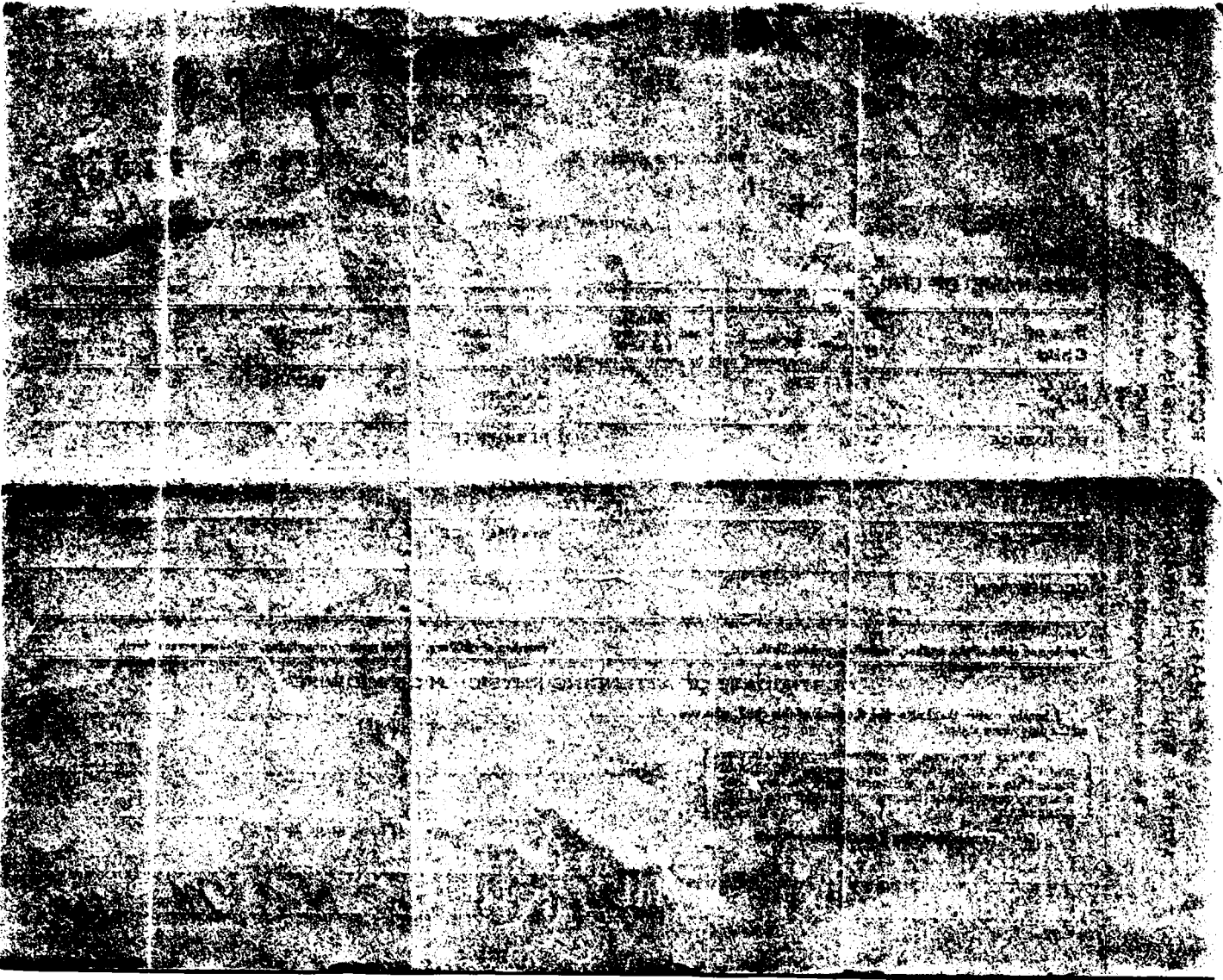
Address

1 Burke Rd.

Filed

2/819 20H.C. Mowery

Registrar



243-231-040-366
PLACE OF BIRTHSTATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-10m-6-20-11

County of ShoshoneCity of Mace

Registration District No.

122

File No.

77336

No. _____ St.

Primary Registration District No.

2200

Registered No.

164

Hospital _____

FULL NAME OF CHILD

Lillian Maxine Buchanan

Sex of Child	7	Twin, Triplet, or other?	One	and	Number in order of birth	Legitimate?	7	Date of birth	1	31	1920
			(To be answered only in event of plural births)					(Month)	(Day)	(Year)	
FATHER						MOTHER					
FULL NAME						FULL MAIDEN NAME					
James Buchanan						Clara Loomis					
RESIDENCE						RESIDENCE					
Mace						Mace					
COLOR						COLOR					
W						W					
AGE AT LAST BIRTHDAY						AGE AT LAST BIRTHDAY					
21						18					
(Years)						(Years)					
BIRTHPLACE						BIRTHPLACE					
Idaho						Wis					
OCCUPATION						OCCUPATION					
Timberman						Housewife					
Number of child of this mother, including present birth						Number of children, of this mother, now living, including present birth					
1						1					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

at 4h M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. C. L. Dutton

(Physician or Midwife)

Given name added from a supplemental report

Address

Filed

19 20

Registrar

OCT 1 6 1971

COMMUNICATIONS SECTION

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 10/1/71

TIME: 10:00 AM

BY: [Illegible]

FOR: [Illegible]

THRU: [Illegible]

INFO: [Illegible]

NOTES: [Illegible]

ATTACHMENTS: [Illegible]

ENCLOSURES: [Illegible]

COPIES: [Illegible]

STATUS: [Illegible]

COMMENTS: [Illegible]

SIGNATURE: [Illegible]

TITLE: [Illegible]

DEPARTMENT: [Illegible]

LOCATION: [Illegible]

PHONE: [Illegible]

FAX: [Illegible]

TELETYPE: [Illegible]

217-228-040-762

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

77337

County of Shoshone

City of Burke

Registration District No. 122

File No. _____

No. _____ St. _____

Primary Registration District No. 2200

Registered No. 163

Hospital _____

FULL NAME OF CHILD Mary Annette Sapp

Sex of Child <u>Female</u>	Twin Triplet or other? <input checked="" type="checkbox"/> and Number in order of birth <input checked="" type="checkbox"/>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 28</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Tom Sapp</u>		FULL MAIDEN NAME MOTHER <u>Amber Cosee</u>	
RESIDENCE <u>Burke Id</u>		RESIDENCE <u>Burke Id</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Kansas</u>		BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Miner</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) at 1230 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stedehagen M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____

Address Feb 2 1920 H. P. Mowery
Filed _____ Registrar

C.C. 5/1/41. wh

MAY 24 1948

7556-226-840-846
PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of ShoshoneCity of BurkeRegistration District No. 172File No. 77338

No. _____ St. _____

Primary Registration District No. 2400Registered No. 162

Hospital _____

FULL NAME OF CHILD

Dorothy May Genge

Sex of Child <u>7</u>	Twin, Triplet, or other? <u>One</u>	and {Number in order of birth	Capit- mole? <u>7</u>	Date of birth <u>1 26</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	-------------------------------------	-------------------------------	--------------------------	---

FATHER FULL NAME <u>Wiles George</u>	MOTHER FULL MAIDEN NAME <u>Mary Hufft</u>
RESIDENCE <u>Burke</u>	RESIDENCE <u>Burke</u>
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Mo</u>	BIRTHPLACE <u>Mo</u>
OCCUPATION <u>Miner</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 2Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. Charles Dutton

Given name added from a supplemental report

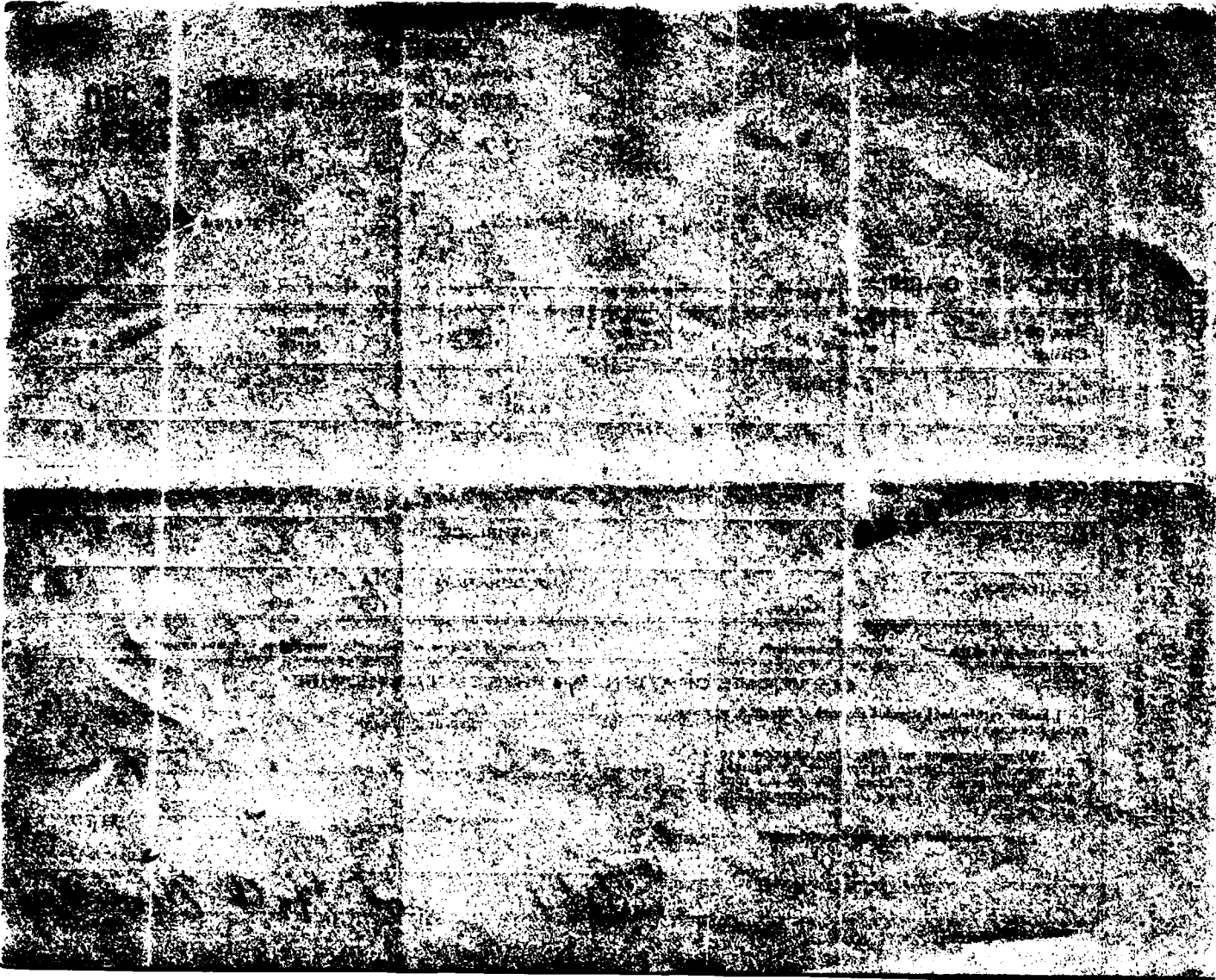
(Physician or Midwife)

_____ 19 _____

Address _____

Filed _____

19 20



719-218-040-214

Form V. S. No. 11-C-25m-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of *Shoshone*City of *Mullan*Registration District No. *122*File No. *77339*No. *Earle Ave* St.Primary Registration District No. *2200*Registered No. *161*

Hospital

FULL NAME OF CHILD *Julia Gariton*Sex of Child *F*Twin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate? *yes*

Date of Birth

Jan 18 30
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR *W*AGE AT LAST
BIRTHDAY *49*
(Years)BIRTHPLACE *Italy*OCCUPATION *Miner*

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR *W*AGE AT LAST
BIRTHDAY *31*
(Years)BIRTHPLACE *Italy*OCCUPATION *HW*Number of child of this mother, including present birth *6*Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.

(Born alive or stillborn)

at *350 p* M.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.(Signature) *James R Bean*

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed *7/16 20*

Registrar

HC Mowery
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

NOV 19 1969

155-212-040-619

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of

City of

CERTIFICATE OF BIRTH

Registration District No.

File No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?

Date of Birth

(Month) (Day) (Year)

FULL NAME

FATHER

*FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST

BIRTHDAY

(Years)

COLOR

AGE AT LAST

BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Given names added from a supplemental report.

(Signature)

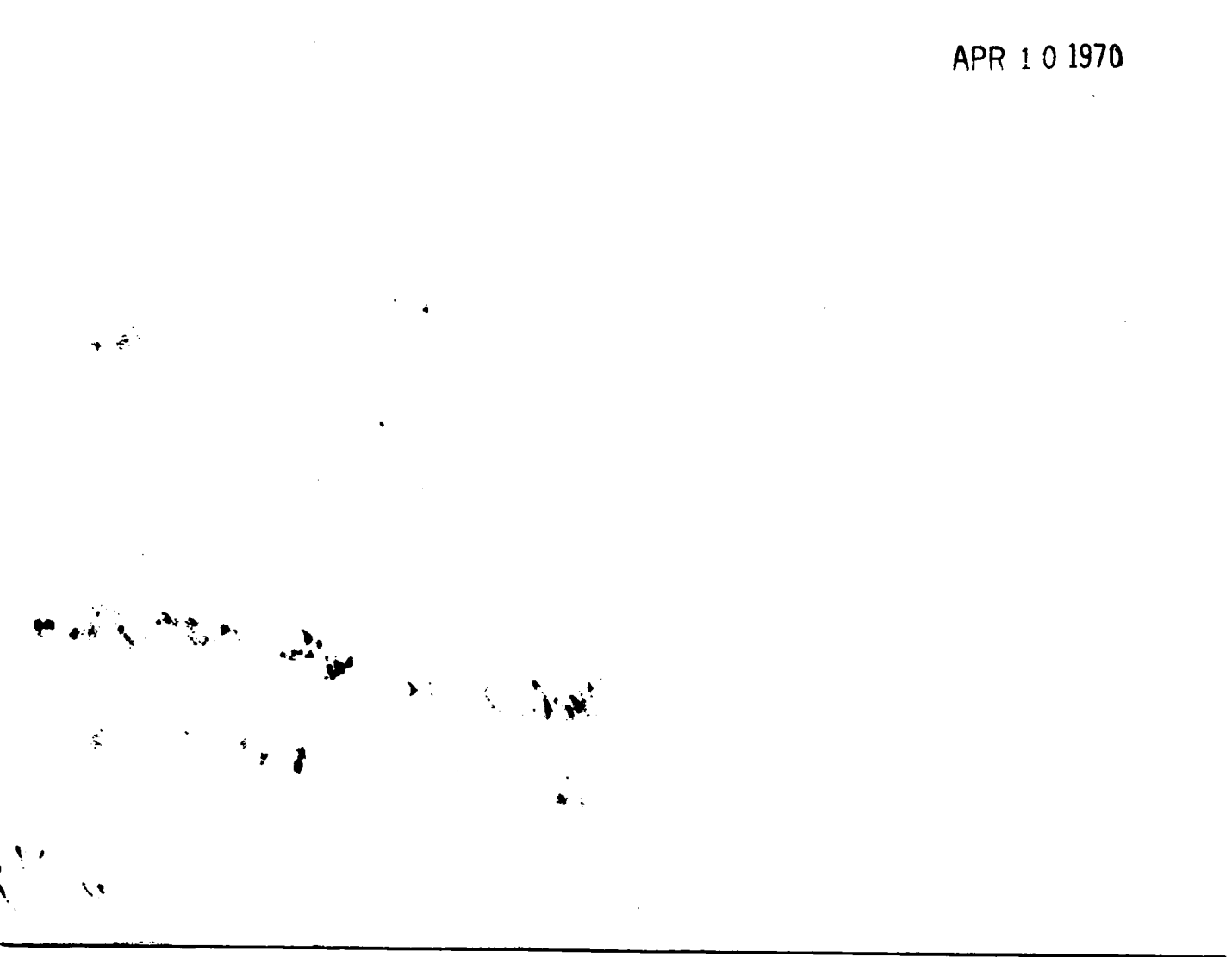
Address

File

Registrar

Registrar

APR 10 1970



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

199-29-040-419

PLACE OF BIRTH

County of ShoshoneCity of WallaceRegistration District No. 122File No. 77341

No. _____ St. _____

Primary Registration District No. 2700Registered No. 172

Hospital _____

FULL NAME OF CHILD

Leonigio Dire

Sex of Child <u>M</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb 27</u> 191 <u>20</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	------------------------	---

FULL NAME <u>John Dire</u>	FATHER	FULL MAIDEN NAME <u>Josephina St. Marco</u>	MOTHER
----------------------------	--------	---	--------

RESIDENCE <u>Wallace Ida</u>		RESIDENCE <u>Wallace Ida</u>	
------------------------------	--	------------------------------	--

COLOR <u>lv</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>lv</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
-----------------	---	-----------------	---

BIRTHPLACE <u>Italy</u>		BIRTHPLACE <u>Italy</u>	
-------------------------	--	-------------------------	--

OCCUPATION <u>Shoemaker</u>		OCCUPATION <u>Housewife</u>	
-----------------------------	--	-----------------------------	--

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 39 M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Dr MoweryPhysician or midwife
(Physician or midwife)Address Wallace IdaFiled 3/219 20H. Mowery

Registrar

FEB 8 1974

FEB 4 1974

MAR 9 - 1954.

669-111-040-819
PLACE OF BIRTHCounty of ShoshoneCity of Kellogg

No. _____ St. _____

Registration District No. 123Primary Registration District No. 2201

Hospital _____

File No. 77342

Registered No. _____

Full Name of Child

Charles Udale Ford

SEX OF CHILD <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	{ and } Number in order of birth <u>1</u>	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>Jan 11 1920</u> (Month) (Day) (Year)
FULL NAME <u>Charles Ford</u>	FATHER		FULL MAIDEN NAME <u>Lovella Harvey</u>	MOTHER
RESIDENCE <u>Kellogg</u>			RESIDENCE <u>Kellogg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Oregon</u>			BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Carpenter</u>			OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:20 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. S. Leshner

(Physician or midwife)

Given names added from a supplemental report

Address KelloggFiled 1/16 1920

Registrar

Registrar

MAY 10 1944

245-103-040-593

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-0-22m-2-17

CERTIFICATE OF BIRTH

73343

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 3

No. St.

Primary Registration District No. 7701

Registered No.

Hospital

FULL NAME OF CHILD Chris Kuntz

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> (To be answered only in event of plural births)	and { Number in order of birth <u>2</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Nov 3</u> 191 <u>1</u> (Month) (Day) (Year)
--------------------------	--	--	------------------------	---

FULL NAME Chris Kuntz FATHER
RESIDENCE Kellogg
COLOR White AGE AT LAST BIRTHDAY 42
(Years)
BIRTHPLACE Cal.
OCCUPATION Rancher

FULL MAIDEN NAME Anna Nicholson MOTHER
RESIDENCE Kellogg
COLOR White AGE AT LAST BIRTHDAY 36
(Years)
BIRTHPLACE Denmark
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Chris Kuntz at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Simpson at 8 P. M.
(Born alive or stillborn)
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Kellogg
Filed 3/5 1920 Geo. S. Fisher
Registrar

NAME
CHANGE

1 Dup of 1920-79309

964-1021040-795

PLACE OF BIRTH

County of ShoshoneCity of Kellogg

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 123Primary Registration District No. 2201File No. 5

Registered No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 12-2-20-2-17

CERTIFICATE OF BIRTH

77344

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth 1	Legiti- mate? <u>Yes</u>	Date of Birth <u>Mar 2</u> 191 <u>7</u> (Month) (Day) (Year)
--------------------------	---	-------------------------------------	-----------------------------	---

FULL NAME <u>Clarence Arthur Rodgers</u>	FATHER
---	--------

RESIDENCE <u>Hardman</u>	
-----------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
-----------------------	---

BIRTHPLACE <u>Missouri</u>	
-------------------------------	--

OCCUPATION <u>Teacher</u>	
------------------------------	--

FULL MAIDEN NAME <u>Lillian Erenfel</u>	MOTHER
--	--------

RESIDENCE <u>Hardman</u>	
-----------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
-----------------------	---

BIRTHPLACE <u>Idaho</u>	
----------------------------	--

OCCUPATION <u>Housewife</u>	
--------------------------------	--

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Linder

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 29 Kellogg

..... 19.....

Filed 3/5 1917 Geo. S. Lesker

Registrar

Registrar

DEC 15 1944

296-123-040-533

PLACE OF BIRTH

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-22m-2-2-17

CERTIFICATE OF BIRTH

County of ShoshoneCity of KelloggRegistration District No. 123File No. 77345

No. St.

Primary Registration District No. 2701

Registered No.

Hospital

FULL NAME OF CHILD Hallie Brown

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb. 23</u> 191 <u>7</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	---

FULL NAME <u>Hallie Brown</u>	FATHER
-------------------------------	--------

FULL MAIDEN NAME <u>Ida Ellis</u>	MOTHER
-----------------------------------	--------

RESIDENCE <u>Kellogg</u>	
--------------------------	--

RESIDENCE <u>Kellogg</u>	
--------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
--------------------	---

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
--------------------	---

BIRTHPLACE <u>Idaho</u>	
-------------------------	--

BIRTHPLACE <u>Kansas</u>	
--------------------------	--

OCCUPATION <u>Logger</u>	
--------------------------	--

OCCUPATION <u>Housewife</u>	
-----------------------------	--

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsey

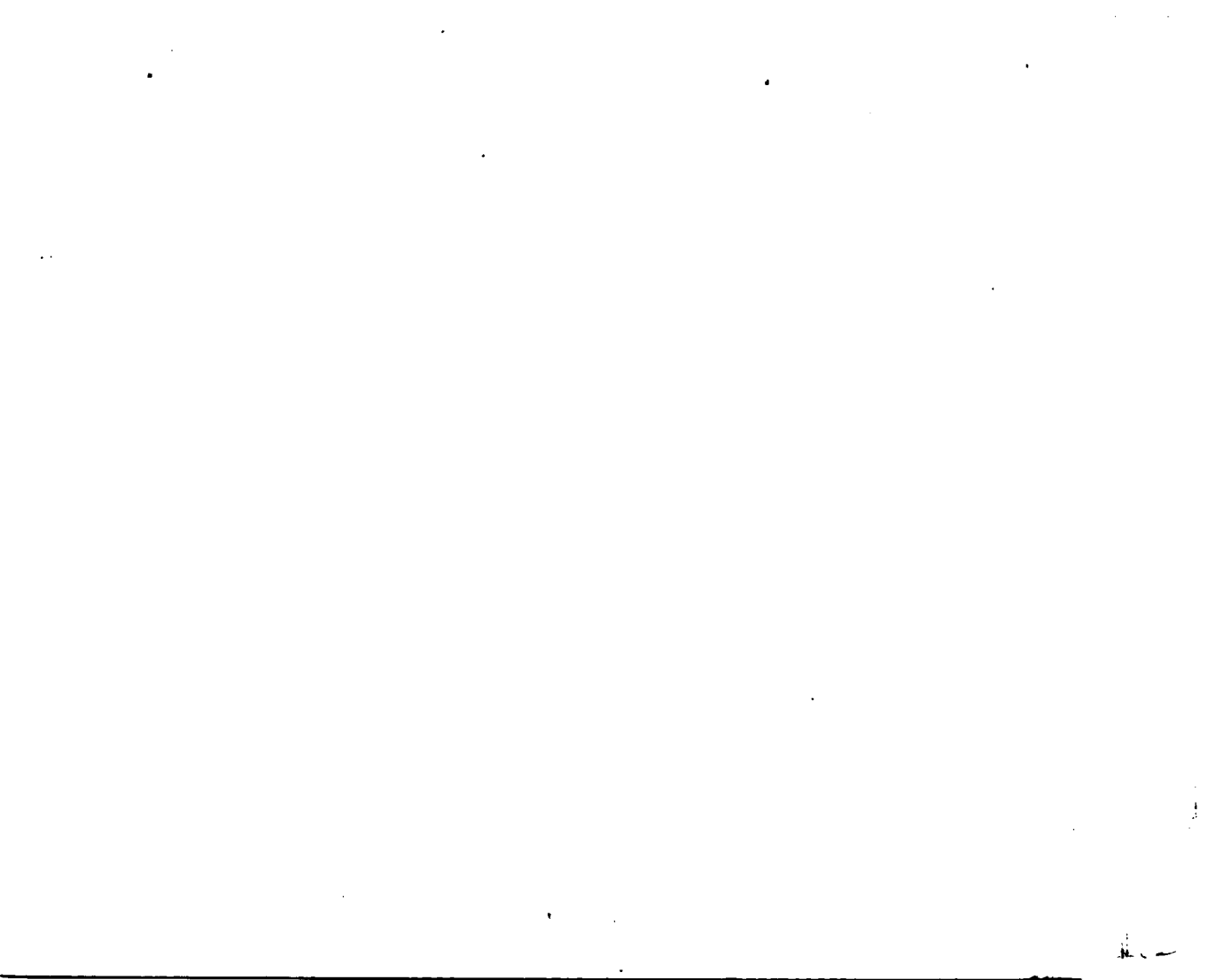
(Physician or midwife)

Given names added from a supplemental report.

Address Kellogg, IdahoFiled 275 275 275

Registrar

Registrar



281-115-040-249
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

CERTIFICATE OF BIRTH

77346

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 2

No. _____ St. _____

Primary Registration District No. 2201

Registered No. _____

Hospital _____

Full Name of Child Robert Miller Shaw

SEX OF CHILD <u>M</u>	Twin Triplet or other? <u>2</u> (To be answered only in event of plural births)	and Number in order of birth <u>2</u>	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>2/15/20</u> (Month) (Day) (Year)
FULL NAME <u>Robert M. Shaw</u>		FULL MAIDEN NAME <u>Belle Smith</u>		
RESIDENCE <u>Kellogg</u>		RESIDENCE <u>Kellogg</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	
BIRTHPLACE <u>Wash</u>		BIRTHPLACE <u>Wis.</u>		
OCCUPATION <u>Mechanic</u>		OCCUPATION <u>House Wife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at _____, at _____ M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. Leshner

Given names added from a supplemental report

(Physician or midwife)

Address Kellogg

Filed 2/20/20 1920 Geo. D. Leshner

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

20751

34

20752

20753

!

20754

491-129-040-264

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of ShoshoneCity of ArroyoRegistration District No. 127File No. 77347

No. _____ St. _____

Primary Registration District No. 2400Registered No. 5

Hospital _____

FULL NAME OF CHILD

RAYMOND GEORGEGeorge Raymond Vrahnos

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 28</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	------------------------------	--------------------------------------	------------------------	---

(To be answered only in event of plural births)

FULL NAME <u>George Christ Vrahnos</u>	FATHER
RESIDENCE <u>Kyle - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Greece</u>	
OCCUPATION <u>Railway Section Foreman</u>	

FULL MAIDEN NAME <u>Alice Boulton</u>	MOTHER
RESIDENCE <u>Kyle, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2
Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 p. M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Busby

(Physician or midwife)

Given names added from a supplemental report.

Address Arroyo, IdahoFiled Jan. 12th 1920 R. Busby

Registrar

Registrar

100 4 OCT 1943

819-125-041-0

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-25m-9-8-17

BUREAU OF VITAL STATISTICS

Name added 9-23-83 fc

CERTIFICATE OF BIRTH

77348

County of TetonCity of TetonRegistration District No. 77File No. 40No. 1 St.Primary Registration District No. 2176Registered No. 1Hospital St. Luke'sFULL NAME OF CHILD Dee Meikle Harris

Sex of Child

MTwin
Triplet
or other?and { Number
in order
of birth
(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

March - 5 - 20
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

White

AGE AT LAST BIRTHDAY

2.6
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Ranchman

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

White

AGE AT LAST BIRTHDAY

2.8
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Idaho on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. H. Gilbertson

(Born alive or stillborn)

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Idaho

Filed

Mar 8 - 20

Registrar

Martha Marker

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

SEP 12 4 39 PM '83

Certificate No. 77348
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Harris who was born on March 5, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Teton County are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Dee Meikle Harris

Subscribed and sworn to before me this 6 day of September, 1983

Notary Public, Henry H. Henderson
Residing at Pasco, Washington
My commission expires 9-19-1984
(Seal)

x Dee Meikle Harris
Signature of Applicant
x 4900 Walker Way
Street Address, City, State
Pasco, Wa 99301

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

lcc credit

Certificate of Blessing from LDS Church gives Dee Meikle Harris son of Elmer Harris and Ena Meikle born March 5, 1920 in Richvale Teton County and was blessed May 2, 1920. Viewed by V.S.

SEP 23 1983

Marriage License lists groom as Dee Meikle Harris and bride as Betty Jean Kinghorn married Sept 4, 1945 in the state of Utah. Viewed by V.S.

863-108-0414855

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-0-011-0-11

CERTIFICATE OF BIRTH

77349

County of... *Teton*.....City of... *Teton*.....Registration District No. *77*.....File No. *28*.....No. *St*.....Primary Registration District No. *2176*.....

Registered No.

Hospital

FULL NAME OF CHILD

Sex of
Child*M*Twin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?*yes*Date of
Birth*Feb 8 1920*
(Month) (Day) (Year)FULL
NAME*Dean Hochstetser*

FATHER

FULL
MAIDEN
NAME

MOTHER

Vida Hensie

RESIDENCE

Teton Idaho

RESIDENCE

Teton

COLOR

*W*AGE AT LAST
BIRTHDAY*26*
(Years)

COLOR

*W*AGE AT LAST
BIRTHDAY*22*
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Ranchman

OCCUPATION

*Housewife*Number of child of this mother, including present birth... *3*.....Number of children of this mother now living, including present birth... *3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... *alive*... at... *12:20 P.* M.
on the date above stated. (Born alive or stillborn){ *When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth. }

(Signature)

*L. B. Cullerton**Physician*

(Physician or midwife)

Given names added from a supplemental report.

Address

Trigge Idaho

Filed

*Mar 3 1920**Martha Marker*

Registrar

Registrar

693-2071041-616
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-0-17

77350

County of... *Teton*

City of... *Briggs*

No.

Registration District No. *77*

File No. *26*

Hospital

Primary Registration District No. *2176*

Registered No.

FULL NAME OF CHILD *Kathly Ellen Wilkins*

Sex of Child <i>F</i>	Twin Triplet or other? <i>No</i>	and Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>Feb-7-1920</i> (Month) (Day) (Year)
-----------------------	----------------------------------	---------------------------------------	------------------------	---

FATHER
FULL NAME *Richard Swift Wilkins*
RESIDENCE *Briggs Idaho*
COLOR *W*
AGE AT LAST BIRTHDAY *44*
(Years)
BIRTHPLACE *Connecticut*
OCCUPATION *Lawyer*

MOTHER
FULL MAIDEN NAME *Lillian Fawcett*
RESIDENCE *Briggs*
COLOR *W*
AGE AT LAST BIRTHDAY *29*
(Years)
BIRTHPLACE *England*
OCCUPATION *Housewife*

Number of child of this mother, including present birth... *5* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... *alive* ... (Born alive or stillborn) at... *10:20 A.M.* ... on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. H. Culbertson*

Given names added from a supplemental report.

..... 19.....

Address *Briggs Idaho*

..... 19.....

Filed *Mar 3 1920* *Martha Marker*

Registrar

Registrar

386-221-091-859

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-3-3-17

County of UtahCity of BriggsRegistration District No. 77File No. 77351
25

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD Beth Thomas

Sex of Child <u>7</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>77</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan - 21 - 1900</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME <u>Thomas Vernard Thomas</u>	FATHER
--	--------

RESIDENCE Briggs

COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
----------------	---

BIRTHPLACE UtahOCCUPATION Business man

FULL MAIDEN NAME <u>Mary Elizabeth Heiner</u>	MOTHER
---	--------

RESIDENCE Briggs

COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
----------------	---

BIRTHPLACE UtahOCCUPATION Housewife

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>4</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at H. A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. CulbertsonPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Briggs IdahoFiled Mar 31 1906 Martha Marker

Registrar

Registrar

AUG 9 1943

JAN 9 1949

SEP 5 1959

PLACE OF BIRTH

281-207-241-381

amended 1/6/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 3-3-17

CERTIFICATE OF BIRTH

77352

County of... *Teton*.....City of... *Teton*.....Registration District No. *17*.....File No. *27*.....

No. St.

Primary Registration District No. *2176*.....

Registered No.

Hospital

FULL NAME OF CHILD *2* Mary *Shaw*.....

Sex of Child

*F.*Twin
Triplet
or other?and (Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?*yes*Date of
Birth.....*Feb- 8 1920*
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth.....*1*... Number of children of this mother now living, including present birth.....*1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....*alive*..... at.....*9 P.*.....
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature).....

H. H. Culbertson

(Physician or midwife)

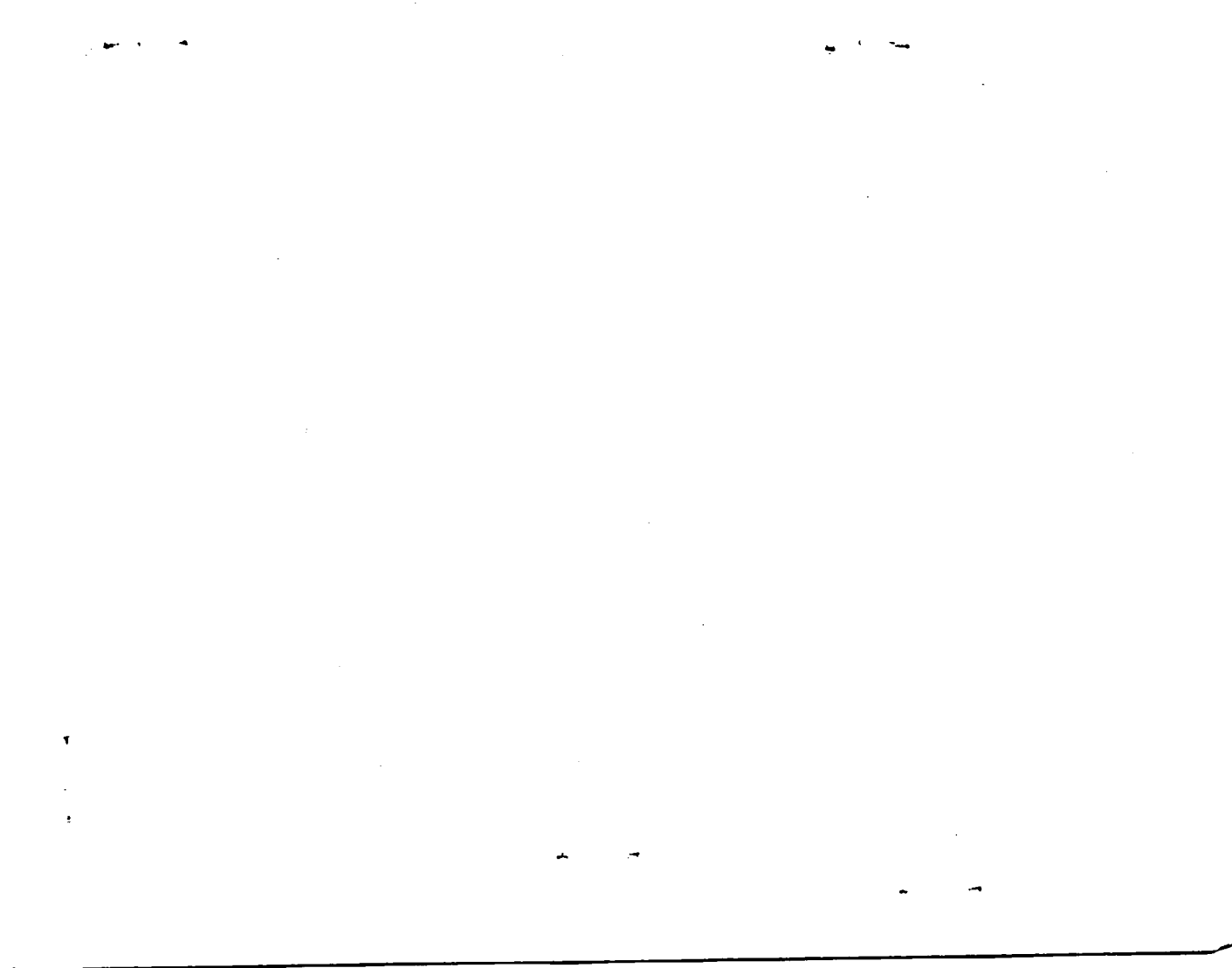
Given names added from a supplemental report.

Address.....

Filed.....

Registrar

Registrar



7-30-80

RECEIVED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AUG 2 2 1980

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }
County of Teton } ss.Certificate No. 77352
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Shaw who was born on Feb. 7, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Tetonia (Teton) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Mary Shaw
<u>Birth date</u>	<u>Feb 7, 1920</u>	<u>Feb. 8, 1920</u>

Subscribed and sworn to before me this 19th day of
August 1980
Notary Public, [Signature]
Residing at Briggs, Idaho
My commission expires July 2, 1983
(Seal)

Mary Shaw Lophouse
Signature of Applicant
Box 53 - Tetonia, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss.(Must be completed _)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of
August 1980
Notary Public, [Signature]
Residing at Briggs, Idaho
My commission expires July 2, 1983
(Seal)

Mary I Shaw
Supporting Signature
Box 53-Tetonia, Idaho
Street Address, City, State

Baptism from LDS Church gives name as Mary Shaw born Feb 8, 1920, Baptized June 24, 1928. viewed by V. S.

Recommend for Patriarchal Blessing from the LDS Church for Mary Lofthouse dated March 16, 1969 Father's name as James Albert Shaw and mother's maiden name as Mary Ann Thatcher. Born Feb 8, 1920 at Tetonia, Idaho Viewed by V. S.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-24,041-497
PLACE OF BIRTH

STATE OF IDAHO Form V. S. No. M-C-22-3-17
BUREAU OF VITAL STATISTICS 77353
CERTIFICATE OF BIRTH

County of... *Teton*

City of... *Teton*

Registration District No. *77*

File No. *29*

No. St.

Primary Registration District No. *2176*

Registered No.

Hospital

FULL NAME OF CHILD *Ester Hill*

Sex of Child <i>F</i>	Twin Triplet or other? <i>and</i> Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>Feb-14-1920</i> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME <i>J. W. Hill</i>	FATHER
RESIDENCE <i>Teton</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>42</i> (Years)
BIRTHPLACE <i>England</i>	
OCCUPATION <i>Ranchman</i>	

FULL MAIDEN NAME <i>Iva Dixon</i>	MOTHER
RESIDENCE <i>Teton</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)
BIRTHPLACE <i>England</i>	
OCCUPATION <i>House wife</i>	

Number of child of this mother, including present birth... *3* ... Number of children of this mother now living, including present birth... *3* ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... *alive* ... at... *10 A.M.* ... on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

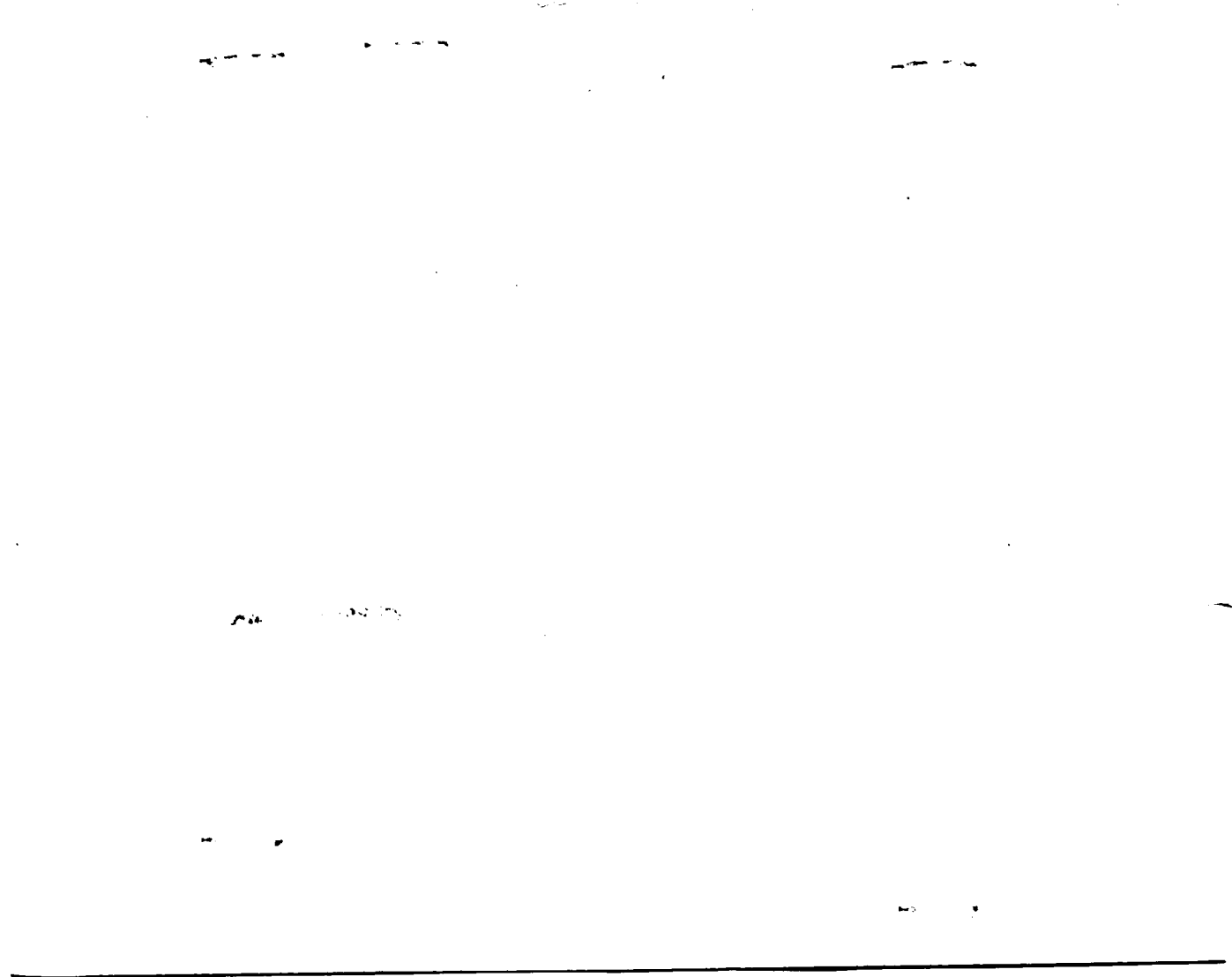
(Signature) *H. H. Culbertson*

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed *Mar 3 1920* *Martha Marker*
Registrar Registrar



17353
BOARD OF HEALTH--BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Teton, Idaho Registered No. 29
Street and House No. _____
County Teton Registration Dist. No. 77

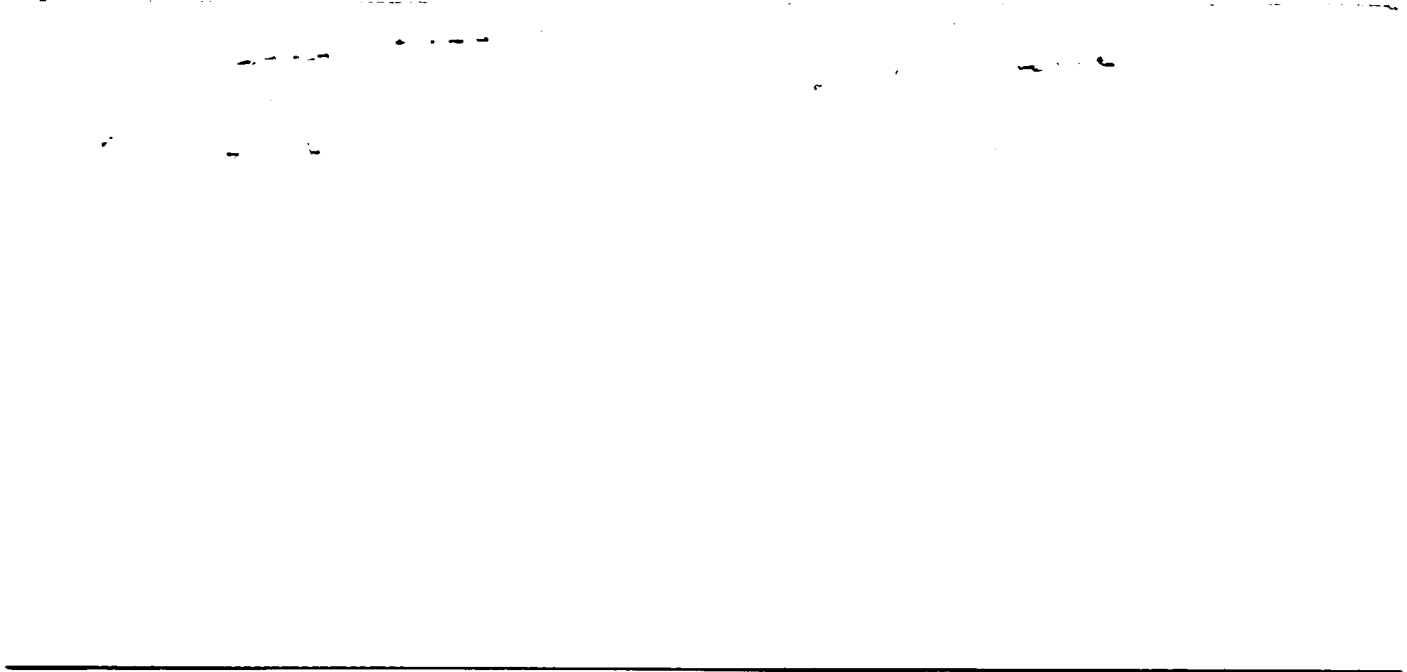
Sex of Child Female
Date of Birth Feb 14 1920
MONTH DAY YEAR
Father J. W. Hill
FULL NAME
Mother Iva Dixon
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Ester Hill
GIVEN NAME IN FULL SURNAME

as reported by Father
FATHER OR MOTHER

Martha Marker
LOCAL REGISTRAR



553-24041-693
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 14-0-22m-0-17

County of LatahCity of IdahoRegistration District No. 77File No. 30

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD Chaitis Nelson

Sex of Child <u>7</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb - 24 - 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	--------------------------------	---

FULL NAME <u>Dan Nelson</u>	FATHER
RESIDENCE <u>Driggs Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Ranchman</u>	

FULL MAIDEN NAME <u>Rutha McKell</u>	MOTHER
RESIDENCE <u>Driggs Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Barberman Housewife</u>	

Number of child of this mother, including present birth... 6..... Number of children of this mother now living, including present birth... 6.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... alive..... at..... 11:50.....
on the date above stated. (Born alive or stillborn) P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. CulbertsonPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs IdahoFiled Mar 3 1920 Martha Marker

Registrar

Registrar



365-2141-041-365

Amended 3-27-64

(Be sure the information is complete and accurate)

State File No. 77355

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. 77

1. PLACE OF BIRTH a. COUNTY Teton b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Victor c. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Teton c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Victor d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) Maurine b. (Middle) c. (Last) Tonks			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) Feb. 14, 1920
FATHER OF CHILD			
7. FULL NAME a. (First) Elijah b. (Middle) Wm. c. (Last) Tonks			8. COLOR OR RACE White
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) (City or Town) Utah	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Martha b. (Middle) c. (Last) Long			13. COLOR OR RACE White
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) (City or Town) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)		18a. SIGNATURE Chas. J. Martin 18c. ADDRESS Driggs, Ida.	
18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)		18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG. Mar. 5, 1920	20. REGISTRAR'S SIGNATURE Martha Marker	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- NANCY	22b. WEIGHT AT BIRTH	23. Was a standard cephalic test
-------------------------------	----------------------	----------------------------------

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....
.....

(b) Labor: Complication.....

.....
..... Induced?.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:.....

(2) Birth Injury?

Describe:.....

(e) Signature of Physician:

STATE OF IDAHO

77355 BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place
of Birth

City Victor Idaho. Registered No. 31
Street and House No. _____
County Leton Registration Dist. No. 77

Sex of Child FemaleDate of Birth Feb 14 1920
MONTH DAY YEARFather Elijah Wm Tonks
FULL NAMEMother Martha Long
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Maurine Tonks.
GIVEN NAME IN FULL SURNAME

as reported by Mother
FATHER OR MOTHER

Martha Marker
LOCAL REGISTRAR

MAR 27 1964

JAN 18 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of..... } ss. **RECEIVED**
County of..... } **MAR 26 1964**
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Tonks (female child) who was born on Feb. 14, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Victor, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by..... prepared on..... are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

Full Name of Child.....
Father's First Name.....

FROM
(As on Original)

Unnamed
Eliza

(Give Date)

TO
(The Correct Facts)

Maurine Tonks
Elijah

Subscribed and sworn to before me this 19 day of February, 1964

Signed Martha Long Tonks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 222 E. 4th St. Victor, Idaho

My commission expires 222 E. 4th St. Victor, Idaho 4-19-65
(Seal)

957 N. Clark Corvallis, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of February, 1964

Signed W. J. C. Stone
(Signature of Any Credible Person)

Notary Public, residing at 222 E. 4th St. Victor, Idaho

My commission expires 222 E. 4th St. Victor, Idaho 4-19-65
(Seal)

Victor, Idaho
(Street Address, City, State)

X
L.D.S. Church Cert. of Blessing, April 4, 1920 gives full name as Maurine Tonks, daughter of Elijah W. Tonks and Martha Long, born Feb. 14, 1920 at Victor, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, April 29, 1928 gives full name as Maurine Tonks, daughter of Elijah W. Tonks and Martha Long, born Feb. 14, 1920 at Victor, Idaho - viewed by V.S.

213-215-041-413

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form 7. & No. 11-0-200-0-27

CERTIFICATE OF BIRTH

County of TetonCity of Driggs Id.Registration District No. 77File No. 32

77356

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other (To be answered only in event of plural births)	Number and in order of birth <u>3</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb 15</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	--	-----------------------------	--

FULL NAME <u>Wilhelm Friedrich Backus</u>	FATHER	FULL MAIDEN NAME <u>Carmella Daly</u>	MOTHER
RESIDENCE <u>Driggs Id.</u>		RESIDENCE <u>Driggs Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Ohio</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.....3... Number of children of this mother now living, including present birth.....3....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....Born alive..... at.....9 9..... A. M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)Chas. Marker.....

(Physician or midwife)

Given names added from a supplemental report.

.....10.....Address Driggs Id......10 20.....Filed Mar 3 1920 Martha Marker

Registrar

Registrar

OCT 22 1969

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Form V. B. No. 11-C-25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77357

File No......

Registered No.....

Clifford Russell Woolstenhulme

FULL NAME OF CHILD

Sex of Child *Male* *Single* and Number *8*
in order of birth
(To be answered only in event of plural births)

Legitimate? *Yes*



Date of Birth. *Feb. 18* 19*20*
(Month) (Day) (Year)

FULL NAME James J. O'Toole FATHER James J. O'Toole

RESIDENCE 911 + 9A

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE LAHORE

OCCUPATION                           

FULL MAIDEN *20* MOTHER *27*

RESIDENCE 4 + 950

COLOR White AGE AT LAST BIRTHDAY 42
(YEARS)

BIRTHPLACE Q. T. A.

OCCUPATION Student

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was....., at.....
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Charles H. Morgan*

(Physician or midwife)

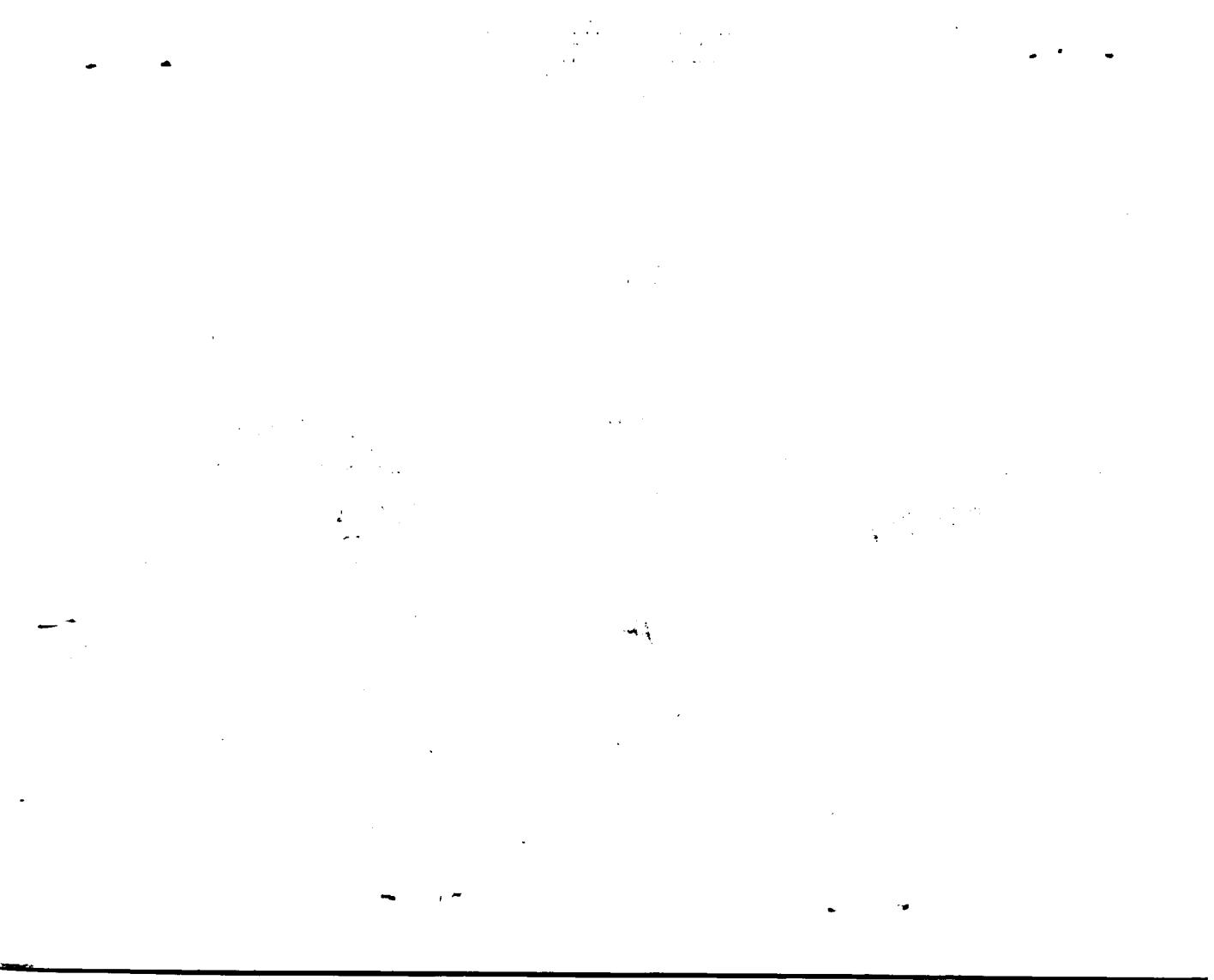
Given names added from a supplemental report.

Address.....

Filed: Mar 5 - 1940 Marina Marker

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

10-8-86

RECEIVED

OCT 31 1986

State of _____ }
County of _____ } ss.

Certificate No. 77357

Date Filed _____

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed male who was born on Feb. 18, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Victor, Teton Co. are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Full name of child	unnamed	Clifford Russell Woolstenhulme
Date of Birth	Feb. 18, 1920	Feb. 19, 1920

Subscribed and sworn to before me this 29th day of

OCTOBER, 1986

Notary Public, [Signature]

Residing at [Signature]

My commission expires 2-10-90

(Seal)

[Signature]
Signature of Applicant
x 1937 S Main
Orem UT 84058
Street Address City State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed _____)

(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

NOV 18 1986

Record of Blessing from LDS Church from 'Births and Blessings, 1920' gives name as Clifford Russell Woolstenhulme born Feb. 19, 1920 to George & Eleanor 'Cluff' at Victor, Teton Co., ID. Blessed Dec. 4, 1920.
Viewed by V.S.

Application for License to Marry #87002 from State of Utah, County of Salt Lake gives information of male as Clifford Russell Woolstenhulme born Feb. 19, 1920, born at Victor, ID to George and Eleanor 'Cluff'. Signed Dec. 3, 1940.
Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-118041-296

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

77358

County of TetonCity of DriggsRegistration District No. 77File No. 34

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triple or other <u>Single</u> and (Number in order of birth) <u>3</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb 18</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Eli Will</u>	FATHER	FULL MAIDEN NAME <u>Mary Brown</u>	MOTHER
RESIDENCE <u>Driggs Id</u>		RESIDENCE <u>Driggs Id</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 297 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. M. anti

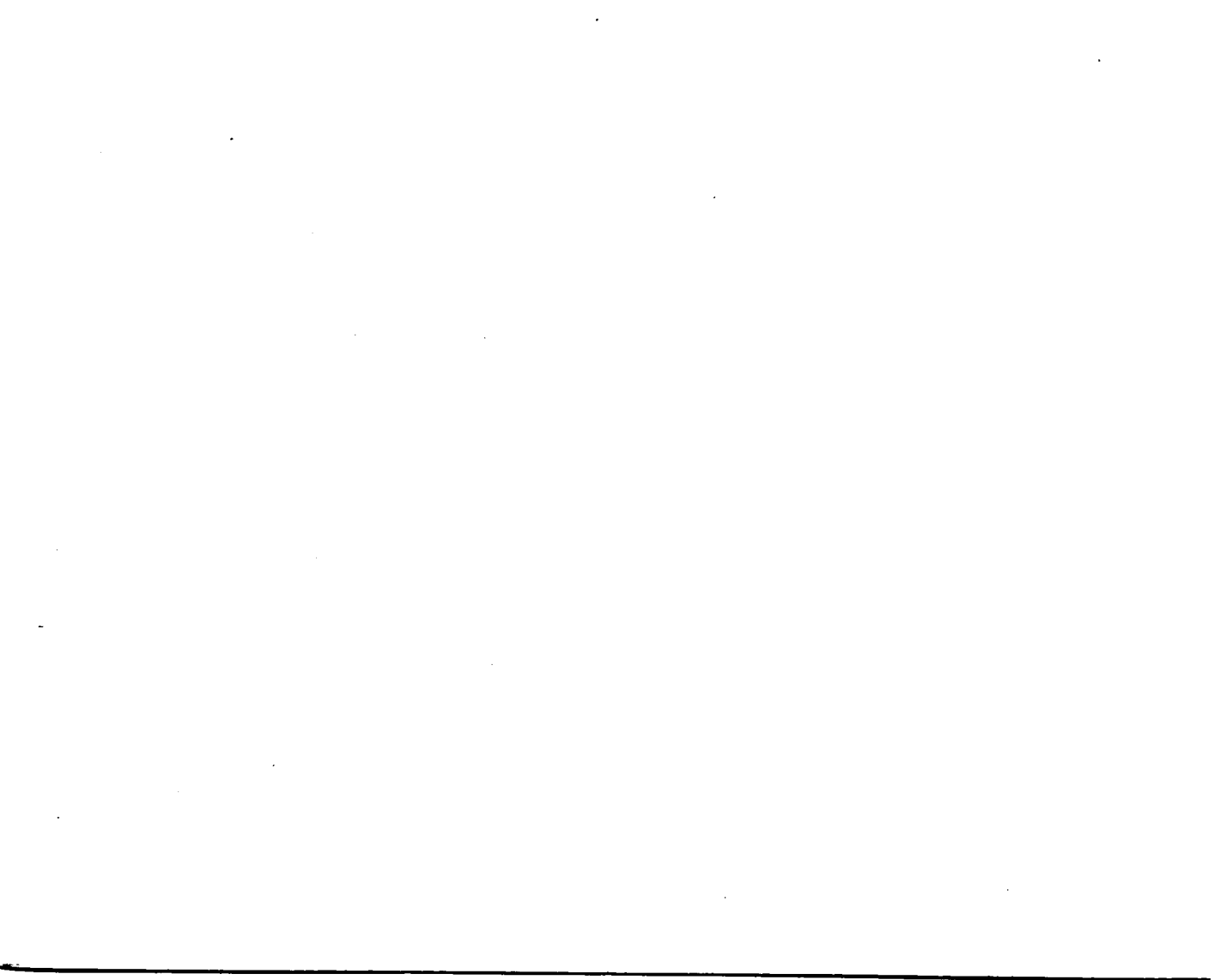
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs IdFiled Mar 5 20 Martha Markler

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-110,041-499
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

County of Teton

CERTIFICATE OF BIRTH

77359

City of Victor

Registration District No. 77

File No. 35

No.St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD Van Baeran Brinton

Sex of Child <u>Male</u>	Twin Triplets or other <u>single</u> and { Number in order of birth <u>3</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb 10 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Van Baeran Brinton</u>	FATHER	FULL MAIDEN NAME <u>Vida Robinson Driggs</u>	MOTHER
RESIDENCE <u>Victor, Ida</u>		RESIDENCE <u>Victor, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Driggs, Ida</u>	
OCCUPATION <u>Mechanic</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 119 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Marker

Physician or midwife

Given names added from a supplemental report.

Address Driggs, Ida

Filed Mar 8 - 1920 Martha Marker

Registrar

Registrar

NOV 20 1955

997-217-041-795

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

77360

County of... Teton...

City of... Driggs...

Registration District No. 77.....

File No. 36.....

No. St.

Primary Registration District No. 2176.....

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth <u>2</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Febr 17</u> (Month) (Day) (Year)
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FATHER
FULL NAME Killard E. Rigley
RESIDENCE Driggs, Idaho
COLOR White AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Grae Green
RESIDENCE Driggs Idaho
COLOR White AGE AT LAST BIRTHDAY 24
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth... 2..... Number of children of this mother now living, including present birth... 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Born alive... at... 4 PM... M. on the date above stated.

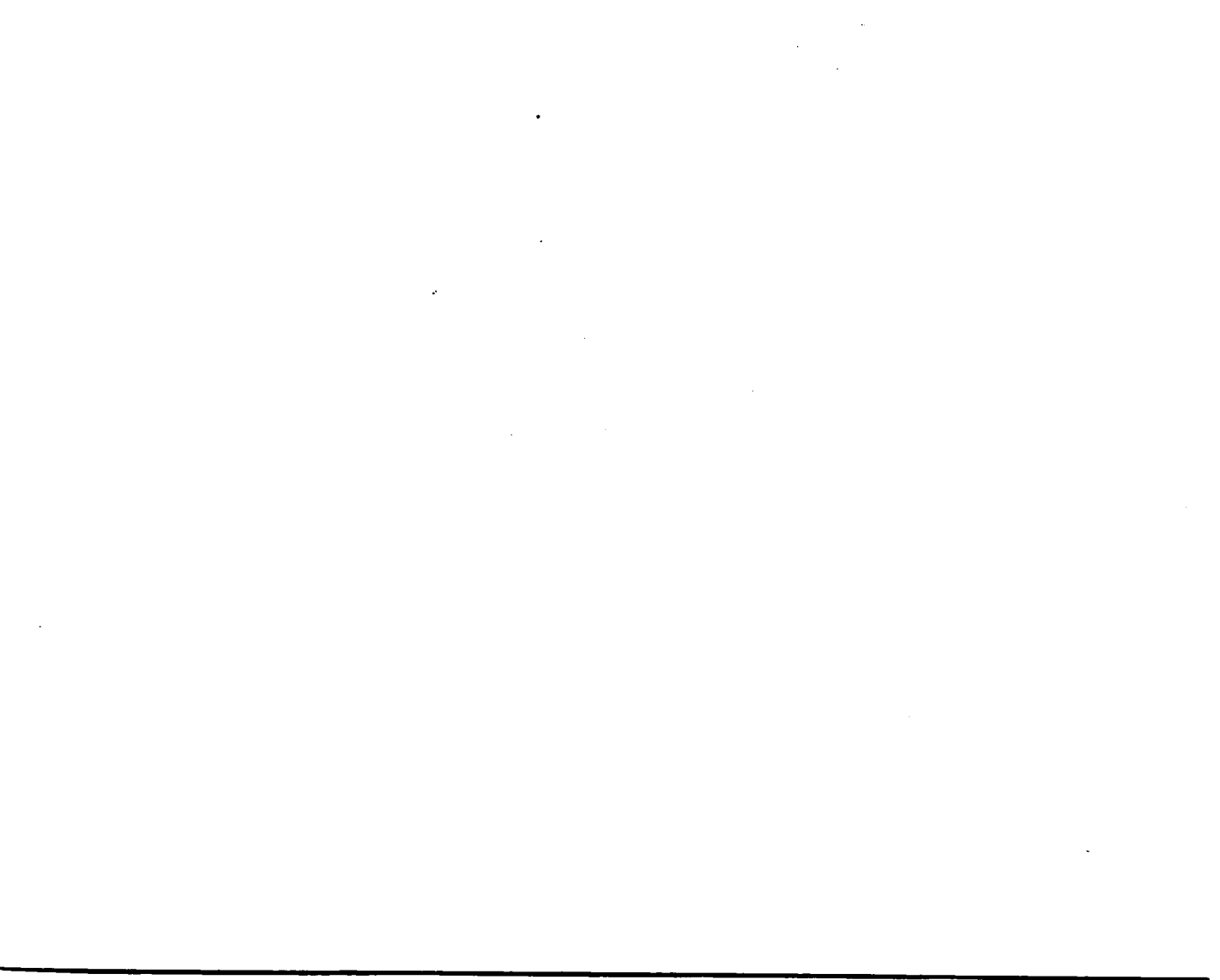
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... Chas. J. Martin
.....
(Physician or midwife)

Given names added from a supplemental report.

Address... Driggs, Idaho.....

Filed Mar 8 19 26 Martha Marker
.....
Registrar



WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-228-
041-693

PLACE OF BIRTH - Teton
County of Teton
City of Driggs
No. St.
Registration District No. 77 File No. 37
Primary Registration District No. 2.176 Registered No.
Hospital
FULL NAME OF CHILD Bertha Mae Fredrickson

Sex of Child <u>Female</u>	Twin Triplet or other multiple <u>single</u> and Number in order of birth <u>3</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb 18 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>Fred Theodore Fredrickson</u>	FATHER	FULL MAIDEN NAME <u>Bertha A. Williams</u>	MOTHER
RESIDENCE <u>Driggs, Id.</u>		RESIDENCE <u>Driggs, Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Norway</u>		BIRTHPLACE <u>La.</u>	
OCCUPATION <u>Miner</u>		OCCUPATION <u>House wife</u>	

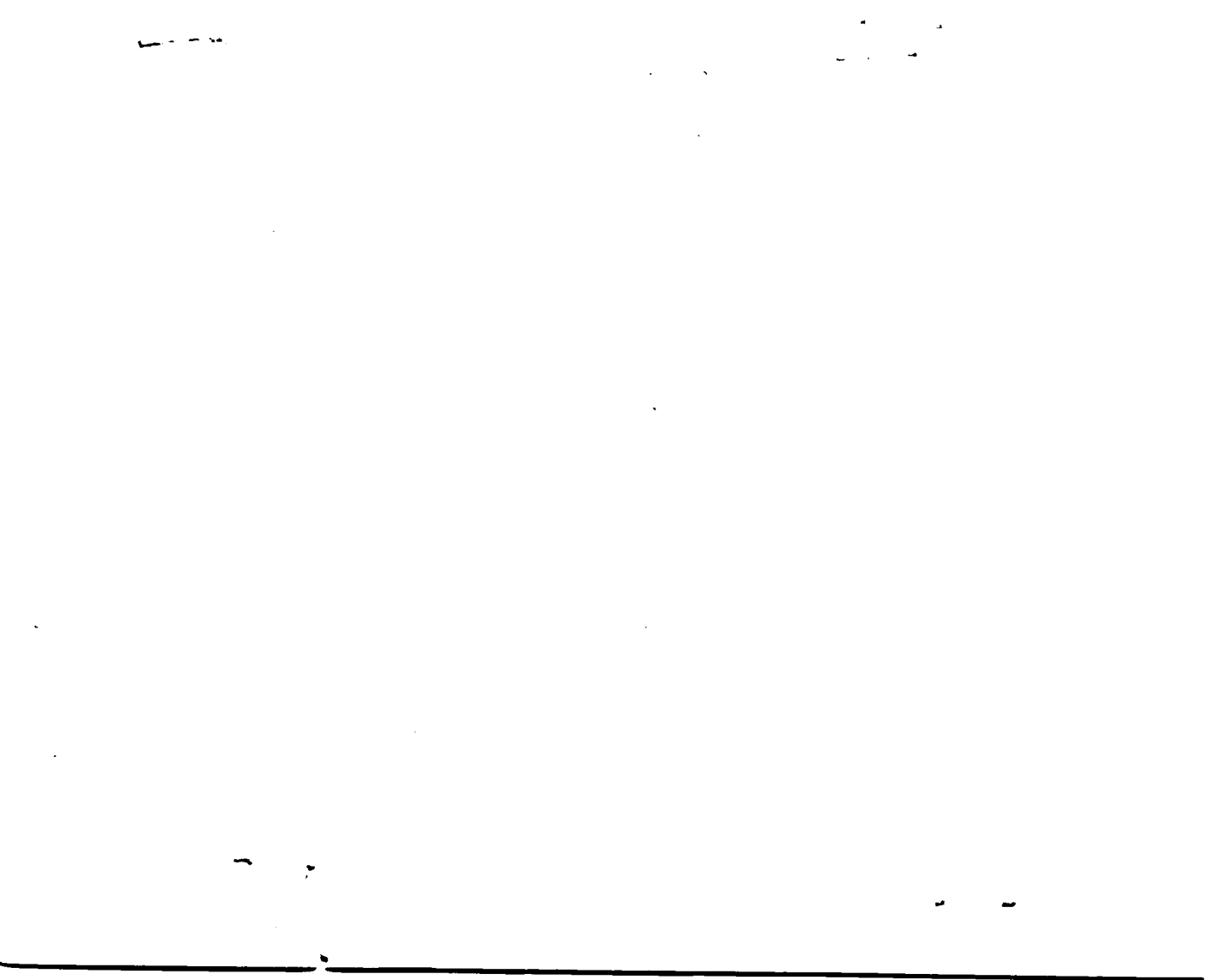
Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:00 M. on the date above stated.
(Born alive or stillborn)

(Signature) Martha Marker
Physician
(Physician or midwife)

Given names added from a supplemental report.
.....19.....
.....19.....
Registrar Martha Marker
Filed Mar 8 1920 Registrar

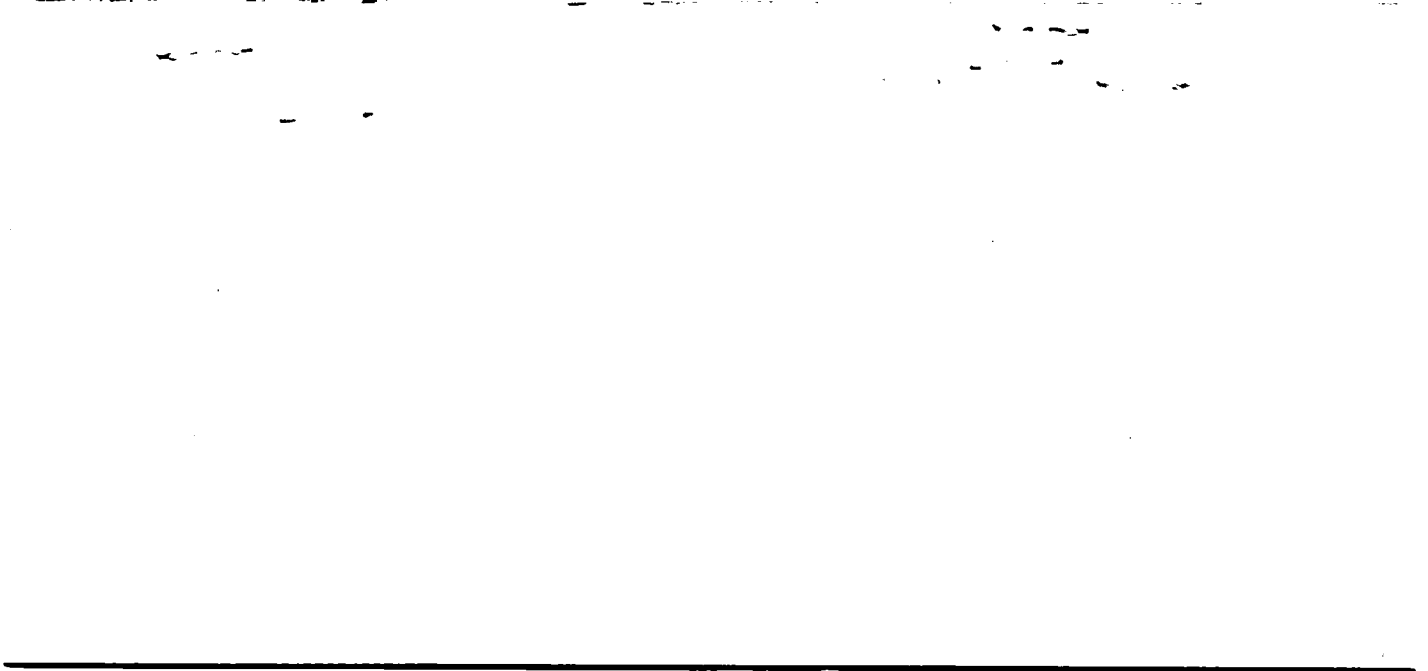


STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Driggs Registered No. 37
Street and House No. _____
County Letour Registration Dist. No. 77

Sex of Child FemaleDate of Birth Feb 28 th 1920
MONTH DAY YEARFather Fred Theodore Frederickson
FULL NAMEMother Bertha Carlisle Williams
FULL MAIDEN NAMEI Hereby Certify that the child described herein
has been named:Bertha May Frederickson
GIVEN NAME IN FULL SURNAMEas reported by Mother
FATHER OR MOTHERMrs Martha Marker
LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-220,041-993
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 10-0-01-10-1

77362

County of... *Teton*

City of... *Teton*

Registration District No. *77*

File No. *38*

No. *St.*

Primary Registration District No. *2176*

Registered No.

Hospital

FULL NAME OF CHILD *2* *Fulkner*

Sex of Child <i>Female</i>	Twin Triplet or other? <i></i> and Number in order of birth <i></i>	Legitimate? <i>yes</i>	Date of Birth <i>Feb. 20 1920</i> (Month) (Day) (Year)
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FATHER
FULL NAME *Oscar Fulkner*
RESIDENCE *Teton*
COLOR *W*
AGE AT LAST BIRTHDAY *38*
(Years)
BIRTHPLACE *Utah*
OCCUPATION *Ranchman*

MOTHER
FULL MAIDEN NAME *Lavinia Ricks*
RESIDENCE *Teton*
COLOR *W*
AGE AT LAST BIRTHDAY *30*
(Years)
BIRTHPLACE *Idaho*
OCCUPATION *Housewife*

Number of child of this mother, including present birth *7* Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) at *2:30 P.* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. B. Culbertson*
Physician (Physician or midwife)

Given names added from a supplemental report.

Address *Driggs Idaho*
Filed *Mar 8 1920* *Martha Marker*
Registrar

DEC 17 1975

256-2221041-689
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-22-0-17

77363

County of... *Teton*

City of... *Briggs*

Registration District No. *77*

File No. *39*

No. St.

Primary Registration District No. *2176*

Registered No.

Hospital

FULL NAME OF CHILD *2* *Will* Wilda Manette

Sex of Child <i>F</i>	Twin Triplet or other? <i> }</i> and (Number in order of birth (To be answered only in event of plural births)	Legitimate? <i>yes</i>	Date of Birth <i>Feb-22-22</i> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME <i>J M Swell</i>	FATHER
RESIDENCE <i>Briggs Idaho</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>50</i> (Years)
BIRTHPLACE <i>Mississippi</i>	
OCCUPATION <i>Ranchman</i>	

FULL MAIDEN NAME <i>Mary Whitaker</i>	MOTHER
RESIDENCE <i>Briggs Idaho</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>47</i> (Years)
BIRTHPLACE <i>Utah</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth.... *8* Number of children of this mother now living, including present birth... *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... *alive* ... at... *10* ... A. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. B. Culbertson*
.....
.....
.....
(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address *Briggs Idaho*
..... Filed *Mar 8-1920* *Martha Marker*
Registrar Registrar

JUL 11 1952

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

384-202-242-553

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Twin Falls.

CERTIFICATE OF BIRTH

City of Kimberly

Registration District No. 36 Kimberly

File No. 77364

No. _____ St. _____

Primary Registration District No. _____

Registered No. 5

Hospital _____

FULL NAME OF CHILD

Violet Thurston.

Sex of Child

F.

Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

yes.

Date of
Birth

Feb 2
(Month)

1920
(Day)

20
(Year)

FULL
NAME

James Thurston

FATHER

FULL
MAIDEN
NAME

Willie Nelson

MOTHER

RESIDENCE

Kimberly, Idaho, R. R. No. 1.

RESIDENCE

Kimberly, Idaho, R. R. No. 1.

COLOR

Ok.

AGE AT LAST
BIRTHDAY

47
(Years)

COLOR

Ok.

AGE AT LAST
BIRTHDAY

41
(Years)

BIRTHPLACE

Hyder Park, Utah.

BIRTHPLACE

Smithfield, Utah.

OCCUPATION

Farmer.

OCCUPATION

Housewife.

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

born alive at 9:00 A. M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

William F. Passer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address

Ray Arms, Twin Falls, Idaho

Filed

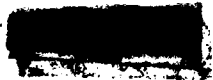
Feb 4 1920

Registrar

Registrar

C.C.

10/12/40



859-1031042-342

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Kimberly,Registration District No. 36

File No.

77366

No. _____ St.

Primary Registration District No. _____

Registered No.

Hospital home

FULL NAME OF CHILD

James Divers Herndon

Sex of Child <u>Male</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legit mate? <u>yes</u>	Date of Birth <u>Febr. 3</u> <u>1920</u> (Month) (Day) (Year)
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FATHER
FULL NAME Willie D. Herndon

RESIDENCE

Kimberly, Idaho

COLOR

WAGE AT LAST
BIRTHDAY42

(Years)

BIRTHPLACE

Missouri

OCCUPATION

CarpenterMOTHER
FULL MAIDEN NAME Lula Jane Tussey

RESIDENCE

Kimberly, Idaho

COLOR

WAGE AT LAST
BIRTHDAY39

(Years)

BIRTHPLACE

Missouri

OCCUPATION

Hw.Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10=15 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician

(Physician or midwife)

Kimberly, Idaho

Address

Filed

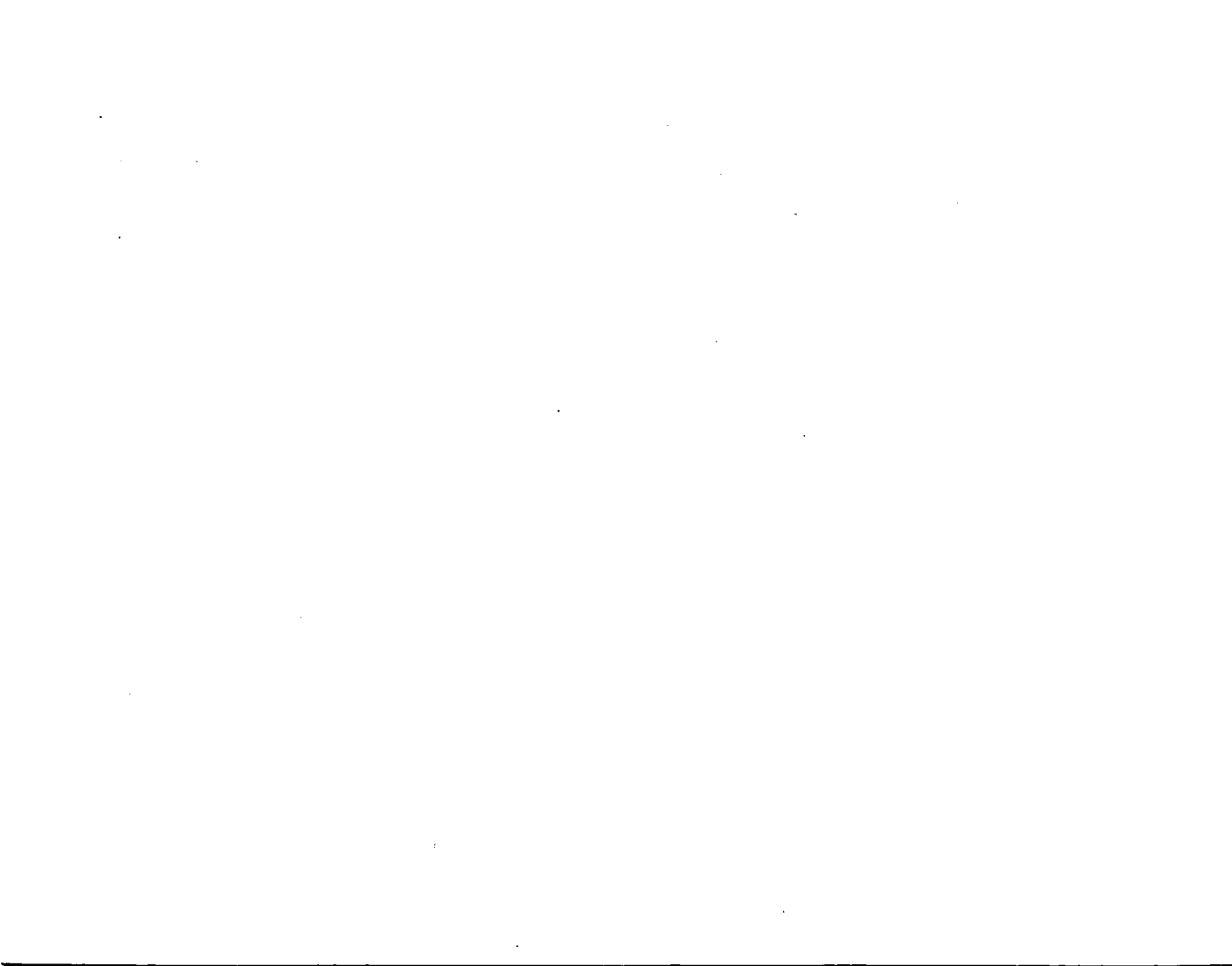
Feb 10 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



666-105-042-244

PLACE OF BIRTH

County of Twin FallsSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

City of Kimberly,Registration District No. 36File No. 77367

No. _____ St. _____

Primary Registration District No. _____

Registered No. 8Hospital home

FULL NAME OF CHILD _____

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legitti mate? <u>yes</u>	Date of Birth <u>Febr. 5</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---------	--------------------------------	-----------------------------	--

FULL NAME <u>Roy Wood</u>	FATHER
RESIDENCE <u>Kimberly, Ida.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idahp</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Stella Sudweeks</u>	MOTHER
RESIDENCE <u>Kimberly, Ida.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Hw.</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:20 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

physician

(Physician or midwife)

Given names added from a supplemental report.

Address

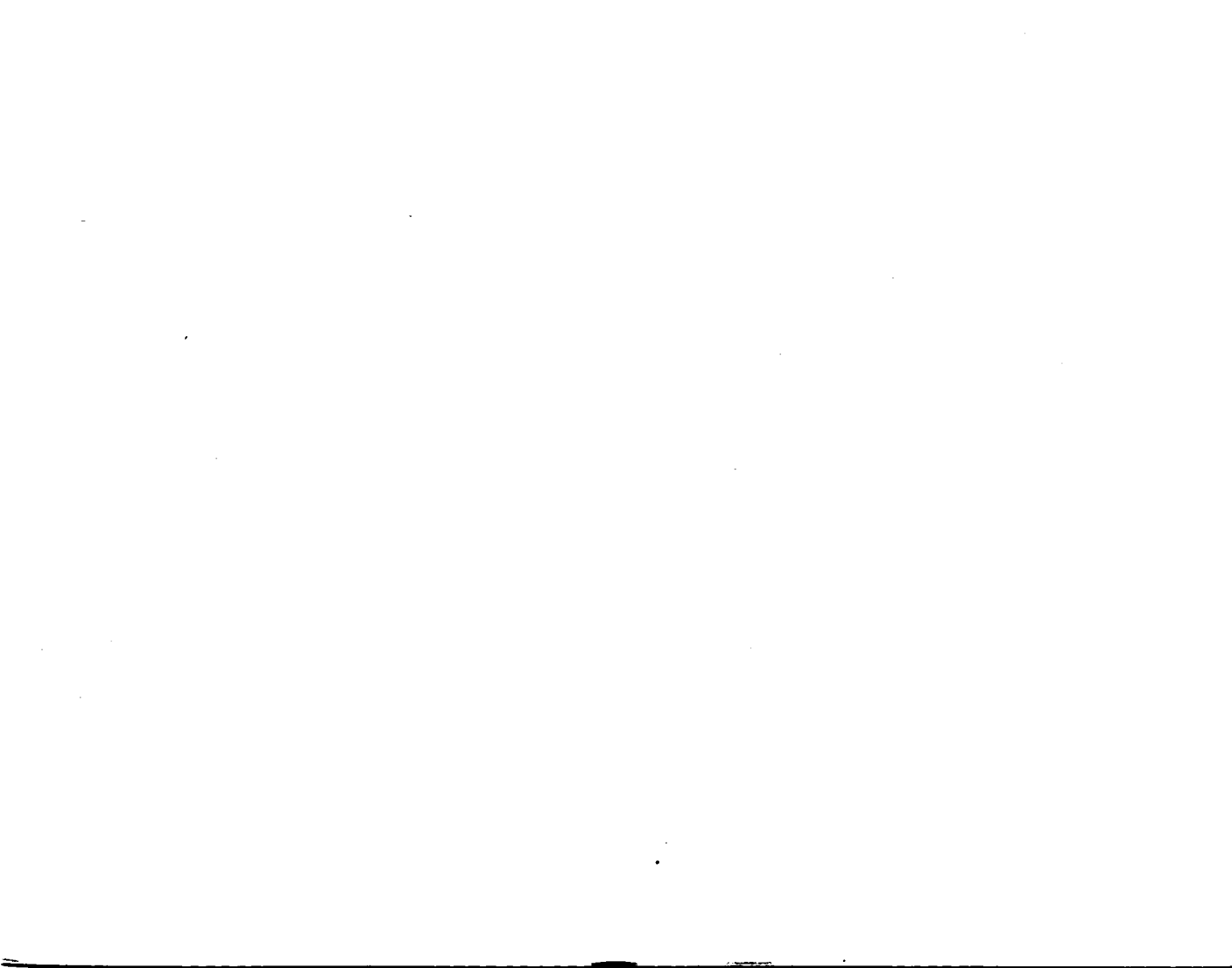
Kimberly, Idaho

Filed

Feb 12 1920

Registrar

Registrar



818-105-042-295

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin FallsCity of KimberlyRegistration District No. 36File No. 77368

No. _____ St. _____

Primary Registration District No. _____

Registered No. 9Hospital homeFULL NAME OF CHILD Willard Merlin Hays

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legitimacy? <u>yes</u>	Date of Birth <u>Febr. 5</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---------	--------------------------------	------------------------	---

FULL NAME <u>Lloyd Hays</u>	FATHER
RESIDENCE <u>Kimberly, Ida.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna Elizabeth King</u>	MOTHER
RESIDENCE <u>Kimberly, Ida.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Hw.</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:15 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. D. Davis
physician

(Physician or midwife)

Given names added from a supplemental report.

Kimberly, Ida.

Address

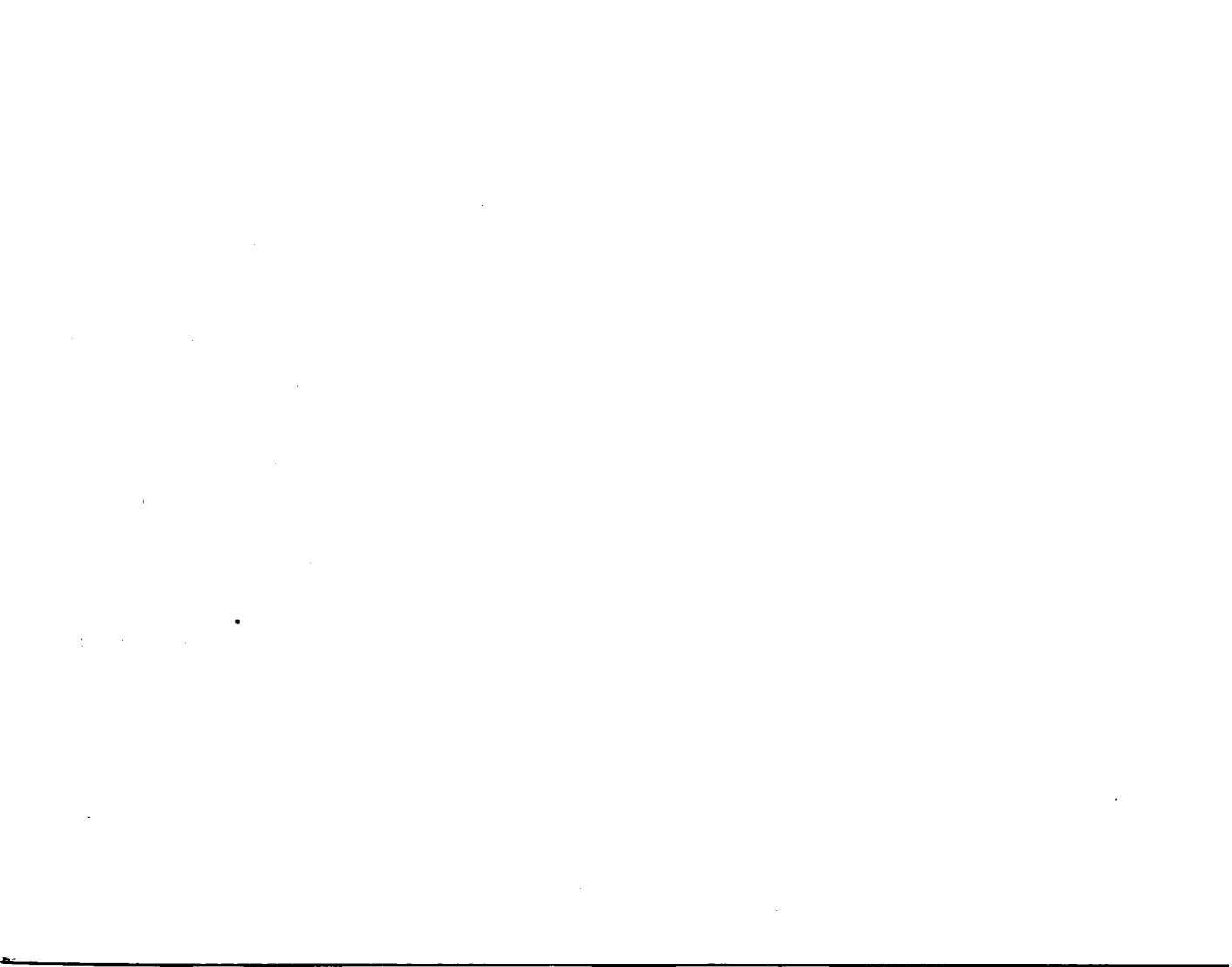
Filed Feb 15 20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

313-108-042-652

PLACE OF BIRTH

County of Twin Falls

City of Kimberly,

No. _____ St.

Hospital home

FULL NAME OF CHILD

Registration District No. 36

Primary Registration District No. _____

Clellan Ernest Tate

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 77369

Registered No. 10

Sex of Child <u>male</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Febr 8,</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	---------	--------------------------------	-------------------------------	--

FULL NAME <u>Ernest E. Tate</u>	FATHER
RESIDENCE <u>Kimberly, Ida.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Tenn</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Jessie Kay Webster</u>	MOTHER
RESIDENCE <u>Kimberly, Ida.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Nebr.</u>	
OCCUPATION <u>Hw.</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 3:15 A. M.
on the date above stated. (Born alive or stillborn)

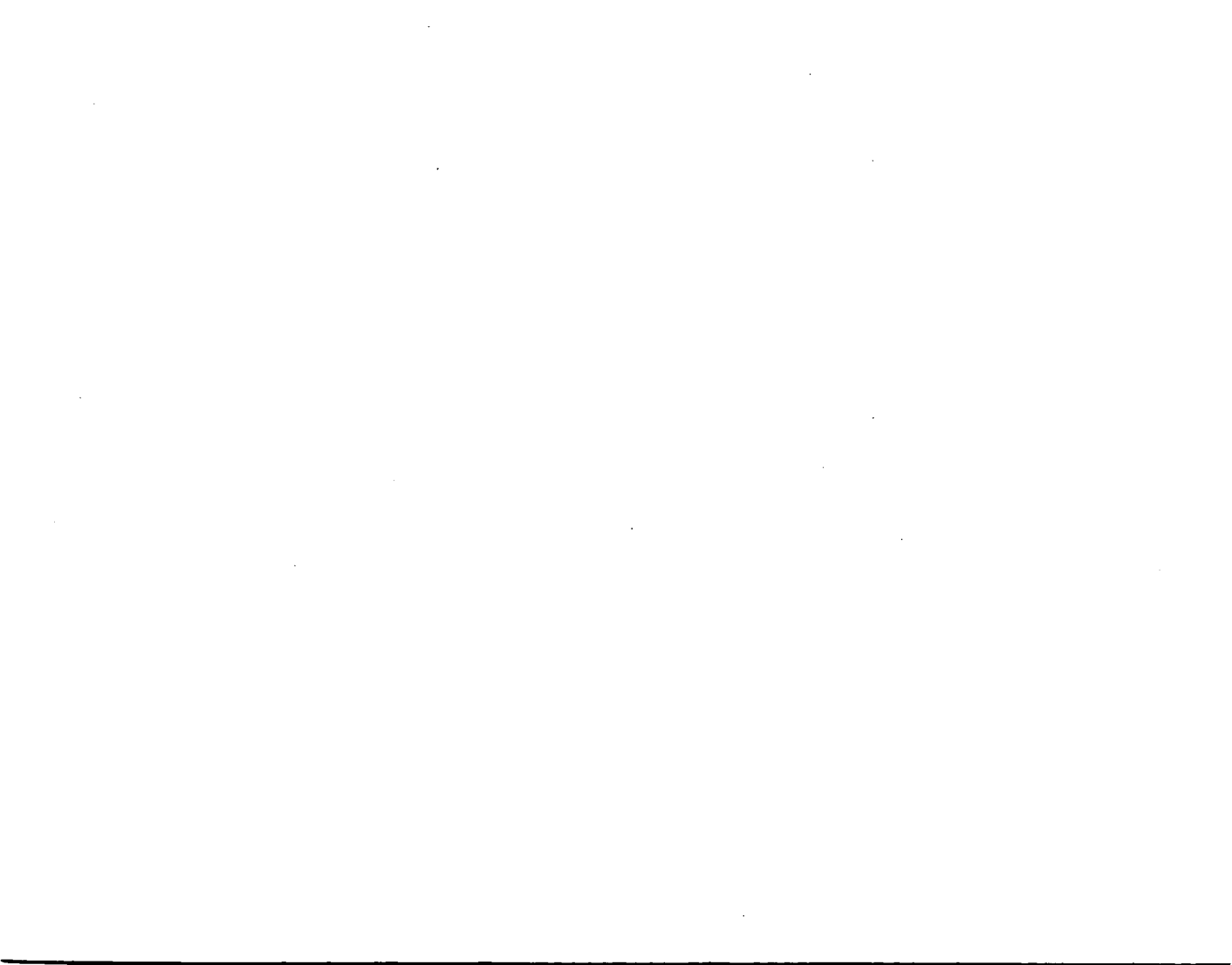
{ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature) J. D. Davis
physician
(Physician or midwife)

Given names added from a supplemental report.

Kimberly, Ida.

Address _____
Filed Feb 18 1920 J. D. Davis
Registrar _____ Registrar



296-1181542-146

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77370

County of Twin FallsCity of Kimberly,Registration District No. 36

File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. //Hospital homeFULL NAME OF CHILD Alvin Willis Kious

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legitimacy? <u>yes</u>	Date of Birth <u>Febr. 18,</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---------	--------------------------------	------------------------	---

FULL NAME FATHER
Gusta J. KiousRESIDENCE Kimberly, IdaCOLOR N AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE Ark.OCCUPATION day laborerFULL MAIDEN NAME MOTHER
Lola Effie AnosRESIDENCE Kimberly, Ida.COLOR N AGE AT LAST BIRTHDAY 26
(Years)BIRTHPLACE Mo.OCCUPATION Hw.Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born-alive, at 6:45 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davisphysician
(Physician or midwife)

Given names added from a supplemental report.

Kimberly, Ida.

Address _____

Filed Feb 28 19 20

Registrar _____

Registrar J. W. Davis

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1961

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-2181042-219
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls,

City of Kimberly

Registration District No. 36

File No. 77371

No. _____ St. _____

Primary Registration District No. _____

Registered No. 12

Hospital home

FULL NAME OF CHILD

Angeline Lee

Sex of Child Female

Twin
Triplet
or other?
(To be answered only in event of plural births)

{ and } Number
in order
of birth

Legiti
mate?

yes

Date of
Birth

Febr. 18 1920
(Month) (Day) (Year)

FULL
NAME

FATHER
James A. Lee

FULL
MAIDEN
NAME

MOTHER
Chloie Baird

RESIDENCE

Kimberly, Ida.

RESIDENCE

Kimberly, Ida.

COLOR

W

AGE AT LAST
BIRTHDAY

53

(Years)

COLOR

W

AGE AT LAST
BIRTHDAY

43

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

Hw.

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. N. Davis

physician

(Physician or midwife)

Kimberly, Idaho

Address

Filed

Febr. 28 1920

Registrar

Registrar

7-2-91
MAY 14 1970

199-2191042-552

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 77372

No. _____ St.

Primary Registration District No. _____

Registered No. 13

Hospital home

FULL NAME OF CHILD Ruth Estelle Grimes

Sex of Child <u>Female</u>	<u>Twin</u> Triplet or other? { and } Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Febr. 19</u> , 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-------------------------	--

FATHER
FULL NAME Marvin F. Grimes

RESIDENCE Kimberly, Idaho

COLOR F AGE AT LAST BIRTHDAY 25
(Years)

BIRTHPLACE Arkansas

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Ola May Ensley

RESIDENCE Kimberly, Ida

COLOR F AGE AT LAST BIRTHDAY 18
(Years)

BIRTHPLACE Georgia

OCCUPATION Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
physician
(Physician or midwife)

Given names added from a supplemental report.

Kimberly, Ida.

Address

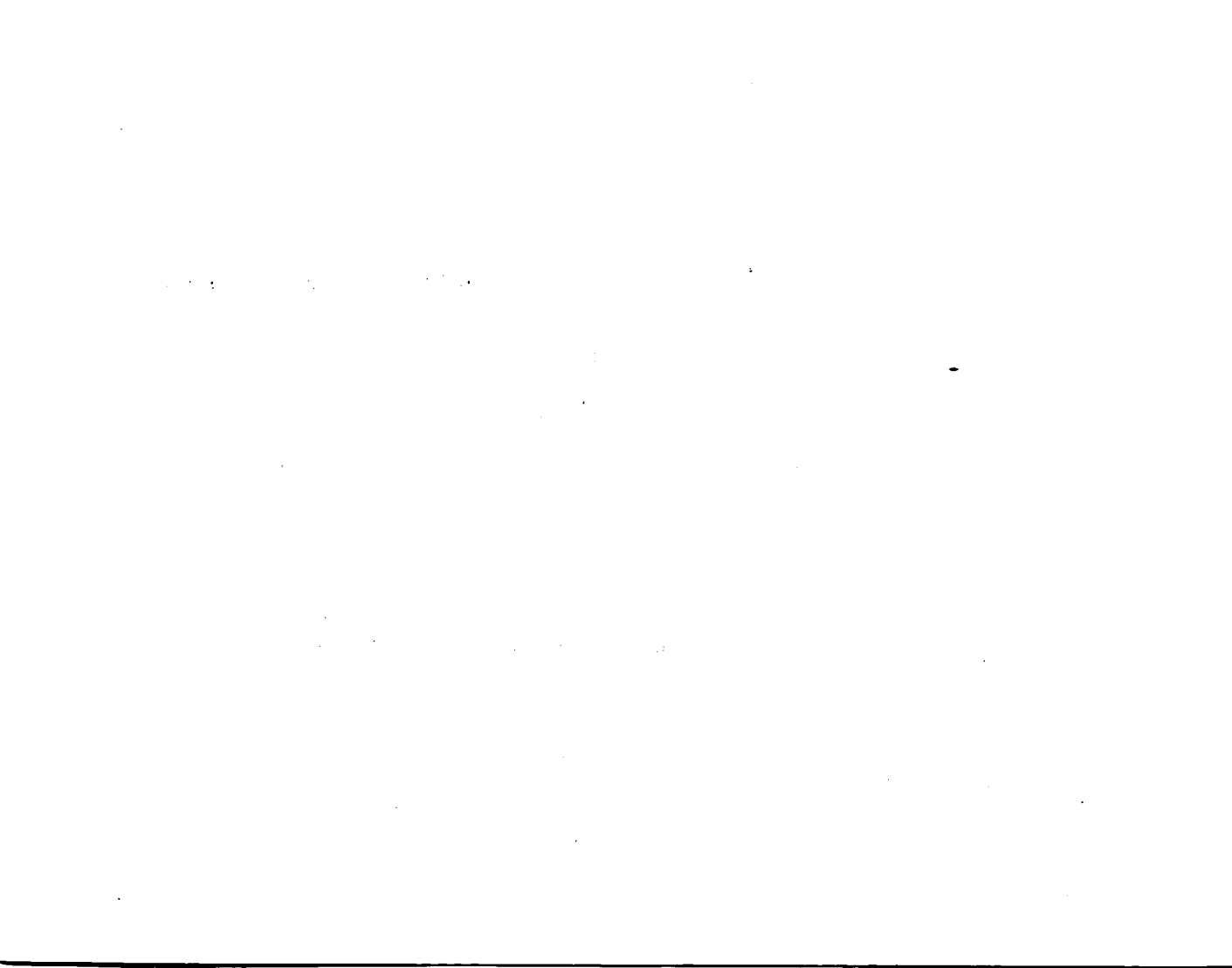
Filed Feb 28 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



349-223-042-693

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin FallsCity of MurtaughRegistration District No. 36File No. 77373

No. _____ St.

Primary Registration District No. _____

Registered No. 14Hospital home

FULL NAME OF CHILD

Estelle Dolphin TurnerSex of Child FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yes

Date of Birth

Febr. 23,19 20

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAME

FATHER

Dalphurd Roy TurnerFULL
MAIDEN
NAME

MOTHER

May Lillian Willis

RESIDENCE

Murtaugh, Ida

RESIDENCE

Murtaugh, Ida.

COLOR

NAGE AT LAST
BIRTHDAY27

(Years)

COLOR

NAGE AT LAST
BIRTHDAY25

(Years)

BIRTHPLACE

Ark.

BIRTHPLACE

Tex.

OCCUPATION

Farmer

OCCUPATION

Hw.Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born aliveat 6 A.M.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. M. Davisphysician

(Physician or midwife)

Given names added from a supplemental report.

Kimberly, Ida

Address

Filed

Feb 28 19 20

Registrar

Registrar

DUP OF 20-321866

8/5-226.042-864

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77374

County of Twin FallsCity of Kimberly,Registration District No. 36

File No. _____

No. _____ St.

Primary Registration District No. _____

Registered No. 15Hospital homeFULL NAME OF CHILD Ethel Frances Hansen

Sex of Child <u>Female</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Febr. 26,</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	---------	--------------------------------	-------------------------------	--

FATHER
FULL NAME George H. HansenRESIDENCE Kimberly, IdaCOLOR F AGE AT LAST
BIRTHDAY 42
(Years)BIRTHPLACE New JerseyOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Betty Jane YoungRESIDENCE Kimberly, Ida.COLOR F AGE AT LAST
BIRTHDAY 30
(Years)BIRTHPLACE TennOCCUPATION H.W.Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born-alive, at 4 A. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. M. Davisphysician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Kimberly, Ida.

Filed

Feb 28 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

7

MAY 21 1945

DECEASED

2191281042-386
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-21-1-1-17

County of Twin Falls

City of Harrison

Registration District No. 36

File No. 77375

No. St.

Primary Registration District No.

Registered No. 16

Hospital

FULL NAME OF CHILD Jack Bernard

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>2 28 1921</u> (Month) (Day) (Year)
--------------------------	--	--------------------------------------	------------------------	--

FULL NAME <u>P. L. Bernard</u>	FATHER
RESIDENCE <u>Harrison</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>10</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Pearl Harrison</u>	MOTHER
RESIDENCE <u>Harrison</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Mont</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

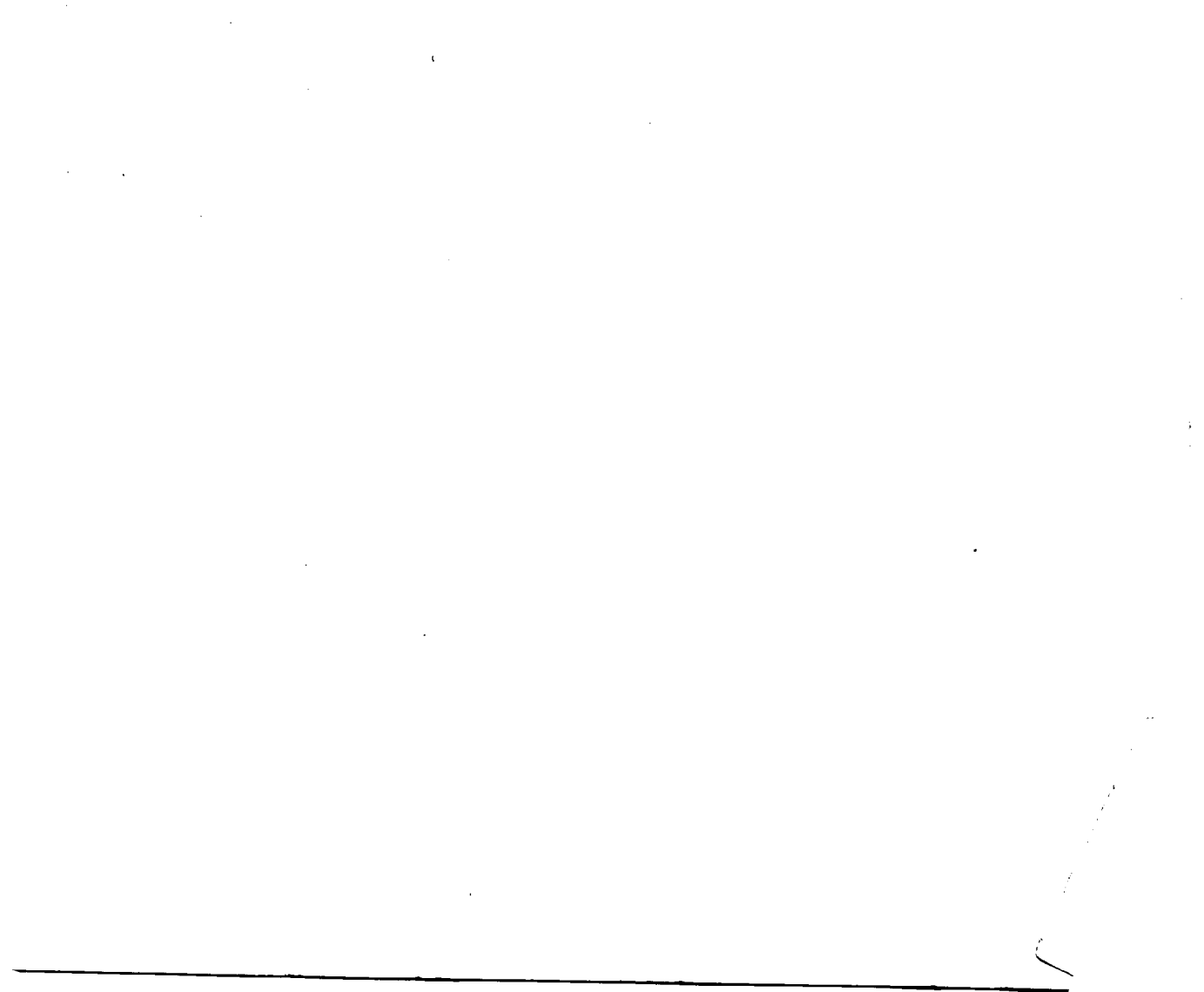
I hereby certify that I attended the birth of this child, who was Born alive or stillborn on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. H. Davis
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho
Registrar J. H. Davis



519.22 91042-437

PLACE OF BIRTH

County of Iron IdahoCity of Rock CreekNo. Pleasant Valley St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-55-17

CERTIFICATE OF BIRTH

Registration District No. 36 Pleasant Valley File No. 77376Primary Registration District No. Registered No. 17

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>2</u> <u>28</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Couch J. Earnest</u>	FATHER
RESIDENCE <u>Pleasant Valley Idaho</u>	
COLOR <u>wh.</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mc Garvey, Hattie B.</u>	MOTHER
RESIDENCE <u>Pleasant Valley Idaho</u>	
COLOR <u>wh.</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4... Number of children of this mother now living, including present birth 3...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive - 42 - M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C. Drane, M.D.

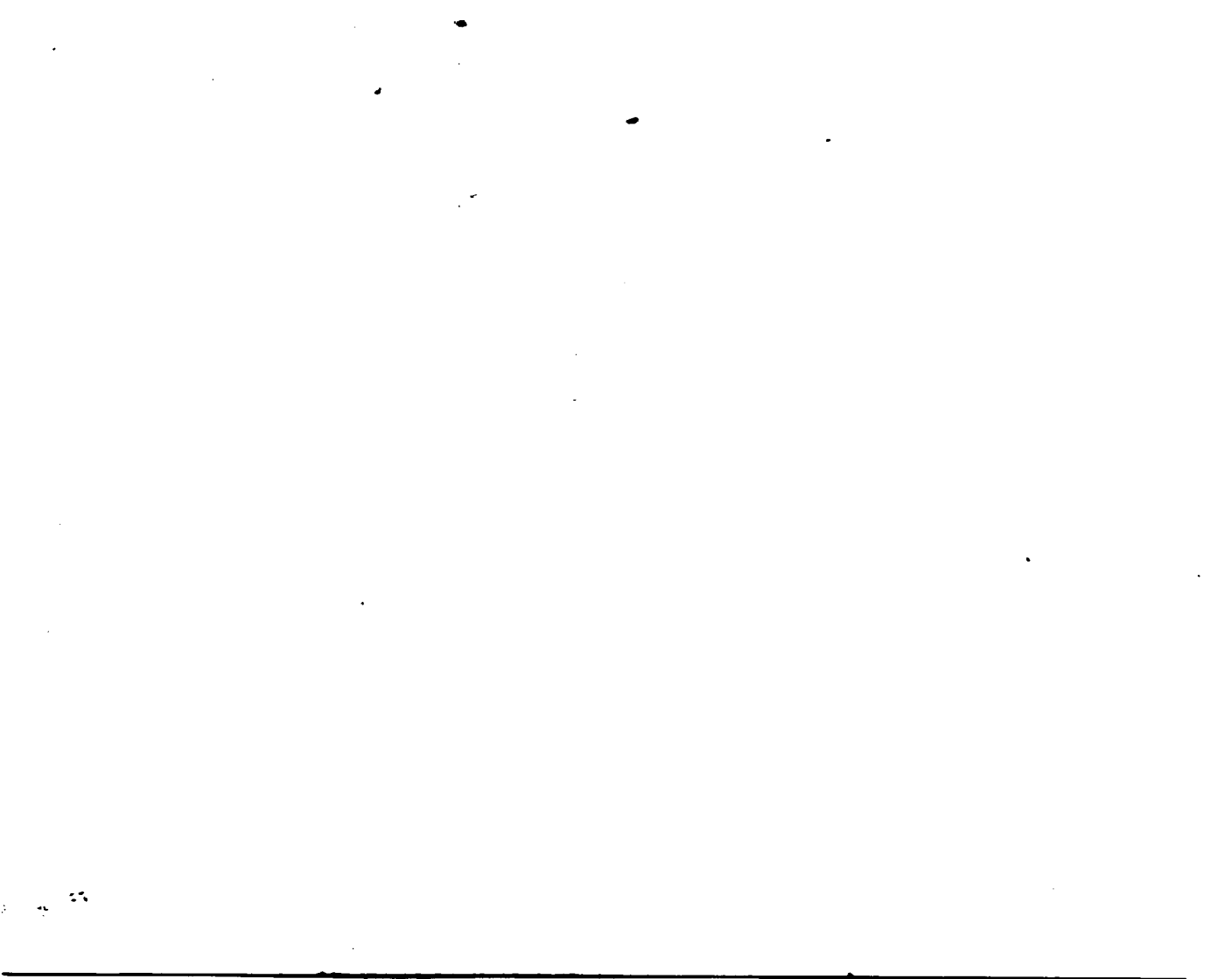
Given names added from a supplemental report.

Address Boyd, Betsy Iron Hills Idaho

Filed 3/20/20 1920 J. H. Davis

Registrar

Registrar



213-110-042-355
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-28m-9-4-37

County of Twin Falls, IdaCity of Murtaugh, Ida.Registration District No. 37File No. 77377No. St.Primary Registration District No. 2085Registered No.HospitalFULL NAME OF CHILD Bates

Sex of Child Male.	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? Yes	Date of Birth <u>2-10-</u> <u>1927</u> (Month) (Day) (Year)
------------------------------	---	--	---------------------------	--

FATHER		MOTHER	
FULL NAME <u>Lynn Lester Bates.</u>	FULL MAIDEN NAME <u>Edith Sarah Lee.</u>	FULL NAME <u>Edith Sarah Lee.</u>	FULL MAIDEN NAME <u>Edith Sarah Lee.</u>
RESIDENCE <u>Murtaugh, Idaho.</u>	RESIDENCE <u>Murtaugh, Idaho.</u>	RESIDENCE <u>Murtaugh, Idaho.</u>	RESIDENCE <u>Murtaugh, Idaho.</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Utah.</u>	BIRTHPLACE <u>Utah.</u>	BIRTHPLACE <u>Utah.</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife.</u>	OCCUPATION <u>Housewife.</u>	OCCUPATION <u>Housewife.</u>

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

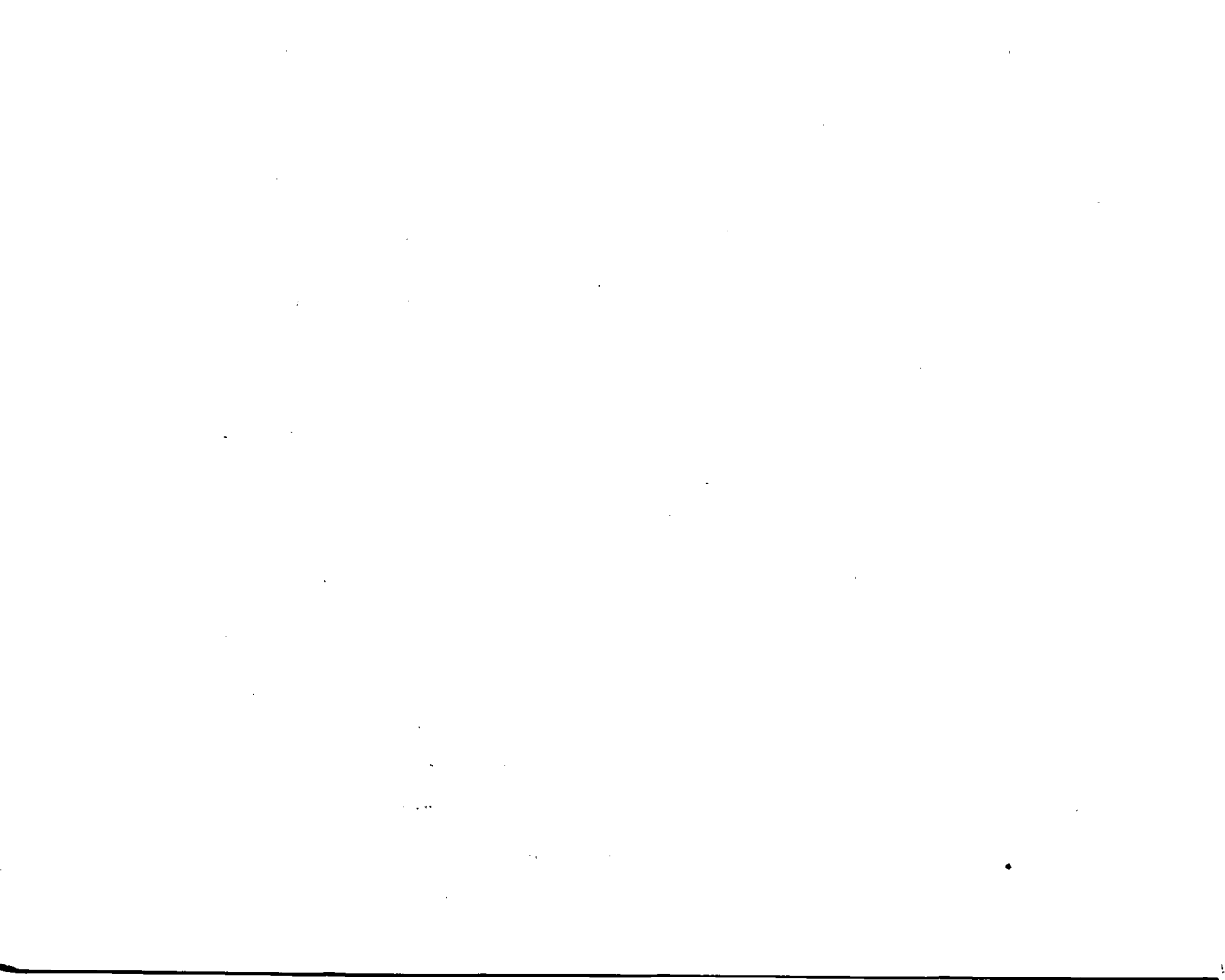
I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Thayer..... Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19 Address Twin Falls, Idaho.Filed Mar. 3, 1927 John H. Caughlin
Registrar Registrar



363-220-042-231

PLACE OF BIRTH

County of Twin Falls,City of Hollister.

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-25m-9-3-27

CERTIFICATE OF BIRTH

77378

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Cole.

Sex of Child Female	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? Yes.	Date of Birth <u>Feb. 20 - 1920</u> (Month) (Day) (Year)
-------------------------------	---	--	---------------------------------	--

FULL NAME FATHER <u>Geo. Rush Cole.</u>
RESIDENCE <u>Hollister, Idaho.</u>
COLOR White
AGE AT LAST BIRTHDAY ... <u>26</u> (Years)
BIRTHPLACE <u>Mo.</u>
OCCUPATION Ditch rider.

FULL MAIDEN NAME MOTHER <u>Helen F. Blacksher.</u>
RESIDENCE <u>Hollister, Idaho.</u>
COLOR White
AGE AT LAST BIRTHDAY ... <u>25</u> (Years)
BIRTHPLACE <u>Mo.</u>
OCCUPATION Housewife.

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2: A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

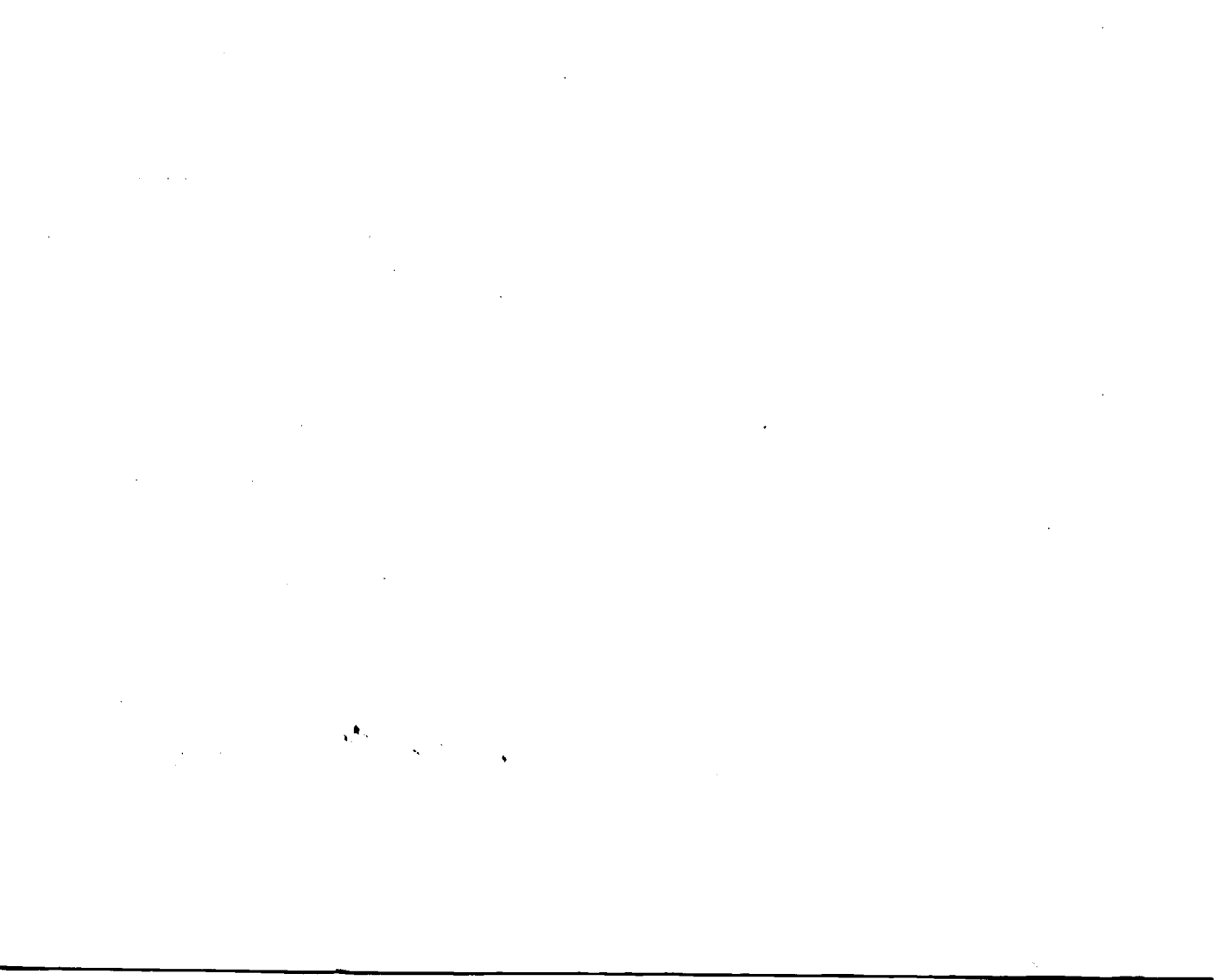
(Signature) E. W. Maves Physician.
(Physician or midwife)

Given names added from a supplemental report.

Twin Falls, Idaho.Address 19Filed Jan 3 20 John F. Coughlin

Registrar

Registrar



515-124-042-331

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-2-27

County of Twin Falls

City of Hanson

Registration District No. 37

File No. 77379

No. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD

Vanderfool

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>2</u> <u>24</u> <u>1910</u> (Month) (Day) (Year)
-------------------------	---	---------------------------------------	-----------------------------	---

FULL NAME <u>R. H. Vanderfool</u>	FATHER
RESIDENCE <u>Hanson Ida.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Gill</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Mary Claiborn</u>	MOTHER
RESIDENCE <u>Hanson Ida.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2:45 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Shilford M. D.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

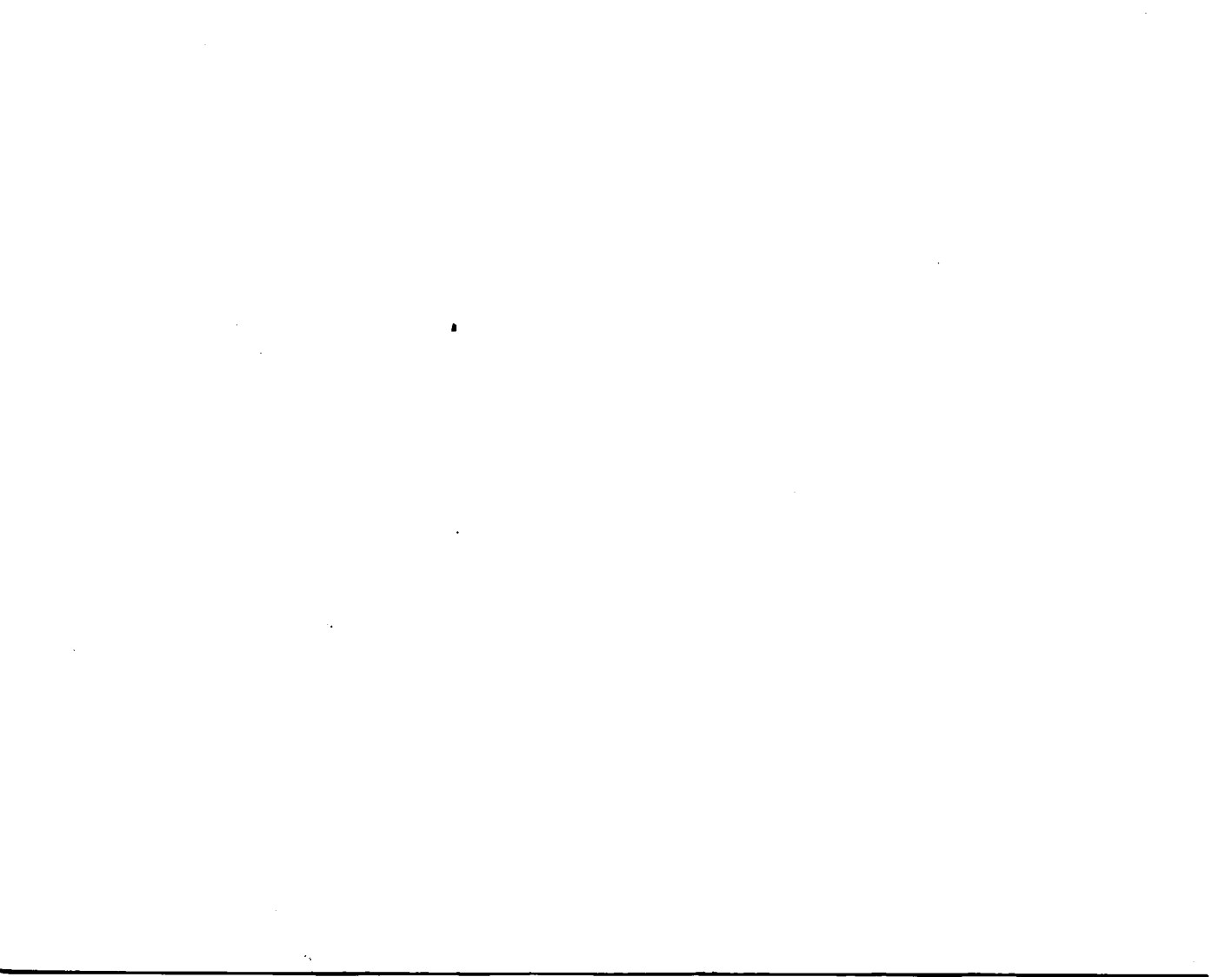
Address Twin Falls, Idaho

.....

File Mar 1 Ed John Haughlin

Registrar

Registrar



694-207-042-546

PLACE OF BIRTH

County of Twin FallsCity of Hanson

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-2-2-17

Registration District No. 37File No. 77380Primary Registration District No. 2085

Registered No.

- Wright - Louise Twalla Wright

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>2</u> <u>7</u> <u>1926</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>F.C. Wright</u>	FATHER
RESIDENCE <u>Hanson</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Okla</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Elsie Bell Edwards</u>	MOTHER
RESIDENCE <u>Hanson</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Ark</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ed. Mulford
Physician
(Physician or midwife)

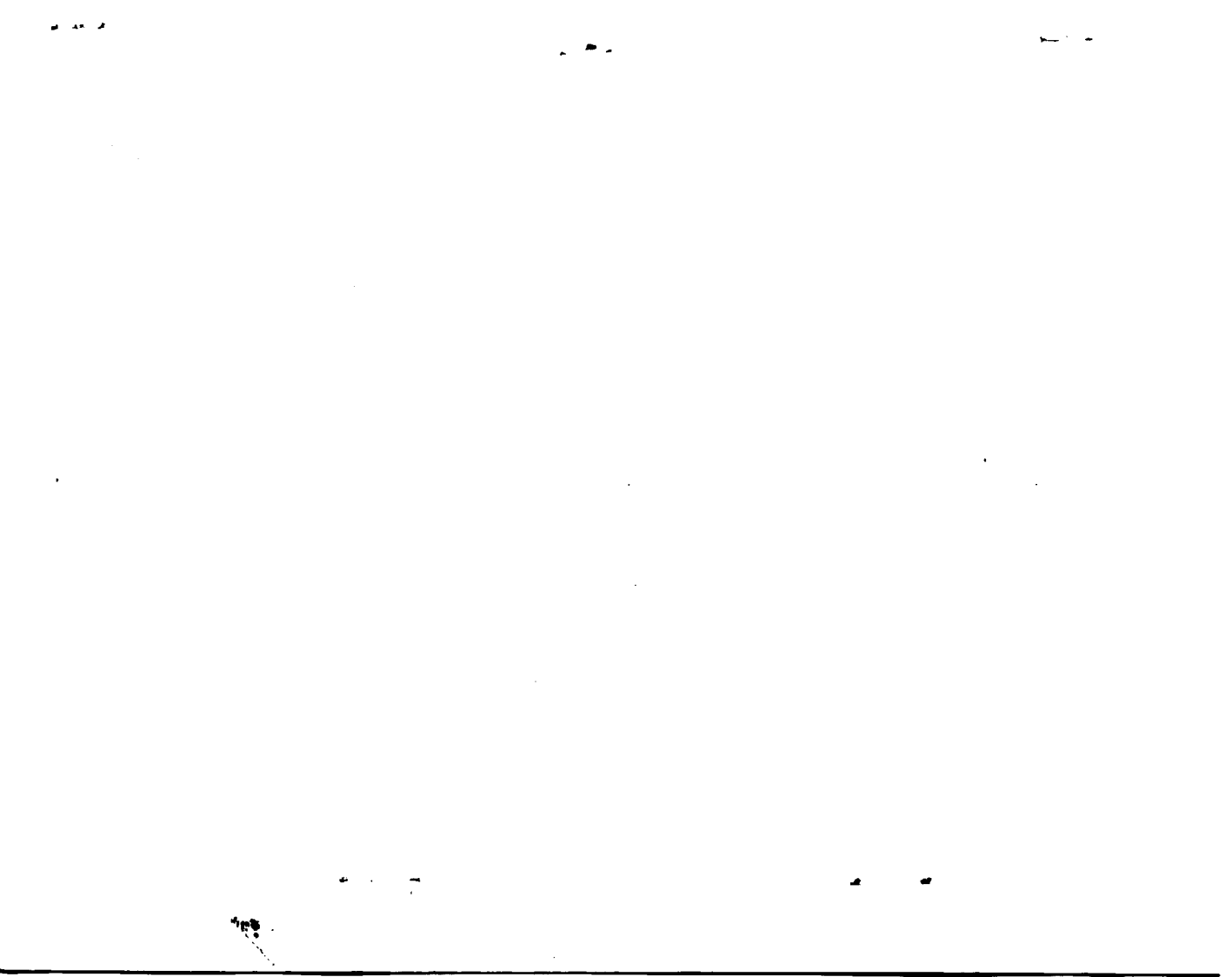
Given names added from a supplemental report.

Address

Twin Falls
Feb 12 1926
John H. Caughlin
Registrar

Registrar

Filed



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. Certificate No. 77380
County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Wright (female child) who was born on Feb. 7, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Hanson, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child _____
Full Maiden Name of Mother _____

Unnamed _____
Elsie Bell _____

Louise Twalla Wright _____
Elsie Belle Edwards _____

Subscribed and sworn to before me this 23rd day of May, 1966
Aug 7 in Amel

Notary Public, residing at Touchdown, Mo
My commission expires Sept 27, 1967
(Seal)

Signed Elsie Belle Edwards Wright
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Southwest City, Mo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Siskiyou }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of June, 1966

John M. Dussch
Notary Public, residing at Yreka, Calif
My commission expires July 13, 1966
(Seal)

Signed Mrs. Elizabeth Huppert
(Signature of Any Credible Person)
Rt 1 Box 114 H Yreka, Calif
(Street Address, City, State)

Child's Birth Cert. on file: gives full maiden name of mother as Elsie Bell Edwards, Idaho Birth, #89009 - viewed by V.S.

AUG 23 1966

Cert. of Marriage, married Feb. 5, 1936 at Jay, Oklahoma gives full name of groom as Frank Clarence Sargent and full name of bride as Louise Twalla Wright, married by Rev. G. W. Moss - viewed by V.S.

Certificate of Birth, State of West Virginia, cert. copy issued Feb. 5, 1942 gives full name of child as Donald Ray Sargent, born Jan. 24, 1942 at Charleston, W. Va., to Frank Clarence Sargent and Louise Twalla Wright, age 21, born in Idaho - viewed by V.S.

mother's name as just corrected to Elsie Bell Edwards because ~~not~~ no documents gave middle name as Belle and only one document was submitted giving last name as Edwards -

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

597-2201042-497
PLACE OF BIRTH name added
2-11-82
County of Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

City of Kimberly
No. _____ St. _____

Registration District No. 37 File No. 77381

Hospital _____ Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Marjorie Lee Nipper

Sex of Child <u>♀</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>2</u> <u>20</u> <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME Christopher Columbus Nipper
FATHER
RESIDENCE Kimberly
COLOR W
AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

FULL MAIDEN NAME Lillie Dixon
MOTHER
RESIDENCE Kimberly
COLOR W
AGE AT LAST BIRTHDAY 25
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 11 P. M.
on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Mason

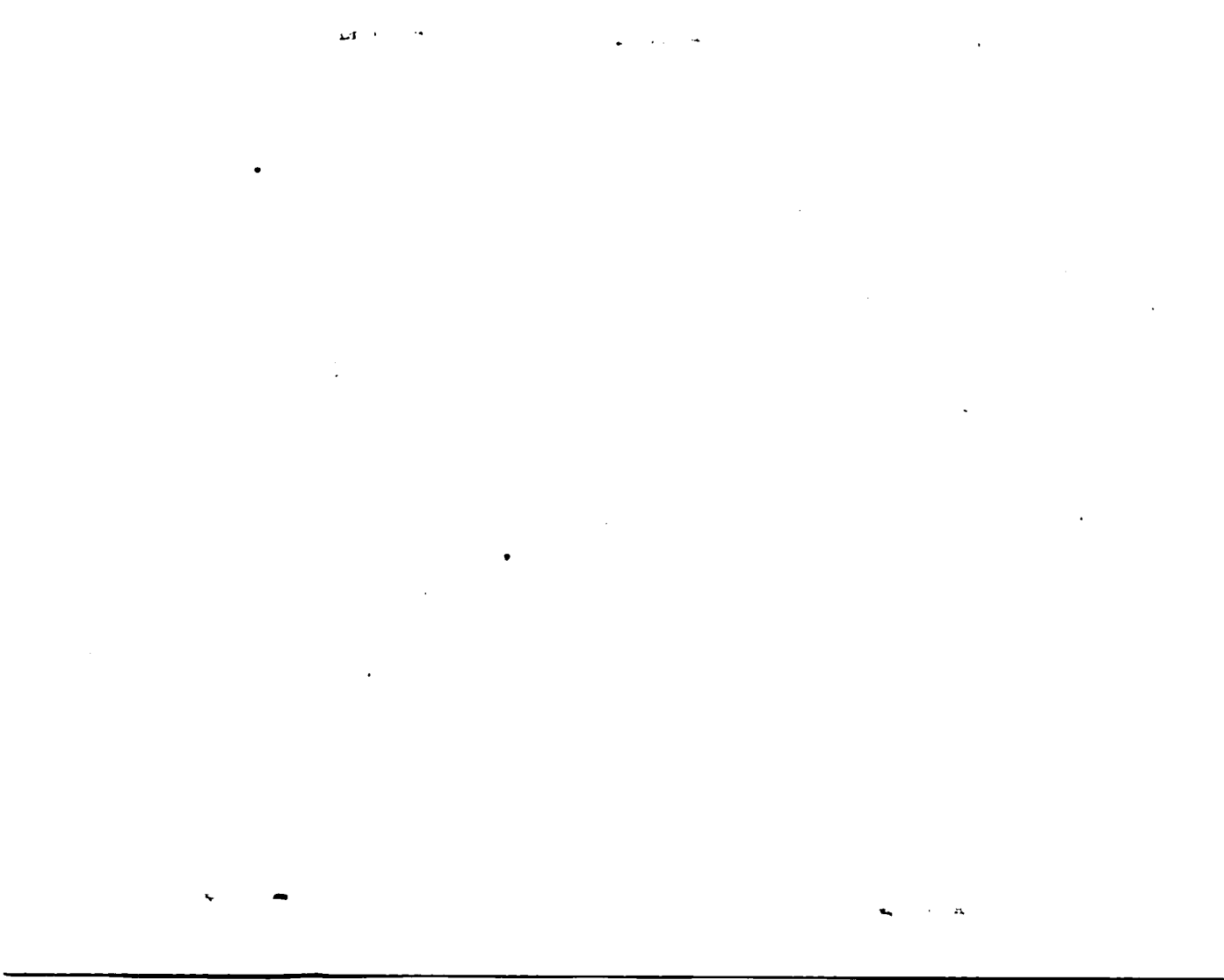
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls
Filed Mar 10 1920 John Coughlin
Registrar

Registrar



1-12-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICSState of _____ } ss.
County of _____ }

JAN 28 1 42 PM '82

Certificate No. 77381

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Nipper who was born on 2-26-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Kimberly (Twin Falls) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedMarjorie Lee NipperSubscribed and sworn to before me this 23rd day ofJanuary, 1982.Notary Public, Austin GannonResiding at BullMy commission expires Perpetual

(Seal)

Lillie Hendricks, Mother of
Marjorie Lee
Nipper

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of

_____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

Marriage License from State of Idaho County of Jerome gives Jack Atkinson and Marjorie Nipper were married 3-7-36 in Jerome. Viewed by V.S.

FEB 11 1982

Cert of Birth from State of Idaho state file # 365196 gives Dorothy Irene Atkinson as daughter to Vernon Q Atkinson and Marjorie Lee Nipper. She was born 12-25-42 in Twin Falls. Viewed by V.S.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

519-194-042-363

County of Twin FallsCity of Twin FallsRegistration District No. 37File No. 77382No. 330 2 E St.Primary Registration District No. 1082

Registered No.

Hospital

FULL NAME OF CHILD DEAN AARON Earl

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u>	and { Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>2</u> <u>4</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	---

FATHER

FULL NAME Claud L. Earl

RESIDENCE Amsterdam, Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Old Mexico

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alice Bell Tolman

RESIDENCE Amsterdam, Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth....2..... Number of children of this mother now living, including present birth....2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Gort
M.D.
(Physician or midwife)

Given names added from a supplemental report.

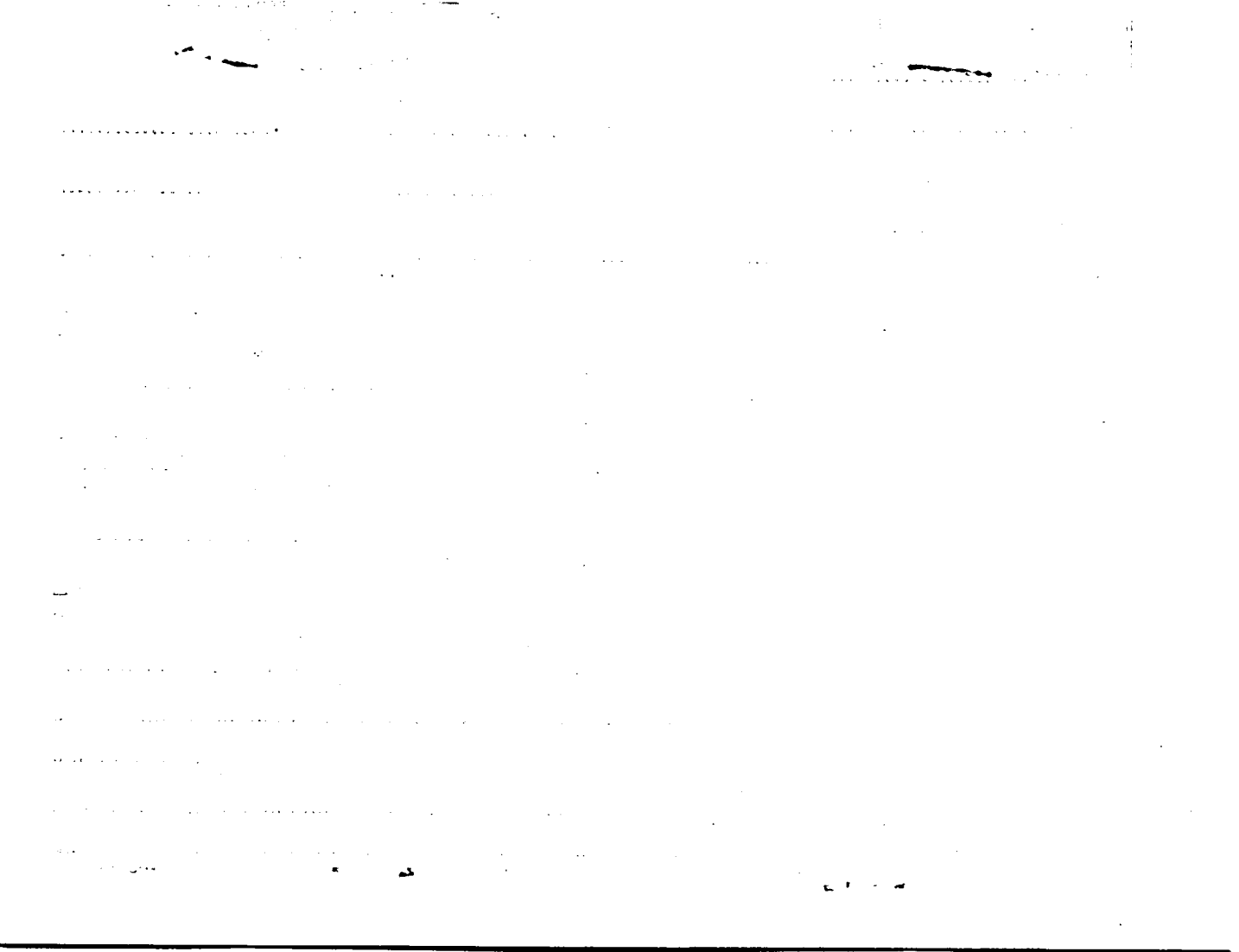
Address Twin Falls

Filed Mar 2 1924 John F. Langdon
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss. JAN 13 1942 Certificate No. 77382
County of _____ Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for _____ who was born on Feb 24, 1920
(Name on original certificate) (Was born or died) (Birth or death) (Date of event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Bible record prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)
Name Alice Bell Earl Dean A. Earl

Subscribed and sworn to before me this _____
day of _____, 1942

Jessie M. Galt
Notary Public, residing at Mustang, Idaho
My commission expires 2-6-1943
[SEAL]

Signed Mrs. Alice Bell Earl - mother
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)
Mustang, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine

[This affidavit MUST also be executed.
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 1942

Jessie M. Galt
Notary Public, residing at Mustang, Idaho
My commission expires 2-6-1943
[SEAL]

Signed Mrs. Fern Rutledge
(Signature of any credible person other than the previous affiant.)
Mustang, Idaho
(Street Address, City, State)

Received for filing on JAN 13 1942 By _____
(Registrar's signature)

1 0 1842

699-122-042-466
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

County of Twin FallsCity ofRegistration District No. 27File No. 77383No. P.F.D.1 St.Primary Registration District No. 1485

Registered No.

Hospital

FULL NAME OF CHILD

Forest Albert Wright

Sex of Child

MaleTwin
Triplet
or other?
(To be answered only in event of plural births)and
Number
in order
of birthLegiti-
mate?YesDate of
Birth2 22 1912
(Month) (Day) (Year)FULL
NAMEFATHER
Reuben Albert WrightFULL
MAIDEN
NAMEMOTHER
Roda Rowley

RESIDENCE

Twin Falls Co

RESIDENCE

Twin Falls Co.

COLOR

WTAGE AT LAST
BIRTHDAY29
(Years)

COLOR

WTAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:45 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. R. Van Cott

(Physician or midwife)

Given names added from a supplemental report.

Address

Twin Falls Id.Filed Mar 3 1912John F. Laughlin

Registrar

Registrar

AUG 24 1943

RECEIVED FOR BINDER
 PLATE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
 319-2081042-539
 County of Twin Falls
 City of Twin Falls Registration District No. 17 File No. 77384
 No. 215 Q41.17.451 Primary Registration District No. 1085 Registered No.

Hospital
 FULL NAME OF CHILD Helen Marie Cardwell

Sex of Child Female Twin Triplet or other? 1 and { Number in order of birth 1 } Legitimate? Yes Date of Birth 7 8 1945
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME <u>CC Cardwell</u>	FATHER	FULL MAIDEN NAME <u>Cecil Elliott</u>	MOTHER
RESIDENCE <u>7.7</u>		RESIDENCE <u>7.7</u>	
COLOR <u>WT</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>WT</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Kansas</u>		BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Laborer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 10... Number of children of this mother now living, including present birth. 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 4309
 on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) E. P. Van Cott
M. D.
 (Physician or midwife)

Given names added from a supplemental report.
 Address 7.7
 Filed Mar 3 1945 John F. Laughlin
 Registrar Registrar

K

CHARGED TO

APR 2 1975

DECEASED

63-2091042-962

PLACE OF BIRTH
County of Idaho
City of Grain Valley

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-50-17

No. St.

Registration District No. 37

File No. 77385

Hospital Pearl

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD PEARL LOUISE JACKSON

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>7</u> <u>7</u> <u>1900</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Wm. Jackson</u> RESIDENCE <u>Grain Valley, Ida.</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Nebraska</u> OCCUPATION <u>Turner & hairman</u>			MOTHER FULL MAIDEN NAME <u>Julia Roberts</u> RESIDENCE <u>Grain Valley, Ida.</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years) BIRTHPLACE <u>Burley, Ida.</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1459 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Roberts
Physician or midwife

Given names added from a supplemental report.

Address Grain Valley, Ida.
Filed Mar 2 1900
John Houghlin
Registrar

JUN 8 1966

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-225-042-315

PLACE OF BIRTH

name added 3-24-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-37

County of Twin Falls,.....

CERTIFICATE OF BIRTH

City of Twin Falls,.....

Registration District No. 37

File No. 77386

No. St.

Primary Registration District No. A085

Registered No.

Hospital

FULL NAME OF CHILD Mildred Lorraine Kinder

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> } and { Number in order of birth <u> </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 25-</u> <u>1912</u> (Month) (Day) (Year)
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FATHER FULL NAME <u>Dallas Virgil Kinder.</u> RESIDENCE <u>Twin Falls Idaho.</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>32</u> (Years) BIRTHPLACE <u>Mo.</u> OCCUPATION <u>Farmer.</u>		MOTHER FULL MAIDEN NAME <u>Marie A. Lannen</u> RESIDENCE <u>Twin Falls, Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Housewife# Mo.</u> OCCUPATION <u>Housewife.</u>	
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Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

..... Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19 Address Twin Falls Idaho.

..... Mar 2 1912 Filed John C. Campbell

Registrar

Registrar

AUG 18 1969

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada
County of Lyon } ss.

RECEIVED
JAN 23 1 59 PM '82
Certificate No. 77386
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for Unnamed Kinder who on on
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

(Give Date)

TO
(The Correct Facts)

Name

Unnamed Kinder

Mildred Kinder
Lorraine

Subscribed and sworn to before me this 25 day of

Signed

John R. Kinder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

928-1357 Richmond Cal
(Street Address, City, State)



Betty M. Jackson
Notary Public, residing at Franklin, NV
State of Nevada
Commission expires 9-18-79
Lyon County

My Commission Expires Sept. 19, 1979

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada
County of Lyon } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of

Signed

Samson Morrow
(Signature of Any Credible Person)

641 Sunset Ct., Davis, Ca.
(Street Address, City, State) 95616

Betty M. Jackson
Notary Public, residing at Franklin, NV
My commission expires 9-18-79
(Seal)



Notary Public - State of Nevada

marriageCertificate from State of Nevada County of Elko gives
James Elmer Rowen and Mildred Lorraine Kinder were married 7-14-41.
Viewed by V.S.

MAR 24 1982

Certificate of Baptism from St. Edward Church of Twin Falls gives
Mildred Lorraine Kinder child of Dallas B Kinder and Marie Lannen
was born in Twin Falls on 2-25-20 and was baptised 2-28-20.
Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-219-042-714

PLACE OF BIRTH

County of Twin Falls.....

City of Twin Falls.....

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

77387

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

MARJORIE LAVON PROUGH

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>2-19-20</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>FATHER</u> <u>Henry James Prough.</u>
RESIDENCE <u>Twin Falls, Idaho.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Mo.</u>
OCCUPATION <u>Plasterer.</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Bessie L. Paulson.</u>
RESIDENCE <u>Twin Falls, Idaho.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Taylor, Idaho.</u>
OCCUPATION <u>Housewife.</u>

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive..... at 7: P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Weaver

..... Physician
(Physician or midwife)

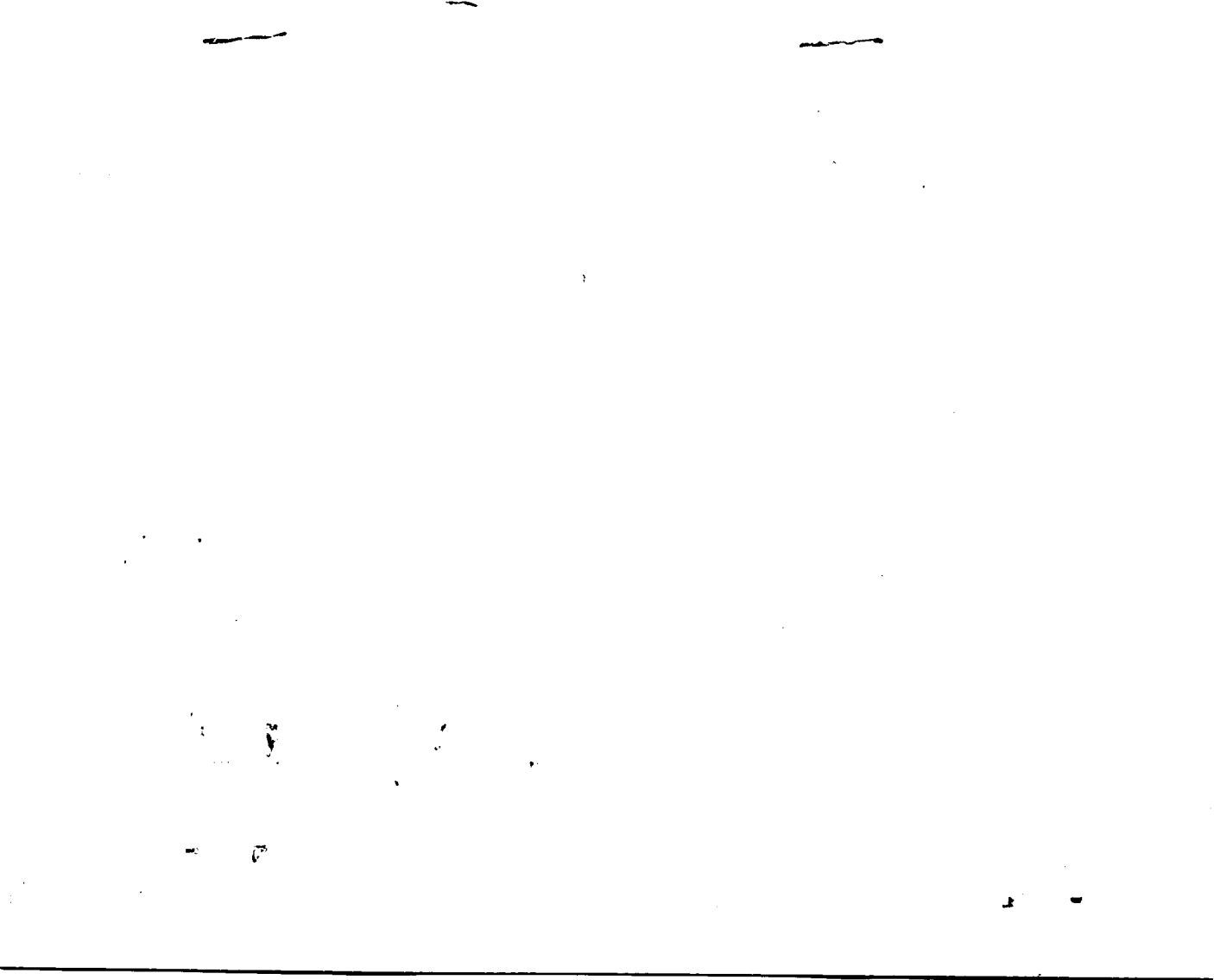
Given names added from a supplemental report.

Address Twin Falls Idaho

Filed Mar 3 20 John F. Laughlin

Registrar

Registrar



OCT 29 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
 County of Alameda

Certificate No. 77587

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Marjorie Lavon Prough who was born on Feb. 19, 1920
 (Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)

true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>Name</u>	<u>Unnamed</u>	<u>Marjorie Lavon Prough</u>

Subscribed and sworn to before me this 27
 day of October, 1942

Esther Brewes
 Notary Public, residing at Hayward, Cal.

My commission expires May 29, 1946
 (Seal)

Signed Mrs. Bernice Hartwell
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mother

(Street Address, City, State)
20956 Meekland Ave. Hayward Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
 County of _____

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
 day of _____, 19 _____

Signed _____
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
 My commission expires _____
 (Seal)

(Street Address, City, State)

OCT 30 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-222-042-466
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of... Twin Falls

City of... Twin Falls

Registration District No. 37

File No. 77388

No. 22-3 St. E

Primary Registration District No. 10 & 5

Registered No.

Hospital

FULL NAME OF CHILD Georgiana Margerita Waltie

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	(Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>2-22-1920</u> (Month) (Day) (Year)
----------------------------	---	----------------------------	------------------------	--

FATHER
FULL NAME Herman Chas. Waltie
RESIDENCE Lima, Montana
COLOR WT
AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Switzerland
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Rosetta C. Moore
RESIDENCE Lima, Montana
COLOR WT
AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Minnesota
OCCUPATION House

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... born alive ... at 2:25 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Van Cott
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho

Filed Mar 3 20 1920 John H. Campbell
Registrar

FEB 11 1960

Certified Copy issued Feb. 14, 1941. E.W.

PLACE OF BIRTH

515-101-042-659
County of... Twin FallsSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2-10-33

City of... Twin FallsRegistration District No. 17File No. 77389No. 103-8-E St.Primary Registration District No. 10.8.5

Registered No.

Hospital

FULL NAME OF CHILD

Robert Van Elsberg

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u> and (Number in order of birth) <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>2-1-20</u> (Month) (Day) (Year)
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FATHER		MOTHER	
FULL NAME <u>Herman Joseph Van Elsberg</u>	FULL MAIDEN NAME <u>Addie Ferris</u>	FULL NAME <u>Addie Ferris</u>	FULL MAIDEN NAME <u>Addie Ferris</u>
RESIDENCE <u>Twin Falls</u>	RESIDENCE <u>Twin Falls</u>	RESIDENCE <u>Twin Falls</u>	RESIDENCE <u>Twin Falls</u>
COLOR <u>wt</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)	COLOR <u>wt</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Minnesota</u>	BIRTHPLACE <u>Oregon</u>	BIRTHPLACE <u>Oregon</u>	BIRTHPLACE <u>Oregon</u>
OCCUPATION <u>Merchant</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... born alive... at... Twin Falls... on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed Van Cort

(Physician or midwife)

Given names added from a supplemental report.

Address Twin FallsFiled Mar 3 1920 John H. Caughlin
Registrar

Registrar

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413-1281042-764
PLACE OF BIRTHCounty of Twin FallsCity of Twin FallsRegistration District No. 37File No. 77390No. SLPrimary Registration District No. 1088

Registered No.

Hospital

FULL NAME OF CHILD

Raymond William MathisonSex of Child maleTwin Triplet or other? — } and { Number in order of birth —
(To be answered only in event of plural births)Legitimate? yesDate of Birth 2-28-20
(Month) (Day) (Year)

FULL NAME

FATHER
Ray H Mathison

RESIDENCE

Twin Falls

COLOR

white

AGE AT LAST BIRTHDAY

31

(Years)

BIRTHPLACE

Ohio

OCCUPATION

Steam Engineer

FULL MAIDEN NAME

MOTHER
Edna O. Volmer

RESIDENCE

Twin Falls

COLOR

White

AGE AT LAST BIRTHDAY

24

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.John A. Lister, M.D. at 11:45 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John A. Lister, M.D.Twin Falls, Idaho

(Physician or midwife)

Given names added from a supplemental report.

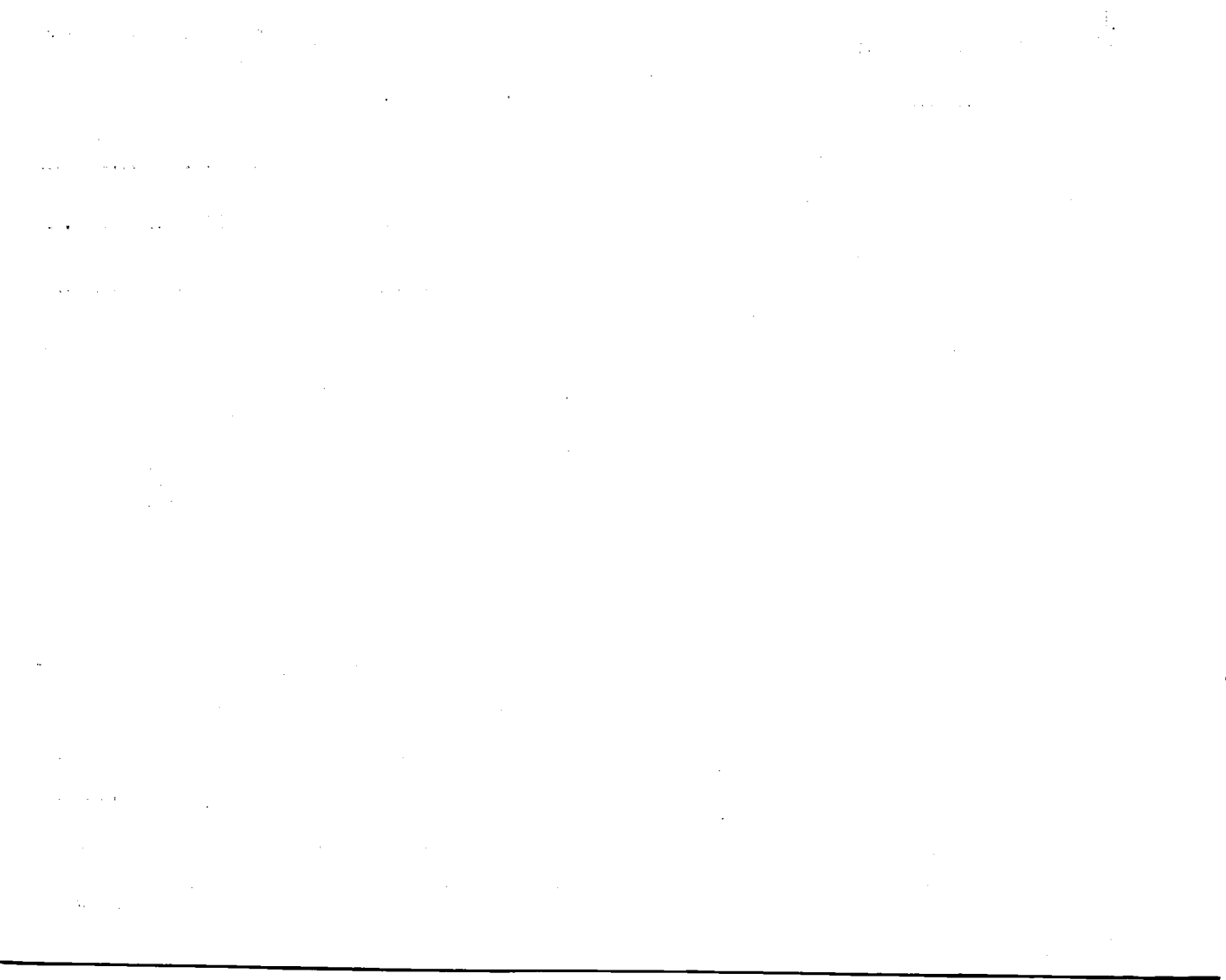
Address

Filed

Mar 4 1920

Registrar

John F. Laughlin
Registrar



214-102-042-512

PLACE OF BIRTH

County of... *Twin Falls*City of... *Twin Falls*No. *1-23-3rd met*

Hospital.....

FULL NAME OF CHILD

Child's & Father's names amended 3-9-92 MCM

Form V. S. No. 11-C-25m-9-9-97

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHRegistration District No. *27*File No. *77391*Primary Registration District No. *1082*

Registered No.....

KAWAGUCHI

Sex of Child

*male*Twin
Triplet
or other?— } and { Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?*yes*Date of
Birth.....*2-2-20*
(Month) (Day) (Year)

FULL NAME

SEIICHI

FATHER

KAWAGUCHI

RESIDENCE

Twin Falls Ida

COLOR

*yellow*AGE AT LAST
BIRTHDAY ...*29*
(Years)

BIRTHPLACE

Japan

OCCUPATION

*Laundryman*FULL
MAIDEN
NAME

MOTHER

Momoyo Nababara

RESIDENCE

Twin Falls Ida

COLOR

*yellow*AGE AT LAST
BIRTHDAY ...*21*
(Years)

BIRTHPLACE

Japan

OCCUPATION

*Housewife*Number of child of this mother, including present birth..... *1* Number of children of this mother now living, including present birth..... *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... *Born alive*..... at..... *4 a*..... M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature).....

*H. N. Leete M.D.**Twin Falls Ida*
(Physician or midwife)

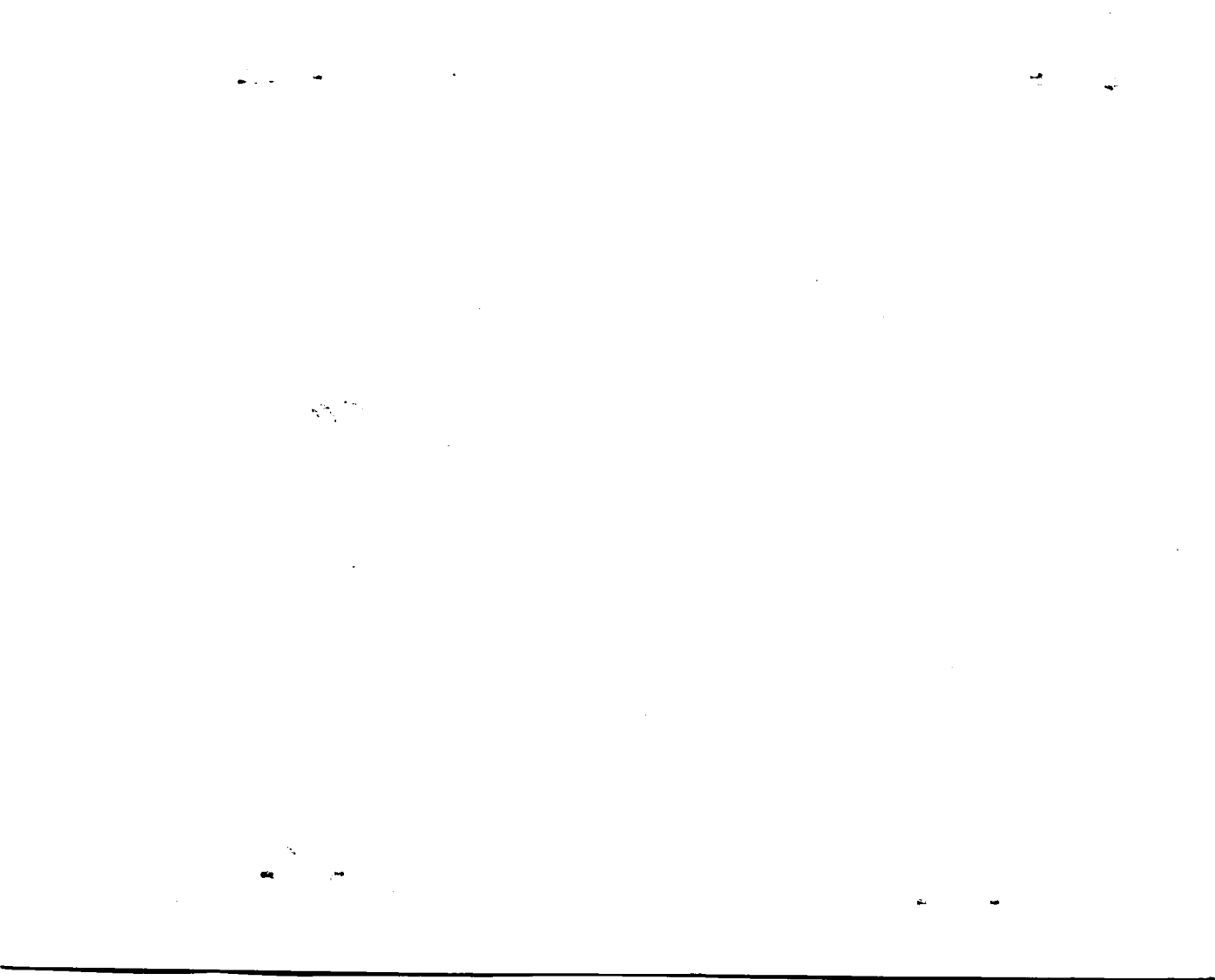
Given names added from a supplemental report.

Address.....

Filed.....

Mar 6 1920 *John F. Coughlin*
Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

12-19-91

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____

Certificate No. 77391

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Frank Kawa who was born on Feb 2, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Twin Falls (Twin Falls) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Child's name

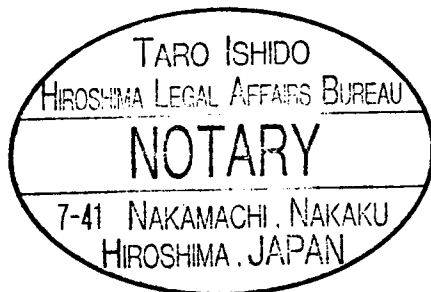
Frank Kawa

Frank Kawaguchi

Father's name

Sam Kawa

Seichi Kawaguchi

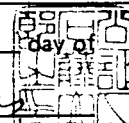


Subscribed and sworn to before me this 21st day of Jan., 1992.

Notary Public, Taro Ishido

Residing at 7-41 NAKAMACHI NAKAKU HIROSHIMA JAPAN

My commission expires 27th day of Aug. 1993
(Seal)



Japanese name

American name

Seichi Kawaguchi

Frank Kawaguchi

Signature of Applicant

A Sakita Ku Shiroki Cho Mita Hiroshima Shi Japan
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed _____)

(Is not necessary _____)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Letter from Junshoji Temple in Hiroshima, Japan shows Joichi (Frank) Kawaguchi donated to the temple on behalf of his father Seiichi Kawaguchi on Nov 12, 1968 and signed by Kimimaru Takeda, Chief priest. Viewed by VS.

Family register shows Joichi (Frank) Kawaguchi son of Seiichi and Momoyo Kawaguchi was born Feb 2, 1920 in Twin Falls, ID and entered on record Mar 31, 1949. Viewed by VS.

MAR 9 1992

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-210-042-713

PLACE OF BIRTH

County of Twin FallsCity of " "

No. St.

Registration District No. 37Primary Registration District No. 1085

Hospital

Form V. S. No. 11-C-22m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 77392

Registered No.

FULL NAME OF CHILD

Sex of Child

femaleTwin
Triplet
or other?

(To be answered only in event of plural births)

and { Number
in order
of birthLegiti-
mate?yesDate of
BirthFeb. 10, 1920
(Month) (Day) (Year)FULL
NAMECharles D. Gibson

FATHER

RESIDENCE

Twin Falls - R.F.D.

COLOR

whiteAGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

Kansas

OCCUPATION

farmerFULL
MAIDEN
NAMEEmma Parker

MOTHER

RESIDENCE

Twin Falls - R.F.D.

COLOR

whiteAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Idaho

OCCUPATION

housewife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. R. Scott

(Physician or Midwife)

Given names added from a supplemental report.

Address

Twin Falls, Idaho

Filed

Feb 22 1920 John H. Coughlin

Registrar

Registrar

MAY 17 1948

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

433-205-042-249

PLACE OF BIRTH

County of Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C—22m-3-3-17

City of

Registration District No. 37File No. 77393

No.St.

Primary Registration District No. 1082

Registered No.

Hospital

FULL NAME OF CHILD Bardella Edith Mc. Clain

Sex of Child <u>female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 5 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Clyde E. Mc Clain</u>	FATHER
RESIDENCE <u>Twin Falls - Route III</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Ethel Bardella Smith</u>	MOTHER
RESIDENCE <u>Twin Falls - R. III</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or ~~stillborn~~) 22 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

(Physician or midwife)

Given names added from a supplemental report.

Address Twin FallsFiled Feb 20 1920

Registrar

Registrar

APR 5 1943

819-211-042-359

PLACE OF BIRTH

County of LincolnCity of Lincoln Falls - IdahoRegistration District No. 37

Form V. S. No. 11-C-25ma-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. _____ St. _____

Hospital Lincoln Falls Co. Hosp.Primary Registration District No. 1082

Registered No. _____

FULL NAME OF CHILD Marian Jean Harvey

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>1st</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>7/1</u> <u>11</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--	--------------------------------	--

FULL NAME <u>John L. Harvey</u>	FATHER
RESIDENCE <u>408 Blue Lakes Blvd. Lincoln Falls Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Bellevue Kansas</u>	
OCCUPATION <u>News Paper</u>	

FULL MAIDEN NAME <u>Worris Leiberger</u>	MOTHER
RESIDENCE <u>408 Blue Lakes Blvd. Lincoln Falls Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Salt Lake Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:45 P M. on the date above stated. (Born alive or stillborn)

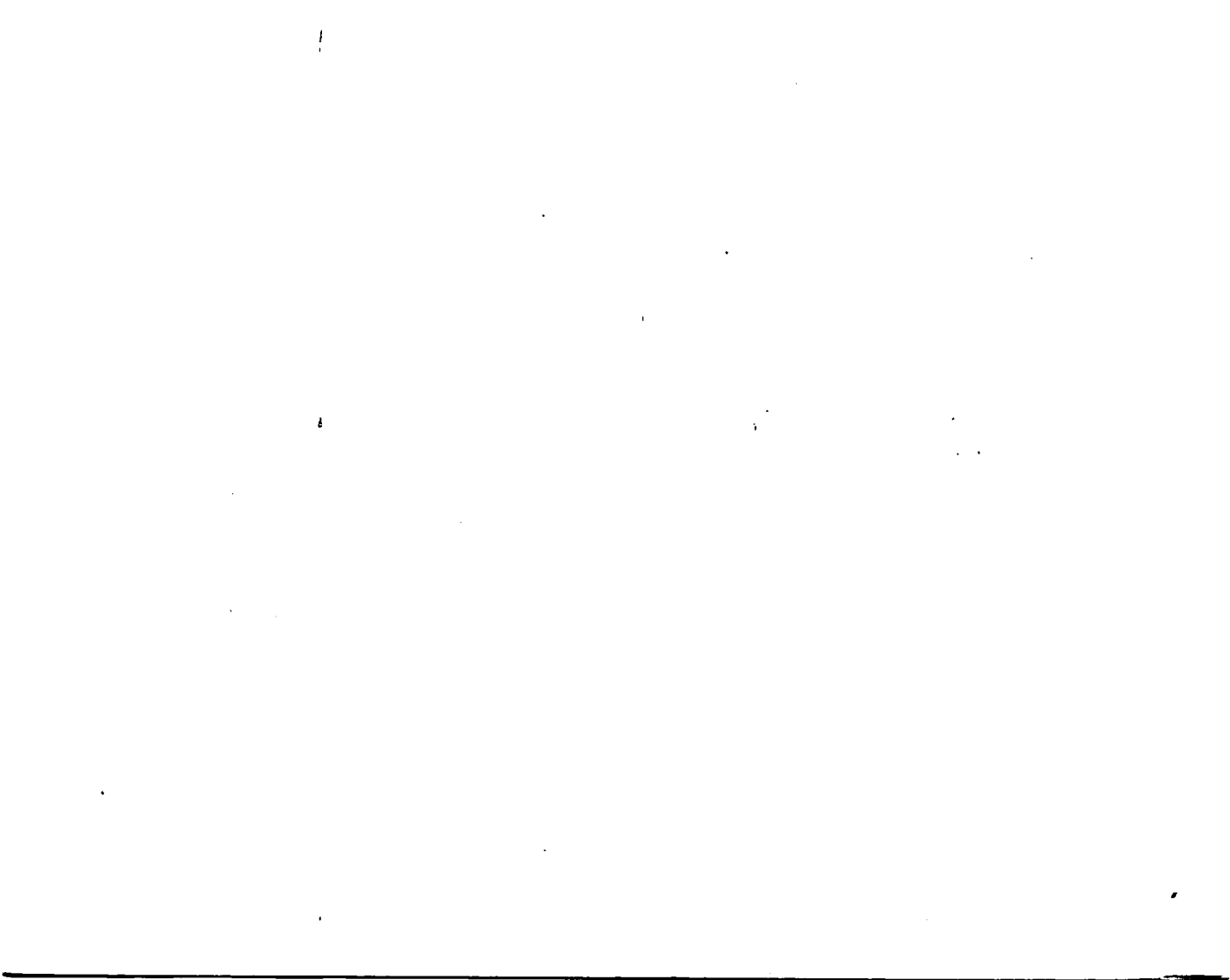
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

Given names added from a supplemental report.

19

Address Lincoln Falls, Idaho
Filed Feb 19 20 J. R. Morgan
Registrar



367-2191042-2419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Twin FallsCity of Twin FallsRegistration District No. 27File No. 77395

No. _____ St. _____

Hospital J. F. Co.Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child <u>Female</u>	Twin, Triplet, or other: <u>and</u>	Number in order of birth: <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>2 17 1920</u> (Month) (Day) (Year)
----------------------------	-------------------------------------	------------------------------------	------------------------	--

FULL NAME FATHER Jas. Albert CoxRESIDENCE Twin FallsCOLOR White AGE AT LAST BIRTHDAY 42
(Years)BIRTHPLACE TexasOCCUPATION LaborerFULL MAIDEN NAME MOTHER Ara SmithRESIDENCE Twin FallsCOLOR White AGE AT LAST BIRTHDAY 37
(Years)BIRTHPLACE OklahomaOCCUPATION HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Cox

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Twin FallsFiled Feb 19 1920 John H. Campbell

Registrar

Registrar

Handwritten text, possibly a signature or name, appearing in the lower right quadrant of the page.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-110042-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls

Registration District No. 37

File No. 77396

No. _____ St.

Primary Registration District No. 1085 Registered No. 588 1921

Hospital _____

FULL NAME OF CHILD James Lee Marty. ~~James Lee Marty.~~ changing name.

Sex of Child <u>M</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 10 1920</u> (Month) (Day) (Year)
-----------------------	------------------------------	-----------	--------------------------------	-------------------------	--

FATHER
FULL NAME Les Marty, Jr.
RESIDENCE Mildom, Idaho.
COLOR Or. AGE AT LAST BIRTHDAY 30. (Years)
BIRTHPLACE Langford, Kansas.
OCCUPATION Rancher.

MOTHER
FULL MAIDEN NAME Dorothy Stewardson.
RESIDENCE Mildom, Idaho.
COLOR Or. AGE AT LAST BIRTHDAY 32. (Years)
BIRTHPLACE Holy, Kansas.
OCCUPATION Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date above stated. (Born alive or stillborn)

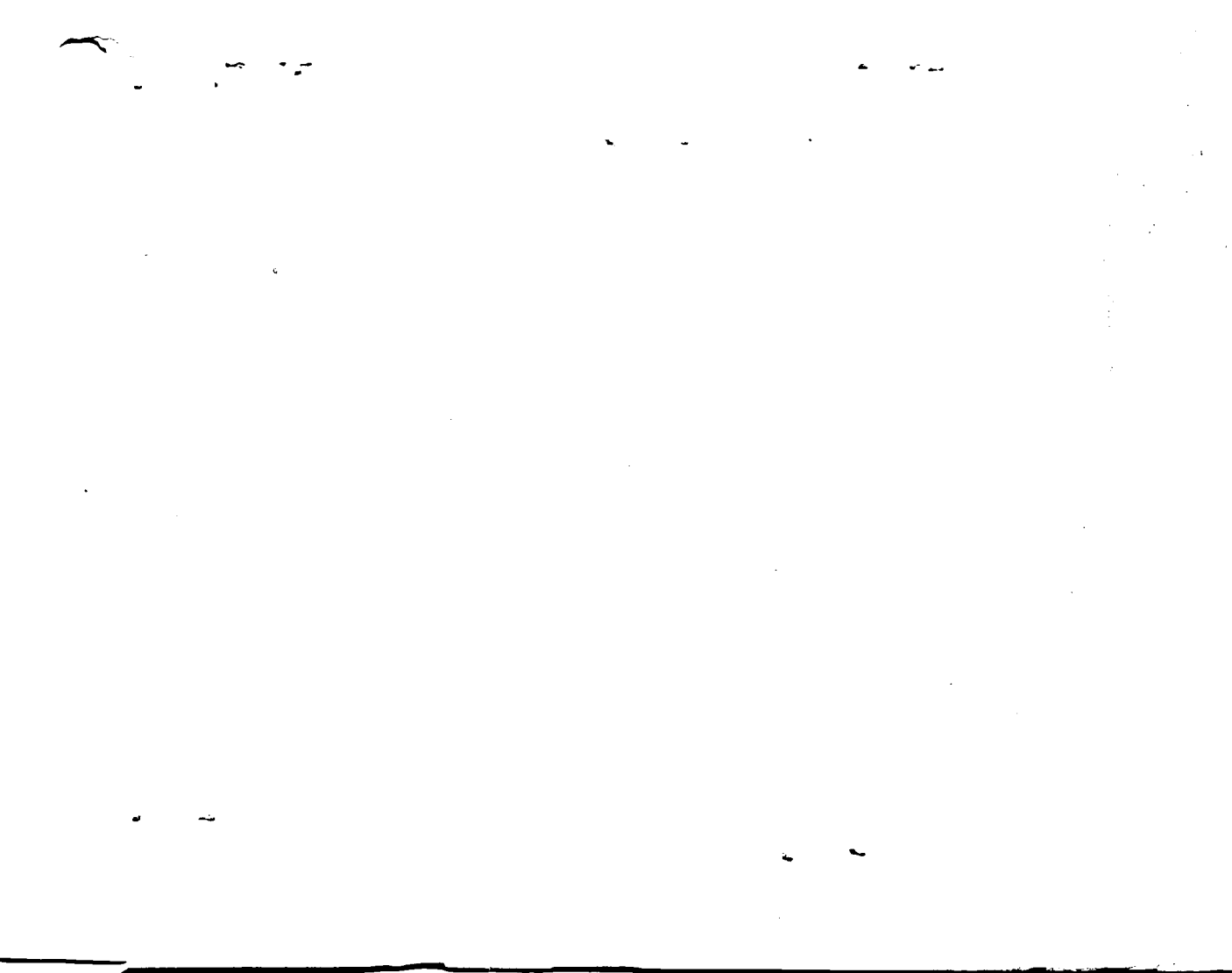
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. F. Passer.
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Rayanne, Twin Falls.
Filed Feb 14 1920 John F. Coughlin
Registrar

Registrar



443-2071042-267

PLACE OF BIRTH

County of *Twinn Falls*City of *Twinn Falls*No. *Eureka Hotel* St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHRegistration District No. *37* File No. *77397*Primary Registration District No. *1085* Registered No.Sex of Child *Female* Twin Triplet or other? ☐ and Number in order of birth *1* Legitimate? *Yes* Date of Birth *Feb 7* 19*22*
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME *Jac Wisada* FATHER
RESIDENCE *Twinn Falls*
COLOR *Mexican* AGE AT LAST BIRTHDAY *35*
(Years)
BIRTHPLACE *Mexico*
OCCUPATION *Laborer*FULL MAIDEN NAME *Mary Sags* MOTHER
RESIDENCE *Twinn Falls*
COLOR *Mexican* AGE AT LAST BIRTHDAY *37*
(Years)
BIRTHPLACE *Mexico*
OCCUPATION *Housewife*Number of child of this mother, including present birth... *2* ... Number of children of this mother now living, including present birth... *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *9 30* P. M.
on the date above stated. (Born alive or stillborn)

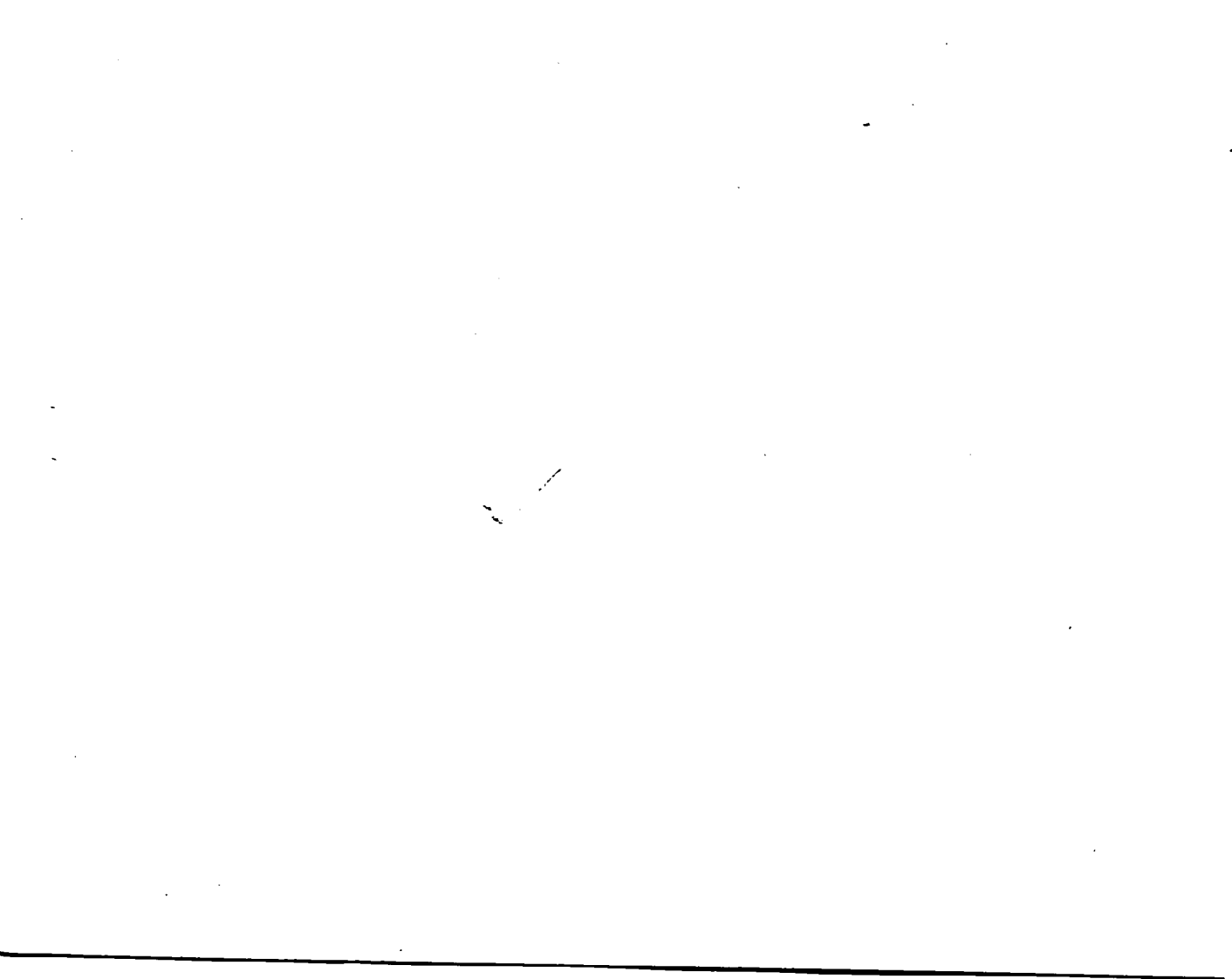
{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) *E. J. Guilford M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address *Twinn Falls*Filed *Mar 1 1922* *John H. Caughlin*
Registrar



MARGIN RESERVED FOR BINDER.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

439-101-042-413

PLACE OF BIRTH

County of Twin Falls

City of IL 11

No. _____ St.

Hospital _____

FULL NAME OF CHILD Orsin Gilbert McRill

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 27 File No. 77398

Primary Registration District No. 1082 Registered No. _____

Sex of Child <u>M</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>2</u> <u>1</u> <u>20</u> (Month) (Day) (Year)
-----------------------	--	-----	--------------------------------	----------------------------	--

FULL NAME <u>Gilbert McRill</u>	FATHER
RESIDENCE <u>Twin Falls</u>	
COLOR <u>M</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Id</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Cora Mathis</u>	MOTHER
RESIDENCE <u>Twin Falls</u>	
COLOR <u>M</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Id</u>	
OCCUPATION <u>Stuf</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 4 P M.
on the date above stated. (Born alive or stillborn)

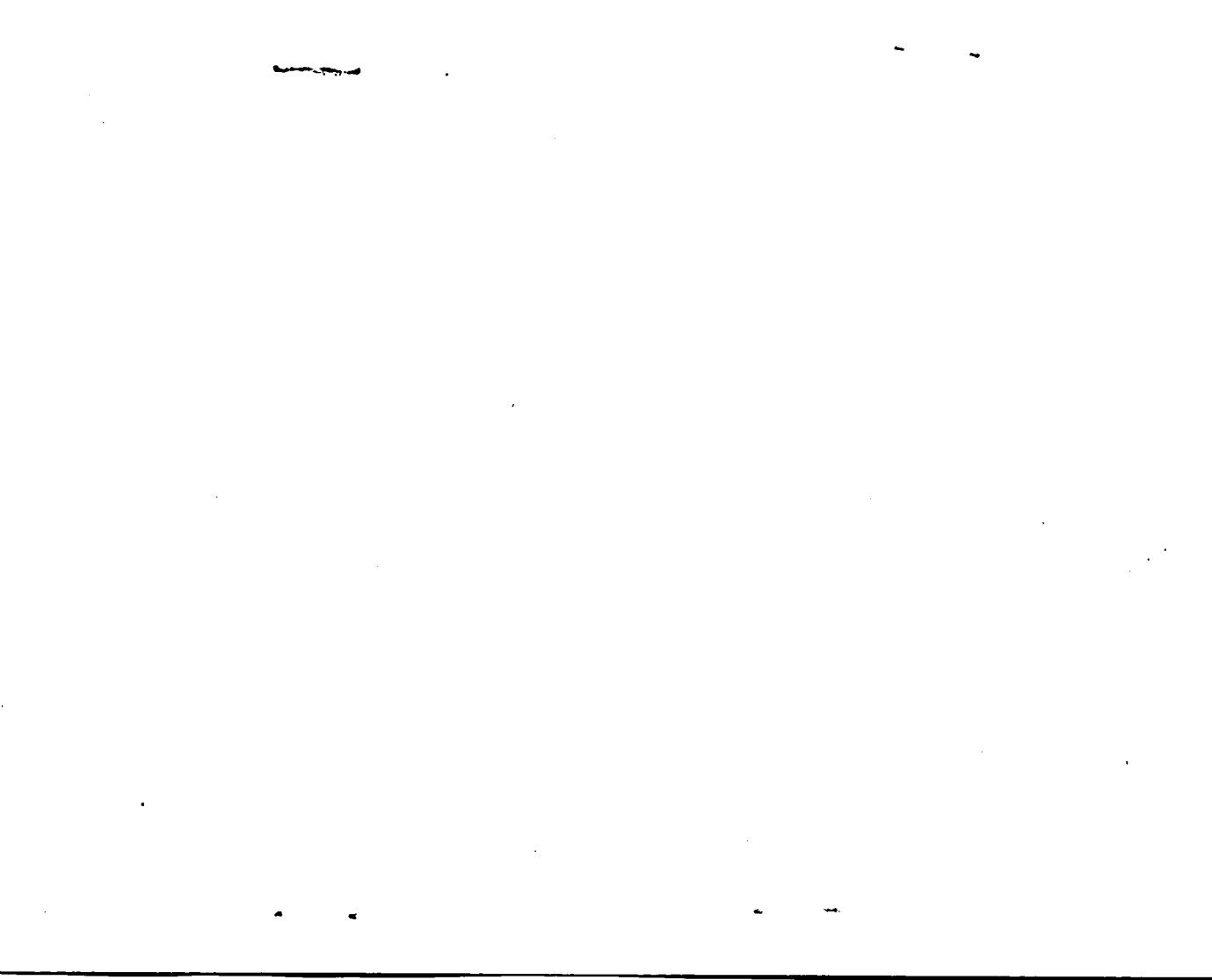
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Mason

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls
Filed Feb 7 1920 John F. Coughlin
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss. Certificate No. 77398
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Orsin Gilbert McBill who was born on
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)

true facts as shown by prepared on , are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
Name <u> </u>	<u>No name</u>	<u>Orsin Gilbert McBill</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Subscribed and sworn to before me this 17
day of January, 19 42

Signed
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Boise, Idaho
My commission expires 7/19/42
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17
day of January, 19 42
Margaret Clark

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Boise, Idaho
My commission expires 7/19/42
(SEAL)

Twin Falls Idaho
(STREET ADDRESS, CITY, STATE)
% Coca Cola Co.

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 18 1942

JAN 20 1942

FEB 26 1942

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-214-242-257
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-37

County of Twin Falls, Ida.

City of Twin Falls,

Registration District No. 37

File No. 77399

No. St

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Dollie Evelyn Alexander.

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Feb-14-</u> <u>20</u> (Month) (Day) (Year)
-------------------------------	---	--------------------------------	------------------------	--

FULL NAME <u>FATHER</u> <u>James Harland Alexander.</u>
RESIDENCE <u>Twin Falls, Idaho.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY ... <u>29</u> ... (Years)
BIRTHPLACE <u>Iowa.</u>
OCCUPATION <u>Laborer.</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Lillie May Beazer.</u>
RESIDENCE <u>Twin Falls, Idaho.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY ... <u>30</u> ... (Years)
BIRTHPLACE <u>Utah.</u>
OCCUPATION <u>Housewife.</u>

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4: A M.
on the date above stated. (Born alive or stillborn)

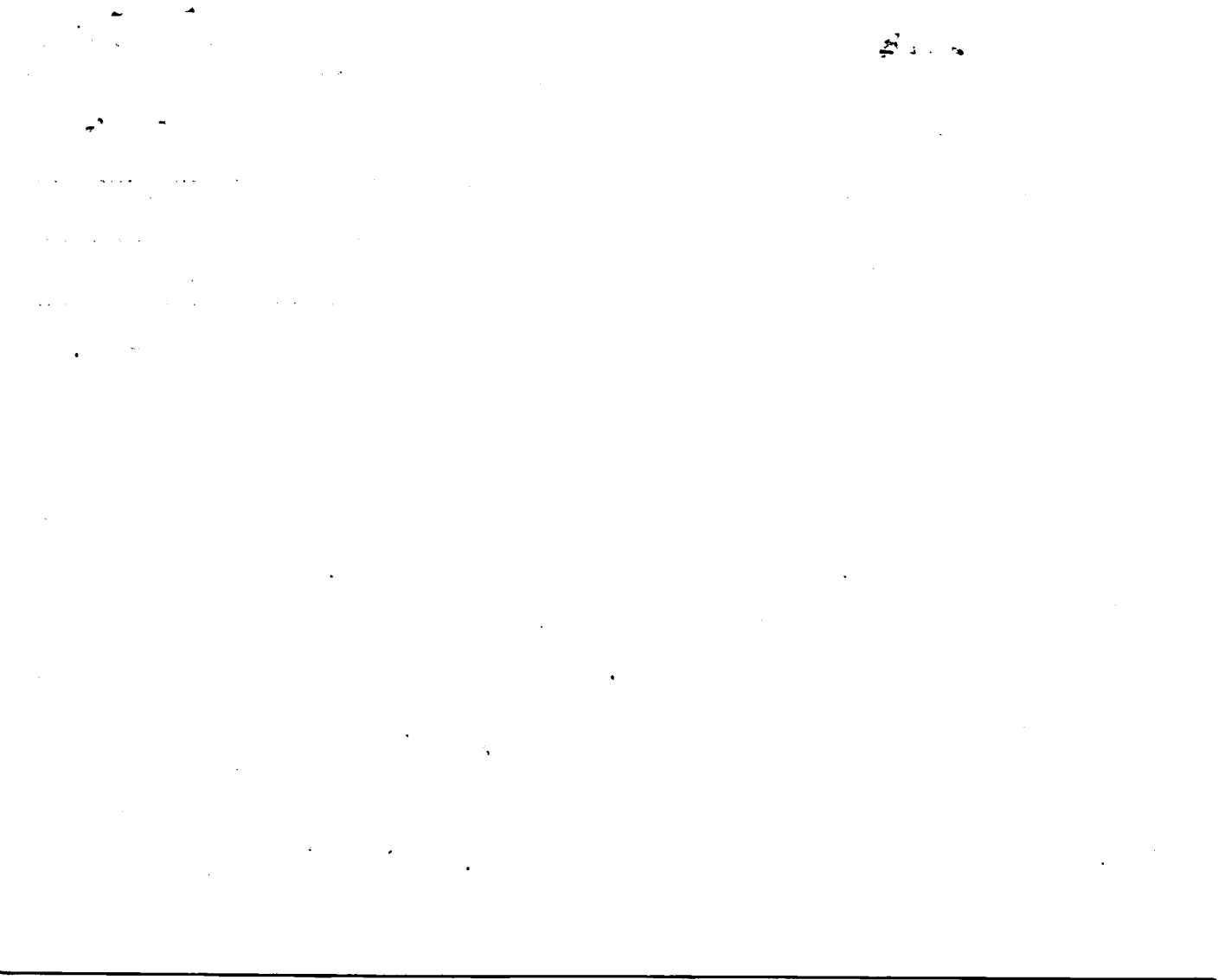
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.

Filed Mar 3 1921 by John F. Caughlin
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 72399
County of Twin Falls } Date Filed 11/10/42

The undersigned does solemnly swear that certain facts on the certificate of 12/14/20
for Dollie Evelyn Alexander who 2/14/20 on 2/14/20
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN ~~XXXXXX~~) (DATE OF EVENT)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Certificate of Blessing prepared on May 6, 1928, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

Name

FROM

(AS ON ORIGINAL)

Unnamed

TO

(THE CORRECT FACTS)

Dollie Evelyn Alexander

Subscribed and sworn to before me this 10th
day of Nov, 1942

Notary Public, residing at Ogden Utah

My commission expires Aug 28, 1942
(SEAL)

Signed

Lillie M. Aldous
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

530-22 St Ogden Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of Nov, 1942

Notary Public, residing at Ogden Utah

My commission expires Aug 28, 1942
(SEAL)

Signed

Lillie M. Aldous
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

530-22 St Ogden Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

NOV 17 1942

249-122-042-165
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of Twin Falls,.....City of Twin Falls,.....Registration District No.37.....File No.77400.....No.St......Primary Registration District No.1085.....

Registered No.

Hospital

FULL NAME OF CHILDMartin Disney Smith,.....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 22 - 1912</u> (Month) (Day) (Year)
-----------------------------	---	--------------------------------	---------------------------	---

FULL NAME <u>FATHER</u> <u>John Wesley Smith.</u>
RESIDENCE <u>Twin Falls, Idaho.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY ... <u>35</u> (Years)
BIRTHPLACE <u>Kansas.</u>
OCCUPATION <u>Electrician.</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Daisy Isabelle Jones.</u>
RESIDENCE <u>Twin Falls, Idaho.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY ... <u>28</u> (Years)
BIRTHPLACE <u>Tenn.</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth2... Number of children of this mother now living, including present birth2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who wasBorn alive....., at 11:30 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)Ed. J. Weaver..........Physician.....
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.Filed Mar 2 1912 John F. Connelley

Registrar

Registrar

100-100000

MAR 13 1961

0761 7 1940

JUN 7 1961

UOT 31 1961

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

453-207-042-612

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Twin Falls

City of _____

Registration District No. 37

File No. 77401

No. _____ St. _____

Primary Registration District No. 1085

Registered No. _____

Hospital _____

FULL NAME OF CHILD Martha Marie Detweiler

Sex of Child <u>♀</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>2</u> <u>7</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	--	-----	--------------------------------	-----------------------------	--

FATHER
FULL NAME John H. Detweiler
RESIDENCE Twin Falls
COLOR W AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE Pa
OCCUPATION Real Estate

MOTHER
FULL MAIDEN NAME Martha Washington
RESIDENCE Twin Falls
COLOR W AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE Indy
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 3 P.M.
on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Mason

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls

Filed Mar 10 1920 John H. Caughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH
City of Turn Falls Registration District No. 37 File No. 77402
No. _____ St. _____
Hospital _____ Primary Registration District No. 1085 Registered No. _____
FULL NAME OF CHILD Linnie Mary House

Sex of Child girl Twin Triplet or other? _____ and _____ Number in order of birth 6th Legitimate? no. Date of Birth Jan 10 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Uncle Edgar House
RESIDENCE Turn Falls
COLOR white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Texas, no.
OCCUPATION laborer

MOTHER Tucker
FULL MAIDEN NAME Charity Tucker
RESIDENCE Turn Falls
COLOR white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Leadmine, Mo.
OCCUPATION house keeping

Number of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11.55 p m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Aaron Spring
(Physician or midwife)

Given names added from a supplemental report. _____
Aged _____
Filed Mar 6 1920
Registrar Reuben A. ...

SEP 16 1954

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of 7. Twin FallsCity of 7. Twin FallsNo. 766-228-042-689No. St.Registration District No. 27Primary Registration District No. 1083File No. 77403Registered No.Hospital

FULL NAME OF CHILD

Thelma Leslie Goff

Sex of Child

FemaleTwin
Triplet
or other?1

and

Number
in order
of birth1

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
BirthJan 281920

(Month) (Day) (Year)

FULL
NAMEThos. Leslie Goff

FATHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST
BIRTHDAY4.3
(Years)

BIRTHPLACE

Missouri

OCCUPATION

Well DrillerFULL
MAIDEN
NAMEFrances White

MOTHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. P. Van Cott

(Physician or midwife)

Given names added from a supplemental report.

Address

Twin Falls, Id.

Filed

Mar 3 1920

Registrar

Registrar

DUP OF 1920 - 166756

107

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265-230-042-743

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-2-27

County of Twin Falls

City of

Registration District No. 37

File No. 77404

No. St.

Primary Registration District No. 10.83

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>x</u> } and (Number in order of birth) <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 30</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER
FULL NAME John Arthur Swenson
RESIDENCE Twin Falls Idaho
COLOR light AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Smithfield Utah
OCCUPATION Carpenter

MOTHER
FULL MAIDEN NAME Anna Pearl Buckel
RESIDENCE Twin Falls Idaho
COLOR dark AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Illcoorn Mississippi
OCCUPATION housewife

Number of child of this mother, including present birth... 4 ... Number of children of this mother now living, including present birth... 4 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 1:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. Owens on
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address P. O. Box 181 Twin Falls Idaho
Filed Mar 3 1920 John H. Caughlin
Registrar

AUG 17 1967

296-221-042-949

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Twin Falls, Ida.Registration District No. 37File No. 77405

No. _____ St. _____

Primary Registration District No. 1085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Betty Eileen Brown

Sex of Child

FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
BirthJan. 21

(Month) (Day)

1928
(Year)FULL
NAMEFrank E. Brown

RESIDENCE

Twin Falls, Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Iowa

OCCUPATION

StockmanFULL
MAIDEN
NAMEIsabelle E. DesRuisseaux

RESIDENCE

Twin Falls, Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Foley, Mo.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10³⁰ am M.
on the date above stated. (Born alive or stillborn)

(Signature)

H. W. Landolt

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Twin Falls, Ida.

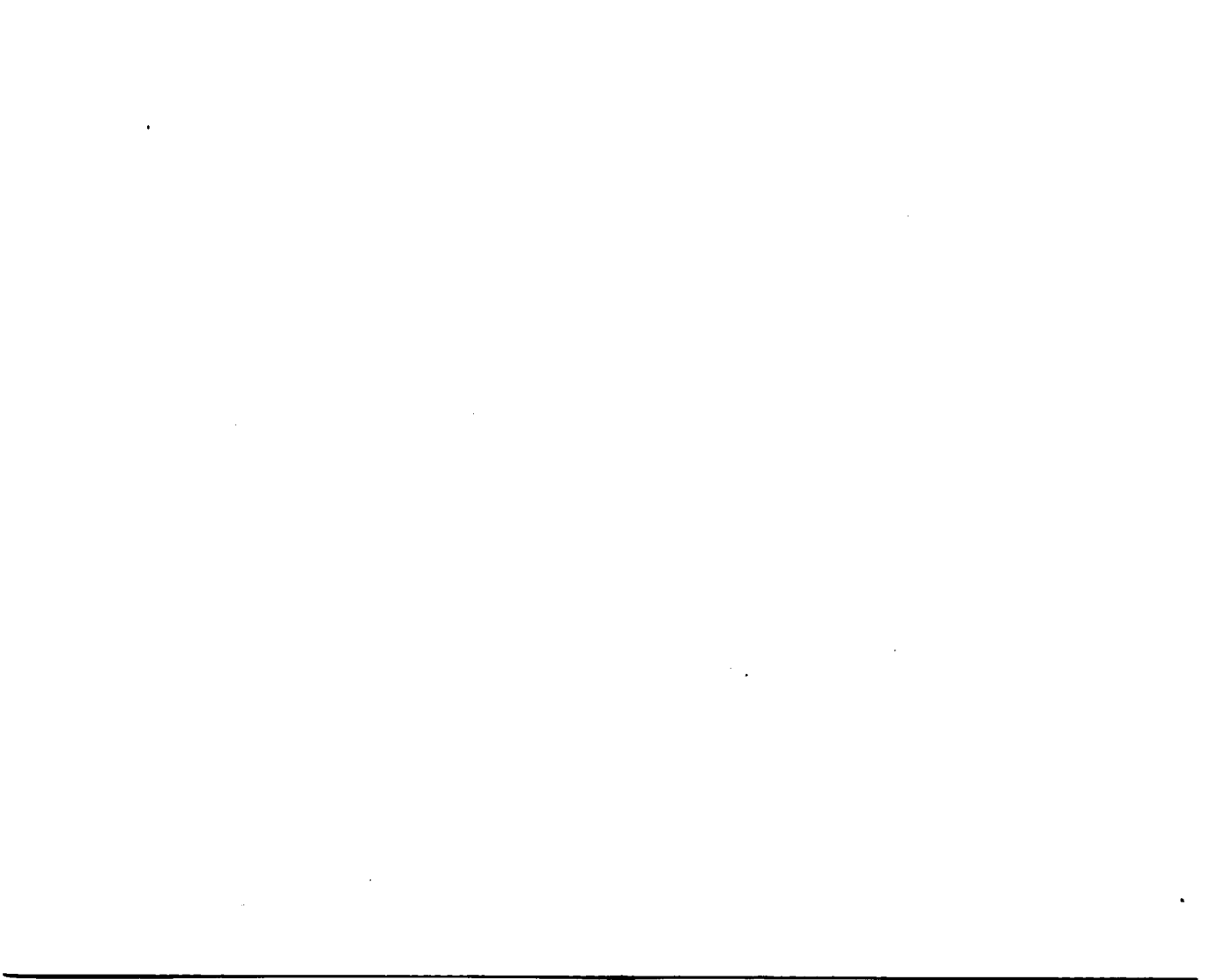
Filed

Feb 19 1928 John F. Caughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



845-113-042-455

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77406

County of Twin Falls

City of _____

Registration District No. 37

File No. _____

No. _____ St. _____

Primary Registration District No. 1082

Registered No. _____

Hospital _____

FULL NAME OF CHILD Walter Darrell Hunsaker

Sex of Child <u>Male</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimacy? <u>Yes</u>	Date of Birth <u>Jan. 13</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------	------------------------	---

FATHER FULL NAME <u>Mr. Dr. Walter Hunsaker</u>	MOTHER FULL MAIDEN NAME <u>Miss Mabel Kiesel</u>
RESIDENCE <u>Twin Falls, Ida.</u>	RESIDENCE <u>Twin Falls, Ida.</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>85</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Quincy, Ill.</u>	BIRTHPLACE <u>Grant Pass, Oregon</u>
OCCUPATION <u>Mechanic</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:20 p. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householders, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Sawyer, D.O.
Twin Falls, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida.
Filed Feb. 19 1920 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 2/18/41 rmf

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

694-219-042-295

PLACE OF BIRTH

County of Twin FallsCity of Twin FallsNo. St.Hospital County Hospital

FULL NAME OF CHILD

Registration District No. 37Primary Registration District No. 1085File No. 77407Registered No.

Sex of Child Female Twin Single } and { Number 3 }
 (To be answered only in event of plural births) in order of birth
 Legitimate? yes Date of Birth Jan 19 1920
 (Month) (Day) (Year)

FATHER
 FULL NAME Simon J. Wideberg
 RESIDENCE Twin Falls Ida.
 COLOR white AGE AT LAST BIRTHDAY 35
 (Years)
 BIRTHPLACE Sweden
 OCCUPATION Blacksmith

MOTHER Arsel
 FULL MAIDEN NAME Ruby Breece
 RESIDENCE Twin Falls Ida.
 COLOR White AGE AT LAST BIRTHDAY 30
 (Years)
 BIRTHPLACE Salt Lake City Utah
 OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:50 A.M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. C. Emery

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, IdahoFiled Mar 1 1920 John F. Laughlin

Registrar

AUG 23 1966

ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Amended 2/4/69

433-214-042-168

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **77408**
Local Reg. No. **1085**
Reg. Dist. No. **37**

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Twin Falls		a. STATE Idaho	b. COUNTY Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION home		d. STREET ADDRESS R.F.D. #1	
3. CHILD'S NAME			
a. (First) Helen		b. (Middle) Rose	
		c. (Last) McCallister	
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH Jan. 14 1920

FATHER OF CHILD

7. FULL NAME		a. (First) James		b. (Middle) L.	c. (Last) McCallister
8. AGE (At time of this birth) 34 YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) Mo.	10. USUAL OCCUPATION Farmer		11. KIND OF BUSINESS OR INDUSTRY	

MOTHER OF CHILD

12. FULL MAIDEN NAME		
a. (First) Ada		
b. (Middle)		
c. (Last) Johnson		
13. AGE (At time of this birth) 27 YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) Mo.	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
16. INFORMANT'S SIGNATURE OR NAME (Relationship) Ada McCallister - Mother		a. How many OTHER children are now living? 4
		b. How many OTHER children were born alive but are now dead? 0
		c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0
17. SIGNATURE J. N. Davis		18. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____
19. ADDRESS Kimberly, Idaho		20. DATE SIGNED Jan. 14, 1920
21. DATE REC'D BY LOCAL REG. Feb. 19, 1920	22. REGISTRAR'S SIGNATURE John F. Coughlin	23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES _____ NO _____ DATE _____	
Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____	
LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White
Was 1% Silver Nitrate Used to prevent blindness?	

A. A. B.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Twin Falls } ss.

Certificate No. 77408
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for Unnamed McCallister (female child) who was born on Jan. 14, 1920 (Birth or Death)
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) school graduation
true facts are shown by Marriage license prepared on 1-27-69, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child _____

Unnamed _____

Helen Rose McCallister _____

Subscribed and sworn to before me this 27th day of _____

Signed X Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Twin Falls, Idaho
My commission expires 2-9-71
(Seal)

625th Ave No. Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

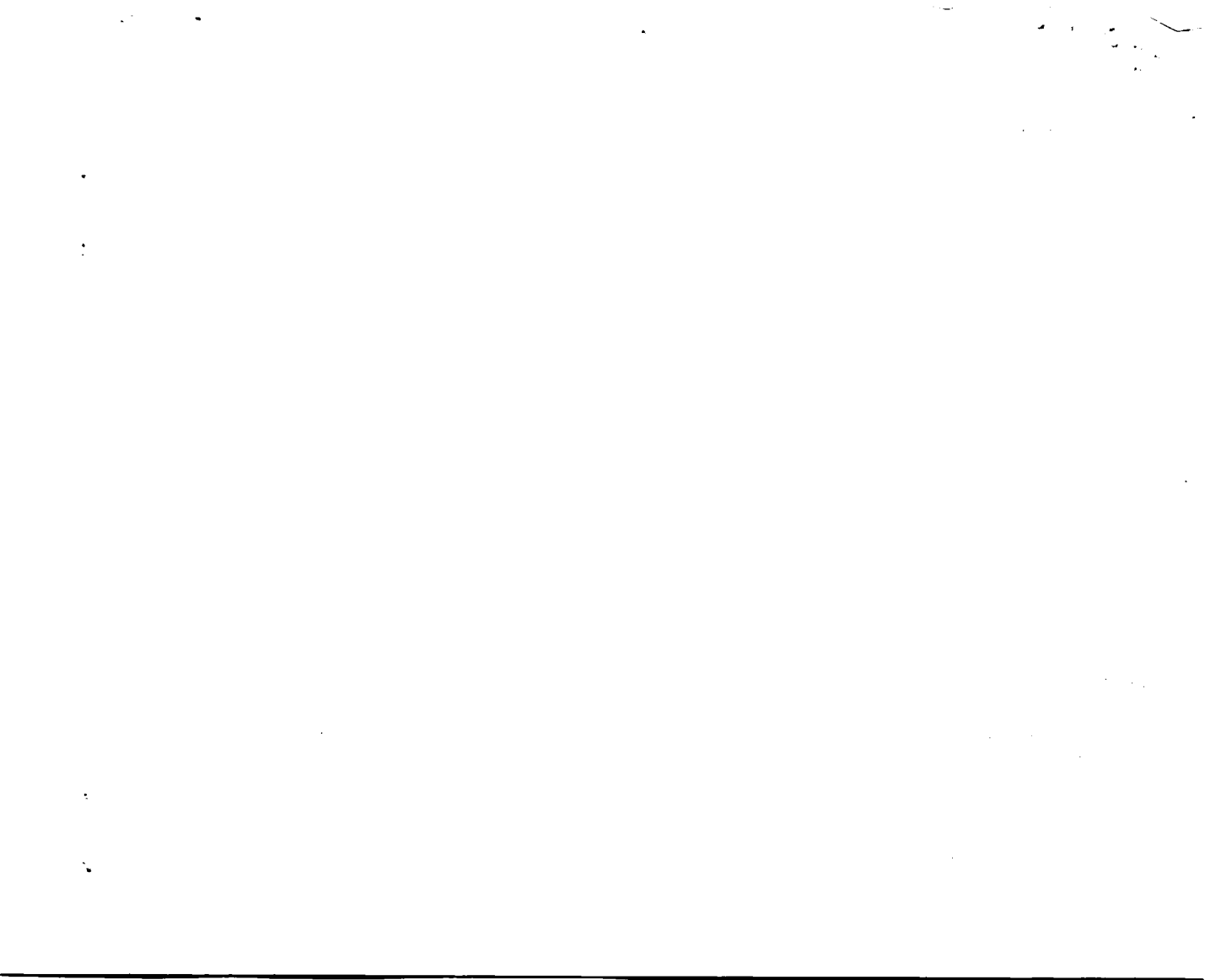
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)



817-218-042-315 Amended 8-5-81
 PLACE OF BIRTH
 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 77409

No. 548 St.

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Marie Frances Hagler

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>2-18-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Fred B Hagler</u>			MOTHER FULL MAIDEN NAME <u>Bertie Canipe</u>	
RESIDENCE <u>Filer, Ida</u>			RESIDENCE <u>Filer, Ida</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Ida</u>			BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
 on the date above stated.

2-18-20, at 4⁰⁰ A. M.
 (Born alive caesarean)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. A. Newberry
Filer, Ida
 (Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 2-18-20

D. A. Newberry
 Registrar

AUG 2 1974

AUG 5 1981

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

JUN 16 8 32 AM '81

Certificate No. 77409
Date Filed _____The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Hagler who was born on Feb. 18, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Filer (Twin Falls) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameomittedMarie Frances Hagler

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)x Marie Frances Hagler
Signature of Applicant

Street Address, City, State

~~SUPPORTING AFFIDAVIT OF A SECOND PERSON~~State of Idaho } ss.
County of Twin Falls(Must be completed ___)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of May, 1981.Notary Public, FOR IDAHO EDWARD H. BATES
Residing at TWIN FALLS, IDAHO
My commission expires JAN 26, 1985
(Seal)Edward H. Bates
Supporting Signature
604 Lincoln St. Kimberly, Idaho
Street Address, City, State

Marriage License and Certificate on file with County of Twin Falls, Idaho, states that Marie Hagler of Buhl, Idaho, was married September 4, 1937. Recorded Book 11 of marriages page 412.
Viewed by V.S.

Notification of birth of child, Crosby Brice Biggerstaff, born June 7, 1940 in Twin Falls, Idaho gives name of mother as Marie√Hagler. Certificate # 299415.
Viewed by V.S.
Frances

265-205-042-265

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of

City of

Registration District No.

File No.

No.

St.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?
(To be answered only in event of plural births)and
Number
in order
of birth

Legitimate?

Date of Birth

(Month)

(Day)

(Year)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

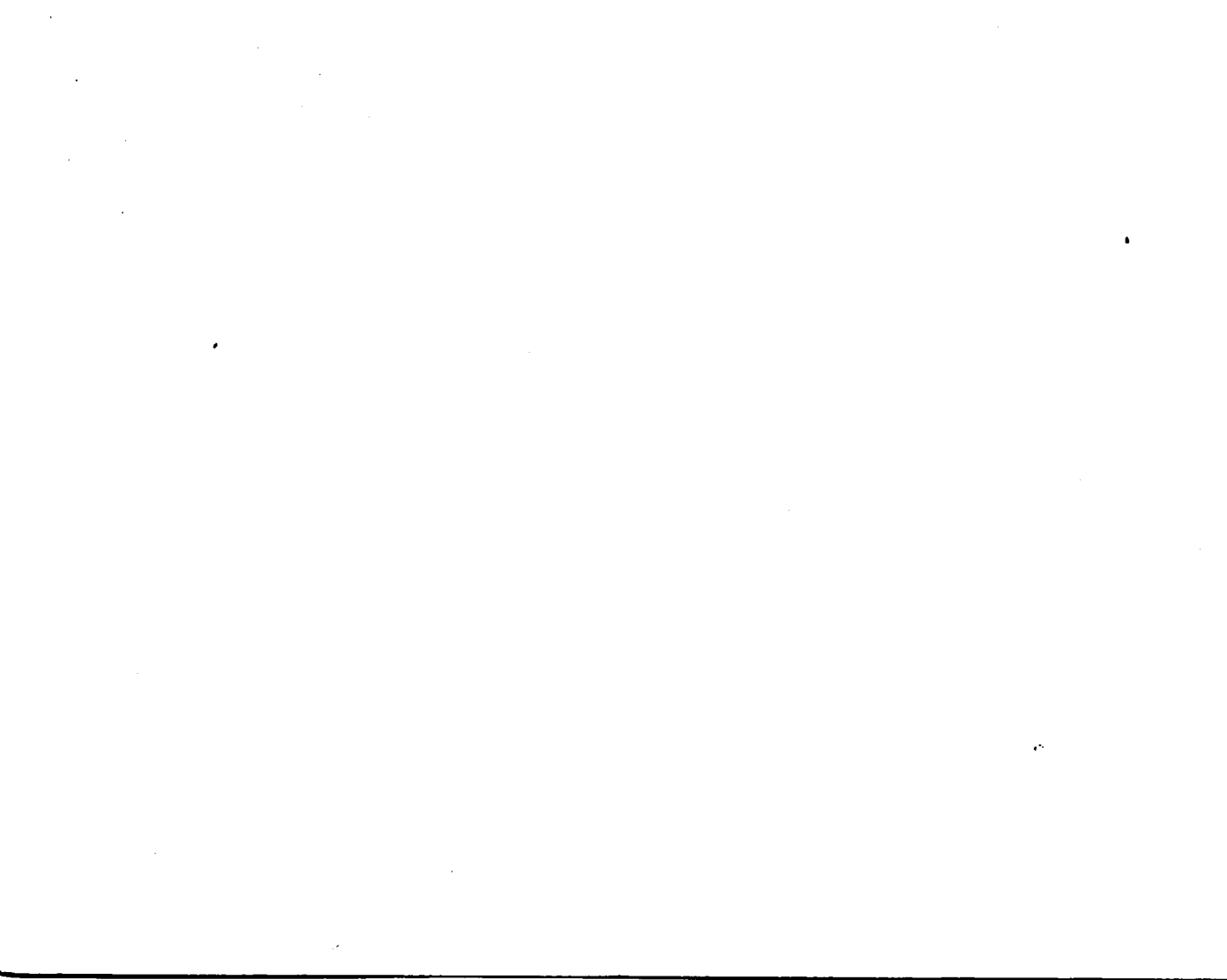
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



254-117-042-313

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Trinity FallsCity of Trinity Falls, Ida.Registration District No. 37File No. 77411

No. _____ St. _____

Primary Registration District No. 1082

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Leo Martin Knudson

Sex of Child

MaleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
BirthFeb 17 1920
(Month) (Day) (Year)FULL
NAMEMr. Martin Knudson

FATHER

RESIDENCE

Hollister, Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY4 1/2
(Years)

BIRTHPLACE

Stavanger, Norway

OCCUPATION

FarmerFULL
MAIDEN
NAMECalice M. Caldwell

MOTHER

RESIDENCE

Hollister, Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY2 9
(Years)

BIRTHPLACE

Omaha, Neb.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11 PM M.
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. D. M. M. M.(Physician Signature)

Given names added from a supplemental report.

19

Address

Trinity Falls, Ida.

Filed

Feb 19 1920 John H. Campbell
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

JUN 11 1973

Dup of 1920-75985
1920-75985

107

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

442-211-042-557

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Twin FallsCity of Twin Falls, IdahoRegistration District No. 37File No. 77412

No. _____ St. _____

Hospital _____ Primary Registration District No. 1085 Registered No. _____FULL NAME OF CHILD Frances Abine Musser
 Sex of Child Female Twin Triplet or other? } and { Number in order of birth } Legiti yes Date of Birth Jan. 11 1920
(To be answered only in event of plural births) (Month) (Day) (Year)
FULL NAME FATHER Wesley H. MusserRESIDENCE Tiler, Ida. RR #2COLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE Abilene, KansasOCCUPATION HousewifeFULL MAIDEN NAME MOTHER Mrs. Vera EagleRESIDENCE Tiler, Ida. RR #2COLOR White AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE Abilene, KansasOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was Born alive, at 2:30 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Honchek(Physician ~~midwife~~)

Given names added from a supplemental report.

19

Address Twin Falls, IdaFiled Feb 19 1920 John F. Coughlin

Registrar

Registrar

NOV 3 1960

386-205-042-791
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. M-C-22-2-17

County of Twin Falls

City of Berger

Registration District No. 38

File No. 77413

No. St.

Primary Registration District No. 2086

Registered No.

Hospital Home

FULL NAME OF CHILD Willa Jean Thomas

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 5 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	---------------------------------------	------------------------	---

FATHER
FULL NAME Herman E. Thomas
RESIDENCE Berger, Idaho
COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Missouri
OCCUPATION Lumberman

MOTHER
FULL MAIDEN NAME Linda M. Protheroe
RESIDENCE Berger, Idaho
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Kansas
OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:20 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho

Filed 3-3 19 20 D. H. Newberry

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1972

JUN 12 1945

318-229-042-693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

County of *Linn*

CERTIFICATE OF BIRTH

City of *Filer*

Registration District No. *38*

File No. *77414*

No. St.

Primary Registration District No. *2086*

Registered No.

Hospital

FULL NAME OF CHILD

Alberta Taylor

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <i>yes</i>	Date of Birth <i>Jan 29 1920</i> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	--

FULL NAME <i>Albert Taylor</i>	FATHER
RESIDENCE <i>Filer, Ida.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>Idaho.</i>	
OCCUPATION <i>Farmer.</i>	

FULL MAIDEN NAME <i>Elissa Wilts.</i>	MOTHER
RESIDENCE <i>Filer, Ida.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>Indiana.</i>	
OCCUPATION <i>Housewife.</i>	

Number of child of this mother, including present birth *Fourth* Number of children of this mother now living, including present birth *Four.*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Frank A. Wright M.D.*

Given names added from a supplemental report.

(Physician or midwife)

Address *Filer, Ida.*

Filed *3-3 1920* *Dr. H. H. Newberry*

Registrar

Registrar

91

449-101-042-399
PLACE OF BIRTHCounty of LincolnCity of Filer

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD OREN JARVIS DURBINSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 38File No. 73415Primary Registration District No. 2086

Registered No. _____

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>3-1-1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>C. A. Durbin</u>		MOTHER FULL MAIDEN NAME <u>Gertie Crisp</u>		
RESIDENCE <u>Filer, Ida.</u>		RESIDENCE <u>Filer, Ida.</u>		
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>Mo.</u>		BIRTHPLACE <u>Mo.</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.3-1-20 at 5⁰⁰ A. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

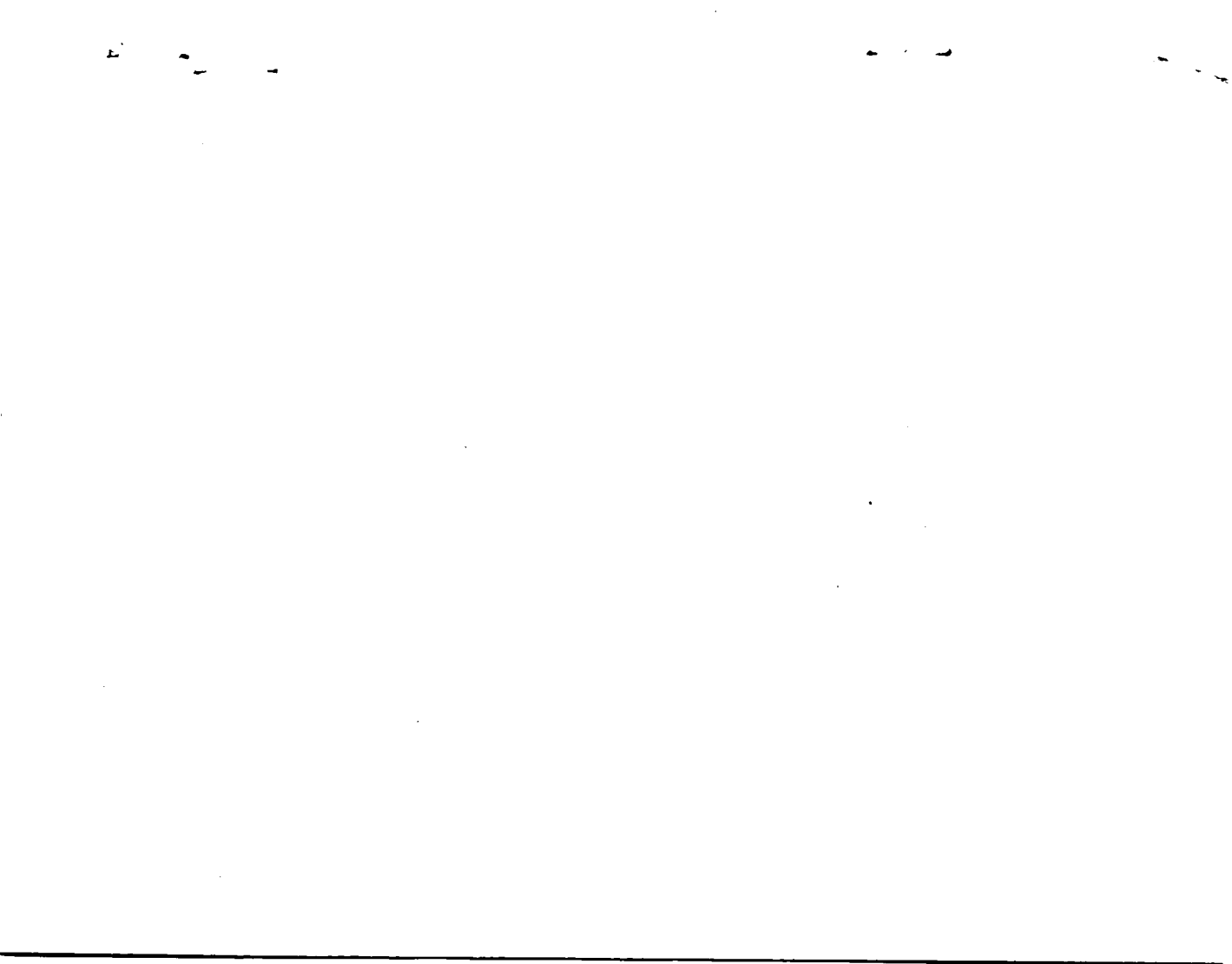
(Signature)

Dr. A. A. Newberry
Filer, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 3-1-19201920Dr. A. A. Newberry
Registrar



MAR 18 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Twin Falls } ss.

Certificate No. 77415

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
 for Oren Jarvis Durbin who was born on Mar 14 1920
 in Triler Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name", "Birth Date", "Cause of Death", Etc.)

FROM
 (As on Original)

TO
 (The Correct Facts)

namenot namedOren Jarvis Durbin

Subscribed and sworn to before me this 13 1942
 day of _____, 19____

Notary Public, residing at _____

My commission expires Feb 7 1945
 (Seal)

Signed Clinton A Durbin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

91737 Napa St Spokane Wash
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
 County of Spokane } ss.

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. MAR 13

Subscribed and sworn to before me this _____

day of _____, 19____

Notary Public, residing at _____

My commission expires Feb 16 1945
 (Seal)

Signed Hertie F. Durbin

(Signature of Any Credible Person Other Than Previous Year)

22 Napa St. 737
 (Street Address, City, State)

MAR 24 1942

DEC 7 1942

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45-4-229-042-962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Trimble

City of Filer

Registration District No. 38

File No. 77416

No. _____ St. _____

Primary Registration District No. 5086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Not Named EDITH EVELYN DeMOSS

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>2-29-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Ernest De Moss</u>		MOTHER FULL MAIDEN NAME <u>Altar Robinson</u>		
RESIDENCE <u>Filer, Ida.</u>		RESIDENCE <u>Filer, Ida.</u>		
COLOR <u>N.</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>N.</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	
BIRTHPLACE <u>Id.</u>		BIRTHPLACE <u>Id.</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 4

Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

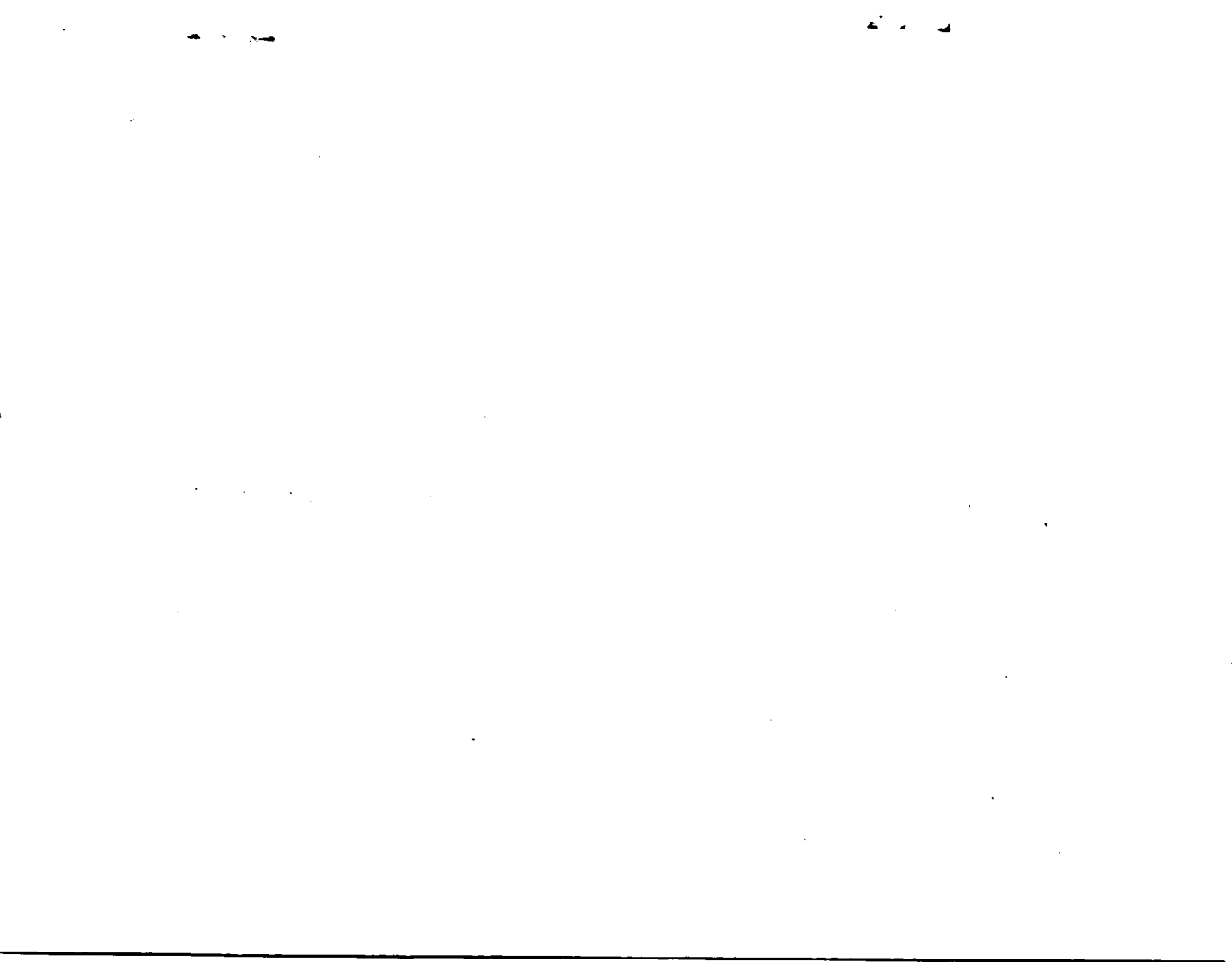
2-29-20 at 11⁰⁰ P. M.
(Born alive or ~~stillborn~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. H. Newberry
Filer, Ida.
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed 2-29-20 Dr. R. H. Newberry
Registrar



STATE OF IDAHO OCT 25 1942
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kansas }
County of Flk. } ss. Certificate No. 77416
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
Name	Unnamed	Edith Evelyn DeMoss
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 17th.
day of October 19 42
Rev. J. J. Jarrett
Notary Public, residing at Howard, Flk Co.,
My commission expires Oct. 22nd. 1944.
(Seal)

Signed Ernest P. DeMoss
(Signature of ~~older~~ brother correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
Kansas.
3715 Maple St. Wichita, Kansas.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss. [This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 27 1942

243-228-042-319
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lincoln FallsCity of FilerRegistration District No. 38File No. 77417

No. _____ St. _____

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Not Named

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>2-28-20</u> (Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <u>Henry Buchanan</u>		FULL MAIDEN NAME <u>Ella Laris</u>		
RESIDENCE <u>Filer, Idaho</u>		RESIDENCE <u>Filer, Idaho</u>		
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	
BIRTHPLACE <u>Kas.</u>		BIRTHPLACE <u>Colo.</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Wife.</u>		
Number of child of this mother, including present birth <u>5</u>		Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

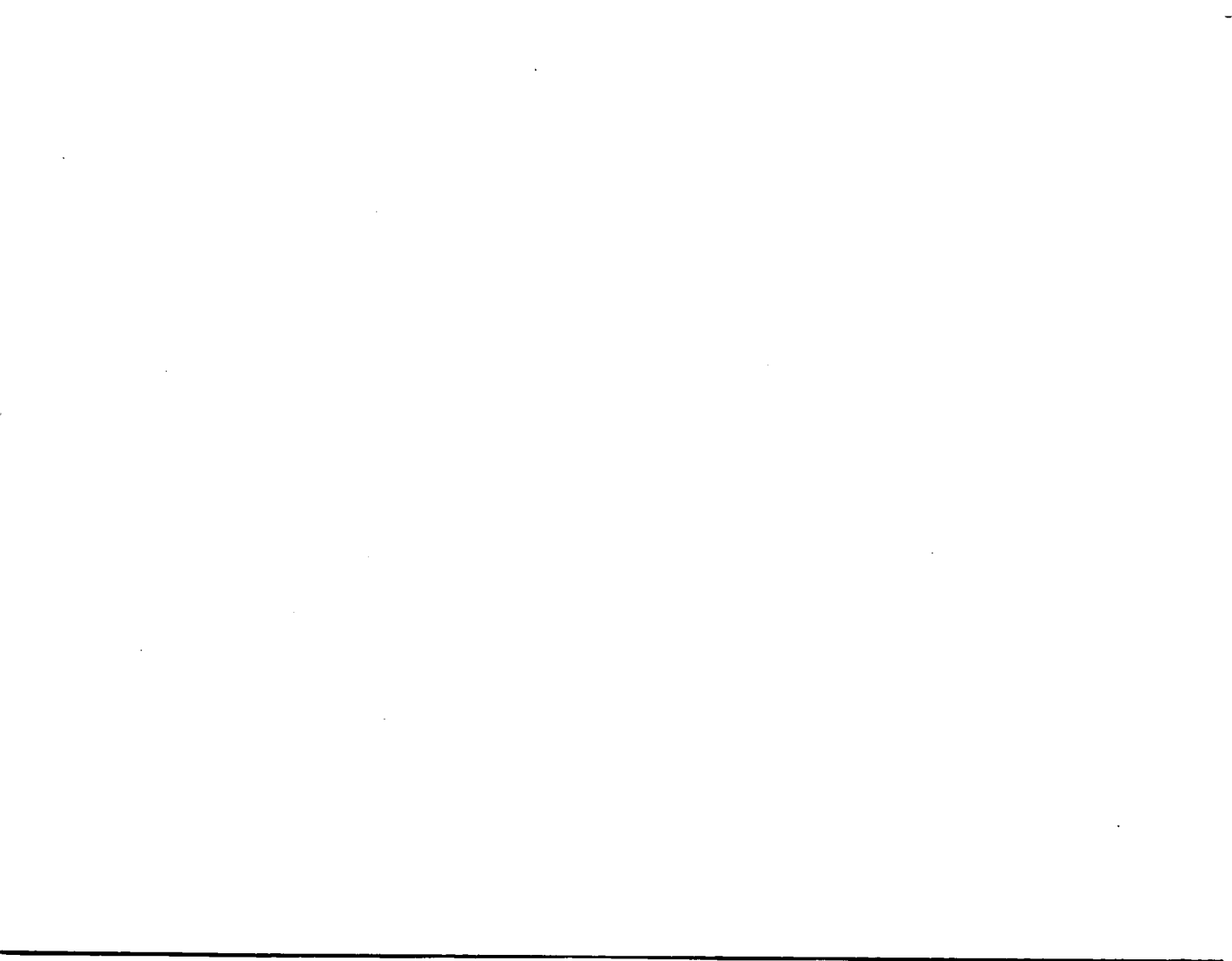
(Signature)

Dr. R. A. Newberry
Filer, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 2-28-20R. A. Newberry
Registrar



816-121-958
PLACE OF BIRTH

County of Lincoln Falls

City of Filer

No. _____ St.

Hospital _____

FULL NAME OF CHILD Everett Floyd Hawkins

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 14-C-25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 38

File No. 77418

Primary Registration District No. 2086

Registered No. _____

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>2-21-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Lancelot E. Hawkins</u> RESIDENCE <u>Filer, Idaho</u> COLOR <u>Wh.</u> AGE AT LAST BIRTHDAY <u>31</u> (Years) BIRTHPLACE <u>Colo.</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Florence E. Reynolds</u> RESIDENCE <u>Filer, Idaho</u> COLOR <u>Wh.</u> AGE AT LAST BIRTHDAY <u>21</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1

Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

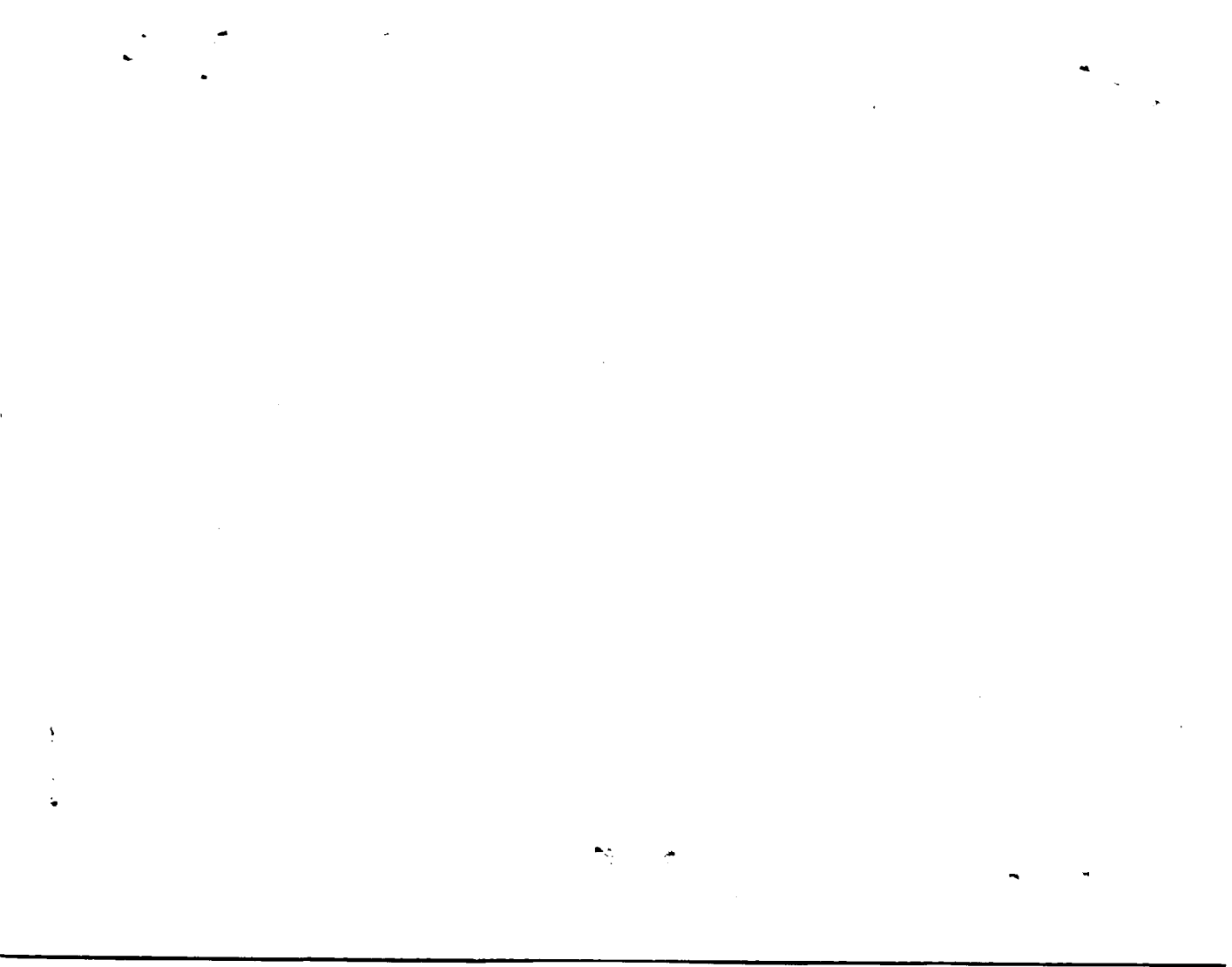
(Signature) D. A. Newberry
Filer, Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____

Address _____

Filed 2-21-20 D. A. Newberry
Registrar



NOV 1 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH ~~OR DEATH~~

State of Idaho } ss.
County of Twin Falls
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Everett Floyd Hawkins who Born (Birth or Death)
in Filer (Name on Original Certificate) (Was Born or Died) on Feb. 21, 1920 (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by none prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth-Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>Name</u>	<u>Unnamed</u>	<u>Everett Floyd Hawkins</u>

Subscribed and sworn to before me this 30th
day of Sept. 19 43
A. E. Erhardt
Notary Public, residing at Vancouver
My commission expires June 21, 1945
(Seal)

Signed Mrs. James Knight
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Apt 320, Ogden Meadows, Vancouver Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Del Norte

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of October 19 43
Bruce King

Signed Pearl Ruby Scouber
(Signature of Any Credible Person Other Than Previous Year)
Smith River Calif
(Street Address, City, State)

Notary Public, residing at Crescent City, Del Norte Co., Calif.
My commission expires 9/25/45
(Seal)

1943

NOV 2

296-113-042-219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Twin FallsCity of FilerRegistration District No. 38File No. 77419

No. _____ St. _____

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Ronald Charles Frown

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate?	Date of Birth <u>2-13</u> 191 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------	---

FATHER		MOTHER	
FULL NAME <u>Chas Frown</u>	FULL MAIDEN NAME <u>Nelia Barnhart</u>	FULL NAME <u>Nelia Barnhart</u>	FULL MAIDEN NAME <u>Nelia Barnhart</u>
RESIDENCE <u>Filer, Ida.</u>	RESIDENCE <u>Filer, Ida.</u>	RESIDENCE <u>Filer, Ida.</u>	RESIDENCE <u>Filer, Ida.</u>
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Suenden</u>	BIRTHPLACE <u>Ida.</u>	BIRTHPLACE <u>Ida.</u>	BIRTHPLACE <u>Ida.</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. <u>3</u>	Number of children of this mother now living, including present birth. <u>3</u>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was
on the date above stated. (Born alive or stillborn) 2-13-20 at 3³⁰ A. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. Newberry(Physician or midwife) Filer, Ida.

Given names added from a supplemental report.

Address _____

Filed 2-13 1920

Registrar _____

Registrar Dr. A. Newberry

DEC 30 1941

866-209-042-785

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Lincoln Falls

CERTIFICATE OF BIRTH

City of FileRegistration District No. 38File No. 77420

No. _____ St. _____

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ MARJORIE EILEEN HOFFMAN

Sex of Child <u>Female</u>	Twin Triflet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>1-9-20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Hugh J. Hoffman</u>			FULL MAIDEN NAME <u>Helen Phelps</u>	
RESIDENCE <u>File, Idaho</u>			RESIDENCE <u>File, Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Minn.</u>			BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>4</u>			Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was
on the date above stated.(Born alive or ~~otherwise~~) 1-9-20 at 2 ¹⁵ 9 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Newberry
File, Idaho
(Physician or midwife)

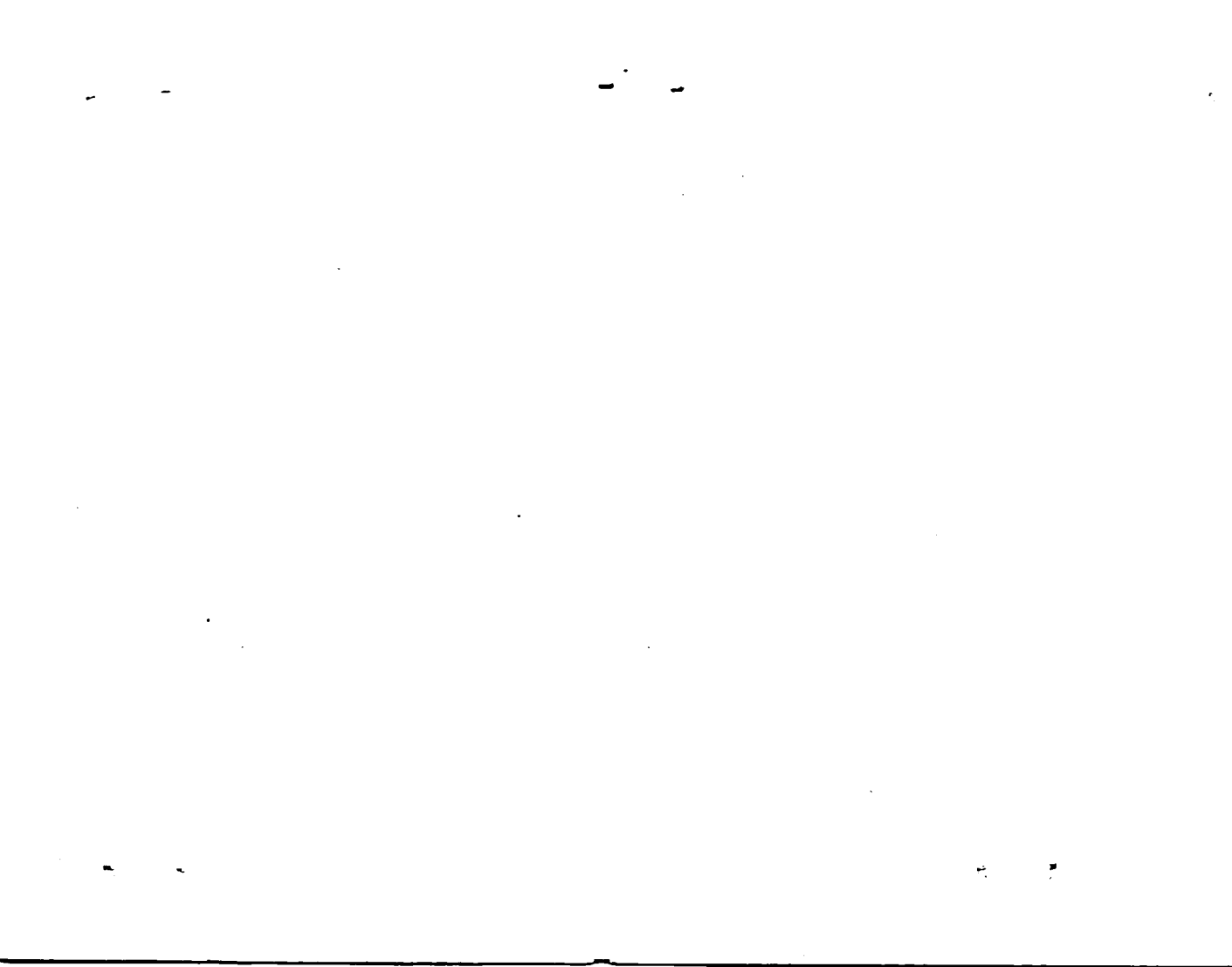
Given names added from a supplemental report.

_____ 19 _____

Address _____

_____ 19 _____

Filed 1-9-20 D. A. Newberry



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of }
County of } ss. Certificate No. 77420
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....
(BIRTH OR DEATH)

for who on
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)

true facts as shown by prepared on are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Unnamed Marjorie Eileen Hoffman

.....
.....

Subscribed and sworn to before me this..... 3 20 19.....
day of March.....

Notary Public, residing at.....
(SEAL)

My commission expires.....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19.....

Notary Public, residing at.....
My commission expires.....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on..... By.....
(REGISTRAR'S SIGNATURE)

JUL 22 1971

MAR 7 1942

958-108-042-395
PLACE OF BIRTHCounty of Linn FallsCity of FilerRegistration District No. 38

No. _____ St.

Primary Registration District No. 2086File No. 77421

Hospital _____

Registered No. _____

FULL NAME OF CHILD

not named

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>1-8-20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME <u>J. C. Gehwalt</u>	FULL MAIDEN NAME <u>Dorothy Lierman</u>
RESIDENCE <u>Filer, Idaho</u>	RESIDENCE <u>Filer, Idaho</u>
COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>21</u> (Years)	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Minn.</u>	BIRTHPLACE <u>Nebr.</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

1-8-20 at 11¹⁵ P. M.(Born alive outside born)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. G. NewberryFiler, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 1-81920D. A. G. Newberry

Registrar

DECEASED

255-106-042-689

PLACE OF BIRTH

County of Twin FallsCity of Buhl

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD Leo Carlyle KendrickSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 39File No. 77422Primary Registration District No. 2087

Registered No. _____

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan. 6, 1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Clifford J. Kendrick</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Maudie Whitaker</u>			
RESIDENCE <u>Buhl Idaho</u>	RESIDENCE <u>Buhl Idaho</u>			
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>19</u> (Years)			
BIRTHPLACE <u>Tennessee</u>	BIRTHPLACE <u>Missouri</u>			
OCCUPATION <u>Clerk</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth.....1

Number of children of this mother now living, including present birth.....1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was January 6, 1920, at 9:20 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Irmen M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Box 866 Buhl IdahoFiled FEB 1 - 1920Registrar J. L. Murphy
Registrar

RECEIVED

NOV 3 1941

OCT 9 1941

APR 3 1942

FEB 19 1943

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-106-042-384

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 77423

Primary Registration District No. 2087

Registered No. _____

Sex of Child <u>Male</u>	Twin Triplet or other? <u>_____</u> and } Number in order of birth <u>_____</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 6</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Clarence E. Coffman</u> RESIDENCE <u>Buhl Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>28</u> (Years) BIRTHPLACE <u>Missouri</u> OCCUPATION <u>Laborer on Construction</u>		MOTHER FULL MAIDEN NAME <u>Josie Churchwell</u> RESIDENCE <u>Buhl Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Arkansas</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jan. 6 - 1920 at 11 50 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Irmen, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho

Filed JAN 11 1920
FEB 1 - 1920
Registrar C. L. Murphy

141-210-042-299

PLACE OF BIRTH

County of Town HallCity of Buhl

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-6-3-17

CERTIFICATE OF BIRTH

Registration District No. 39File No. 7.7.42.4Primary Registration District No. 2.1.87

Registered No.

FULL NAME OF CHILD ELIZABETH ADEALIA ADAMS

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and {Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1</u> <u>10</u> <u>1920</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>W. B. Adams</u>	FATHER
RESIDENCE <u>Buhl - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Tennessee</u>	
OCCUPATION <u>Lumber yard man</u>	

FULL MAIDEN NAME <u>Naomi Bristow</u>	MOTHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Tennessee</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:10 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

..... 19.....

Address Buhl, Idaho

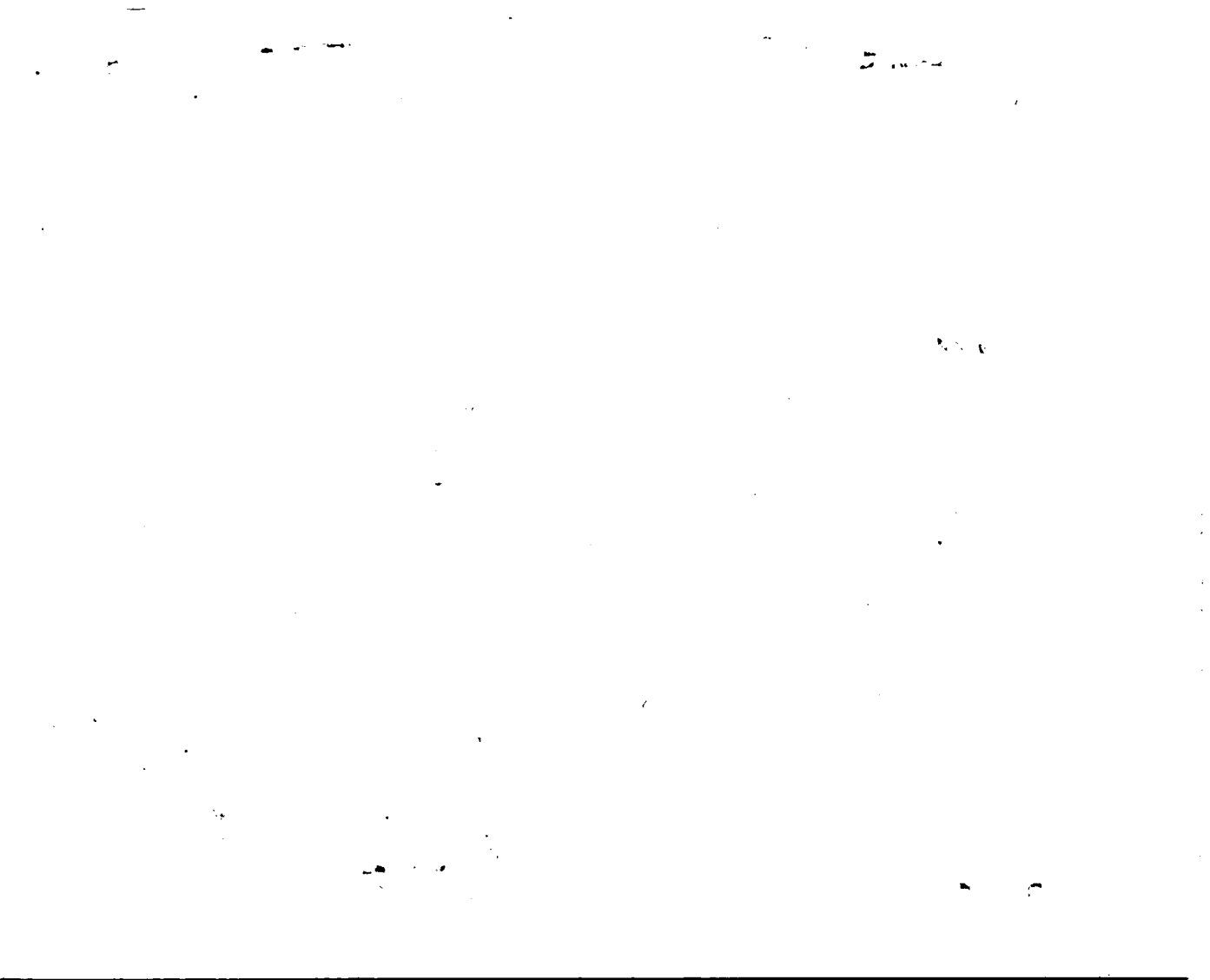
..... 7.....

Filed FEB 1 1920

Registrar

..... [Signature]

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss. _____
Certificate No. 77424
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
Name _____	Unnamed _____	<u>Elizabeth Adella Adams</u>

Subscribed and sworn to before me this 5th
day of April, 19 43
Ernest Anderson
Notary Public, residing at _____
My commission expires 1/14/47
(Seal)

Signed Mrs. W. C. Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss. _____
[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____
Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal) _____
(Street Address, City, State)

APR 5

1942

AUG 20 1974

239-12-042-391
PLACE OF BIRTHCounty of *Twin Falls*City of *Buhl*

.....St.

Hospital

FULL NAME OF CHILD

DOROTHY

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-3-3-17

CERTIFICATE OF BIRTH

Registration District No. *39*File No. *77425*Primary Registration District No. *2087*

Registered No.

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <i>Yes</i>	Date of Birth <i>Jan. 13th 1920</i> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <i>Daniel Eugene Strain</i>	FATHER
RESIDENCE <i>Buhl, Idaho</i>	
COLOR <i>Wht.</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>Sturgeon Mo.</i>	
OCCUPATION <i>Auto. Repair</i>	

FULL MAIDEN NAME <i>Lena Crawford</i>	MOTHER
RESIDENCE <i>Buhl, Ida.</i>	
COLOR <i>Wht.</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
BIRTHPLACE <i>Highby Mo.</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth...*2*..... Number of children of this mother now living, including present birth...*2*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *10:30 P.M.* on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) *Dr. Geo. Jennings*

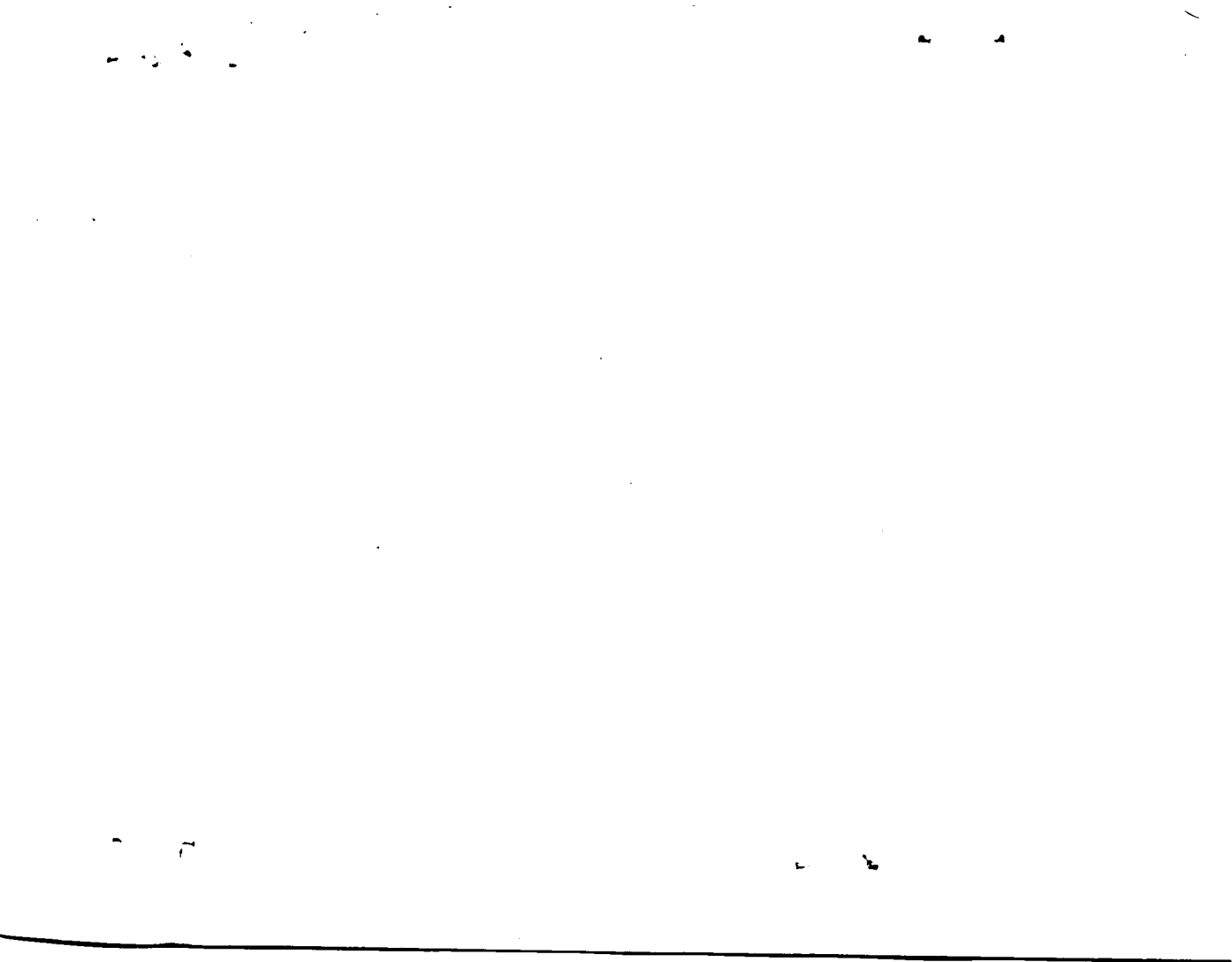
(Physician or midwife)

Given names added from a supplemental report.

Address *Buhl, Idaho*Filed *Feb 14 1920*

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } SS.
Certificate No. 77425
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for unnamed who was born on January 12, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name _____	Unnamed _____	Dorothy Strain _____

Subscribed and sworn to before me this 3
day of March 1943
Paul Eugene Strain
Notary Public, residing at Twin Falls, Idaho
My commission expires January 28, 1944
(SEAL)

Signed Paul Eugene Strain
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
436 5th Ave E - Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } SS.
[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19 _____
Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)
Notary Public, residing at _____
My commission expires _____
(SEAL)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

APR 27 1948

MAR 6 1943

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-115-042693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Trim Falls

City of Buhl

Registration District No. 39

File No. 77426

No. _____ St. _____

Primary Registration District No. 2087

Registered No. _____

Hospital _____

FULL NAME OF CHILD William Thomas Atkins

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u>	and Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 15</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <u>Frank Leonard Atkins</u>		FULL MAIDEN NAME <u>Clara Wilson</u>		
RESIDENCE <u>Buhl Idaho</u>		RESIDENCE <u>Buhl Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>Nebraska</u>		BIRTHPLACE <u>Illinois</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Jan 15 - 1920, at 3:30 A.M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Irmen, M.D.
Physician.
(Physician or midwife)

Given names added from a supplemental report.

Address Box 866 Buhl Idaho.
FEB 1 - 1920
J. H. Murphy
Registrar

MAR 24 1942

MAR 5 1971

11 - 7

209-216-042-219
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-03-17

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 77427

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Charlotte Francis Smithson

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1</u> <u>16</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FATHER
FULL NAME Clyde O. Smithson
RESIDENCE Buhl, Idaho
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Illinois
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Hera Bartlett
RESIDENCE Buhl, Idaho
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Iowa
OCCUPATION House wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 1:00 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

..... 19

Address Buhl, Idaho

..... 19

Filed FEB. 1 - 1920

Registrar

[Signature]
(Physician or midwife)
J. F. Murphy
Registrar

WAV 14 1812

DECEASED

947-216-042-416

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-9-3-17

County of... Twin FallsCity of... BuhlRegistration District No. 39File No. 77428No. St.Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u> }	Legitimate? <u>yes</u>	Date of Birth <u>1</u> / <u>16</u> / <u>1920</u>
(To be answered only in event of plural births)				

FULL NAME <u>Merville S. Tugger</u>	FATHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Minn.</u>	
OCCUPATION <u>Merchant</u>	

FULL MAIDEN NAME <u>Vesta Laville Tugger</u>	MOTHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 11:45 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

.....19.....

Address

.....19.....

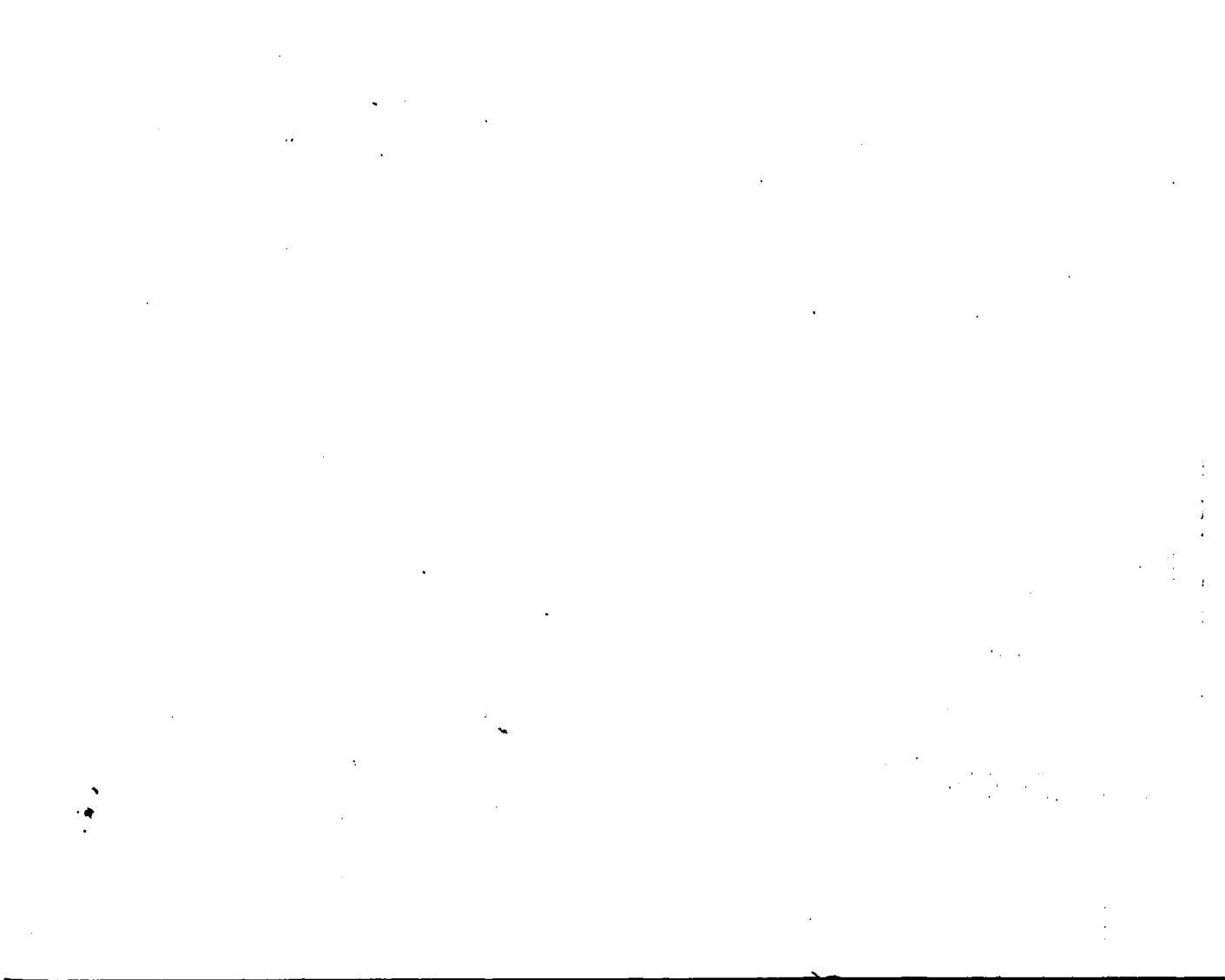
Filed

Registrar

FEB - 1920

19.....

Registrar



595-218-042-554

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20-2-3-17

CERTIFICATE OF BIRTH

County of Twin FallsCity of BuhlRegistration District No. 39File No. 77429

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Edna Viola Ningler

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>1</u> <u>18</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Joseph Ningler</u>	FATHER
RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lophis Newling</u>	MOTHER
RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McCluskey

Given names added from a supplemental report.

Address Buhl IdahoFiled FEB 1 - 1920

Registrar

Registrar

2. 4

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho Certificate No. 77429
County of Twin Falls Date Filed _____
The undersigned does solemnly swear that certain facts of the certificate of Birth
for Unnamed Ningler who born on Jan. 18, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Full Name of Child Unnamed Edna Viola Ningler

Subscribed and sworn to before me this 22nd day of April, 1967

James J. Rudy
Notary Public, residing at Buhl, Idaho
My commission expires May 8, 1967
(Seal)

Signed Edna Viola Ningler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
712 Blue Lake Blvd. Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of April, 1967

Signed Walter A. Olson
(Signature of Any Credible Person)

James J. Rudy
Notary Public, residing at Buhl, Idaho
My commission expires May 8, 1967
(Seal)

RT 1 Buhl, Idaho
(Street Address, City, State)

Family Bible Record, of Joseph and Sophia Ningler gives one full name as
Edna Viola Ningler, born Jan. 18, 1920 - viewed by V.S. AUG 28 1967

Statement from Lois J. Rudy, Registrar, Buhl School District #412, Buhl,
Idaho states "This is to certify that according to the School Census Marshal's
Report of Syringa Common School District #19, Twin Falls County, Idaho,
Edna Viola Ningler was born January 18, 1920. Her parents are listed as
Joseph and Sophia Ningler. This report is dated September 1928." - viewed
by V.S.

214-122-042-239

PLACE OF BIRTH

County of *Twin Falls*

City of *Buhl*

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-9-8-17

Registration District No. *39*

File No. *77430*

Primary Registration District No. *2087*

Registered No.

FULL NAME OF CHILD *BERT KENNETH BAUGHMAN*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>and</i> { Number in order of birth (To be answered only in event of plural births)	Legitimate? <i>yes</i>	Date of Birth <i>1 22 1920</i> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <i>Wm Baughman</i>	FATHER
RESIDENCE <i>Buhl</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>55</i> (Years)
BIRTHPLACE <i>Illinois</i>	
OCCUPATION <i>Lather</i>	

FULL MAIDEN NAME <i>Nellie Strong</i>	MOTHER
RESIDENCE <i>Buhl</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>43</i> (Years)
BIRTHPLACE <i>Kansas</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at *12:30 P.M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *R. H. Murphy*

Given names added from a supplemental report.

..... 19

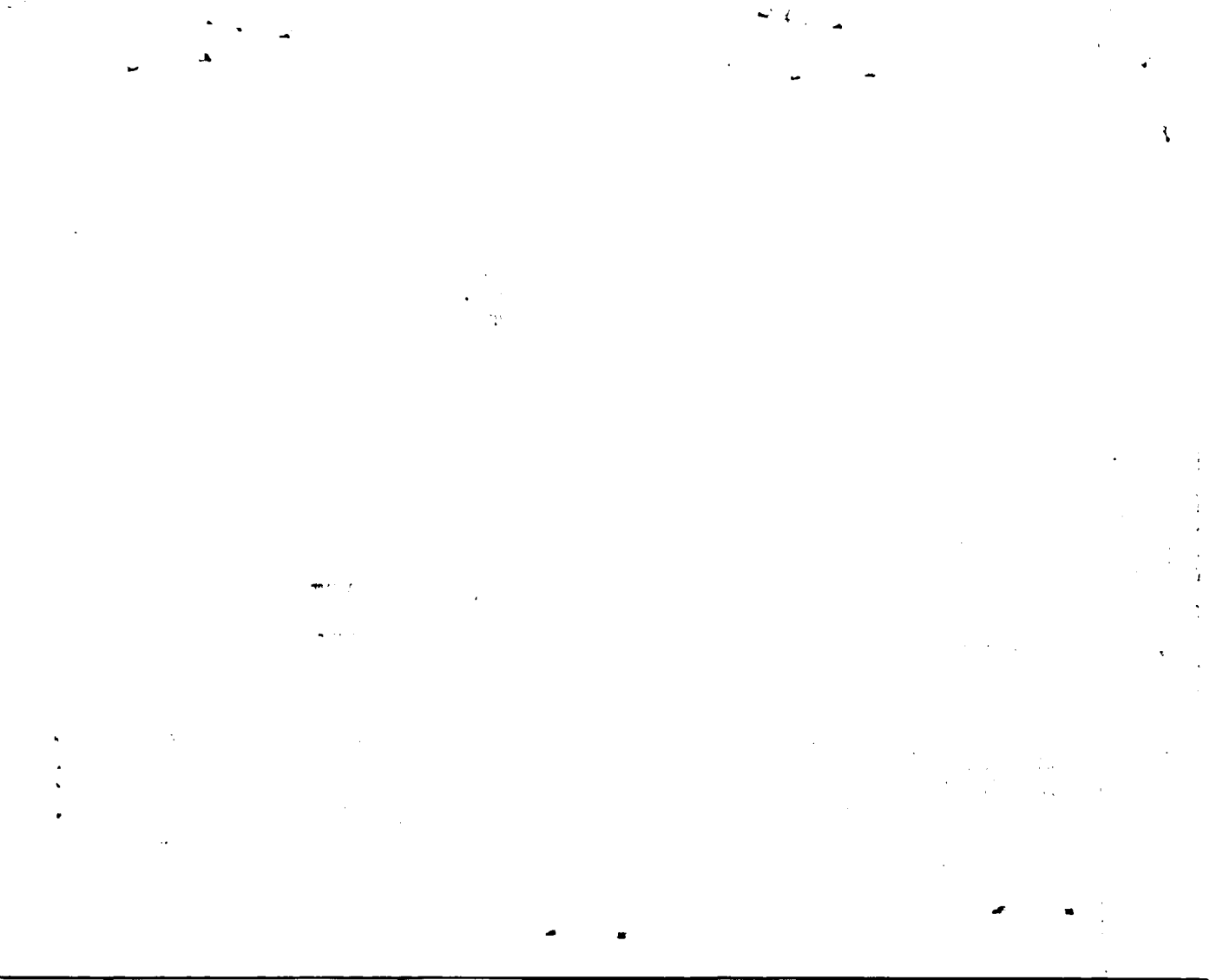
Address *Buhl Idaho*

.....

Filed *FEB 1 - 1920*

Registrar

.....
(Physician or midwife)
R. H. Murphy
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 77430

Date Filed.....

Birth.....

(Birth or death)

for Bert Kenneth Baughman who was born on January 22, 1920
(Name on original certificate) (Was born or died) (Date of event)

in Buhl, Twin Falls County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event) knowledge

true facts as shown by Bible record & mother's prepared on December 1, 1941, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name

Unnamed Baughman

Bert Kenneth Baughman

Subscribed and sworn to before me this 17th
day of December, 19 41

Signed

Mollie E. Baughman mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Buhl RFD #4, Idaho

(Street Address, City, State)

Notary Public, residing at Buhl, Idaho
My commission expires Nov. 14, 1942
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This affidavit MUST also be executed.

(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of December, 19 41

Signed

Elda Labadi

(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Buhl, Idaho
My commission expires Nov. 14, 1942
[SEAL]

Route 4, Buhl, Idaho

(Street Address, City, State)

Received for filing on..... By.....

(Registrar's signature)

967-227-042-697

PLACE OF BIRTH

County of *Twin Falls*City of *Buhl*

No. St.

Hospital

FULL NAME OF CHILD

Sex of Child

*Fem*Twin
Triplet
or other?{ and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?*yes.*

Date of Birth

Jan 27 1900
(Month) (Day) (Year)

FULL NAME

FATHER

Victor B. Rogers.

RESIDENCE

Buhl

COLOR

*wht*AGE AT LAST
BIRTHDAY*35*
(Years)

BIRTHPLACE

Minn

OCCUPATION

*Farmer*FULL MAIDEN
NAME

MOTHER

Edith Ruth Wiggins.

RESIDENCE

Buhl

COLOR

*wht*AGE AT LAST
BIRTHDAY*28*
(Years)

BIRTHPLACE

Garfield Co Wash.

OCCUPATION

*Housewife*Number of child of this mother, including present birth....*6*.... Number of children of this mother now living, including present birth....*6*....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.*When there was no attending physician or
midwife then the father, household, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Given names added from a supplemental report.

(Signature)

Born alive
(Born alive or stillborn)
Dr Geo Jennings
(Physician or midwife)

Address

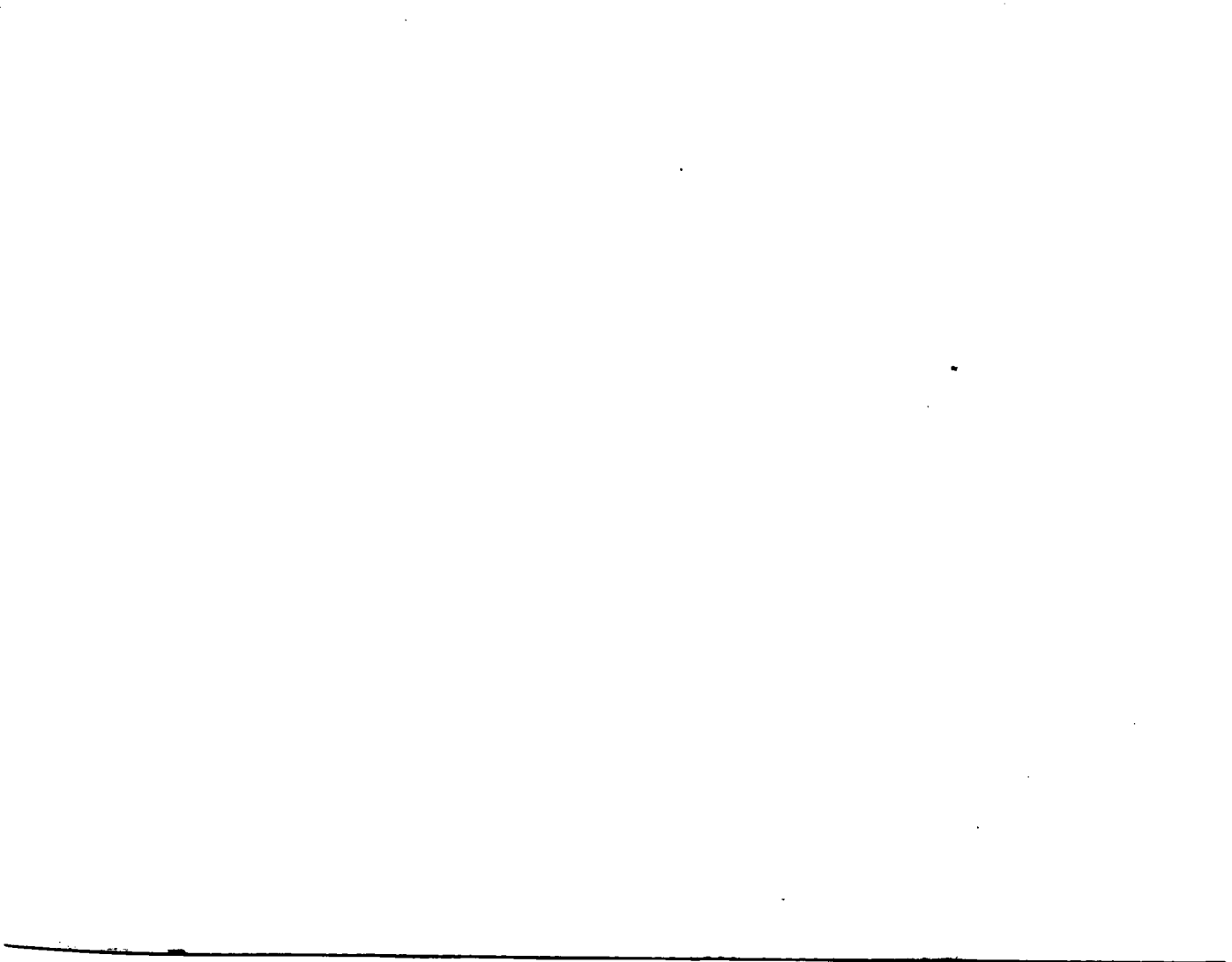
Buhl Idaho

Filed

Jan 1 1920

Registrar

J. H. Murphy
Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-123-042-691
PLACE OF BIRTHCounty of Twin FallsCity of Buhl

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-22m-3-3-17

Registration District No. 39File No. 77432Primary Registration District No. 2087

Registered No.

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>yes</u>	Date of Birth <u>1 23</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Earl C. Foshee</u>		FULL MAIDEN NAME <u>MOTHER</u> <u>Nell. Frazier</u>	
RESIDENCE <u>Buhl</u>		RESIDENCE <u>Tennessee</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Tennessee</u>		BIRTHPLACE <u>Tennessee</u>	
OCCUPATION <u>Salesman</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Murphy

Given names added from a supplemental report.

Address BuhlFiled FEB 1920

Registrar

Registrar

10/10/10

10/10/10

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-223-042-389
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 77433

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Phyllis Marie Lutz

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>yes</u>	Date of Birth <u>1</u> <u>23</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Henry Lutz</u>	FATHER
RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Katrina Christian</u>	MOTHER
RESIDENCE <u>Buhl Idaho</u>	
COLOR	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Murphy
Physician or midwife

Given names added from a supplemental report.

Address Buhl Idaho

Filed FEB 1 1920

Registrar

Registrar

[Handwritten notes, possibly a list or series of entries, written in a cursive script. The text is mostly illegible due to the angle and quality of the scan.]

[Faint handwritten text, possibly a signature or a date.]

Certificate of Birth, Feb. 1, 1920 gives full name of child as Phyllis Marie Lutz, born January 23, 1920 to Henry Lutz and Kath. Christian - viewed by V.S. Certificate of Confirmation, Evangelical Lutheran Church, March 25, 1934, gives full name as Phyllis Marie Lutz, born January 23, 1920 at Clover, Idaho - viewed by V.S.
IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. Certificate No. 77433
County of Twin Falls } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Lutz (female child) who was born on Jan. 23, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) Baptism and Confirmation
true facts are shown by Certificate of / prepared on Feb. 1, 1920, Mar. 25, 1934, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>Full Name of Child</u>	<u>Unnamed</u>	<u>Phyllis Marie Lutz</u>

Subscribed and sworn to before me this 28th day of
February, 1962.
John C. Heworth
(Notary Public, residing at Buhl, Idaho)
My commission expires 12-11-64
(Seal)

Signed Phyllis M. Lutz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
309 11th Ave. North
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Twin Falls }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of
February, 1962.
John C. Heworth
(Notary Public, residing at Buhl, Idaho)
My commission expires 12-11-64
(Seal)

Signed Ernest Meyer
(Signature of Any Credible Person)
88 11th Avenue North
(Street Address, City, State)

MAR 2 1962

893-229-095-289

PLACE OF BIRTH

County of.... *Twin Falls*City of.... *Buhl*No.....*St.*

Hospital.....

FULL NAME OF CHILD.....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-9-8-17

CERTIFICATE OF BIRTH

Registration District No.....*39*File No.....*77434*Primary Registration District No. *2087*

Registered No.....

Sex of Child <i>Female</i>	Twin Triplet or other? <i></i>	and (Number in order of birth)	Legitimate? <i>yes</i>	Date of Birth..... <i>1 29</i> <i>1920</i> (Month) (Day) (Year)
----------------------------	--------------------------------	--------------------------------	------------------------	--

FULL NAME <i>L. E. Nell</i>	FATHER
RESIDENCE <i>Buhl, Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY..... <i>41</i> (Years)
BIRTHPLACE <i>Mo.</i>	
OCCUPATION <i>Farming</i>	

FULL MAIDEN NAME <i>Melissa Byrd</i>	MOTHER
RESIDENCE <i>Buhl, Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY..... <i>31</i> (Years)
BIRTHPLACE <i>Texas</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

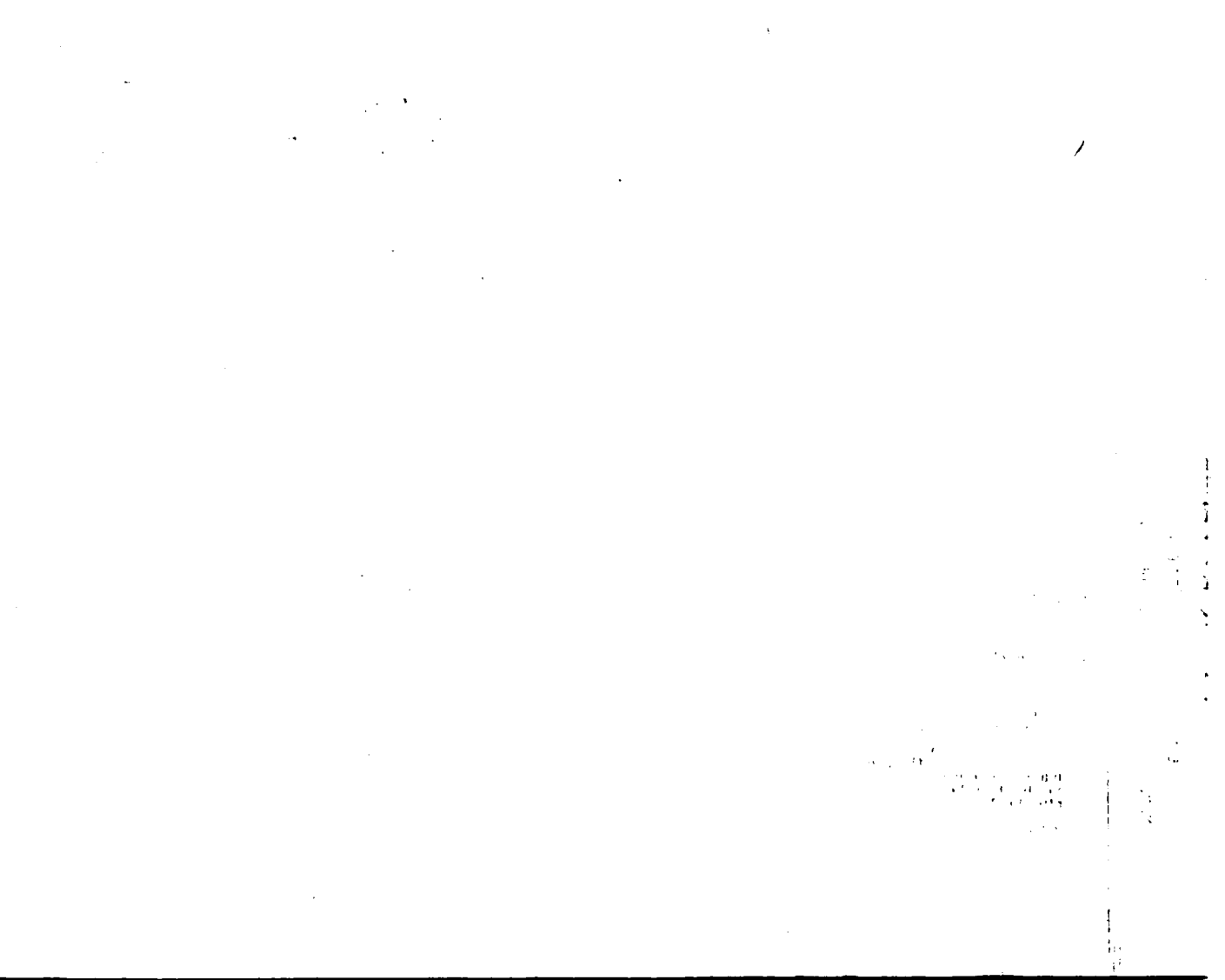
I hereby certify that I attended the birth of this child, who was.....*alive*..... at *1:10*.....
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*[Signature]*.....
.....
(Physician or midwife)

Given names added from a supplemental report.

Address.....*Buhl, Idaho*.....
Filed.....*FEB 1 - 1920*.....
Registrar.....*[Signature]*.....
Registrar



319-129-042-219
PLACE OF BIRTHCounty of Twin FallsCity of Buhl

No. St.

Hospital

FULL NAME OF CHILD ROBERT OSCAR CARLSON

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-17

Registration District No. 39File No. 77435Primary Registration District No. 2087

Registered No.

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>1 29 1912</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------------	------------------------	--

FATHER
FULL NAME Oscar CarlesonRESIDENCE Buhl, IdahoCOLOR white AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE SwedenOCCUPATION FarmingMOTHER
FULL MAIDEN NAME Isabel BarronRESIDENCE Buhl, IdahoCOLOR white AGE AT LAST BIRTHDAY 23
(Years)BIRTHPLACE UtahOCCUPATION Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

..... 19.....

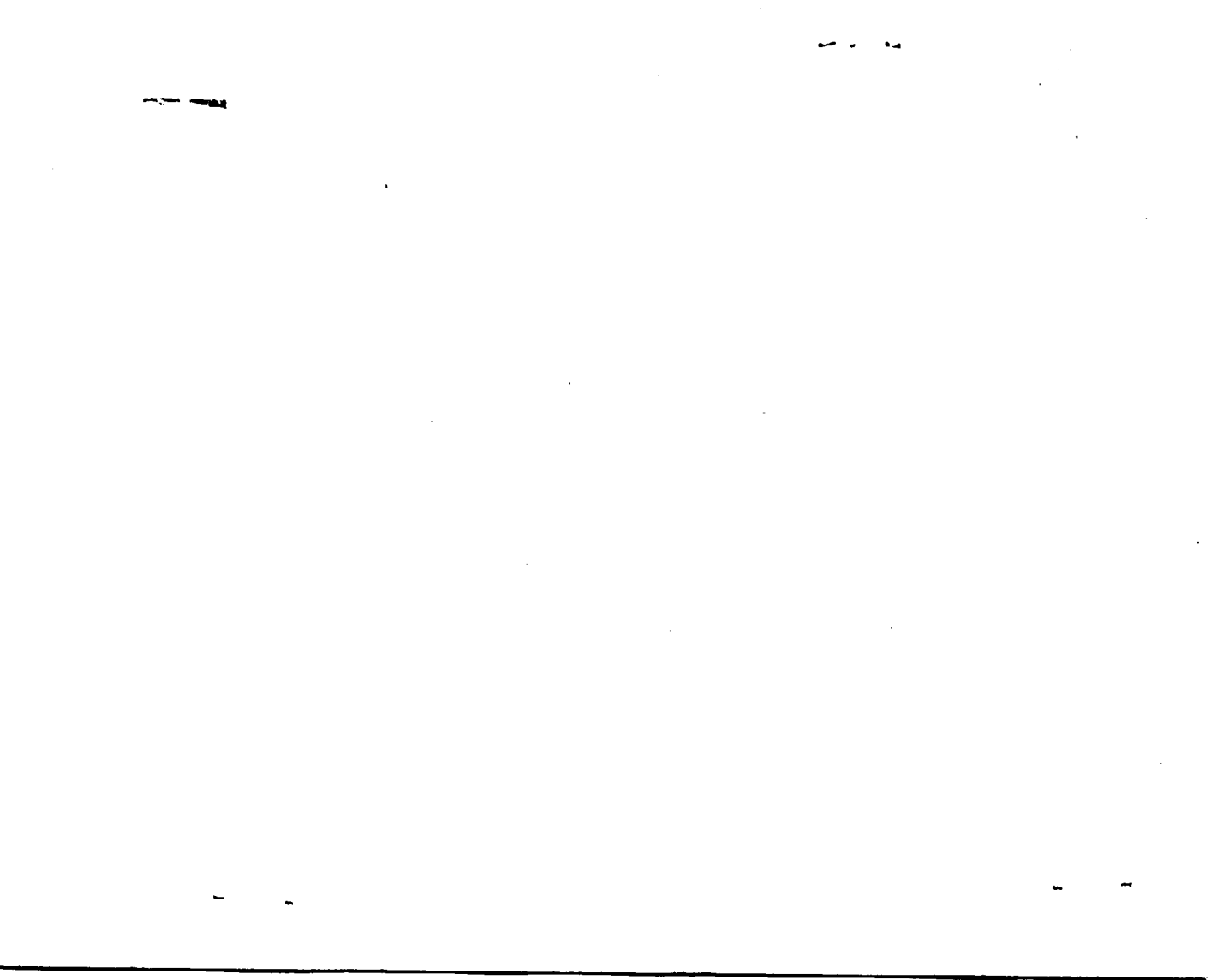
Address Buhl, Idaho

.....

Filed 1912

Registrar

Registrar



JAN 1 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Twin Falls } ss.
 Certificate No. 77435
 Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
 (BIRTH OR DEATH)
 for Unnamed Carlsson who was born on Jan. 29, 1920
 (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
 in Twin Falls County, Idaho erroneous or were omitted; and that, to the best of his knowledge, the
 (PLACE OF EVENT)
 true facts as shown by Parents prepared on _____, are:
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

Name Unnamed Carlsson Robert Oscar Carlsson

Subscribed and sworn to before me this 31
 day of Dec, 19 41
John M. Barker
 Notary Public, residing at Boise
 My commission expires 10/8/42
 (SEAL)

Signed

Robert Oscar Carlsson
 (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rt #1, Boise, Idaho
 (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
 County of Twin Falls } ss.
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31
 day of Dec, 19 41
John M. Barker
 Notary Public, residing at Boise
 My commission expires 10/8/42
 (SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.

(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

Signed

Kabell Carlsson
 (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rt #1, Boise, Idaho
 (STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
 (REGISTRAR'S SIGNATURE)

JAN 10 1962

JAN 2 1962

767-191-042-168
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-22a-8-8-17

County of Twin Falls

City of Buhl Idaho

Registration District No. 39

File No. 77436

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD William Eldred Popp

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>.....</u> and { Number in order of birth <u>.....</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 31</u> <u>20</u> (Month) (Day) (Year)
-------------------------	---	------------------------	---

FATHER
FULL NAME William Popp
RESIDENCE Buhl
COLOR wht AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Haven Kansas
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Kate Johnson
RESIDENCE Buhl
COLOR wht AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Chase Kansas
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) Dr Geo Jennings
(Physician or midwife)

Given names added from a supplemental report.

Address

.....

Filed FEB 1 1920

Registrar

J. H. Murphy
Registrar

3/1/41 L. B.

242-220-042-495
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin FallsCity of BuhlRegistration District No. 39File No. 77437No. St.Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Bussy

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and {Number in order of birth of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 20 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	--	------------------------	--

FULL NAME <u>John Franklin Bussy</u>	FATHER
RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>Wht</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Arkansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Hazel L. Miller</u>	MOTHER
RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>Wht</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Lake City Calif</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

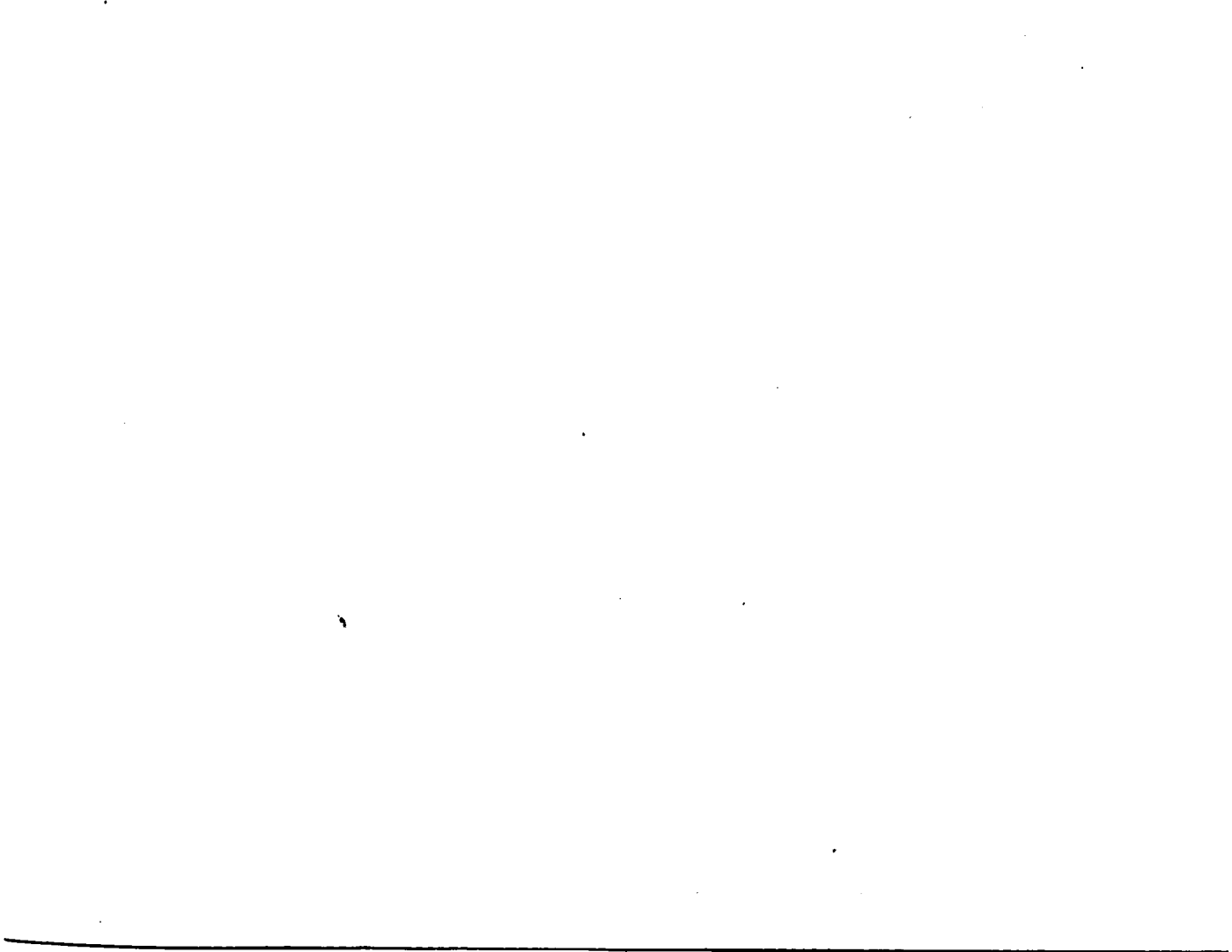
(Signature) Dr. Geo. Jennings
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho
MAR 1 1920
Registrar J. H. Murphy

Registrar

MARGIN RESERVED FOR UNFADING INK. THIS IS A PERMANENT RECORD
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD -
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

884-101-042-5-37
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-4-17

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 77438

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Frank Kenneth Hyde - Jr.

Sex of Child Male Twin Triplet or other? and { Number in order of birth (To be answered only in event of plural births) } Legitimate? yes Date of Birth 2 1 1920
(Month) (Day) (Year)

FULL NAME F. K. Hyde FATHER
RESIDENCE Buhl Idaho
COLOR White AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE N. D.
OCCUPATION Banking

FULL MAIDEN NAME Margaret Ellis MOTHER
RESIDENCE Buhl Idaho
COLOR white AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 5:50 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Flusky
Buhl Idaho
(Physician or midwife)

Given names added from a supplemental report. 19

Address Buhl Idaho
File MAF-1-1920 J. L. Murphy
Registrar

141

MAR 31 1956

8

142-103-042-363

PLACE OF BIRTH

Amended 9-27-56

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-3-3-17

County of Twin FallsCity of BuhlRegistration District No. 39File No. 77439No. St.Primary Registration District No. 2087Registered No. Hospital FULL NAME OF CHILD James Robert Ambrose

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u>	and Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>2 3 1920</u> (Month) (Day) (Year)
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FULL NAME <u>W. A. Ambrose</u>	FATHER	FULL MAIDEN NAME <u>Blara Bolgrone</u>	MOTHER
RESIDENCE <u>Buhl Id.</u>		RESIDENCE <u> </u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Illinois</u>		BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

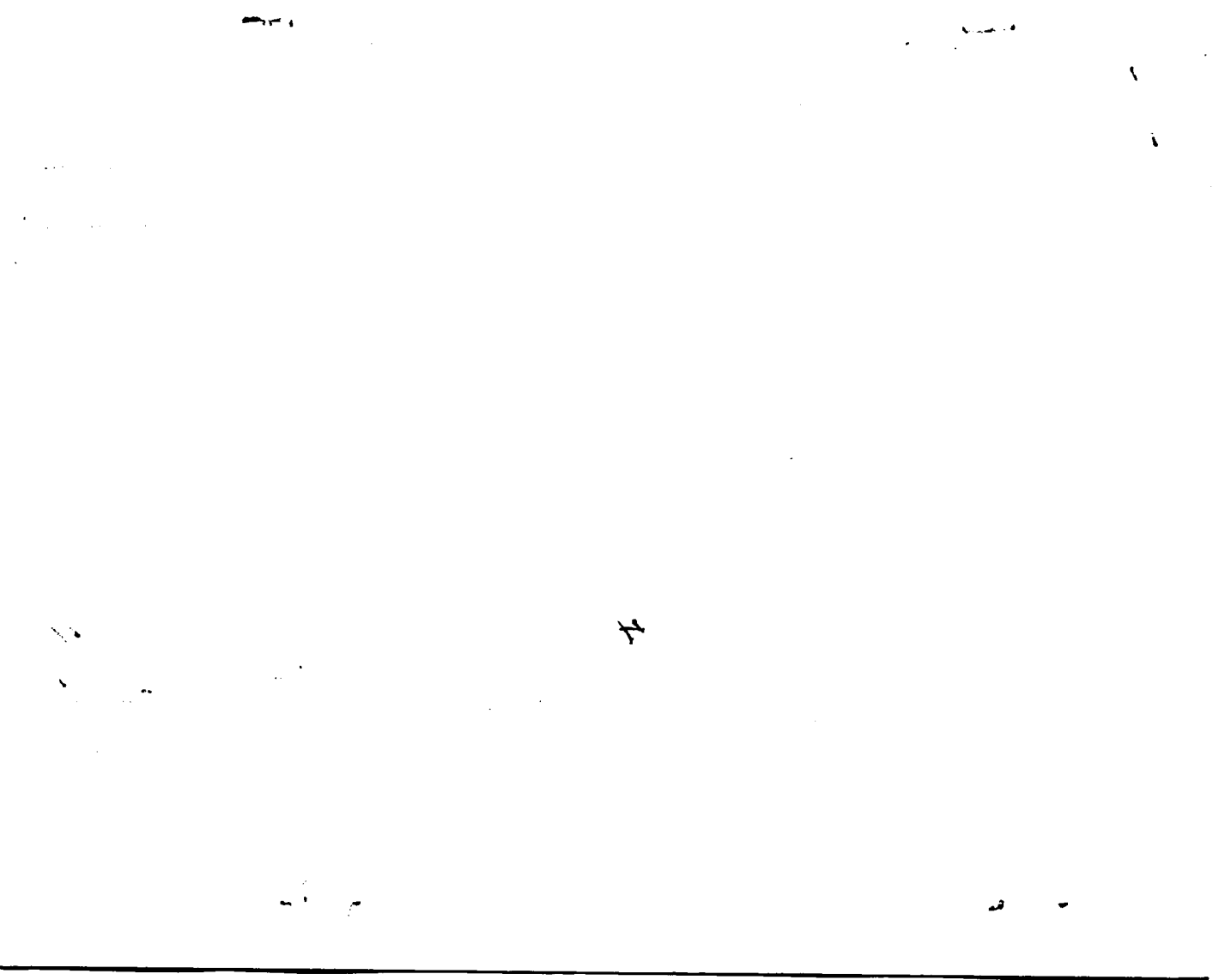
(Signature) [Signature]

Given names added from a supplemental report.

Address Buhl Id.Filed Nov 1 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 77439
County of Sacramento } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for unnamed Ambrose who was born on February 3, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Child's Notificate of Birth prepared on March 1, 1942 are:
Selective Service Card (Bible Record, Insurance Policy, Etc.) Dec. 28, 1944 Viewed by (Give Date) Vital Stat.
FACTS TO BE CORRECTED **FROM** **TO**
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) (The Correct Facts)
Full name of child Unnamed James Robert Ambrose

The undersigned is the mother of James Robert Ambrose
Subscribed and sworn to before me this 9th day of March, 1946
Clara May Ambrose
Notary Public, residing at 2043 Edwin Way Sacto. Cal.
My commission expires March 22, 1960
(Seal) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss. [This Affidavit **MUST** Also be Executed.
County of Sacramento } (See Chapter 139, 1947 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.
Subscribed and sworn to before me this 9th day of March, 1946
Wm. B. Ambrose
Notary Public, residing at 2043 Edwin Way Sacto. Cal.
My commission expires March 22, 1960
(Seal) (Street Address, City, State)

SEP 26 1990



753-204-042-469
PLACE OF BIRTHCounty of Living FallsCity of Buhl

No. St.

Hospital

FULL NAME OF CHILD GERRY ANNE PECKSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.S. No. 42-0-25m-2-3-17

Registration District No. 39File No. 77440Primary Registration District No. 2087

Registered No.

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>2</u> <u>4</u> 191 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>G. L. Peck</u>	FATHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>merchant</u>	

FULL MAIDEN NAME <u>Evelyn Morgan</u>	MOTHER
RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:20 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

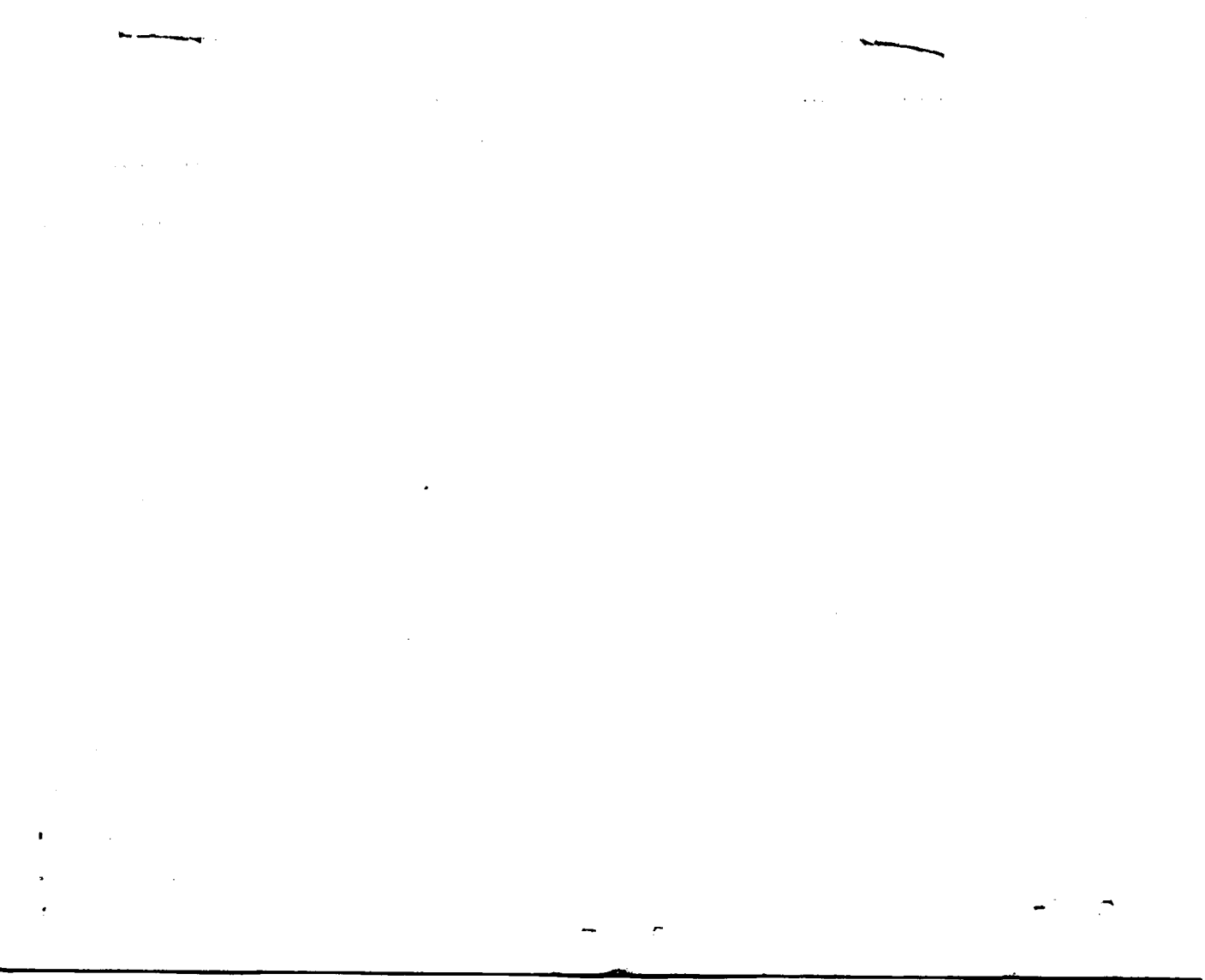
(Signature) [Signature]

Given names added from a supplemental report.

Address Buhl IdahoFiled 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } SS. Certificate No. 77440

County of Twin Falls } Date Filed Nov. 30, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth

for Gerry Peck who was born on Feb. 4, 1920

in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Bible record prepared on 1923, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Unnamed Gerry Peck

Gerry Anne Peck

Subscribed and sworn to before me this 2nd

day of December, 19 42

R. M. McLeod

Notary Public, residing at Los Angeles, Calif.

My commission expires Dec. 5, 1942

(SEAL)

Signed Evelyn Morgan Peck

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } SS.

County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and

that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd

day of December, 19 42

R. M. McLeod

Notary Public, residing at Los Angeles

My commission expires Dec. 5, 1942

(SEAL)

Signed Margaret Amos

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

446 Reverdale St. Glendale

(STREET ADDRESS, CITY, STATE)

California

Received for filing on DEC 9 1942 By

(REGISTRAR'S SIGNATURE)

405 No. Maryland
Calendal

DEC 10 1942

365-206-042-693
PLACE OF BIRTH amend 1-4-82

Form V. S. No. 11-C-25m-33-17
STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No.

39

File No.

77441

No. St.

Primary Registration District No.

2087

Registered No.

Hospital

FULL NAME OF CHILD Bettie Jane Conklin

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> {Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 6</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>R. L. Conklin</u>	FATHER
RESIDENCE <u>Buhl</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary W. Wilson</u>	MOTHER
RESIDENCE <u>Buhl</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Kanran</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3:30 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. H. Woodhead M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Buhl

Filed 1920

Registrar

Registrar

DEC 16 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

DEC 2 1981

State of } ss. Certificate No. 77441
County of } Bureau of Vital Statistics Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Conklin (female) who was born on Feb. 6, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name Unnamed Bettie Jane Conklin

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of
November 1981

Signed Josephine Blacksmith
(Signature of Any Credible Person)

Notary Public, residing at 7235 Markham Dr. 5545 Wedekind Sparks, W.
My commission expires 2/5/83
(Seal) (Street Address, City, State)

JAN 4 1982

Jerome High School Permanent Final Record gives Bettie Jane Conklin completed subjects recorded on 6-14-38. Viewed by V.S.

Washington State Dept of Health Certificate of Birth for Oscar Lee Surgeon born 1-24-43 in Vancouver, Clark County, Washington gives mothers name as Bettie J Conklin. Viewed by V,S,

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-208-042-619
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22m-2-3-37

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 77442

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Elnora L. Morgenstern

Sex of Child <u>Girl</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth (To be answered only in event of plural births) <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>2 8 1930</u> (Month) (Day) (Year)
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FATHER
FULL NAME Fred Morgenstern
RESIDENCE Buhl, Idaho
COLOR white AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Illinois
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Bessie Warren
RESIDENCE Buhl, Idaho
COLOR white AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Indiana
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 3:30 am

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Idaho
Filed MAR 1 1930
Registrar J. L. Murphy

OCT 6 1964

MAR 18 1976

313-108-042-719

PLACE OF BIRTH

County of *Purin Face*City of *Buhl*

No. St.

Registration District No. *37*Primary Registration District No. *2087*

Form V. S. No. 11-0-22a-3-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. *77443*

Registered No.

Hospital

FULL NAME OF CHILD

Loren Donald Call

Sex of Child

*Male*Twin
Triplet
or other?} and
(Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?*Yes*Date of
Birth*2 8 20*
(Month) (Day) (Year)FULL
NAME*Loren Vero Call*

FATHER

RESIDENCE

Buhl, Ida.

COLOR

*White*AGE AT LAST
BIRTHDAY*19*
(Years)

BIRTHPLACE

Baucroft, Ida

OCCUPATION

*Labourer*FULL
MAIDEN
NAME*Electra Parks*

MOTHER

RESIDENCE

Buhl, Ida.

COLOR

*White*AGE AT LAST
BIRTHDAY*17*
(Years)

BIRTHPLACE

Rigby, Ida.

OCCUPATION

*Housewife*Number of child of this mother, including present birth... *1*Number of children of this mother now living, including present birth... *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

George E. Jennings M.D.
(Born alive or stillborn).

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

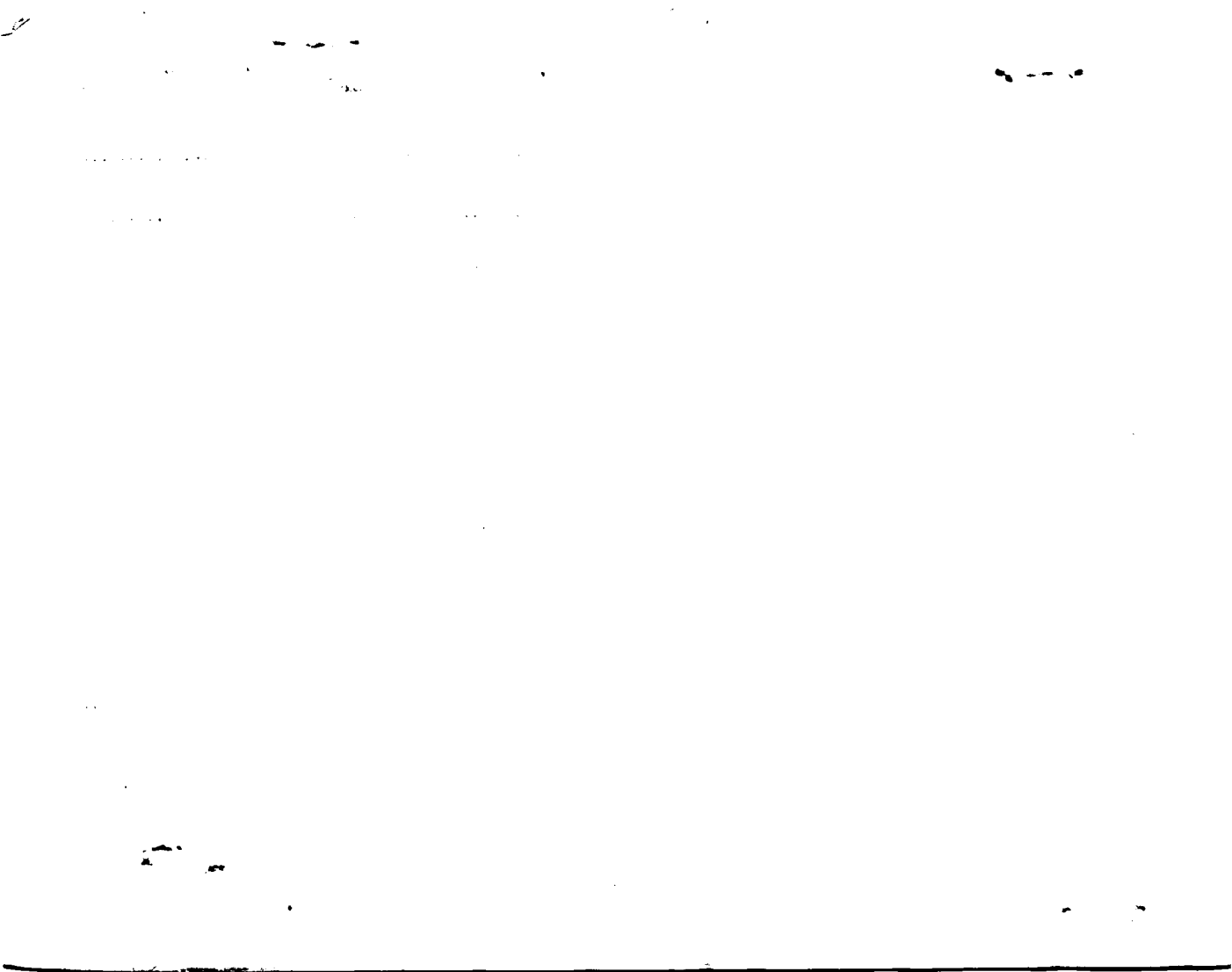
Address

Filed

MAR 1 1920

Registrar

Buhl, Ida
J. H. Murphy
Registrar



DIVISION OF
VITAL STATISTICSDEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICSLEWIS WILLIAMS
SPECIAL AGENT

Boise, Idaho

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT
DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE

Dear Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you upon receipt of this blank.

Thanking you in advance for your courtesy in taking care of this matter immediately in order that the records may be completed, I am

*made out by mother
to make corrections
on certificate*

Sincerely yours,
Lewis Williams
Lewis Williams
Special Agent, Bureau of the Census.

PLEASE WRITE PLAINLY

FULL NAME OF CHILD

PLACE OF
BIRTHDATE OF
BIRTHSEX OF
CHILD

1. Number of children born to this mother, including present birth 2
 2. Number born alive and now living JUL 10 1951
 3. Number born alive but now dead 2
 4. Number of children born dead —

FATHERMOTHER

Loren Vasco Call
(Full Name)

Electra Parks Call
(Full Maiden Name)

(Deceased)
(Residence)

311-28th St, San Francisco
(Residence) *Calif.*

Age at last birthday

Age at last birthday

Bancroft, Idaho
(Birthplace)

Rigny, Idaho
(Birthplace)

—
(Occupation)

Stenographer
(Occupation)

236-212-043-843
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-9-17

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No.

39

File No.

77444

No. St.

Primary Registration District No.

2087

Registered No.

Hospital

FULL NAME OF CHILD Gladys Imogene S. Stockton

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>2</u> <u>12</u> <u>1912</u> (Month) (Day) (Year)
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FULL NAME <u>Herschel S. Stockton</u>	FATHER
RESIDENCE <u>Buhl, Ida.</u>	
COLOR <u>Wht.</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Hopkins, Mo.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Georgie Hulet</u>	MOTHER
RESIDENCE <u>Buhl, Ida.</u>	
COLOR <u>Wht.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Nevada, Mo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife (then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) Mr. Geo. J. Jennings
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida.

Address Buhl, Ida.

19.....

Filed MAY 1 1920

Registrar

Registrar J. L. Murphy

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 4 1971

666-212-042-394
PLACE OF BIRTH

County of Turner Falls

City of T. Buhl

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-28m-9-8-17

Registration District No. 39

File No. 77445

Primary Registration District No. 2087

Registered No.

FULL NAME OF CHILD DOROTHY CELESTA WOOD

Sex of Child <u>Girl</u>	Twin Triplet or other? <u> }</u> and { Number in order of birth <u> </u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>2</u> <u>12</u> <u>1912</u> (Month) (Day) (Year)
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FULL NAME <u>Guy Wood</u>	FATHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Mary Bruce</u>	MOTHER
RESIDENCE <u>Buhl, Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:55 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Chucky

Given names added from a supplemental report.

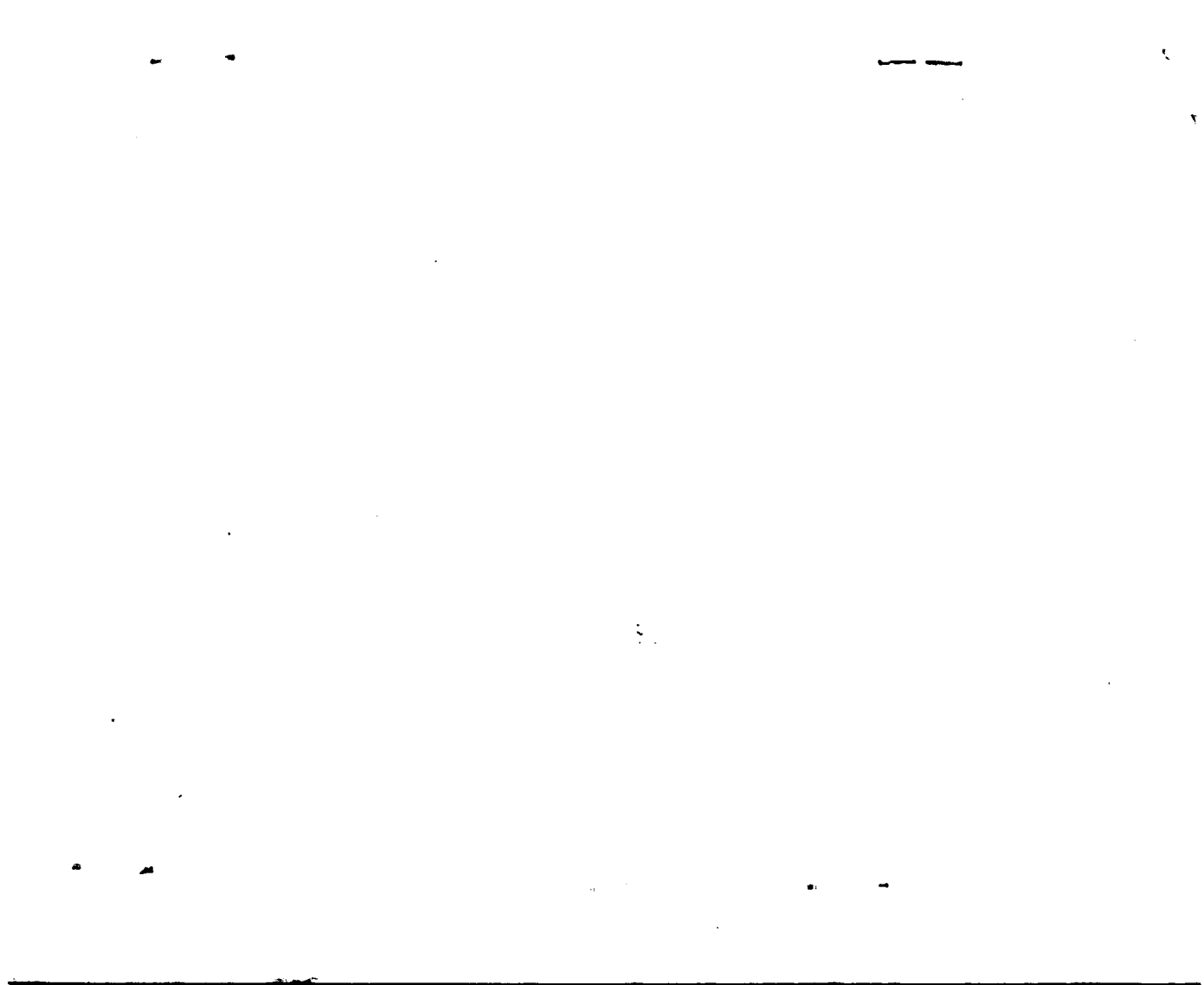
(Physician or midwife) Buhl, Idaho

Address 19 1920

Registrar

Filed MAR 1 1920

Registrar J. H. Murphy



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 77445
County of Los Angeles }
The undersigned does solemnly swear that certain facts on the certificate of Birth

for No Name who Born on February 12, 1920 (Birth or Death)
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Home are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name unnamed Dorothy Celesta Wood
Dorothy Celesta Wood

Subscribed and sworn to before me this third
day of April, 19 42

Signed Mrs Mary Wood (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
971 E 4th Pomona Calif
(Street Address, City, State)

Notary Public, residing at 1095 W. 4th Pomona Calif
My commission expires 6. 27. 45
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this third
day of April, 19 42

Signed Mrs Ella Henderson
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at 1095 W 4th Pomona 1052 Roman Ave Wilmington Calif
My commission expires 6. 27. 45
(Seal) APR 8 1942
(Street Address, City, State)

APR 9 1942

219-213-042-236
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-5-17

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 77446

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Ethel Harnett Barker

Sex of Child <u>Girl</u>	Twin Triplet or other? <u> </u>	and Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>2 13 1913</u> (Month) (Day) (Year)
--------------------------	--------------------------------------	--	------------------------	--

FULL NAME <u>E. J. Barker</u>	FATHER
RESIDENCE <u>Buhl. Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Salesman</u>	

FULL MAIDEN NAME <u>Mary Bell Scott</u>	MOTHER
RESIDENCE <u>Buhl. Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:52 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. H. Murphy

Given names added from a supplemental report.

Address Buhl, Ida

Filed MAR 1 1913

Registrar

Registrar

100

100

493-24-042-751
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G-22a-4-5-17

CERTIFICATE OF BIRTH

County of Twin FallsCity of BuhlRegistration District No. 39File No. 77447No. St.Primary Registration District No. 2087Registered No.Hospital

FULL NAME OF CHILD

LOLA MARIE

Spick

Sex of Child

FemaleTwin
Triplet
or other?} and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
Birth2141912

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Marshall Nelson Spick

RESIDENCE

Buhl, Ida.

COLOR

Wht.AGE AT LAST
BIRTHDAY43

(Years)

BIRTHPLACE

Lebanon, Ind.

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Laura Bell Dearbey

RESIDENCE

Buhl, Ida.

COLOR

Wht.AGE AT LAST
BIRTHDAY42

(Years)

BIRTHPLACE

York, Nebr.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5: P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Geo. J. Jennings

(Physician or midwife)

Given names added from a supplemental report.

Address

Buhl, Idaho

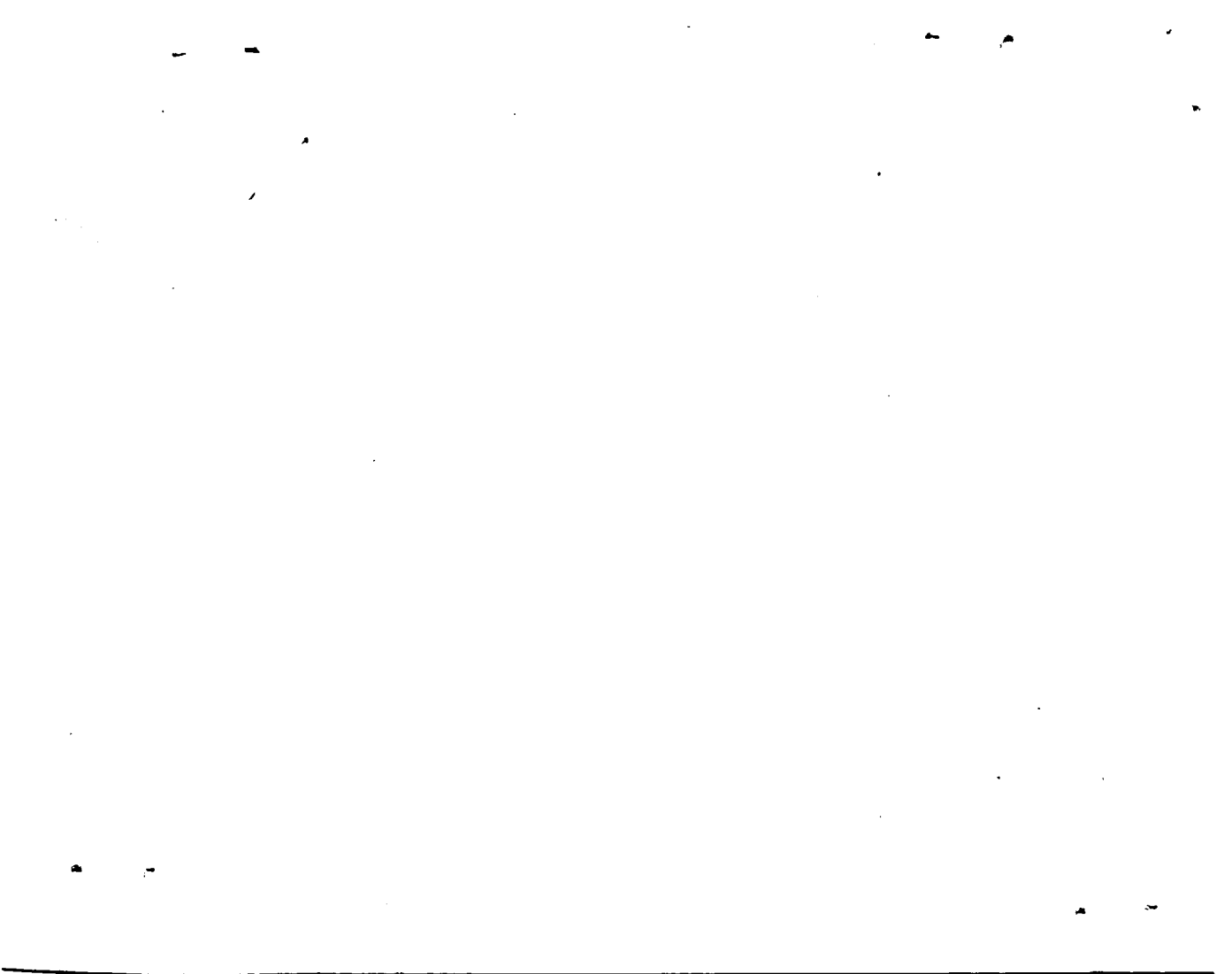
Filed

MAR 1 1920

Registrar

Filed

10J. H. Murphy
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Dick who born on Feb 14, 1920 (Birth or Death)
in Buhl, Idaho (Was Born or Died) (Date of Event)
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED (“Name”, “Birth Date”, “Cause of Death”, Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	<u>Lola Marie Dick</u>
<u>Lola Marie Dick</u>		

Subscribed and sworn to before me this 13th
day of April, 1943
A. G. Chapman
-Notary Public, residing at for Oregon
My commission expires March 1, 1947
(Seal)

Signed Helma B. Sample
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1117-SW 5th Ave Portland Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19____.
Notary Public, residing at _____
My commission expires _____
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 16 1943

814-2042-318
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

County of *Twin Falls*

City of *Buhl*

Registration District No. *39*

File No. *77448*

No. St.

Primary Registration District No. *2087*

Registered No.

Hospital

FULL NAME OF CHILD *Dollie Leola Hammond*

Sex of Child <i>Girl</i>	Twins Triplet or other? <i>No</i>	and { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <i>yes</i>	Date of Birth <i>2 17 1912</i> (Month) (Day) (Year)
--------------------------	-----------------------------------	--	------------------------	--

FULL NAME <i>J. E. Hammond</i>	FATHER	FULL MAIDEN NAME <i>Dollie Taylor</i>	MOTHER
RESIDENCE <i>Buhl Idaho</i>		RESIDENCE <i>Buhl Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)	COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>Wyoming</i>		BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Gardening</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. (Born alive or stillborn) at *4:30 P. M.*

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. F. Murphy*

(Physician or midwife)

Given names added from a supplemental report.

Address *Buhl Idaho*

Filed *MAR 1 1912*

Registrar

Registrar *J. F. Murphy*

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. **JUL 26 1 48 PM '77**
Certificate No. 77448
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Hammond (female) who was born on Feb 17, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho (Twin Falls.) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name

Unnamed

Dollie Leola Hammond

Subscribed and sworn to before me this 17th day of

July Robert A. Menefee
Notary Public, residing at Rupert, Idaho

My commission expires Life

(Seal)

Signed Lu Stinson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of

July Robert A. Menefee
Notary Public, residing at Rupert, Idaho

My commission expires Life

(Seal)

Signed Dollie Caldwell (sister)

(Signature of Any Credible Person)

314 So 4th Rupert Idaho
(Street Address, City, State)

Childs own birth certificate on file with Vital Statistics gives name of mother as Dollie Leola ~~Hanson~~ Hammond. Child born July 28, 1949 in Rupert, Idaho, on July 28, 1949. Certificate # 49-11376

Marriage license for Raymond Wall and Dollie Leola ~~Hanson~~ Hammond gives maiden name correctly spelled. Married Sept. 18, 1937 in Minidoka County, Idaho.

Viewed by V.S.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-117-042-432

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Twin Falls.

City of Castleford.

Registration District No. 39

File No. 77449

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Robert Gale Cannon

Sex of Child <u>Male</u>	Twin Triplet or other? <u>Singled</u>	Number in order of birth <u>—</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb 17 1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER Joseph W. Cannon</u>	FULL MAIDEN NAME <u>MOTHER Iva McBride</u>			
RESIDENCE <u>Not known</u>	RESIDENCE <u>Castleford Idaho</u>			
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	
BIRTHPLACE <u>Nebraska</u>	BIRTHPLACE <u>Idaho</u>			
OCCUPATION <u>no occupation</u>	OCCUPATION <u>Housewife</u>			
Number of child of this mother, including present birth <u>One</u>		Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Feb 17 - 1920 at 5:30 A. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Lynnen

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed MAR 1 1920

J. H. Murphy
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

439-217-042-214
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-9-8-17

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 77450

No. St

Primary Registration District No. 2087

Registered No. 20

Hospital St

FULL NAME OF CHILD Loretta Ulrich

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>2 19 20</u> (Month) (Day) (Year)
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FULL NAME <u>Edmund Ulrich</u>	FATHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Mary Baucke</u>	MOTHER
RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Murphy

Given names added from a supplemental report.

(Physician or midwife) Buhl Idaho

Address Buhl Idaho

File MAR 1 1920

Registrar J. H. Murphy

MAR 26 1974

435 PLACE OF BIRTH - 819

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2-22-38-0

County of LincolnCity of PaulRegistration District No. 39File No. 77451No. 2087 St.Primary Registration District No. 2087Registered No. 2087HospitalFULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> and { Number in order of birth <u>.....</u> }	Legitimate? <u>yes</u>	Date of Birth <u>2</u> <u>18</u> <u>1917</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Chas Mcnelly</u>	FATHER
RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Minn</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ina Hart</u>	MOTHER
RESIDENCE <u>Buhl. Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Minny</u>	
OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

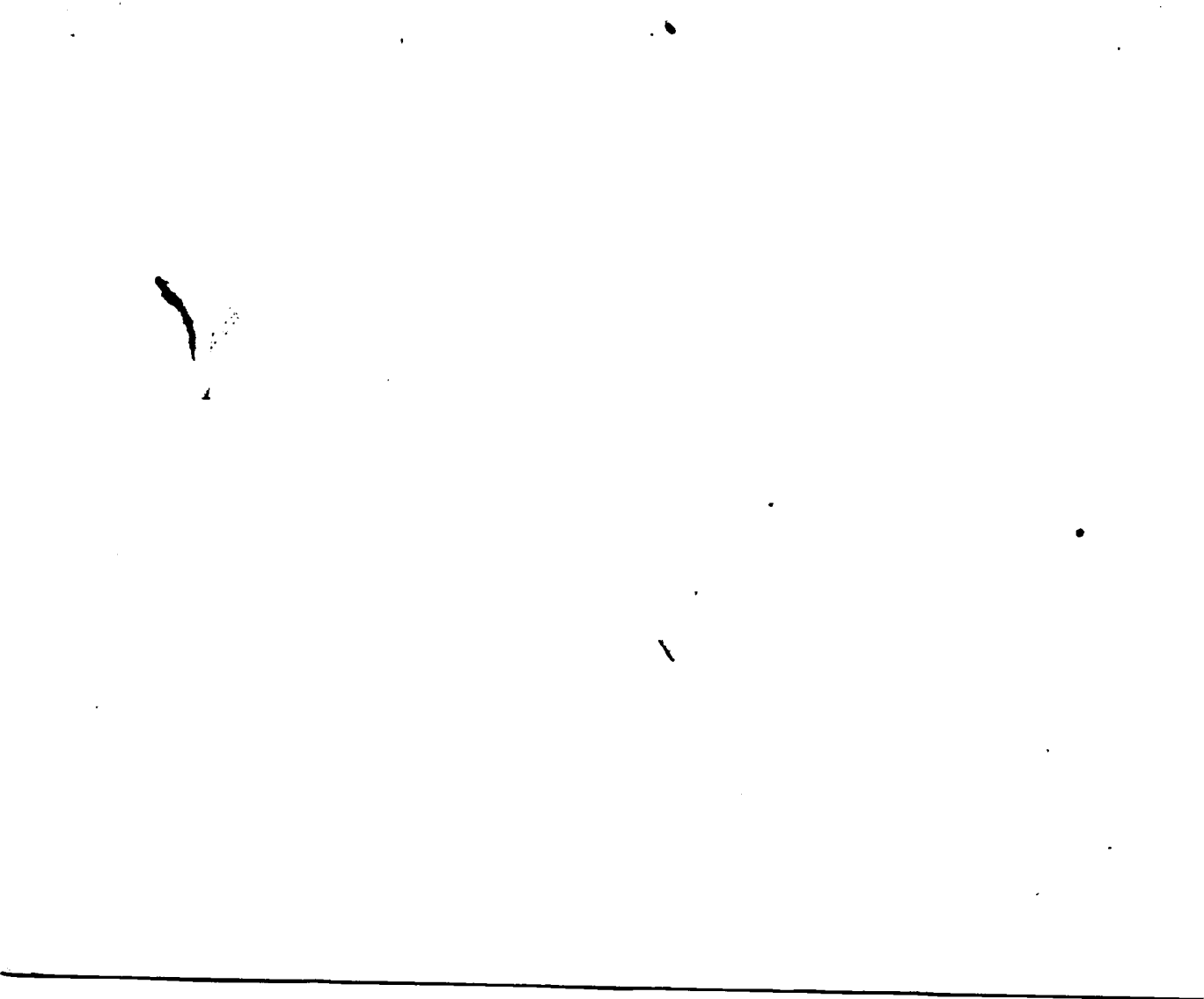
Given names added from a supplemental report.

Address Buhl Idaho

Registrar

MAR 1 1920

Registrar



819-123-042-467
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-229-2-27

County of TurnerCity of BuhlRegistration District No. 39File No. 77452No. St. Primary Registration District No. 2087Registered No. Hospital

FULL NAME OF CHILD

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>2</u> <u>23</u> <u>1912</u> (Month) (Day) (Year)
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FULL NAME <u>E. L. Hardesty</u>	FATHER
RESIDENCE <u>Buhl Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Edith Morgan</u>	MOTHER
RESIDENCE <u>Buhl Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. McCluskey

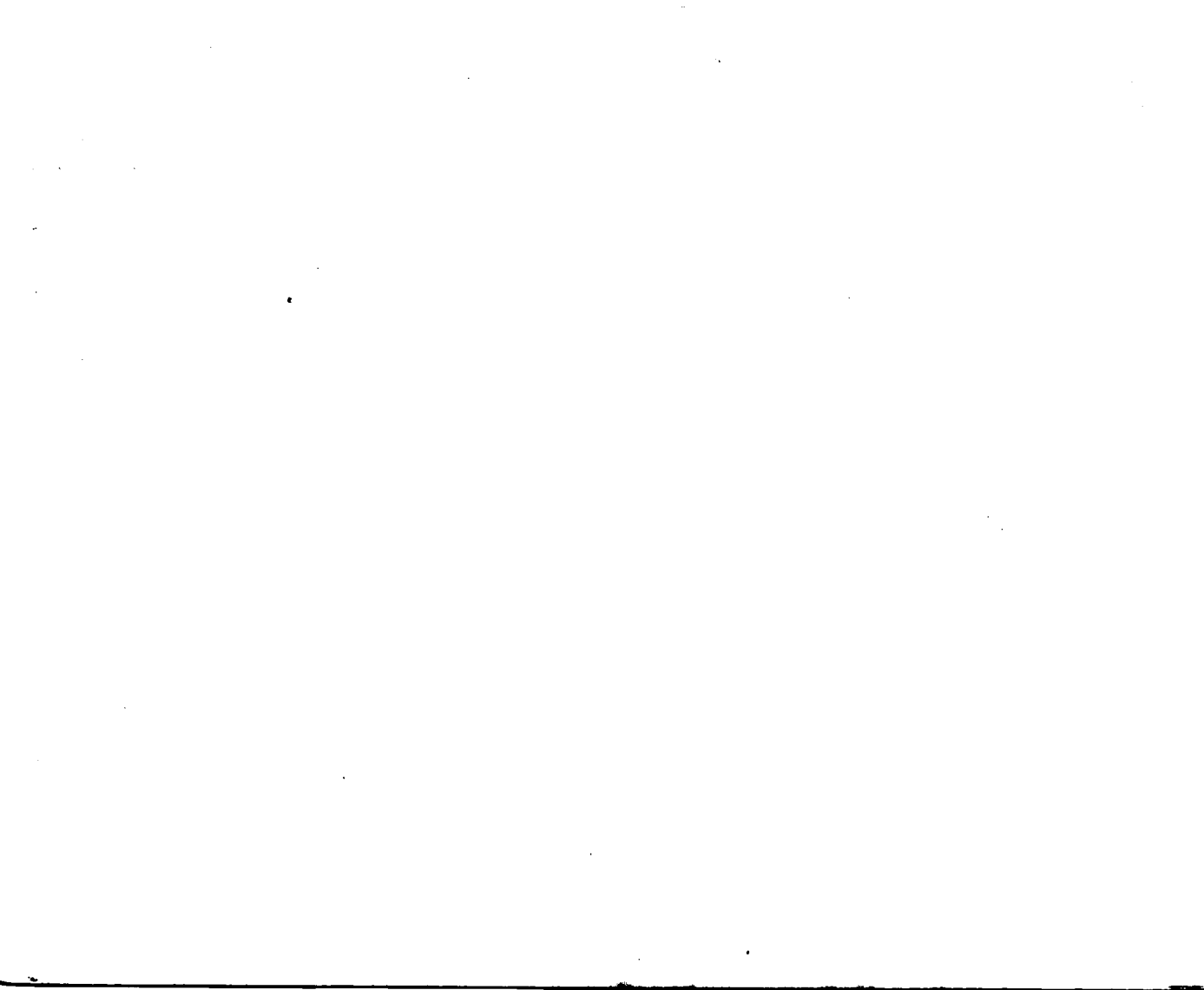
Physician or midwife

Given names added from a supplemental report.

Address Buhl Id.

MAR 1 1920

Registrar J. T. Murphy



266-224-042-841

PLACE OF BIRTH

County of *Turner*

City of *Boonville*

No.St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

77453

Registration District No. *39*

File No.

Primary Registration District No. *2087*

Registered No.

FULL NAME OF CHILD *LaVITA PEARL BOWMAN*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>and</i> { Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>2 26 1920</i> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FATHER
FULL NAME *Charles J. Bowman*
RESIDENCE *Boehl. Ida.*
COLOR *White* AGE AT LAST BIRTHDAY *26* (Years)
BIRTHPLACE *Arkansas*
OCCUPATION *Truck Driver*

MOTHER
FULL MAIDEN NAME *Rita F. Orsatt*
RESIDENCE *Boehl. Ida.*
COLOR *White* AGE AT LAST BIRTHDAY *19* (Years)
BIRTHPLACE *Ills.*
OCCUPATION *Housewife*

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *4 P* M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. A. Marsh M.D.*

(Physician or midwife)

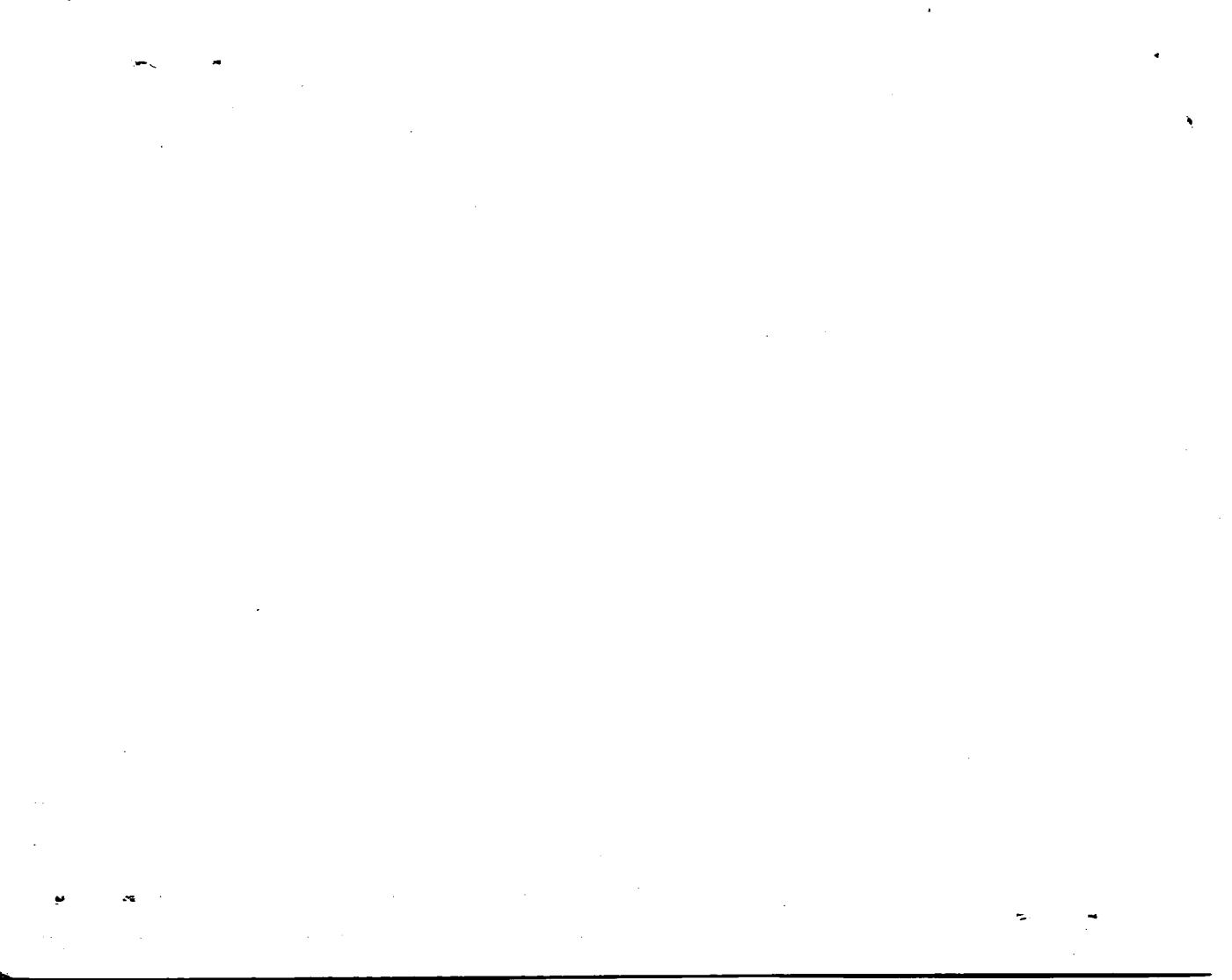
Given names added from a supplemental report.

Address

Filed *MAR 1 1920*

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Clara
The undersigned does solemnly swear that certain facts on the certificate of Birth
for LaVita Pearl Bowman, who Born on February 24 - 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Insurance Policy prepared on September 1939, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)
FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed LaVita Pearl Bowman

Subscribed and sworn to before me this 12th
day of June, 1942
R. A. Matthews
Notary Public, residing at Sunnyvale Calif
My commission expires August 8 - 1942
(Seal)

Signed L. J. Bowman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
456 - E. Washington Ave, Sunnyvale, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 12th
day of June, 1942
R. A. Matthews
Notary Public, residing at Sunnyvale Calif
My commission expires August 18 - 1942
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Helen Quait
(Signature of Any Credible Person Other Than Previous Year)
104 - Carroll St - Sunnyvale, Calif
(Street Address, City, State)

JUL 18 1974

JUN 18 1942

312-224-042-234
PLACE OF BIRTH amend Y-7-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-0-0-07

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 77454

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Lucille Irmgard Lassen

Sex of Child <u>girl</u>	Twin Triplet or other? <u>.....</u>	and in order of birth <u>.....</u>	Legitimate? <u>yes</u>	Date of Birth <u>2 24</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Jens Lassen</u>			FULL MAIDEN NAME MOTHER <u>Hulda Klugender</u>	
RESIDENCE <u>Buhl, Id</u>			RESIDENCE <u>Buhl, Id</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>31</u> (Years)		
BIRTHPLACE <u>Denmark</u>			BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Farming</u>			OCCUPATION <u>House work</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician or midwife

Given names added from a supplemental report.

Address Buhl, Id

..... 19.....

Filed MAR 1 1920

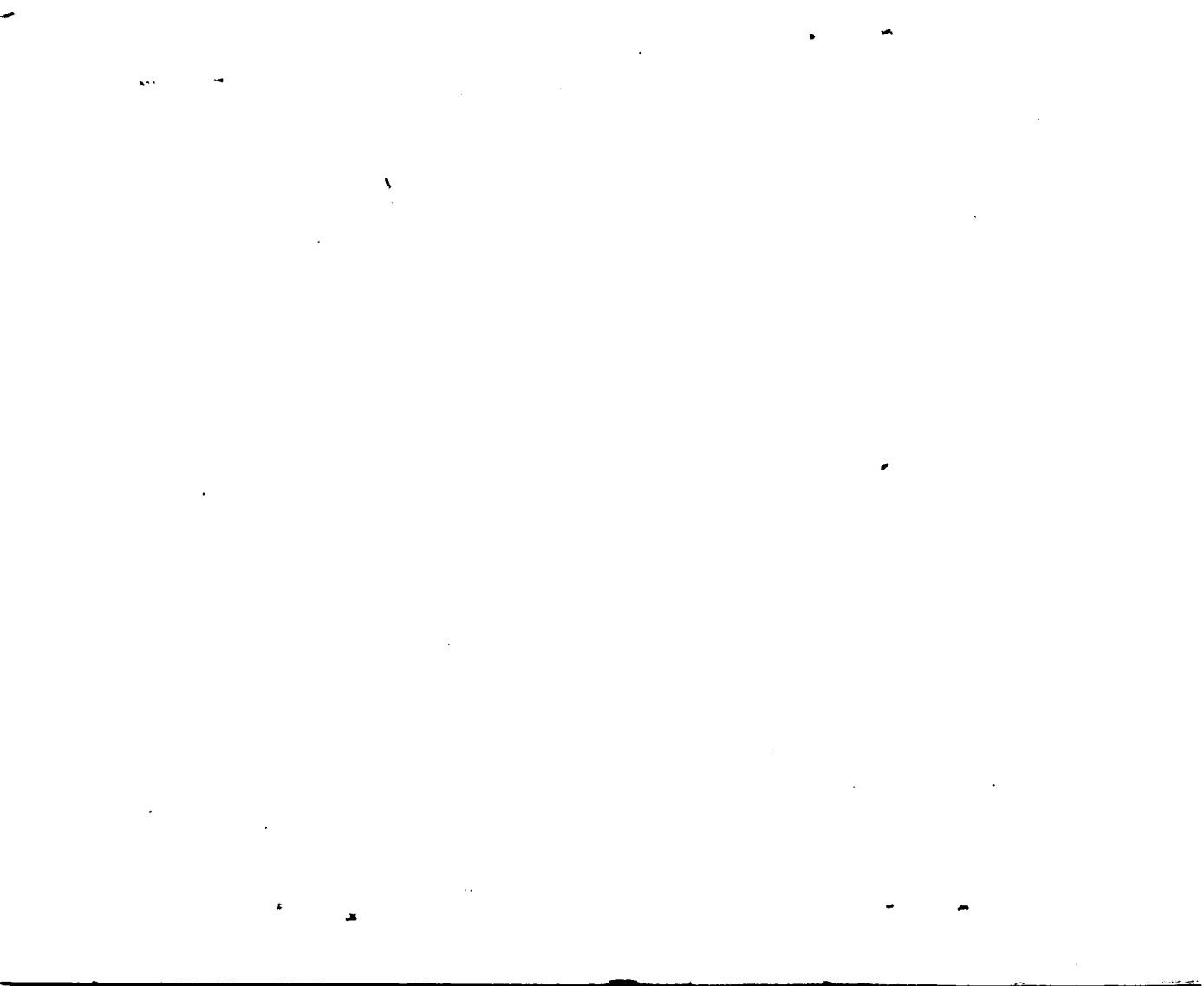
[Signature]
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN



12-7-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF
VITAL STATISTICSState of IDAHO }
County of TWIN FALLS } ss.

DEC 18 4 44 PM '81

Certificate No. 77454

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Lassen who was born on 2-24-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Buhl (Twin Falls) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

fathers last nameLassenLassenchilds nameUnnamed LassenLucille Irmgard LassenSubscribed and sworn to before me this 17th day ofDec, 1981.Notary Public, Annabel R. FrazerResiding at Twin Falls, IdahoMy commission expires 8-7-83

(Seal)

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

1 cc pd

Supporting Signature

Street Address, City, State

Cert of Confirmation gives Lucille Irmgard Lassen born 2-24-20
in Idaho was confirmed in Trinity Evangelical Lutheran
Congregation on 3-25-34. Viewed by V.S.

JAN 7 1982 . . .

Public School diploma from Twin Falls County gives Lucille Lassen
completed course of study on 5-18-34. Viewed by V.S.

Warranty Deed dated December 14, 1948 gives Jens Lassed party
of the first part in ownership of a parcel of land.
Viewed by V.S.

281-225-042-432
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-4-4-37

County of... *Twin Falls*City of... *Buhl, Id.*Registration District No. *39*File No. *77455*No. *St.*Primary Registration District No. *2087*

Registered No.

Hospital

FULL NAME OF CHILD

Alma Loraine Blackham

Sex of Child <i>girl</i>	Twin Triplet or other? <i></i>	and { Number in order of birth <i></i> }	Legitimate? <i>yes</i>	Date of Birth <i>2 25 1930</i> (Month) (Day) (Year)
--------------------------	--------------------------------	--	------------------------	--

FULL NAME <i>M. B. Blackham</i>	FATHER
RESIDENCE <i>Buhl, Id.</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY ... <i>25</i> (Years)
BIRTHPLACE <i>Utah</i>	
OCCUPATION <i>Laborer</i>	

FULL MAIDEN NAME <i>Laura M. Bride</i>	MOTHER
RESIDENCE <i>Buhl, Id.</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY ... <i>21</i> (Years)
BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Housework</i>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at M. on the date above stated.

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) *A. B. Prochaska*

Given names added from a supplemental report.

Address *Buhl, Id.*

MAR 1 1930

Registrar

J. H. Murphy
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1948

NOV 3

386-125-242-866

PLACE OF BIRTH

County of *Twin Falls*City of *Buhl*

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-2-22a-4-17

CERTIFICATE OF BIRTH

Registration District No. *39*File No. *77456*Primary Registration District No. *2087*

Registered No.

Sex of Child <i>male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>2-26-20</i> (Month) (Day) (Year)
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FATHER		MOTHER	
FULL NAME <i>Harry Burnham Thompson</i>	FULL MAIDEN NAME <i>Lena Maude Howard</i>	FULL NAME <i>Harry Burnham Thompson</i>	FULL MAIDEN NAME <i>Lena Maude Howard</i>
RESIDENCE <i>Buhl, Ida.</i>	RESIDENCE <i>Buhl, Ida.</i>	RESIDENCE <i>Buhl, Ida.</i>	RESIDENCE <i>Buhl, Ida.</i>
COLOR <i>wht.</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)	COLOR <i>wht.</i>	AGE AT LAST BIRTHDAY <i>20</i> (Years)
BIRTHPLACE <i>Mo.</i>	BIRTHPLACE <i>Ida.</i>	BIRTHPLACE <i>Ida.</i>	BIRTHPLACE <i>Ida.</i>
OCCUPATION <i>Farmer</i>	OCCUPATION <i>Housewife</i>	OCCUPATION <i>Farmer</i>	OCCUPATION <i>Housewife</i>

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *11 P.M.*
on the date above stated. (Born alive or stillborn)

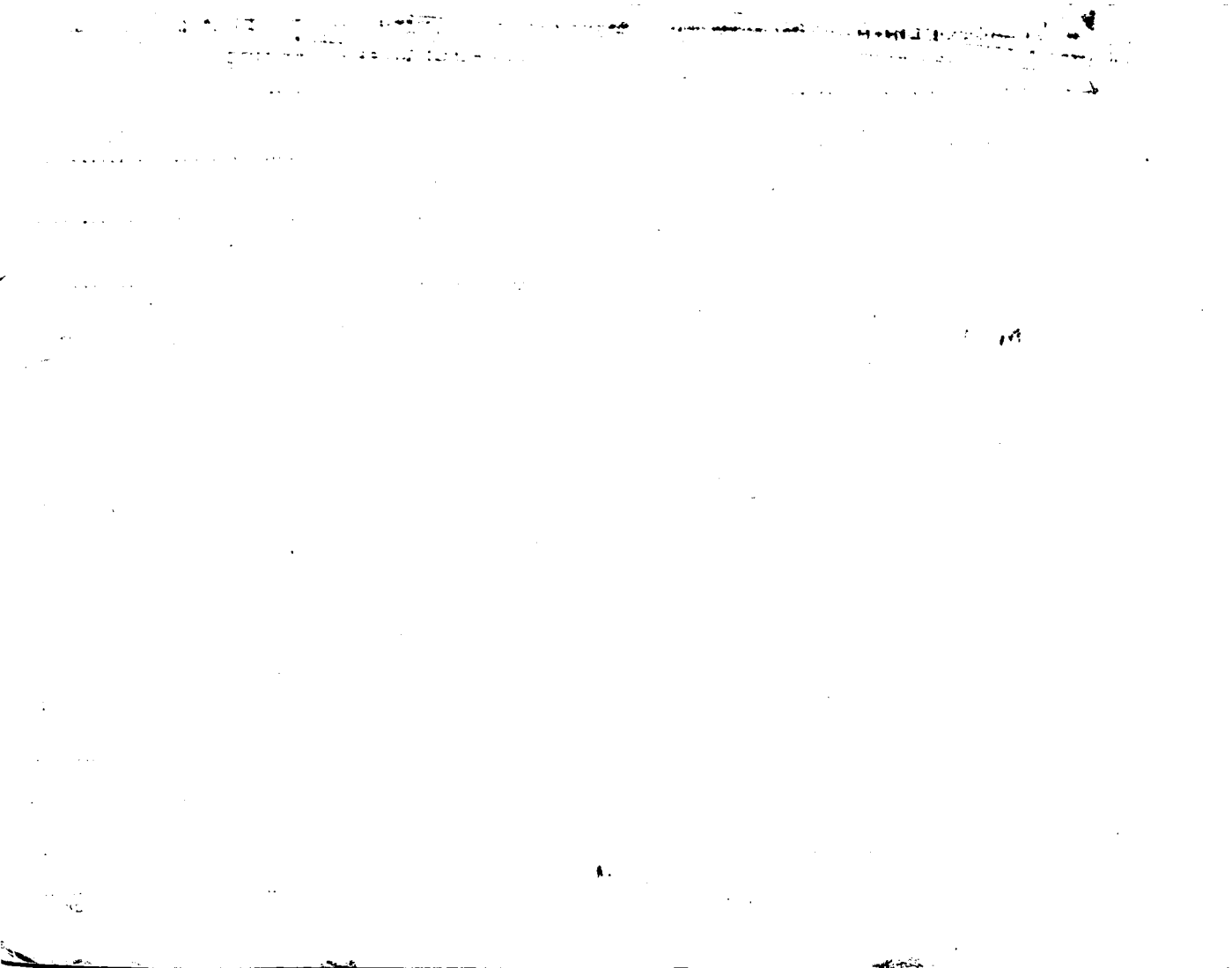
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Mr. Geo. Jennings*
.....
(Physician or midwife)

Given names added from a supplemental report.

Address *Buhl, Ida.*
File *MAR 1 1920*
J. L. Murphy
Registrar

Registrar



BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Luring Falls

City of Buhl

No. 219-225-042-235

No. St.

Registration District No. 39

File No. 77457

Primary Registration District No. 2097

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>No</u>	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>2/25/20</u>
(To be answered only in event of plural births)			(Month) (Day) (Year)	
FATHER FULL NAME <u>Harry Barry</u>			MOTHER FULL MAIDEN NAME <u>Harriet Stein</u>	
RESIDENCE <u>Buhl Id.</u>			RESIDENCE <u>Buhl. Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Pa</u>			BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Publisher</u>			OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 12:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. Murphy

Given names added from a supplemental report.

(Physician or midwife)
Buhl Id.

Address

Filed MAR 1 1920

Registrar

J. S. Murphy
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



306-124-042-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-17

CERTIFICATE OF BIRTH

County of Twin FallsCity of Buhl Id.

Registration District No.

39

File No. **77458**

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD

Chester C. Charles Low

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>2 24 1917</u> (Month) (Day) (Year)
-------------------------	---	--------------------------------------	-----------------------------	--

FATHER		MOTHER	
FULL NAME <u>W. A. Low</u>	FULL MAIDEN NAME <u>Ruth Smith</u>	FULL NAME <u>Ruth Smith</u>	FULL MAIDEN NAME <u>Ruth Smith</u>
RESIDENCE <u>Buhl Idaho</u>	RESIDENCE <u>Buhl Id.</u>	RESIDENCE <u>Buhl Id.</u>	RESIDENCE <u>Buhl Id.</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Kentucky</u>	BIRTHPLACE <u>Nebraska</u>	BIRTHPLACE <u>Nebraska</u>	BIRTHPLACE <u>Nebraska</u>
OCCUPATION <u>Farming</u>	OCCUPATION <u>Housework</u>	OCCUPATION <u>Housework</u>	OCCUPATION <u>Housework</u>

Number of child of this mother, including present birth, 4 Number of children of this mother now living, including present birth, 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signatures)

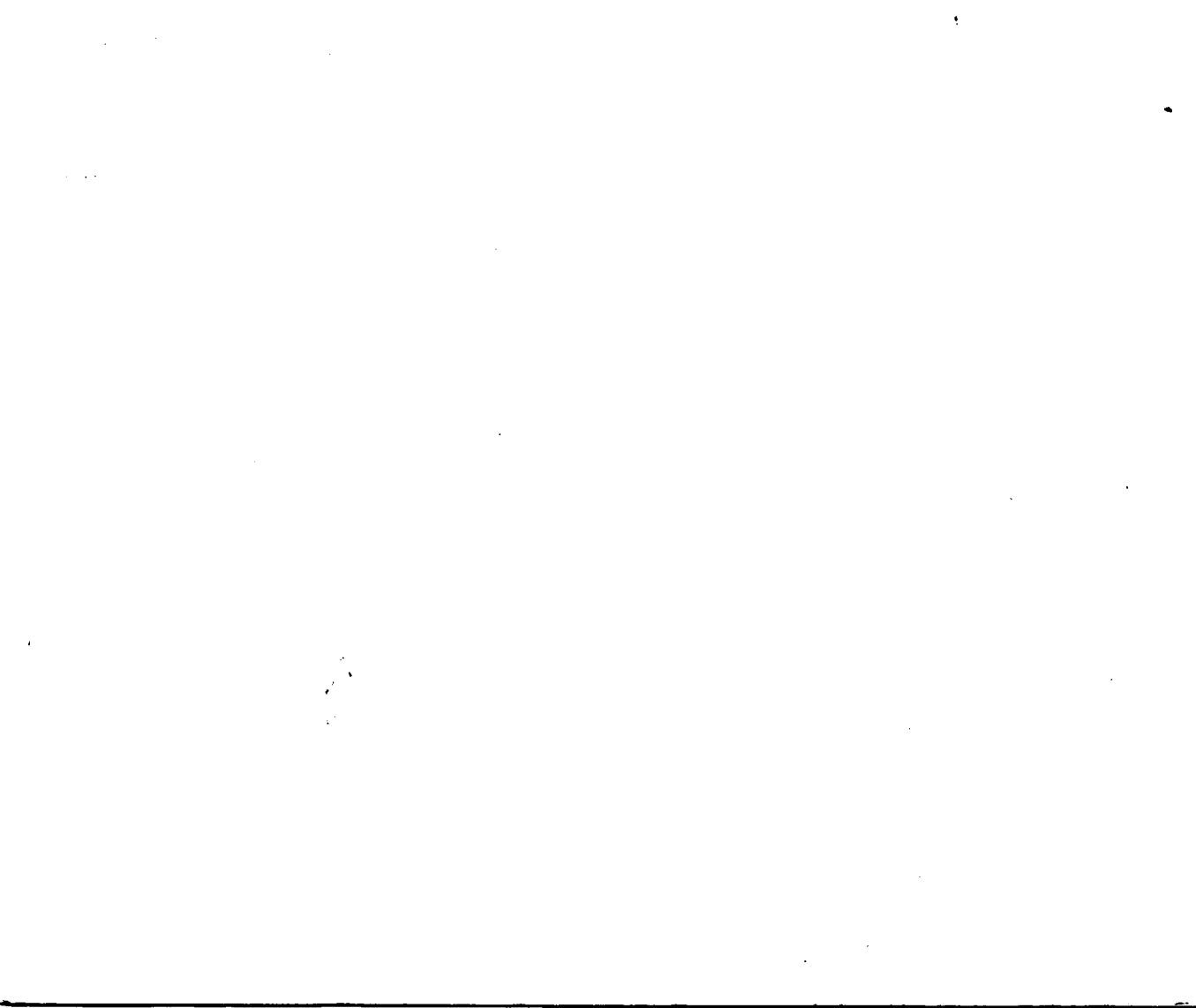
Address

MAR 1 1920

Filed

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-128-042-841
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 10-2-2-11

County of Twin Falls

CERTIFICATE OF BIRTH

City of Buhl

Registration District No. 39

File No. 77459

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Harold James Hanney

Sex of Child <u>male</u>	Twin Triplet or other? <u>.....</u> and Number in order of birth <u>.....</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>2 28 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Geo. W. Hanney</u>	FATHER
RESIDENCE <u>Buhl, Ida.</u>	
COLOR <u>wht.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Boda Springs, Ida.</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Hessie R. Walls</u>	MOTHER
RESIDENCE <u>Buhl, Ida.</u>	
COLOR <u>wht</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Hyde Park, Ind.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. Jennings
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida.

Filed MAR 1 1920

Registrar

J. H. Murphy
Registrar

4/28/41 L. B.

STATE OF CALIFORNIA,

County of Los Angeles

ss.

ON THIS 21 day of April, A.D., 1941, before me,
Jordan A. Berg
a Notary Public in and for said County and State, personally appeared
Messia Rebecca Hanney known to me,
(or proved to me on the oath of _____),
to be the person whose name _____ is subscribed to the within
Instrument, and acknowledged to me that ~~she~~ he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official
seal the day and year in this certificate first above written.

Jordan A. Berg
Notary Public in and for said County and State.

RECEIVED

NOV 10 1964

TO THE DIRECTOR, NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

FROM THE DIRECTOR, NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

SUBJECT: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]



AFFIDAVIT

April 21, 1941

I, Nessia Rebecca Nanney, hereby affirm that
Harold James Nanney was born on the 28th day
of February 1920 at Buhl Idaho.

Fathers name;
George Washington Nanney

Mothers maiden name;
Nessia Rebecca Qualls

I further certify that the sur-name is Nanney
and not Nanny.

Nessia Rebecca Nanney
Mother

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth noted.

493-228-042-315
PLACE OF BIRTH amend 12-22-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Twin Falls

CERTIFICATE OF BIRTH

City of Buhl

Registration District No. 39

File No. 77460

No. _____ St. _____

Primary Registration District No. 2087

Registered No. _____

Hospital _____

FULL NAME OF CHILD Dorothy Elizabeth Mitchell

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> and (Number in order of birth) <u> </u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 28</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Marlin J. Mitchell</u> RESIDENCE <u>Buhl Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Utah</u> OCCUPATION <u>Farmer</u>		MOTHER FULL MAIDEN NAME <u>Ramie Tamm</u> RESIDENCE <u>Buhl Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> (Years) BIRTHPLACE <u>England</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Feb. 28 - 1920 at 2:30 A.M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

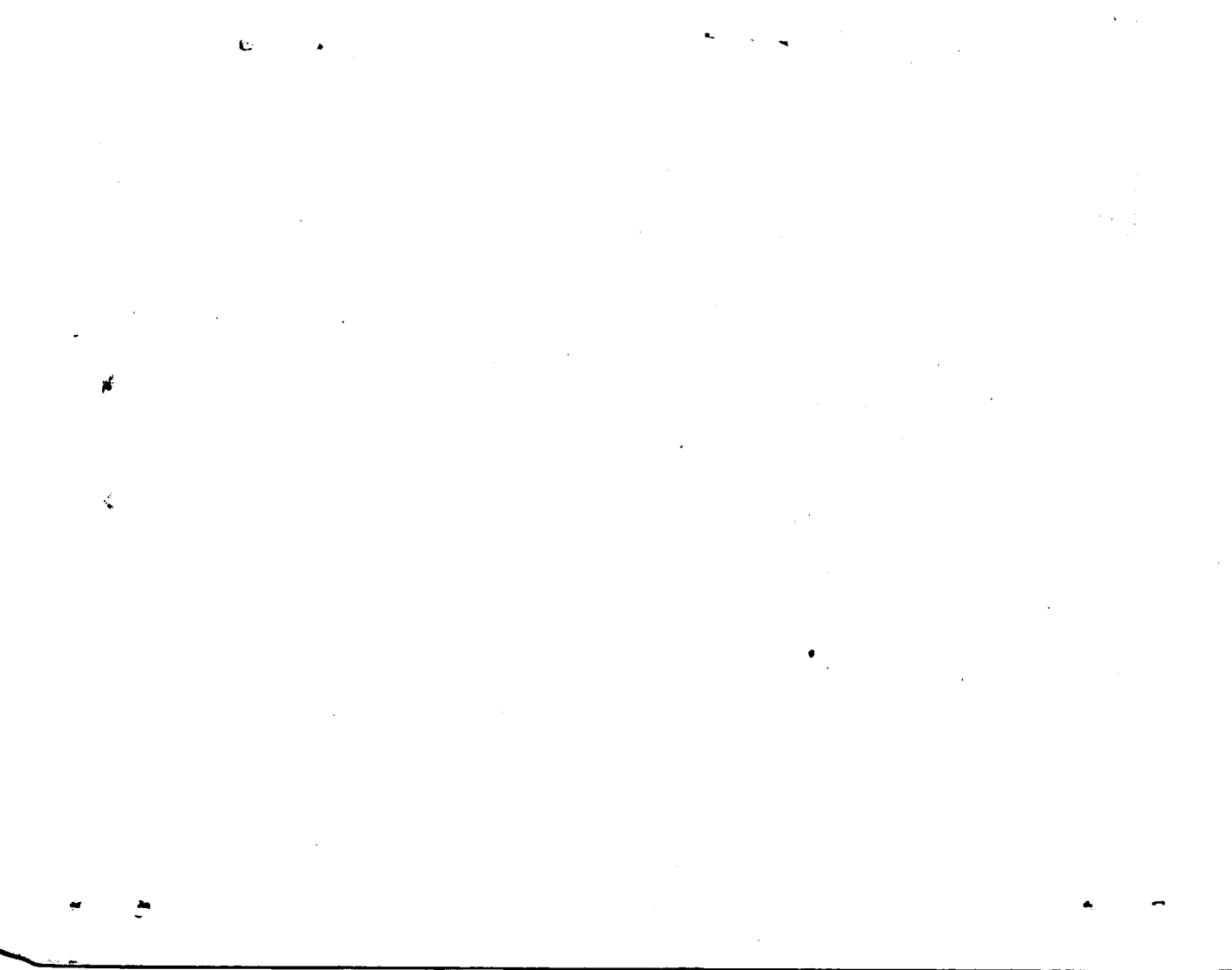
(Signature) F. A. Irmen M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho

Filed Mar 5 1920

J. H. Murphy
Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF
VITAL STATISTICSState of _____ } ss. DEC 21 2 09 PM '81
County of _____

Certificate No. 77460

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth

for Unnamed Mitchell who was born on 2-28-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Buhl (Twin Falls) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedDorothy Elizabeth
MitchellSubscribed and sworn to before me this 17th day ofDecember, 1981.Notary Public, Dorothy E. WaltonResiding at East Lake City, UtahMy commission expires Aug 5, 1984

(Seal)

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of San Juan(Must be completed ☐)(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day ofDec, 1981.Notary Public, D. P. WaltonResiding at East Lake City, UtahMy commission expires Aug 5, 1984

(Seal)

Supporting Signature

Street Address, City, State

2 cc pd

84107

Marriage Certificate from State of Utah County of Salt Lake gives Dorothy Elizabeth Mitchell and Richard Edward Mills were married 6-17-37. Viewed by V.S.

DEC 22 1981

Cert of Baptism from LDS Church gives Richard Brian Mills born 11-3-44 at Salt Lake to Richard E Mills and Dorothy Mitchell was baptised 6-3-51. Viewed by V.S.

699-228-042-318

PLACE OF BIRTH

County of *Twin Falls*City of *Buhl*No. *St.*

Hospital

FULL NAME OF CHILD *ALTA ERNESTINE*STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No.

Primary Registration District No.

File No.

Registered No.

Sex of
Child*Female*Twin
Triplet
or other?{ and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?*Yes*Date of
Birth*2 28*

(Month) (Day) (Year)

FULL
NAME*FATHER Ernest Firkins*

RESIDENCE

Buhl, Idaho

COLOR

*Wht.*AGE AT LAST
BIRTHDAY*26*

(Years)

BIRTHPLACE

West Weber Wt.

OCCUPATION

*Laborer*FULL
MAIDEN
NAME*MOTHER Alice Irene Taylor*

RESIDENCE

Buhl, Idaho

COLOR

*Wht.*AGE AT LAST
BIRTHDAY*26*

(Years)

BIRTHPLACE

Fulton, Mich.

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.*Born alive*
(Born alive or stillborn)*3 P. M.**When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Dr. Geo. Jennings

(Physician or midwife)

Given names added from a supplemental report.

Address

Buhl, Idaho

Filed

1920

Registrar

J. L. Murphy
Registrar

FEB 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-209-043-669

STATE OF IDAHO

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Valley

City of McCall

Registration District No. 15

File No. 77462

No. _____ St.

Primary Registration District No. _____

Registered No. 229

Hospital _____

FULL NAME OF CHILD Ella Inez Richardson

Sex of Child <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 9</u> 191 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER Wayne Allen Richardson

RESIDENCE McCall

COLOR White AGE AT LAST BIRTHDAY 21
(Years)

BIRTHPLACE Mo

OCCUPATION Labourer

FULL MAIDEN NAME MOTHER Lora Leota Forsbis

RESIDENCE McCall

COLOR White AGE AT LAST BIRTHDAY 21
(Years)

BIRTHPLACE Mo

OCCUPATION _____

Number of child of this mother, including present birth, _____

Number of children of this mother now living, including present birth, _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

Feb 9 alone at 6:20 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McCall

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 5 10 - 20 Ruth Eagan
Registrar

OF BIRTH

MAR 3 1952

DECEASED

262-102-043-497
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Valley

City of McCall

Registration District No. 15

File No. 77463

No. _____ St. _____

Primary Registration District No. _____

Registered No. 228

Hospital _____

FULL NAME OF CHILD William Wesley Bokamper

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 2</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER
FULL NAME Frank Fredrick Bokamper
RESIDENCE McCall
COLOR W AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Iowa
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Lydia Elizabeth
RESIDENCE McCall (Draper)
COLOR W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho
OCCUPATION _____

Number of child of this mother, including present birth, _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. L. McCall
(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____

Address McCall Idaho

Filed 3-10-1920 Ruth Eagen
Registrar

NAME

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

REMARKS

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NAME

STATE OF OHIO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

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REMARKS

867-203

PLACE

044-623

Form V. S. No. 11-C-25m-8-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of *Blaine*City of *Shoshone*Registration District No. *86*File No. *77464*

No. St.

Primary Registration District No. *2112*Registered No. *1*

Hospital

FULL NAME OF CHILD *Jean*

Sex of Child <i>female</i>	Twin Triplet or other? <i>no</i>	and Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>Jan 3 1920</i> (Month) (Day) (Year)
FULL NAME <i>Howard Justin Hoppu</i>	FATHER		FULL MAIDEN NAME <i>Dorah Williams</i>	MOTHER
RESIDENCE <i>Western Ida</i>	RESIDENCE <i>Western Ida</i>		RESIDENCE <i>Western Ida</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>23</i> (Years)	COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)	
BIRTHPLACE <i>Mitchell Ida</i>	BIRTHPLACE <i>Ark.</i>			
OCCUPATION <i>farmer</i>	OCCUPATION <i>housewife</i>			

Number of child of this mother, including present birth *5*..... Number of children of this mother now living, including present birth *4*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *2 P.M.* on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. M. Hallett*

(Physician or midwife)

Given names added from a supplemental report.

Address *Western Ida*Filed *Jan 1 1920* *W. B. Hamilton*

Registrar

Registrar

CONFIDENTIAL
INFORMATION
IN THE FIELD



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IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON } ss. 8 14 12 09 PM '77 Certificate No. 77464
County of DESCHUTES Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for Unnamed Hopper (female) who was born on Jan 3, 1920 (Birth or Death) (Jan. 31)
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Weiser, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) **TO**
child's name Unnamed Jean Louise Hopper
(The Correct Facts)

Subscribed and sworn to before me this 3 day of
DECEMBER, 19 76

Signed Howard J. Hopper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at REDMOND, OREGON
My commission expires 10-7-1980
(Seal)

1515 N. 6th St. REDMOND OR
(Street Address, City, State) 97756

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of DESCHUTES

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of
DECEMBER, 19 76.

Signed Mr. Thomas N. Hopper
(Signature of Any Credible Person)

Notary Public, residing at REDMOND, OR
My commission expires 10-7-1980
(Seal)

702 N.W. Maple Redmond, Ore. 97756
(Street Address, City, State)

Report card from Washginton School, Minidoka County, Idho gives name
as Jean Hopper. dated May 4, 1932. viewed by V. S.

MAR 24 1977

Marriage license from Idaho gives names as Rhienholt Koch and Jean
Hopper. dated Aug 29, 1939. viewed by V. S.

795-244-044-183
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 4-2-37

County of *Washington*City of *Wasi*No. *3rd West* St.Registration District No. *86*File No. *77465*Primary Registration District No. *1010*Registered No. *9*

Hospital

FULL NAME OF CHILD *Vivian Kathleen Greenlee*

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>Yes</i>	Date of Birth <i>Jan 15 1920</i> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <i>Everett Greenlee</i>	FATHER	FULL MAIDEN NAME <i>Opal Allen</i>	MOTHER
-----------------------------------	--------	------------------------------------	--------

RESIDENCE <i>Wasi Ida</i>	RESIDENCE <i>Wasi Ida</i>
---------------------------	---------------------------

COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)	COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <i>Mo</i>	BIRTHPLACE <i>Oregon</i>
----------------------	--------------------------

OCCUPATION <i>Farmer</i>	OCCUPATION <i>Housewife</i>
--------------------------	-----------------------------

Number of child of this mother, including present birth <i>3</i>	Number of children of this mother now living, including present birth <i>3</i>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn), at *4, 352* M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *M. R. Hamilton*

(Physician or midwife)

Given names added from a supplemental report.

Address *Wasi Ida*Filed *Feb 1st 1920* *M. R. Hamilton*

Registrar

Registrar

Bible Record gives the Mother's Name as Edna Opal Allen; Father's Name as Everett Greenlee; and Child's Name as Vivian Kathleen Greenlee.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Province British Columbia } State of British Columbia } ss.
County of Chinook }
Certificate No. 77465
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed who born on Jan. 14, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Weiser, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Marriage Certificate, June 16, 1940 (Canada) viewed by V.S.
Family Bible Record prepared on (certified Photostatic copy) are:
(Bible Record, Insurance Policy, Etc.) (Give Date) (The Correct Facts)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Full Name of Child Unnamed Vivian Kathleen Greenlee

Subscribed and sworn to before me this 28th day of August 19 58

Notary Public, REGISTERAR SUPREME
My commission expires
(Seal) COURT OF BRITISH COLUMBIA

Signed Edna O. Greenlee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Chinook Lake B.C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Province British Columbia } State of British Columbia } ss.
County of Chinook }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of August 19 58

DISTRICT REGISTRAR SUPREME
Notary Public, residing at
My commission expires
(Seal) COURT OF BRITISH COLUMBIA

Signed Everett L. Greenlee
(Signature of Any Credible Person)
Chinook Lake B.C.
(Street Address, City, State)

SEP 5 1956

231 - 223-244-133
PLACE OF BIRTHCounty of *Washington*City of *Wreia*

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-2-17

Registration District No. 86

File No. 77466

Primary Registration District No. 2112.

Registered No. 3

Morgant Lucille

Sex of Child <i>Y</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>Yes</i>	Date of Birth <i>Jan 23 1920</i> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	-----------------------------	--

FULL NAME FATHER *Charles W. Stamps*RESIDENCE *Wreia Ida. R4 Box 1*COLOR *White* AGE AT LAST BIRTHDAY *36*
(Years)BIRTHPLACE *Oregon*OCCUPATION *Farmer*FULL MAIDEN NAME MOTHER *Elora Atterberg*RESIDENCE *Wreia Ida.*COLOR *White* AGE AT LAST BIRTHDAY *33*
(Years)BIRTHPLACE *Nebraska*OCCUPATION *House-wife*

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *1:35 A.M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *M. R. Samuelson M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address *Wreia Ida.*Filed *Feb 1 1920* *M. R. Samuelson*

Registrar

Registrar

APR

9 1941

363-128-044-266

PLACE OF BIRTH

County of WashingtonCity of Weir

No. St.

Registration District No. 56

Primary Registration District No. 2112

Hospital

Form V. S. No. 11-0—22m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 77467

Registered No. 4

FULL NAME OF CHILD Melvin Joseph Cole

Sex of Child

maleTwin
Triplet
or other?
(To be answered only in event of plural births)and Number
in order
of birthLegiti-
mate?yes

Date of Birth

Jan 28 1920
(Month) (Day) (Year)

FULL NAME

FATHER

Emur Cole

RESIDENCE

Weir Ida

COLOR

whiteAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Larimer Ida

OCCUPATION

farmerFULL
MAIDEN
NAME

MOTHER

Jane Becker

RESIDENCE

Weir Ida

COLOR

whiteAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Idaho

OCCUPATION

housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:24 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hulse

(Born alive or stillborn)

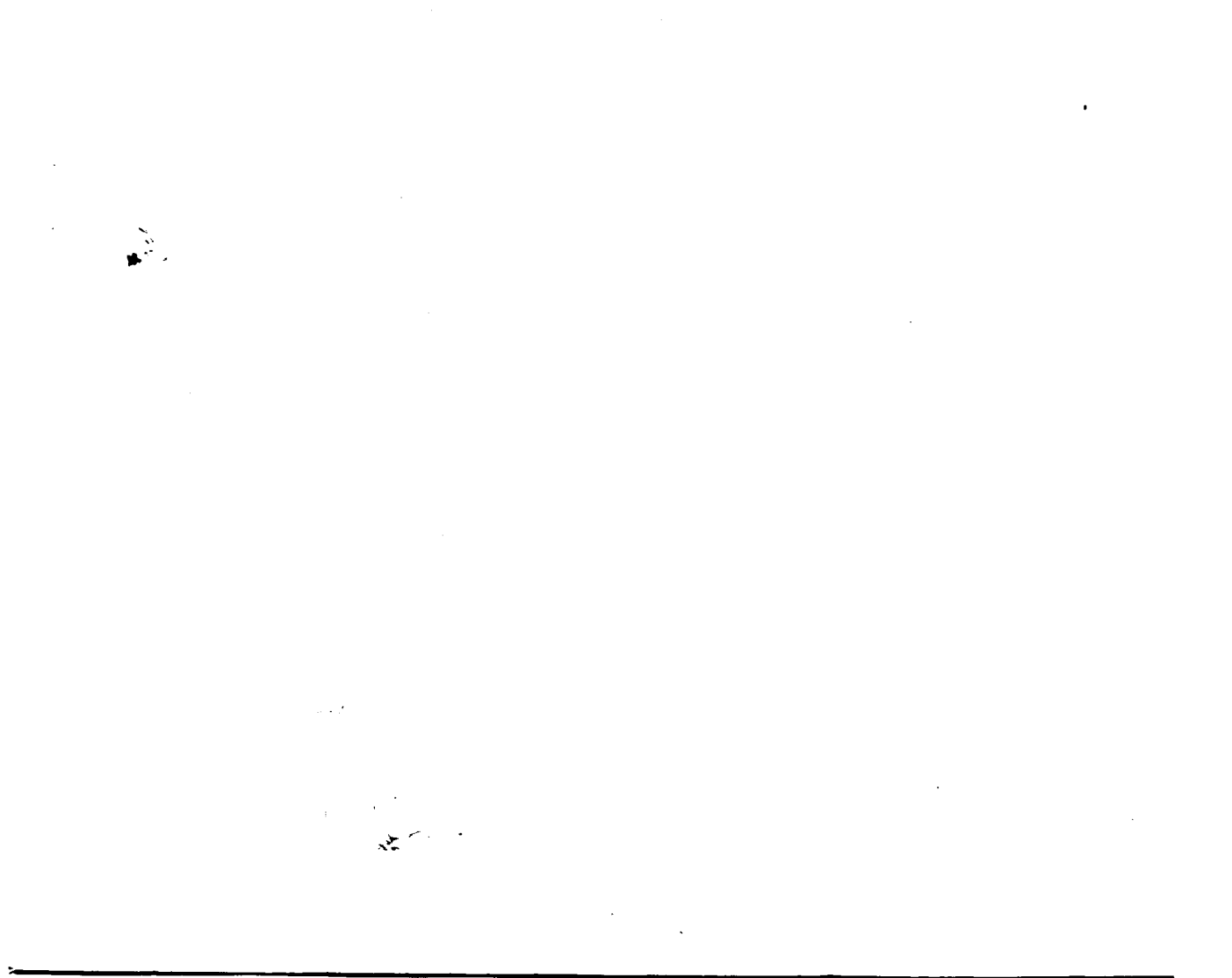
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Weir IdaFiled Feb 15 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-044-215
PLACE OF BIRTHCounty of *Washington*City of *Wesley*No. *St.*

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-9-37

Registration District No. *86*File No. *77468*Primary Registration District No. *1010*Registered No. *5**Gerald William Poole*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>and</i>	Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>June 28</i>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <i>Eliak Lee Ray Poole</i>	FATHER	FULL MAIDEN NAME <i>Leona Baughnot</i>	MOTHER
--------------------------------------	--------	--	--------

RESIDENCE <i>Wesley Ida</i>	RESIDENCE <i>Wesley Ida</i>
-----------------------------	-----------------------------

COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>41</i>	COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>30</i>
(Years)		(Years)	

BIRTHPLACE <i>Mo.</i>	BIRTHPLACE <i>Idaho</i>
-----------------------	-------------------------

OCCUPATION <i>Printer</i>	OCCUPATION <i>Housewife</i>
---------------------------	-----------------------------

Number of child of this mother, including present birth *6* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *8:30 A.M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. R. Huvelth M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address *Wesley Ida*Filed *July 20* *W. R. Huvelth*

Registrar

Registrar

[illegible]

10

2742

21

235-203-044-249
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-9-27

County of Washington

City of Keene

Registration District No. 76

File No. 77469

No. St.

Primary Registration District No. 2112

Registered No. 4

Hospital

FULL NAME OF CHILD Loris Marie Stephens

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and { Number in order of birth <u>1</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 3 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Fred Stephens</u> RESIDENCE <u>Ureiser Ida</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>36</u> (Years) BIRTHPLACE <u>Ill</u> OCCUPATION <u>farmer</u>			MOTHER FULL MAIDEN NAME <u>Edna Smith</u> RESIDENCE <u>Ureiser Ida</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Mo.</u> OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth.../..... Number of children of this mother now living, including present birth.../.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Stephens

(Physician or midwife)

Given names added from a supplemental report.

Address Keene Idg

Filed Mar 1 1920

Registrar

Registrar

APR 2 1976

559-204-044-432

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-3-37

CERTIFICATE OF BIRTH

County of WashingtonCity of WenatcheeRegistration District No. 46File No. 77470No. St.Primary Registration District No. 2112Registered No. 7Hospital CHARLOTTE K. VERTNERFULL NAME OF CHILD Charlotte Charlotte Vertner

Sex of Child <u>female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 4 1920</u> (Month) (Day) (Year)
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FULL NAME FATHER Edward C. VertnerRESIDENCE Wenatchee IdaCOLOR white AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE WashOCCUPATION farmerFULL MAIDEN NAME MOTHER Edith McKenzieRESIDENCE Wenatchee IdaCOLOR white AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE OrizOCCUPATION housewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 PM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Mahan
(Physician or midwife)

Given names added from a supplemental report.

Address Wenatchee IdaFiled March 1 1920 G. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1982

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Inkhamish

Certificate No. 11210

Date Filed April 4 1920

The undersigned does solemnly swear that certain facts on the certificate of Berish
for Christine Charlotte Vertner who born on Feb 4 1920 Birth or Death
in Meriden Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by is father of child prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Christine

Charlotte K. Vertner

Subscribed and sworn to before me this 7th

day of March 1920

Notary Public, residing at Everett Wash

My commission expires July 16 1925
(Seal)

Signed Elwood Vertner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. H. Everett Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

NOV 17 1942

154-206-044-384

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-22m-9-37

CERTIFICATE OF BIRTH

County of WashingtonCity of WeiserRegistration District No. 7.6File No. 77471

No. St.

Primary Registration District No. 2112Registered No. f

Hospital

FULL NAME OF CHILD

Pearl Andrus

Sex of Child <u>female</u>	Twin Triplet or other? <u>no</u>	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 6 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Chauncey A. Andrus</u>			MOTHER FULL MAIDEN NAME <u>Alvira Shurtz</u>	
RESIDENCE <u>Weiser Ida</u>			RESIDENCE <u>Weiser Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Mont</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth... 3.... Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 230 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Watershouse

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser IdaFiled 3/1 19 20 W. R. Damm

Registrar

Registrar

1106

419-206-044-715

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-330-1-13

County of Washington

CERTIFICATE OF BIRTH

City of Weiser

Registration District No. 86

File No. 77472

No. 603 E. Main St.

Primary Registration District No. 1010

Registered No. 9

Hospital _____

FULL NAME OF CHILD Anna Adeline March

Sex of Child <u>Female</u>	Twin Triplet or other? <u>#</u>	and {	Number in order of birth <u>2</u>	Legitimate? <u>Yes</u>	Date of Birth <u>2 6 20</u> (Month) (Day) (Year)
----------------------------	---------------------------------	-------	-----------------------------------	------------------------	---

FATHER
FULL NAME Peter March
RESIDENCE Weiser, Idaho
COLOR White AGE AT LAST BIRTHDAY 32
(Years)
BIRTHPLACE Austria
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Elizabeth Mary Panike
RESIDENCE Weiser, Idaho
COLOR White AGE AT LAST BIRTHDAY 22
(Years)
BIRTHPLACE Montana
OCCUPATION House-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 p.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.
Weiser, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

DECEASED

962-110-044-262

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. E. No. 10-2-24-27

County of *Washington*

City of *Wenatchee*

Registration District No. *86*

File No. *77473*

No. St.

Primary Registration District No. *2112*

Registered No. *10*

Hospital

FULL NAME OF CHILD *Virgil Carl Robinson*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>and</i> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <i>yes</i>	Date of Birth <i>Feb 10 1920</i> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FATHER
FULL NAME *Carl B. Robinson*
RESIDENCE *Wenatchee Ida*
COLOR *white* AGE AT LAST BIRTHDAY *73* (Years)
BIRTHPLACE *Mo*
OCCUPATION *farmer*

MOTHER
FULL MAIDEN NAME *Myrtle Robinson*
RESIDENCE *Wenatchee Ida*
COLOR *white* AGE AT LAST BIRTHDAY *27* (Years)
BIRTHPLACE *Ark*
OCCUPATION *housewife*

Number of child of this mother, including present birth...1..... Number of children of this mother now living, including present birth...1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. *at 11 P*

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. M. Wachman*
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address *Wenatchee Ida*

Filed *3/11 1920* *J. B. Kamm*

Registrar

Registrar

CS

AUG 18 1942

Registered No.

191
(Month) (Day) (Year)

ER

AGE AT LAST
BIRTHDAY

(Years)

including present birth

M. to

(elwblm)

Refuse

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292-111-044-219
PLACE OF BIRTHCounty of *Washington*City of *Meier*Registration District No. *86*File No. *77474*No. *1st W. Main St.*Primary Registration District No. *1010*Registered No. *11*

Hospital

FULL NAME OF CHILD *Leonard Francis Kiser*

Sex of Child <i>male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>Feb 11 1920</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FATHER FULL NAME <i>Chas A Kiser</i>		MOTHER FULL MAIDEN NAME <i>Clara Basford</i>	
RESIDENCE <i>Weiser Ida</i>		RESIDENCE <i>Weiser Ida</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>43</i> (Years)	COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
BIRTHPLACE <i>Colo</i>		BIRTHPLACE <i>Ida</i>	
OCCUPATION <i>farmer</i>		OCCUPATION <i>housewife</i>	

Number of children of this mother, including present birth... *5*..... Number of children of this mother now living, including present birth... *4*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *740 P* M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *G. M. Waterhouse*

(Physician or midwife)

Given names added from a supplemental report.

Address *Weiser Ida*Filed *3/11* 19 *20* *M. R. Hamblin*

Registrar

Registrar

MARGIN RESERVED FOR UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CS

.....

.....

.....
 (Month) (Day) (Year)

IER

.....
 AGE AT LAST
 BIRTHDAY.....
 (Years)

.....
 including present birth

.....

.....
 (mille)

.....
 Return

269-210-044-863
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of WashingtonCity of WeiserRegistration District No. 86File No. 77475No. 311 E. CommercialPrimary Registration District No. 1010Registered No. 12

Hospital _____

FULL NAME OF CHILD Helen Rose Borgman

Sex of Child <u>Female</u>	Twin Triplet or other? <u>#</u>	and <u>2</u>	Number in order of birth <u>2</u>	Legitimate? <u>Yes</u>	Date of Birth <u>2 10 20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER
FULL NAME Henry J. BorgmanRESIDENCE Weiser, IdahoCOLOR White AGE AT LAST BIRTHDAY 26
(Years)BIRTHPLACE NebraskaOCCUPATION MillerMOTHER
FULL MAIDEN NAME Verna HollandRESIDENCE Weiser, IdahoCOLOR White AGE AT LAST BIRTHDAY 22
(Years)BIRTHPLACE UtahOCCUPATION House-wifeNumber of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

(Born alive or stillborn)

7.50 p.m. at

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser, Idaho.Filed 3/1 19 20

Registrar

Registrar

H

MAY 31 1951

141-114-044-366

PLACE OF BIRTH

County of WashingtonCity of Weiser

No. St.

Hospital

FULL NAME OF CHILD

CHARLES

RAYMOND

AdamsSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C-25m-2-2-27

CERTIFICATE OF BIRTH

Registration District No.

86

File No.

77476

Primary Registration District No.

2112

Registered No.

13

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u>	and { Number in order of birth } <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 14 20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>Chas W. Adams</u>	FATHER
RESIDENCE <u>Weiser Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Archie Ellen Looney</u>	MOTHER
RESIDENCE <u>Weiser Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Ark</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

9 30 a

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

G. M. Walshaw

(Physician or midwife)

Given names added from a supplemental report.

Address

Weiser Ida

Filed

3/1 20W. R. Hummel

Registrar

Registrar

68

.....No.

.....dated No.

.....

.....191
.....(Month) (Day) (Year)

IER

.....AGE AT LAST
.....BIRTHDAY
.....(Years)

.....including present birth

.....M. at

.....

.....(initials)

.....

.....

Register

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss. Certificate No. 77476
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
for (Unnamed) Adams who ~~was~~ born on Feb. 14, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)
in Rte. Weiser, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT) (DATE OF EVENT)
true facts as shown by He has been named by us, as Charles Raymond Adams, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Unnamed Charles Raymond Adams

Subscribed and sworn to before me this 1st.
day of February, 19 43

Notary Public, residing at Gresham, Oregon.

My commission expires January 19, 1947
(SEAL)

Signed Lucy Sarah Etta Adams

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Gresham, Oregon.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st.
day of February, 19 43

Signed Ray Martini
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Gresham, Oregon

13 Powell St Gresham Ore
(STREET ADDRESS, CITY, STATE)

My commission expires January 19, 1947
(SEAL)

Received for filing on..... By..... (REGISTRAR'S SIGNATURE)

FEB 3 1943

FEB 4 1943

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22m-3-32

County of WashingtonCity of WesleyRegistration District No. 86File No. 77427No. St.Primary Registration District No. 2112Registered No. 14HospitalFULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 14th</u> (Month) (Day) (Year) <u>1922</u>
--------------------------	---	--------------------------------------	------------------------	--

FULL NAME <u>Milbert Rowland</u>	FATHER
RESIDENCE <u>Wesley Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Allice Abbott</u>	MOTHER
RESIDENCE <u>Wesley Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 6.... Number of children of this mother now living, including present birth... 5....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 8:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Hummel MD

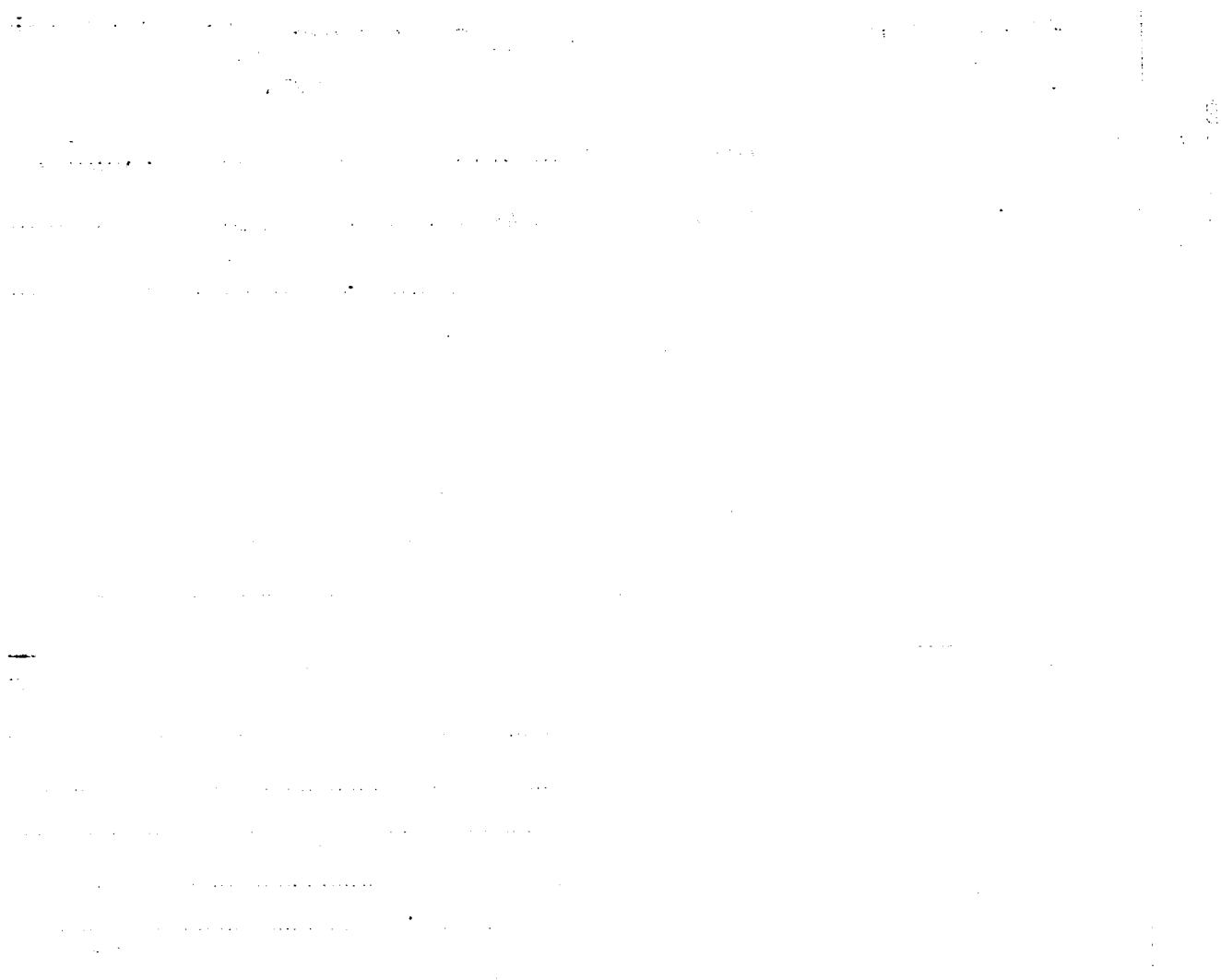
(Physician or midwife)

Given names added from a supplemental report.

Address Wesley IdahoFiled 3/1 1922 M. R. Hummel

Registrar

Registrar



BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address of VITAL STATISTICS, BOISE, IDAHO.

Amended 3-30-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

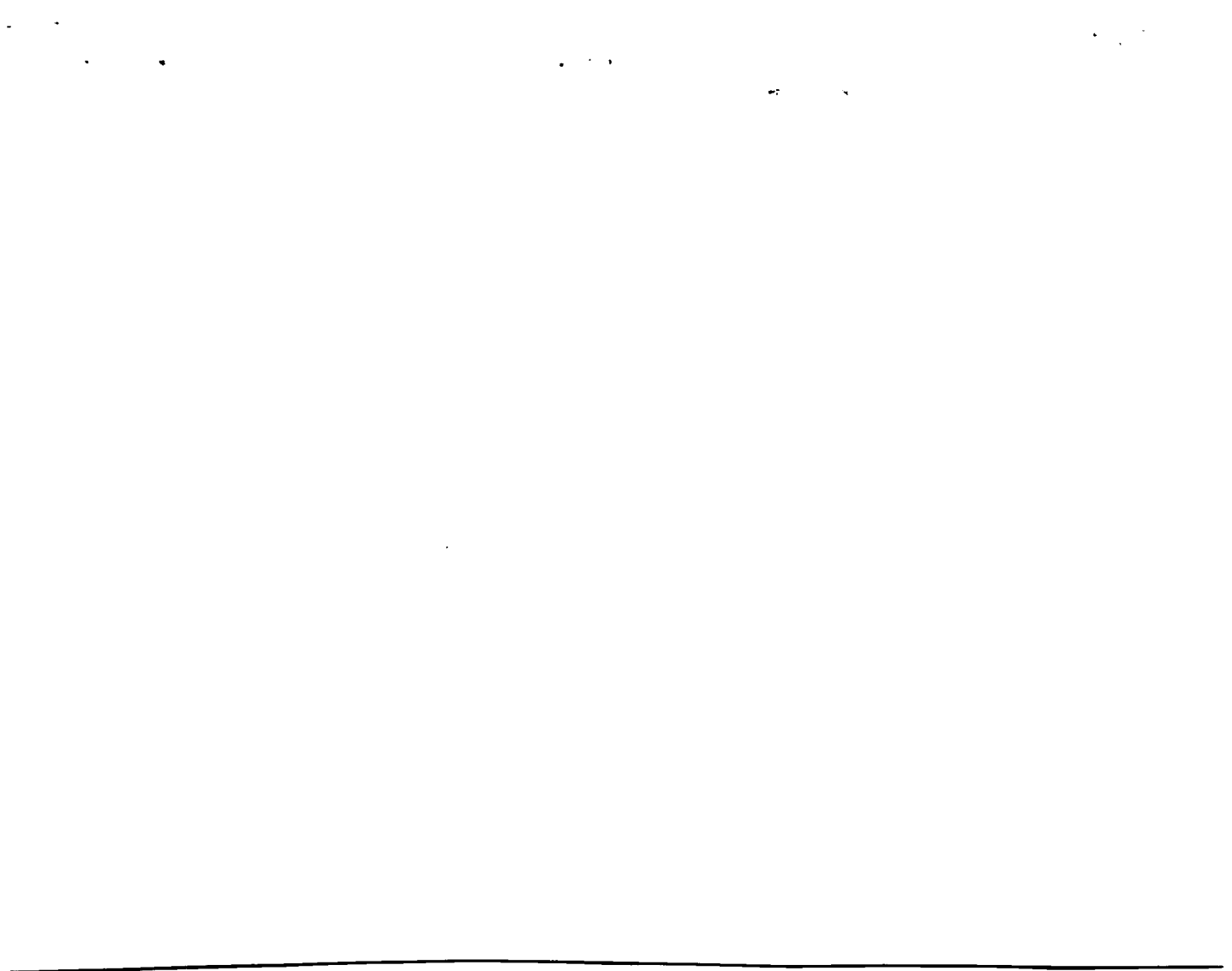
State File No. **77478**
Local Reg. No. **75**
Reg. Dist. No. **86**

1. PLACE OF BIRTH a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) Calvin b. (Middle) Wesley c. (Last) Alderson			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) February 20, 1920
FATHER OF CHILD			
7. FULL NAME a. (First) Roy b. (Middle) c. (Last) Alderson			
8. AGE (At time of this birth) 27 YEARS	9. BIRTHPLACE (State of foreign country) (City or Town) Washington	10. USUAL OCCUPATION Farmer	11. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Ethel b. (Middle) c. (Last) Osburn			
13. AGE (At time of this birth) 27 YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) Oklahoma	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 2 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		17. SIGNATURE W. R. Hamilton	
18. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____		19. ADDRESS Weiser, Idaho	
20. DATE SIGNED		21. DATE REC'D BY LOCAL REG. March 1, 1920	
22. REGISTRAR'S SIGNATURE W.R. Hamilton		23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registrar	

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?

YES _____ NO _____ DATE _____



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of WASHINGTON } ss. Certificate No. 77478
County of Stevens } Date Filed _____

The undersigned does solemnly swear that certain ~~errors~~ ^{errors} on the certificate of Birth
for Unnamed Alderson (male child) who was born on Feb. 18, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Weiser, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
Full Name of Child	Unnamed	Calvin Wesley Alderson	
Child's Date of Birth	Feb. 18, 1920	February 20, 1920	
Full Maiden Name of Mother	Ethel Osborne	Ethel Osburn	

Subscribed and sworn to before me this 23rd day of
November, 1965

John T. Rafter
Notary Public, residing at Colville, Wn.
My commission expires 11/28/67
(Seal)

Signed Ethel Osborne Alderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 1, Box 184, Colville, Wash.
(Street Address, City, State) 99114

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Stevens }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of
February, 1966

John T. Rafter
Notary Public, residing at Colville
My commission expires 11/22/67
(Seal)

Signed Mrs. Esther R. Gilmore
(Signature of Any Credible Person)
Route 2, Kettle Falls, Washington
(Street Address, City, State)

~~Dup~~ Duplicate of Register of Voter, dated Oct. 16, 1944 gives full name as Calvin W. Alderson, born Feb. 20, 1920 at Weiser, Idaho - viewed by V.S.

Marriage License Affidavit, June 21, 1946, State of Washington, Stevens County gives full name of male as Calvin W. Alderson, age 26, birthplace-Idaho and full name of female as Louise Herrick, age 18, born in Washington - viewed by V.S.

Application to Grange Mutual Life Insurance Company, April 3, 1954 gives full name as Calvin Wesley Alderson, born February 20, 1920 - viewd by V.S.

Photo Copy of Pages from Family Record Book, gives one child's full name as Calvin Wesley Alderson, born Feb. 20, 1920 at Weiser, Idaho, married June 24, 1946 at Colville Washington to Louise Herrick - born to Ethel K. Osburn and Roy Alderson - viewed by V.S.

Photo Copy of Page from Family Record Book - gives full names as Roy Alderson, born April 4, 1892 at Farmington, Washington, died July 28, 1963 at Plummer, Idaho and Ethel K Osburn, born July 22, 1892 at Chandler, Oklahoma T. - married Nov. 17, 1914 at Weiser, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1108

386-118
044-712

11-C-25m-9-8-10

County of Washington

City of Weiser

Registration District No. 2

No. 7479

No. 1114 W. 4th. St.

Primary Registration District No. 1010

Registered No. 16

Hospital Edna

FULL NAME OF CHILD William Gordon Thompson

Sex of Child <u>Male</u>	Twin or other? <u>#</u>	and { Number in order of birth <u>3</u>	Legitimate? <u>Yes</u>	Date of Birth <u>2 18 20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER
FULL NAME Clyde T. Thompson
RESIDENCE Weiser, Idaho
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Tennessee
OCCUPATION Carpenter

MOTHER
FULL MAIDEN NAME Ida Casey
RESIDENCE Weiser, Idaho
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Illinois
OCCUPATION House-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4.55 a.m. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser, Idaho.

Filed Feb 20 1920 J. R. Hamilton

Certified Copy issued Feb. 3, 1941. E.W.

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

City of 665-129-001-057 Registration District No. File No.

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD George Collister Fong

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number and in order of birth	Legitimate?	Date of Birth <u>3 29 80</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Fong How</u>	FULL MAIDEN NAME MOTHER <u>Lee Shup Eng</u>			
RESIDENCE <u>407 Barnock</u>	RESIDENCE <u>407 Barnock</u>			
COLOR <u>Yellow</u> AGE AT LAST BIRTHDAY <u>48</u> (Years)	COLOR <u>Yellow</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)			
BIRTHPLACE <u>China</u>	BIRTHPLACE <u>China</u>			
OCCUPATION <u>Cook</u>	OCCUPATION <u>Housewife</u>			
Number of child of this mother, including present birth <u>5</u>		Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alper at 9³⁰ A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Collister

(Physician or midwife)

Given names added from a supplemental report.

Address 407 BarnockFiled 4/13 20

Registrar

Registrar

Guaranteed

Dup of 1920-325921

PLACE OF BIRTH

County of

Latah

City of

Pottlatch

689-201-029-855

Registration District No.

65

No.

St.

Primary Registration District No.

2145

Hospital

FULL NAME OF CHILD

Belva Irene Whitney

File No.

77481

Registered No.

Sex of Child

Female

Twin
Triplet
or other?

✓

and

Number
in order
of birth

✓

(To be answered only in event of plural births)

Legiti-
mate?

yes

Date of Birth

Feb

(Month)

1

(Day)

FULL NAME

Geo. Whitney

FATHER

FULL MAIDEN NAME

Selma Anderson

MOTHER

RESIDENCE

Pottlatch M.D.

RESIDENCE

Pottlatch M.D.

COLOR

white

AGE AT LAST BIRTHDAY

27

(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

21

(Years)

BIRTHPLACE

Latah

BIRTHPLACE

Latah

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive
(Born alive or stillborn)

at

2 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. H. Thompson

(Physician or midwife)

Given names added from a supplemental report.

Address

Pottlatch M.D.

Filed

Feb 7 1920

Dr. J. H. Thompson

Registrar

ORIGINAL NOT OUT BY 10:00 AM 10/10/68

228-30-105

Registration 1

COPIATE OF

10/10/68

10/10/68

10/10/68

10/10/68

10/10/68

10/10/68

10/10/68

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

95-1-106-042-219
 PLACE OF BIRTH

STATE OF IDAHO
 VITAL STATISTICS

Form V. S. No. 11-C-23m-9-8-17

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Id.

Registration District No. 39

File No. 77482

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child <u>Boy</u>	Twin Triplet or other? <u> </u>	and Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of Birth <u>2 6 1920</u> (Month) (Day) (Year)
-------------------------	--------------------------------------	--	------------------------	---

FULL NAME <u>V. J. Francara</u>	FATHER
RESIDENCE <u>Buhl Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Bohemia</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Agnes Kaiser</u>	MOTHER
RESIDENCE <u>Buhl Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Bohemia</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P on the date above stated. (Born live or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar Cluskey

(Physician or midwife)

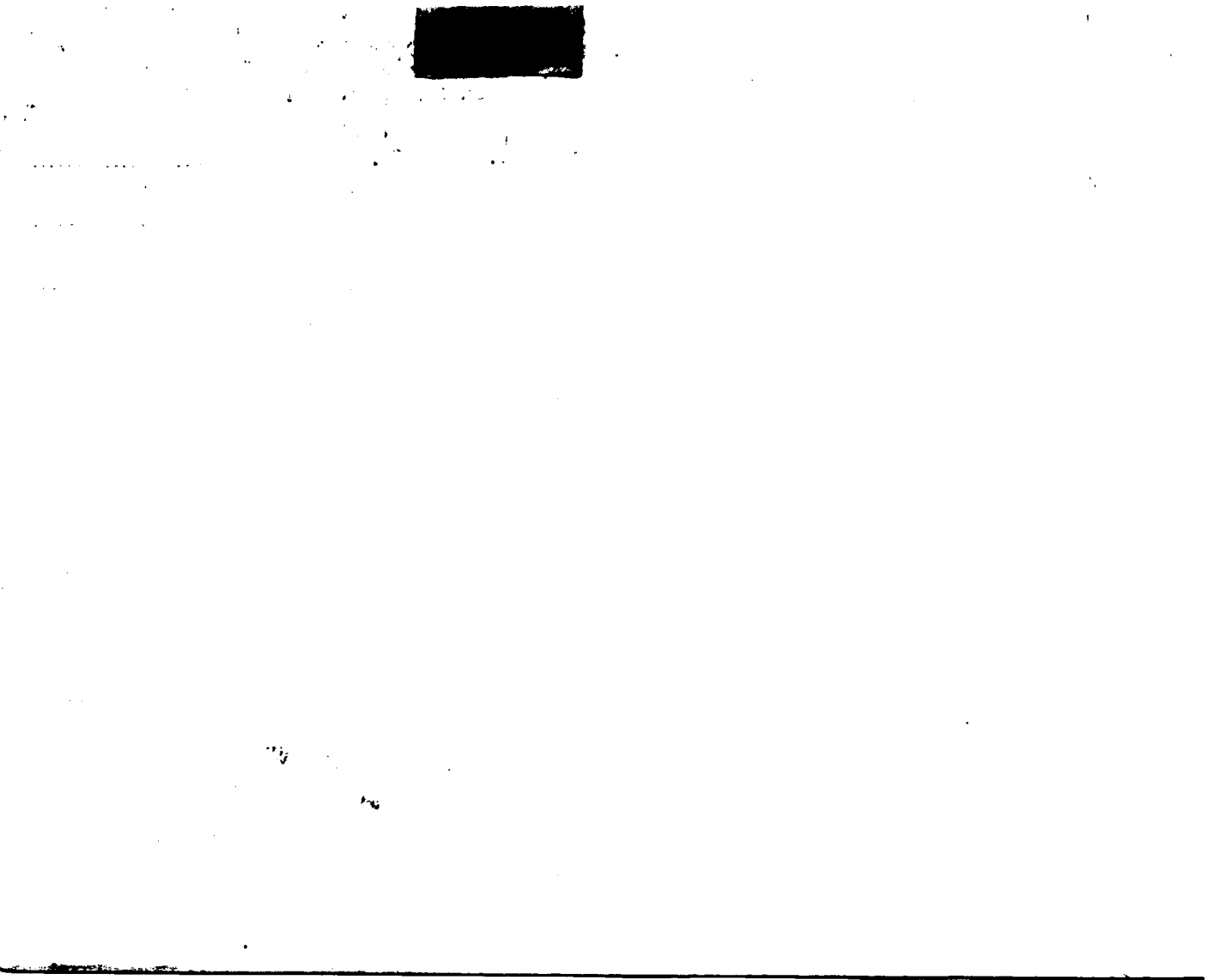
Given names added from a supplemental report.

Address Buhl Id.

FEB 1 1920

Registrar

Registrar



MARGIN RESERVED FOR CHILDREN
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-112-001-691

PLACE OF BIRTH

STATE OF ILLINOIS
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-6-17

County of Madison

City of Boise

No. 579 So 16 St.

Registration District No.

File No. 77484

Primary Registration District No. 1004

Registered No. 93

Hospital

FULL NAME OF CHILD

Carl William Borup

Sex of Child

Male

Twin
Triplet
or other?

and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Date of
Birth

Jan 12 1920
(Month) (Day) (Year)

FULL
NAME

Charles B. Borup

FATHER

FULL
MAIDEN
NAME

Isabell Wray

MOTHER

RESIDENCE

579 So 16

RESIDENCE

579 So 16

COLOR

white

AGE AT LAST
BIRTHDAY

40
(Years)

COLOR

white

AGE AT LAST
BIRTHDAY

30
(Years)

BIRTHPLACE

Eschen Wath

BIRTHPLACE

St Paul Minn

OCCUPATION

Laborer

OCCUPATION

Home wife

Number of child of this mother, including present birth... 6

Number of children of this mother now living, including present birth... 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive on M.

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Dr. H. C. Keady

Physician or midwife

Given names added from a supplemental report.

Address

916 State

Filed

3/11/20

Registrar

Registrar

SEP 22 1941

SEP 26 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. # 77484
County of Ida } Date Filed Bert

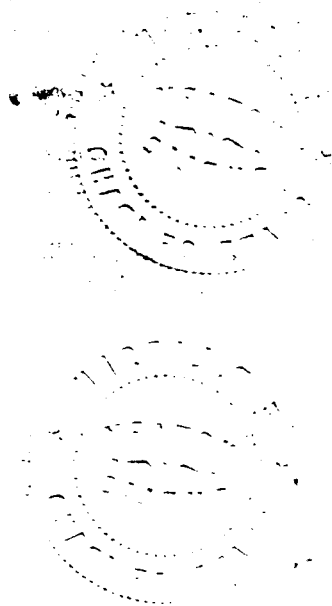
The undersigned does solemnly swear that certain facts on the certificate of
for Carl William Borup who born on 12 Jan 1920
(Name on original certificate) (Was born or died) (Date of event)
in Boise, Ada Co, Ida are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Family Record & Church Record prepared on Christianity & Baptism
(Bible record, insurance policy, etc.) (Give date) Feb 1928 Jan 1928
FACTS TO BE CORRECTED FROM TO
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)

Jan
Date of Birth Jan. 10, 1920 Jan. 12, 1920
Subscribed and sworn to before me this 25th
day of Sept, 1941
Notary Public, residing at Boise, Ida
My commission expires 3-8-45
[SEAL] Signed Chas B Borup / father
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)
519 So 16th Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This affidavit MUST also be executed.
County of Ida } (See Chapter 139, 1937 Idaho Session Laws.)
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are
true to the best of his knowledge.
Subscribed and sworn to before me this 25th
day of Sept, 1941
Notary Public, residing at Boise, Ida
My commission expires 3-8-45
[SEAL] Signed Isabel Wray Borup mother
(Signature of any credible person other than the previous affiant.)
519 So 16th Boise Ida
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)



417-113-001-717

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 77485No. 621 Grove St.Primary Registration District No. 1004Registered No. 92

Hospital

FULL NAME OF CHILD

Nick Dages

Sex of Child

M.Twin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birthTwin

Legitimate?

yes

Date of Birth

Mar 13. 1920
(Month) (Day) (Year)

FULL NAME

FATHER
John Dages

FULL MAIDEN NAME

MOTHER
Anna Papas

RESIDENCE

621 Grove

RESIDENCE

621 Grove

COLOR

White

AGE AT LAST BIRTHDAY

36
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

30
(Years)

BIRTHPLACE

Greece

BIRTHPLACE

Greece

OCCUPATION

Teamster

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 6:33 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address

303 M^{rs} Barty Bldg.

Filed

3/16 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

K

7/1/41
2580
MAR 17 1971

DECEASED

799-213-001-712

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CadizCity of WinnRegistration District No. 2File No. 77486No. St.Hospital St. CephPrimary Registration District No. 1004 Registered No. 94

FULL NAME OF CHILD

Betty Jane Griffin

Sex of Child

FTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?no.Date of
Birth

(Month)

(Day)

(Year)

Jan 13 1920FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

Idaho

County of

DECEASED

1/6/78

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. Certificate No. 77486
Date Filed
Birth

The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed Gassett who Was born on 1/13/20
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name Unnamed Betty Jane Griffin
.....
.....

Subscribed and sworn to before me this 6th day of
January, 1978

Signed Nana L. Horstiga
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise
My commission expires Lifetime
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

Social Security Card Issued July 1949 gives name as Betty Jane Gorostiza
Married name of Betty Jane Griffin. Viewed by V.S. (S.S.#518-22-1499)

Child's birth certificate issued by State of Idaho 2/28/38 gives name of Mother
as Betty Griffin. viewed by V.S.

JAN 6 1978

854-106-001-717

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 2012 7 19th St.Registration District No. 2File No. 77489

Hospital _____

Primary Registration District No. 1004Registered No. 97

FULL NAME OF CHILD

James Lewis HembreeSex of
ChildMaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
Birth2 - 6 -
(Month) (Day)19²⁰
(Year)FULL
NAME

FATHER

Carl Hembree

RESIDENCE

1203 N. 13th, Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Missouri

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Gora E. Paxton

RESIDENCE

1203 N. 13th, Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 6⁵⁰ a. M.
(Born alive ~~or stillborn~~)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

T. N. Brantman MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

3/15/20

19

Registrar

Registrar

JUN 13 1961

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-207-001-256
PLACE OF BIRTH

County of Ada

City of Boise

No. 512 1/2 S. 13th St.

Hospital _____

Full Name of Child _____

name added 5-13-82
STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-18-18

Registration District No. 2

File No. 77490

Primary Registration District No. 1004

Registered No. 98

Ollie Lucille Shelton

SEX OF CHILD <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Feb. 7, 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Everett C. Shelton</u>		MOTHER FULL MAIDEN NAME <u>Jessie C. Snodgrass</u>		
RESIDENCE <u>512 1/2 13th St. Boise, Idaho</u>		RESIDENCE <u>512 1/2 S. 13th St.</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Caldwell Idaho</u>		
OCCUPATION <u>Clark</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:45 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory
(Physician or midwife)

Given names added from a supplemental report.

Address 1107 N. 8th St. Boise, Idaho
Filed 3/2 19 20 L. J. J. J. J.
Registrar

9THIR 30 314

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of CALIFORNIA }
County of LOS ANGELES } ss.

APR 26 11 30 AM '82

Certificate No. 77490

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Shelton who was born on 2-7-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Boise (Ada) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name Unnamed

Ollie Lucille Shelton



Subscribed and sworn to before me this 19th day of

APRIL 19th, 1982

Notary Public, Marietta Pampena

Residing at VENICE, CA

My commission expires DEC 10, 1985

(Seal)

Ollie Lucille Shelton
Signature of Applicant
1440 ELK GROVE CIRCLE
VENICE, CA. 90291 Chard
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON }
County of CLATSOP } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3RD day of

April, 1982

Notary Public, Mary M. Relett

Residing at 2405 SE OAK GROVE BL, PORTLAND, OR 97222

My commission expires 12-28-85

(Seal)

Ken W. Jones
Supporting Signature

3621 SE Pinehurst, Milwaukie, OR 97222
Street Address, City, State

credit 100-

Marriage Certificate from State of Oregon County of Jackson gives
Richard Lee Edwards and Ollie Lucille Seeley were married on
July 5, 1957 by the Justice of the Peace Dale S Collins.
Viewed by V.S.

MAY 13 1982

Cert of Birth for James Joseph Jurey born 3-5-44 in Los Angeles County
city of Santa Monica in California # 6924 gives mothers name as
Ollie Lucille Shelton. Viewed by V.S.

533-141-001-535
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-14-18

County of Ada

City of Boise

No. 316 Union St.

Hospital _____

Registration District No. 2

File No. 77481

Primary Registration District No. 1004

Registered No. 99

Full Name of Child _____

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Feb 11</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>R. S. Ellis</u>			FULL MAIDEN NAME MOTHER <u>Jessie Everett</u>	
RESIDENCE <u>316 Union St.</u>			RESIDENCE <u>Boise Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>4 1</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Kansas</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7-45 am on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address 1107 N. T. So. Boise Idaho
Filed 3/2 1920 L. J. German
Registrar

STATE OF FLORIDA

1911

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of BoiseNo. 465-215-001-354Registration District No. 2File No. 77492St. St. Luke'sPrimary Registration District No. 1004Registered No. 100FULL NAME OF CHILD Carol Kipner MontgomerySex of Child FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)and Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate? YesDate of Birth Feb 15 1920
(Month) (Day) (Year)FULL NAME FATHER P B MontgomeryRESIDENCE St. Luke'sCOLOR White AGE AT LAST BIRTHDAY 28
(Years)BIRTHPLACE IowaOCCUPATION ClerkFULL MAIDEN NAME MOTHER Carrie TeamingRESIDENCE St. Luke'sCOLOR White AGE AT LAST BIRTHDAY 28
(Years)BIRTHPLACE MoOCCUPATION HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

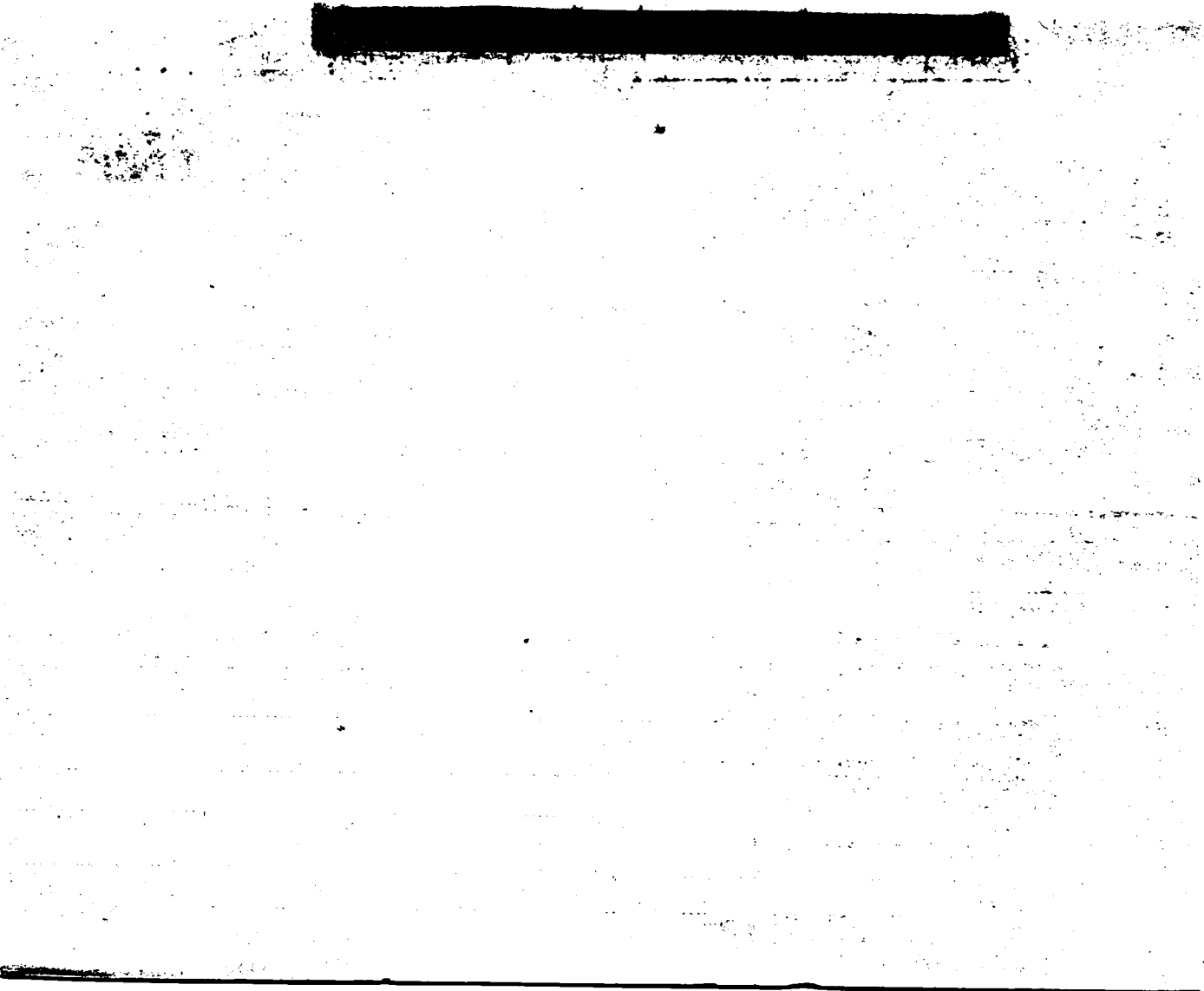
(Signature) Dr. C. C. C.

(Physician or midwife)

Gives names added from a supplemental report.

19

Address 3/5 20



893-127-001-866

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 77493Near Reclamation Bldg
No.Primary Registration District No. 1004 Registered No. 101

Hospital _____

FULL NAME OF CHILD

Dallas Delwayne Hickman

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>3-2-1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>David M. Hickman</u>	FATHER
RESIDENCE <u>near Reclamation Bldg, Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Janet M. Howell</u>	MOTHER
RESIDENCE <u>near Reclamation Bldg, Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6³⁰ a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brantley

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, IdahoFiled 3/15 1920

Registrar

Registrar

1911

943-124001-389

Amended 9/23/77

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoseNo. 1304 7211 - St.Registration District No. 2File No. 77494

Hospital _____

Primary Registration District No. 1004Registered No. 102

FULL NAME OF CHILD

Lloyd C. Rule

Sex of Child

MTwin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?yes.Date of
BirthFeb. 24
(Month) (Day)1920
(Year)FULL
NAME

FATHER

Sam A Rule

RESIDENCE

1304 7211 -

COLOR

WhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Ore

OCCUPATION

FiremanFULL
MAIDEN
NAME

MOTHER

Artie B. Christensen

RESIDENCE

1304 7211

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Kas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born aliveat 3:40 A.M.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address

303 Mc Cartty Bldg -

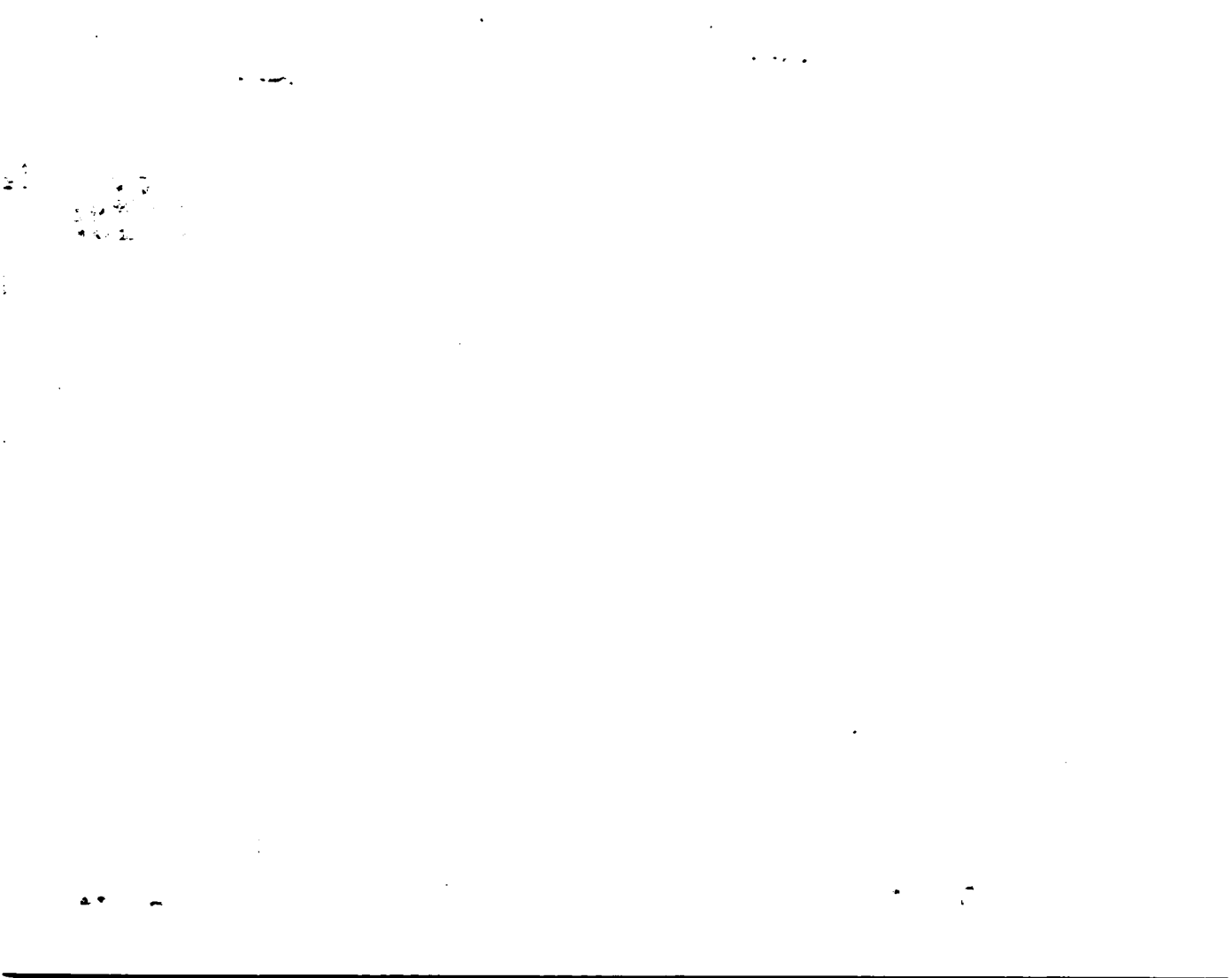
Filed

3/6

19 _____

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss.

Certificate No. 77494

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Lloyd Rule who was born on Feb 24, 1920 (Birth of Death) in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ prepared on _____, are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

(Give Date)

TO
(The Correct Facts)

child's name

Lloyd Rule

Lloyd Christison Rule

Subscribed and sworn to before me this 23rd day of September, 1977

Notary Public, residing at _____

My commission expires Lifetime

(Seal)

Signed Mae Lloyd Rule

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3618 Deschutes Pl. Klamath Falls, W. Va.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____

(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires _____

(Seal)

(Street Address, City, State)

Honorable Discharge from the US. Army gives name as Lloyd C. Rule, born
Feb 24 1920 in Boise, Idaho. date of Separation April 10, 1946. viewed by VS.

SEP 23 1947

Marriage record from Idaho gives name as Lloyd C. Rule and bride's name as
Ardith Grout. dated April 6 1940. viewed by V. S.

366-127001-231

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1121 Lee St.Registration District No. 2File No. **77495**

Hospital _____

Primary Registration District No. 1004Registered No. 103

FULL NAME OF CHILD

Clayton Sterk Cook

Sex of Child <u>M</u>	Twin Triplet or other?	and	Number in order of birth	Legiti mate?	Date of Birth <u>Feb-27-20</u>
(To be answered only in event of plural births)				<u>yes.</u>	(Month) (Day) (Year)

FULL NAME

FATHER

Sterk Geo Cook

RESIDENCE

1121 Lee St.

COLOR

White

AGE AT LAST BIRTHDAY

24
(Years)

BIRTHPLACE

Ida.

OCCUPATION

Express Clerk

FULL MAIDEN NAME

MOTHER

Orna P. Blanchard

RESIDENCE

1121 Lee St.

COLOR

White

AGE AT LAST BIRTHDAY

20
(Years)

BIRTHPLACE

Ida.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr John Boesh

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 McPartey Bldg

Filed

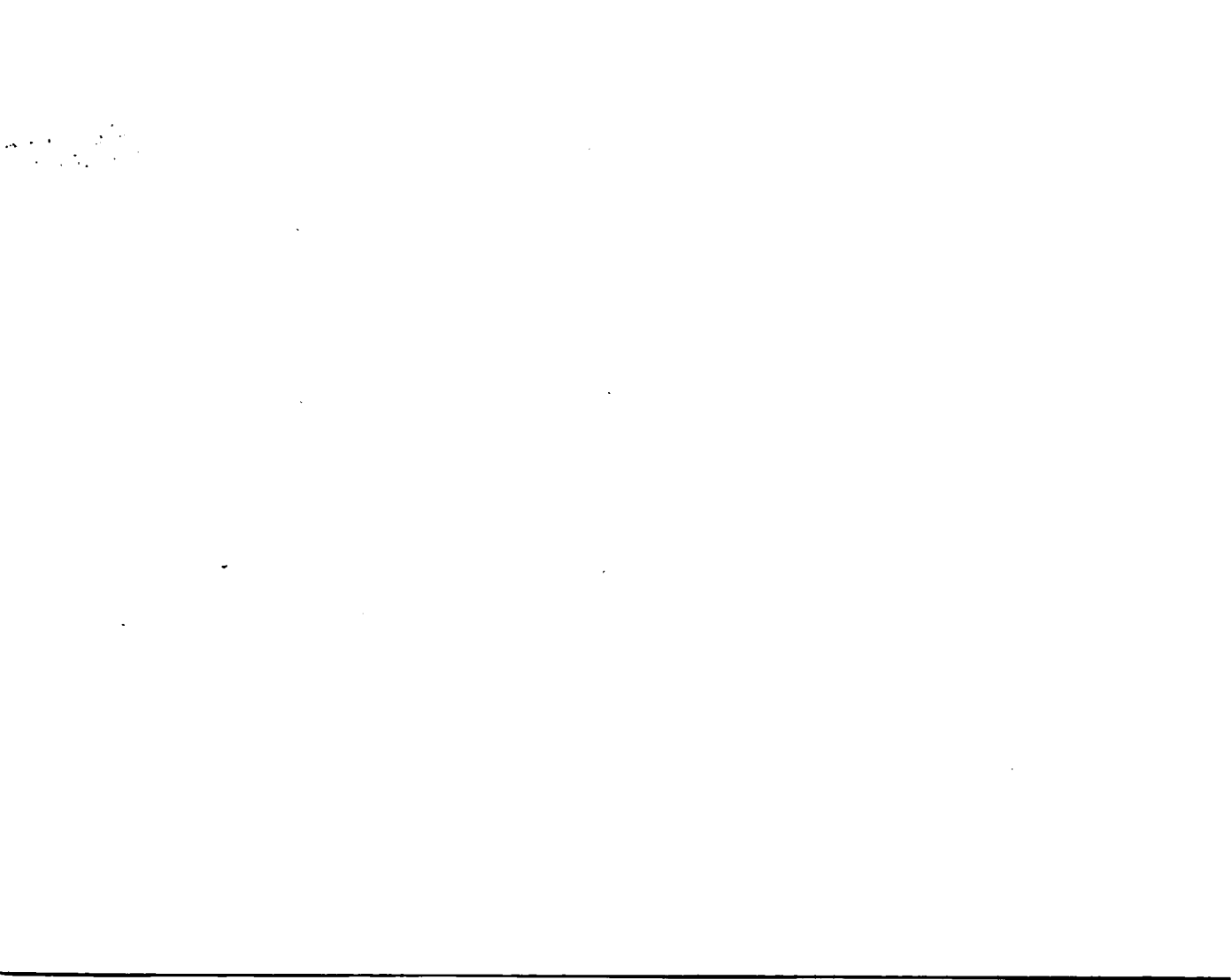
3/6

19

20

Registrar

Registrar



345-205-001-105
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

County of AdaCity of BurienRegistration District No. 2File No. 77496No. St.Primary Registration District No. 1004Registered No. 104Hospital St. AlphonsusFULL NAME OF CHILD Marian Joyce Lundberg

Sex of Child <u>Female</u>	Twin Triplet or other? <u>.....</u> and <u>.....</u> Number in order of birth <u>.....</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>3 - 5 - 1929</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Walter Lundberg</u>	FATHER	FULL MAIDEN NAME <u>Gladys May Jones</u>	MOTHER
----------------------------------	--------	--	--------

RESIDENCE <u>Meridian</u>	RESIDENCE <u>Meridian</u>
---------------------------	---------------------------

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
--------------------	--	--------------------	--

BIRTHPLACE <u>Minn.</u>	BIRTHPLACE <u>England</u>
-------------------------	---------------------------

OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>
--------------------------	-----------------------------

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Hagg

(Physician or midwife)

Given names added from a supplemental report.

Address 1627 West St. Burien - IdaFiled 3/8 30 L. F. Farmer Registrar

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1949

Certified Copy issued Feb. 26, 1941. E.A.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

814-209-001-366

PLACE OF BIRTH

AMENDED - AUGUST 22, 1949

County of Ada

City of Boise

No. 1515 No. 26 St.

Hospital

Registration District No. 2

File No. 77497

Primary Registration District No.

Registered No. 105

FULL NAME OF CHILD

Elizabeth Eunice Hammond

(Certificate of no value without full name of child.)

Sex of
Child

Female

Twin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth

Legiti-
mate?

Yes

Date of
birth

March 9 1920

(Month)

(Day)

(Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

6

Number of children of this mother now living, including present birth

6

FULL
NAME

FATHER

H. G. Hammond

RESIDENCE

Boise

COLOR

White

AGE AT LAST
BIRTHDAY

40

(Years)

BIRTHPLACE

Minnesota

OCCUPATION

Rancher

FULL
MAIDEN
NAME

MOTHER

Margaret B. Look

RESIDENCE

Boise

COLOR

White

AGE AT LAST
BIRTHDAY

38

(Years)

BIRTHPLACE

Maine

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

born alive

at 11:00

A. M.

on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

S. W. Forney

Physician

(Physician or midwife)

Give names added from a supplemental report.

Address

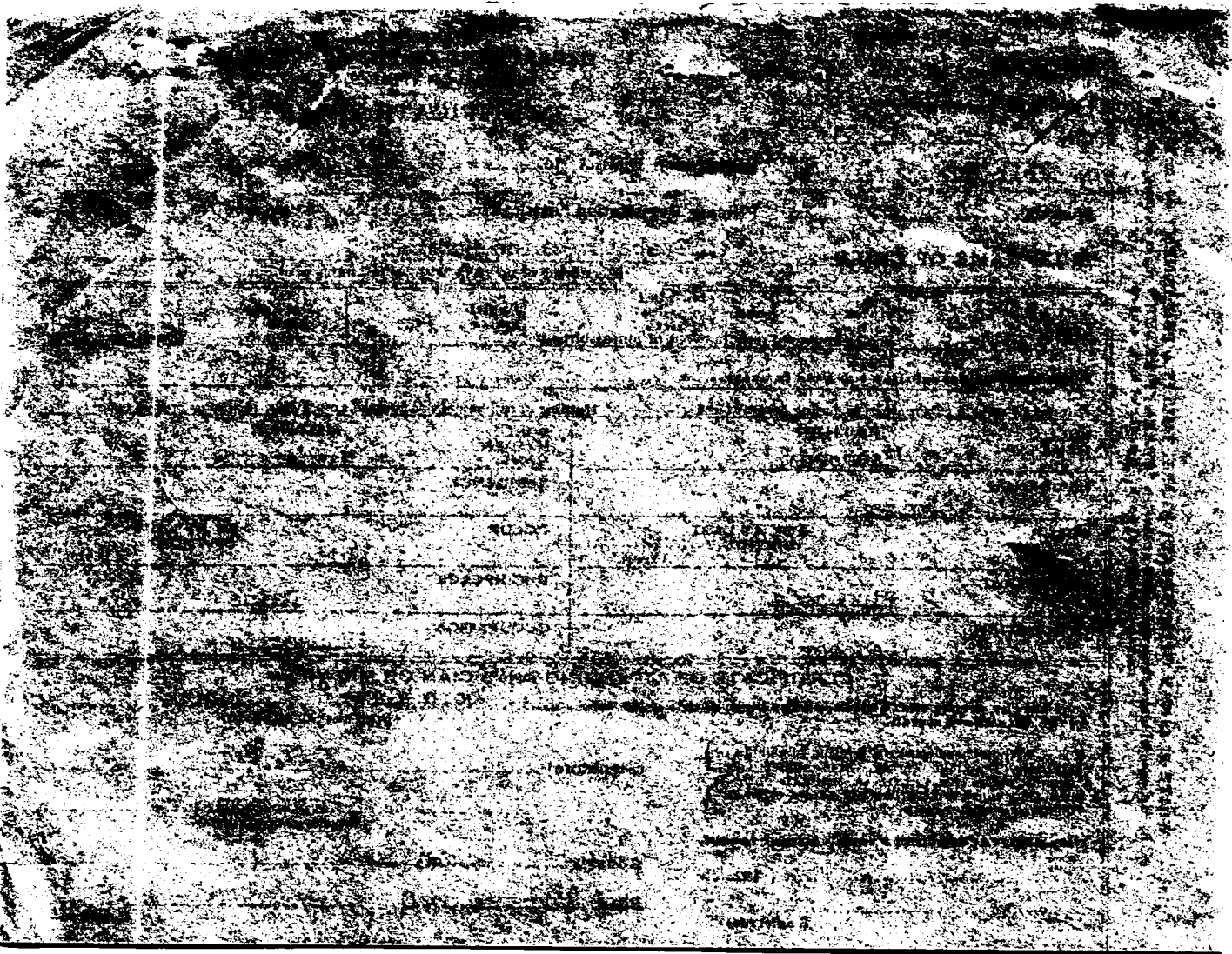
Boise, Idaho

Filed March 10 1920

E. R. Pferman

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Ada } ss. Certificate No. 77497
The undersigned does solemnly swear that certain facts on the certificate of March 9, 1920
for Elizabeth Bernice Hammond who was born on March 9, 1920
in Boise Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

(Give Date)

TO
(The Correct Facts)

Date of birth

Mar 9, 1916

Mar 9, 1920

Subscribed and sworn to before me this 18 day of
August 1949.

Signed Henry G. Hammond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho
My commission expires Apr 1, 1950
(Seal)

R 7 Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of
August, 1949.

Signed Margaret R. Hammond
(Signature of Any Credible Person)

Notary Public, residing at Boise, Idaho
My commission expires Apr 1, 1950
(Seal)

R 7 Boise Idaho
(Street Address, City, State)

AUG 23 1949

RECEIVED RECORD

RETURN must be made for each and the number of order of birth stated.

WRITE PLAINLY WITH

N. B.—In case of more than one child at birth, of each

No. _____ St. _____
Registration District No. 2 File No. 77448
Hospital St. Lukes Primary Registration District No. 1004 Registered No. 106
Full Name of Child Helen Amelia Fjilstrom

SEX OF CHILD <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>3</u> - <u>8</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Gustav A. Fjilstrom</u>		FULL MAIDEN NAME MOTHER <u>Carlotha E. Casebeer</u>		
RESIDENCE <u>Diversion Dam</u>		RESIDENCE <u>Diversion Dam</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Electrician</u>		OCCUPATION <u>Housekeeper</u>		

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12/10/1917 on the 10 day of December.
(Born alive or stillborn)
(Signature) J. E. Fjilstrom
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given names added from a supplemental report
_____ 19_____
Address _____
Filed 3/10 20 1920 L. R. Fjilstrom
Registrar

[illegible]

Inspect

713-110-001-259
PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Bosse

No. _____ St.

Hospital St. Lukes

Registration District No. 2

File No. 77499

Primary Registration District No. 1004

Registered No. 107

Full Name of Child Don Walter Galbreaith

SEX OF CHILD <u>M.</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	{ and } Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>3 10 20</u> (Month) (Day) (Year)
FULL NAME <u>Walter Galbreaith</u> FATHER		FULL MAIDEN NAME <u>Mellie Berry</u> MOTHER		
RESIDENCE <u>1811 N. Jefferson</u>		RESIDENCE <u>1311 N. Jefferson</u>		
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>England</u>		
OCCUPATION <u>P.O. Clerk</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:45 A. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Frederic A. Liddington
Physician
(Physician or midwife)
Address Orlando, Fla. Boice
Filed 3/10/20
Registrar L. B. Borman

Registrar

AUG 12 1948

753-112-001-432

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of ALACity of BOISERegistration District No. 2File No. 77500

No. _____ St. _____

Hospital St. Alph. Primary Registration District No. 1004 Registered No. 108FULL NAME OF CHILD Erwin Eugene Peterson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 12</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	----------------------------	--

FATHER

FULL NAME Ray Forest Peterson

RESIDENCE Horseshoe Bend

COLOR white AGE AT LAST BIRTHDAY 29
(Years)

BIRTHPLACE Quartzburg Idg

OCCUPATION mining

MOTHER

FULL MAIDEN NAME Gertrude Elizabeth McSparran

RESIDENCE Horseshoe Bend

COLOR white AGE AT LAST BIRTHDAY 21
(Years)

BIRTHPLACE Elmore Ohio

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 6:40 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. H. C. Buerker

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

71500

STATE OF IDAHO
JUDICIAL DISTRICT
INVESTIGATION OF

Registration District No. 1
County of Blaine

Legal
male

NAME
MAIDEN
RESIDENCE

COLOR
BIRTHPLACE
BIRTHDATE
OCCUPATION

AGE AT LAST
BIRTHDAY

of children of this mother now living, including any at birth
ATTORNEY AT LAW
ID. No. 10000

from there
then the
the same
the same
the same
the same

from a supplier

OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
962-21007-284
City of Bow

Registration District 2

File No. 77501

No. St.
Hospital St Luke

Primary Registration District No. 1004

Registered No. 109

Full Name of Child

Ardith Louise Roberts

SEX OF CHILD Female ^{Twin}
^{Triplet}
^{or other?} { and } Number in order of birth 2 Legitimate? Yes DATE OF BIRTH 3-12-20
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Archie Roberts
RESIDENCE Council Ida
COLOR White AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE Colo.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Maud Squier
RESIDENCE Council Ida
COLOR White AGE AT LAST BIRTHDAY 26
(Years)
BIRTHPLACE Kansas
OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:15 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom
(Physician or midwife)

Names added from a supplemental report

Address 3/12/20
Filed 3/12/20
Registrar L. J. Froom

STATISTICS

2 OF 2

EN

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YASH

on the 10
1971
1972
1973
1974
1975

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss.

Certificate No. **77501**

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of **birth**
for **not named Roberts** who **was born** on **March 12, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **Boise, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

name of child **not named Roberts** **Ardith Louise Roberts**

Subscribed and sworn to before me this _____ day of _____, 19____.

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of January, 1963
[Signature]

Signed [Signature]
(Signature of Any Credible Person)

Notary Public, residing at Boise, Idaho
My commission expires Feb 10, 1963
(Seal)

(Street Address, City, State)

Boise High School Diploma gives name as Ardith Louise Roberts. Graduated

June 3, 1938. W. D. Vincent, Supt. of Schools.

Viewed by V. S.

MAR 5 1965

FEB 19 1971

Other doc. recorded on front of affidavit.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

949-119-22-766

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH
County of Ada

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Bon Registration District No. 2 File No. 77502
No. 412 S 12 St.
Hospital _____ Primary Registration District No. 1004 Registered No. 110
FULL NAME OF CHILD OLLIVER OTTO Gurcher

Sex of Child <u>m</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 19</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>OTTO F. Gurcher</u>		FULL MAIDEN NAME <u>Adela E. Moore</u>		
RESIDENCE <u>412 South 12</u>		RESIDENCE <u>412 South 12</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	
BIRTHPLACE <u>Ohio</u>		BIRTHPLACE <u>Kas.</u>		
OCCUPATION <u>Merchant</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A M. on the date above stated. (Born alive or stillborn)

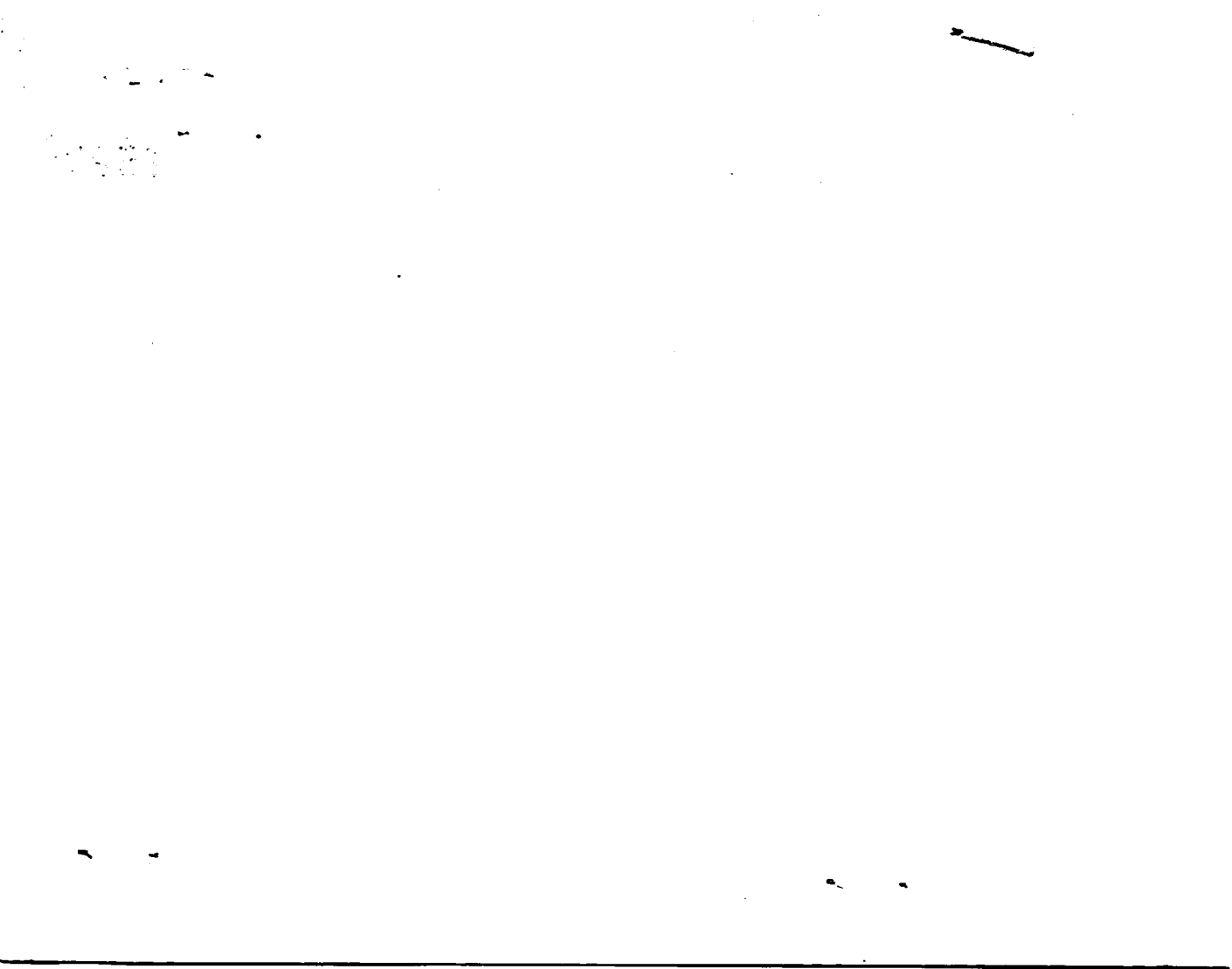
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address 303 McCarty Bldg
3/16 1920 St German
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss. Certificate No. 77502
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of _____
for James Zurcher who born on Feb. 19, 1910
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Boise, Ida. are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Physician prepared on Jan. 14, 1941, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
<u>Name</u>	<u>James Zurcher</u>	<u>Oliver & Ho</u>
		<u>Zurcher</u>

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

SAFETY & SECURITY

NOV 2 1961

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Amended 6/14/71

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **77503**

Local Reg. No. _____

Reg. Dist. No. **2**

2592191001-331

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Ada		a. STATE Idaho	b. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township; OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township; OR TOWN Boise	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS (If rural, give location) 1421 E. Franklin	
3. CHILD'S NAME			
a. (First) Elizabeth		b. (Middle) Jeanne	
		c. (Last) Berry	
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) Feb. 19, 1920

FATHER OF CHILD

7. FULL NAME		a. (First) J.		b. (Middle) E.	c. (Last) Berry
8. AGE (At time of this birth) 32 YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) Idaho	10. USUAL OCCUPATION logger	11. KIND OF BUSINESS OR INDUSTRY		

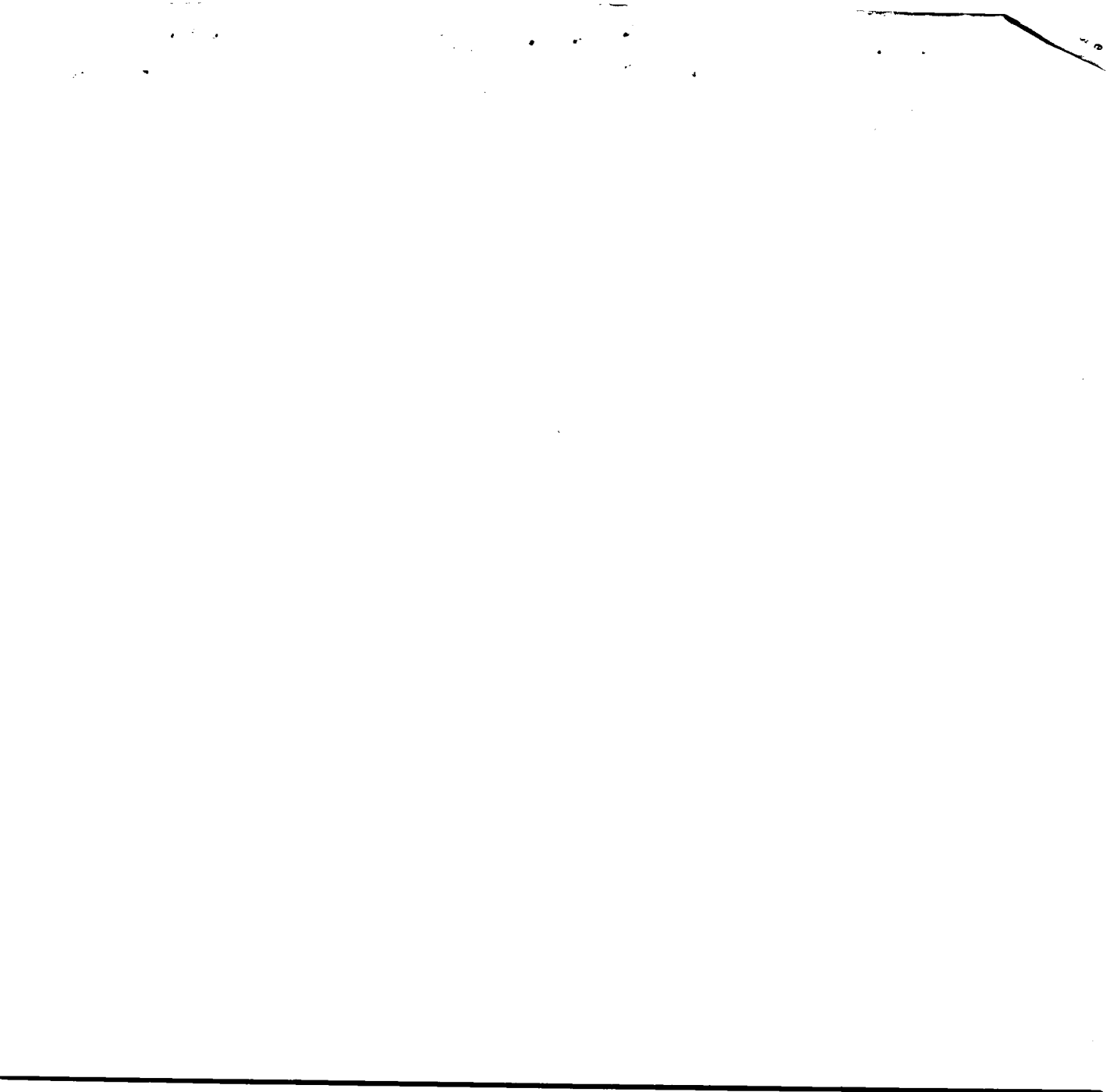
MOTHER OF CHILD

12. FULL MAIDEN NAME		a. (First) Janet		b. (Middle)	c. (Last) Claxton
13. AGE (At time of this birth) 33 YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) Mo.	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		a. How many OTHER children are now living? 0	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)	

<i>I hereby certify that this child was born alive on the date stated above.</i>	17. SIGNATURE Dr. John Boeck	18. ATTENDANT AT BIRTH M.D. _____ MIDWIFE _____ OTHER (Specify) _____
	19. ADDRESS 303 McCarty Bldg.	20. DATE SIGNED
21. DATE REC'D BY LOCAL REG. 3/16/20	22. REGISTRAR'S SIGNATURE L. P. Pferman	23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES _____ NO _____ DATE _____	
Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____	
LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White
METHOD OF DELIVERY	
Was 1% Silver Nitrate Used to prevent blindness? YES _____ NO _____	
BIRTH INJURY TO INFANT _____ YES IF YES, DESCRIBE _____ NO	CONGENITAL MALFORMATIONS OF INFANT _____ YES IF YES, DESCRIBE _____ NO



Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 77503

Date Filed

birth

FROM
(As on Original)

(Birth or Death)
Feb. 19, 1920
(Date of Event)

TO
(The Correct Facts)
Jeanne

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]**

Subscribed and sworn to before me this 2nd day of

Signed

(Signature of Any Credible Person)

1856 - Polkway Stockton Ca 95207
(Street Address, City, State)

Certificate of Baptism and Confirmation from LDS Church dated Aug. 7, 1955 gives name as Elizabeth Jeanne Cronn daughter of John Edward Barry and Eliza Jane Claxton. Born Feb. 19, 1920 at Boise, Idaho. Was Baptized Aug. 6, 1955 at Stockton, Calif. by Elder Jesse O. Lawler and confirmed 8/7/55. Signed by J. C. Ensign, Mission President San Joaquin Stake. Viewed by V. S.

From the War Department Application for Dependency Benefits for Harold Eugene Cronn dated April 19, 1945. Gives wife name as Elizabeth Jeanne Cronn. Signed by. Esther F. Lund. Viewed by V. S.

699-229001-859

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1919 State St.Registration District No. 2File No. 77504

Hospital _____

Primary Registration District No. 1004Registered No. 112

FULL NAME OF CHILD

Marsia Kathleen WrightSex of Child Female
Twins, Triplet or other? _____
(To be answered only in event of plural births)

Number in order of birth _____

Legitimate? YesDate of Birth 2-28-20
(Month) (Day) (Year)FULL NAME FATHER Wm. D. WrightRESIDENCE 1919 State St. BoiseCOLOR White AGE AT LAST BIRTHDAY 40
(Years)BIRTHPLACE OregonOCCUPATION Gov't Meat InspectorFULL MAIDEN NAME MOTHER Ethel I. HeinRESIDENCE 1919 State St BoiseCOLOR White AGE AT LAST BIRTHDAY 29
(Years)BIRTHPLACE OregonOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:15 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, IdahoFiled 3/15/20 1920

Registrar

Registrar

NOV 7 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

962129-001-169

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
County of AdaCity of BoiseRegistration District No. 2File No. 77505No. 1219 N 12—St.Primary Registration District No. 1004 Registered No. 113

Hospital _____

FULL NAME OF CHILD

Jack Lloyd Roberts

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth (Month) (Day) (Year) <u>Feb. 29 1920</u>
-----------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME <u>Guy L. Roberts</u>	FATHER
RESIDENCE <u>1219 N 12 -</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Kans.</u>	
OCCUPATION <u>Salesman</u>	

FULL MAIDEN NAME <u>Ethel M. Jordan</u>	MOTHER
RESIDENCE <u>1219 N 12 -</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was Born alive, at 6:30² M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr John Bueck

(Physician or midwife)

Given names added from a supplemental report.

Address

303 M^cCarty Bldg

Filed

1920

Registrar

Registrar

FEB 23 1971

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

417-213,001-717

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Ada

City of Boise

Registration District No. 2

File No. 77506

No. 621 Grove St.

Primary Registration District No. 1004

Registered No. 114

Hospital _____

FULL NAME OF CHILD

Sex of Child F Twin Triplet or other? Twins { and { Number in order of birth 1 Legiti mate? yes Date of Birth Mar 13, 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME John Dager
RESIDENCE 621 Grove St.
COLOR white AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Greece
OCCUPATION Teamster

MOTHER
FULL MAIDEN NAME Anna Papen
RESIDENCE 621 Grove
COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Greece
OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. John Beck

(Physician or midwife)

Given names added from a supplemental report.

19

Address

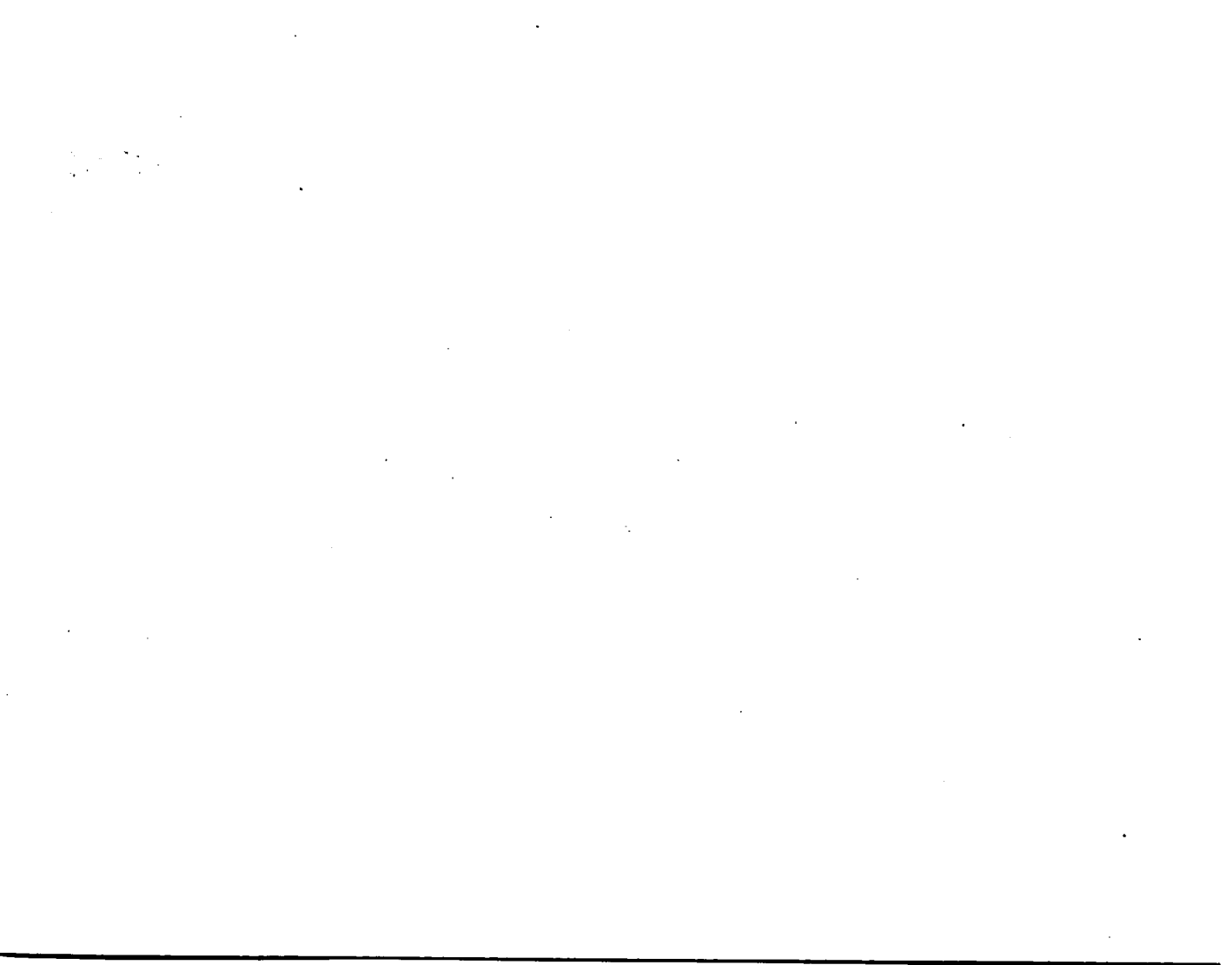
303 M^l Carter Bldg

Filed

3/16 1920

Registrar

Registrar



391-213000-689

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 77507No. 414 S. 11th St.Primary Registration District No. 1004Registered No. 115

Hospital _____

FULL NAME OF CHILD

Baby CrawfordSex of Child FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birthLegiti
mate?YesDate of
Birth3-13-1920
(Month) (Day) (Year)FULL
NAMEEarl J. Crawford

FATHER

RESIDENCE

414 S. 11th, Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY24

(Years)

BIRTHPLACE

Wyoming
Laborer

OCCUPATION

FULL
MAIDEN
NAMEJewel E. White

MOTHER

RESIDENCE

414 S. 11th, Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY(Years)

BIRTHPLACE

Montana

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive, at 10¹⁵ a. m.
(Born alive or stillborn){ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

T. N. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

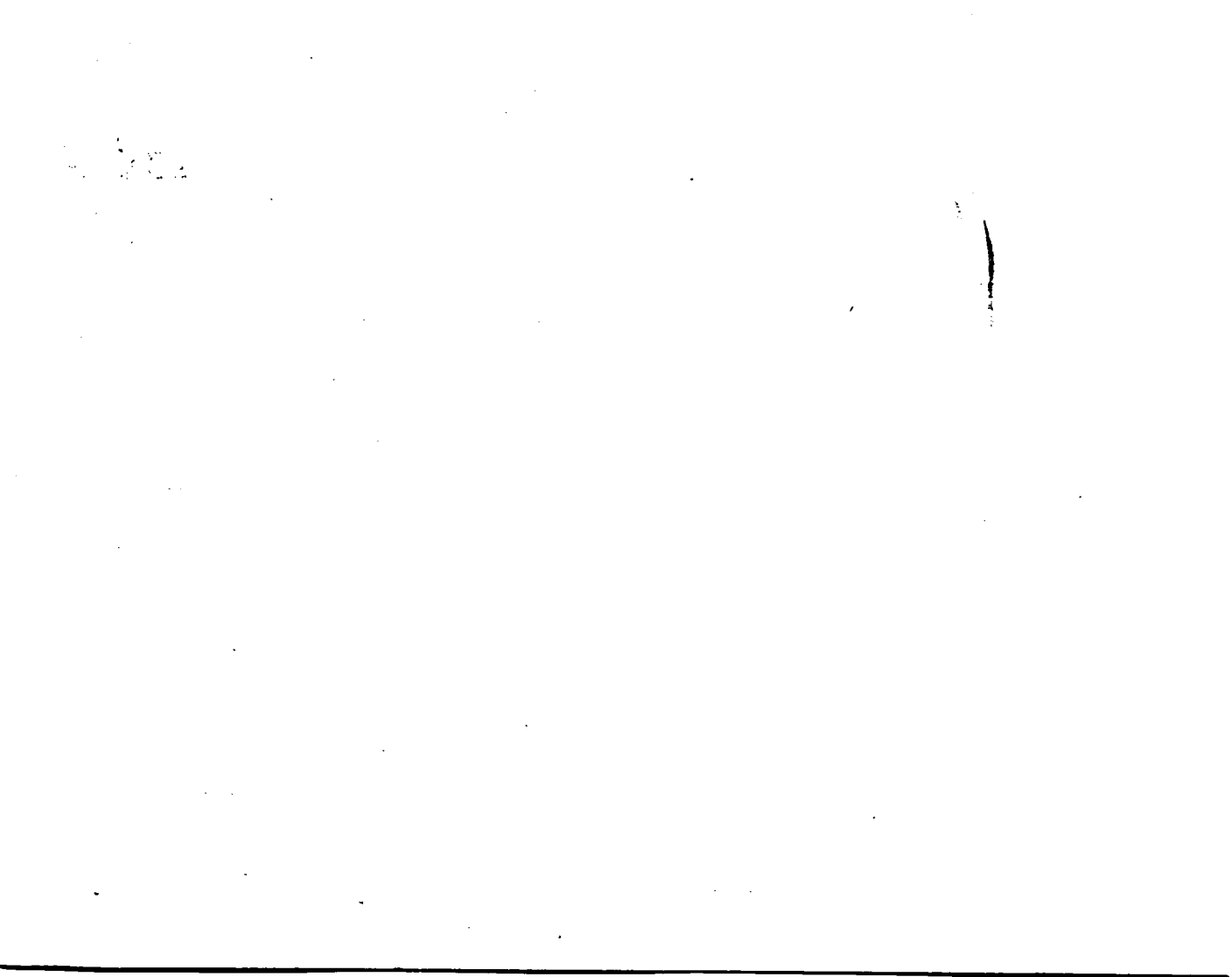
3/15 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-131-001-792
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—22m-3-3-17

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 77509

No. St

Primary Registration District No. 1004

Registered No. 116

Hospital St. Luke's

FULL NAME OF CHILD Troy LeRoy Phipps

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 31 1930</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FULL NAME <u>John LeRoy Phipps</u>	FATHER
RESIDENCE <u>Corbett, Oregon</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>3 14</u> (Years)
BIRTHPLACE <u>Arkansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Sally Louise Pike</u>	MOTHER
RESIDENCE <u>Corbett, Ore</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>2 8</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Boise, Ida. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Sprague

Given names added from a supplemental report.

Physician or midwife Boise, Ida.

19 30

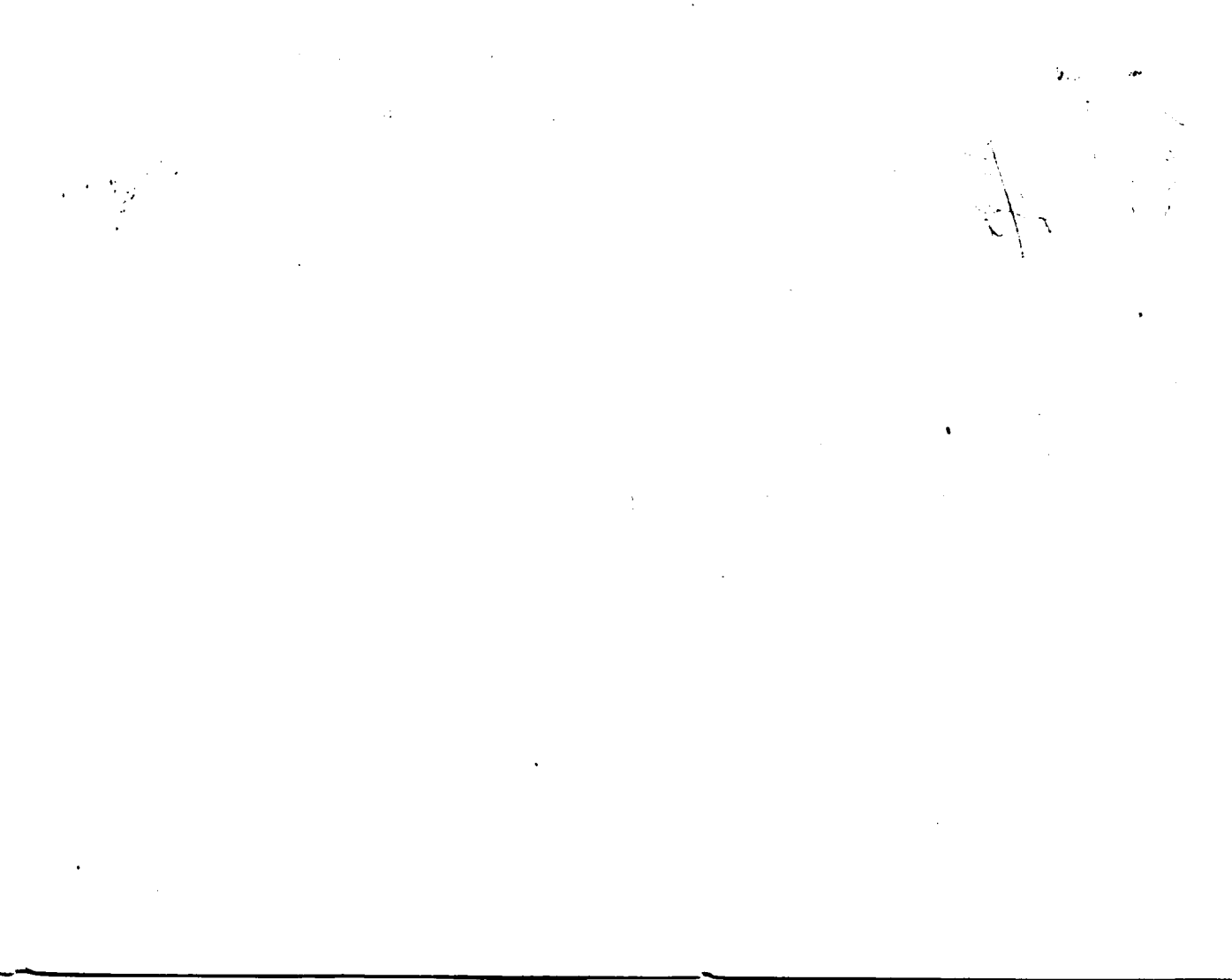
Address Boise, Ida.

19 30

Filed 3/31 1930

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth, stated.

133-112,001-226
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Adg

City of Boise

Registration District No. 2

File No. 77511

No. 7 St.

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 118

FULL NAME OF CHILD

Harry James Allen

Sex of Child M

Twin
Triplet
or other?
(To be answered only in event of plural births)

Number
in order
of birth

Legiti
mate?

Date of
Birth

2 12 1920
(Month) (Day) (Year)

FULL
NAME

FATHER

Henry James Allen
1218 Barnum St.

RESIDENCE

COLOR

White

AGE AT LAST
BIRTHDAY

30
(Years)

BIRTHPLACE

Pocatello, Idaho

OCCUPATION

Merchant

FULL
MAIDEN
NAME

MOTHER

John Marie Hoffington
1218 Barnum St.

RESIDENCE

COLOR

White

AGE AT LAST
BIRTHDAY

33
(Years)

BIRTHPLACE

Red Oak, Iowa

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

at 5:50 A.M.

{ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

Dr. Conant

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

3/31 1920 Dr. Conant
Registrar

Registrar

MAY 8 1942

255-214-009-419

PLACE OF BIRTH

County of AdaCity of BoiseNo. 405-S-3 St.

Hospital _____

Full Name of Child _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 2File No. 77512Primary Registration District No. 1004Registered No. 119

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>Feb 14</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------------------	------------------------	--

FULL NAME <u>Avery E. Keckley</u>	FATHER
RESIDENCE <u>405-S-3rd Boise Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Life Insurance Agent</u>	

FULL MAIDEN NAME <u>Ethel Marshall</u>	MOTHER
RESIDENCE <u>405-S-3rd Boise Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>House work</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

R. French M.D.

Given names added from a supplemental report

19.....

Address 417 Overland Blvd Boise IdaFiled 3/26 1920

Registrar _____

(Physician or midwife)

Registrar _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLATE

64 PLACE 25 OCT 23 4

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—22a-41548

County of AdaCity of BoiseRegistration District No. 2File No. 77513

No. _____ St. _____

Primary Registration District No. 1004Registered No. 120Hospital St. LukesFull Name of Child Katharine B. Fuller

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>Feb. 25</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Wm H. Fuller</u>			MOTHER FULL MAIDEN NAME <u>Evelyn B Sturdevant</u>		
RESIDENCE <u>1021 N 22 St. Boise Ida</u>			RESIDENCE <u>1021 N 22 St. Boise Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	
BIRTHPLACE <u>Conn.</u>			BIRTHPLACE <u>Florida</u>		
OCCUPATION <u>Civil Engineer</u>			OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) PP French M.D.

Given names added from a supplemental report

(Physician or midwife)

Address 417 Overland Bldg. Boise IdaFiled 3/26 20 1920 R. J. Johnson

Registrar

Registrar

to the

21. ----- No.

See also 1/2 Hospital

Full Name: _____

CHILD
SEX

ЯЗЫК

JULY
 1964

30 种常用中草药

AGE AT LAST
BIRTHDAY

(4785Y)

ROADSIDE

5. CITATIONS

Notes for visitors

Abstract 1

1. **Lead** 2

1. Stipulations

11. **Answer: C**—The passage states that the author is "not suggesting that the world is a better place than it was in the past."

Abstract

Given below is a most barren and empty world

41

75712120000

Registration District No.

Primary Registration District No. _____

File #

1997
TEAM
MEMBERS

ДОНЕЦОБЛАСТЬ

50109

2015

2041474

243 22 JUL 60

1000

Keywords: child sexual abuse; disclosure; social support

Abstract

...

(Physician or midwife)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

955'226.001-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Burien

No. St. Lukes St.

Registration District No. 2

File No. 77514

Hospital —

Primary Registration District No. 1004

Registered No. 121

FULL NAME OF CHILD Marian Reed

Sex of Child <u>Female</u>	Twin <u>one</u> Triplet <u>one</u> or other? <u>—</u> (To be answered only in event of plural births)	and	Number in order of birth <u>one</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 26 - 1920</u> (Month) (Day) (Year)
----------------------------	--	-----	-------------------------------------	-------------------------	--

FATHER
FULL NAME James Paul Reed
RESIDENCE Emmett, Idaho
COLOR White AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Iowa
OCCUPATION Attorney

MOTHER
FULL MAIDEN NAME Ella Evelyn Brubaker
RESIDENCE Emmett
COLOR White AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Missouri
OCCUPATION Housewife

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was White, at 930 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

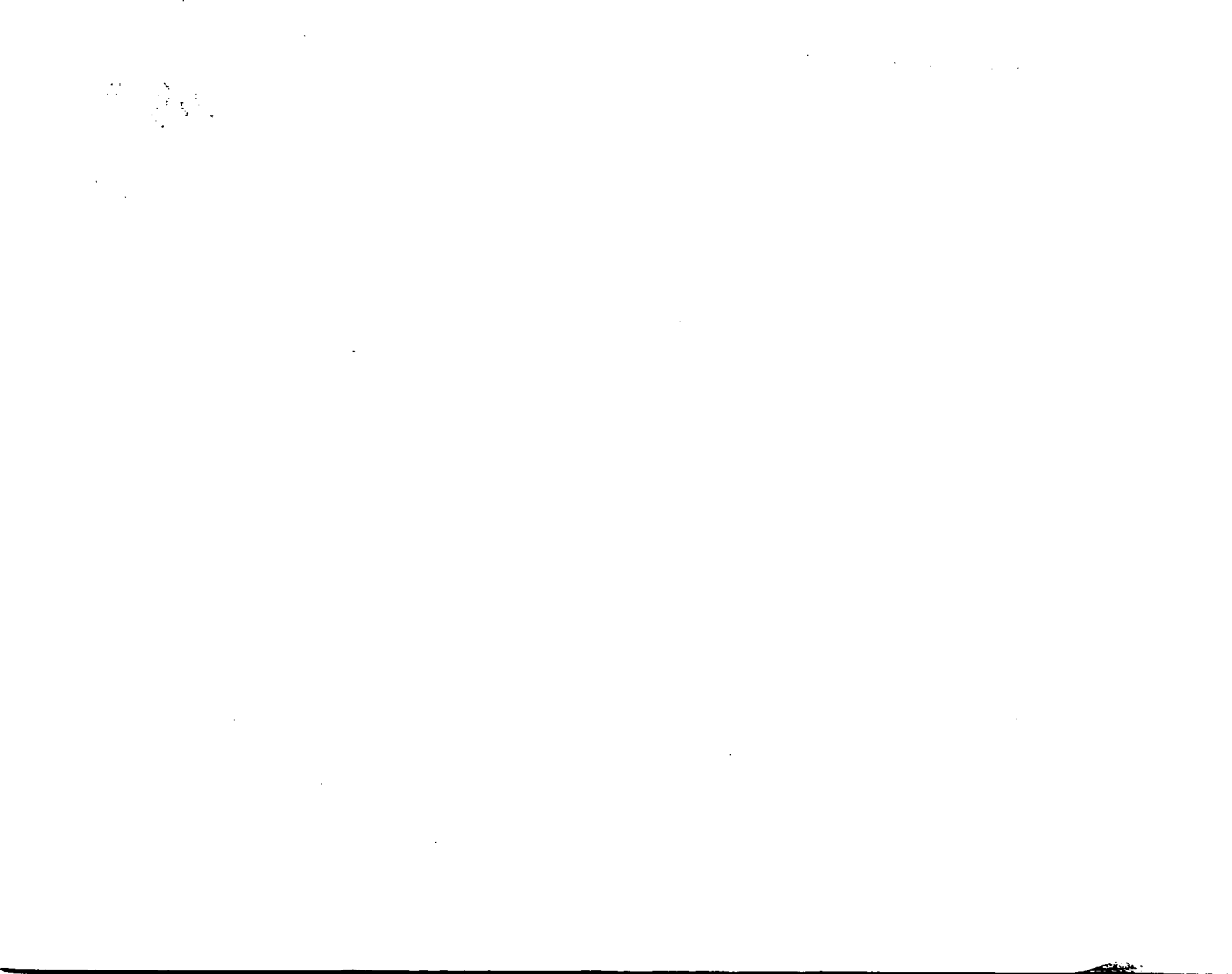
(Signature) James I. Stewart
26
(Physician or midwife)

Given names added from a supplemental report.

Address 410 Broadway Bldg
3/23/20
Filed 1920
L. P. Herman
Registrar

Registrar

Registrar



652-112-001-915

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1716 N. 14th St.Registration District No. 2File No. 77515

Hospital _____

Primary Registration District No. 1004Registered No. 122

FULL NAME OF CHILD

Jack Leonard West

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>3 - 12 - 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME <u>S. B. West</u>	FATHER
RESIDENCE <u>Grimes Pass, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna Louise Rane</u>	MOTHER
RESIDENCE <u>Grimes Pass, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:00 a. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

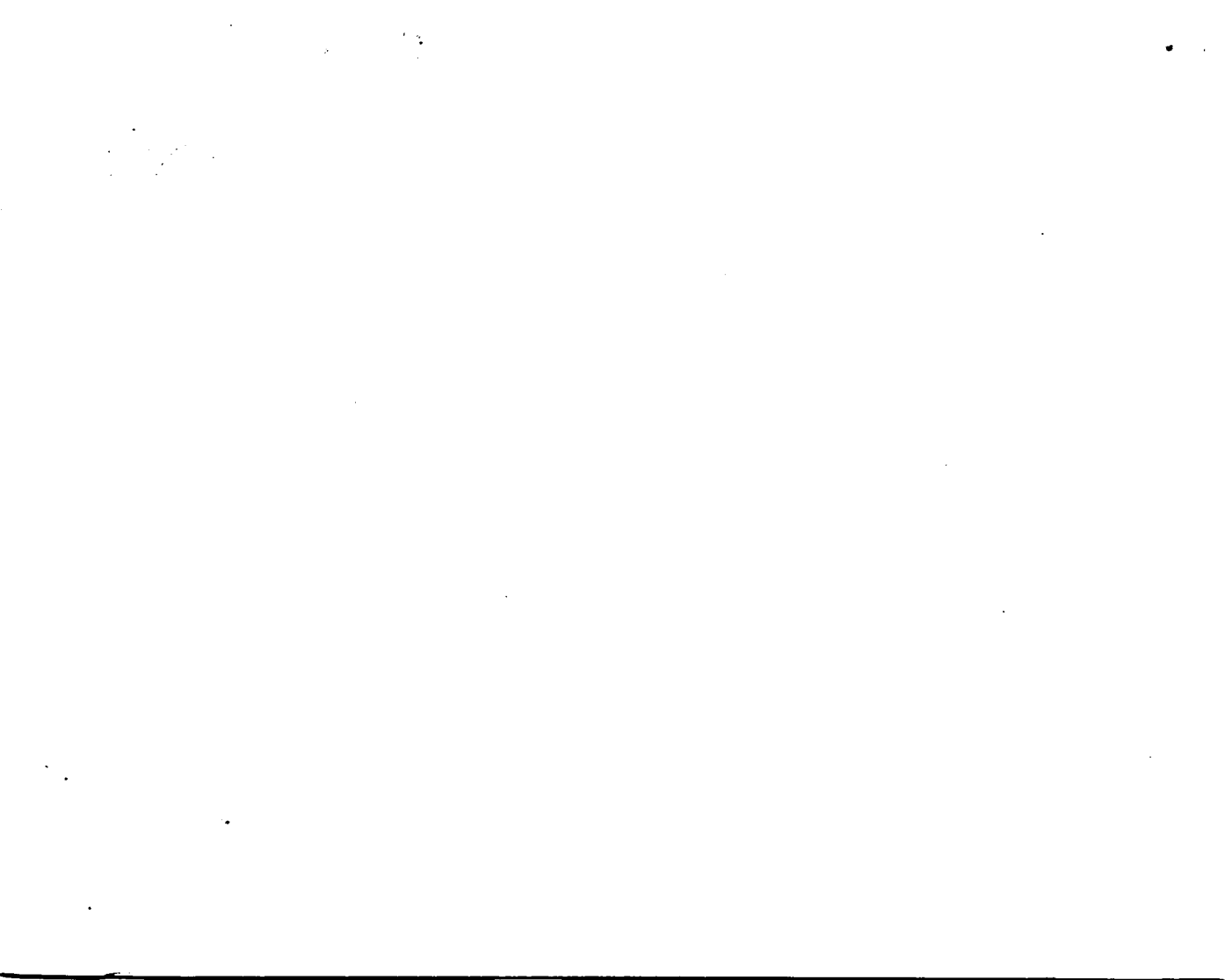
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



MARGIN KEPT BLANK FOR UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-114,001-617

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25m-8-17

County of Ada

City of Bow

Registration District No. 2

File No. 77516

No. St.

Primary Registration District No. 1004

Registered No. 123

Hospital St. Lukes

FULL NAME OF CHILD James Francis Bunnell

Sex of Child <u>M</u>	Twin Triplet or other? <u>0</u> and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Mar 14</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	--	------------------------	--

FULL NAME <u>James F Bunnell</u>	FATHER	FULL MAIDEN NAME <u>Pauline Wagners</u>	MOTHER
RESIDENCE <u>1442 N 23</u>		RESIDENCE <u>1412 N 23</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Washington</u>		BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Carpenter</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 1..... Number of children of this mother now living, including present birth... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was..... at..... 74..... M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Parker

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 203 Mc Carthy Bldg

.....

Filed 3/19 1920

Registrar

Registrar

JAN 18 1985

966-21500-419

PLACE OF BIRTH

Form V. S. No. 11-25m-6-16-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of Boise

Registration District No. _____

File No. 77517

No. _____ St. _____

Primary Registration District No. 00Registered No. 124Hospital St. AlphonsusBARBARA ELLEN ROWEFull Name of Child Baby

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>3</u> <u>15</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>F. Burton Rowe</u>	FATHER		FULL MAIDEN NAME <u>Mildred Marsh</u>	MOTHER
RESIDENCE <u>208 N. 10.</u>			RESIDENCE <u>208 - N. 10.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Minn.</u>			BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Traveling Salesman</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Kelly

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 3/14 1920 St. Alphonsus

Registrar

Registrar

N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Minnesota } ss.
 County of Humboldt }
 The undersigned does solemnly swear that certain facts on the certificate of BIRTH
 for BARBARA MILDRED ROWE who BORN on MARCH 15, 1920
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in BOISE IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)

true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name", "Birth Date", "Cause of Death", Etc.)

FROM
 (As on Original)

TO
 (The Correct Facts)

Name

Unnamed

Barbara Mildred Rowe

Subscribed and sworn to before me this 15th
 day of January, 1943

B. E. FREE
 Notary Public, residing at _____
 My commission expires _____
 (Seal)

Signed E E Mc Manus
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; of other credible person.)

Step Father 2870 Humboldt St
 (Street Address, City, State) Minneapolis, Minn.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
 County of _____ }

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
 day of _____, 19____

Signed _____
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
 My commission expires _____
 (Seal)

(Street Address, City, State)

JAN 21 1943

OCT 7 1968

866-216-

PLACE OF BIRTH

00-319

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of...Ada.....

City of...Boise.....

Registration District No.2.....

File No.77518.....

No.1107 Grove St.....

Primary Registration District No.1004.....

Registered No.125.....

Hospital Therl

FULL NAME OF CHILD Rosa Marie Howard

Sex of Child <i>Female</i>	Twin Triplet or other? <input type="checkbox"/>	and { Number in order of birth }	Legitimate? <i>yes</i>	Date of Birth <i>Mar 16</i> 1920 (Month) (Day) (Year)
----------------------------	---	----------------------------------	------------------------	--

FULL NAME <i>Sidney Howard</i>	FATHER
RESIDENCE <i>1107 Grove St Boise</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>19</i> (Years)
BIRTHPLACE <i>Boise Idaho</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Ethel Bassett</i>	MOTHER
RESIDENCE <i>1107 Grove St Boise</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>19</i> (Years)
BIRTHPLACE <i>Twin Falls</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *1:30 A.M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) *A. J. Jacquemin M.D.* (Physician or midwife)

Address *1021 State St*

Filed *3/24* 1920

Registrar

Registrar

345

IF "ROSA MUST BE PART OF MY NAME - CAN IT BE "ROSA THERL MARIE"?

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho - Boise } ss. MAY 5 1945 Certificate No. 775 18
County of Ada

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for ROSA MARIE who WAS BORN on MARCH 15th 1920 (Date of Event)
in BOISE IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by IN A DOCTORS BOOK prepared on APRIL 26th 1945, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
NAME Rosa Marie Therl Marie Howard
Date March 15th March 16, 1920

Subscribed and sworn to before me this 17th
day of April 19 45
Dorothy Shelan
Notary Public, residing at Idaho, Oregon
My commission expires August 6, 1947
(Seal)

Signed Mrs. J. W. Carruth (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mrs. J. W. Carruth (Street Address, City, State)
Route 5, Box 59, Salem, Oregon

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 13th
day of February 19 45
W. M. Drake
Notary Public, residing at Los Angeles
My commission expires Mar 22, 1947
(Seal)

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed (Mrs) Norma Hassmull (Signature of Any Credible Person Other Than Previous Year)
11738 1/2 Riverside Dr. N. Hollywood
(Street Address, City, State)

MAY 10 1945

314.229.001-313

PLACE OF BIRTH

(3)

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of Wylie StationRegistration District No. 8File No. 77519

No. _____ St.

Primary Registration District No. 2004Registered No. 16

Hospital _____

FULL NAME OF CHILD

Lucile Laubaugh

Sex of Child

FemaleTwins
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
BirthFeb. 29,1920
(Month) (Day) (Year)FULL
NAMEErnest Ellsworth Laubaugh

FATHER

FULL
MAIDEN
NAMEElizabeth Catherine Talman

MOTHER

RESIDENCE

Wylie Station

RESIDENCE

Wylie Station

COLOR

WhiteAGE AT LAST
BIRTHDAY32
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Shuckspanny, Pa

BIRTHPLACE

Kalamazoo, Michigan

OCCUPATION

Physician

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ernest E. Laubaugh
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

3/4 20
L. J. Roman
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

01891

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

217-215001-296

PLACE OF BIRTH

County of AdaCity of BoiseNo. Saxton Sta St.

Hospital _____

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-10

Registration District No. 8 File No. 77520Primary Registration District No. 2004 Registered No. 17

Hospital _____
FULL NAME OF CHILD LaDell Eva Saxton

Sex of Child Female Twin Triplet or other? _____ and _____ Number in order of birth _____ Legiti mate? Yes Date of Birth 3-15-1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Geo. H. Saxton
RESIDENCE R. D. #1, Boise
COLOR White AGE AT LAST BIRTHDAY 32
(Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Della C. Kromrei
RESIDENCE R. D. #1, Boise
COLOR White AGE AT LAST BIRTHDAY 31
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7⁰⁰ p. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor
(Physician or midwife) M.D.

Given names added from a supplemental report.

Address Boise, Idaho
Filed 3/20 19 20 L. J. J. J. J.
Registrar

11-17-62

CHARGE
11-17-62
DTG

10000
11-17-62

NOV 1 1962

OCT 29 1962

465.122.001-869

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-10

County of AdaCity of BoiseRegistration District No. 8File No. 77521No. 1411 Euclid St.Primary Registration District No. 2004 Registered No. 18

Hospital _____

FULL NAME OF CHILD

James Everett MontgomerySex of Child Male
Twin Triplet or other? _____ and _____ Number in order of birth _____
(To be answered only in event of plural births)Legitimate? YesDate of Birth 3-22-1920
(Month) (Day) (Year)FULL NAME FATHER Jess B. MontgomeryRESIDENCE 1411 Euclid St., BoiseCOLOR White AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE IdahoOCCUPATION LaborerFULL MAIDEN NAME MOTHER Maudie HaigRESIDENCE 1411 Euclid St., BoiseCOLOR White AGE AT LAST BIRTHDAY 18
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:15 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Taylor

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

3/30/20

Registrar

Registrar

NOV 14 1955

11

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, noted.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

957-115 0017 459

County of AdaCity of BoiseRegistration District No. 2File No. 77522No. 1009 Steam Springs Ave.Primary Registration District No. 1004Registered No. 126Hospital

FULL NAME OF CHILD

John Morgan Regan

Sex of Child

BoyFirst
child
or other?

and

Number
in order
of birthLegiti-
mate?yesDate of
BirthMarch 15 1920
(Month) (Day) (Year)FULL
NAME

FATHER

William Valentine ReganFULL
MAIDEN
NAME

MOTHER

Mari Merle ReganBIRTH
PLACESilver City, IdahoBIRTH
PLACESan Francisco, Cal.

BIRTHPLACE

Silver City, Idaho

BIRTHPLACE

San Francisco, Cal.

OCCUPATION

Secretary Overland Co. Bldg.

OCCUPATION

HousewifeNumber of child of this mother including present birth 6Number of children of this mother now living including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

at 5:30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. J. Taylor

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

3/31 20 L. J. Forman

Registrar

FEB 26 1954

C.C.

712-216-001-491

Form V. S. No. 11-C-25m-7-21-10

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of Boise

Amended 3/21/83

Registration District No. 2File No. 77523No. — St.Hospital St. AlphonsusPrimary Registration District No. 1004Registered No. 127

FULL NAME OF CHILD

Helen

Mildred

Gabe

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
Birth3 - 16 - 1920
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive, at 11¹⁵ p. M.
(Born alive or stillborn){ *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

(Physician, or midwife)

Given names added from a supplemental report.

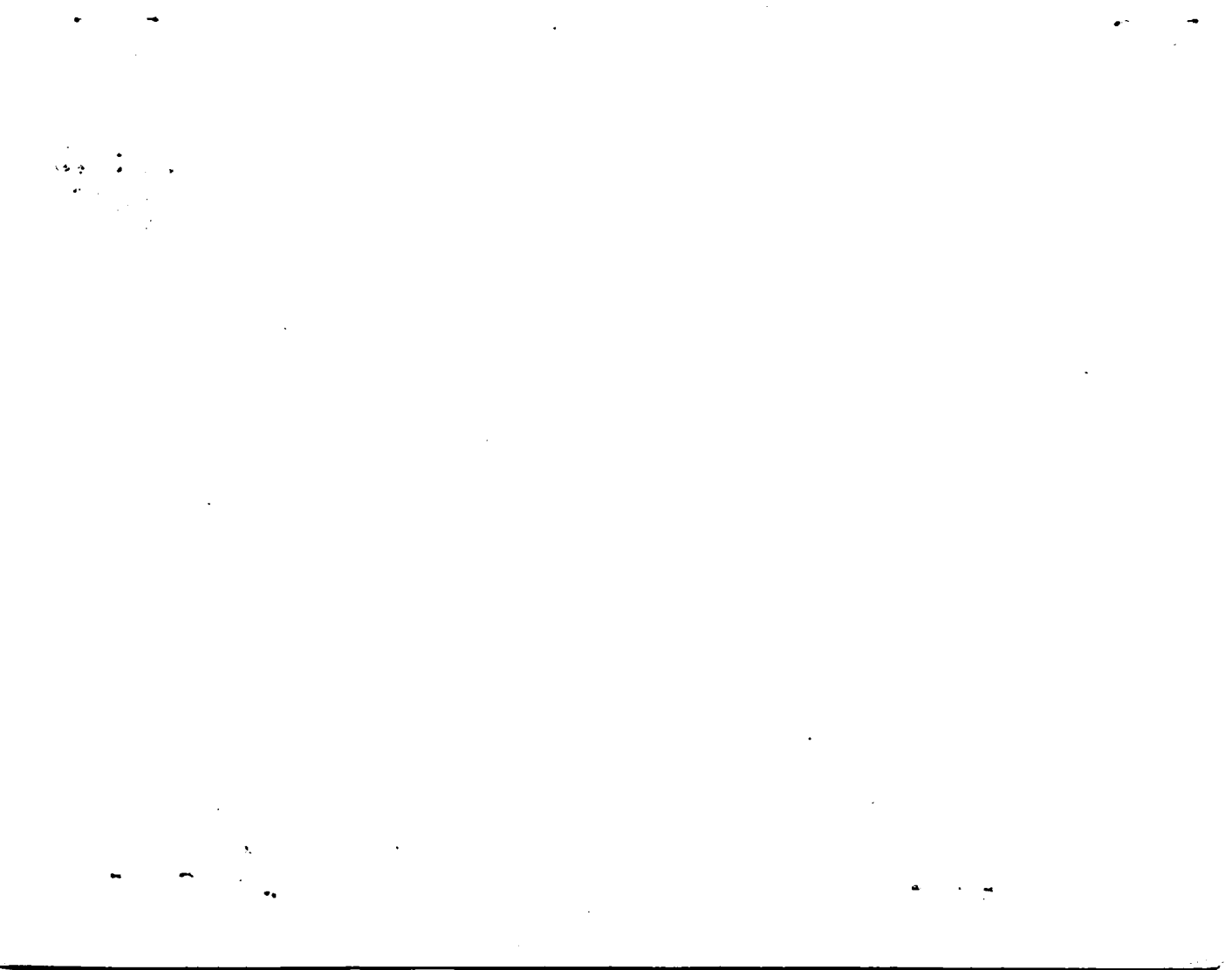
19

Address

Filed

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss. Certificate No. 77523
County of Ada } Date Filed Mar 21 3 07 PM '83

The undersigned does solemnly swear that certain facts on the certificate of birth

for Helen Elizabeth Gakey who was born on Mar. 16, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Boise, ID Ada are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Middle name of childElizabethMildred

Subscribed and sworn to before me this 21st day of

March, 1983

Notary Public, Linda Adamson

Residing at Stampa

My commission expires April 3, 1985

(Seal)

Helen Mildred Grant
Signature of Applicant

559-C. Midland Stamp
Street Address, City, State

83651

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed)(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

3/21/83

MAR 21 1983

Certificate of Baptism from St. John's Cathedral in Boise gives name of child as Helen Mildred Gakey child of John V. Gakey and Rhonda N. Drake born on the 16th of March 1920 baptized on the 28th of March 1920.

Viewed by V.S.

Birth certificate of Linda Grant gives name of mother as Helen Mildred Gakey age 21 birthplace Boise, ID. Child born April 24, 1941 at Nampa, ID.S.F.#312416

Viewed by V.S.

466-218001-493

PLACE OF BIRTH

County of AdaCity of BoiseNo. St.Hospital St. Alphonsus

FULL NAME OF CHILD

Sex of Child

FemaleTwin
Triplet
or other?

(To be answered only in event of plural births)

and (Number
in order
of birth)Legiti-
mate?Yes

Date of Birth

March 18 1920
(Month) (Day) (Year)

FULL NAME

FATHER
Lewis Doolittle

RESIDENCE

1107 No 12th
Boise, Ida

COLOR

White

AGE AT LAST BIRTHDAY

30
(Years)

BIRTHPLACE

Canada

OCCUPATION

Baker

FULL MAIDEN NAME

MOTHER
Lillian Milberry

RESIDENCE

Boise, Ida

COLOR

White

AGE AT LAST BIRTHDAY

19
(Years)

BIRTHPLACE

Canada

OCCUPATION

Housewife

Number of child of this mother, including present birth.....1

Number of children of this mother now living, including present birth.....1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.March 18-1920 at.....Idaho
(Born alive or attained)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Joseph R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

Address

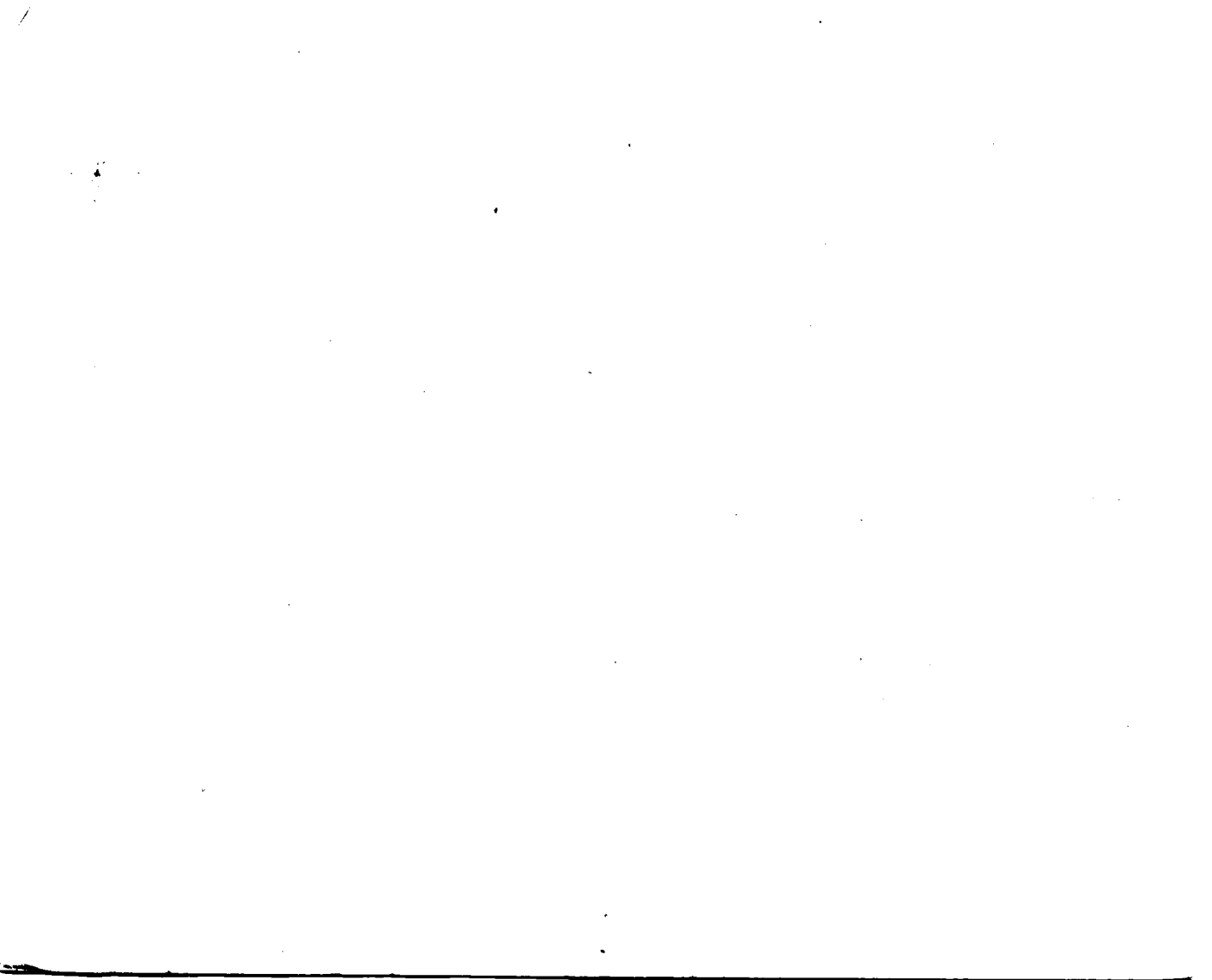
Boise, Idaho

Filed

3/20/20

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815 120 001 249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-37

County of Ada

City of Boise

No. 921 E Washington St.

Registration District No. 2

File No. 77525

Primary Registration District No. 1004

Registered No. 129

Hospital

FULL NAME OF CHILD Dania Wallace Hanford

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>March 20 20</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FATHER
FULL NAME Edwin Roy Hanford
RESIDENCE 921 E. Washington
COLOR White AGE AT LAST BIRTHDAY 41
(Years)
BIRTHPLACE Chicago Ills
OCCUPATION Agent

MOTHER
FULL MAIDEN NAME Catherine May Burns
RESIDENCE 921 E Washington
COLOR White AGE AT LAST BIRTHDAY 38
(Years)
BIRTHPLACE Greeley Colorado
OCCUPATION House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 15 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Roy Hanford
(Physician or midwife)

Given names added from a supplemental report.

Address 3/25/20
Filed 3/25/20
Registrar L. J. Jorman

K

MAR 1 2 1945

JUN

1 1945

386-120-001-552

PLACE OF BIRTH

County of AdaCity of Bowie

No. _____ St. _____

Hospital St. Lukes

Full Name of Child

Registration District No. _____

Primary Registration District No. 1004

Form V. S. No. 11-25m-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 7752Registered No. 130

SEX OF CHILD <u>M.</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth _____ and _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>3 20</u> (Month) (Day)
FULL NAME <u>Milo M Thompson</u>	FATHER		FULL MAIDEN NAME <u>Storance May Nesler</u>	MOTHER
RESIDENCE <u>906 Hays St.</u>			RESIDENCE <u>906 Hays St.</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Ida.</u>			BIRTHPLACE <u>Ida.</u>	
OCCUPATION _____			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5-15 A on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

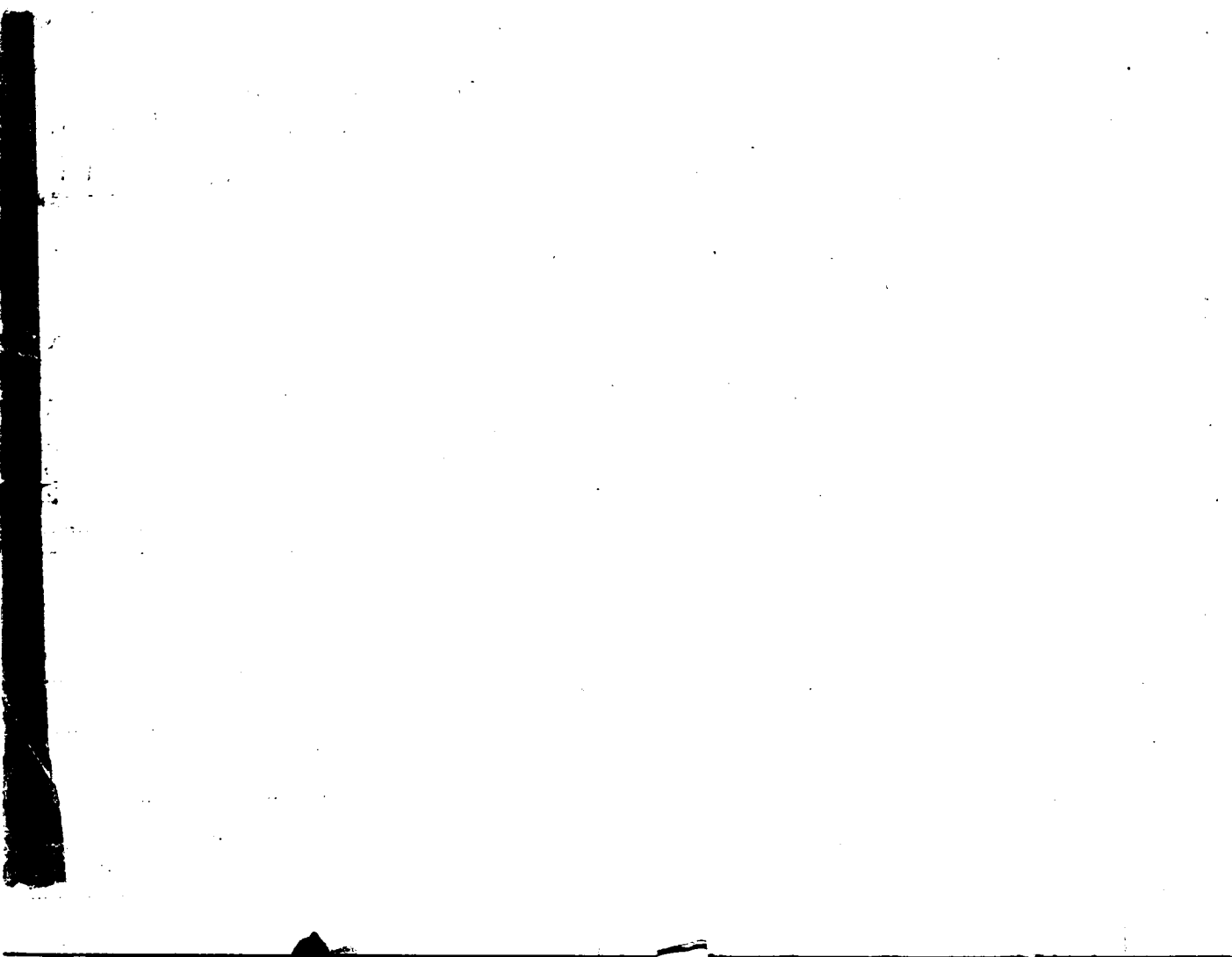
(Signature) Frederic A. Tuttle
Bowie
(Physician or midwife)

Given names added from a supplemental report

19 _____

Registrar

Address 322 20
Filed 3/22 19 20 L. Hoffman
Registrar



249-120 0001-766
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 110-22-2-12

County of AdaCity of BoiseRegistration District No. 2File No. 77.527No. St.Primary Registration District No. 1604Registered No. 131Hospital St. Lukes

FULL NAME OF CHILD

Howard S. Smith

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Mar. 20</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>FATHER</u> <u>Albert B. Smith</u>
RESIDENCE <u>Eagle, Idaho</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Eagle</u>
OCCUPATION <u>Farmer</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Blanche Goodall</u>
RESIDENCE <u>Eagle, Ida.</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Rocks, Co., Ind.</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Ross, Alex at 76 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Sprunger

Given names added from a supplemental report.

Physician or midwife

.....19.....

Address Boise, Ida.

.....

Filed 3/30/20 L. J. German

Registrar

Registrar

1943 JUL 2

249-2211001-713
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 3-17

County of AdaCity of BoiseRegistration District No. 2File No. 77528No. St.Primary Registration District No. 1604Registered No. 132Hospital St. Lukes

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Mar. 21</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Gordon W. Smith</u>	FATHER
RESIDENCE <u>1117 Jefferson St - Boise</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>North Dakota</u>	
OCCUPATION <u>Draftsman</u>	

FULL MAIDEN NAME <u>Gladys Caldwell</u>	MOTHER
RESIDENCE <u>1117 Jefferson St - Boise</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>North Dakota</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn at S. A. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Sprung

(Physician or midwife)

Given names added from a supplemental report.

Address 3/30 20Filed 3/30 20

Registrar

Registrar

JUN 20 1972

258-121-001-219
PLACE OF BIRTHCounty of AdaCity of BoiseNo. 1210 7115 St.Hospital St. AlphonsusFull Name of Child Charles Arthur SnyderSTATE OF IDAHO
VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 2File No. 77529Primary Registration District No. 1004Registered No. 133

SEX OF CHILD <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>3 21 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Chas. A. Snyder</u>			MOTHER FULL MAIDEN NAME <u>Lellia May Barnard</u>	
RESIDENCE <u>1210 7115</u>			RESIDENCE <u>1210 7115</u>	
COLOR <u>Bl.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>Bl.</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)		
BIRTHPLACE <u>Kansas</u>			BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Instructor in H. School</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 A. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. A. Tuttle
Oakland Bldg
(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

3/27/20 1920

Registrar

Registrar

NOV 18 1947

JUL 27 1955

RECEIVED
YARD 11

219-124100-457

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-0-17

CERTIFICATE OF BIRTH

County of AdaCity of Boise

Registration District No.

File No. 77530No. 307 So 5th St.Primary Registration District No. 1004Registered No. 134Hospital St. Alphonsus

FULL NAME OF CHILD

Joseph Thomas Barbeau

Sex of Child

MaleTwin
Triplet
or other?and
Number
in order
of birthLegiti-
mate?YesDate of
BirthMarch 24 1920
(Month) (Day) (Year)FULL
NAMELouis A. Barbeau

FATHER

FULL
MAIDEN
NAMEBertha De Gueth

MOTHER

RESIDENCE

307 So 5th Boise Ida

RESIDENCE

307 So 5th Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY31
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Miner

BIRTHPLACE

Ill.

OCCUPATION

Transfer biz.

OCCUPATION

House wifeNumber of child of this mother, including present birth, 1 Number of children of this mother now living, including present birth, 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was March 24-20, at Boise, Id.
on the date above stated. (Born alive or otherwise)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Joseph R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise Idaho

Filed

3/30 20 R. P. German

Registrar

Registrar

FEB 7 1942

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

863-126.001-993

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-17

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 77531

No. St.

Primary Registration District No. 1004

Registered No. 135

Hospital St. Alphonsus

FULL NAME OF CHILD Robert Herbert Holden

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>March 24</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER
FULL NAME Alexander Holden

RESIDENCE Boise Ida
Brush near Franklin School

COLOR white AGE AT LAST BIRTHDAY 43
(Years)

BIRTHPLACE Ill.

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Emma Richardson

RESIDENCE Boise Ida
Brush

COLOR white AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE N.Y.

OCCUPATION House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was March 24-1920 at 8:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Vannoy

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Ida

Address Boise Ida

Registral

Filed 3/30 20 Dr. J. Vannoy

Registral

Registral

Aug 3

1942



BIRTH 799-127,001-113

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 8. No. 11—25m-6-15-18

Registration District No. 2

File No. 77532

Primary Registration District No. 1004

Registered No. 136

Name of Child

Sam Jack Griffin

SEX OF CHILD

M

Twin
Triplet
or other?{ and } Number
in order
of birthLegiti-
mate?

yes

DATE OF

BIRTH

3 27 20
(Month) (Day) (Year)FULL
NAME

Sam S. Griffin

FULL
MAIDEN
NAME

MOTHER

Marguerite Jack

RESIDENCE

1501 N 19th

RESIDENCE

1501 N 19th

COLOR

Bl.

AGE AT LAST

BIRTHDAY

28
(Years)

COLOR

Bl.

AGE AT LAST

BIRTHDAY

28
(Years)

BIRTHPLACE

Neb.

BIRTHPLACE

Neb.

OCCUPATION

Attorney

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

at 9:45 P. M.

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Fred A. Pittenger
Orlando D. Duggan
(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

19

Registrar

Registrar

JUN 4 1943

MAY 5 1943

DEC 28 1943



PLACE OF BIRTH

County of AdaCity of Boise

No. _____ St. _____

Hospital St. Luke's

Full Name of Child _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 2File No. 77533Primary Registration District No. 1004Registered No. 137

SEX OF CHILD <u>Female</u>	Twin Triplets or other? (To be answered only in event of plural births)	Number in order of birth <u>2</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>3 28</u> (Month) (Day) (Year) <u>1926</u>
FULL NAME <u>J. W. Evans</u>		FULL MAIDEN NAME <u>Grundhi, E. Pierce</u>		
RESIDENCE <u>Wendell Ida</u>		RESIDENCE <u>same</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	
BIRTHPLACE <u>Nebr</u>		BIRTHPLACE <u>Ida.</u>		
OCCUPATION <u>Lumber dealer</u>		OCCUPATION <u>Housekeeper</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 426A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Trovorn

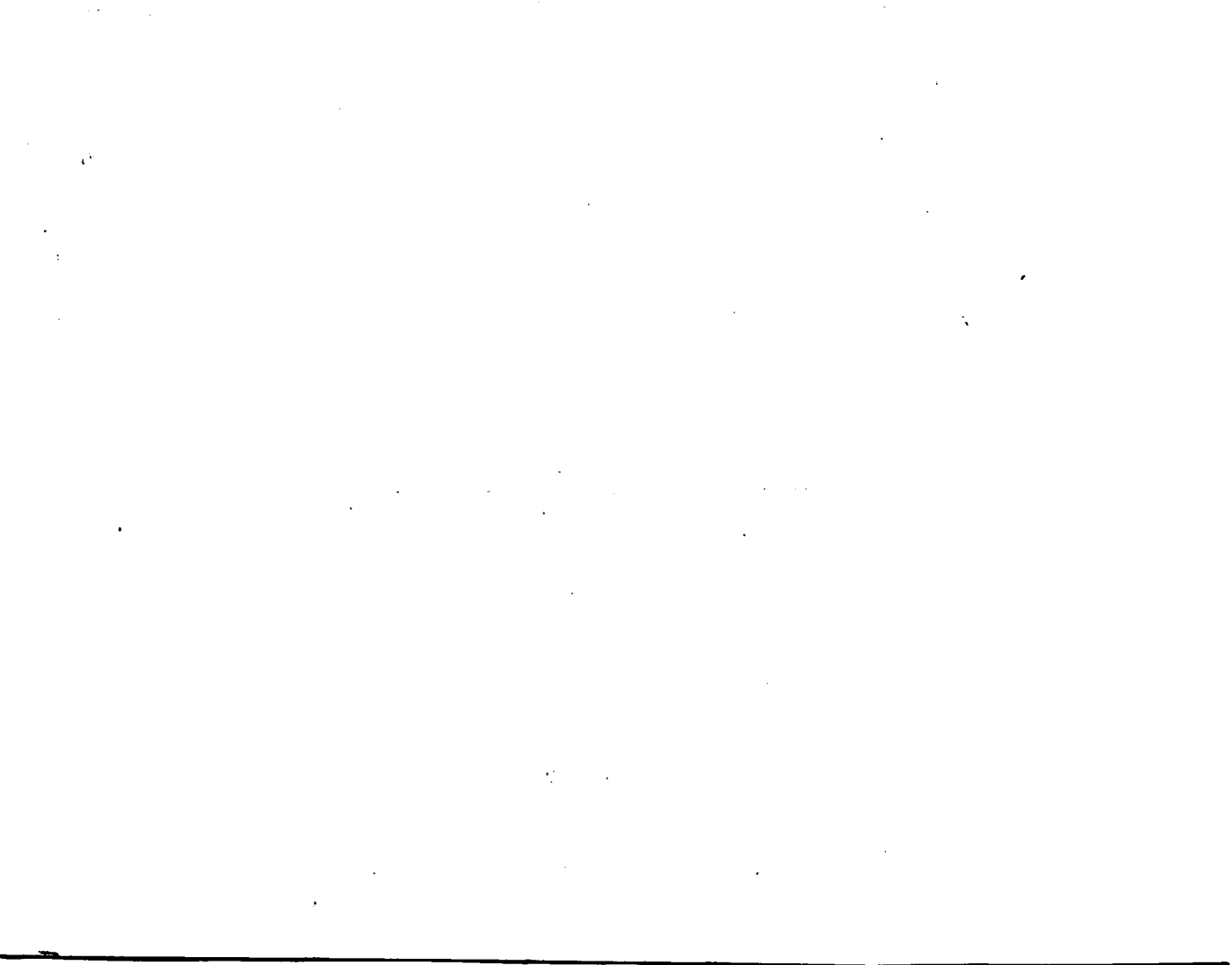
(Physician or midwife)

Given names added from a supplemental report

Address 3/30Filed 3/30 19 19

Registrar

Registrar



133-128-001-691

PLACE OF BIRTH.

County of AdaCity of Boise

No. _____ St. _____

Hospital St. Alphonsus

Full Name of Child

Registration District No. 2Primary Registration District No. 1004

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 77534Registered No. 138

CLARENCE ANDREW ALLEN

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>3 28</u> (Month) (Day) (Year)
FULL NAME <u>Geord Allen</u>	FATHER		FULL MAIDEN NAME <u>Verna Fraser</u>	MOTHER
RESIDENCE <u>Thurman Id</u>			RESIDENCE <u>Thurman Id</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idah.</u>			BIRTHPLACE <u>Kas</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 2 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature)

(Physician or midwife)

Address

Filed

Registrar

Registrar

RECEIVED
JAN 17 1967

1967

TELETYPE
YAC

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. NOV 2 1942 Certificate No. 77534
County of Walla Walla }

The undersigned does solemnly swear that certain facts on the certificate of Birth Wn
(BIRTH OR DEATH)
for Allen who was born on March 28, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)
FACTS TO BE CORRECTED **FROM** **TO**
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name Unnaned Clarence Andrew Allen

Subscribed and sworn to before me this 8th
day of October, 19 42
John C. Hurrepoal
Notary Public, residing at Walla Walla, Wn
My commission expires Nov. 3, 1945
(SEAL)

Signed Verna J. Allen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)
902 Pleasant, Walla Walla, Wash
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Walla Walla }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of October, 19 42
John C. Hurrepoal
Notary Public, residing at Walla Walla Wn
My commission expires Nov 3, 1945
(SEAL)

Signed George D Allen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
902 Pleasant Walla Walla, Wash.
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

JUN 5 1948

NOV 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Glasc

Registration District No. _____

File No. 77

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Mary Margarete, MillerSex of Child F.M.Twin
Triplet
or other?

and

(Number
in order
of birth)Legiti-
mate? Y

(Day)

FULL
NAME

FATHER

Herman, H. MillerFULL
MAIDEN
NAMEAde Hall

RESIDENCE

St. Boise

RESIDENCE

Boise

COLOR

WAGE AT LAST
BIRTHDAY

(Years)

COLOR

WAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Penn.

BIRTHPLACE

Idaho

OCCUPATION

Conductor, G.R.

OCCUPATION

Teacher

Number of child of this mother, including present birth, _____

Number of children of this mother now living, including present birth, 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Old Hall MD

Given names added from a supplemental report.

(Physician or midwife)

Address

Glasc Idaho

Filed

Apr. 20

Registrar



713-208-001-318

PLACE OF BIRTH

County of Ada

City of Star

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. _____

Primary Registration District No. _____

File No. _____

7753

Registered No. _____

Sex of Child FM Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimate? Yes Date of Birth Apr 8 (Month) (Day)

FATHER
FULL NAME Charles Newton Palmer

RESIDENCE Star

COLOR W AGE AT LAST BIRTHDAY 57 (Year)

BIRTHPLACE Indiana

OCCUPATION Transfer

MOTHER
FULL NAME Lela K. Taylor

RESIDENCE Star

COLOR W AGE AT LAST BIRTHDAY 24 (Year)

BIRTHPLACE Alabama

OCCUPATION Wife

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Born alive
Old Hall
Star Idaho

(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____

Address _____

3
PAGE 02
21

2 NO FILE DATE

34-118
 PLACE OF BIRTH *Canyon*
 01-4-734
 County of *Blaine*
 City of *near Meriden*

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11—25m

Registration District No. _____ File No. **7753**
 No. _____ St. _____
 Primary Registration District No. _____ Registered No. _____
 Hospital _____

FULL NAME OF CHILD _____

Sex of Child <i>M.</i>	Twin Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? <i>yes</i>	Date of Birth <i>July 18</i> (Month) (Day)
FATHER FULL NAME <i>Harry E. Curry</i>		MOTHER FULL NAME <i>Ida A. Whummer</i>	
RESIDENCE <i>Middleton R.F.D.</i>		RESIDENCE <i>Middleton R.F.D.</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>79</i> (Years)	COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>76</i> (Years)
BIRTHPLACE <i>Missouri</i>		BIRTHPLACE <i>Missouri</i>	
OCCUPATION <i>Farmer</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth. *3*Number of children of this mother now living, including present birth. *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born male*
 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

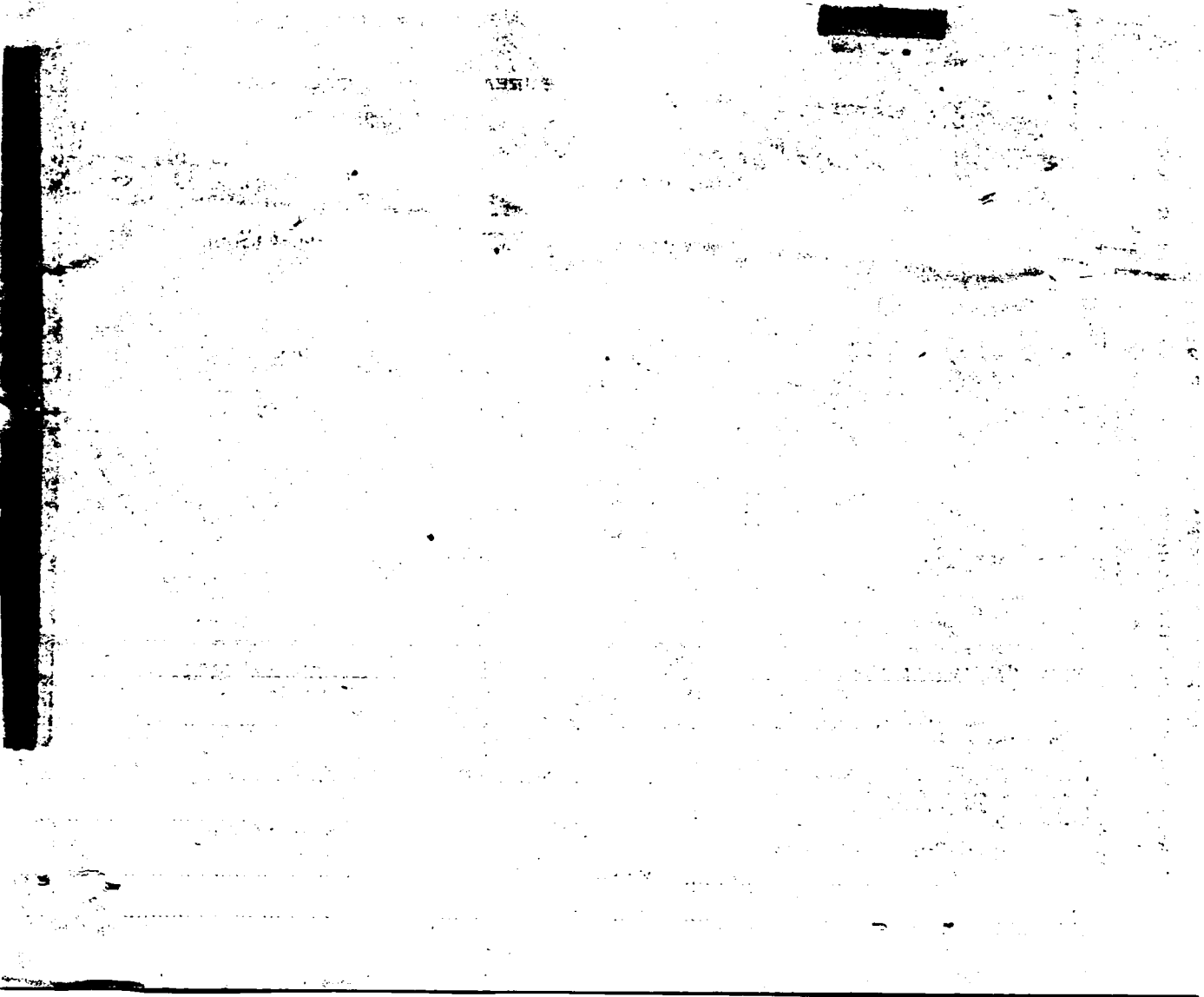
(Signature) *Ida A. Whummer*

(Born alive or stillborn)

Given names added from a supplemental report.

(Physician or midwife)

Address *Star Idaho*Filed *Feb 18 1930*



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of _____

Certificate No. 77537

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of _____
for Unmarried Curry who born on Feb. 18, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death)
in Meredon, Ida. are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) (Date of Event)
true facts are shown by Father prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Omitted Harold Webster
Curry

Subscribed and sworn to before me this 23rd
day of March, 1942
Marion E. Orr
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed H E Curry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

U :



213-110-001-662

PLACE OF BIRTH

County of AdairCity of Eagle

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m

CERTIFICATE OF BIRTH

Registration District No. _____

File No. 7753

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD MARVIN FRED BALDWIN

Sex of Child

M.Twin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birth

{ }

Legiti-
mate?yes

Date of Birth

Feb 10

(Month)

(Day)

(Year)

19001900

FULL NAME

Henry Baldwin

FATHER

RESIDENCE

Eagle R. 7 & 2

COLOR

W.

AGE AT LAST BIRTHDAY

3 1/2

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Sheepman

FULL MAIDEN NAME

Ellen V. Washburn

MOTHER

RESIDENCE

Eagle R. 7 & 2

COLOR

W.

AGE AT LAST BIRTHDAY

31

(Years)

BIRTHPLACE

Wyoming

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 8 9
(Born alive or stillborn)

(Signature)

Allen Hall

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

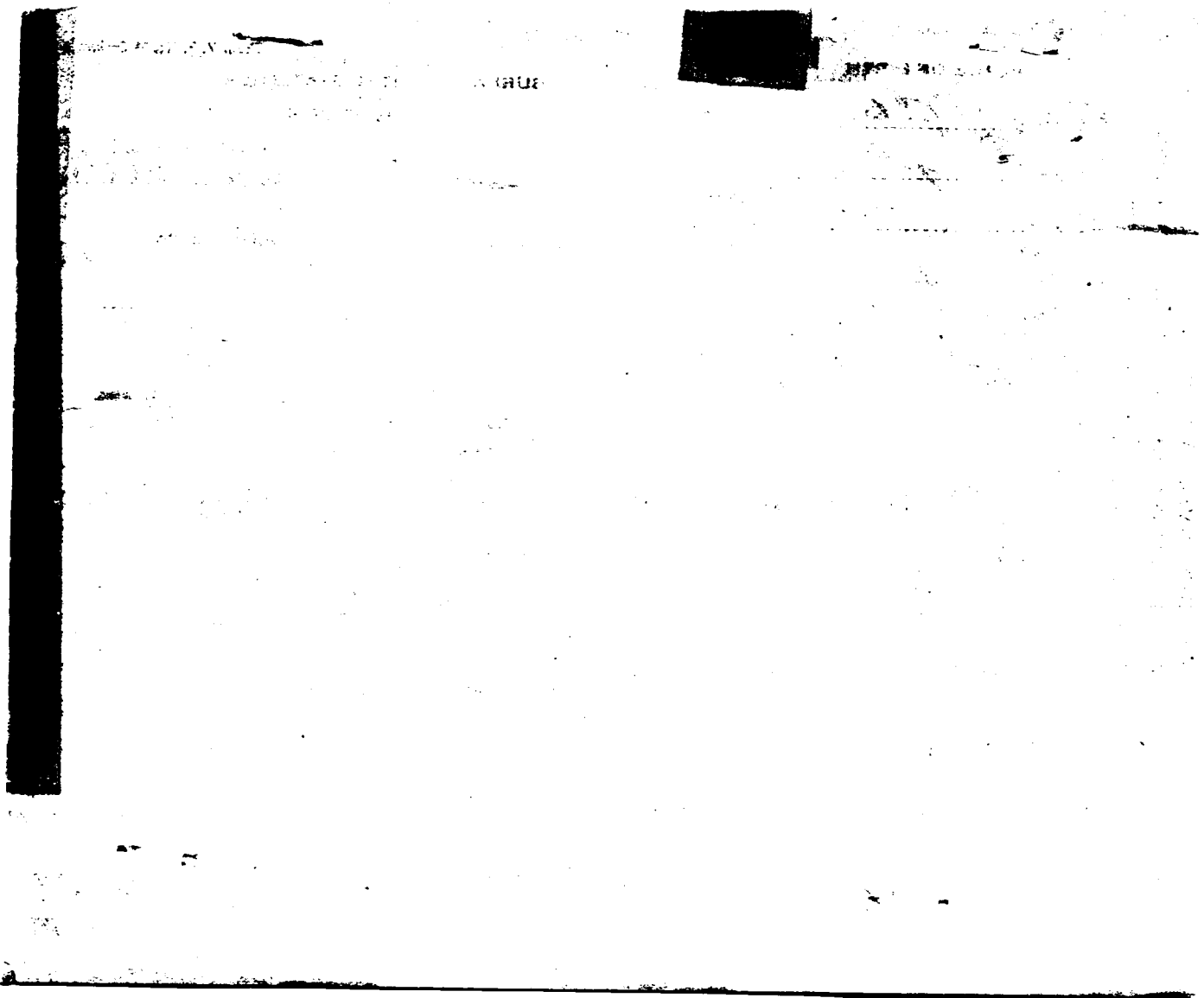
Address

Star Idaho

Filed

Mar 30 1900

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } SS. JAN 20 1942 Certificate No. 77538
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of _____
for no name given who born on Feb. 10, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Eagle, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Parents prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM
(AS ON ORIGINAL)

TO
(THE CORRECT FACTS)

Name Omitted Marvin Fred
Baldwin

Subscribed and sworn to before me this 20
day of January, 1942

Signed Marvin Fred Baldwin
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

Notary Public, residing at Boise
My commission expires 12-9-45
(SEAL)

Eagle, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of January, 1942

Signed Marvin F.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Boise
My commission expires 12-9-45
(SEAL)

7411 Woodlawn, Boise, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 20 1942 By _____
(REGISTRAR'S SIGNATURE)

JAN 20 1951

318-122.001-643

PLACE OF BIRTH

County of AdaCity of Star

No. _____ St.

Hospital _____

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—20th-3-15-12

CERTIFICATE OF BIRTH

Registration District No. _____

File No. **77539**

Primary Registration District No. _____

Registered No. _____

Sex of Child <u>M.</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 22 20</u> (Month) (Day) (Year)
------------------------	---	------------------------	---

FULL NAME <u>Clarence L Ayres</u>	FATHER	FULL MAIDEN NAME <u>Clara M Moffkil</u>	MOTHER
RESIDENCE <u>Star</u>		RESIDENCE <u>Star</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>76</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>74</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth	Number of children of this mother now living, including present birth
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

(Born alive or stillborn)

at 49 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

RECEIVED BY DEPT. OF DEFENSE

10-10-1974

10-10-1974

10-10-1974

10-10-1974

10-10-1974

RECEIVED BY DEPT. OF DEFENSE

10-10-1974

10-10-1974

10-10-1974

10-10-1974

10-10-1974

696217001-386

15-12

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of Star

Registration District No. _____

File No. 77540

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Ruby Alice FrostSex of Child F M.Twin
Triplet
or other?
(To be answered only in event of plural births)and Number
in order
of birth
(Years)Legiti-
mate? yesDate of
Birth. May 17 1920
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR W.AGE AT LAST
BIRTHDAY 47
(Years)COLOR W.AGE AT LAST
BIRTHDAY 40
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth. 7Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)at 11:45 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole Hall

(Physician or midwife)

Given names added from a supplemental report

Address Star IdahoFiled May 18 1920Registrar Ole HallMARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1966

256-107-001-647

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Adair

City of Star

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 77541

Primary Registration District No. _____ Registered No. _____

Sex of Child <u>M.</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 7 1920</u> (Month) (Day) (Year)
------------------------	---	--------------------------------------	------------------------	--

FULL NAME <u>William Beers</u>	FATHER
RESIDENCE <u>Star Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Engineer</u>	

FULL MAIDEN NAME <u>Anna Odgers</u>	MOTHER
RESIDENCE <u>Star Id</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Mountain</u>	
OCCUPATION <u>House</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Hall _____

Given name added from a supplemental report

(Physician or midwife)
Address Star Idaho
July 8 1920 W. H. Hall
Filed _____ Registrar

MEMORANDUM FOR THE DIRECTOR, FBI
SUBJECT: [Illegible]

TO: [Illegible]

FROM: [Illegible]

DATE: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

692-204002-192

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows

Registration District No.

File No. 77542

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Emma Janet Wisdom

Sex of Child <u>Female</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>300</u>	Legitimate? <u>Yes</u>	Date of Birth <u>4 4 20</u> (Month) (Day) (Year)
----------------------------	--------------------------------	-----	-------------------------------------	------------------------	---

FATHER
FULL NAME W. L. Wisdom
RESIDENCE Riggins Ida
COLOR white AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Round Valley Ida
OCCUPATION Stock Man

MOTHER
FULL MAIDEN NAME Joan M. Arbuckle
RESIDENCE Riggins Ida
COLOR white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Council Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, on the date above stated.

at 3:30 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)



H. N. Gray
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address New Meadows Ida
Filed 3/21 1920 Registrar

Registrar


MAY 8 1973

DEC 7 1942
DEC 14 1942

314-2191002-993

Form V. S. No. 11-C-25m-7-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77543

County of AdamsCity of Leontine

Registration District No. _____ File No. _____

No. _____ St. _____

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Dorothy Mae Campbell

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>2</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>2</u> <u>19</u> <u>1920</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME FATHER Harold Cook CampbellRESIDENCE New Meadows, IdaCOLOR white AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE Meadows Valley, IdahoOCCUPATION RanchmanFULL MAIDEN NAME MOTHER Anna J. RichesonRESIDENCE New Meadows, IdahoCOLOR white AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE Caring, Ill.OCCUPATION Teacher & Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11 p.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Gagg, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

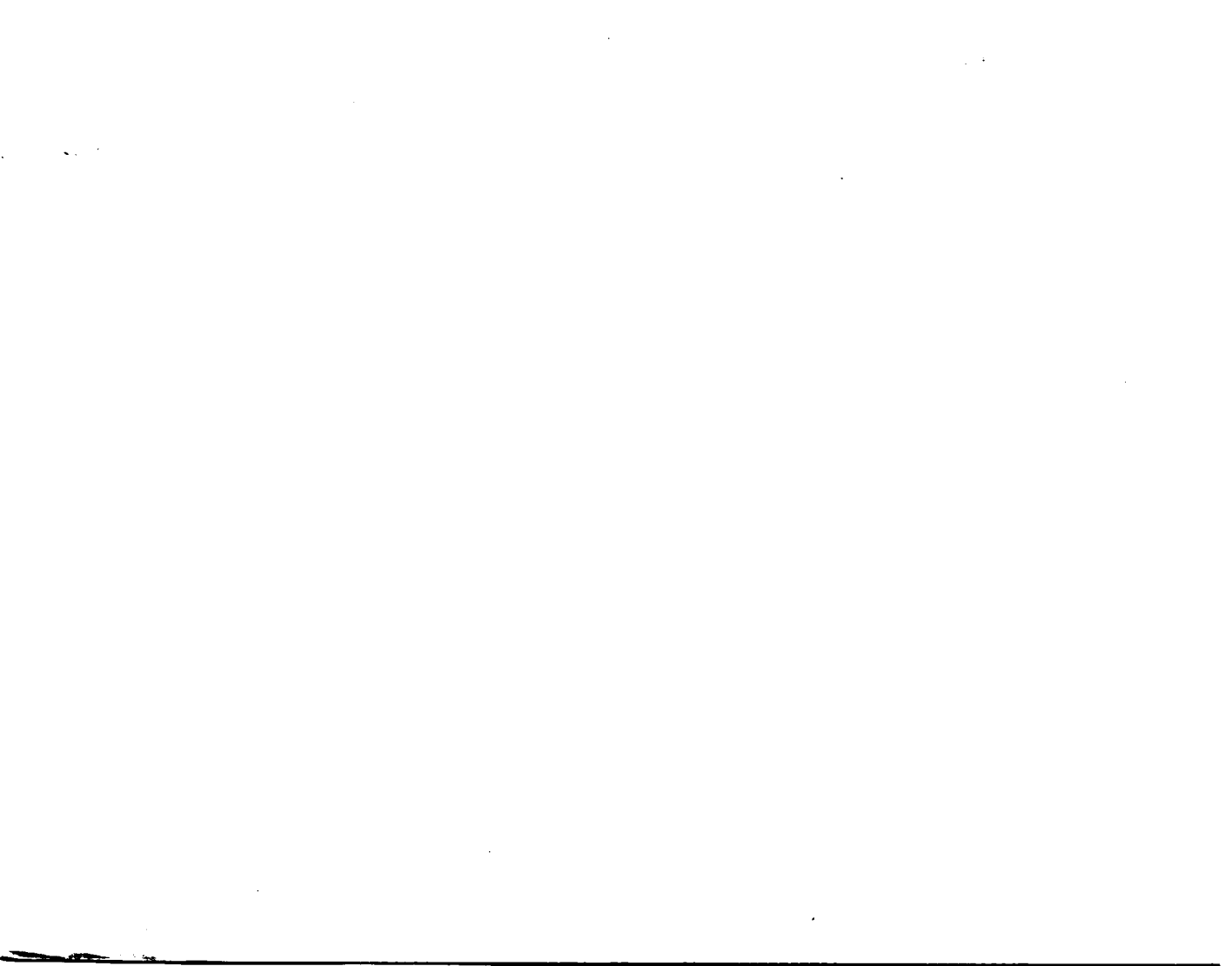
Address New Meadows, Ida.
2/21 1920 W.M. Brown

Filed _____ Registrar _____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



369-225-1052-386
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdamsCity of New Meadows

Registration District No. _____

File No. 77544

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD LEONA ELMA LORER

Sex of Child

femaleTwin
Triplet
or other?

- { and }

Number
in order
of birth4thLegiti
mate?YesDate of
Birth8.251920

(Month)

(Day)

(Year)

FULL
NAMEFrank E. Lorer

FATHER

FULL
MAIDEN
NAMEEllen M. Thomas

MOTHER

RESIDENCE

New Meadows Ida

RESIDENCE

New Meadows Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY54
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY41
(Years)

BIRTHPLACE

Michigan

BIRTHPLACE

Arkansas

OCCUPATION

Lorry & farming

OCCUPATION

Home wifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

H. N. Tragg, M.D.Physician

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

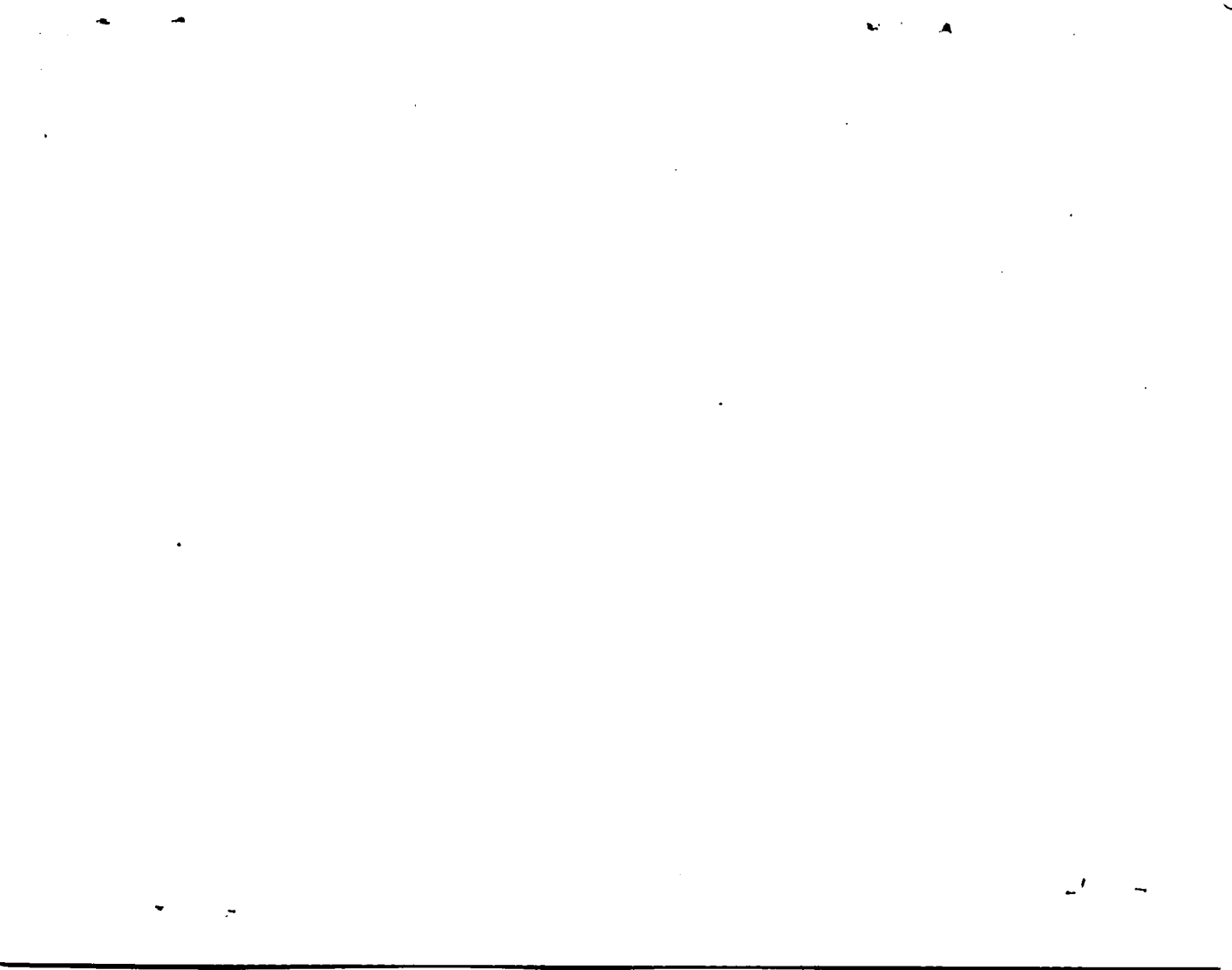
New Meadows, Ida

Filed

3-31192077544

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss. Certificate No. 77544

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Leona Elma Loree who 13 yr. on March 25, 1920
in New Meadows, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
have erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother's Child prepared on March 25, 1945, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL)
Name Unnamed TO
(THE CORRECT FACTS)
Leona Elma Loree

Subscribed and sworn to before me this 24th
day of January 1945

Notary Public, residing at Idaho
My commission expires March 15, 1945
(SEAL)

Signed Ellen L. Bee Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Idaho R#3
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
State of Idaho }
County of Washington } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge
Subscribed and sworn to before me this 24th
day of January 1945

Notary Public, residing at Idaho
My commission expires March 15, 1945
(SEAL)
Signed Leila M. Adams Older Sister
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Idaho R#3
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

JAN 6 1943

619-208002-993

PLACE OF BIRTH

County of Adams

City of Council

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-47

CERTIFICATE OF BIRTH

Registration District No.

File No.

77545

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Lea Doria Warnock

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 18</u> 191 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FATHER Perry Albert Warnock

MOTHER Grace Milledge Rice

RESIDENCE Council

RESIDENCE Council

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Id

BIRTHPLACE Id

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

(Physician or midwife)

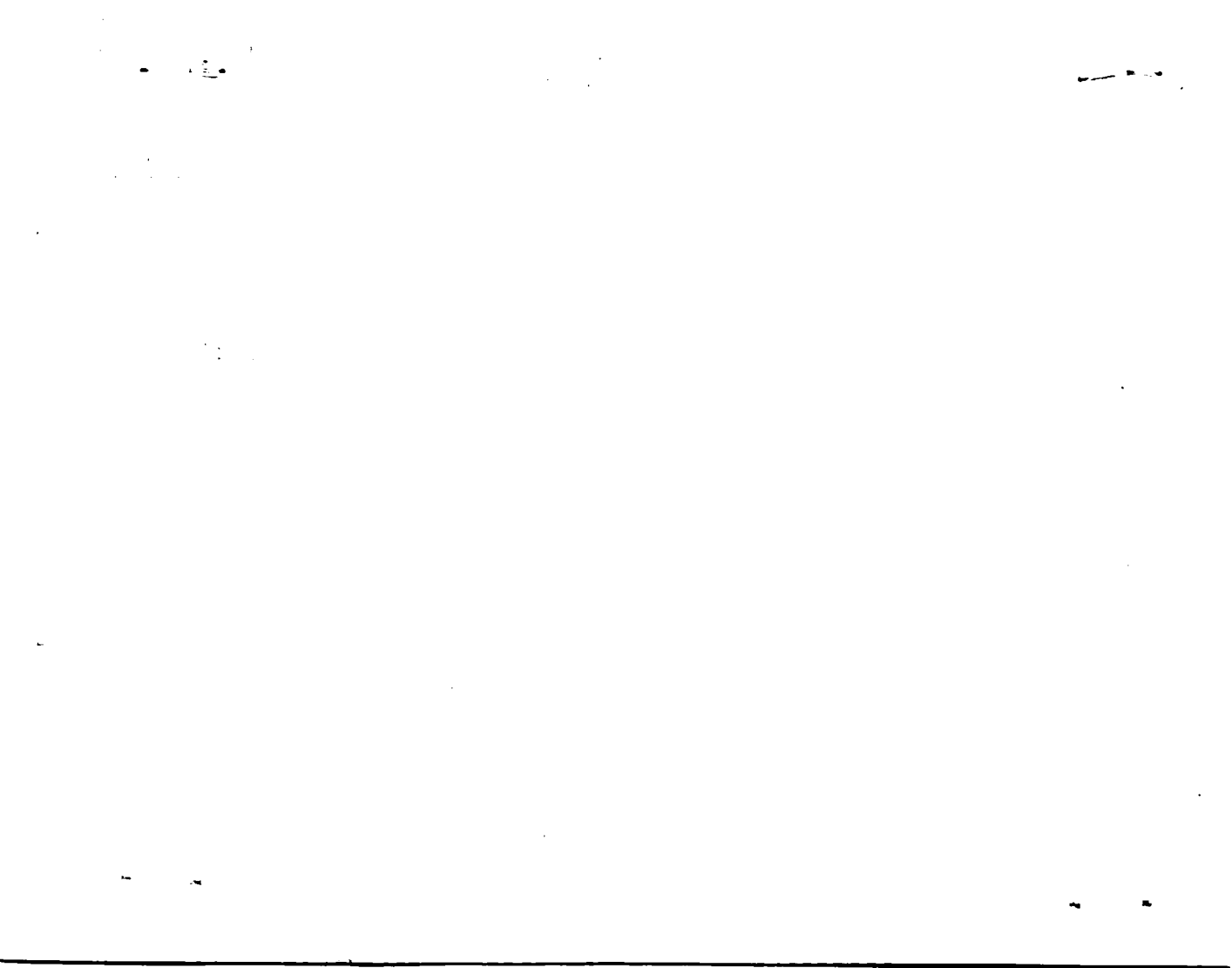
Given names added from a supplemental report.

Address

Filed 3/31/20 W. M. Brown

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } SS. Certificate No. 77545

County of Ada } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed who born on Feb. 18, 1920

in Council Bluffs are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Mother prepared on _____, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Omitted Lee Doris Warnock

Subscribed and sworn to before me this 13

day of April W.B. Joy 1942

Notary Public, residing at Boise, Ida.

My commission expires 7/14/42

(SEAL)

(STREET ADDRESS, CITY, STATE)

Signed Grace Williams

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.

County of _____ } (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and

that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19 _____

Signed _____

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____

My commission expires _____

(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

APR 14 1960

MAY 13 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799.109-002-294

PLACE OF BIRTH

County of

Adams

City of

No.

St.

Hospital

Registration District No.

File No.

77546

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

WILLIAM A. Griffith

Sex of

Child

Boy

Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legit-
mate?

yes

Date of
Birth

2

9

1920

(Month) (Day) (Year)

FULL
NAME

FATHER

Ambrose B. Griffith

RESIDENCE

Council Bluffs

COLOR

W

AGE AT LAST

36

BIRTHDAY

(Years)

BIRTHPLACE

Tex

OCCUPATION

Clerk

FULL
MAIDEN
NAME

MOTHER

Blanch Kimes

RESIDENCE

Council Bluffs

COLOR

W

AGE AT LAST

32

BIRTHDAY

(Years)

BIRTHPLACE

Cal

OCCUPATION

Housewife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn)

at 9:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. Vainey

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Council Bluffs

Filed

3/21

19

W. M. Tison

B-V CO. 24628

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 77548

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for William A. Griffith who was born on February 9 - 1920
(Name on original certificate) (Was born or died) (Date of event)
in Council, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Parents record and failure of doctor to record name of child prepared on Oct 11th 1941, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name

Unnamed Griffith

William A. Griffith

Subscribed and sworn to before me this 11th

day of October 1941

Grace M. Poth

Notary Public, residing at Seattle

My commission expires May 16 - 1943

[SEAL]

(Father)

Signed Amber W. Griffith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1609 - E. Columbia, Seattle, 10th

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th

day of October 1941

Grace M. Poth

Notary Public, residing at Seattle

My commission expires May 16 - 1943

[SEAL]

(Mother)

Signed Blanche Griffith

(Signature of any credible person other than the previous affiant.)

1609 - E. Columbia, Seattle, WA

(Street Address, City, State)

Received for filing on

By

(Registrar's signature)

UNITED STATES
NAVY

OCT 14 1941

1941

212-119002-365

PLACE OF BIRTH

County of IdahoCity of Trutvale

No. St.

Registration District No.

Primary Registration District No.

Form V. I. No. 11-C-25m-94-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 22547

Registered No.

Hospital

FULL NAME OF CHILD

Albert Ross Baker

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>May 19 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Wm. E. Baker</u> RESIDENCE <u>Trutvale</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>41</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Farmer</u>		FULL MAIDEN NAME <u>Mary E. Longmeyer</u> RESIDENCE <u>Trutvale</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>38</u> (Years) BIRTHPLACE <u>Indiana</u> OCCUPATION <u>Housewife</u>	
--	--	---	--

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was at M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. E. Baker

(Physician or midwife)

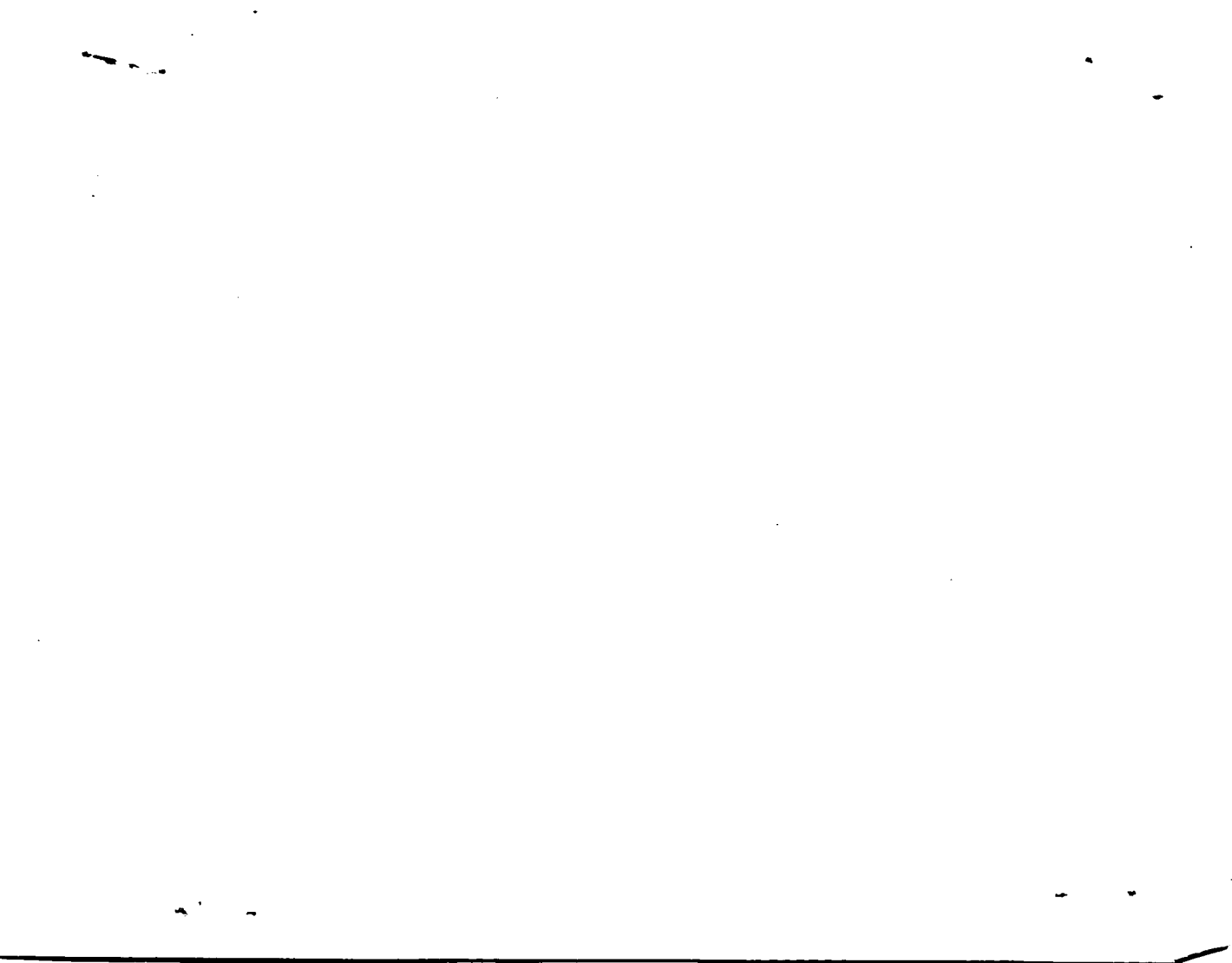
Given names added from a supplemental report.

Address 19

Filed 4/31 19 20 Wm. E. Baker

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Adams } ss.

Certificate No. 77527
Date Filed Birth
(BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Albert Ross Baker who was born on March 19, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Council, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by this statement prepared on May 15, 1942, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL)

name unnamed TO
Albert Ross Baker
(THE CORRECT FACTS)

Subscribed and sworn to before me this 15th
day of May, 19 42

H. A. Carr

Notary Public, residing at Council, Idaho.

My commission expires April 9, 1943
(SEAL)

Signed Mary Bella Baker (mother)

(SIGNATURE OF FATHER OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Fruitvale, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Adams } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of May, 19 42

H. A. Carr

Notary Public, residing at Council, Idaho

My commission expires April 9, 1943
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 136, 1937 IDAHO SESSION LAWS.)]

Signed Mrs Belle Ham
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Council, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 19 1942 By _____
(REGISTRAR'S SIGNATURE)

MAY 21 1942

818-123002-313

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form No. 8. No. 21-C-25m-2-5-17

County of AdamsCity of Council

Registration District No.

File No. 77548

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD FRANK HAROLD HAHN

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jul 30</u> 191 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME FATHER Wm B. HahnFULL MAIDEN NAME MOTHER Agnes B. BalkinsRESIDENCE CouncilRESIDENCE CouncilCOLOR W AGE AT LAST BIRTHDAY 32
(Years)COLOR White AGE AT LAST BIRTHDAY 28
(Years)BIRTHPLACE MontanaBIRTHPLACE IdahoOCCUPATION FarmerOCCUPATION Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm B. Hahn

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

Address CouncilFiled 3/21 1920 Wm B. Hahn

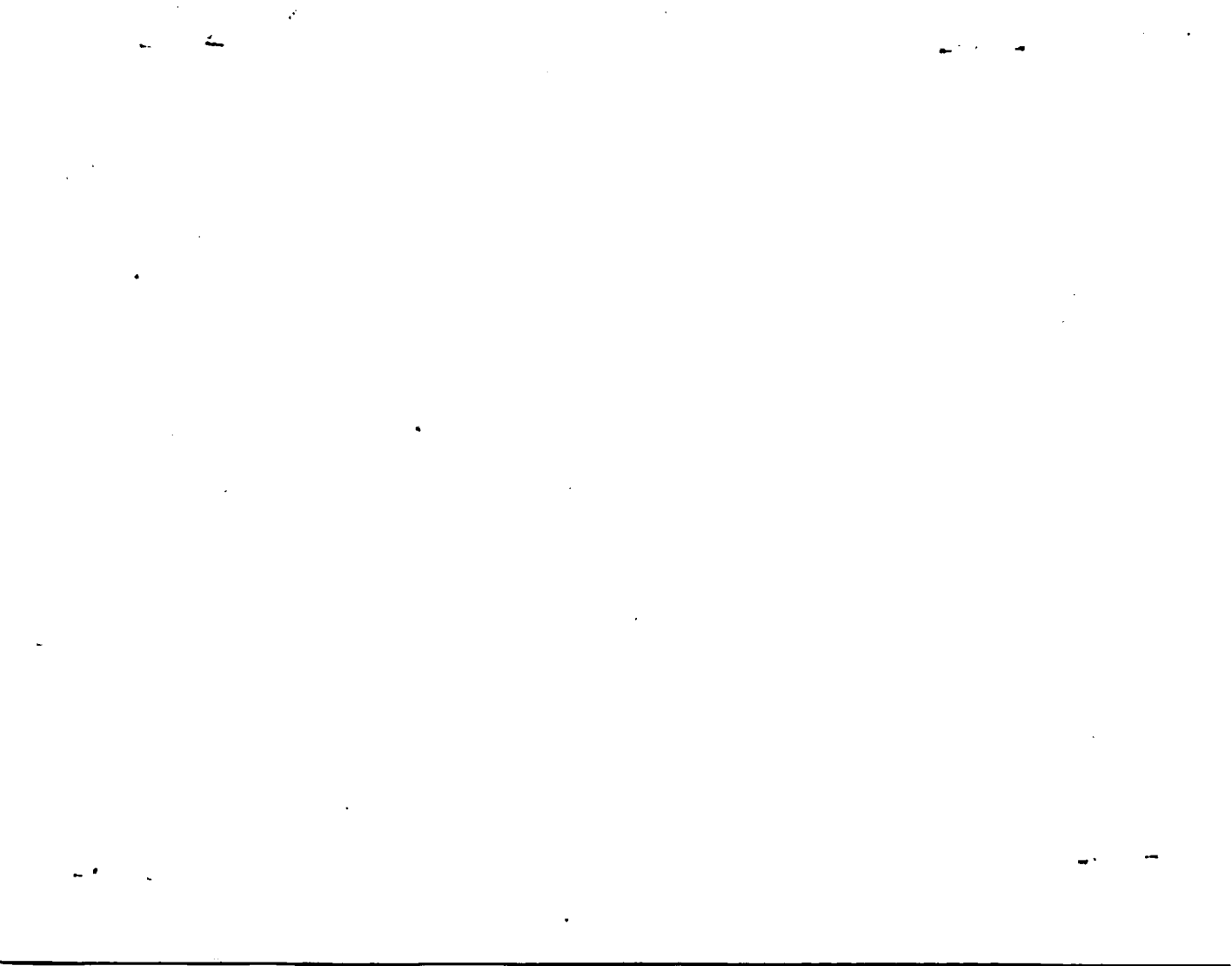
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
 County of Lincoln

Certificate No. 77548Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of
 for Unmarried who born on Feb 24, 1920
 in Council Bluffs (Name on Original Certificate) (Was Born or Died) (Date of Birth)
 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts are shown by Parents prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name", "Birth Date", "Cause of Death", Etc.)

FROM
 (As on Original)

TO
 (The Correct Facts)

Name
Birth date

Omitted
Feb. 24, 1920

Frank Harold Hahn
Feb 23, 1920

Subscribed and sworn to before me this 18
 day of March, 1942

Notary Public, residing at Shoshone, Idaho

My commission expires 3/14/46
 (Seal)

Signed Mrs. Agnes Staher
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shoshone Idaho
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
 County of Lincoln

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. that she is the mother of Frank Harold Hahn

Subscribed and sworn to before me this 18th
 day of March, 1942

Notary Public, residing at Shoshone, Idaho

My commission expires _____
 (Seal)

Signed Mrs. Agnes Staher
 (Signature of Any Credible Person Other Than Previous Year)

Shoshone Idaho
 (Street Address, City, State)

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

APR 11 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH

331-1142002-276

County of Adams

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of New Meadows

Registration District No. _____

File No. _____

77549

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Herschel LelaySex of
ChildmaleTwin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birth1stLegiti
mate? YesDate of
Birth2
(Month)14
(Day)1920
(Year)FULL
NAMELoren J. Lelay

FATHER

RESIDENCE

New Meadows, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Reggins, Idaho

OCCUPATION

Auto MechanicFULL
MAIDEN
NAMEFlora M. Stone

MOTHER

RESIDENCE

New Meadows, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Atlanta, Georgia

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

A. H. GrayPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

New Meadows, Idaho

Filed

3/311920W. M. [Signature]

Registrar

Registrar



155-112.003-914

PLACE OF BIRTH

Form V. S. No. 11-C-22m-1921-19

BUREAU OF VITAL STATISTICS

County of Bannock

CERTIFICATE OF BIRTH

City of KellyRegistration District No. 84File No. 77550

No. _____ St.

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Aruo MylordJensenSex of Child maleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate? yesDate of Birth March 12, 1920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL
NAMEFATHER
C. Miller JensenFULL
MAIDEN
NAMEMOTHER
Thora J. Raussmussen

RESIDENCE

Kelly

RESIDENCE

Kelly

COLOR

WhiteAGE AT LAST
BIRTHDAY 35
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY 31
(Years)

BIRTHPLACE

Denmark

BIRTHPLACE

Denmark

OCCUPATION

Farmer

OCCUPATION

Housewife.Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born aliveat 5.15 a. M.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Oscar V. Linkhartphysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bancroft Idaho

Filed

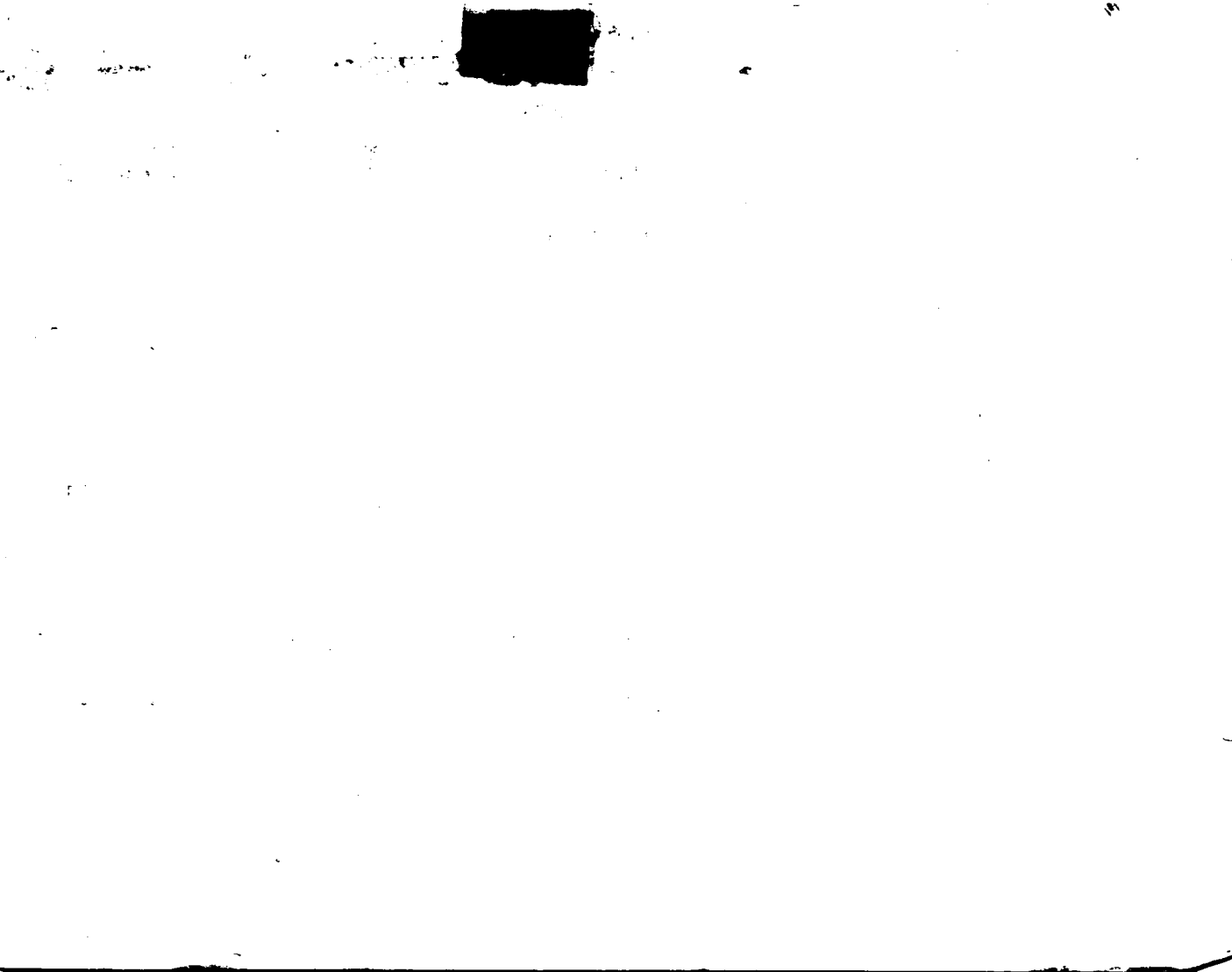
19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-1171003-815
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-17

County of Barren

City of Way

Registration District No. 11

File No. 77551

No. 5 St.

Primary Registration District No. 2048

Registered No. 5

Hospital

FULL NAME OF CHILD Harvey Ludwick Benson

Sex of Child <u>M</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> }	Legitimate? <u>yes</u>	Date of Birth <u>Feb 17</u> 19 <u>40</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FATHER
FULL NAME Harvey Benson
RESIDENCE Way
COLOR W
AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Utah
OCCUPATION Teacher

MOTHER
FULL MAIDEN NAME Emma Hansen
RESIDENCE Way
COLOR W
AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah
OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 49 at 49 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Rackley

Given names added from a supplemental report.

Ellis Rackley Registrar

Address Soda Springs Idaho
Filed March 28 1940 Ellis Rackley Registrar

NOV 14 1972

296-1011003-556
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of BernrockCity of Moscow, IdahoRegistration District No. 11File No. 77552

No. _____ St. _____

Primary Registration District No. 2048Registered No. 6

Hospital _____

FULL NAME OF CHILD

Joseph Le Grant Brower

Sex of Child

MaleTwin
Triplet
or other?and { Number
in order
of birthLegiti-
mate?

Date of Birth

March 11, 1912
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth, 5Number of children of this mother now living, including present birth, 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born. Jan 2, 1920 at P. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Anna B Jensen
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Anna B Jensen
March 2, 1920Elvis Kasper
19

S-Y-CO 38071

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

113-11

PLA

Form V. S. No. 11-C-25m-7-21-19

County of

City of Bancroft

Registration District No. 84

File No. 77553

No. _____ St.

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Deray Jacobson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>March 12th, 1920.</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FATHER
FULL NAME Earl L. Jacobson

RESIDENCE Bancroft

COLOR white AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE Randolph Utah

OCCUPATION farmer

MOTHER
FULL MAIDEN NAME Rosetta Sorensen

RESIDENCE Bancroft

COLOR white AGE AT LAST BIRTHDAY 26
(Years)

BIRTHPLACE Ovid Utah

OCCUPATION housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

born alive at 2.15 p. m.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Pinkham

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Bancroft Idaho.

Filed _____ 19

Registrar

Registrar

SECRET



STATE OF IDAHO

77553 BOARD OF HEALTH--BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

APR 30 1920

Place of Birth { City Bunavoff Registered No. 84
Street and House No. _____
County Danville Registration Dist. No. 2161

Sex of Child male
Date of Birth March 12 1920
Father Earl R. Jacobson
Mother Rosetta Jacobson

MONTH DAY YEAR
FULL NAME
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Larry Jacobson
GIVEN NAME IN FULL SURNAME
as reported by Joseph
FATHER OR MOTHER
O. U. Kunkert
LOCAL REGISTRAR

OCT 30 1964

256131003-652

PLACE OF BIRTH

County of Bannock

City of Chesterfield

Registration District No. 89

File No. 77554

No. St.

Primary Registration District No. 5161

Registered No.

Hospital

FULL NAME OF CHILD

John Herbert Knowles,

Sex of Child	male	Twin Triplet or other?	{ and }	Number in order of birth	Legiti mate?	yes	Date of Birth	March 31st	19 20
		(To be answered only in event of plural births)					(Month)	(Day)	(Year)

FULL
NAME

FATHER

John W. Knowles,

RESIDENCE

Chesterfield

COLOR

white

AGE AT LAST
BIRTHDAY

24

(Years)

BIRTHPLACE

Wyoming

OCCUPATION

farmer

FULL
MAIDEN
NAME

MOTHER

Alice A. Welch,

RESIDENCE

Chesterfield

COLOR

white

AGE AT LAST
BIRTHDAY

26

(Years)

BIRTHPLACE

Logan Utah

OCCUPATION

housewife.

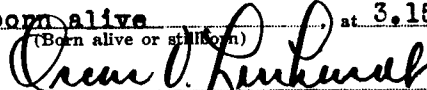
Number of child of this mother, including present birth	2	Number of children of this mother now living, including present birth	2
---	---	---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.15 a. M.
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)



Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bancroft Idaho.

Filed

19

Registrar

Registrar



11

12

STATE OF IOWA

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS
 SUPPLEMENTAL REPORT OF BIRTH

APR 30 1920

84

 554
 Place
 of Birth

City

Lund

Registered No.

Street and House No.

Registration Dist. No.

2161

County

Bumock

Sex of Child

male

Date of Birth

March 21

1920

MONTH

DAY

YEAR

Father

John W. Knowles

FULL NAME

Mother

Alice A. Welch

FULL MAIDEN NAME

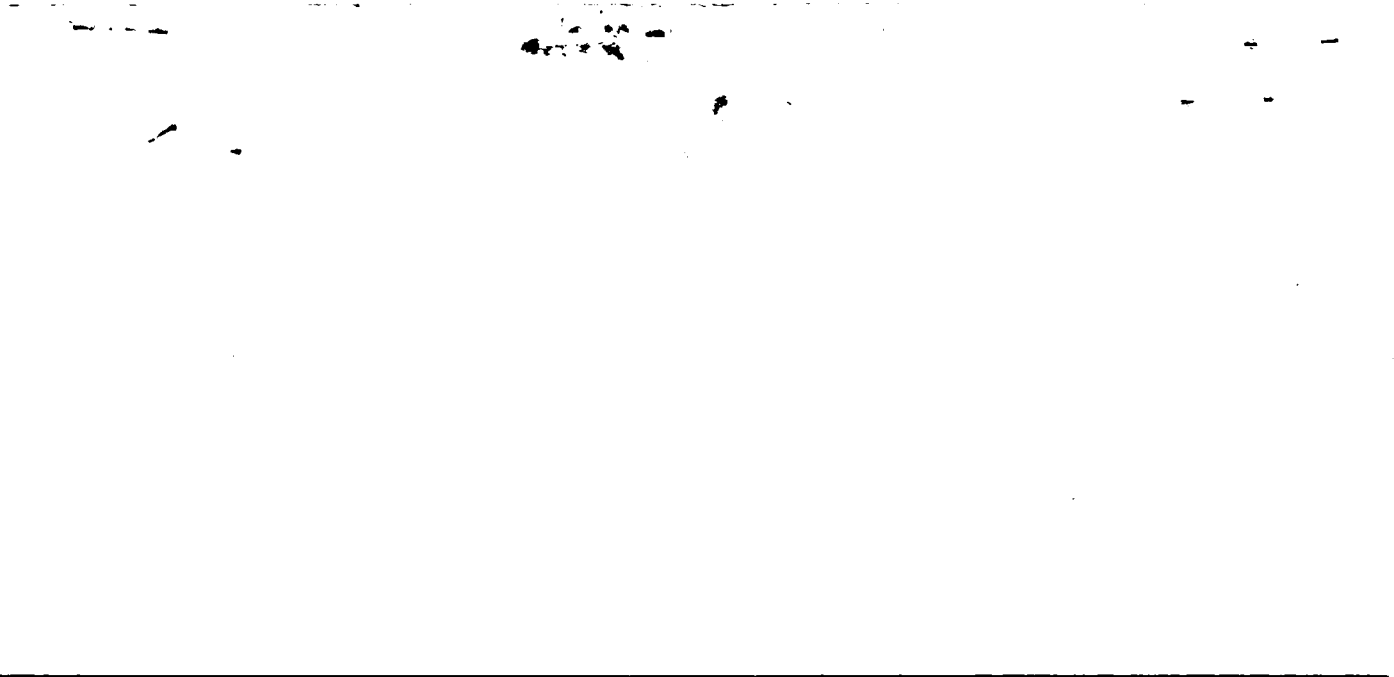
I Hereby Certify that the child described herein
 has been named:

John Herbert Knowles
 GIVEN NAME IN FULL SURNAME

as reported by

John H. Knowles
 FATHER OR OTHER
 A. L. Knowles

LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791 2281007-123

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84

File No. 77555

No. _____ St.

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Eva Mary Grace

Sex of Child <u>female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>(To be answered only in event of plural births)</u>	Legiti mate? <u>yes</u>	Date of Birth <u>March 28, 19 20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------	--

FULL NAME FATHER
Floyd I. Grace

RESIDENCE Bancroft

COLOR white AGE AT LAST BIRTHDAY 25
(Years)

BIRTHPLACE Knox Co., Ky.

OCCUPATION farmer

FULL MAIDEN NAME MOTHER
May Aston

RESIDENCE Bancroft

COLOR white AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Bancroft Idaho.

OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

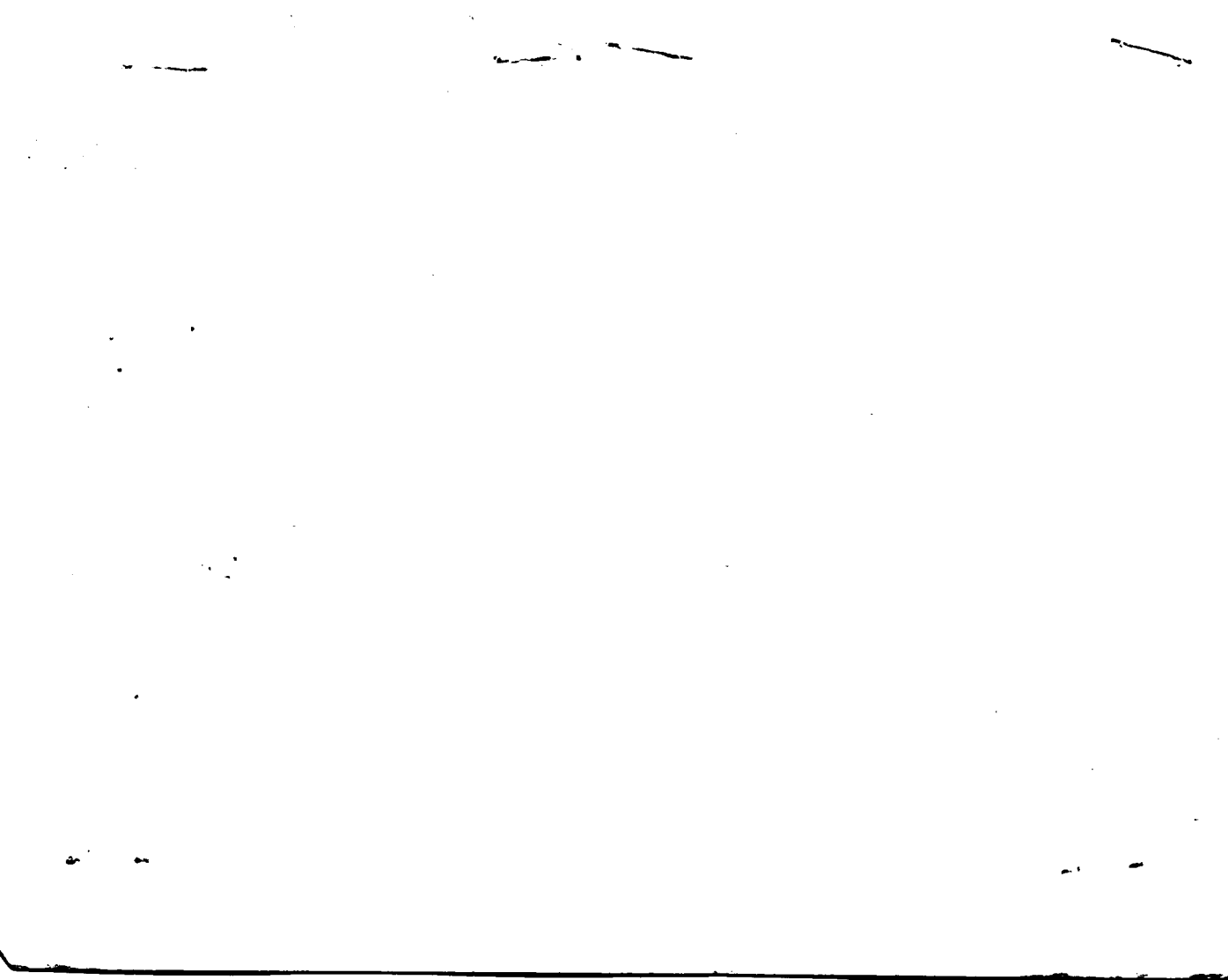
I hereby certify that I attended the birth of this child, who was born alive at 6.15 a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar D. Luchinat
Physician
(Physician or midwife)

Given names added from a supplemental report.
Eva Mary Grace 1920
W. C. Murphy Registrar

Address Bancroft Idaho
Filed 19 Registrar O. Luchinat



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Bannock Registered No. 84
 Street and House No. _____
 County Bannock Registration Dist. No. 2161

Sex of Child female
 Date of Birth March 28 1920
MONTH DAY YEAR
 Father Lloyd J. Grace
FULL NAME
 Mother May Aston
FULL MAIDEN NAME

I Hereby Certify that the child described herein
 has been named:

Eva May Grace x
GIVEN NAME IN FULL SURNAME
 as reported by Lloyd J. Grace x
Alvin Hurd
FATHER OR MOTHER LOCAL REGISTRAR



493121

PLACE

No. 11-C-25m-7-21-19

County of

City of Bancroft

Registration District No. 2161

File No.

77556

No. St.

Primary Registration District No. 2161.

Registered No. 84

Hospital

FULL NAME OF CHILD

James Henry Miller

Sex of Child male

Twin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate? yes

Date of Birth

March 21,

20.

(Month)

(Day)

(Year)

FULL NAME

FATHER

James T. Miller

RESIDENCE

Bancroft

COLOR

white

AGE AT LAST
BIRTHDAY

24

(Years)

BIRTHPLACE

Farmington Utah

OCCUPATION

farmer

FULL
MAIDEN
NAME

MOTHER

Ida Manerva Petersen

RESIDENCE

Bancroft

COLOR

white

AGE AT LAST
BIRTHDAY

22

(Years)

BIRTHPLACE

Paridice Utah

OCCUPATION

housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

born alive

(Born alive or stillborn)

at 1.30 p.m.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

James T. Miller 19 20
W. C. Murphy
Registrar

Address

Bancroft Idaho.

Filed

19

Registrar

MAY 1 8 1944



STATE OF IDAHO

corrected copy.

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

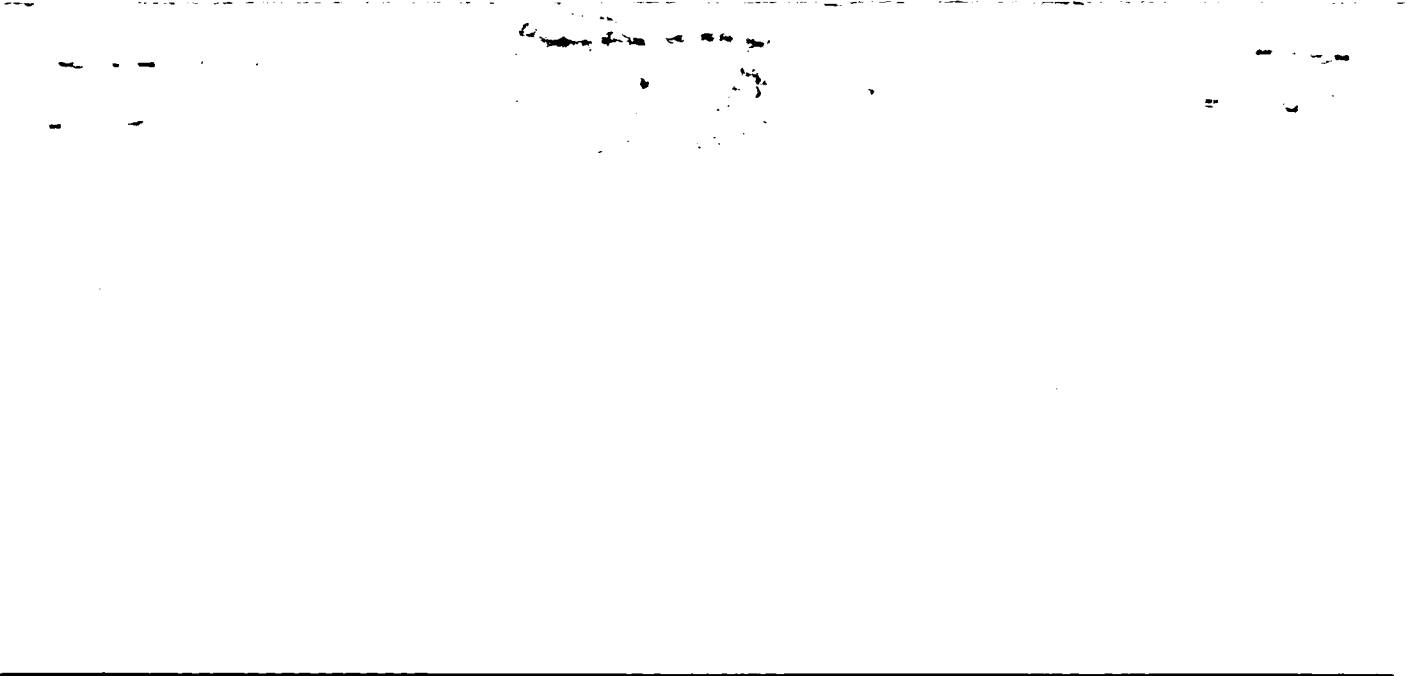
Place of Birth { City Chesterfield Registered No. 84
 Street and House No. _____
 County ~~Idaho~~ Bannock Registration Dist. No. 2161.

Sex of Child male
 Date of Birth March 21st 1920.
MONTH DAY YEAR
 Father James T. Miller
FULL NAME
 Mother Manerva Peter son.
FULL MAIDEN NAME

I Hereby Certify that the child described herein
 has been named:

Henry James Miller
GIVEN NAME IN FULL SURNAME
 as reported by mother and father.
FATHER OR MOTHER
Oliver L. Miller
LOCAL REGISTRAR

CONF. 1920



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

215-222007-445

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BanooockCity of BancroftRegistration District No. 84File No. 77557

No. _____ St.

Primary Registration District No. 2161.

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Clarice Banks.

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>March 22nd</u> 19 <u>20.</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	----------------------------	---

FULL NAME FATHER
Burtred E. BanksRESIDENCE
BancroftCOLOR white AGE AT LAST BIRTHDAY 31
(Years)BIRTHPLACE
Spanish Fork UtahOCCUPATION
farmerFULL MAIDEN NAME MOTHER
Luceil DuerdenRESIDENCE
BancroftCOLOR white AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE
Woodcrow UtahOCCUPATION
housewife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

•When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

born alive _____ at 3.10 p. m.
(Born alive or stillborn)

(Signature)

Physician

(Physician or midwife)

Address

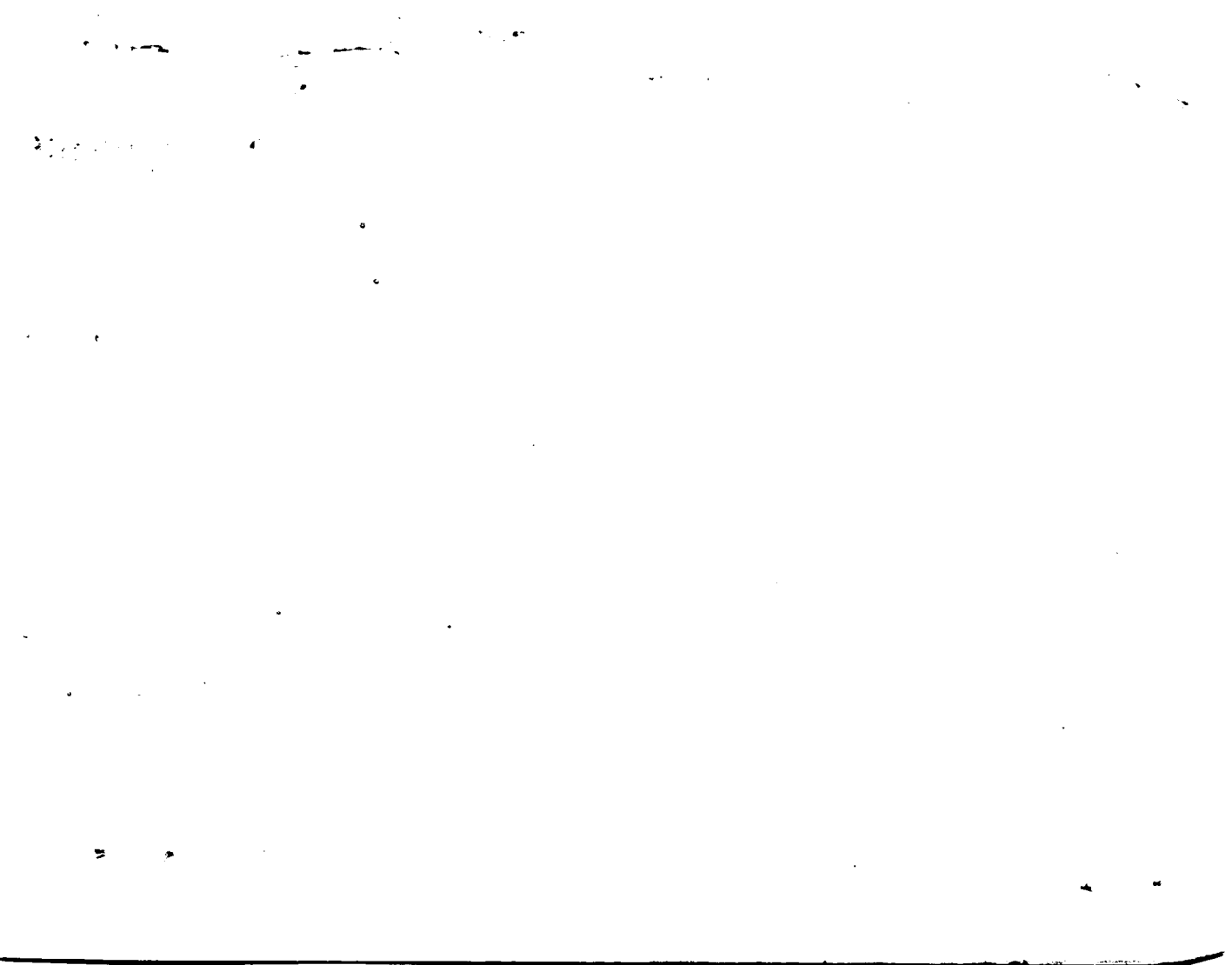
Bancroft Idaho

Filed

19

Registrar

Registrar



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

APR 30 1922

City

Buncraft

Registered No.

84

Street and House No.

Registration Dist. No.

2161

County

Dannock

Sex of Child

female

Date of Birth

March 22

1920

Father

Butler E. Banks

Mother

Lucile Ruerden

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Chris Banks-

GIVEN NAME IN FULL

SURNAME

as reported by

C. V. Burkhead

LOCAL REGISTRAR

MAY 11 1942

753-121.003-282

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICSCounty of Bannock

CERTIFICATE OF BIRTH

City of LundRegistration District No. 84File No. 77558

No. _____ St.

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD Edward Floyd Peterson.

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and { Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>March 21,</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	---	----------------------------	---

FULL NAME FATHER
David Edward PetersonFULL MAIDEN NAME MOTHER
Sahar Bybee,RESIDENCE
Lund IdahoRESIDENCE
Lund Idaho.COLOR white AGE AT LAST BIRTHDAY 26
(Years)COLOR white AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE
Odgen UtahBIRTHPLACE
Lewiston UtahOCCUPATION
farmerOCCUPATION
housewife.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive 10.10 p. m.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bancroft Idaho.

Filed

19

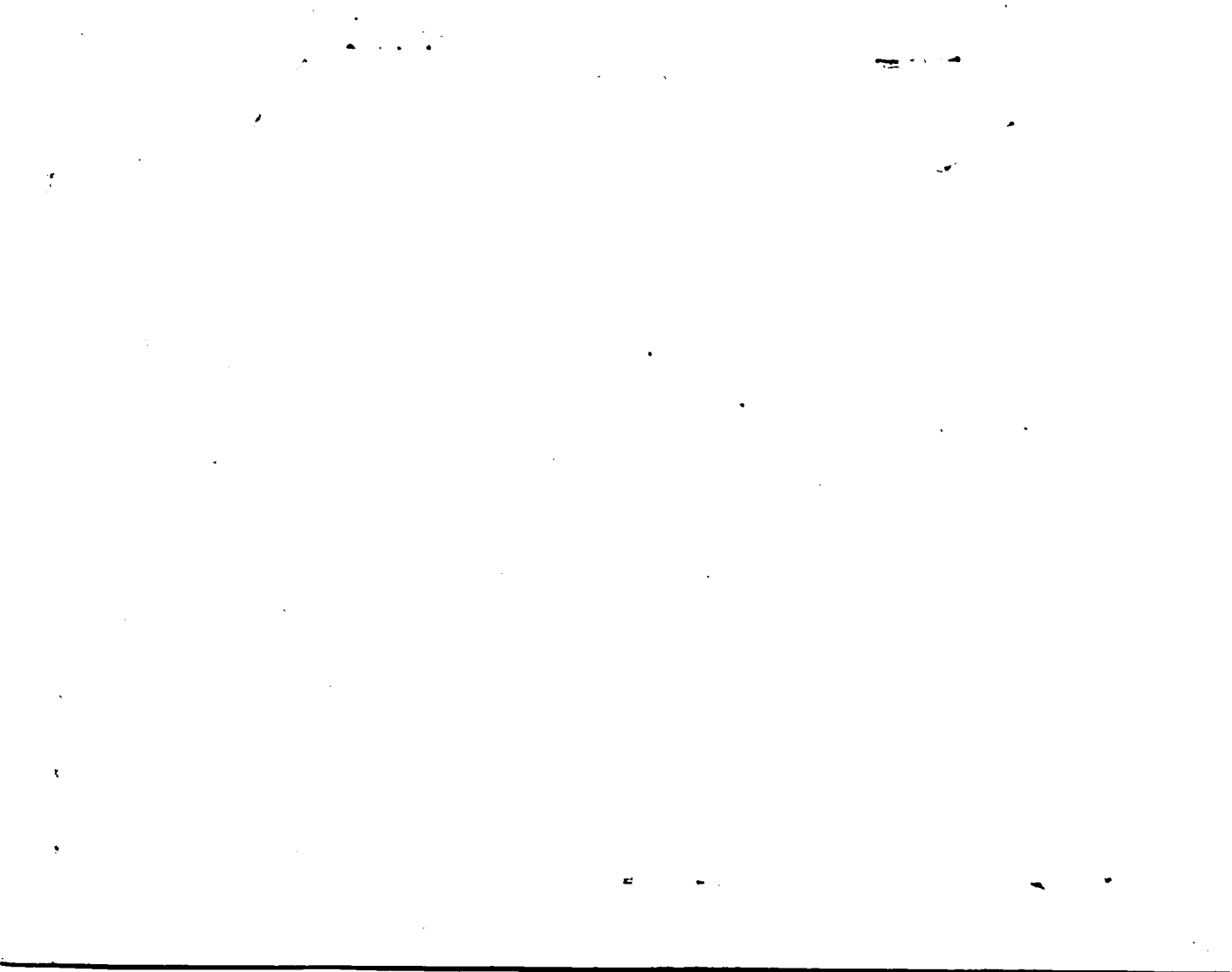
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

APR 30 1920

City Lund, Registered No. 84
 Street and House No. _____
 County Rannock Registration Dist. No. 2161

Sex of Child Male
 Date of Birth March 21st 19120
 MONTH DAY YEAR
 Father David Edward Peterson,
 FULL NAME
 Mother Sahar Rybee
 FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Edward Floyd Peterson
 GIVEN NAME FULL SURNAME

as reported by David Edward Peterson

FATHER OR MOTHER

Chas. H. H. H.
LOCAL REGISTRAR

JUL 20 1976

6-12-41 u. j.

763-101-003-133

PLACE OF BIRTH

IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-2237

County of....*Bannock*City of....*Lava Hot Sp.*Registration District No.*30*.....File No.*77559*.....No.*31*.....Primary Registration District No.*32*.....

Registered No.

Hospital....*Home*.....FULL NAME OF CHILD.....*Joseph Arthur Potter*.....

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth..... <i>Mar. 1</i> <i>1923</i> (Month) (Day) (Year)
-----------------------------	---	--------------------------------	--------------------------------	--

FULL NAME <i>John William Potter</i>	FATHER
RESIDENCE <i>Lava Hot Springs</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>43</i> (Years)
BIRTHPLACE <i>marshvalley Utah</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Martha Allen</i>	MOTHER
RESIDENCE <i>Lava Hot Springs</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)
BIRTHPLACE <i>Rockland Idaho</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth.....*7*..... Number of children of this mother now living, including present birth.....*6*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....*Born alive*....., at *2:15 P.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*Katherine Craig*.....
.....*midwife*.....
(Physician or midwife)

Given names added from a supplemental report.

Address.....*Lava Hot Springs Id.*.....Filed.....*19*.....*O. V. Linhardt*.....
Registrar

Registrar

H

.....

.....

14-00000

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

2. The second step is to gather relevant information and data. This can be done through research, interviews, or other methods that provide insight into the problem.

3. The third step is to analyze the information and data collected. This involves identifying patterns, trends, and relationships that can help in understanding the problem.

4. The fourth step is to develop a solution or answer. This involves applying the analysis to the problem and creating a plan or strategy to address it.

5. The fifth step is to implement the solution or answer. This involves putting the plan or strategy into action and monitoring the results to ensure that the problem is solved.

6. The sixth step is to evaluate the solution or answer. This involves assessing the effectiveness of the solution and identifying any areas for improvement.

7. The seventh step is to communicate the solution or answer. This involves sharing the results of the analysis and the solution with the relevant stakeholders.

8. The eighth step is to document the solution or answer. This involves creating a record of the analysis and the solution for future reference.

9. The ninth step is to review the solution or answer. This involves periodically checking back on the solution to ensure that it remains effective and relevant.

10. The tenth step is to conclude the process. This involves summarizing the findings and the solution and providing a final report or conclusion.

(The following information was obtained from the FBI file maintained pursuant to the request.)

155-103.00-155
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-23

County of Bern

City of Lava Hot Spg

Registration District No. 3.2

File No. 77560

No. St

Primary Registration District No. 3.2

Registered No.

Hospital

FULL NAME OF CHILD Wesley Avery

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 3</u> 19 <u>23</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>Jess J. Avery</u>	FATHER
RESIDENCE <u>Lava Hot Spg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Kanook Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Rita Avery</u>	MOTHER
RESIDENCE <u>Lava Hot Spg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Lawney Ida.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Kittie Craig
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Lava Hot Spg
O. R. Karst
Registrator

Registrator

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

NOV 25 1942

912-112-003-253
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22a-2-27

County of... BannockCity of... Lava Hot SpgRegistration District No. 2File No. 77561No. StPrimary Registration District No. 3

Registered No.

Hospital

FULL NAME OF CHILD Samuel Mason

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 12</u> (Month) (Day) (Year)
-----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Henry Mason</u>	FATHER
RESIDENCE <u>Lava Hot Spg Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Onzaka, Iowa</u>	
OCCUPATION <u>Clerk (grocery store)</u>	

FULL MAIDEN NAME <u>Jenny Bell</u>	MOTHER
RESIDENCE <u>Lava Hot Spg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Weston Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 ... Number of children of this mother now living, including present birth 4 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Rettie Craig
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address

Lava Hot Spg, Idaho
O. V. Kunkard

Filed

Registrar

Registrar

MAR 31 1920

19-208003-455

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22m-64-25

County of... BurnackCity of... Rava Hot Spg.Registration District No. 57File No. 77562No. St.Primary Registration District No. 57

Registered No.

Hospital

FULL NAME OF CHILD Grace Cain

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Mar. 8</u> (Month) (Day) (Year) <u>1920</u>
FATHER			MOTHER	
FULL NAME <u>Wm Henry Cain</u>			FULL MAIDEN NAME <u>Etta Rennis</u>	
RESIDENCE <u>Pebble Idaho</u>			RESIDENCE <u>Pebble Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Arkansas</u>			BIRTHPLACE <u>Brownland Texas</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth..... 5 Number of children of this mother now living, including present birth..... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... born alive..... at..... 6:50 A.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hittie Craigmidwife
(Physician or midwife)

Given names added from a supplemental report.

Address Rava Hot Spg. IdahoFiled..... 19.....
Mar 21 1920

Registrar

Registrar

STATE OF OHIO
BUREAU OF VITAL STATISTICS
DIVISION OF HEALTH

1971-1-180

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77563

County of BannockCity of ChesterfieldRegistration District No. 15

File No. _____

No. _____ St. _____

Primary Registration District No. 15

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Mildred BranghamSex of Child FemaleTwin
Triplet
or other? no

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
BirthFeb. 171920FULL
NAMEOliver Raymond Brangham

FATHER

FULL
MAIDEN
NAMELavenna Reese

MOTHER

RESIDENCE

Chesterfield Ida.

RESIDENCE

Chesterfield, Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY41
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Logan Utah

BIRTHPLACE

Brigham City Utah.

OCCUPATION

Farmer

OCCUPATION

Home makerNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3-15 A.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Oliver R. Brangham
Eliza A. Tolman
(Registered midwife)

Given names added from a supplemental report.

19

Address

Chesterfield Idaho.

Filed

MAR 11 1920

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

MAR 13 1967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

749-206003-623

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Kelly

Registration District No. 84

File No. 77564

No. _____ St.

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD Margaret Mary Purvis.

Sex of Child <u>female</u>	<u>Twins</u> Triplet or other?	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>March 6th</u> <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER
FULL NAME William F. Purvis
RESIDENCE Kelly
COLOR white AGE AT LAST BIRTHDAY 45
(Years)
BIRTHPLACE Ontario Canada
OCCUPATION farmer

MOTHER
FULL MAIDEN NAME Mary A. Osterhout
RESIDENCE Kelly
COLOR white AGE AT LAST BIRTHDAY 30
(Years)
BIRTHPLACE Las Animas Colorado.
OCCUPATION housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6.30 p. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clara V. Linhardt

Physician

(Physician or midwife)

Given names added from a supplemental report.

Margaret Mary Purvis 19 20
W. C. Murphy Registrar

Address Bancroft Idaho.

Filed 19 W. Linhardt Registrar

PLACE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Kelly Registered No. 84
 Street and House No. _____
 County Burnrock Registration Dist. No. 2161

Sex of Child female
 Date of Birth March 6 1920
MONTH DAY YEAR
 Father William F. Purvis
FULL NAME
 Mother Mary A. Osterhout
FULL MAIDEN NAME

I Hereby Certify that the child described herein
 has been named:

Margaret Mary Purvis
GIVEN NAME IN FULL SURNAME
 as reported by W. F. Purvis
FATHER OR MOTHER
Chas. Smith
LOCAL REGISTRAR

JAN -8 1968

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-7091003-262

PLACE OF BIRTH

Form V. S. No. 25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bannock

CERTIFICATE OF BIRTH

City of Kelly

Registration District No. 84

File No. 77565

No. _____ St.

Primary Registration District No. 2161.

Registered No. _____

Hospital _____

FULL NAME OF CHILD Leon Kimball Madsen

Sex of Child <u>male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>March 9th</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER
FULL NAME Delbert Madsen

MOTHER
FULL MAIDEN NAME Violet J.E. Bosshardt

RESIDENCE Kelly

RESIDENCE Kelly

COLOR white AGE AT LAST BIRTHDAY 26
(Years)

COLOR white AGE AT LAST BIRTHDAY 22
(Years)

BIRTHPLACE Gunnison Utah

BIRTHPLACE Gunnison Utah

OCCUPATION farmer

OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.06 p. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Oscar V. Lundquist

Physician

(Physician or midwife)

Given names added from a supplemental report.
Leona Kimball Madsen 19

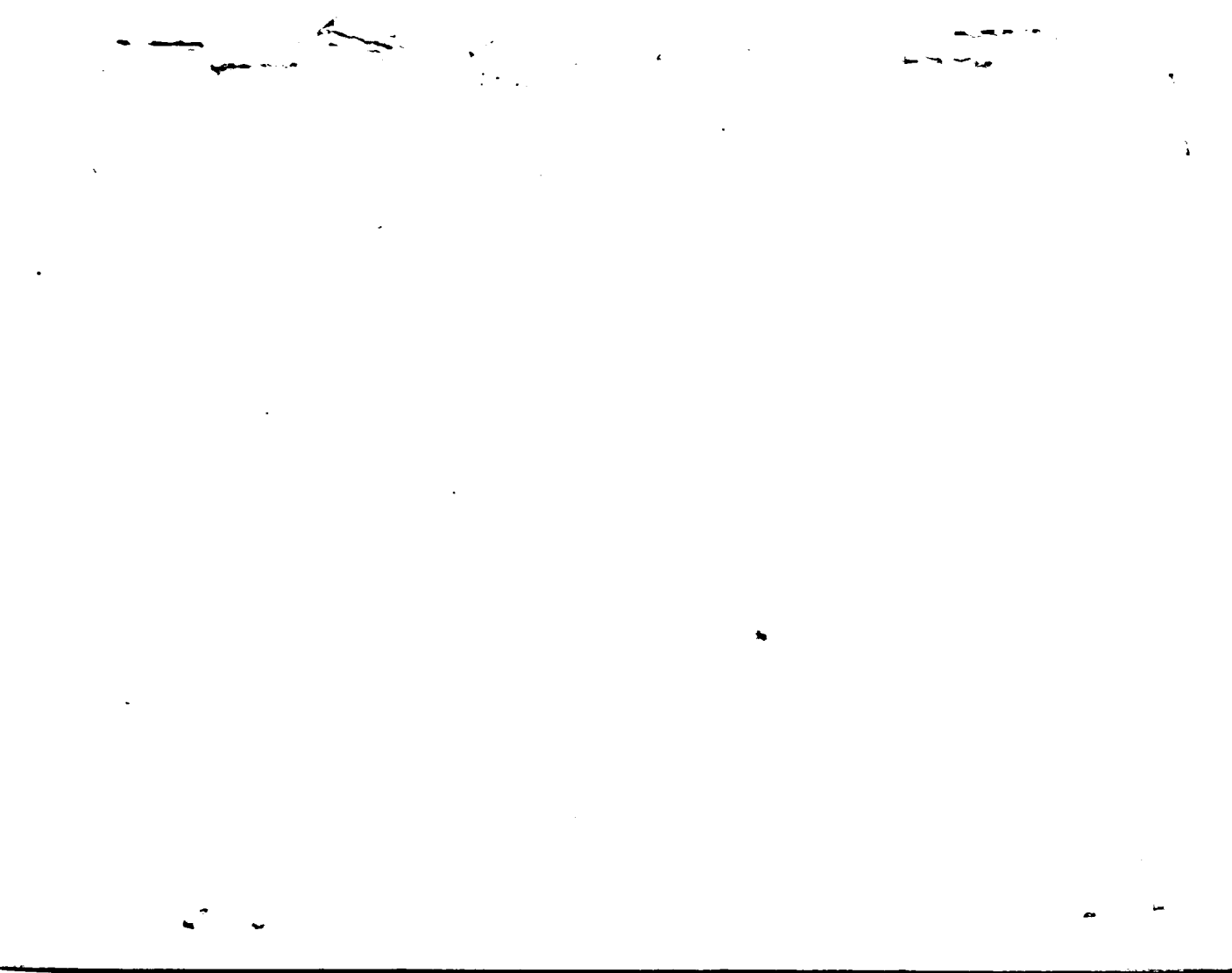
Address Bancroft Idaho

Filed MAR 31 1920 19

O. V. Lundquist

Registrar

W. C. Murphy State Registrar



STATE OF IDAHO

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place
of Birth

City

Street and House No.

County

Registered No.

Registration Dist. No.

Sex of Child

Date of Birth

Father

Mother

MONTH

DAY

YEAR

FULL NAME

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

as reported by

GIVEN NAME IN FULL

SURNAME

FATHER OF MOTHER

LOCAL REGISTRAR

SEP 30 1942

FEB 26 1976

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-115-003-955
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

77566

County of Bannock

City of Pocatello

Registration District No. 84

File No. 58

No. 31

Primary Registration District No. 2161

Registered No. 3024

Hospital

FULL NAME OF CHILD Phillips Joseph Krantz

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> and <u>.....</u> Number in order of birth <u>.....</u>	Legitimate? <u>yes</u>	Date of Birth <u>Mar 15</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER
FULL NAME John Phillip Krantz
RESIDENCE 825 E. Fremont St. Pocatello, Ida
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Blairsville, Pa.
OCCUPATION Machinist

MOTHER
FULL MAIDEN NAME Jennie Florence Reese
RESIDENCE 825 E. Fremont St. Pocatello, Ida
COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Oshkosh, Wis
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Newton M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Pocatello, Idaho

Filed Mar 18 1920

Registrar

Registrar

MAR 19 1942

1942 I I 13

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

236-214,003-168

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77567

County of Boone

City of Pocatello

Registration District No. 84

File No. 58

No. _____ St. _____

Hospital P. G. Hoag

Primary Registration District No. 2161

Registered No. 3072

FULL NAME OF CHILD

Baby Marjorie Annette Stocker

Sex of Child

X

Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

yes

Date of Birth

3 14 20
(Month) (Day) (Year)

FULL
NAME

FATHER
W. H. Stocker

FULL
MAIDEN
NAME

MOTHER
Agnes Johnson

RESIDENCE

Pocatello, Idaho

RESIDENCE

Same

COLOR

W.

AGE AT LAST
BIRTHDAY

29
(Years)

COLOR

W.

AGE AT LAST
BIRTHDAY

30
(Years)

BIRTHPLACE

Pasadena, Ill.

BIRTHPLACE

Brigham City, Utah

OCCUPATION

Household fireman

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 10 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) J. May

Given names added from a supplemental report.

(Physician or midwife)
Pocatello Idaho
Address
Mar 24 1920
Filed O. B. Steacy

Registrar

Registrar

MAR 3 - 1954

PLACE OF BIRTH
558-13.003-415
County of Danvers

STATE OF ILLINOIS
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-M-4-3-17

77568

City of Pocahontas

Registration District No. 84

File No. 58

No. 115350.4TH St.

Primary Registration District No. 2161

Registered No. 3071

Hospital

FULL NAME OF CHILD Vern Heyman

Sex of Child <u>M</u>	Twin Triplet or other? <u>-</u> and (Number of birth of birth) <u>-</u> (To be answered only in event of plural births)	Legitimate? <u>Ego</u>	Date of Birth <u>3.13.20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Melville Spencer Heyman</u>		MOTHER FULL MAIDEN NAME <u>Day Danielson</u>	
RESIDENCE <u>Pocahontas</u>		RESIDENCE <u>Pocahontas</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Kauluck</u>		BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>Teacher</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Roberts

Given names added from a supplemental report.

Physician or Midwife

Address Pocahontas, Ind.

FILE Apr 3 1920

Registrar

Registrar

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298-113.003-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77569

County of BannockCity of LocalelloNo. 574 So 8th St.Hospital SPRegistration District No. 84File No. 58Primary Registration District No. 2161Registered No. 3021

FULL NAME OF CHILD

JUNIA KARL

Bryning

Sex of Child

M.Twin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthMar 131920

(Month) (Day) (Year)

FULL
NAME

FATHER

RESIDENCE

Junia Kern BryningLocalello, Idaho

COLOR

W.AGE AT LAST
BIRTHDAY35

(Years)

BIRTHPLACE

Havana, Ill

OCCUPATION

Locomotor BrakemanFULL
MAIDEN
NAME

MOTHER

RESIDENCE

Adia Agnes SmithSame

COLOR

W.AGE AT LAST
BIRTHDAY31

(Years)

BIRTHPLACE

Nashville, Tenn.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 8:45 P. M.{ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

D. M. May

(Physician or midwife)

Given names added from a supplemental report.

19

Address

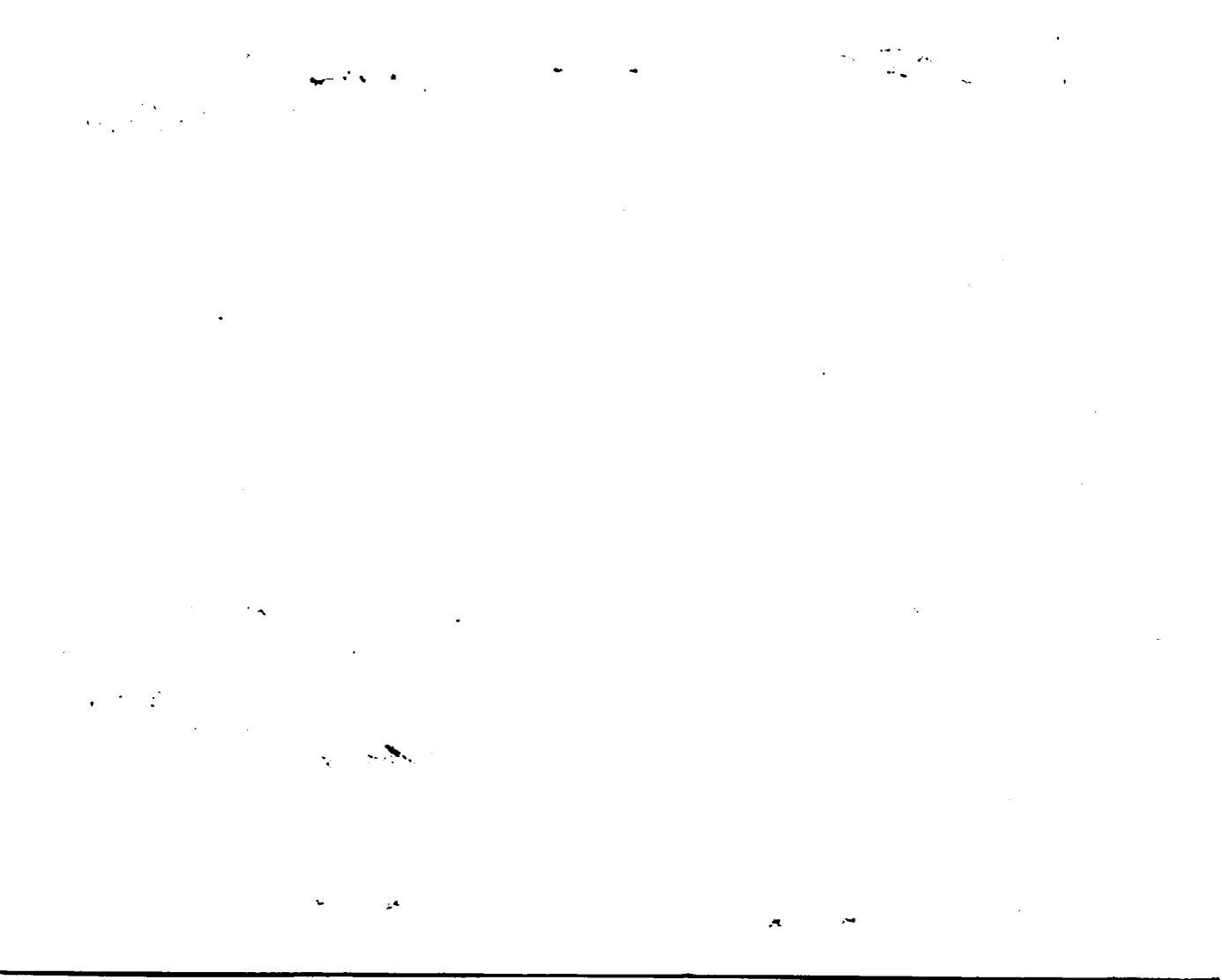
Localello, Idaho

Filed

Mar 24 1920

Registrar

Registrar



APR 16 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77569
County of Bannock } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Junia Karl Bryning who was Born on March 13, 1920 (Birth or Death)
in Pocatello, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
Name <u>Unnamed Bryning</u>	<u>Unnamed Bryning</u>	<u>Junia Karl Bryning</u>
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 12th
day of April, 1945

Notary Public, residing at Pocatello, Idaho

My commission expires Aug 2nd 1945
(Seal)

Signed Lydia A Bryning

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

525 E. Dillon, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of April, 1945

Notary Public, residing at Pocatello

My commission expires Aug 2nd 1945
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed E. K. Foster

(Signature of Any Credible Person)

1127 So 4th Pocatello, Idaho
(Street Address, City, State)

AUG 8 1945

APR 18 1945

AUG 8 1951

NOV 18 1955

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

753-1131003-962

PLACE OF BIRTH

Amended 10-24-78

County of Barnett

City of Pocatello

Registration District No. 84

File No. 57

No. _____ St. _____

Primary Registration District No. 2461

Registered No. 3069

Hospital _____

FULL NAME OF CHILD GLEN DALE Peck

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>3-13-20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-------------------------------	---

FATHER
FULL NAME George Gilbert Peck
RESIDENCE 1504 8th Pocatello Idaho
COLOR White AGE AT LAST BIRTHDAY 32
(Years)
BIRTHPLACE Utah
OCCUPATION Chauffeur

MOTHER
FULL MAIDEN NAME Maggie Robinson
RESIDENCE 1504 8th Pocatello Idaho
COLOR White AGE AT LAST BIRTHDAY 34
(Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1405 H.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. H. [illegible]

(Physician or midwife)

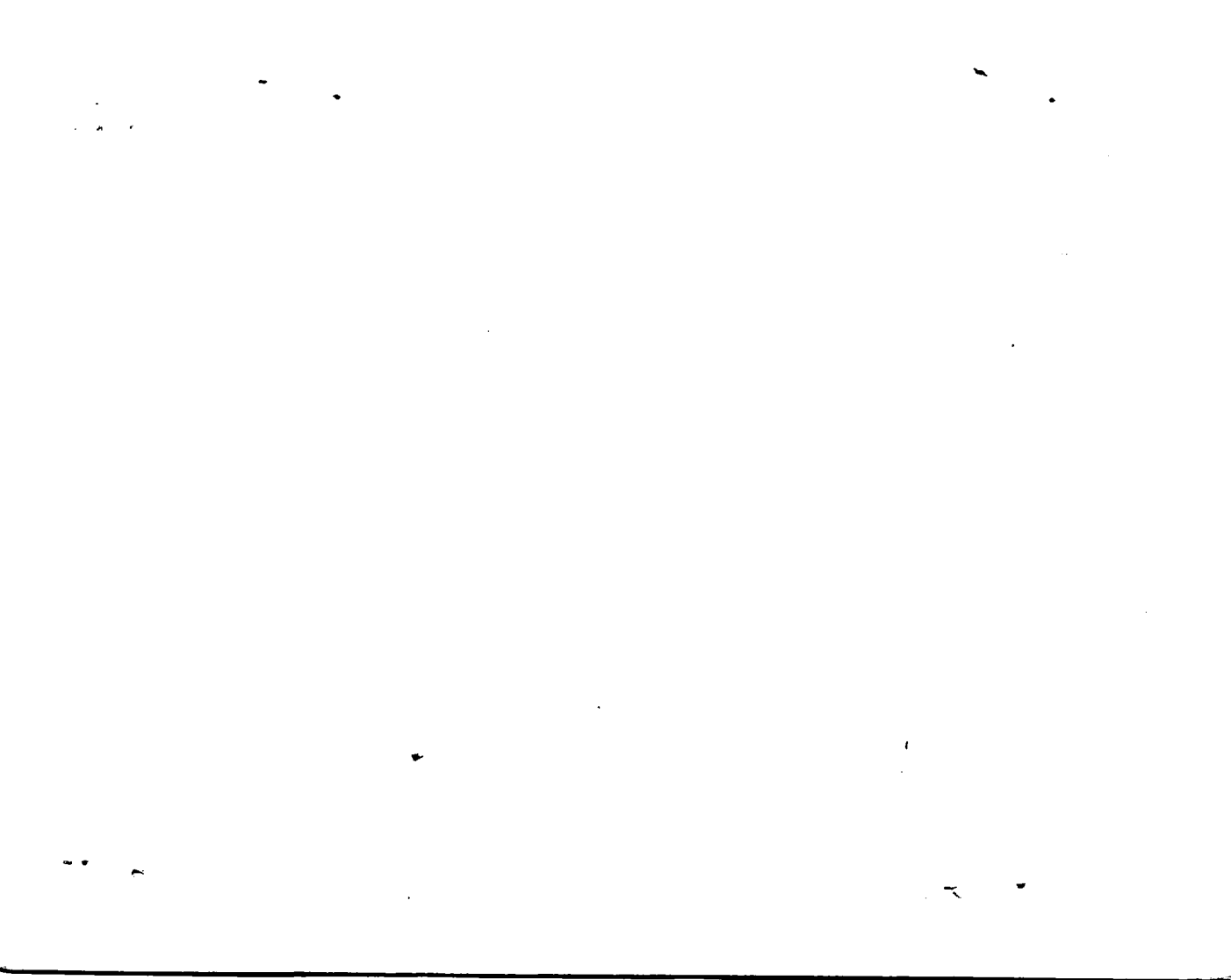
Given names added from a supplemental report.

Address Pocatello Idaho

File Mar 25, 1920 O'Brien

Registrar

Registrar



10/4/78

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Oct 11 11 35 AM '78 Certificate No. 77570
County of Bannock } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Chester Peck who was born on 3/13/20
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by.....prepared on....., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name <u>Chester Peck</u>		<u>Glen Dale Peck</u>
DATE <u>3-13-26</u>		<u>3-13-20</u>

Subscribed and sworn to before me this 6 day of October, 1978

Signed Glen D. Peck Jr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
830 W 10th Pocatello Idaho
(Street Address, City, State)

Notary Public, residing at 1937 E. Clark Pocatello
My commission expires Oct. 1982
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of October, 1978

Signed Myrtle Peck
(Signature of Any Credible Person)

Notary Public, residing at 1937 E. Clark Pocatello
My commission expires October 1982
(Seal)

830 W 10th
(Street Address, City, State)

Record of the George Peck Family gives name as Glen Dale Peck born March 13, 1920, to George Delbert Peck and Margaret Jane Peck. Family Bible obviously old.

Viewed by V.S.

Marriage License issued by Bannock County, State of Idaho, gives name of groom as Glen Dale Peck, married March 15, 1941, in Pocatello, Idaho.

Viewed by V.S.

231-212-003-219
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77571

County of BannockCity of PostvilleRegistration District No. 84File No. 57No. 725 W. Wyeth St.Primary Registration District No. 261Registered No. 3168

Hospital _____

FULL NAME OF CHILD

Hazel
Blair

Sex of Child

FemaleTwin
Triplet
or other?1

and

Number
in order
of birth1

(To be answered only in event of plural births)

Legiti
mate?yesDate of
BirthMarch 12281928
(Month) (Day) (Year)FULL
NAME

FATHER

Harry M. Blair

RESIDENCE

725 W. Wyeth

COLOR

Wh

AGE AT LAST

BIRTHDAY

42
(Years)

BIRTHPLACE

Ohio

OCCUPATION

BarberFULL
MAIDEN
NAME

MOTHER

Ida Bartlett

RESIDENCE

725 W. Wyeth

COLOR

Indian

AGE AT LAST

BIRTHDAY

36
(Years)

BIRTHPLACE

Idaho (Annis)

OCCUPATION

HWYNumber of child of this mother, including present birth (3) Number of children of this mother now living, including present birth (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at Postville Mo.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Charles A. Peapack
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

1801 Reddy

Filed

Mar 16 1928
O. B. Peapack
Registrar

Registrar

APR 11 1950

815.112.003-793
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77572

County of BonnevilleCity of PocatelloRegistration District No. 84File No. 57

No. _____ St. _____

Hospital P. G. HoagPrimary Registration District No. 2161Registered No. 3067

FULL NAME OF CHILD

Alfred GeraldHanlon

Sex of Child

M.Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
Birth3121920

(Month)

(Day)

(Year)

FULL
NAMEHarry St Clair Hanlon

FATHER

RESIDENCE

Thomas Terry, Idaho

COLOR

W.

AGE AT LAST

43

BIRTHDAY

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Locomotive EngineerFULL
MAIDEN
NAMEMena Gilson

MOTHER

RESIDENCE

Idaho

COLOR

W.

AGE AT LAST

25

BIRTHDAY

(Years)

BIRTHPLACE

Boque, Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Ray

(Physician or midwife)

Given names added from a supplemental report.

19

Address

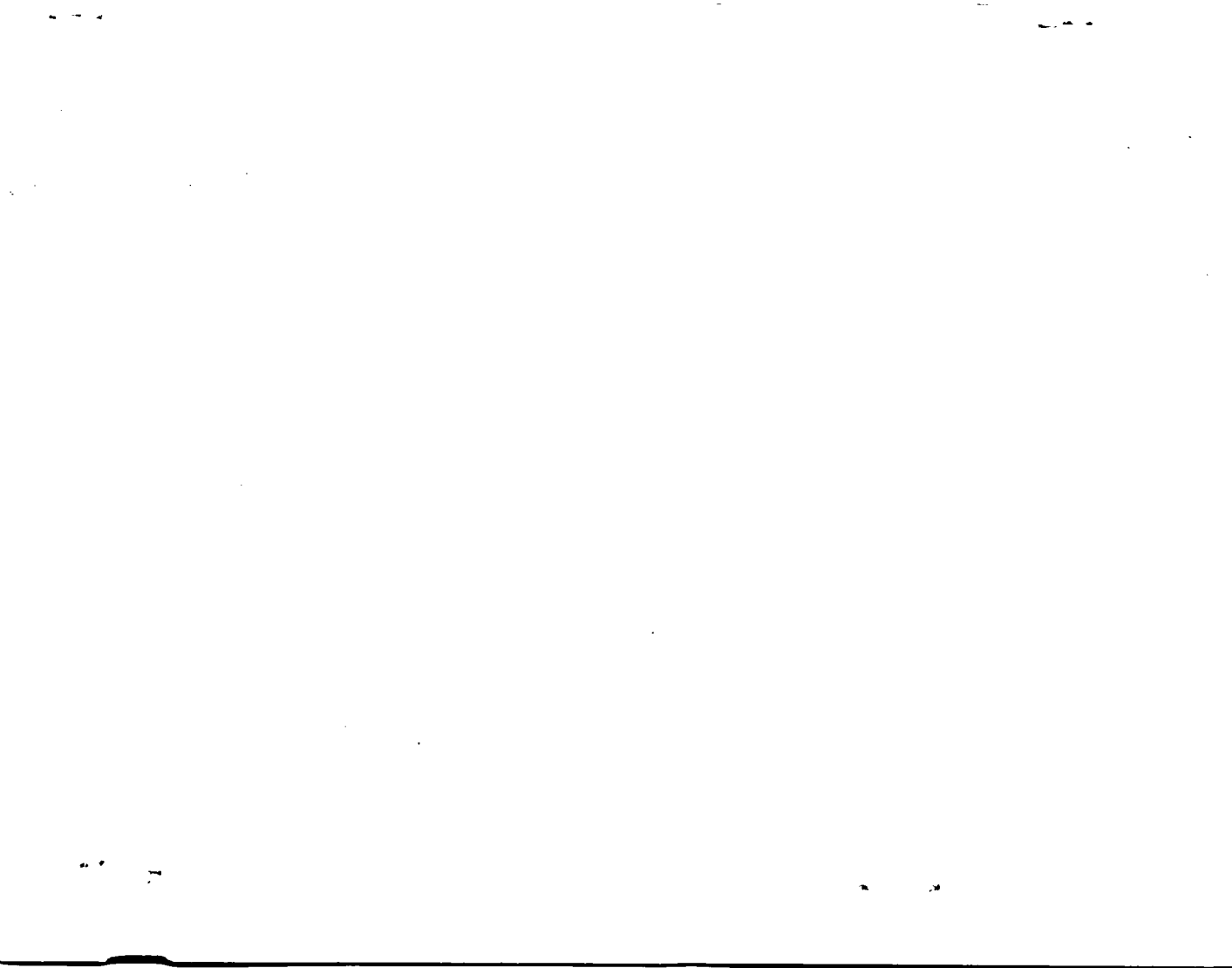
Pocatello, Idaho

Filed

Mar 24, 1920

Registrar

Registrar



App. for National Service Life Insurance, Feb. 11, 1942; and own Child's birth
Cert. ~~####~~ viewed by V.S.
#377778.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED

JUN 23 1958

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Imperial }
Certificate No. 77572
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for Unnamed Hanlon who born on March 12, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child Unnamed Hanlon Alfred Gerald Hanlon

Subscribed and sworn to before me this 16 day of
June 1958

Signed Mina Hanlon Todd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
854 Cedar Holtville Calif
(Street Address, City, State)

Notary Public, residing at Holtville Cal
My commission expires 6-1-60
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Imperial }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of
June 1958

Signed Rufus H. Todd
(Signature of Any Credible Person)

854 Cedar Ave
Holtville Calif
(Street Address, City, State)

Notary Public, residing at Holtville Cal
My commission expires 6-1-60
(Seal)

JUN 26 1958

255211003-415

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77573

County of BannockCity of LocalelloRegistration District No. 84File No. 57

No. _____ St. _____

Hospital P. G. Hosp.Primary Registration District No. 10Registered No. 3008FULL NAME OF CHILD Abraham BandisonSex of Child MTwin
Triplet
or other?{ and } Number
in order
of birthLegitimacy yesDate of Birth 3 11 1920

(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY 31

(Years)

COLOR

AGE AT LAST BIRTHDAY 29

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. May

(Physician or midwife)

Given names added from a supplemental report.

19

Address Localello, IdahoFiled Mar 24, 1920

Registrar

Registrar J. M. May

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATION
STATION
STATION

77573

JAN 10 1949

PLACE OF BIRTH

JUL 11 1963

519.2111003-556
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form Y. S. No. 11-C-23m-9-3-37

77574

County of.. **Bannock**City of... **Pocatello**No. **440 S. Main St.**Registration District No. **84**File No. **57**Primary Registration District No. **2101**Registered No. **3000**

Hospital

FULL NAME OF CHILD **Dorothy Earley**

Sex of Child	Female	Twin Triplet or other?	Twin	and	Number in order of birth	2nd.	Legiti- mate?	Yes	Date of Birth	Mch. 11,	1912
									(Month)	(Day)	(Year)

FULL NAME	FATHER Robert E. Earley
RESIDENCE	440 S. Main St.
COLOR	White
BIRTHPLACE	Barry, Ill.
OCCUPATION	Barber

FULL MAIDEN NAME	MOTHER Edna Neuffer
RESIDENCE	440 S. Main St.
COLOR	White
BIRTHPLACE	Logan, Utah.
OCCUPATION	Hswf.

Number of child of this mother, including present birth..... **4** Number of children of this mother now living, including present birth..... **4**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... **Born alive** at..... **1:35 P. M.** on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

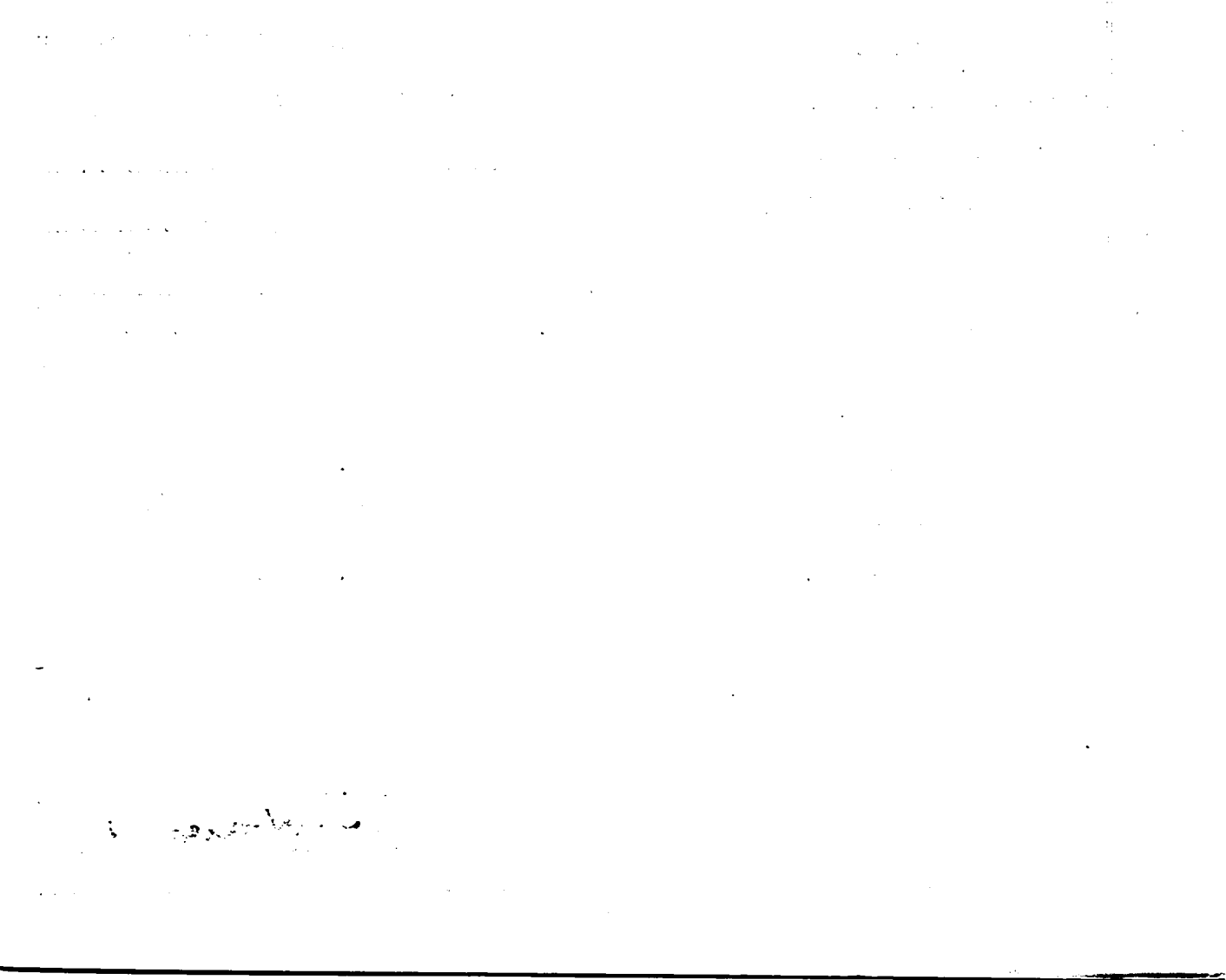
(Signature) **M. J. Howard**
(Physician or midwife)

Given names added from a supplemental report.

..... **19**Address..... **Pocatello, Idaho** **19**Filed **Apr 3, 1920**

Registrar

Registry



519-211003-554

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

77575

County of **Bannock**City of **Pocatello**Registration District No. **84**File No. **57**No. **440 S. Main St.** St.Primary Registration District No. **2161**Registered No. **3864**

Hospital

Doris Earley

FULL NAME OF CHILD

Sex of Child Female	Twin Triplet or other? Twin	and { Number in order of birth 1st	Legiti- mate? yes	Date of Birth Mch. 11, Birth (Month) (Day) (Year) 1920
----------------------------	--	--	-----------------------------	---

FULL NAME Robert E. Earley	FATHER
RESIDENCE 440 S. Main St.	
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Barry, Ill.	
OCCUPATION Barber	

FULL MAIDEN NAME Edna Neuffer	MOTHER
RESIDENCE 440 S. Main St.	
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Logan, Utah.	
OCCUPATION House	

Number of child of this mother, including present birth **3** Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **Born alive** **1:15 P.** M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

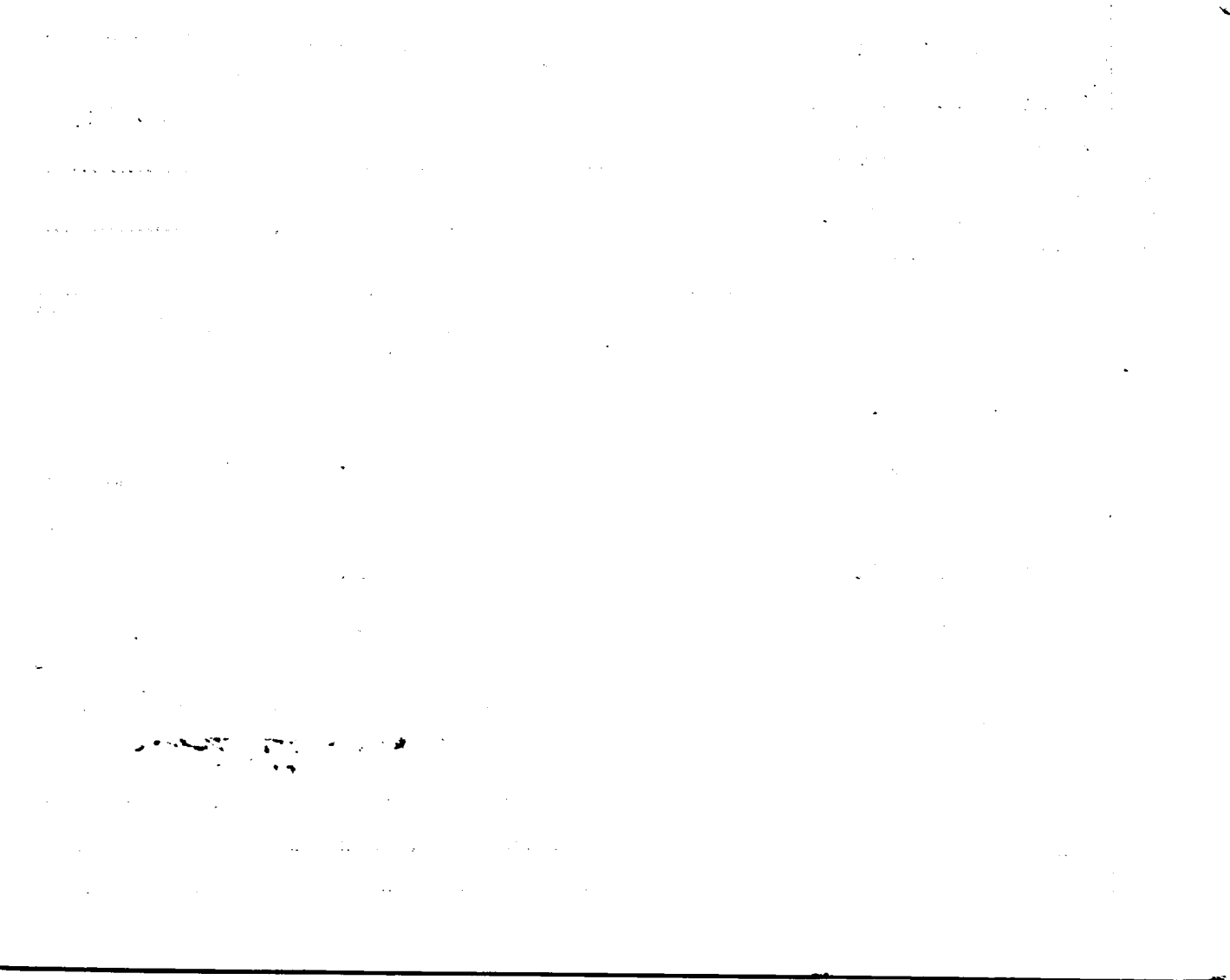
(Signature) **W. J. Howard**
(Physician or midwife)

Given names added from a supplemental report.

..... **19**Address **Pocatello, Idaho**..... **20**Filed **Apr 3, 1920** **W. J. Howard**

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

449.210.003-363

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Bannock

City of Pocatello

Registration District No. 84

File No. 77576
57

No. _____ St. _____

Hospital H. Anthony

Primary Registration District No. 2101

Registered No. 3062

FULL NAME OF CHILD Murray

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>March 10 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------------	--

FATHER
FULL NAME Oscar Murray
RESIDENCE 708 McArthur Pocatello, Idaho
COLOR white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Kansas
OCCUPATION Carpenter

MOTHER
FULL MAIDEN NAME Nettie Mabel Cotham
RESIDENCE 708 McArthur Pocatello, Idaho
COLOR white AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Texas
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

W. W. Brothers
Physician
(Physician or midwife)

Address

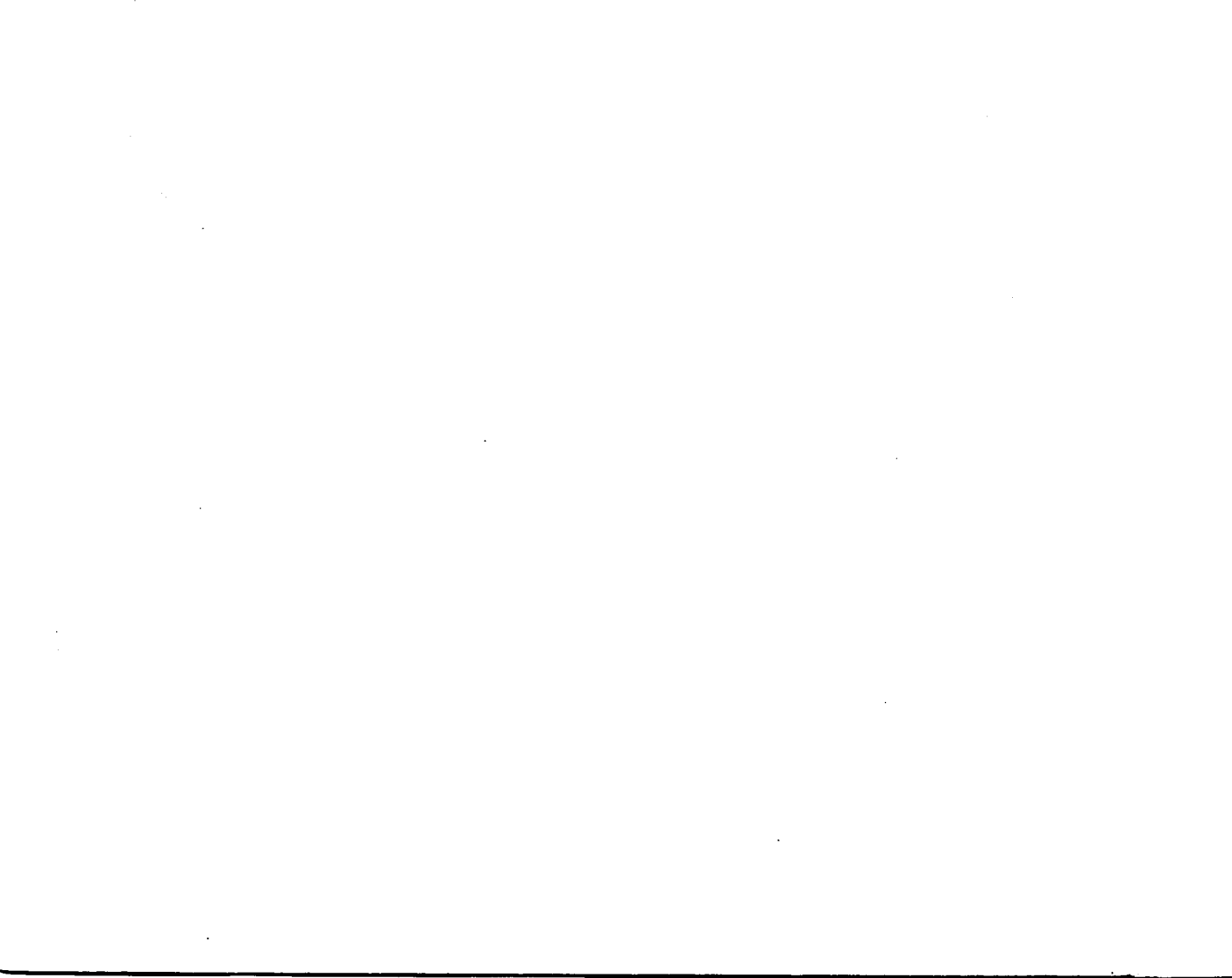
Pocatello Idaho

Filed

Mar 30 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

386-210-003-884

PLACE OF BIRTH

County of BannockCity of PocatelloNo. 415 So 6th St.

Hospital _____

FULL NAME OF CHILD Bernice
 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

77577

Registration District No. 84 File No. 57Primary Registration District No. 2161 Registered No. 3062Thomas

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>3</u> <u>10</u> <u>1920</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Willis S. Thomas</u>	FATHER
RESIDENCE <u>Blackfoot, Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Cepburg, Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Elaine Hyde</u>	MOTHER
RESIDENCE <u>Same</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Layton, Utah</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was _____ at 1²² P. M.
 on the date above stated. (Born alive or stillborn) yes

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [Signature]

(Physician or midwife)

Address Pocatello, IdahoFiled Mar 24, 1920Registrar [Signature]Registrar [Signature]

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } **MAY 23 8 08 AM '77** Certificate No. 77577
County of Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Thomas (female) who was born on March 10, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

(Give Date)

TO
(The Correct Facts)

child's name Unnamed Bernice Thomas

Subscribed and sworn to before me this 20 day of
MAY, 1977.

Notary Public, residing at Pocatello, ID
My commission expires 8-27-80
(Seal)

Signed [Signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
225 So 10th Pocatello, ID 83201
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of
MAY, 1977.

Notary Public, residing at Pocatello
My commission expires 8-27-80
(Seal)

Signed [Signature]
(Signature of Any Credible Person)
Box 4609 Pocatello, ID 83201
(Street Address, City, State)

Certif of Baptism and Confirmation from the LDS Church gives name as Bernice Thomas daughter of Willis S. Thomas and Elaine Hyde. born March 10, 1920 at Pocatello, ~~Idaho~~ Idaho. Baptized April 1, 1928. viewed by V. S.

High school diploma from Pocatello Senior High school gives ~~name~~=name as Bernice Thomas. dated May 24, 1938. viewed by V. S.

MAY 23 1977

215170-003-796

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22m-2-17

77578

County of BannockCity of PocatelloRegistration District No. 84File No. 07No. 714 N 5 avePrimary Registration District No. 2161Registered No. 3061

Hospital

FULL NAME OF CHILD

Gilda Banchini

Sex of Child

maleTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthMar 10 1920
(Month) (Day) (Year)FULL
NAMEBanchino Banchini

FATHER

FULL
MAIDEN
NAMEAnnita Giovacchini

MOTHER

RESIDENCE

714 N 5 ave

RESIDENCE

same

COLOR

whAGE AT LAST
BIRTHDAY37
(Years)

COLOR

whAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Italy

BIRTHPLACE

Italy

OCCUPATION

Laborer

OCCUPATION

housewifeNumber of child of this mother, including present birth... 3... Number of children of this mother now living, including present birth... 1...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. P. Young
Phys.
(Physician or midwife)

Given names added from a supplemental report.

Address

Pocatello, Ida

Filed

Mar 25 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

682-1091003-613

PLACE OF BIRTH

County of BannockCity of PocatelloNo. 139 So. 2nd Ave. St.Hospital Home

FULL NAME OF CHILD

Registration District No. 84Primary Registration District No. 101Chigusa OhkawaSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

77579

File No. 57Registered No. 3060

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Mar. 9</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Takeo Ohkawa</u>	FATHER
RESIDENCE <u>139 So. 2nd Ave.</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Prop. restaurant</u>	

FULL MAIDEN NAME <u>Kito Watanabe</u>	MOTHER
RESIDENCE <u>139 So. 2nd Ave.</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Housekeeping</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)Address 905 So. Main St.
Filed Mar 17 1920 O. J. Lively
Registrar

Registrar

First ~~copy~~ certificate issued May 12, 1934

OCT 13 1953

NOV 30 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-208-003-238

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-21m-3-17

CERTIFICATE OF BIRTH

77580

File No.

Registration District No.

Primary Registration District No.

Registered No.

Sex of Child

Twin
Triplet
or other?Number
in order
of birthLegiti-
mate?Date of
Birth

(Month) (Day) (Year)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

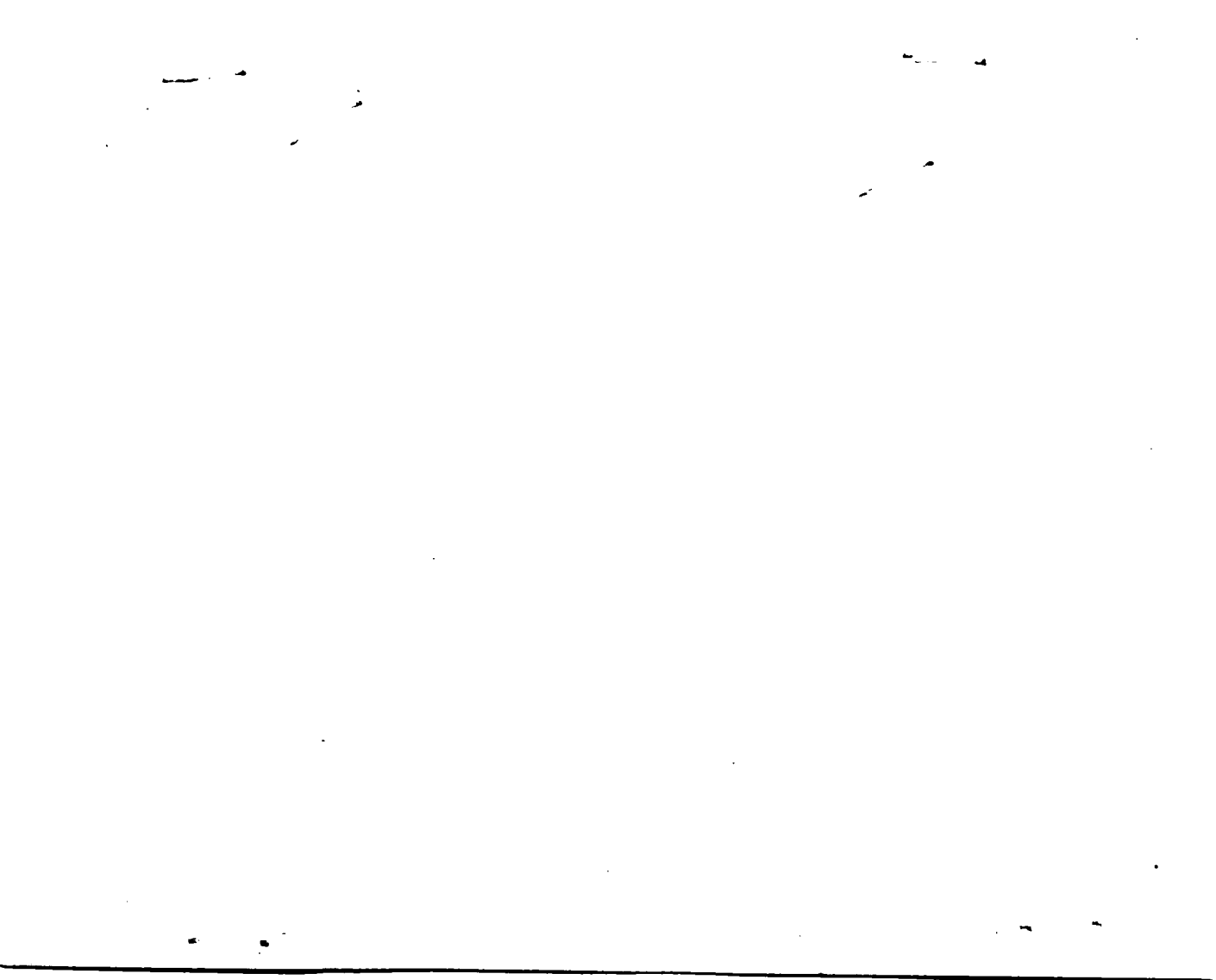
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
 County of Los Angeles } ss. Certificate No. 77580
 Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
 for Unnamed McGuire who Born on March 8, 1920 (BIRTH OR DEATH)
 (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
 in Macatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (PLACE OF EVENT)
 true facts as shown by _____ prepared on _____, are:
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

Name _____

Unnamed McGuire _____

Mary Elizabeth McGuire _____

Subscribed and sworn to before me this 28th
 day of January, 19 43
Alphonse Lewis Los Angeles
 Notary Public, residing at 1533 E. Florence
 My commission expires My Commission Expires June 20th 1945
 (SEAL) (STREET ADDRESS, CITY, STATE)

Signed Mrs. Helen Elizabeth McGuire (mother)
 (SIGNATURE OF PARENT OR ATTENDANT, IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT (IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
 County of Los Angeles } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
 (SEE CHAPTER 129, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
 day of Feb, 19 43
Macatello

Signed Minna Gross
 (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Los Angeles
 My commission expires May 17 1944
 (SEAL)

1132 E. Century
 (STREET ADDRESS, CITY, STATE)
Los Angeles Calif.

Received for filing on _____ By _____
 (REGISTRAR'S SIGNATURE)

FEB 8 1943

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692 PLACE OF BIRTH - 469

Name added 1-8-82

County of *Bannock*City of *Pocatello*No. *1523* No. *2* St.

Hospital

FULL NAME OF CHILD *RUTH ELLEN Fisher*

Sex of Child <i>F.</i>	Twin Triplet or other? <i>-</i> and Number in order of birth <i>-</i>	Legitimate? <i>yes</i>	Date of Birth <i>3-8-1920</i> (Month) (Day) (Year)
------------------------	---	------------------------	---

FULL NAME *FATHER* *Harry Adam Fisher*RESIDENCE *Pocatello.*COLOR *W.* AGE AT LAST BIRTHDAY *30* (Years)BIRTHPLACE *Kansas*OCCUPATION *Farmer*FULL MAIDEN NAME *MOTHER* *Beck Morgan*RESIDENCE *Pocatello.*COLOR *W* AGE AT LAST BIRTHDAY *25* (Years)BIRTHPLACE *Missouri*OCCUPATION *Housewife*Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. *10 P.M.*

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. J. S. ...*

Given names added from a supplemental report.

Address *Pocatello*Filed *Apr 3 1920*

Registrar

Registrar

STATE OF IDAHO Form V. S. No. 11-C-25m-3-3-17
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77581

Registration District No. *84* File No. *57*Primary Registration District No. *2/6/* Registered No. *3058*

1. The first part of the report is a summary of the findings of the study.

2. The second part of the report is a detailed description of the methodology used in the study.

3. The third part of the report is a discussion of the results of the study.

4. The fourth part of the report is a conclusion and recommendations for future research.

5. The fifth part of the report is a list of references.

6. The sixth part of the report is a list of appendices.

7. The seventh part of the report is a list of figures and tables.

8. The eighth part of the report is a list of footnotes.

9. The ninth part of the report is a list of acknowledgments.

10. The tenth part of the report is a list of abbreviations.

11. The eleventh part of the report is a list of symbols.

12. The twelfth part of the report is a list of units.

13. The thirteenth part of the report is a list of definitions.

14. The fourteenth part of the report is a list of acronyms.

15. The fifteenth part of the report is a list of abbreviations.

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IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR OBTAIN AN ORIGINAL CERTIFICATE

BUREAU OF
VITAL STATISTICS

State of _____ } ss.
County of _____ }

Certificate No. 77581

Date Filed _____

JAN 8 12 09 PM '82

The undersigned does solemnly swear that certain facts on the certificate of _____ birth

for Baby Fisher who was born on March 8, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Pocatello are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name

Baby Fisher

Ruth Ellen Fisher

Subscribed and sworn to before me this 8th day of

January, 1982

Notary Public, Herence Courtwright

Residing at Boise

My commission expires Lifetime

(Seal)

Ruth Ellen Samson
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Own child's birth certificate on file with Bureau of Vital Statistics, Boise, Idaho, gives name of mother as Ruth Ellen Fisher. Child born July 2, 1950, state file # 50-7801

Viewed by v.S.

Certificate of Award issued by the schools of Oswego, Kansas on January 4, 1929, gives name as Ruth Ellen Fisher. Award issued for reading the satisfactory manner three of the approved Library Books, and is therefore entitled to this Award.

Viewed by V.S.

Mountain Home High School of Mountain Home, Idaho gives name as Ruth Fisher graduated from the Mountain Home High School on May 15, 1936.

Viewed by V.S.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-106-003-713
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-37

County of Bannock
City of Pocatello

Registration District No. 84

File No. 77582

No. St.

Primary Registration District No. 2161

Registered No. 3057

Hospital
FULL NAME OF CHILD Librato Frank Parento

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u> }	Legitimacy? <u>yes</u>	Date of Birth <u>Mar. 6 1920</u> (Month) (Day) (Year)
--------------------------	----------------------------------	--	------------------------	--

FATHER
FULL NAME Librato Parento
RESIDENCE 707 7th St. Poca Ida
COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Italy
OCCUPATION Boiler maker

MOTHER
FULL MAIDEN NAME Mary Gates
RESIDENCE 707 7th St. Poca Ida
COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Cumbersland Wisconsin
OCCUPATION Housewife

Number of child of this mother, including present birth 7..... Number of children of this mother now living, including present birth 5.....

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 1:45 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton M.D.

Given names added from a supplemental report.

(Physician or midwife)

.....19.....

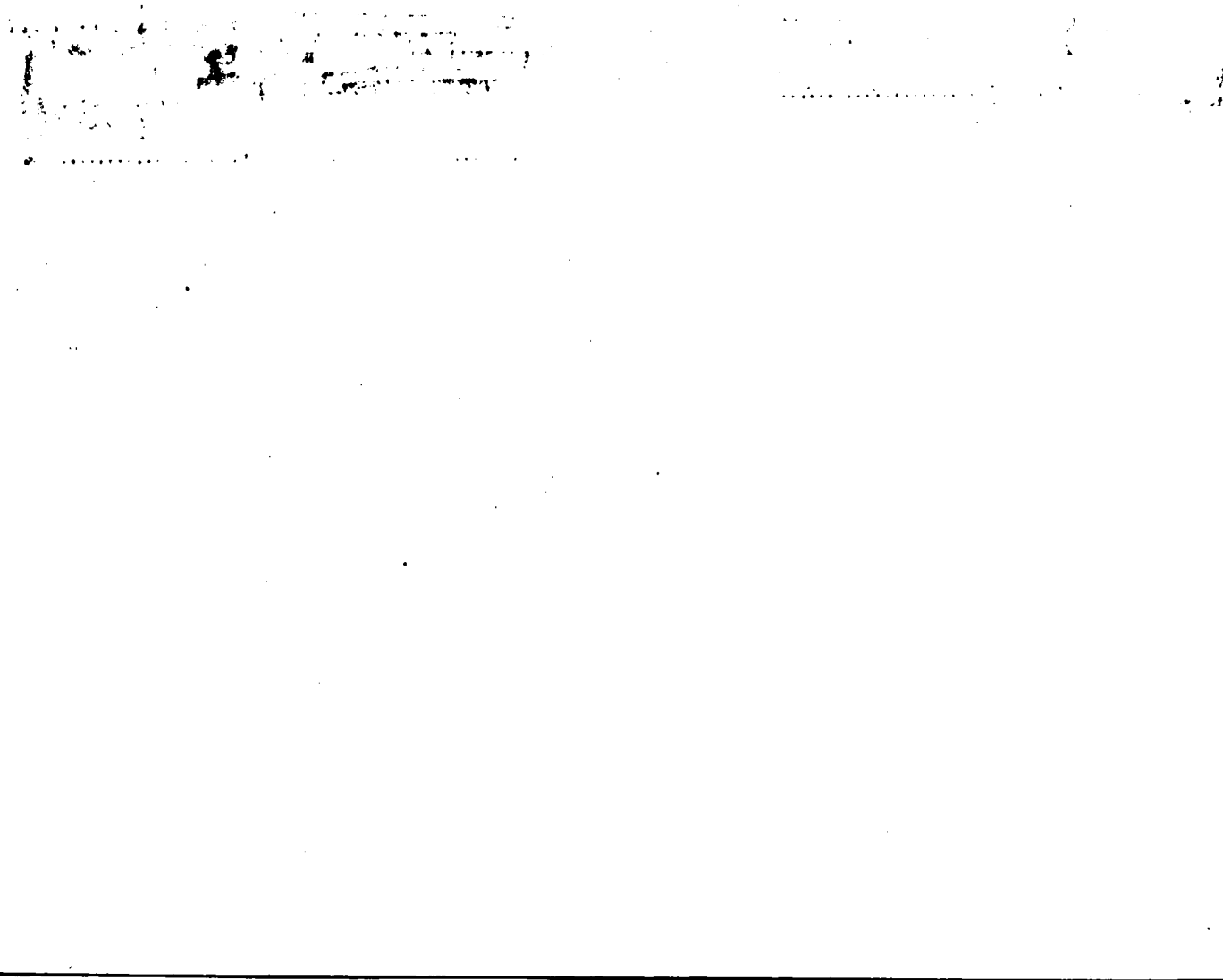
Address Pocatello Idaho

.....

File Mar 16 20 O. B. Green

Registrar

Registrar



State of Idaho Department of Vital Statistics CERTIFICATE OF BIRTH

City of Pocatello Registration District No. 84 File No. _____
 No. 263-305-109B-854
 No. 448 E. Hayden St. Primary Registration District No. 210 Registered _____
 Hospital No
 FULL NAME OF CHILD Mari Soliz Solis
 Sex of Child Girl Twin, Triplet, or other? _____ and Number in order of birth _____ Legitimate? Yes Date of birth March 5, 1920
 (To be answered only in event of plural births) (Month) (Day) (Year)
 FULL NAME FATHER Juan Soliz Solis FULL MAIDEN NAME MOTHER Matrinda Hernandez
 RESIDENCE Pocatello, Ida. RESIDENCE Pocatello, Ida.
 COLOR Dark Mexican AGE AT LAST BIRTHDAY 25 (Years) COLOR Light Mexican AGE AT LAST BIRTHDAY 20 (Years)
 BIRTHPLACE Durango, Mexico BIRTHPLACE Durango, Mexico
 OCCUPATION Laborer OCCUPATION House wife
 Number of child of this mother, including present birth three Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
 on the date above stated.

Born alive
 (Born alive or stillborn)

3:00 a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. J. Baugh, M.D.

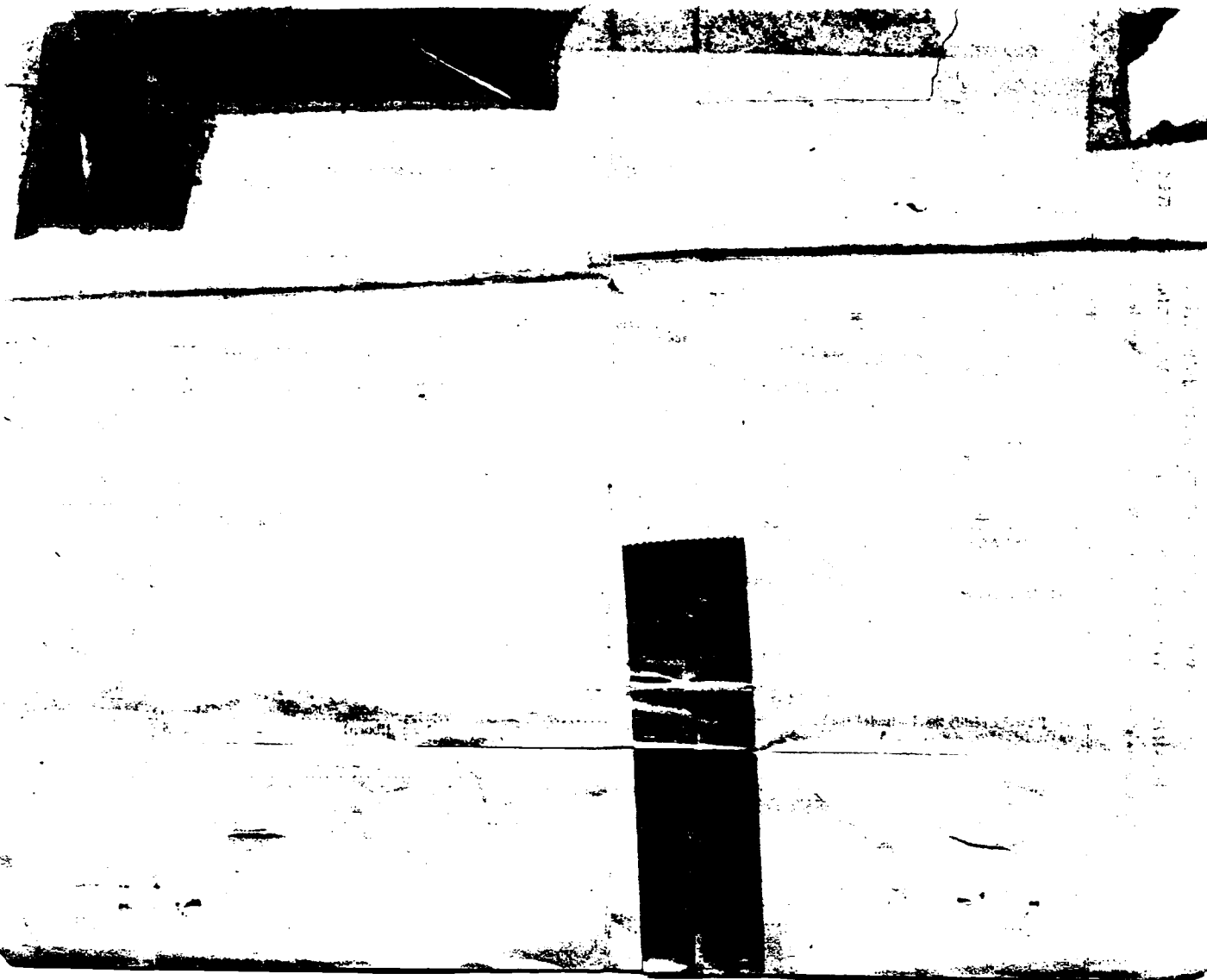
(Physician or midwife)

Given names added from a supplemental report

Address

Phone

942 W. Fremont St.
Mar 16 1920
J. T. Botwell



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
COUNTY OF Bonneville) SS.

AFFIDAVITS FOR CORRECTION
OF A RECORD

#77583

Natividad Hernandez Solis of Roberts, Idaho

Being first duly sworn, deposes and says that s^e he is mother
(if related, specify degree,
of Maria Solis
if friend or otherwise, so state)

who was born in the city of Pocatello, County of Barnock
(was born, died)

on the 5th day of March, 1920, as stated in a certificate of birth or

birth filed by C. J. Baugh, M. D.
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Pocatello, County of Barnock
Idaho, on the 16th day of March 1920.

That the following facts set forth in said certificate are not correctly
stated therein, to wit: Father's surname : Soliz Color: Dark

Mother's Name: Maturida Hennandez Color: Light

That affiant upon his, her own knowledge states the true facts to be,
and the changes necessary to make the record correct are, as follows:

Father's surname: Solis Color: Mexican

Mother's Name: Natividad Hernandez Color: Mexican

(Seal)

Affiant Natividad Hernandez Solis

Address Roberts, Idaho

Subscribed and sworn to before me this 2nd day of July 1940

Marie Markowski
Notary Public

STATE OF Idaho)
COUNTY OF Bonneville) SS.

Allen K. Furness of Idaho Falls, Idaho

being first duly sworn, deposes and says that he has knowledge of the facts
hereinbefore alleged and that the said facts as stated are true.

Affiant Allen K. Furness

Address R. 3. Idaho Falls Idaho

Subscribed and sworn to before me this 9th day of July 1940

(Seal)

Marie Markowski
Notary Public

FEB 14 1955

FEB 25 1955

812-1261003-892

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 110-22a-6-17

77584

County of BannockCity of LihueRegistration District No. 5File No. 57No. 1 St.Primary Registration District No. 201Registered No. 3055Hospital -FULL NAME OF CHILD Sigeru Hashimoto

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 26</u> 19 <u>40</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>S Hashimoto</u>	FATHER	FULL MAIDEN NAME <u>Mikiyo Usadome</u>	MOTHER
RESIDENCE <u>Lihue</u>		RESIDENCE <u>Lihue</u>	
COLOR <u>yellow</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>yellow</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Japan</u>		BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P M. on the date above stated.

1 Photostat copy 12/29/41 (Born alive or stillborn)

(Signature) J. P. Spung (Physician or midwife)

Given names added from a supplemental report.

Address Procatello IdaFiled Mar 25 1940

Registrar

Registrar

DEC 30 1941

915-204.003-434 St.

Registration District No. _____ State File No. 77585

born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

ALL NAME OF CHILD _____ Virginia Louise Davis

male	If plural births	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? _____	8. Date of birth March 4, 19 _____
		5. Number, in order of birth _____	Full term _____		(Month, Day, Year)

FATHER
Name James C. Davis
Residence (usual place of abode)
(If non-resident, give place and State) Pocatello
Color or race Wh | 12. Age at last birthday 34 (years)
Birthplace (city or place) _____
(State or Country) Kansas
Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

MOTHER
Name Virginia McDaniel
18. Full maiden name _____
19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello
20. Color or race Wh | 21. Age at last birthday 36
22. Birthplace (city or place) _____
(State or Country) Missouri
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

OCCUPATION

What prophylactic was used to prevent Ophthalmia Neonatorum? _____
Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
Stillborn, _____ { months or weeks
Period of gestation _____

30. Cause of Stillbirth _____ { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 1:00 at P. m. on the date above (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., make this return.
Name added from _____
Supplemental report _____

(Signed) W. W. Brothers
or _____
Address Pocatello, Idaho
Filed March 16, 1920 193
O. B. Steeley
Registrar

(Date of)

JUL 1 1968

2-3-41 hco

154-102-003-246

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77587

County of BannockCity of PocatelloRegistration District No. 84File No. 57No. 122 So. 1st Ave.Primary Registration District No. 216Registered No. 3052Hospital Home

FULL NAME OF CHILD

Rakuo Ando

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Mar. 2</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	---------	--------------------------------	----------------------------	---

FULL NAME <u>Jake Ando</u>	FATHER
RESIDENCE <u>122 So. 1st Ave.</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u>49</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Prop. Paul Hall</u>	

FULL MAIDEN NAME <u>Saw Suwa</u>	MOTHER
RESIDENCE <u>122 So. 1st Ave.</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Housekeeping</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:30 a.m.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. Ann W. Bird
Midwife
 (Physician or midwife)

Given names added from a supplemental report.

19

Address

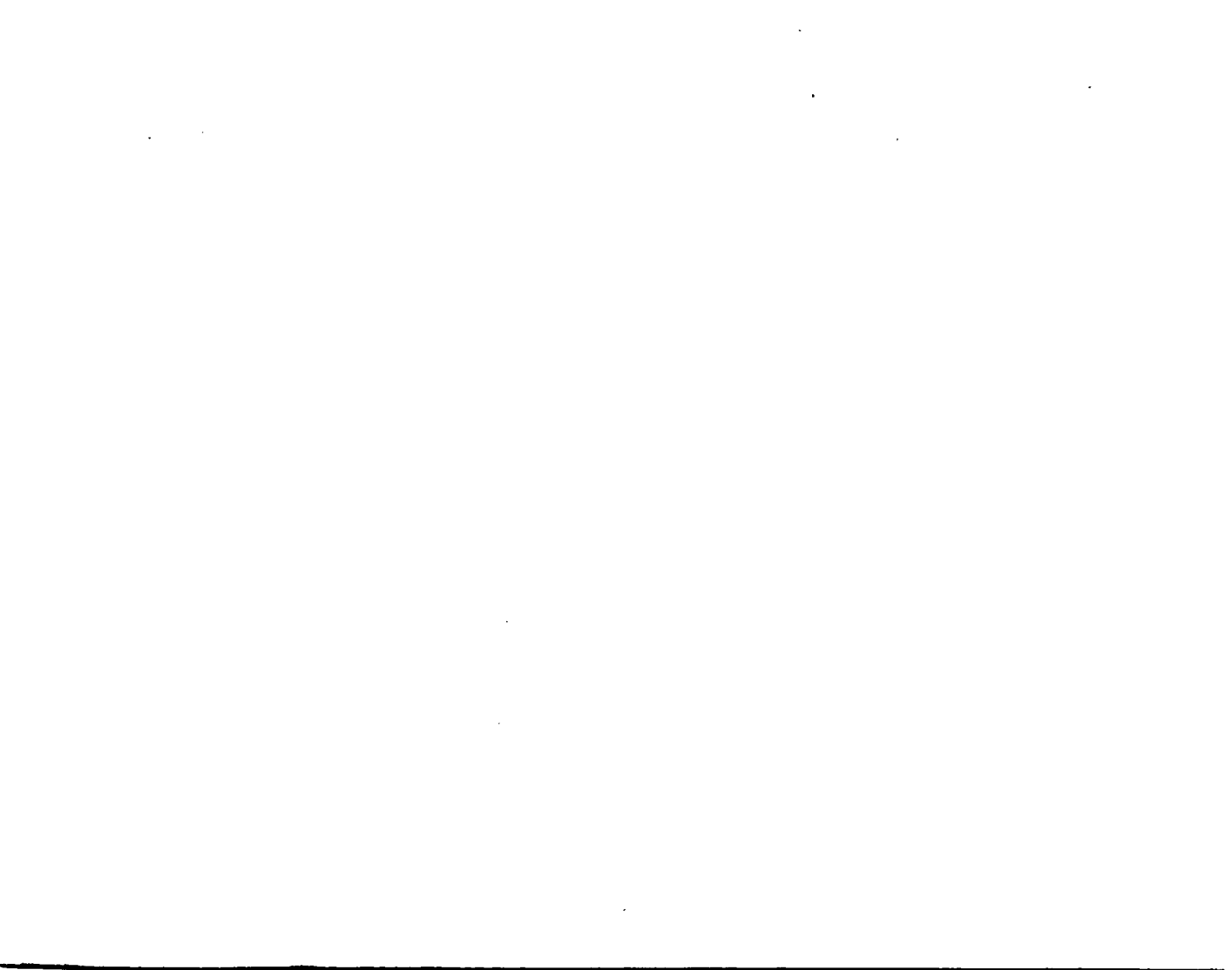
905 So. Main St.

Filed

Mar 7 1920
O. J. Stealy
 Registrar

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-1011003-669

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-3-3-37

77588

County of Bannock.....City of Pocatello.....Registration District No. 84.....File No. 57.....No. Lukom -.....St.Primary Registration District No. 2161.....Registered No. 3051.....

Hospital.....

FULL NAME OF CHILD Boy Wilson.....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>March 1st</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	---	------------------------	--

FULL NAME <u>Ed D Wilson</u>	FATHER
RESIDENCE <u>Lukom Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Section Foreman O & T RR</u>	

FULL MAIDEN NAME <u>Pearl Folley</u>	MOTHER
RESIDENCE <u>Lukom</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>H.W.</u>	

Number of child of this mother, including present birth....6... Number of children of this mother now living, including present birth....6...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 1 1920, at 255 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

James F. Miller M.D.
Pocatello Ida
(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed.....

Registrar

Registrar

284-2291003-318

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77589

County of BannockCity of PocatelloRegistration District No. 84File No. 57

No. _____ St. _____

Hospital General Primary Registration District No. 2161 Registered No. 3050FULL NAME OF CHILD Reba Nell Shurtliff

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u> and { (To be answered only in event of plural births)	Number in order of birth {	Legiti mate? <u>Yes</u>	Date of Birth <u>Feb. 29</u> (Month) (Day) (Year) <u>1922</u>
----------------------------	--	-------------------------------------	----------------------------	---

FULL NAME FATHER Joseph N. ShurtliffRESIDENCE Pocatello, IdahoCOLOR White AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE Laurisville IdahoOCCUPATION ClerkFULL MAIDEN NAME MOTHER Anne TaylorRESIDENCE Pocatello IdahoCOLOR White AGE AT LAST BIRTHDAY 35
(Years)BIRTHPLACE Laurisville UtahOCCUPATION House wifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 13th St.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Shurtliff

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello IdahoFiled Mar 16 1920

Registrar

Registrar O. B. Leary

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

AUG 10 1942

154-228-003-815

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77590

County of BannockCity of PocatelloRegistration District No. 84File No. 57

No. _____

St. _____

Hospital PocatelloPrimary Registration District No. 2161Registered No. 3049FULL NAME OF CHILD Allice MaeAndersonSex of Child FTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
BirthFeb 28 1920
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 10¹⁵A. M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. M. May

Given names added from a supplemental report.

19

Address

(Physician or midwife)

Filed

Mar 24, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

OCT 5 1948

JUL 23 1942

799-227-007-755

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77591

County of BannockCity of PocatelloRegistration District No. 84File No. 57No. 14028 4th Ave St

Hospital _____

Primary Registration District No. 2161Registered No. 3048FULL NAME OF CHILD Beth Belle Pritchett

Sex of Child <u>female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { } Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Feb. 27</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	---	-------------------------	---

FULL NAME <u>Clarence Arthur Pritchett</u>	FATHER
RESIDENCE <u>14028 4th Ave Pocatello Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Mabel Lilham Peer</u>	MOTHER
RESIDENCE <u>14028 4th Ave Pocatello Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

Born alive at 4 a.m.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. BrothersPhysician
(Physician or midwife)

Given names added from a supplemental report.

19.

Address Pocatello IdahoFiled Mar 16 1920

Registrar

Registrar O. B. Lee

FEB 2 1944

V3V-2271003-792

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77592

County of BannockCity of PocatelloRegistration District No. 64File No. 57No. 650 N. Seventh St.Hospital St. Anthony's Mercy Primary Registration District No. 2161 Registered No. 3147

FULL NAME OF CHILD

Lucy Virginia McDaniel

Sex of Child

FemaleTwin
Triplet
or other?Twin

and

Number
in order
of birthTwoLegiti
mate?YesDate of
BirthFebruary 27 1920
(Month) (Day) (Year)FULL
NAMEFATHER
Edward Henry McDaniel

RESIDENCE

Arimo, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY40
(Years)

BIRTHPLACE

Higginsville, Missouri

OCCUPATION

Real Estate DealerFULL
MAIDEN
NAMEMOTHER
Lucy Laron Gibbs

RESIDENCE

Arimo, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Brigham City, Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive, at 3:35 A. M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

Mar 25, 1920

Registral

Registral

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

may 4 4 1942

ATED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-227-003-792

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PocatelloNo. 650 N. Seventh St.Registration District No. 84File No. 57

77593

Hospital St. Anthony MercyPrimary Registration District No. 2161Registered No. 3146

FULL NAME OF CHILD

Lucille Jane M^{rs} Daniel

Sex of Child

FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)and {
Number
in order
of birthOneLegiti
mate?Yes.Date of
BirthFebruary 27 1922
(Month) (Day) (Year)FULL
NAMEEdward Henry M^{rs} Daniel

RESIDENCE

Arms, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY40
(Years)

BIRTHPLACE

Higginsville, Missouri

OCCUPATION

Real Estate DealerFULL
MAIDEN
NAMEMOTHER
Lucy Lavin Gibbs

RESIDENCE

Arms, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Brigham City, Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

born alive at 3:10 A. M.
(born alive or stillborn)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

Mar 25, 1922

Registrar

Registrar

SEP 5 1942

SEP 5 1942

MAR 8 1950

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

215-12 863

Form V. S. No. 11-C--25m-7-21-19

PLACE **STATE OF IDAHO**
BUREAU OF VITAL STATISTICS
County of **Pocatello** **CERTIFICATE OF BIRTH** **77594**
City of **Pocatello** Registration District No. **54** File No. **57**
No. **217 761st St.** Primary Registration District No. **2106** Registered No. **3045**

Hospital _____
FULL NAME OF CHILD **Ramon Santos**
Sex of Child **Male** Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimacy? **Yes** Date of Birth **2 27 20**
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Valente Santos	FATHER	FULL MAIDEN NAME Lucy Rocha	MOTHER
RESIDENCE Orchard House 217 1st Ave		RESIDENCE Orchard House 217 1st Ave	
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)	COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Mexico		BIRTHPLACE Mexico	
OCCUPATION Laborer		OCCUPATION Housewife	

Number of child of this mother, including present birth **3** Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Ramon Santos** at **12:30 P.M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Given names added from a supplemental report.


(Physician or midwife)

Address **Pocatello Idaho**

Filed **Mar 25 1920** **O. B. Street**

Registrar

Registrar



DEC 20 1951

OCT 15 1957

JUL 2 1952

AUG 26 1965

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

566-226.003-435

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77595

County of PrimocoCity of PocatelloNo. 50903rd St.Registration District No. 84File No. 57

Hospital _____

Primary Registration District No. 2161Registered No. 3044

FULL NAME OF CHILD

Era Jane HooperSex of Child FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
Birth2 26 1920
(Month) (Day) (Year)FULL
NAMEHooper, Mathew Robert

FATHER

FULL
MAIDEN
NAMEMcNew, Elizabeth

MOTHER

RESIDENCE

50903rd

RESIDENCE

50903rd

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

Kentucky

BIRTHPLACE

Texas

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

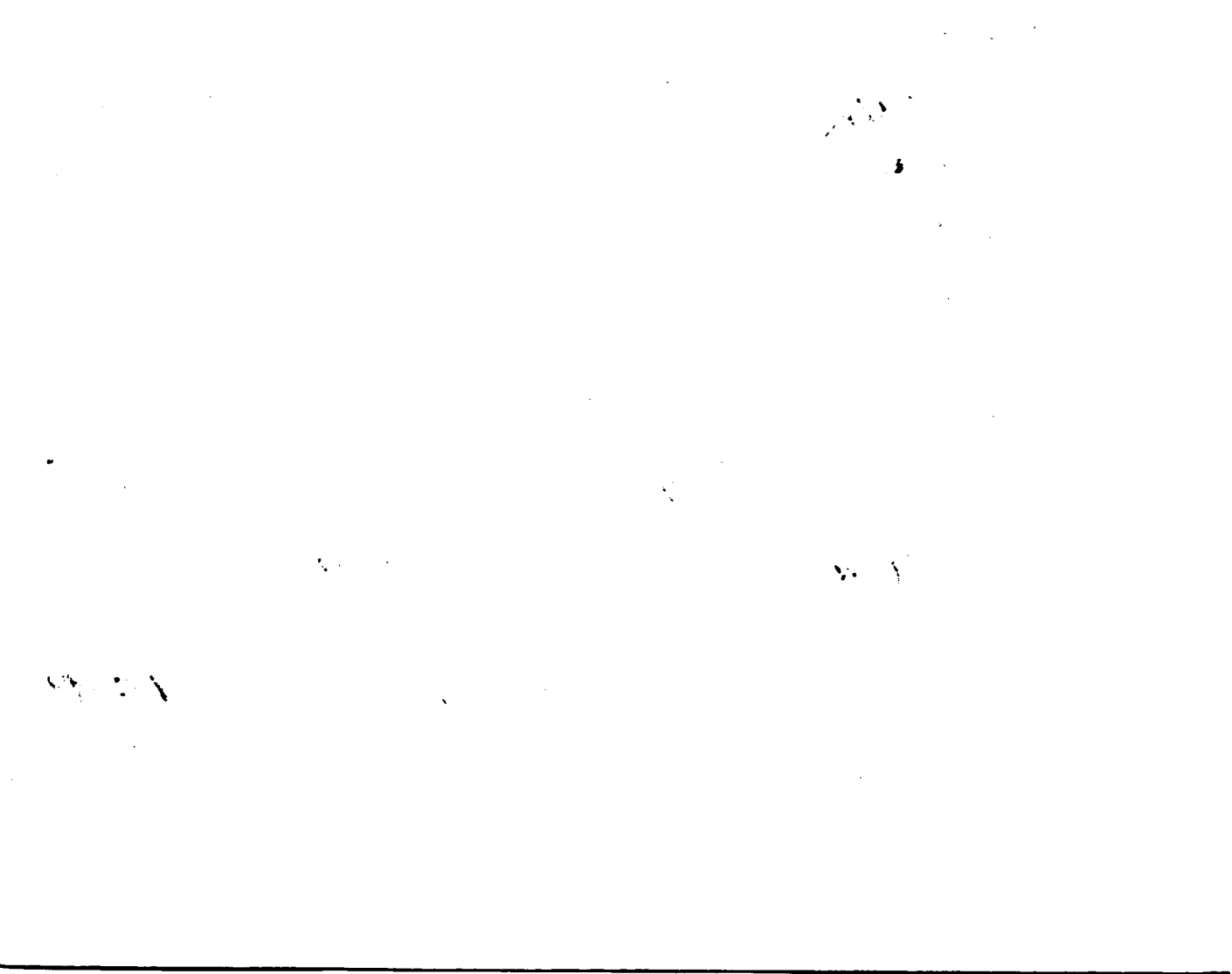
Pocatello Idaho

Filed

Mar 25, 1920O. P. Green

Registrar

Registrar



363-126003-915

Form V. S. No. 11-0-22a-9-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77596

County of BannockCity of PocatelloNo. 444 So 3 AveRegistration District No. 84File No. 57Primary Registration District No. 2161Registered No. 3043Hospital —FULL NAME OF CHILD CHARLES WAYNE Coltrin

Sex of Child <u>male</u>	Twin Triplet or other? <u>—</u>	Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 26</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>Charles Coltrin</u>	FATHER
RESIDENCE <u>444 So 3 Ave</u>	
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Bkman</u>	

FULL MAIDEN NAME <u>Ida Rankin</u>	MOTHER
RESIDENCE <u>Same</u>	
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 440 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) James P. Panning

(Physician or midwife)

Address Pocatello - IdaFiled Mar 25 1920 O. B. Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 77596

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Charles Wayne Coltrin who Born on February 26, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho ~~was omitted~~ were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by L.D.S. Church Records prepared on April 7, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Coltrin

Charles Wayne Coltrin

Subscribed and sworn to before me this 16th
day of February, 1942,

Notary Public, residing at Pocatello, Idaho

My commission expires Oct. 15th 1944
(Seal)

Signed Jed Coltrin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Franklin, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of February, 1942.

Notary Public, residing at Pocatello, Idaho

My commission expires Oct. 15th 1944
(Seal)

Signed Eugene P. Smith

(Signature of Any Credible Person Other Than Previous Year)

615 North Lincoln Ave, Pocatello,
(Street Address, City, State)

Idaho

FEB 21 1942

895226.003-659

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77597

County of BannockCity of PocatelloRegistration District No. 84 File No. 57No. 22510 Linden St.Primary Registration District No. 2161 Registered No. 3042

Hospital _____

FULL NAME OF CHILD Lora Hazel Hines

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 26</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	---------------------------	---

FULL NAME FATHER Brainerd M. HinesRESIDENCE Pocatello IdahoCOLOR W. AGE AT LAST BIRTHDAY 43 (Years)BIRTHPLACE VirginiaOCCUPATION PreppistFULL MAIDEN NAME MOTHER Helen WernerRESIDENCE SameCOLOR W. AGE AT LAST BIRTHDAY 40 (Years)BIRTHPLACE VirginiaOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at 30 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

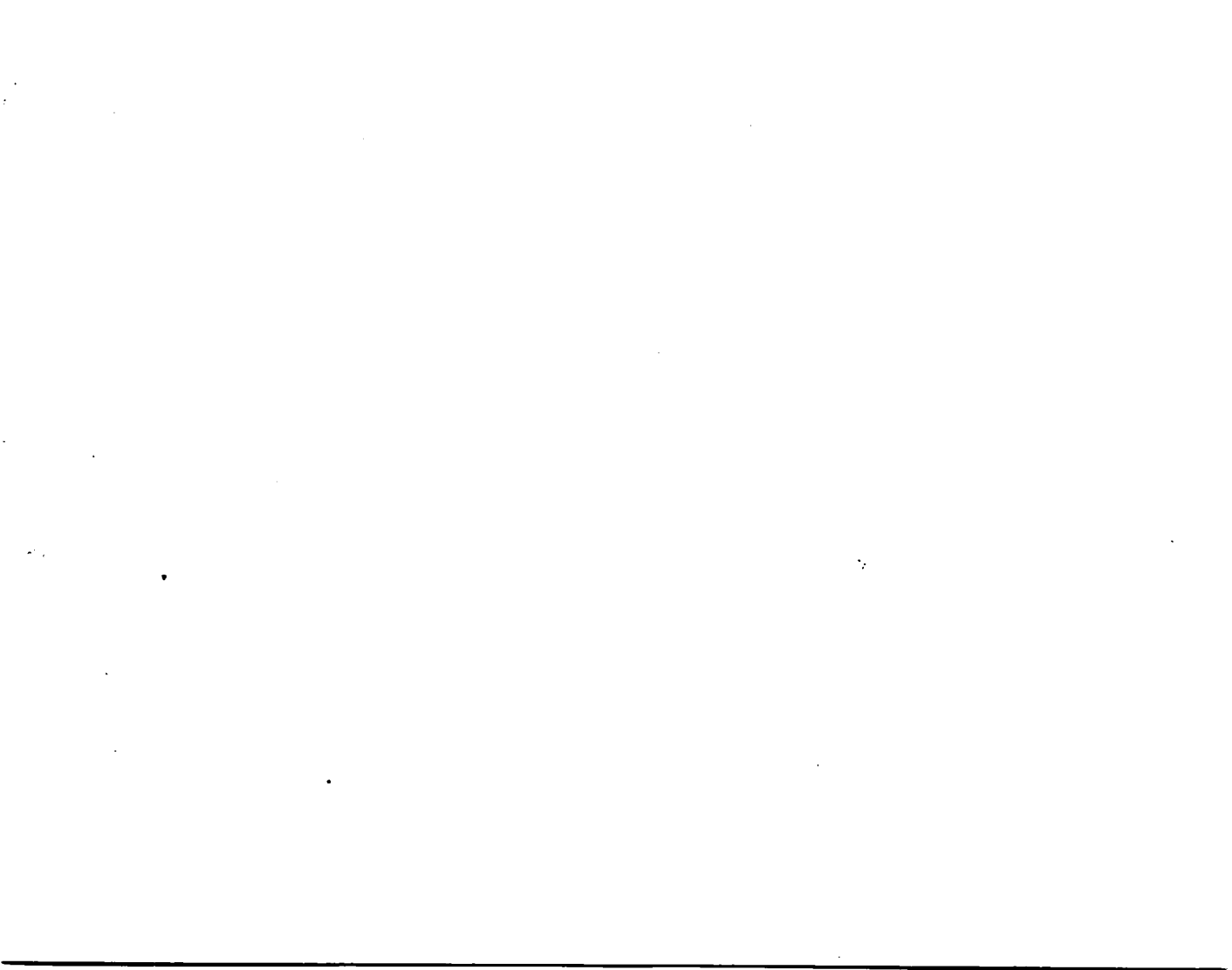
Given names added from a supplemental report.

19 _____

Address Pocatello IdahoFiled Mar 24 19 20 OP Steel

Registrar

Registrar [Signature]



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

962-124003-793
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

77598

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Registration District No. 84

File No. 57

Hospital St. Anthony-Mercy

Primary Registration District No. 2161

Registered No. 3041

FULL NAME OF CHILD

Alfred August Rosa

Sex of Child

Male

Twin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth

Legiti
mate?

Yes

Date of Birth

February 24 1920
(Month) (Day) (Year)

FULL NAME

August Rosa

FATHER

FULL MAIDEN NAME

Ida Gilbert

MOTHER

RESIDENCE

440 N. Seventh Ave. Pocatello, Idaho

RESIDENCE

440 N. Seventh Ave. Pocatello, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

31 (Years)

COLOR

White

AGE AT LAST BIRTHDAY

22 (Years)

BIRTHPLACE

Rambaid, France

BIRTHPLACE

La Roche des Arnaud, France

OCCUPATION

Sheepman

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Anna Paline

at 6:50 P.M.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Freeman

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

Mar 25, 1920

J. B. Stealy

Registrar

Registrar

FF 4

1040

814-120-003-266

Form No. 8. No. 11-C-22m-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77599

County of BannockCity of Pocatello - IdaRegistration District No. 84File No. 57

No. St.

Primary Registration District No. 2161Registered No. 3040Hospital Pocatello Gen. Hosp.

BOWERMAN

FULL NAME OF CHILD

Charles Bowerman Hammond

Sex of Child <u>M</u>	Twins Triplet or other?	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 20 1920</u> (Month) (Day) (Year)
-----------------------	-------------------------------	-----	--------------------------------	------------------------	--

FATHER
FULL NAME George Marion Hammond

RESIDENCE

655 E. Halliday -

COLOR

wh -AGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Idaho -

OCCUPATION

Lumber DealerMOTHER
FULL MAIDEN
NAMEElizabeth Bowerman -

RESIDENCE

Same

COLOR

wh -AGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Michigan

OCCUPATION

housewife -Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:20 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Young

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Ida -Filed Mar 25 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles. } ss.

Certificate No. 77599

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Charles Marion Hammond who was born on Feb. 20, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Family Baby Record Book prepared on May 14, 1922, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

name

Charles Marion Hammond

Charles Bowerman Hammond

Subscribed and sworn to before me this 23rd.
day of February, 1942

Notary Public, residing at

Glendale, Calif.

My commission expires June 10, 1944
(Seal)

Signed

Elizabeth B. Hammond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1511 West 5th. St

Glendale, Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd.
day of February, 1942

Notary Public, residing at

Glendale, Calif.

My commission expires June 10, 1944
(Seal)

Signed

Geo. M. Hammond
(Signature of Any Credible Person Other Than Previous Year)

1511 West 5th. St.

Glendale, Calif.

(Street Address, City, State)

MAR 2

1962

815-117-003-319

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

77600

Registration District No.

File No.

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child	M.	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	yes	Date of Birth	2	17	20	(Month)	(Day)	(Year)	
FULL NAME	FATHER Leo Jonathan Hancock				FULL MAIDEN NAME Mabel Marie Larson				MOTHER					
RESIDENCE	Pocatello, Ida				RESIDENCE				Larson					
COLOR	W.	AGE AT LAST BIRTHDAY		24	COLOR	W.	AGE AT LAST BIRTHDAY		22					
				(Years)										
BIRTHPLACE	Lewiston, Idaho				BIRTHPLACE				Lewiston, Ida					
OCCUPATION	Farmer & Laborer				OCCUPATION				Housewife					
Number of child of this mother, including present birth					2					Number of children of this mother now living, including present birth				
					2									

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

19

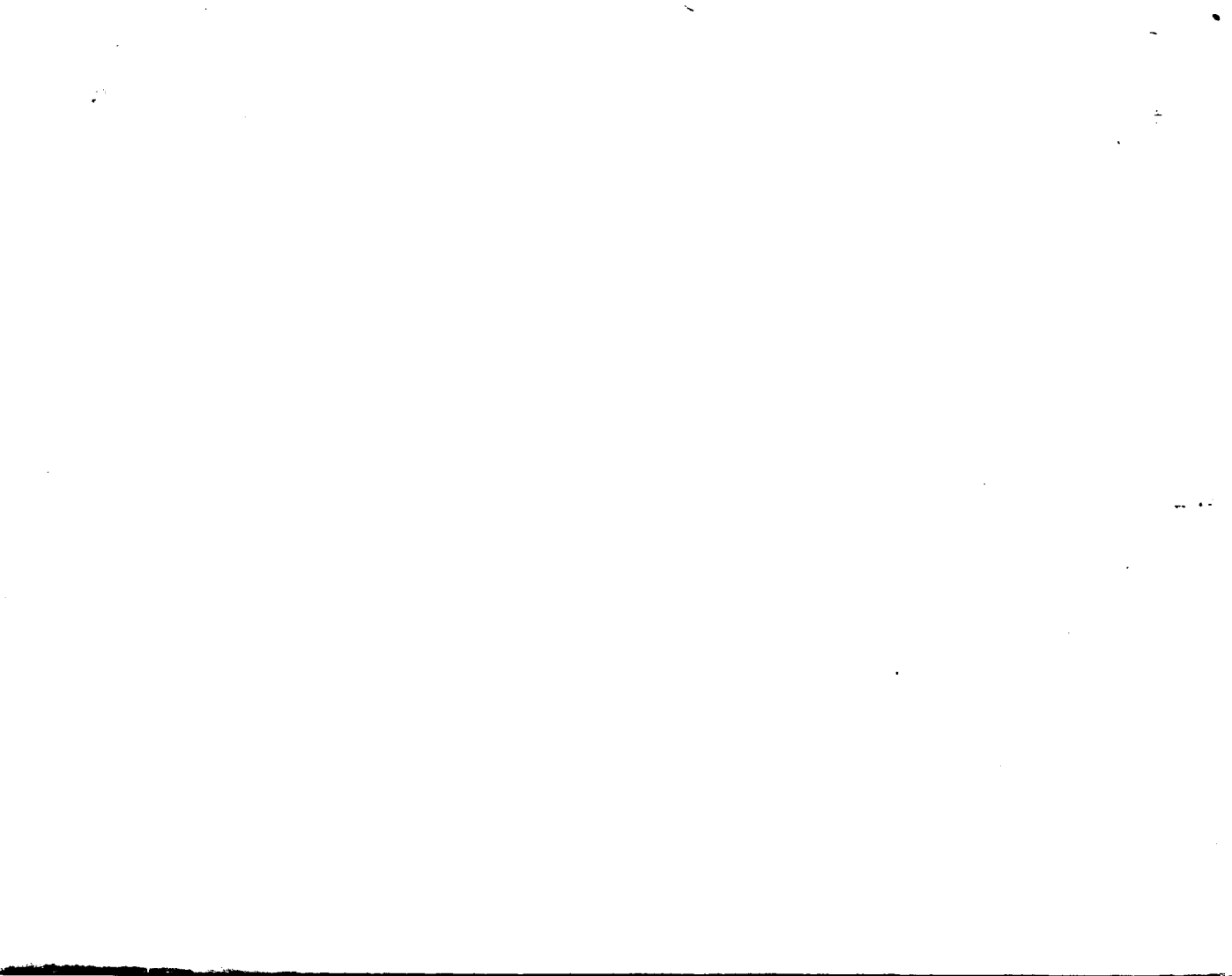
Address

Filed

Registrar

(Physician or midwife)

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

243-114.003-651

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77601

County of Bannock.

City of Localello

No. 405 E. Johnson St.

Registration District No. 84 File No. 57

Hospital _____

Primary Registration District No. 216 Registered No. 3638

FULL NAME OF CHILD _____

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>2 14 20</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER Robert H. Sutton

FULL MAIDEN NAME MOTHER Melvinia Abner

RESIDENCE Localello, Idaho

RESIDENCE Localello

COLOR W. AGE AT LAST BIRTHDAY 38
(Years)

COLOR W. AGE AT LAST BIRTHDAY 34
(Years)

BIRTHPLACE Laris, Idaho.

BIRTHPLACE Burroughs, Ida.

OCCUPATION Teacher

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 1:00 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. May
(Physician or midwife)

Given names added from a supplemental report.

Address Localello, Idaho
Filed Mar 24 1920 O. P. Greely
Registrar

SUTTON

Dup of 57920-346925

713-111-803-145

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

77603

County of BannockCity of PocatilloRegistration District No. 84File No. 57

No. _____ St. _____

Hospital Bentley Gen.Primary Registration District No. 2161Registered No. 3037

FULL NAME OF CHILD

See Grant Palmer

Sex of Child <u>M</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 11 1920</u> (Month) (Day) (Year)
-----------------------	--	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Stephen Grant PalmerRESIDENCE Pocatillo IdahoCOLOR wh. AGE AT LAST BIRTHDAY 20
(Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Dot Levene AmesRESIDENCE PocatilloCOLOR wh. AGE AT LAST BIRTHDAY 16
(Years)BIRTHPLACE IdahoOCCUPATION housewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 7:10 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatillo
Filed Mar 25, 1920 O. B. Kelly
Registrar

Registrar

Registrar

2/10/41 L. B.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-111-003-281

PLACE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77604

No. _____ St. _____

Hospital General

Primary Registration District No. 2161

Registered No. 3036

FULL NAME OF CHILD

Dorothy M. Millen

Sex of Child

M.

Twin
Triplet
or other?
(To be answered

and

Number
in order
of birth

Legiti
mate?

yes

Date of
Birth

7 11

1920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAME

FATHER

Edward Harry McMillen

FULL
MAIDEN
NAME

MOTHER

Maria Mary Shaw

RESIDENCE

Pocatello, Ida

RESIDENCE

Same

COLOR

W.

AGE AT LAST
BIRTHDAY

26
(Years)

COLOR

W.

AGE AT LAST
BIRTHDAY

23
(Years)

BIRTHPLACE

Louisville, Ky

BIRTHPLACE

Liberty, Utah

OCCUPATION

Switchman R.R.

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

(Born alive or stillborn)

at 1:40 P.M.

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

M. Kay

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello, Idaho

Filed

Mar 24, 1920

Registrar

Registrar

APR 10 1962

JUL 8 1976

231-210-003-315

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77605

County of BannockCity of PocatelloRegistration District No. 84File No. 57

No. _____ St. _____

Hospital J. General Primary Registration District No. 2161Registered No. 3035

FULL NAME OF CHILD

BEULA ANNE BLAIR

Sex of Child

XTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yes

Date of Birth

Feb 10 1920
(Month) (Day) (Year)

FULL NAME

FATHER Robert J. Blair

RESIDENCE

Pocatello

COLOR

W.AGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

Ireland

OCCUPATION

Teacher

FULL MAIDEN NAME

MOTHER Beulah L. Lanthorn

RESIDENCE

Same

COLOR

W.AGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. May

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

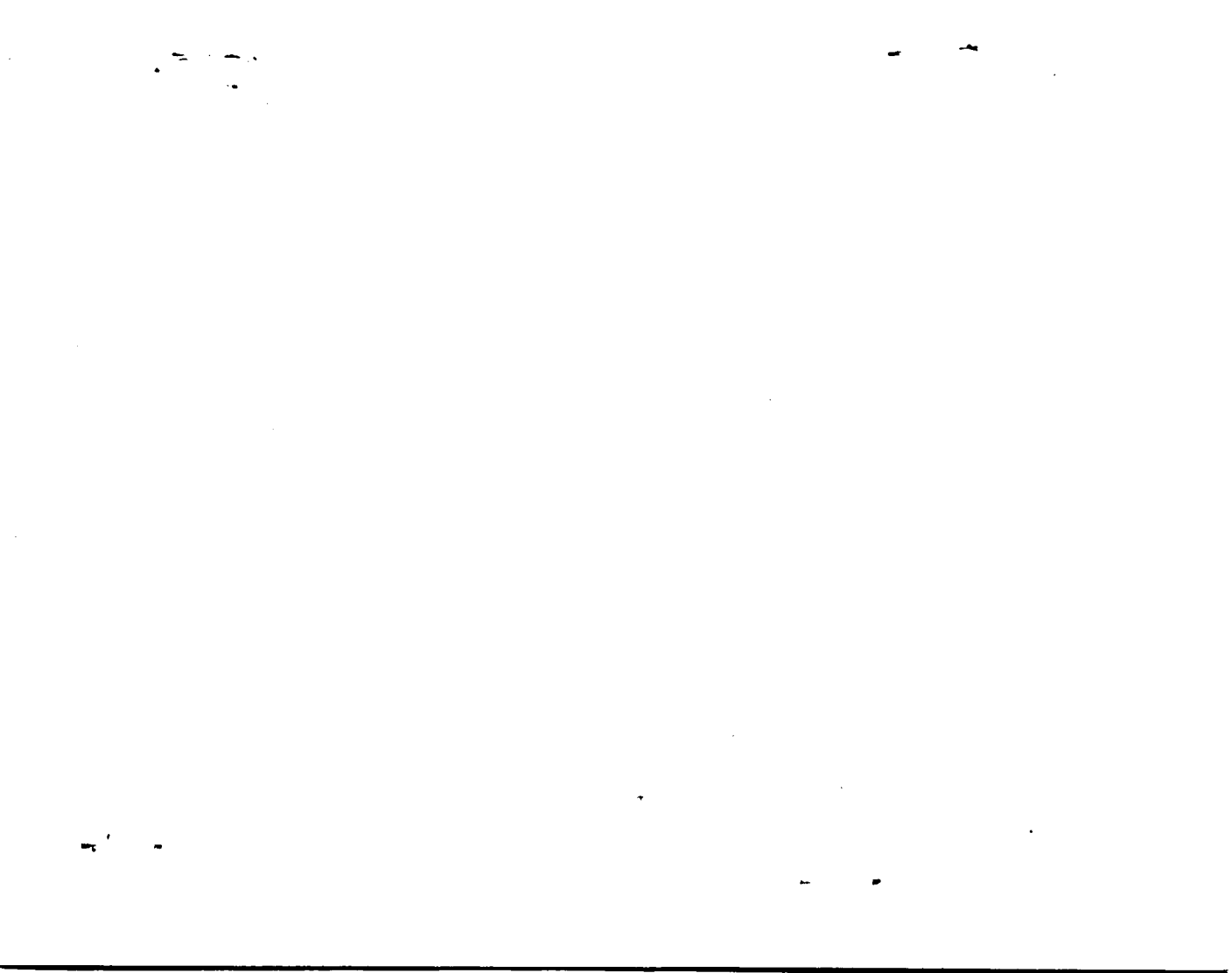
Mar 24, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



SEP 23 1943

SEP 24 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

513-205-003-369

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V, S. No. 11-C-25m-7-21-19

77606

County of Bannock

City of Pocatello

Registration District No. 84 File No. 57

No. _____ St. _____

Hospital St. Anthony Primary Registration District No. 2161 Registered No. 3034

FULL NAME OF CHILD ANN VALBUENA

Sex of Child M Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitt mate? yes Date of Birth 7 5 20
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Guillermo Valbuena

RESIDENCE Pocatello

COLOR W. AGE AT LAST BIRTHDAY 27
(Years)

BIRTHPLACE Mexico

OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Germana Corral

RESIDENCE same

COLOR W. AGE AT LAST BIRTHDAY 29
(Years)

BIRTHPLACE Mexico

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 8 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) St. Anthony

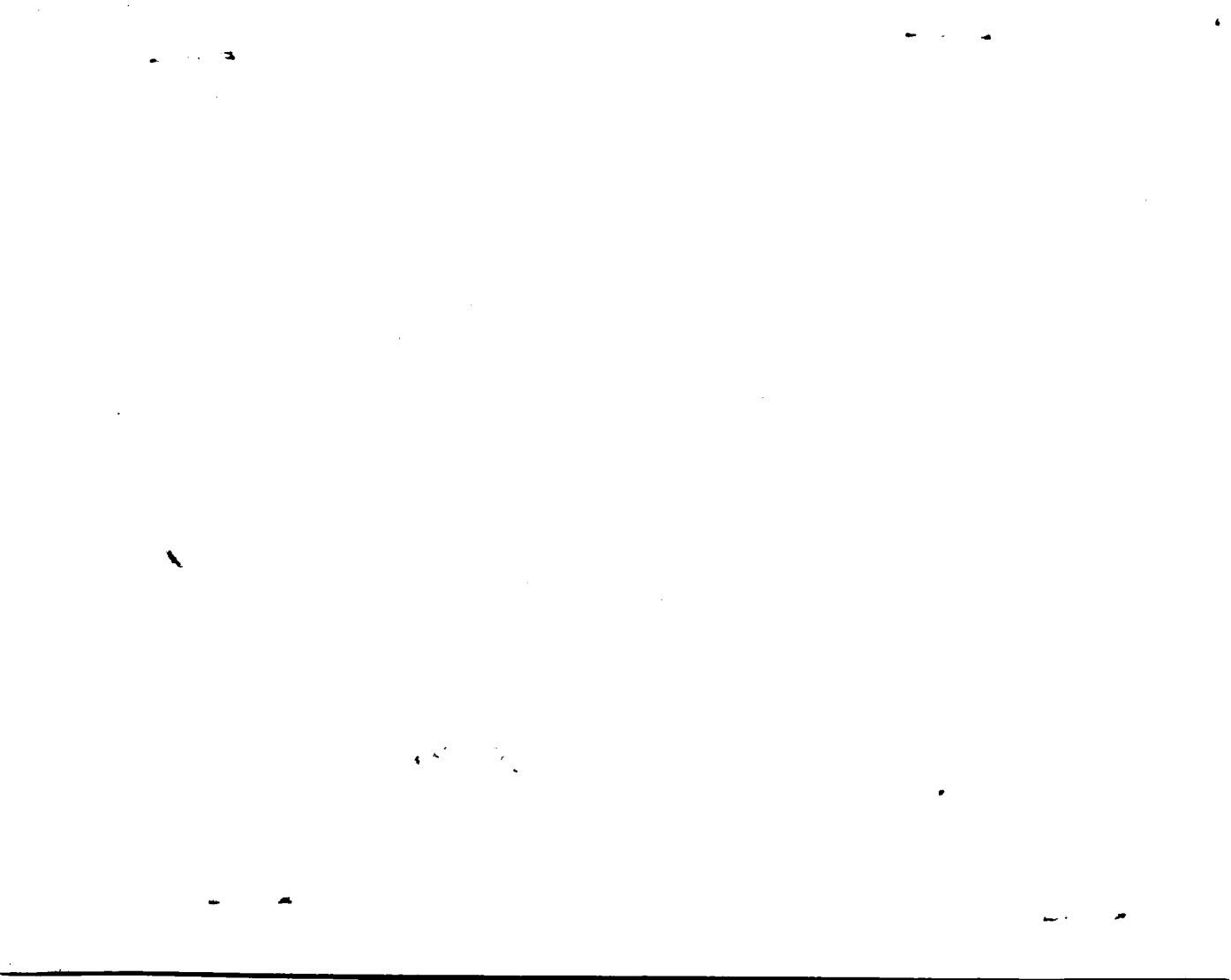
Given names added from a supplemental report.

(Physician or midwife)

Address Pocatello Idaho
Filed Mar 24 20 Q. B. Steer
19 _____

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss. Certificate No. 77606
County of _____ } Date Filed Birth

The undersigned does, solemnly swear that certain facts on the certificate of _____
for Ann Valbuena who Born on 2-5-20
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Catholic records, Catholic Church, Pocatello, Idaho prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name _____	Unnamed _____	<u>Ann Valbuena</u>

Subscribed and sworn to before me this July 4th 1942
day of July, 1942
G. M. Cleary
Notary Public, residing at San Pedro Calif.
My commission expires March 4, 1944
(Seal)

Signed Guillermo Valbuena
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
731-6 St. San Pedro Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. [This Affidavit **MUST** Also be Executed.
County of _____ } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19_____
Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal) (Street Address, City, State)

JUL 20 1942

JUL 21 1942

369-103-003-853

Form V. S. No. 11-C-25m-7-21-10

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77607

County of BannockCity of PocatelloNo. 419 S. Arthur St.Registration District No. 84File No. 57

Hospital _____

Primary Registration District No. 2161Registered No. 3033

FULL NAME OF CHILD

Marion Ellsworth Lorimer

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 3rd</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

FATHER
FULL NAME Frank Lorimer
RESIDENCE Pocatello Idaho
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE North Sea en route for America
OCCUPATION Dyer

MOTHER
FULL MAIDEN NAME Alma Helen
RESIDENCE Pocatello Idaho
COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Oregon
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:45 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W. Clark M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho
Filed Mar 31 1920 J. E. Keely
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1942

JAN 9 1942

818-103-003-449

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77608

County of PannockCity of PocatelloRegistration District No. 84 File No. 57No. 540 1/2 Main St.Primary Registration District No. 2161 Registered No. 3032

Hospital _____

FULL NAME OF CHILD

Ray M. Hahn

Sex of Child

MaleTwin
Triplet
or other?{ and } Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
BirthFeb 24 1920
(Month) (Day) (Year)FULL
NAMEFATHER
Walter C. HahnFULL
MAIDEN
NAMEMOTHER
May Muir

RESIDENCE

540 North Main St Pocatello

RESIDENCE

540 North Main Pocatello Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Salt Lake City Utah

OCCUPATION

Locomotive Fireman

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8:10 P. M.
on the date above stated. (Born alive or stillborn){ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

Dr. H. H. Hahn

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

Mar 25, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

DUP 01 1920 D 74-536

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-102-003-456

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-4-3-17

County of... Bannock

CERTIFICATE OF BIRTH

77609

City of... Pocatello

Registration District No. 84

File No. 57

No. 1050 N 8 ave St.

Primary Registration District No. 2161

Registered No. 3031

Hospital... MITCHELL
FULL NAME OF CHILD Mark Mathanetis

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u>	Number in order of birth <u>1st</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 2 20</u> (Month) (Day) (Year)
--------------------------	----------------------------------	-------------------------------------	------------------------	---

FULL NAME <u>Peter Mathanetis</u>	FATHER	FULL MAIDEN NAME <u>Ruth Mifford</u>	MOTHER
RESIDENCE <u>1050 N 8 ave</u>		RESIDENCE <u>same</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Greece</u>		BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>Laborer</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth... 3... Number of children of this mother now living, including present birth... 3...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

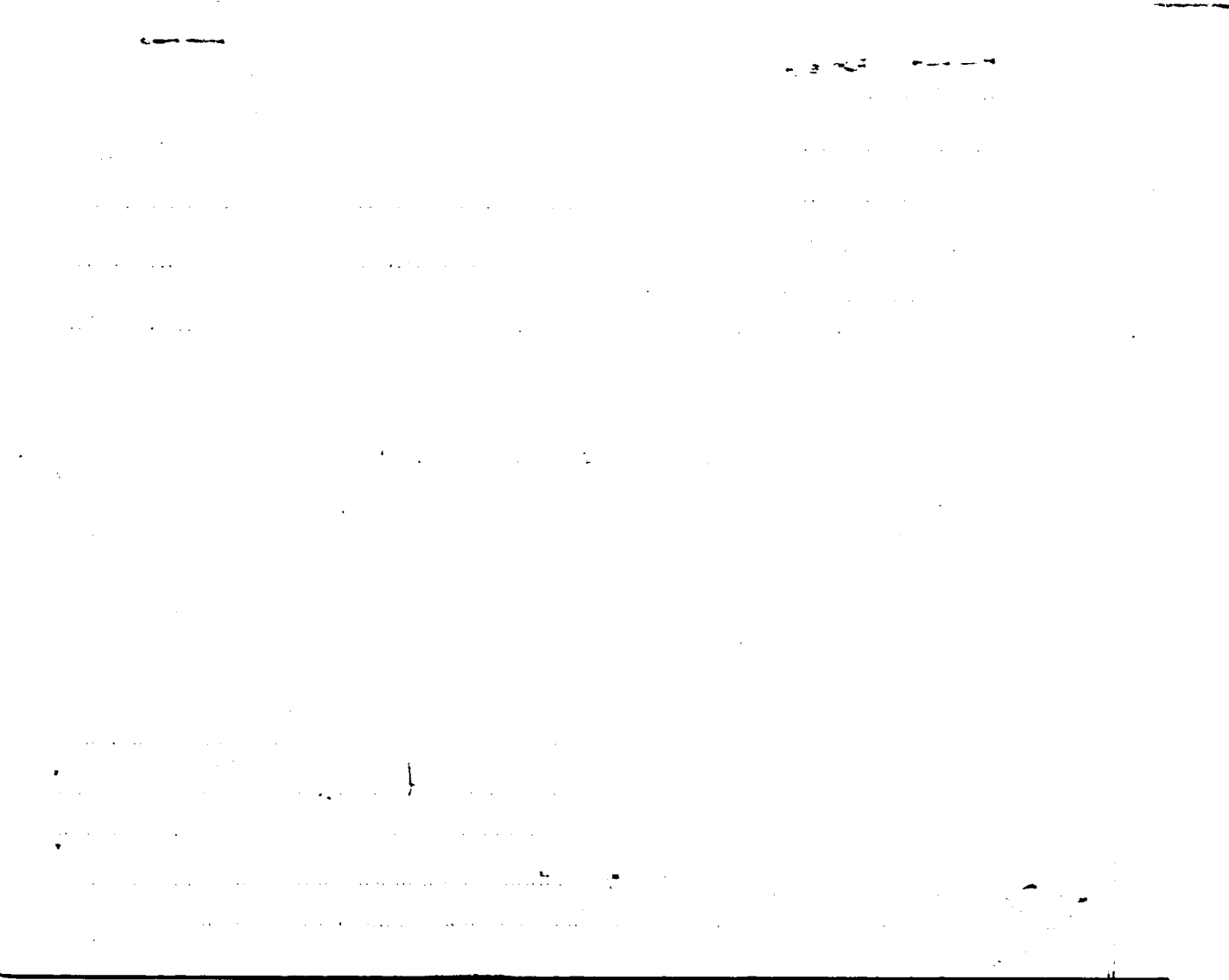
I hereby certify that I attended the birth of this child, who was... alive... at... 7:28 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Young
(Physician or midwife)

Given names added from a supplemental report.

Address... Pocatello, Id.
Filed Mar 25 20
Registrar O. B. Stree



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 77609

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for Mike Mathanetis who was born on Feb'y 2 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

name
father's name

Mike Mathanetis
Peter Mathanitis

Mitchell P. Mathans
Peter Mathans

Subscribed and sworn to before me this 13th
day of July 19 42
E. T. Carter

Signed Ruth P Mathans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Notary Public, residing at El Monte California
My commission expires Dec 12 1944
(Seal)

1226 So Edwards El Monte Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of July 19 42
E. T. Carter

Signed Betty M. Powers
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at El Monte California
My commission expires Dec 12 1944
(Seal)

2648 Earle St San Gabriel
(Street Address, City, State)
California

JUL 16 1942

JUL 17 1942

AUG 8 1957

Amended 3-8-62

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health ServiceCERTIFICATE OF BIRTH
STATE OF IDAHOState File No. 77614
Local Reg. No. 3092
Reg. Dist. No. 84

1. PLACE OF BIRTH a. COUNTY Bannock b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello c. FULL NAME OF HOSPITAL OR INSTITUTION 404 N. 6th		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) Carmen b. (Middle) Mary c. (Last) DiGiacomo			
4. SEX Fem.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) Apr. 3, 1920
FATHER OF CHILD			
7. FULL NAME a. (First) John b. (Middle) c. (Last) DiGiacomo		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) (City or Town) Italy	11a. USUAL OCCUPATION Machinist	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Carolina b. (Middle) c. (Last) Giordano		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) (City or Town) Italy	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)			
18a. SIGNATURE O. B. Steely 18c. ADDRESS Pocatello, Idaho		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) 18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG. Apr. 5, 1920		20. REGISTRAR'S SIGNATURE O.B. Steely 21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -
IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of San Francisco } ss. Certificate No. 77614
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Jiacomo who born on April 3, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by School Rec for 1938 shows up below except DiGiaco prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Jiacomo	Carmen Mary DiGiacomo
Father's Last Name	John DiJoacomo	John DiGiacomo
Birthdate	April 3, 1920	April 1, 1920 April 3-1920
Mother's Name	Carolina Giordano	Carrie Jordan
Subscribed and sworn to before me this <u>12</u> day of <u>May</u> , 19 <u>57</u>	Signed <u>Mrs. Carmen DiGiacomo</u> (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)	
Notary Public, residing at <u>955 B. Republic St.</u>		
My commission expires <u>Dec. 27, 1957</u>	<u>671 Geneva Ave</u> (Street Address, City, State)	<u>San Francisco Calif.</u>

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of San Francisco } ss. [This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 12 day of May, 1957
G. L. Harrison
Notary Public, residing at 955 B. Republic St.
My commission expires Dec. 27, 1957
(Seal)
Signed Mrs. Mary D. Greaser
(Signature of Any Credible Person)
1011 Prague St. - San Francisco
(Street Address, City, State) Calif.

Another Child's Birth Cert. on file, #109271 gives full maiden name of mother as Carrie Jordan - viewed by V.S.

Social Security Card, #519-07-1420, Dec. 28, 1936 gives full name as Carmen Mary DiGiacomo - viewed by V.S.

Postatello, Idaho Senior High School Diploma, May 24, 1939 gives full name as Carmen Mary DiGiacomo.-viewed by V.S.

Union Pacific Railroad Pass, 1950, expires Jan. 31, 1951, #B 24551, Employee's Pass, Mr. and Mrs. John DiGiacomo - retired Machinist - viewed by V.S.

1941 Calendar Year Individual Income Tax Return, gives full names as John and Carolina DiGiacomo - viewed by V.S.

Gift Deed, dated December 17, 1951, gives full name as John DiGiacomo, giving property to Carrie DiGiacomo, his wife - viewed by V.S.

Mother's Name and Child's Date of Birth is to be left as they are -
3-7-62. V.S. - upon request of Carmen M.D. Johnson -

213-202-003-814

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-9-3-37

CERTIFICATE OF BIRTH

77615

County of... *Bannock*City of... *Pocatello P. I. D. #1*Registration District No. *84*File No. *58*No. *St*Primary Registration District No. *2161*Registered No. *3091*

Hospital

FULL NAME OF CHILD *Asaye Kato*

Sex of Child <i>girl</i>	Twin Triplet or other? <input type="checkbox"/>	and { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <i>yes</i>	Date of Birth <i>Apr. 2nd</i>	<i>1912</i>
				(Month) (Day) (Year)	

FULL NAME <i>Saichio Kato</i>	FATHER
RESIDENCE <i>Tyhee - Pocatello P. I. D.</i>	
COLOR <i>Mongolian</i>	AGE AT LAST BIRTHDAY <i>38</i> (Years)
BIRTHPLACE <i>Japan</i>	
OCCUPATION <i>farmer</i>	

FULL MAIDEN NAME <i>Masa Yamamoto</i>	MOTHER
RESIDENCE <i>Tyhee</i>	
COLOR <i>Mongolian</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)
BIRTHPLACE <i>Japan</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth... *3* Number of children of this mother now living, including present birth... *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of *Born alive* child, who was *4 P. M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. Miller*
 *Physician*
 (Physician or midwife)

Given names added from a supplemental report.

Address... *Box 174 Pocatello, Idaho*Filed... *Apr 9 1912* *O. P. Sheer*
 Registrar Registrar

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

MAR 6 1958

FEB 5 1953

MAY 13 1959

633-130-003-279

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-5-17

77616

County of BannockCity of PocatelloNo. 754 N Main St.Registration District No. 84File No. 58Primary Registration District No. 2161Registered No. 3090

Hospital

FULL NAME OF CHILD

Bertrand E OttoSex of
ChildmaleTwin
Triplet
or other?

}

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthMar 30 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Herman Otto

RESIDENCE

754 N Main

COLOR

wh

AGE AT LAST

36

BIRTHDAY

(Years)

BIRTHPLACE

St Louis Mo.

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Mary Spiney

RESIDENCE

Same

COLOR

wh

AGE AT LAST

26

BIRTHDAY

(Years)

BIRTHPLACE

Missouri

OCCUPATION

housewifeNumber of child of this mother, including present birth... 3... Number of children of this mother now living, including present birth... 3...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was....., at.....
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Given names added from a supplemental report.

(Signature)

Chas. J. Pocatello
(Physician or midwife)

Address

Filed

Registrar

Registrar

cc 11-15-70 mg

AUG 7 1968

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

412-1291003-192

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77617

County of Sanmark

City of Pocatello

Registration District No. 84

File No. 58

No. 1444 E. Center St.

Primary Registration District No. 2161

Registered No. 3089

Hospital _____

FULL NAME OF CHILD

Massier

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Mar 29</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FULL NAME FATHER
John Massier

FULL MAIDEN NAME MOTHER
Kate Arki

RESIDENCE Pocatello Idaho

RESIDENCE Pocatello Idaho

COLOR white AGE AT LAST BIRTHDAY 46
(Years)

COLOR white AGE AT LAST BIRTHDAY 40
(Years)

BIRTHPLACE Rautantz, Austria

BIRTHPLACE Sarowar, Austria

OCCUPATION Cabinet maker

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:40 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

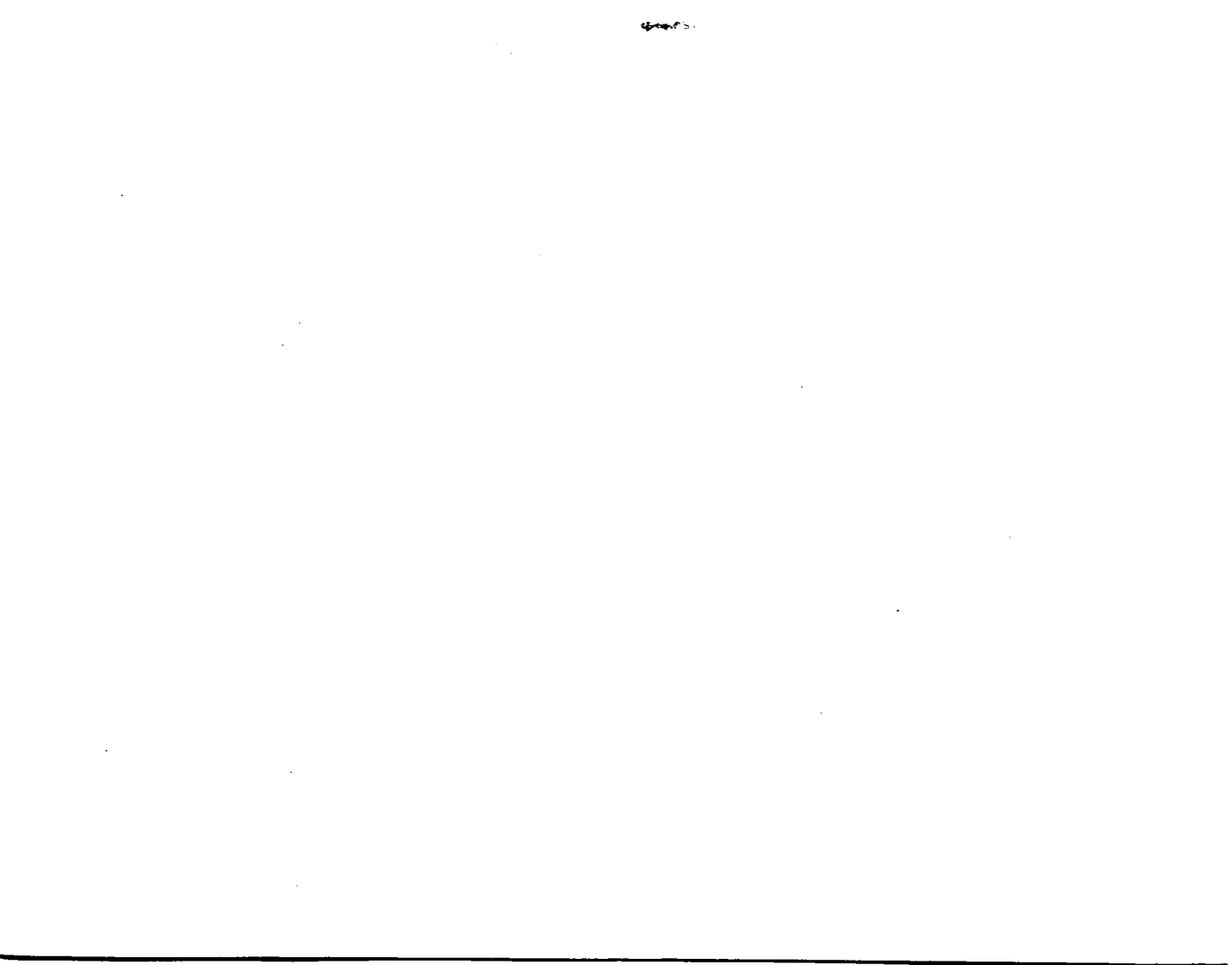
(Signature) O. P. Keely

Given names added from a supplemental report.

(Physician or midwife)

Address Pocatello Idaho

Filed Apr 1, 1920 O. P. Keely
Registrar



718-229-003-249
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

77618

County of Bannock

City of Pocatello

No. 345 9th Ave.

Registration District No. 84

File No. 58

Primary Registration District No. 21.61

Registered No. 3088

Hospital Residence

FULL NAME OF CHILD Clara Selma Gayhart

Sex of Child <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>March 19 1920</u> (Month) (Day) (Year)
-----------------------------	---	--------------------------------	---------------------------	---

FATHER
FULL NAME Edgar B. Gayhart
RESIDENCE 345 9th Ave.
COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Cincinnati Ohio
OCCUPATION Rail Road Conductor

MOTHER
FULL NAME Selia Elizabeth Smith
RESIDENCE 345 9th Ave.
COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Hammington Utah
OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Asm Newton M.D.

Given names added from a supplemental report.

Address Pocatello Idaho

Address Pocatello Idaho

Filed Apr 5 1920

Filed Apr 5 1920

Registrar

Registrar

JUN 17 1974

more than one child at birth stated.
SEE CHILD AT A SEPARATE RETURN must be made for each, and the number of each.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.

15-125-001-455

1. PLACE OF BIRTH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
77619
CERTIFICATE OF BIRTH

Louis Pierre Calph

3. Sex Male If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Date of birth March 25, 1920 (Month, Day, Year)
8. Yes

9. Full name FATHER
Ethan P. Calph
10. Residence (usual place of abode)
(If non-resident, give place and State) Pocatello, Idaho
11. Color or race wh | 12. Age at last birthday 34 (years)
13. Birthplace (city or place)
(State or Country) Bridgewater Penn

18. Full name MOTHER
Esther Mendelson
19. Residence (usual place of abode)
(If non-resident, give place and State) Pocatello, Idaho
20. Color or race wh | 21. Age at last birthday 30 (years)
22. Birthplace (city or place)
(State or Country) Baker City Oregon

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Manager
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 6:35 P.M. at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles P. Sprague, M. D.

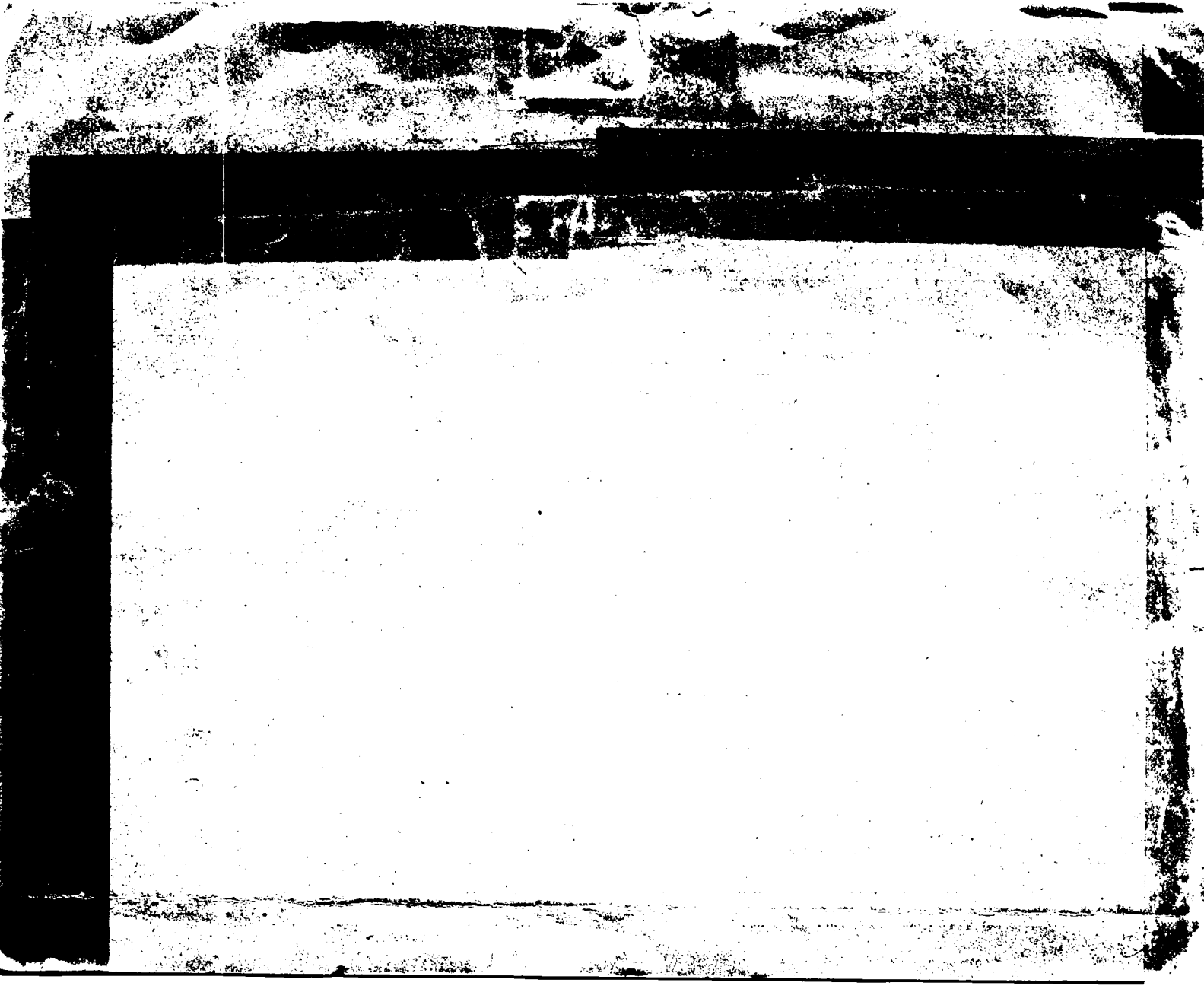
or _____, Midwife

Give name added from a supplemental report _____
(Date of) _____

Address Pocatello
Filed Apr 6, 1920, 193 _____
O. B. Steely

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

319-124.003-154

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 430 N. Warfield St.

Hospital _____

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

77620

Registration District No. 54

File No. 58

Primary Registration District No. 2161

Registered No. 3086

Sex of Child <u>male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>yes</u>	Legitimate? <u>yes</u>	Date of Birth <u>Mar. 24 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	-------------------------------------	------------------------	---

FATHER
FULL NAME Garnet Emerson Carpenter
RESIDENCE 430 N. Warfield, Pocatello, Idaho
COLOR white AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Gates Center, Kansas
OCCUPATION Switchman

MOTHER
FULL MAIDEN NAME Gladys R. Anderson
RESIDENCE 430 N. Warfield, Pocatello, Idaho
COLOR white AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Pittsburg, Kansas
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho
Filed Mar 30 1920 P. Steele
Registrar

689.124.003-243

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77621

County of BannockCity of PacificaRegistration District No. 84File No. 58No. 529. No 5th St.Primary Registration District No. 2161Registered No. 3085

Hospital _____

FULL NAME OF CHILD Alma Butterfield Whiting

Sex of Child

maleTwin
Triplet
or other

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yes

Date of Birth

3 24 20
(Month) (Day) (Year)

FULL NAME

Father Whiting
Larris Butterfield

FULL MAIDEN NAME

MOTHER
Marjory Butterfield

RESIDENCE

529. No 5th

RESIDENCE

529. No 5th

COLOR

white

AGE AT LAST BIRTHDAY

34
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

24
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Trimmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Alma, at 4:20 P. M.
(Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

J. H. Lynn
physician
(Physician or midwife)

Given names added from a supplemental report.

19.

Address Pacifica Idaho

Filed

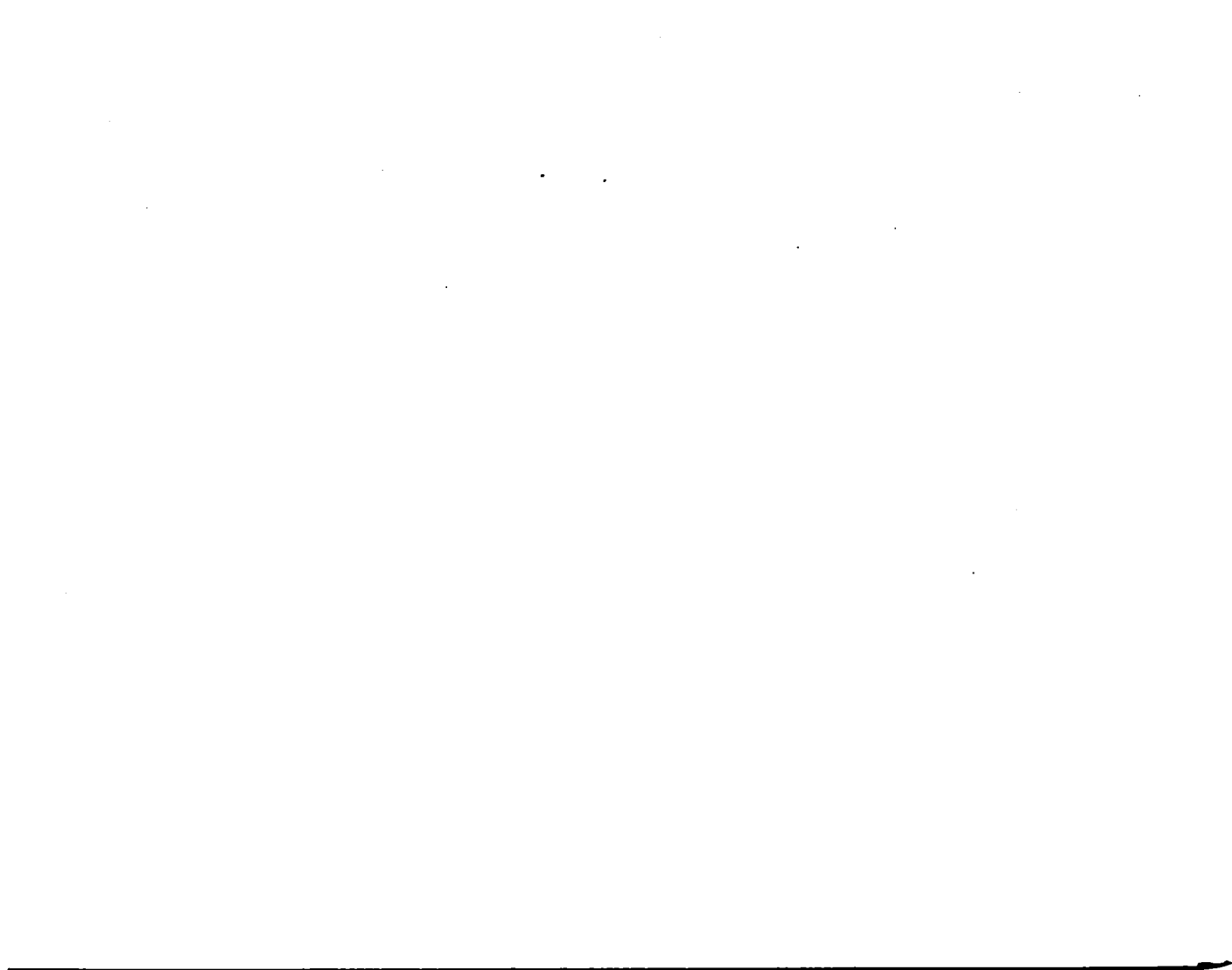
Apr 4 1920
O. B. Steady
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

Sex of Child

FULL NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Twin

Triplet

or other?

(To be answered only in event of plural births)

and

Number

in order

of birth

(To be answered only in event of plural births)

Legiti-

mate?

Date of Birth

(Month)

(Day)

(Year)

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Address

Filed

Registrar

Registrar

STATE OF IDAHO BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

77622

File No.

Registered No.

Registration District No.

Primary Registration District No.

DONNA PATRICIA

XXXXXXXXXX

Baby Halliwell

F.

Twin

Triplet

or other?

(To be answered only in event of plural births)

and

Number

in order

of birth

(To be answered only in event of plural births)

Legiti-

mate?

Date of Birth

(Month)

(Day)

(Year)

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Address

Filed

Registrar

Registrar

1. *Phragmites australis* (Rostk & Schmidt) Bosc.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 77622

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)
Name No Name

TO
(The Correct Facts)
Donna Patricia Halliwell

Subscribed and sworn to before me this 14th
day of September, 1942
Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(Seal)

Signed John Phillip Halliwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

AUG 1 1967

SEP 14 1967

AUG 30 1967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

466-224.003-753

PLACE OF BIRTH

County of Bannock

City of Postville

No. _____ St. _____

Hospital Postville General

FULL NAME OF CHILD

Mary Elizabeth Downing

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77623

Registration District No. 84 File No. 38

Primary Registration District No. 2161 Registered No. 3083

| | | | | | |
|-----------------------|---|-----|---|------------------------|--|
| Sex of Child <u>7</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>Mar 24</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|---|------------------------|--|

| | |
|--|---|
| FULL NAME
<u>Mary Elizabeth Downing</u> | FATHER
<u>James L. Downing</u> |
| RESIDENCE
<u>Postville, Idaho</u> | |
| COLOR
<u>W.</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE
<u>Michigan</u> | |
| OCCUPATION
<u>3rd M.L. Clerk</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Mary Betty Grove</u> | MOTHER
<u>Same</u> |
| RESIDENCE
<u>Same</u> | |
| COLOR
<u>W.</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE
<u>Nebraska</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at 7:40 A. M.
on the date above stated. (Born alive or still born)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. May

Given names added from a supplemental report.

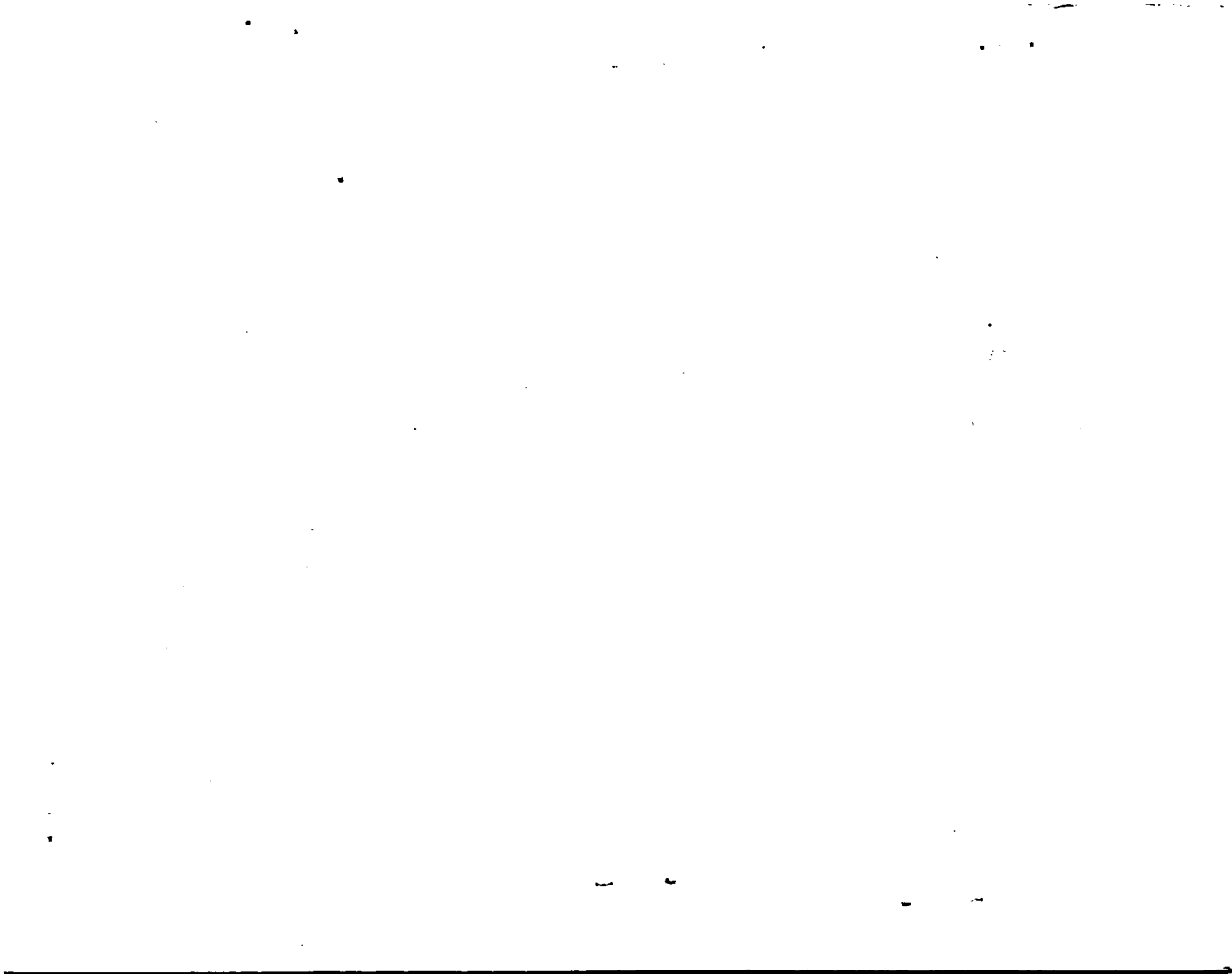
(Physician or midwife)

Address Postville, Idaho

Filed Mar 24, 1920 J. B. Stealy

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
RECEIVED
JUN 11 11 02 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. Certificate No. 77623
County of } Date Filed. 3-24-20

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed (Name on Original Certificate) who was born (Birth or Death)
in Pocatello, Idaho (Place of Event) on March 24, 1920 (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Unnamed

Mary Elizabeth

Subscribed and sworn to before me this 17th day of

June 1975
Notary Public, residing at Boise, Idaho

My commission expires 1-2-79
(Seal)

Signed Henry F. McQuade
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1002 Birch Ave; Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

Own child's birth certificate (State File #57-2578) child born Mar. 18, 1957
gives Mother's name as Mary Elizabeth Downing. Viewed by Vital Statistics.

Diploma from The University of Idaho dated 1, June 1942 gives name as
Mary Elizabeth Downing. Viewed by Vital Statistics.

JUN 17 1975

JAN 29 1976

APR 21 1981

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

444-122 1003-469

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Barroch

City of Beauregard

No. 552 No 5th St.

Registration District No. 84

File No. 58

77625

Hospital _____

Primary Registration District No. 2161

Registered No. 3081

FULL NAME OF CHILD

John Michael Dudenake
~~John Michael Dudenake~~

Sex of Child Male

Twin
Triplet
or other? 1 and 1 Number
in order
of birth
(To be answered only in event of plural births)

Legiti
mate? yes

Date of Birth Nov 30 1920
(Month) (Day) (Year)

FULL NAME Mike Dudenake
~~John Michael Dudenake~~

RESIDENCE 552 No. 5th Ave

COLOR White AGE AT LAST BIRTHDAY 38
(Years)

BIRTHPLACE Greece

OCCUPATION Fruit Vendor

FULL MAIDEN NAME Mary Hornacas

RESIDENCE 552 No 5th Ave

COLOR Wk AGE AT LAST BIRTHDAY 37
(Years)

BIRTHPLACE Greece

OCCUPATION Wk

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1145 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles H. Sprague
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Home Bldg.
Filed Apr 6 1920 O. P. B. T. R. E. E. G.
Registrar

Registrar

JUL 6 1965

15.121.003-493
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-8-25a-4-27

77626

58

County of Bannock

City of Pocatello Ida

Registration District No. 84

File No. 3080

No. St

Primary Registration District No. 2161

Registered No. 3080

Hospital

FULL NAME OF CHILD George Bates Van Everen

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>Nov 21/20</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

FATHER
FULL NAME George Van Everen

RESIDENCE Pocatello

COLOR W AGE AT LAST BIRTHDAY 38
(Years)

BIRTHPLACE Idaho Kansas

OCCUPATION Farming

MOTHER
FULL MAIDEN NAME Rosa Brown Miller

RESIDENCE Pocatello Ida

COLOR W AGE AT LAST BIRTHDAY 38
(Years)

BIRTHPLACE Idaho

OCCUPATION H W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 3/21/20 at 12 N. W.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James I Miller
Pocatello
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

Filed Mar 20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2008.4.28/41 m/h

482-003-213
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-37

77627

County of **Bannock**.....City of **Pocatello**.....No. **737 N. Garfield**
St.Registration District No. **84**.....File No. **58**.....Primary Registration District No. **2161**.....Registered No. **3079**.....

Hospital.....

FULL NAME OF CHILD **Roscoe Arnold Dykman**.....

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child Male | Twin Triplet or other? and { Number in order of birth | Legitimate? Yes | Date of Birth Mch. 20, 1920
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

| |
|--|
| FULL NAME FATHER
Arnold H. Dykman |
| RESIDENCE
737 N. Garf. |
| COLOR White |
| AGE AT LAST BIRTHDAY 27
(Years) |
| BIRTHPLACE
Salt Lake City, Utah |
| OCCUPATION
Electrician |

| |
|--|
| FULL MAIDEN NAME MOTHER
Mabel Balderson |
| RESIDENCE
737 N. Garf. |
| COLOR White |
| AGE AT LAST BIRTHDAY 22
(Years) |
| BIRTHPLACE
Bountiful, Utah. |
| OCCUPATION
Hswf. |

Number of child of this mother, including present birth **1**..... Number of children of this mother now living, including present birth **1**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive**, at **5:30 A.M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Dr. J. Howard**
(Physician or midwife)

Given names added from a supplemental report.

Address **Pocatello, Idaho**
Apr 3, 1920
Chas. E. Sheel
 Registrar

3/13/41 Z.³.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 88-77627

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)

for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Name

Roscoe A. Dykman

Date

March 21st

March 20, 1920

Subscribed and sworn to before me this 30
day of Aug 19 24

Signed Mrs. A. H. Dykman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Bone

My commission expires 11/1/27
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____.

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

(Street Address, City, State)

My commission expires _____
(Seal)

SEP 17 1959

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

239-120-003-767

PLACE OF BIRTH

County of Bannock
5 miles north of
City of Pocatello, Idaho.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-10m-8-7-11

77628

Registration District No. 84 File No. 58
No. _____ S. _____

Hospital _____ Primary Registration District No. 2161 Registered No. 3078

FULL NAME OF CHILD Lawrence Raymond Stuart

Sex of Child Male Twin, Triplet or other? — and { Number in order of birth — Multi-
male? yes Date of birth. Mar 20, 1920
(Month) (Day) (Year)

FULL NAME FATHER Wm Charles Stuart FULL MAIDEN NAME MOTHER Melvina Pope

RESIDENCE 5 miles north of Pocatello, Idaho RESIDENCE 5 miles north of Pocatello, Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years) COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE American Fork, Utah. BIRTHPLACE Basalt, Idaho

OCCUPATION Farmer OCCUPATION Housewife

Number of child of this mother, including present birth. 3 Number of children, of this mother, now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:50 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Henry R. Wheeler
Physician
(Physician or Midwife)

Address Fort Hall, Idaho
Mar 30, 1920
Filed J. V. Steele
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

763-220.003-156

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bannock

City of Pocatello

Registration District No. 84

File No. 58

77629

No. _____ St. _____

Hospital Pocatello Genl

Primary Registration District No. 2161

Registered No. 3077

FULL NAME OF CHILD

| | | | | | |
|-----------------------|---|-----|---|-------------------------------|---|
| Sex of Child <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate?
<u>yes</u> | Date of Birth
<u>Mar 20</u>
(Month) (Day) (Year)
<u>1920</u> |
|-----------------------|---|-----|---|-------------------------------|---|

FATHER
FULL NAME Edward J. Potter
RESIDENCE Pocatello, Idaho
COLOR W. AGE AT LAST BIRTHDAY 42
(Years)
BIRTHPLACE Sal. Lake City, Utah
OCCUPATION Printer

MOTHER
FULL MAIDEN NAME Mabel Jeffery
RESIDENCE Same
COLOR W. AGE AT LAST BIRTHDAY 38
(Years)
BIRTHPLACE Same
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at 12 night M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. May

Given names added from a supplemental report.

(Physician or midwife)
Address Pocatello, Idaho
Filed Mar 24 19 20 O. B. Steele

Registrar

Registrar

DUP OF 1920-369228

Z MOTHER INFO

553-117003-311

PLACE OF BIRTH

Form V. S. No. 11-C-23a-3-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77630

County of BannockCity of PocatelloRegistration District No. 84File No. 58No. 356 So. 6th St.Primary Registration District No. 2161Registered No. 3076Hospital none

FULL NAME OF CHILD

Floyd Ace Nelson

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>and</u> { Number in order of birth } | Legitimate? <u>Yes</u> | Date of Birth <u>Mar. 17, 1924</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

| | |
|--|--|
| FULL NAME <u>Ace B. Nelson</u> | FATHER |
| RESIDENCE <u>356 So. 6th St. Pocatello - Idaho</u> | |
| COLOR <u>Light</u> | AGE AT LAST BIRTHDAY <u>23</u> (Years) |
| BIRTHPLACE <u>Ogden Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--|--|
| FULL MAIDEN NAME <u>Virginia Anna Laakso</u> | MOTHER |
| RESIDENCE <u>356 So. 6th St. Pocatello - Idaho</u> | |
| COLOR <u>Light</u> | AGE AT LAST BIRTHDAY <u>14</u> (Years) |
| BIRTHPLACE <u>Finland</u> | |
| OCCUPATION <u>House Wife</u> | |

Number of child of this mother, including present birth...1..... Number of children of this mother now living, including present birth...1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Newton

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho
Mar 20 1924
Filed 19

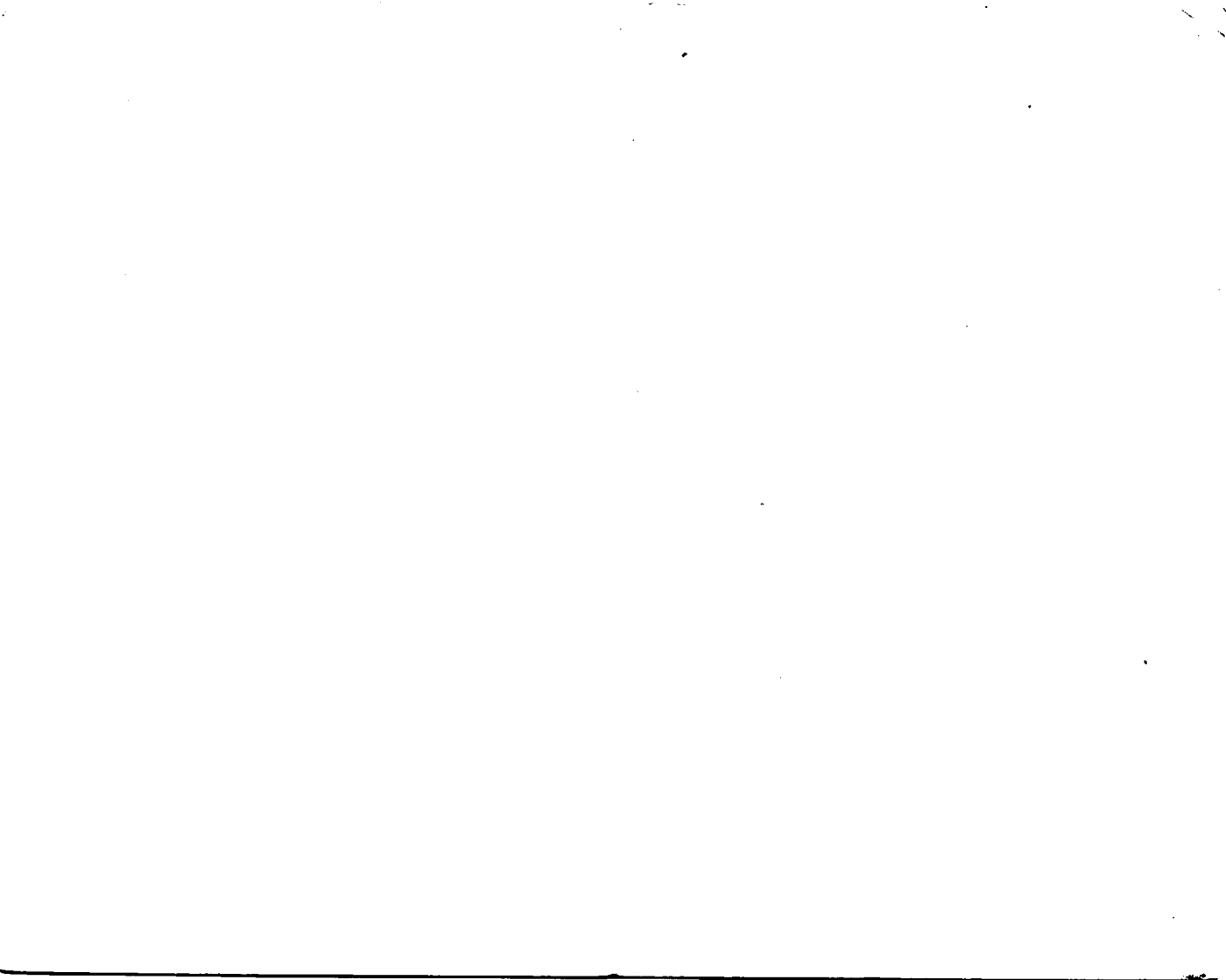
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH

443-26003-215

County of BannockCity of Pocatello

No. St.

Hospital St. Anthony

FULL NAME OF CHILD

Registration District No. 84

File No. 58

Primary Registration District No. 2161

Registered No. 3075

77631

| | | | | |
|-----------------------|---------------------------------|-----------------------------------|------------------------|--|
| Sex of Child <u>m</u> | Twin Triplet or other? <u>-</u> | Number in order of birth <u>-</u> | Legitimate? <u>yes</u> | Date of Birth <u>3-16-20</u>
(Month) (Day) (Year) |
|-----------------------|---------------------------------|-----------------------------------|------------------------|--|

| | |
|------------------------------------|---|
| FULL NAME <u>William J. Mullen</u> | FATHER |
| RESIDENCE <u>Pocatello</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Clark</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Mrs. Hollingworth Kane</u> | MOTHER |
| RESIDENCE <u>Pocatello</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:50 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) For Bond

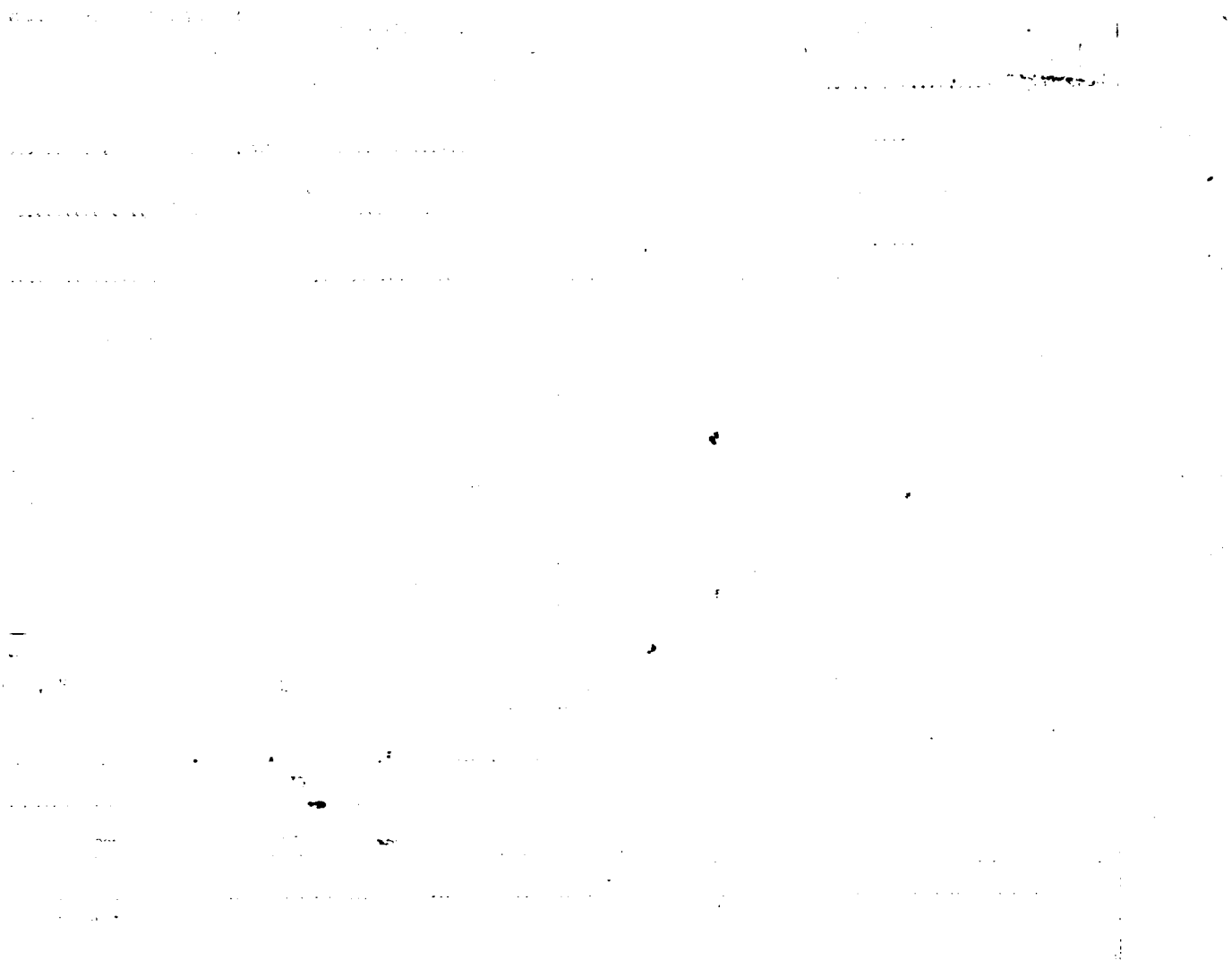
Given names added from a supplemental report.

Physician (Physician or midwife)

Address Pocatello, IdahoFiled Apr 3, 20 Registrar

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-2081004-695

Form V. S. No. 11-25m-9-8-15.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

No. _____ St.

Registration District No. 33

File No. 77632

Hospital _____

Primary Registration District No. 2/32

Registered No. _____

FULL NAME OF CHILD

Doris Emily Traustrum

| | | | | |
|----------------------------|---|--------------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and } Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>3/8</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|------------------------|---|

FULL NAME Chester Traustrum
FATHER
RESIDENCE St Charles
COLOR white AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE St Charles
OCCUPATION Farmer

FULL MAIDEN NAME Agnes Findlay
MOTHER
RESIDENCE St Charles
COLOR white AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Fish Haven
OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive at 10:15 P.M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Paris Ida
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 4/10 1920

Jahn Mattson
Registrar

Registrar

JAN 2 3 1945

395-722-604-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-16

CERTIFICATE OF BIRTH

County of Bear LakeCity of St. CharlesRegistration District No. 33File No. 77633

No. _____ St.

Primary Registration District No. 2/32

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|---------------------------------|---|-----------|--------------------------------|--|--|
| Sex of Child <u>Boy</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and _____ | Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>3-22</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Geo L. Linford</u> | FATHER | | | FULL MAIDEN NAME <u>Alice Peterson</u> | MOTHER |
| RESIDENCE <u>St. Charles</u> | | | | RESIDENCE <u>St. Charles</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>42</u>
(Years) | | | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>39</u>
(Years) |
| BIRTHPLACE <u>Paris</u> | | | | BIRTHPLACE <u>St. Charles</u> | |
| OCCUPATION <u>Farmer</u> | | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 5Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive
(Born alive or stillborn)at 11:40 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

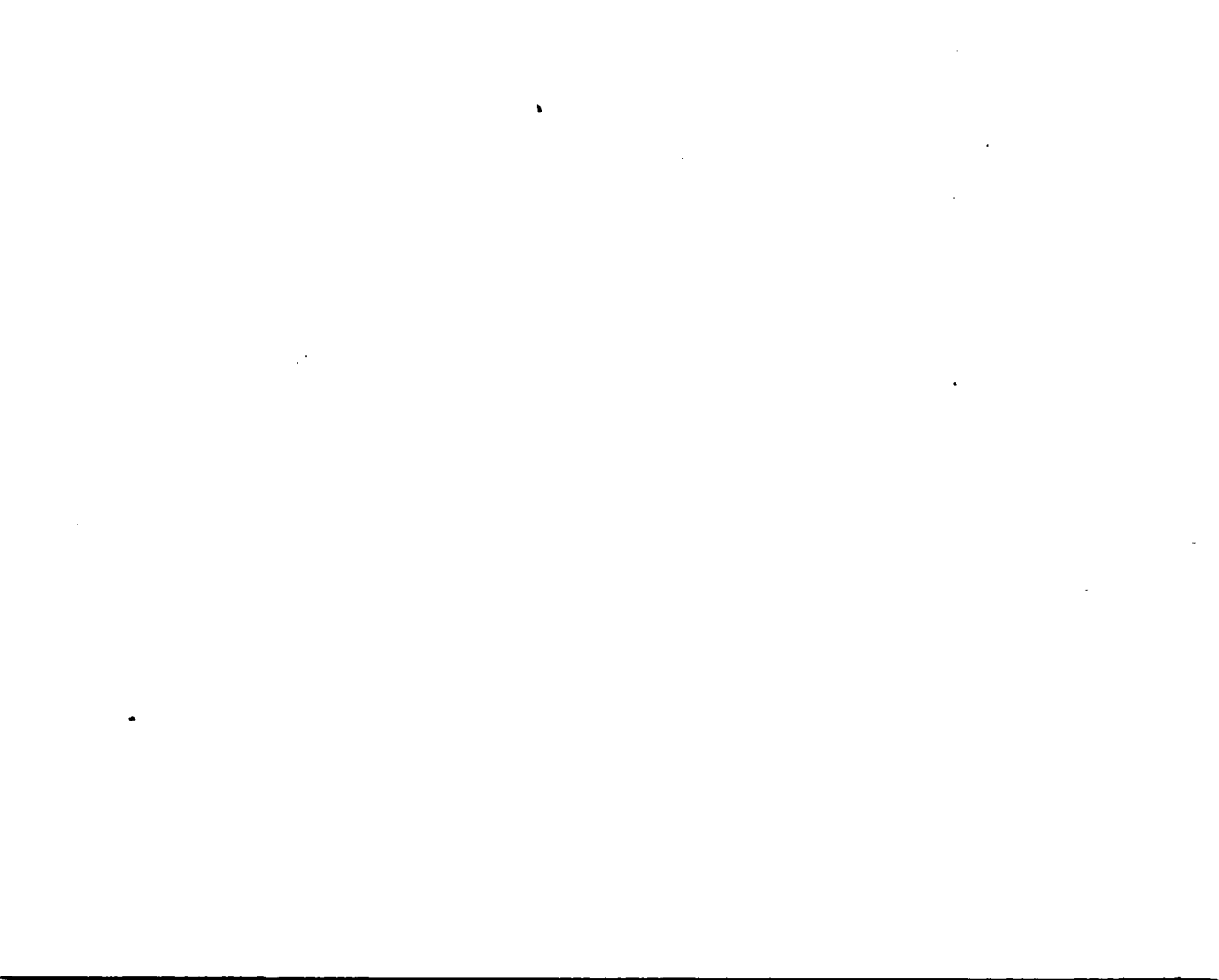
Given names added from a supplemental report.

Address _____

Filed 4/10 1920

Registrar

Registrar



245-127-004-695
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

County of Bear Lake

City of St Charles

CERTIFICATE OF BIRTH

Registration District No. 33

File No. 77634

No. _____ St.

Primary Registration District No. 2/23

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Elza F. Bunderson

| | | | | |
|--|---|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and { Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>3-27-20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Burt Bunderson</u>
RESIDENCE <u>St Charles</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>St Charles</u>
OCCUPATION <u>Farmer</u> | | MOTHER
FULL MAIDEN NAME <u>Almyria Thindley</u>
RESIDENCE <u>St Charles</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Fish Haven</u>
OCCUPATION <u>House wife</u> | | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive at 5:20 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]
(Physician or midwife)

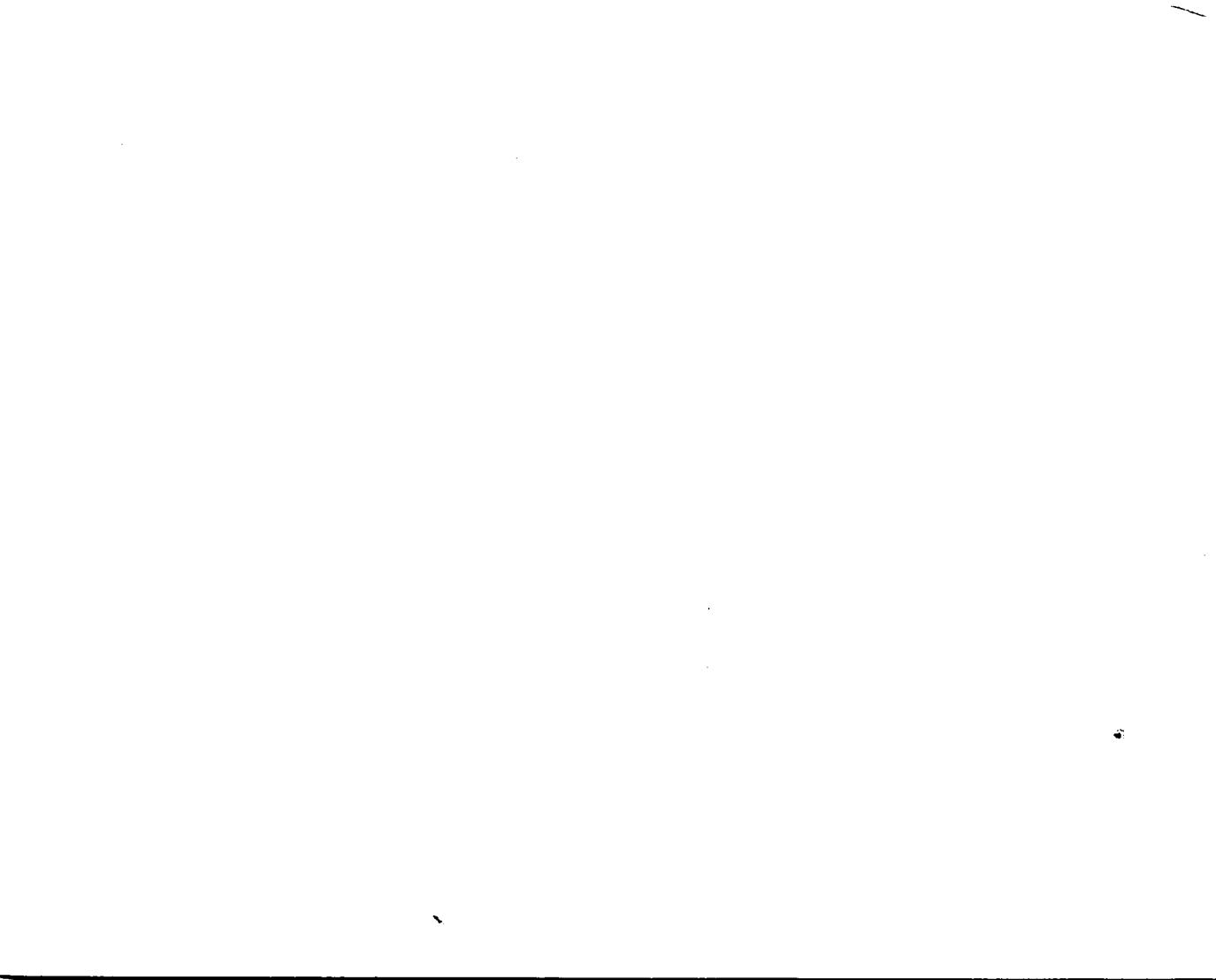
Given names added from a supplemental report.

Address _____

Filed 4/10 1920

Registrar

Registrar



217-107,004-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Bea LakeCity of St CharlesRegistration District No. 33File No. 77635

No. _____ St.

Primary Registration District No. 2/32

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of
Birth <u>4 - 7</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|---|--|
| FULL
NAME <u>Geo Clarence Bagley</u> | FATHER |
| RESIDENCE <u>St Charles</u> | |
| COLOR <u>white</u> | AGE AT LAST
BIRTHDAY <u>30</u>
(Years) |

| | |
|--|--|
| FULL
MAIDEN
NAME <u>Marinda Langford</u> | MOTHER |
| RESIDENCE <u>St Charles</u> | |
| COLOR <u>white</u> | AGE AT LAST
BIRTHDAY <u>27</u>
(Years) |

| |
|---------------------------------------|
| BIRTHPLACE <u>Montpelier</u> |
| OCCUPATION <u>Electrical operator</u> |

| |
|-------------------------------|
| BIRTHPLACE <u>Woodborough</u> |
| OCCUPATION <u>House wife</u> |

| | |
|--|--|
| Number of child of this mother, including present birth <u>5</u> | Number of children of this mother now living, including present birth <u>5</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 12 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

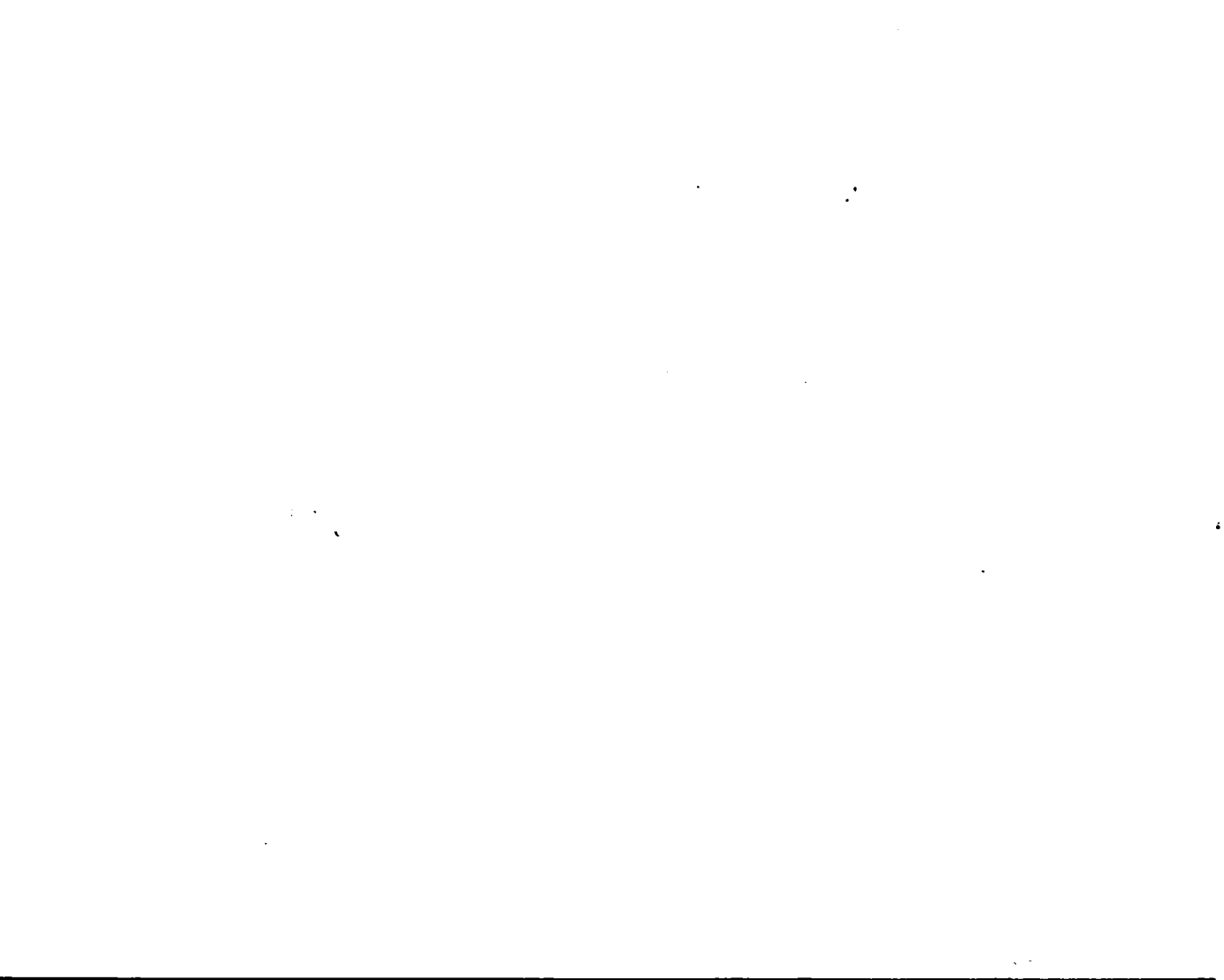
Given names added from a supplemental report.

Address _____

Filed 4/1019 20

Registrar

Registrar



285-207-004-993

name added 2-19-85 dl

Form V. S. No. 11-25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

77636

County of Bear Lake

CERTIFICATE OF BIRTH

City of ParisRegistration District No. 33File No. 434

No. _____ St. _____

Primary Registration District No. 2132

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Mary Shepherd

| | | | | |
|----------------------------------|---|--------------------------------------|------------------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and } Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>4-7</u> 19 <u>80</u>
(Month) (Day) (Year) |
| FULL NAME <u>Leslie Shepherd</u> | FATHER | | FULL MAIDEN NAME <u>Hazel Rich</u> | MOTHER |
| RESIDENCE <u>Paris</u> | | | RESIDENCE <u>Paris</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>30</u> (Years) | | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>29</u> (Years) |
| BIRTHPLACE <u>Paris</u> | | | BIRTHPLACE <u>Montpelier</u> | |
| OCCUPATION <u>Merchant</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 9:00 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

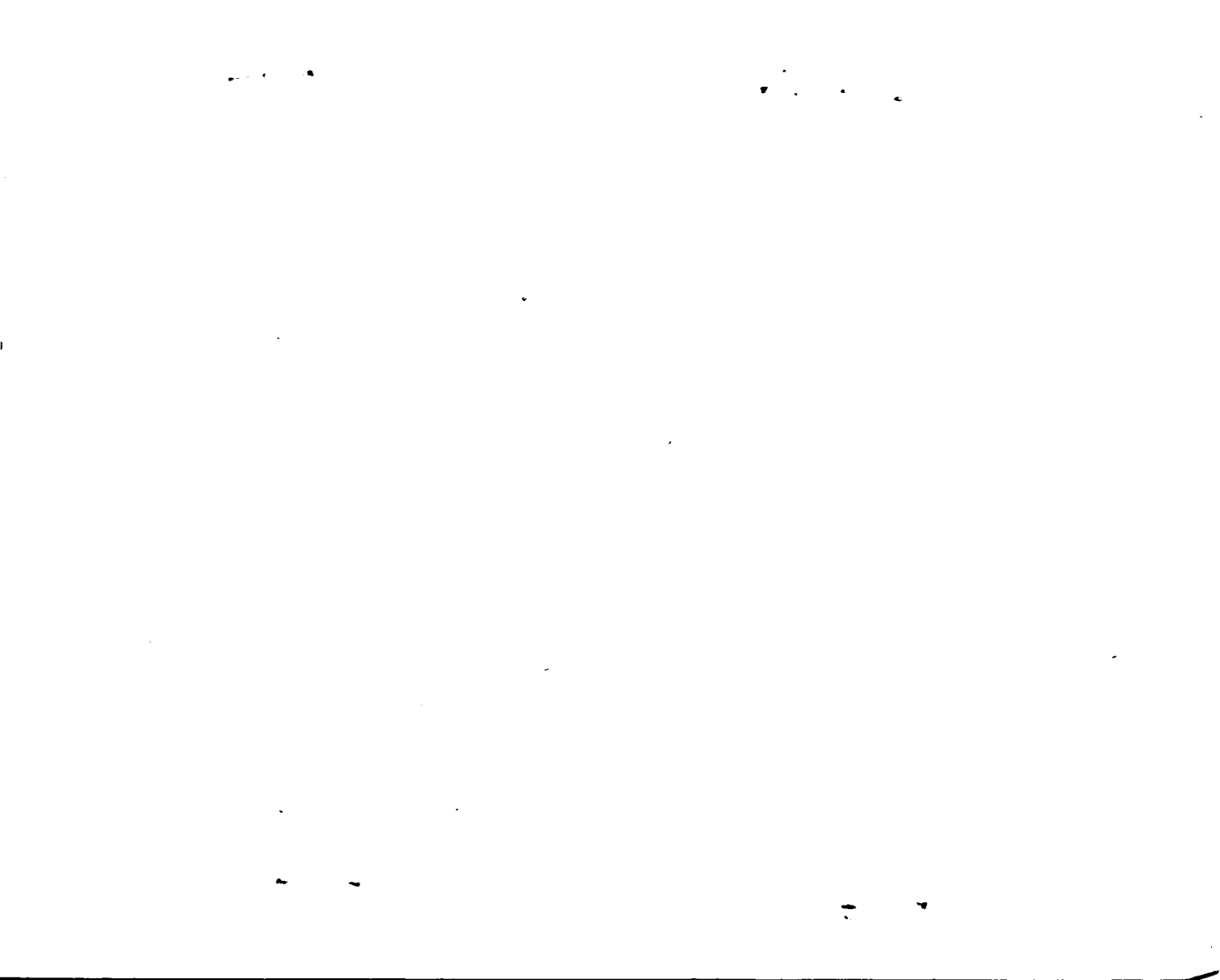
(Signature)

Given names added from a supplemental report.

Address _____

Filed 4/1019 80

Registrar



1-29-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake } ss.

FEB 15 1985

Certificate No. 77636
Date Filed _____
birth

The undersigned does solemnly swear that the facts on the certificate of _____
for Unnamed Shepherd who was born on April 7, 1920
in Paris (Bear Lake) (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedMary Shepherd

Subscribed and sworn to before me this 4th day of
February, 19 85.

Notary Public, Kathryn R. Provost
Residing at Salt Lake County, Utah

My commission expires June 16, 1985
(Seal)

* Mary Shepherd Ogden
2934 East 31st South
Salt Lake City, Utah 84109
Signature of Applicant
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)

(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of
February, 19 85.

Notary Public, Kathryn R. Provost
Residing at Salt Lake County, Utah

My commission expires June 16, 1985
(Seal)

* Edith Rich
Supporting Signature
* 470 So. 1300 E #401
Street Address, City, State

1 cc pd Salt Lake City, UT. 84102

Certificate of Blessing from LDS Church gives Mary Shepherd daughter of Frederick Leslie Shepherd and Hazel Rich was blessed June 6, 1920 in LDS Church. Viewed by V.S.

FEB 19 1985

Baptism record from LDS Church gives Mary Shepherd born April 7, 1920 in Paris was baptised May 5, 1928. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

285-122-004-955
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Paris

No. _____ St. _____

Hospital _____

AMENDED CERTIFICATE OF BIRTH

June 26, 1948

Registration District No. 33

File No. 77637

Primary Registration District No. 2132

Registered No. _____

FULL NAME OF CHILD Douglas Alfred Shepherd

(Certificate of no value without full name of child.)

| | | | |
|---|---|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u> </u> } and { Number in order of birth <u> </u> | Legitimate? <u>Yes</u> | Date of birth <u>Mar. 22</u> 192 <u>0</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | |

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER
FULL NAME Alfred Shepherd

RESIDENCE Paris

COLOR White AGE AT LAST BIRTHDAY 33
(Years)

BIRTHPLACE Paris

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Emma Innes

RESIDENCE Paris

COLOR White AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Paris

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:50 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M. D.
(Physician or midwife)

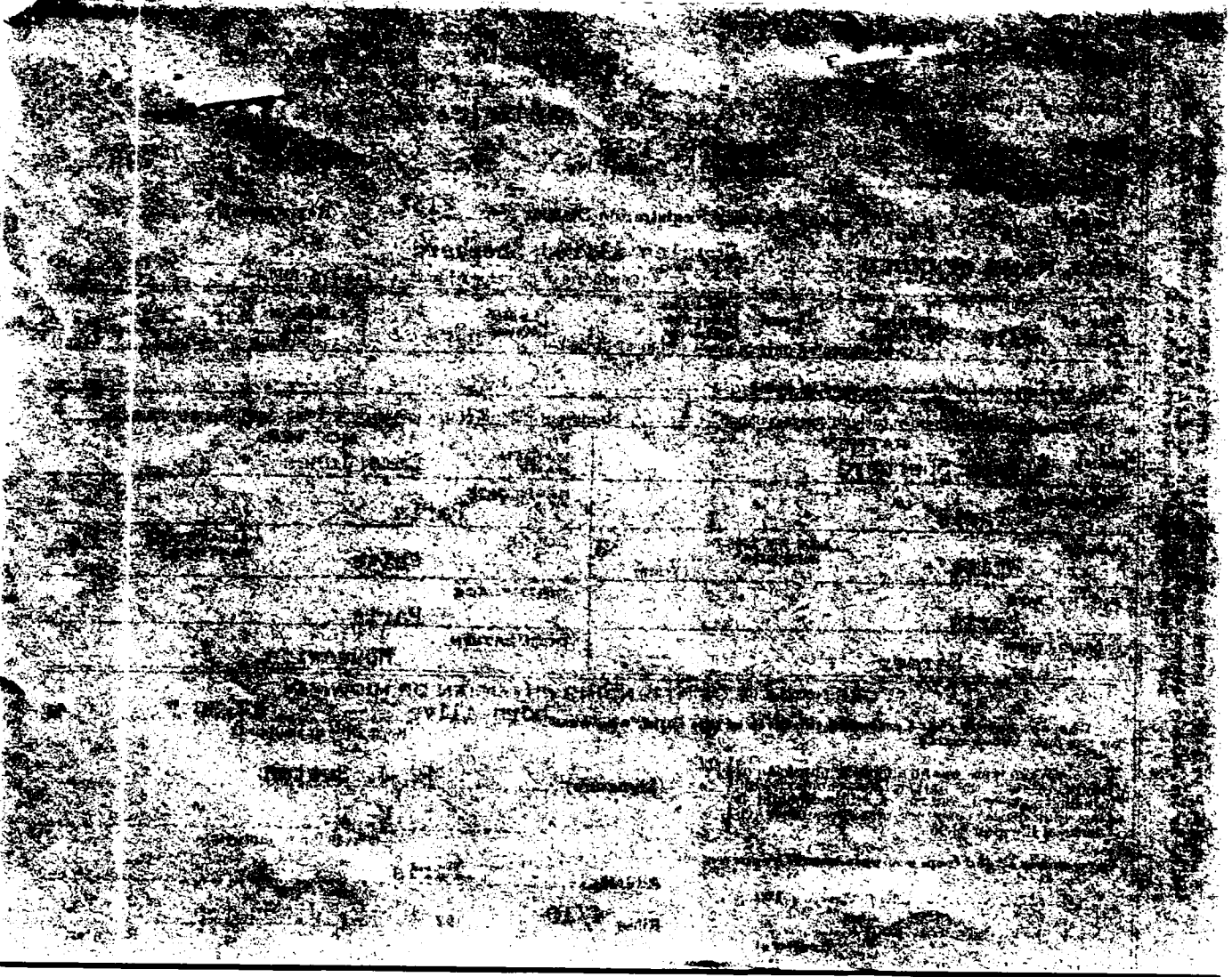
Give names added from a supplemental report.

Address Paris

Filed 4/10 1920 R. J. Sutton

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss. Certificate No. 77637
Date Filed June 20, 1946

The undersigned does solemnly swear that certain facts on the certificate of birth
for Douglas Alfred Shepherd who was born on March 22, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Paris, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by L B S Church records prepared on March 22, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) (The Correct Facts)
Sex of child Female Male

Subscribed and sworn to before me this 21st
day of June, 1946
Notary Public, residing at Paris, Idaho
My commission expires Sept. 28, 1946
(Seal)
Signed A. H. Shepherd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Paris, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.
[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.
Subscribed and sworn to before me this 21st
day of June, 1946
Notary Public, residing at Paris, Idaho
My commission expires Sept. 28, 1946
(Seal)
Signed Wm. H. [Signature]
(Signature of Any Credible Person)
Paris, Idaho
(Street Address, City, State)

JUN 27 1941

884-208-004-413

PLACE OF BIRTH name added 6-23-83

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of Bear Lake

CERTIFICATE OF BIRTH

77638

City of LibertyRegistration District No. 33File No. 436No. 4 St.Primary Registration District No. 2132

Registered No.

Hospital

FULL NAME OF CHILD

Mona Hymas

| | | | |
|-----------------------------------|--|--|---|
| Sex of Child <u>Girl</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>4-8-1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>Simpson E. Hymas</u> | FATHER | FULL MAIDEN NAME <u>Louisa Mathews</u> | MOTHER |
| RESIDENCE <u>Liberty</u> | | RESIDENCE <u>Liberty</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |
| BIRTHPLACE <u>Liberty</u> | | BIRTHPLACE <u>Liberty</u> | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Address

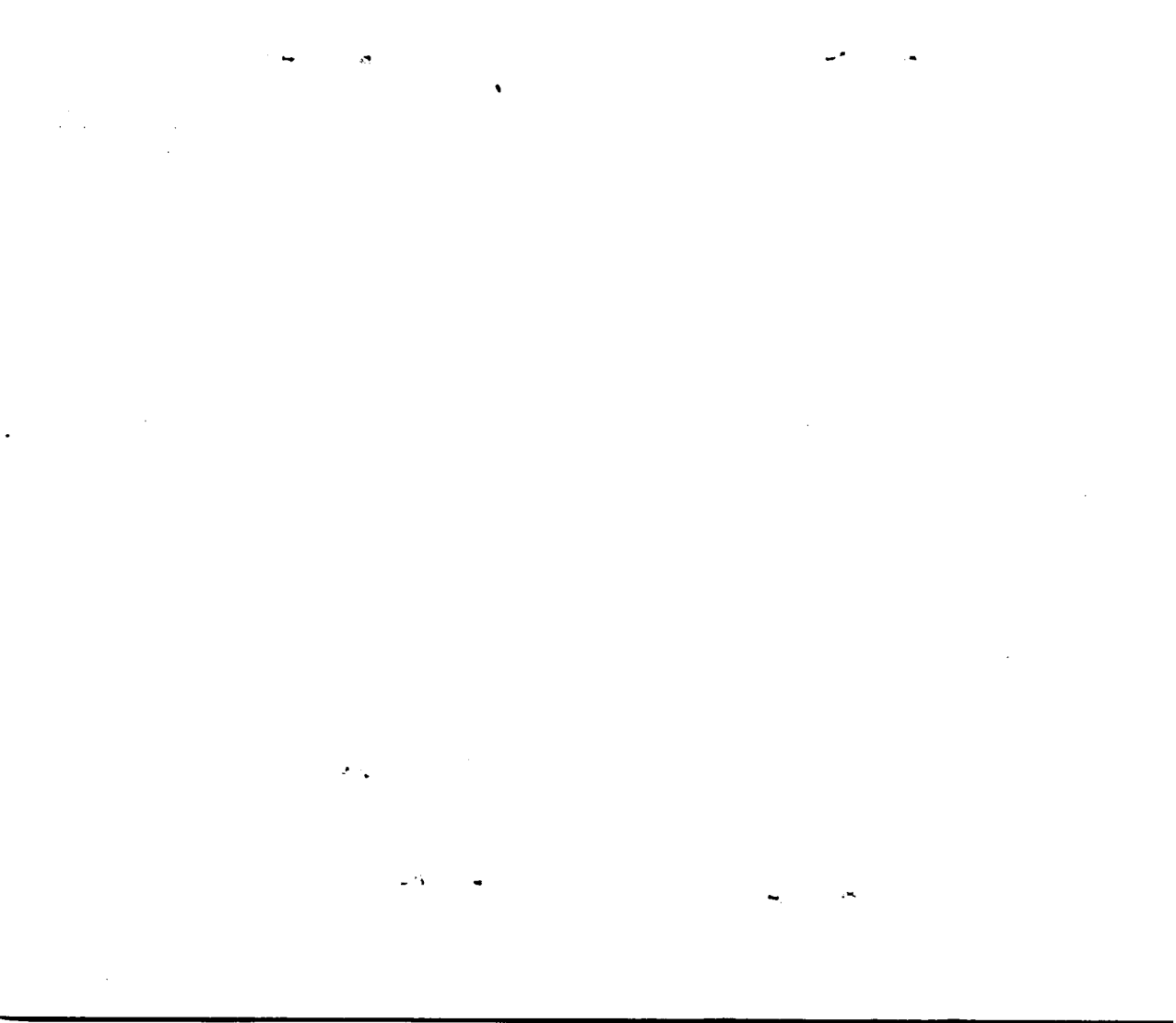
Filed

4/12/20

(Physician or midwife)

Registrar

Registrar



7-8-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }
 County of Caribou } ss.

Certificate No. 77638

Date Filed 6-21-83

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hymas who was born on April 8, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in Liberty (Bear Lake) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs name

Unnamed

Mona Hymas

Subscribed and sworn to before me this 21st day of

June, 19 83

Notary Public, Theresa May

Residing at Grange Idaho

My commission expires lifetime

(Seal)

Korrey L. Huston Mona Hill
 Signature of Applicant
910 South Main, Grace, Idaho
 Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
 County of Caribou } ss.

(Must be completed ☐)

(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of

June, 19 83

Notary Public, Theresa May

Residing at Grange Idaho

My commission expires lifetime

(Seal)

C. W. Carbur
 Supporting Signature
Olvid Idan 83260
 Street Address, City, State

1 cc pd

Certificate of Baptism from LDS Church gives Mona Hymas daughter of
Sim E Hymas and Luella Matthews born April 8, 1920 at Liberty
and was baptised April 8, 1928. Viewed by V.S.

State of Idaho Public School Diploma gives Mona Hymas graduated from
Elementary School and received the diploma on May 18, 1934. Viewed by V.S.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-21-004-453

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-8-8-15

County of Bear Lake

CERTIFICATE OF BIRTH

77639

City of Paris

Registration District No. 33

File No. 433

No. _____ St.

Primary Registration District No. 2/32

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

| | | | | |
|---|------------------------------|------------------------------------|--|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ | and Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>3-21</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Henry Luchs</u>
RESIDENCE <u>Paris</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Paris</u>
OCCUPATION <u>Farmer</u> | | | MOTHER
FULL MAIDEN NAME <u>Ella Mecham</u>
RESIDENCE <u>Paris</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Bloomington</u>
OCCUPATION <u>House wife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive at 5:20 P.M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]
(Physician or midwife)

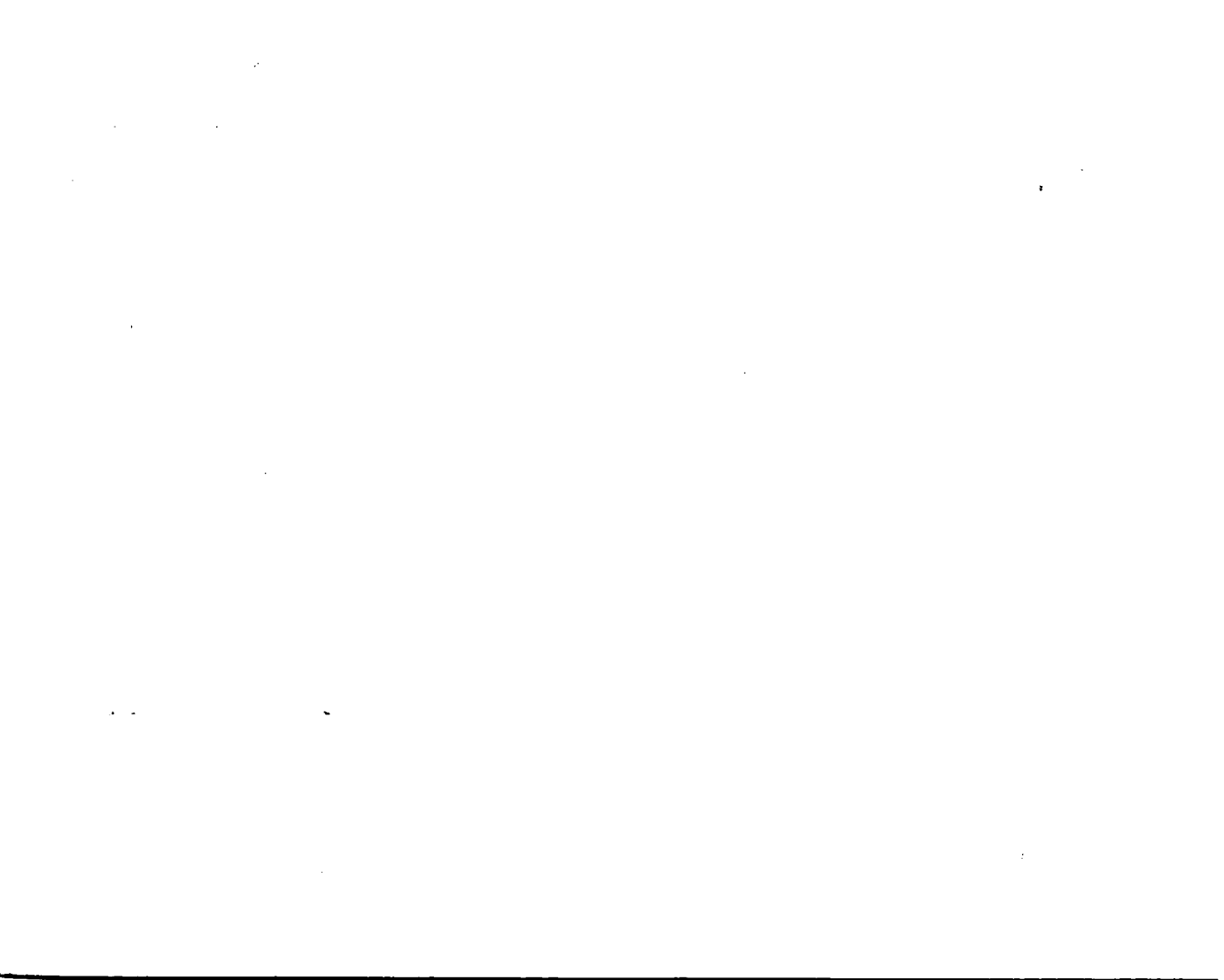
Given names added from a supplemental report.

Address _____

Filed 4/10 1920

Registrar

Registrar



243108-~~004~~-993

PLACE OF BIRTH

Form V. S. No. 11-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICSCounty of Bear Lake

CERTIFICATE OF BIRTH

77640

City of ParisRegistration District No. 33File No. 432

No. _____ St. _____

Primary Registration District No. 2/32

Registered No. _____

Hospital _____

FULL NAME OF CHILD

MARION RICH SUTTON

Sex of
ChildBoyTwin
Triplet
or other?

} and {

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
Birth3-81920

(Month) (Day) (Year)

FULL
NAMER. J. Sutton

FATHER

FULL
MAIDEN
NAMEMable Rich

MOTHER

RESIDENCE

Paris

RESIDENCE

Paris

COLOR

whiteAGE AT LAST
BIRTHDAY38

(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY37

(Years)

BIRTHPLACE

Paris

BIRTHPLACE

Bern

OCCUPATION

Physician

OCCUPATION

House wifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive
(Born alive or stillborn)10:15 P.M.*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

R. J. Sutton
(Physician or midwife)

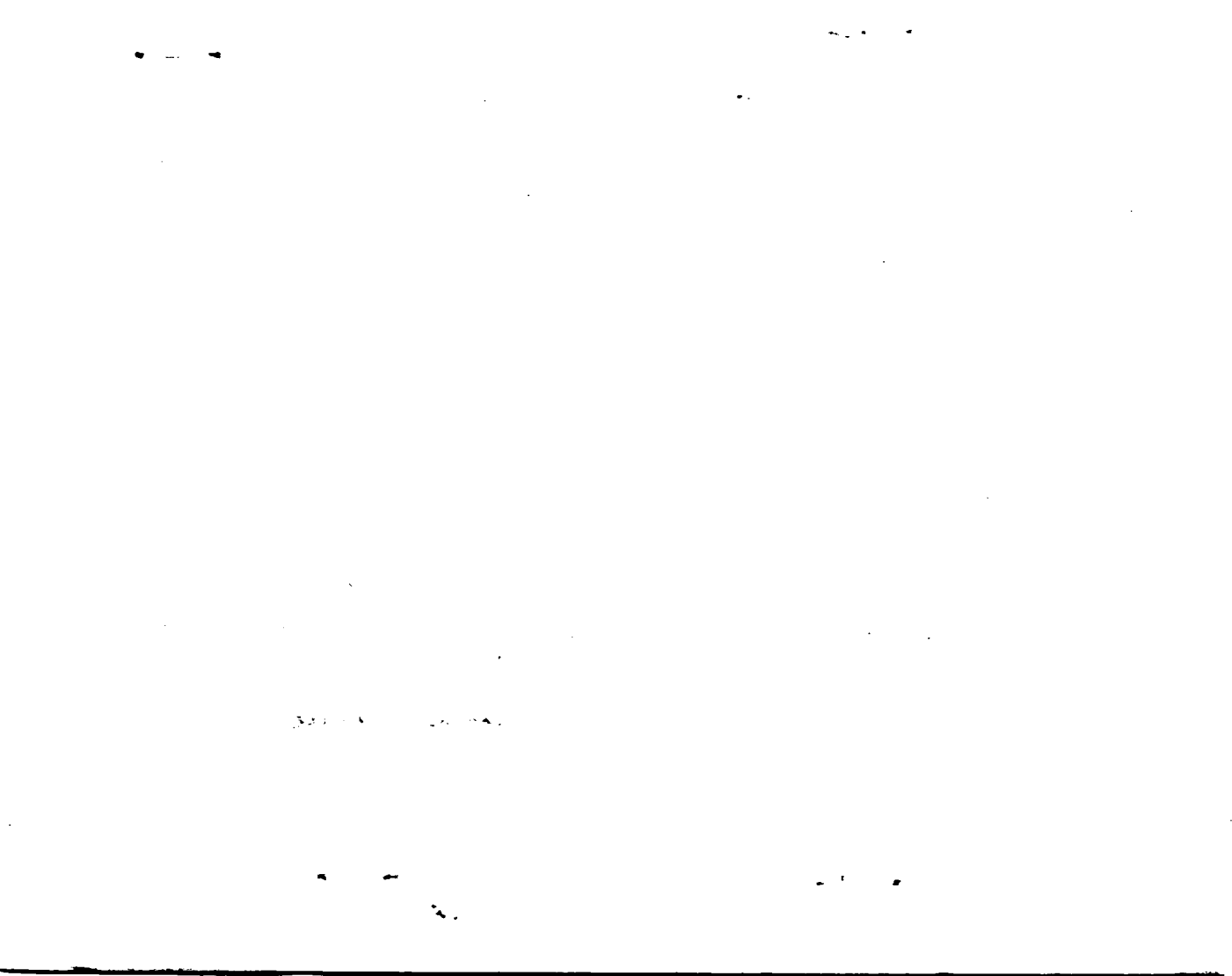
Given names added from a supplemental report.

Address

Filed 4/101920

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

469120-005-963
BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bennett Whitman

City of Spokane

Registration District No. 3

File No. 77641

No. _____ St. _____

Hospital St Luke

Primary Registration District No. _____

Registered No. 1

FULL NAME OF CHILD Morell Luke

| | | | | | |
|-----------------------|---|-----|---|-------------------------------|--|
| Sex of Child <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate?
<u>yes</u> | Date of Birth <u>March 20</u> 19 <u>30</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|---|-------------------------------|--|

FATHER
FULL NAME Morell John
RESIDENCE Bismarck
COLOR Indian AGE AT LAST BIRTHDAY not known (Years)
BIRTHPLACE Colville Reser.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Rolandelli Catharina
RESIDENCE Bismarck
COLOR White AGE AT LAST BIRTHDAY not known (Years)
BIRTHPLACE Italy
OCCUPATION Housewife

Number of child of this mother, including present birth. _____ Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Doctor attended
(Physician or midwife)

Given names added from a supplemental report.

Registrar

Address _____
Filed March 31 1930 James E. Bohan
Registrar



943-220-005-366
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BannockCity of BlanchetRegistration District No. 1File No. 77642

No. _____ St.

Primary Registration District No. _____

Registered No. 2

Hospital _____

FULL NAME OF CHILD

Richman Josephina

Sex of Child

7.Twin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthMarch 21 1921
(Month) (Day) (Year)FULL
NAME

FATHER

Richman Albert

RESIDENCE

BlanchetFULL
MAIDEN
NAME

MOTHER

Joseph Agata Tooto

RESIDENCE

Blanchet

COLOR

IndianAGE AT LAST
BIRTHDAY

(Years)

COLOR

IndianAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Coeur d'Alene Reserv.

BIRTHPLACE

Coeur d'Alene Reserv.

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. Doctor attended

(Physician or midwife)

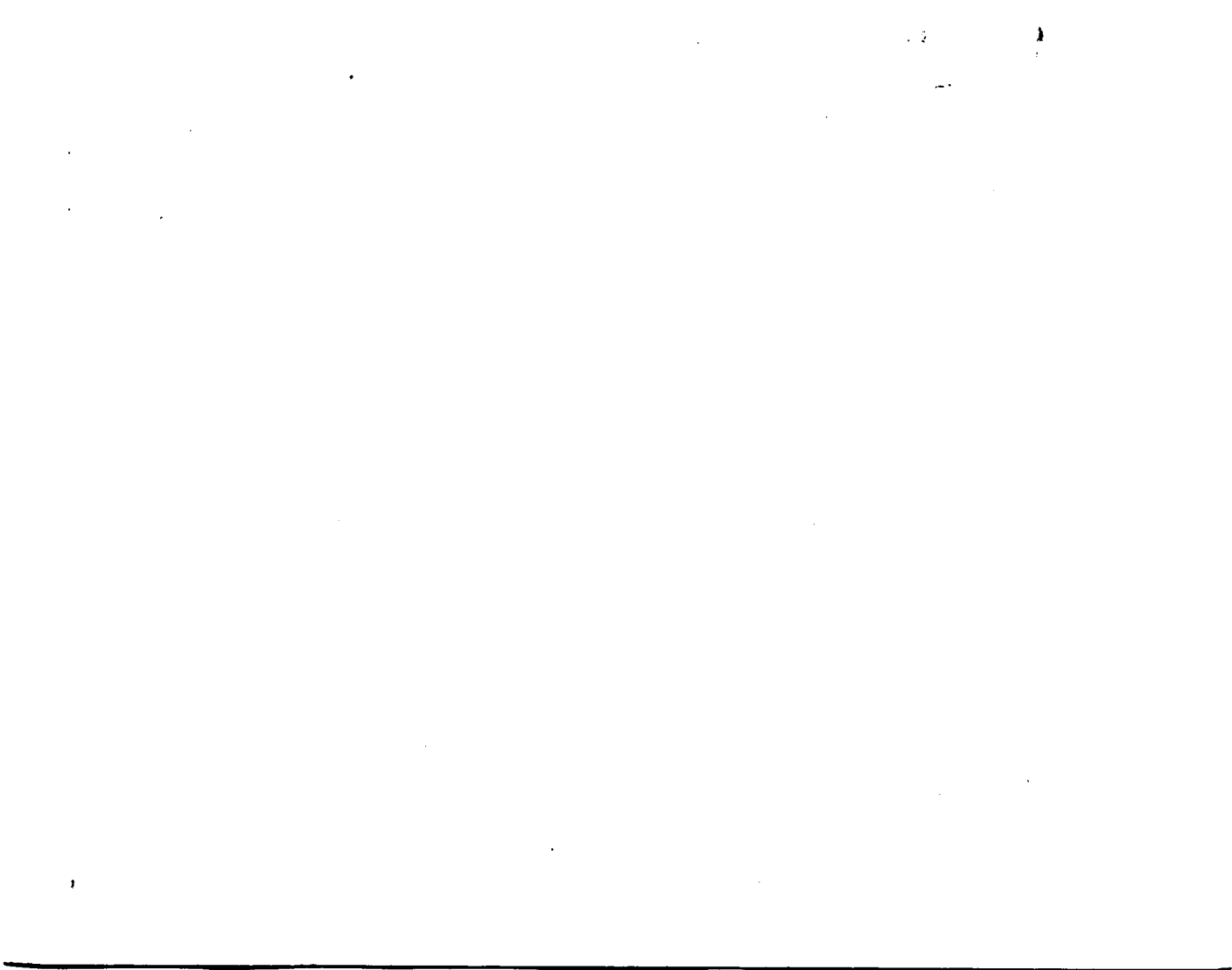
Given names added from a supplemental report.

19 _____

Address _____

Registrar

Filed March 21 1921Jess E. Bihan
Registrar



719-121005-693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BenedictCity of HamletRegistration District No. 31File No. 1 77643

No. _____ St. _____

Primary Registration District No. _____

Registered No. 3

Hospital _____

FULL NAME OF CHILD

Garrick HamletSex of
ChildM.Twin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthMarch 21 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Garrick Joe David

RESIDENCE

Hamlet

COLOR

IndianAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Hamlet

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Roy Wildshoe

RESIDENCE

Hamlet

COLOR

IndianAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Hamlet

OCCUPATION

Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

No physician's record

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed March 31 1920

Registrar

James S. Bihan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

265-2281005-513
 PLACE OF BIRTH

County of Bonanza

City of Blount

No. _____ St.

Hospital _____

FULL NAME OF CHILD

Bonanza Mary Aveline

Sex of
Child

F.

Twin
Triplet
or other?
(To be answered only in event of plural births)

and { Number
in order
of birth

Legiti
mate?

yes

Date of
Birth

March 24

1920

(Month) (Day) (Year)

FULL
NAME

FATHER

Bonanza John

RESIDENCE

Blount

COLOR

Indian

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Blount

OCCUPATION

Farmer

FULL
MAIDEN
NAME

MOTHER

Margaret Valler

RESIDENCE

Blount

COLOR

Indian

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Blount

OCCUPATION

Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
 midwife then the father, householder, etc.,
 should make this return. A stillborn child is
 one that neither breathes nor shows other evi-
 dence of life after birth.

(Signature) No physician attended

(Physician or midwife)

Given names added from a supplemental report.

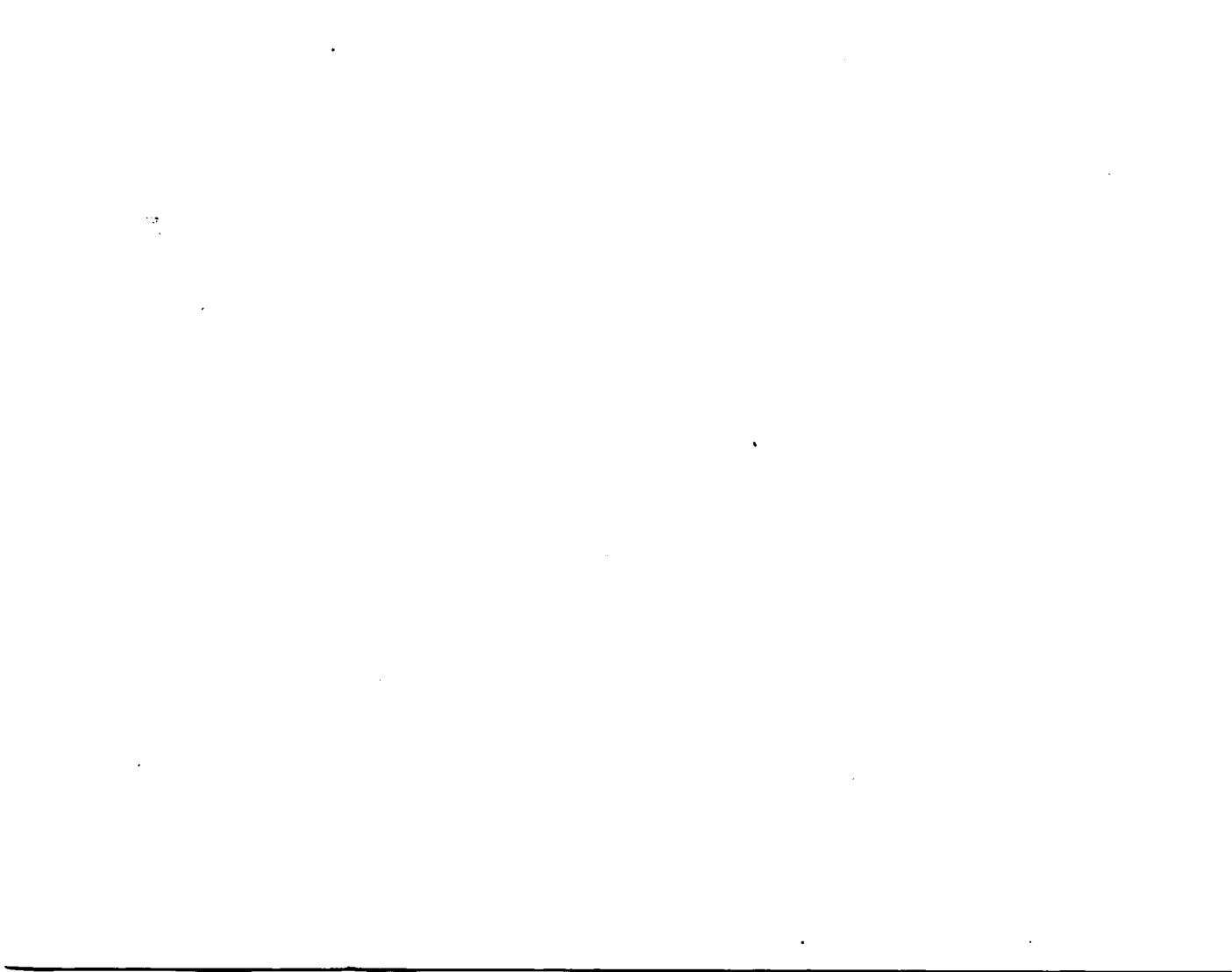
19

Address _____

Filed March 21 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

249-115,005-162
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of BennettCity of BlanchetRegistration District No. 31File No. 77647

No. _____ St.

Primary Registration District No. _____

Registered No. 7

Hospital _____

FULL NAME OF CHILD

Burke FrancisSex of
ChildM.Twin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?yesDate of
BirthFeb. 15

(Month)

(Day)

1920
(Year)FULL
NAME

FATHER

Burke William

RESIDENCE

Blanchet

COLOR

whiteAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

RESIDENCE

Josephine Lucy

COLOR

whiteAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

No physician's record

(Physician or midwife)

Given names added from a supplemental report.

19

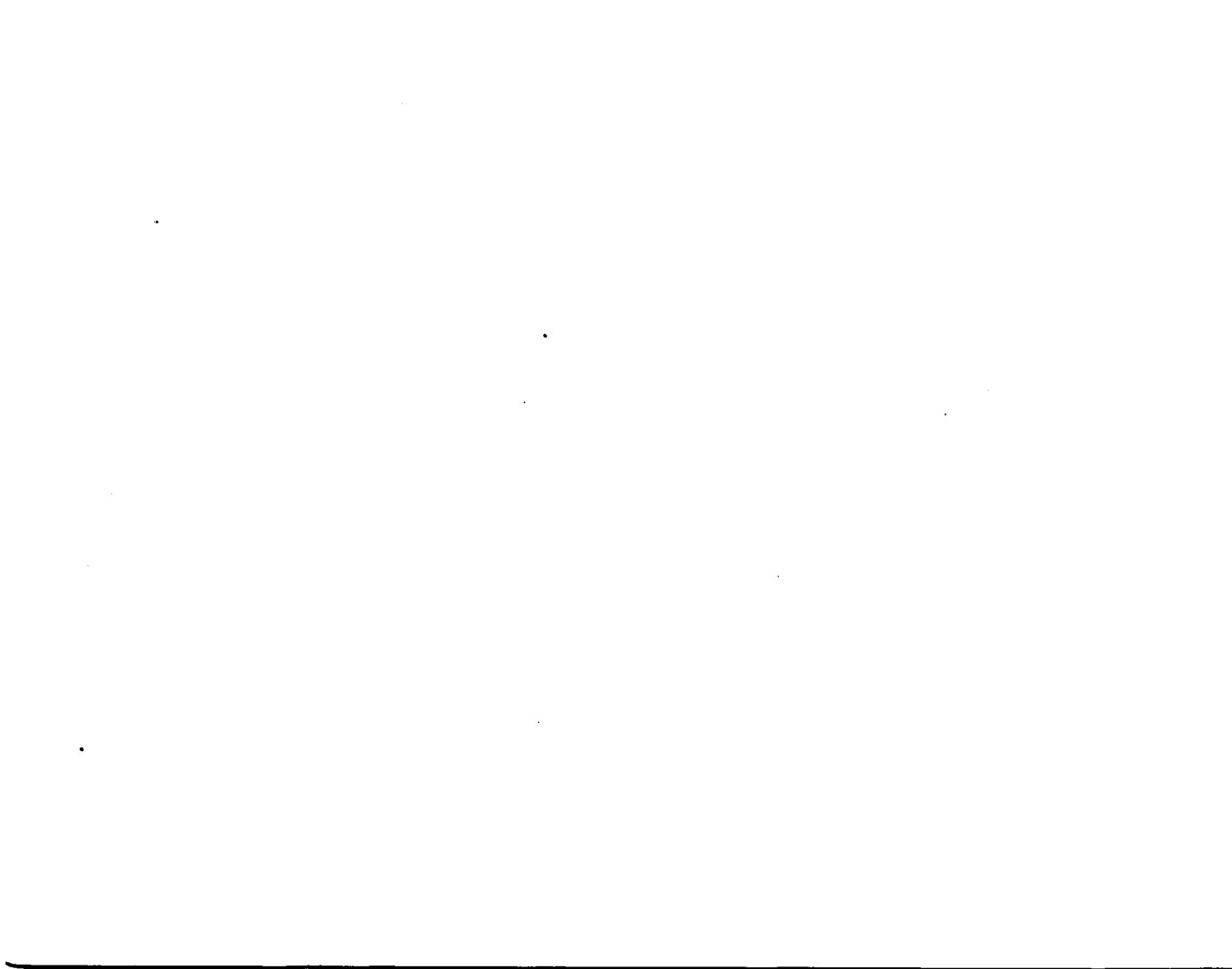
Address _____

Filed March 31 1920

Registrar

Registrar

Jos. E. Bihane



137-102,005-000
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BennettCity of IdahoRegistration District No. 31File No. 1 **77648**

No. _____ St. _____

Primary Registration District No. _____ Registered No. 8

Hospital _____

FULL NAME OF CHILD

Alphonse AntelopeSex of
ChildM.Twin
Triplet
or other?
(To be answered only in event of plural births)

} and {

Number
in order
of birthLegiti
mate?yesDate of
BirthMarch 2 1932
(Month) (Day) (Year)FULL
NAME

FATHER

Alphonse Alexis

RESIDENCE

Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Helen

RESIDENCE

Idaho

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

No physician's record

(Physician or midwife)

Given names added from a supplemental report.

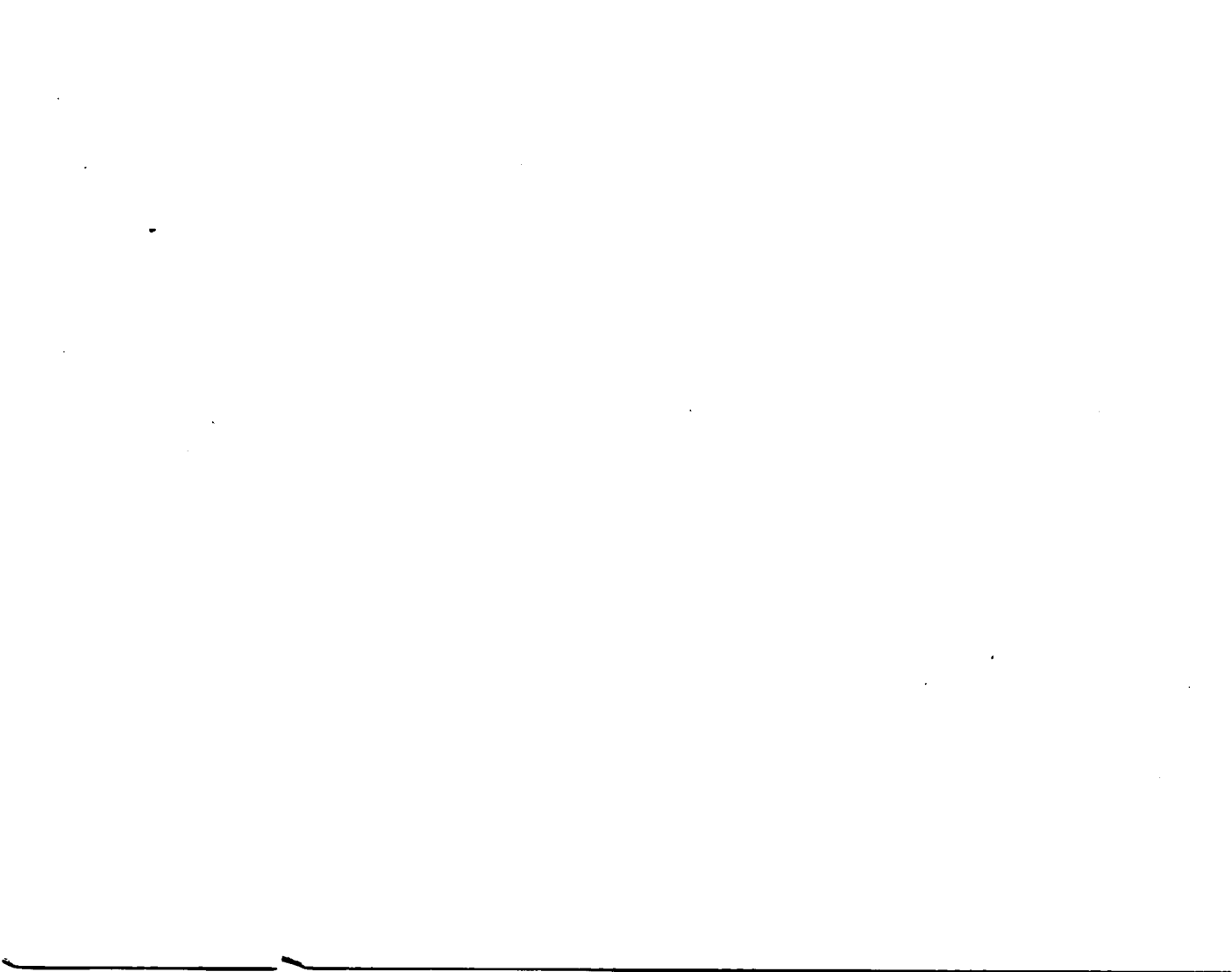
19

Address _____

Filed March 31 1932

Registrar

Registrar



296103.005-443

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BennettCity of BennettRegistration District No. 1File No. 77650

No. _____ St.

Primary Registration District No. _____

Registered No. 10

Hospital _____

FULL NAME OF CHILD

Kitt JohnnySex of
ChildM.Twin
Triplet
or other?
(To be answered only in event of plural births)

} and {

Number
in order
of birthLegiti
mate?yesDate of
BirthMarch 3

(Month)

(Day)

1920
(Year)FULL
NAME

FATHER

Kitt, Mike

RESIDENCE

Colville

COLOR

IndianAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Colville

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Mullen, Christine

RESIDENCE

Colville

COLOR

IndianAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Bennett

OCCUPATION

Housewife

Number of child of this mother, including present birth. _____ Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

No doctor attended

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed March 31 1920

Registrar

Jess E. Bigham
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

437-127,005-243

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bennett

City of St. Maries

Registration District No. 32

File No. 77651

No. _____ St.

Primary Registration District No. 2049

Registered No. 30

Hospital St. Maries Hosp.

FULL NAME OF CHILD John Newton Lee

| | | | | | |
|--------------------------|---|-----|--|------------------------|--|
| Sex of Child <u>Male</u> | <input checked="" type="checkbox"/> Twin
<input checked="" type="checkbox"/> Triplet
<input type="checkbox"/> or other? | and | <input type="checkbox"/> Number in order of birth
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of Birth <u>3 - 27 - 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--|------------------------|--|

FULL NAME FATHER George W. McGee

FULL MAIDEN NAME MOTHER Josephine Bennett

RESIDENCE St. Maries, Ida

RESIDENCE St. Maries, Ida

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Int. Army in Germany

BIRTHPLACE Hayward, Calif.

OCCUPATION Conductor

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:58 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed Robins

Given names added from a supplemental report.

(Physician or midwife)

Address St. Maries, Ida

Filed April 7 1920 H E Smith
Registrar

Registrar

5/16/41 L. B.

7/27/41

437-213-005389

PLACE OF BIRTH

County of BenewahCity of St. Maries

No. _____ St.

Hospital St. Maries

Full Name of Child

Registration District No. 32Primary Registration District No. 2049File No. 77652Registered No. 29Doris Adele McFarland

| | | | | |
|--|---|--|--|--|
| SEX OF CHILD
<u>female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { and } Number
in order
of birth | Legiti-
mate? <u>yes</u> | DATE OF BIRTH
<u>mar. 13</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME
<u>Ralph H. McFarland</u> | FATHER | | FULL MAIDEN NAME
<u>Pearl Viola Kielman</u> | MOTHER |
| RESIDENCE
<u>St. Maries, Idaho</u> | | | RESIDENCE
<u>St. Maries</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY
<u>24</u>
(Years) | | COLOR
<u>White</u> | AGE AT LAST BIRTHDAY
<u>23</u>
(Years) |
| BIRTHPLACE
<u>Dumfries, Neb.</u> | | | BIRTHPLACE
<u>Maine, Wisconsin</u> | |
| OCCUPATION
<u>Sedan Salvage</u> | | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Delomwall

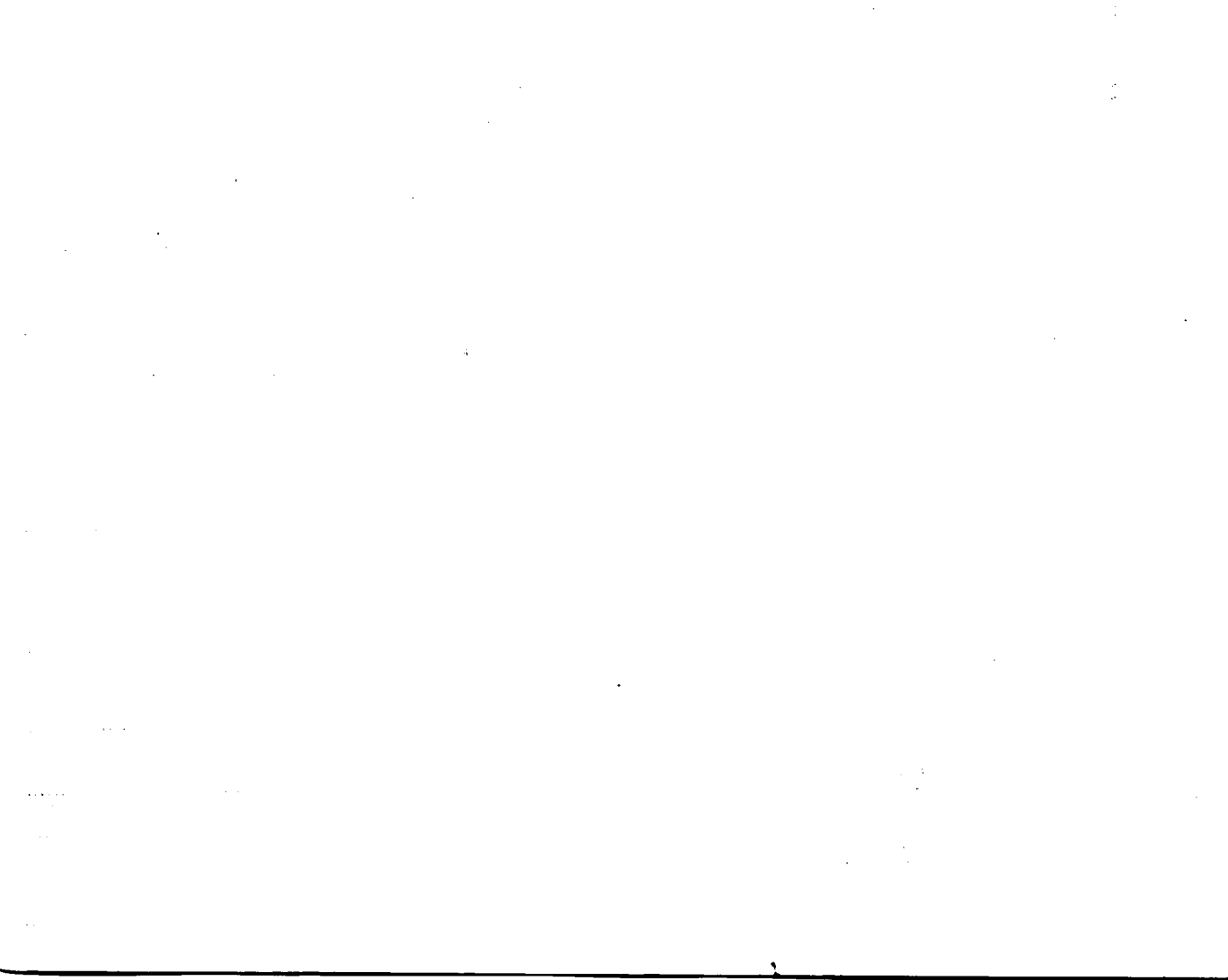
(Physician or midwife)

Given names added from a supplemental report.

Address St. MariesFiled April 7 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

464-101-005-853

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Beverly

City of St. Xavier

Registration District No. 32

File No. **77653**

No. _____ St. _____

Primary Registration District No. 2049

Registered No. 28

Hospital

FULL NAME OF CHILD.

| | | | | | |
|--------------------------|------------------------------|-----|--------------------------------|------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other? | and | Number
in order
of birth | Legitimate? <u>yes</u> | Date of Birth <u>March 1</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|------------------------------|-----|--------------------------------|------------------------|---|

FULL NAME C. Murray Dodson FATHER

RESIDENCE St. Maries, Ida

COLOR white AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME Ellen Aulgren MOTHER

RESIDENCE *St. Monie. Mo*
Ellen Adams

COLOR white AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE 00

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:35 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

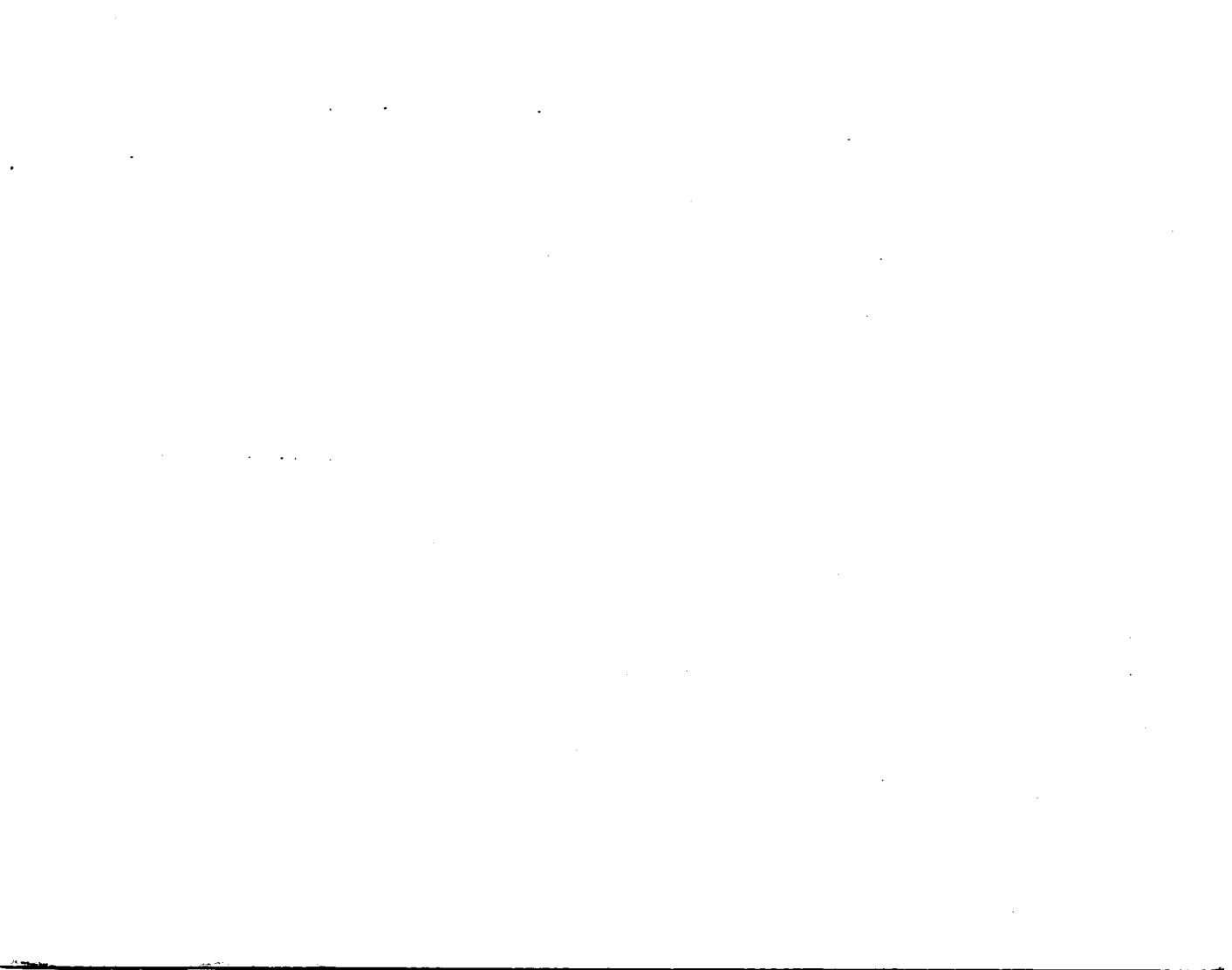
Given names added from a supplemental report.

Address St. Marks, Fla.

Filed Mar. 8 1920 HELM Register

Registrar

Registrar



652-2170005-632

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. N.6, H-C-25m-1-1-18

County of BennettHam Is of PlummerRegistration District No. 46

File No.

77654

No. _____ St.

Primary Registration District No. 2123

Registered No.

7

Hospital _____

FULL NAME OF CHILD

Edna Laurencea Webber

| | | | |
|----------------------------|---|-----------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>None</u>
(To be answered only in event of plural births) | Legitimate <u>yes</u> | Date of Birth <u>Mar 17th</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----------------------|---|

FULL NAME FATHER

Joseph Webber

RESIDENCE

Ham Is of Plummer Idaho

COLOR

White

AGE AT LAST BIRTHDAY

30

(Years)

BIRTHPLACE

England

OCCUPATION

Plasterer

FULL MAIDEN NAME

MOTHER
Edna Laurencea Olson

RESIDENCE

Ham Is of Plummer Idaho

COLOR

White

AGE AT LAST BIRTHDAY

31

(Years)

BIRTHPLACE

Kendrick Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth Four (4)Number of children of this mother now living, including present birth Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive
(Born alive or stillborn)at 6-20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature)

S. H. Harrington M.D.Accouchur

(Physician or midwife)

Given names added from a supplemental report.

19

Address

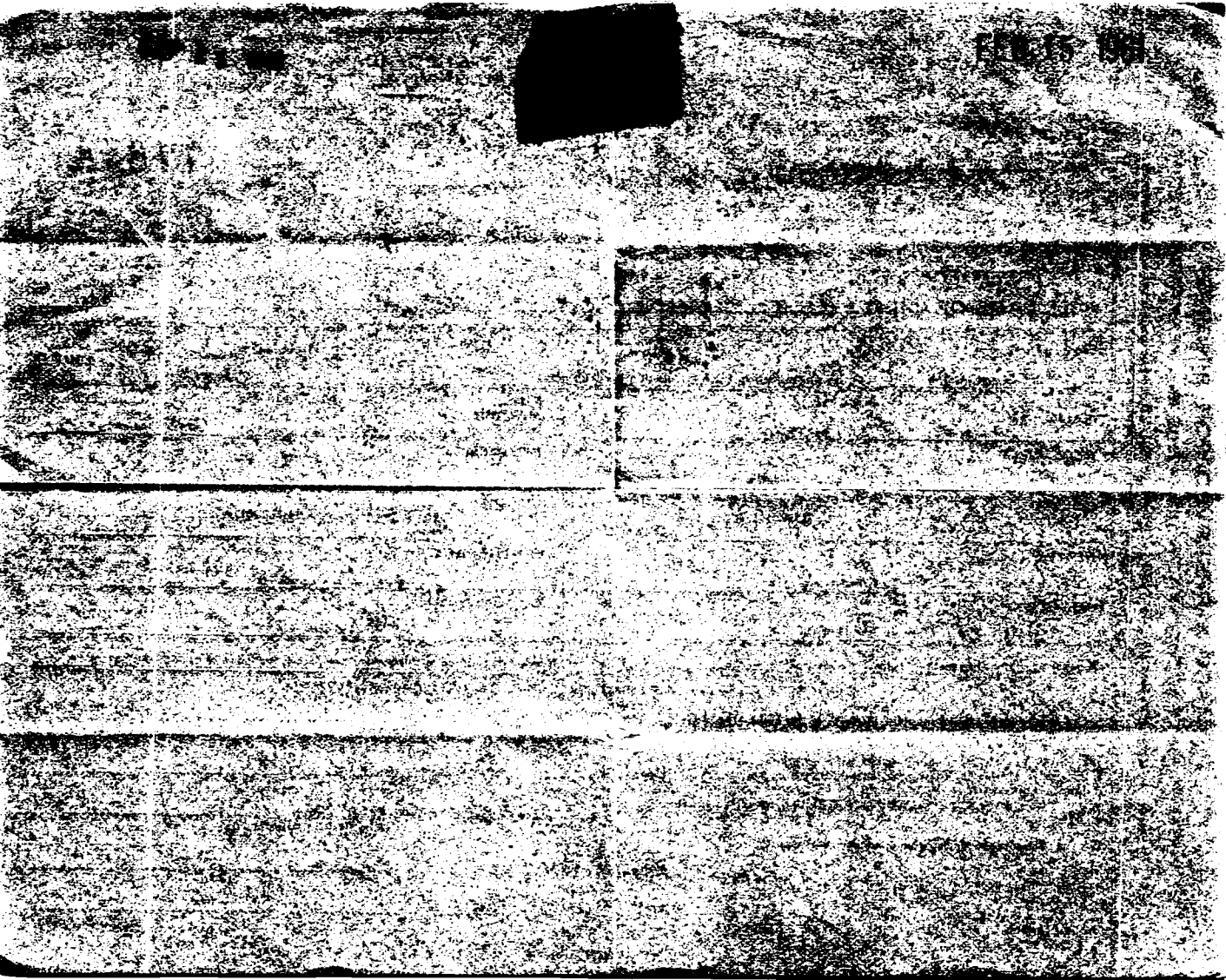
Plummer Idaho

Filed

Mar 27 1920

Registrar

FILE 15 1941



238-114-005-769

PLACE OF BIRTH

Form V. S. No. 11-C-22a-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BannockCity of PlummerRegistration No. 46File No. 77655

No. _____ St. _____

Primary Registrar District No. 2123Registered No. 6

Hospital _____

FULL NAME OF CHILD Burton Howard SchmidtSex of Child MaleTwin
Triplet
or other?

(To be answered only in event of plural births)

Light-
male? yesDate of Birth March 14th 1920
(Month) (Day) (Year)FULL NAME FATHER William Frederick SchmidtRESIDENCE Plummer, IdahoCOLOR White AGE AT LAST BIRTHDAY 37
(Years)BIRTHPLACE Firth, NebraskaOCCUPATION LumbermanFULL MAIDEN NAME MOTHER Ruth Carol GordonRESIDENCE Plummer, IdahoCOLOR White AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE Town City, N. DakotaOCCUPATION HousewifeNumber of child of this mother, including present birth (4) FourNumber of children of this mother now living, including present birth (3) Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 7-30 a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sh. Harrington, D.C.
Accouchus
(Physician or midwife)

Given names added from a supplemental report.

Address Plummer, IdahoDate Feb 77 1920 Registrar W. J. JagerMARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1941

JAN 24 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-111-

PLACE OF BIRTH
028-153
County of *Bozeman*
Farm East of Worley

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. _____ St. _____

Registration

46

File No.

77656

Hospital _____

Primary Registrar

No. 2123

Registered No.

5

FULL NAME OF CHILD

Arthur George Dofelmier

Sex of Child

male

Twin Triplets or other?

Number of children of birth

Legitimate?

yes

Date of Birth

Mar 11 1920
(Month) (Day) (Year)

FULL NAME

Arthur George Dofelmier

FATHER

FULL MAIDEN NAME

Lillie Lulu Detwiler

MOTHER

RESIDENCE

Farm East of Worley, Idaho

RESIDENCE

Farm East of Worley, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

2 1/2

COLOR

White

AGE AT LAST BIRTHDAY

19
(Years)

BIRTHPLACE

Bonitai, Montana

BIRTHPLACE

Big Springs, Ohio

OCCUPATION

Woodman

OCCUPATION

Housewife

Number of child of this mother, including present birth. *one (1)*

Number of children of this mother now living, including present birth. *one (1)*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive

(Born alive or stillborn)

at *9-15-a* M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

S. A. Harringtons D.C.

Accouchur

(Physician or midwife)

Given names added from a supplemental report.

Address *Plummer, Idaho*

Filed *Mar 27 1920*

W. A. [Signature]
Registrar

MAR 8 1942

769-124-
PLACE OF BIRTH
005-469
County of BenewahCity of PlummerNo. StRegistration District No. 46Primary Registration District No. 2123

Form V. S. No. 11-C-22a-22b

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 77657Registered No. 8

Hospital

FULL NAME OF CHILD

Bernard Henry PoiteSex of
ChildmaleTwin
Triplet
or other?
(To be answered only in event of plural births)Single

and

(Number
in order
of birth)5Legiti-
mate?YesDate of
BirthFeb 271912

(Month)

(Day)

(Year)

FULL
NAMEFred B. Poite

FATHER

RESIDENCE

near Plummer Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY43

(Years)

BIRTHPLACE

Wanpaca Wis

OCCUPATION

LoggerFULL
MAIDEN
NAMEMargaret Moran

MOTHER

RESIDENCE

near Plummer Ida

COLOR

whiteAGE AT LAST
BIRTHDAY38

(Years)

BIRTHPLACE

Oconto Wis

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Feb 27 at 800 P.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

H. W. Fisher M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address

..... 19

Filed

Registrar

Apr. 7 1912H. J. Jaeger
Registrar

RECEIVED
FEB 10 1964

HTHIO 20 70 A

RECEIVED
FEB 10 1964

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-221-006-349

PLACE OF BIRTH

County of Bingham

City of Sterling

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 116

Primary Registration District No. 2155

File No. 77658

Registered No. 444

Inez Marie Lovelers

Sex of Child female

Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

yes

Date of
Birth

March 21

19 20

(Month) (Day) (Year)

FULL
NAME

Charles Gilbert Lovelers

FATHER

FULL
MAIDEN
NAME

Annie Curtis

MOTHER

RESIDENCE

Sterling Ida

RESIDENCE

Sterling Ida

COLOR

white

AGE AT LAST
BIRTHDAY

46

(Years)

COLOR

white

AGE AT LAST
BIRTHDAY

39

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

born alive

(Born alive or stillborn)

12 45 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. C. Markham 14.8.

Physician

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address

Abundant Ida

Filed

9/22

19. _____

Registrar

Registrar

STE
VAL 702

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77658
County of Cassia } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of unnamed Loveless (BIRTH OR DEATH) for unnamed Loveless who was born on May 21, 1920 (WAS BORN OR DIED) in Starling, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record prepared on at time of this birth (GIVE DATE), are:

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

name unnamed Inez Marie Loveless

Subscribed and sworn to before me this 6th
day of April, 1946

Notary Public, residing at Burley, Ida

My commission expires 6-1-46
(SEAL)

Signed Emma Curtis Loveless

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OF OTHER CREDIBLE PERSON.)

Burley, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of April, 1946

Notary Public, residing at Burley, Id.

My commission expires 6-1-46
(SEAL)

Signed Chas. E. Loveless

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Burley, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

11-12-13

14-15-16

17-18-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-224006-415
PLACE OF BIRTH

County of Bingham

City of Springfield

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. _____

Primary Registration District No. 2155

File No. 10

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77659

Sex of Child Female Twin Triplet or other? — and { Number in order of birth — Legitimate? yes Date of Birth March 24 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Russell B. Wallace
RESIDENCE Springfield Ida
COLOR white AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Indiana
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Alberta Davis
RESIDENCE Springfield Ida
COLOR white AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE California
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:20 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. MacKinnon
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Aberdeen Ida
Filed 3/24 1920 M S MacKinnon
Registrar

Registrar

Registrar

NOV 28 1956

OCT 27 1960

513-227.006-215
PLACE OF BIRTHCounty of BinghamCity of Springfield

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Coralie ValentySTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

77661

Registration District No. 116

File No. _____

Primary Registration District No. 2195Registered No. 447

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?YesDate of
BirthMich 27 20
(Month) (Day) (Year)FULL
NAMEFATHER Sam ValentyFULL
MAIDEN
NAMEMOTHER Sunday Sanelli

RESIDENCE

Springfield Ida

RESIDENCE

Springfield Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY32
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Italy

BIRTHPLACE

Italy

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, on the date above stated.

(Born alive or stillborn)

at 7 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. C. McKinnon, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sheldon, Ida

Filed

3/27 1920

Registrar

Registrar

OCT 3 - 1974

819-128-006-813

PLACE OF BIRTH

County of BinghamCity of Sterling

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.-S. No. 11-C-25m-7-21-19

77662

Registration District No. 116 File No. 10Primary Registration District No. 2195 Registered No. 448FULL NAME OF CHILD JOHN ALBERT HARRIS

| | | | | |
|--------------------------|--|--------------------------------|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? _____ and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>March 28 20</u>
(Month) (Day) (Year) |
|--------------------------|--|--------------------------------|------------------------|--|

FATHER
FULL NAME Robert Ernest HarrisRESIDENCE Sterling IdaCOLOR white AGE AT LAST BIRTHDAY 39
(Years)BIRTHPLACE UtahOCCUPATION farmerMOTHER
FULL MAIDEN NAME Hannah May YatesRESIDENCE Sterling IdaCOLOR white AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE UtahOCCUPATION housewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

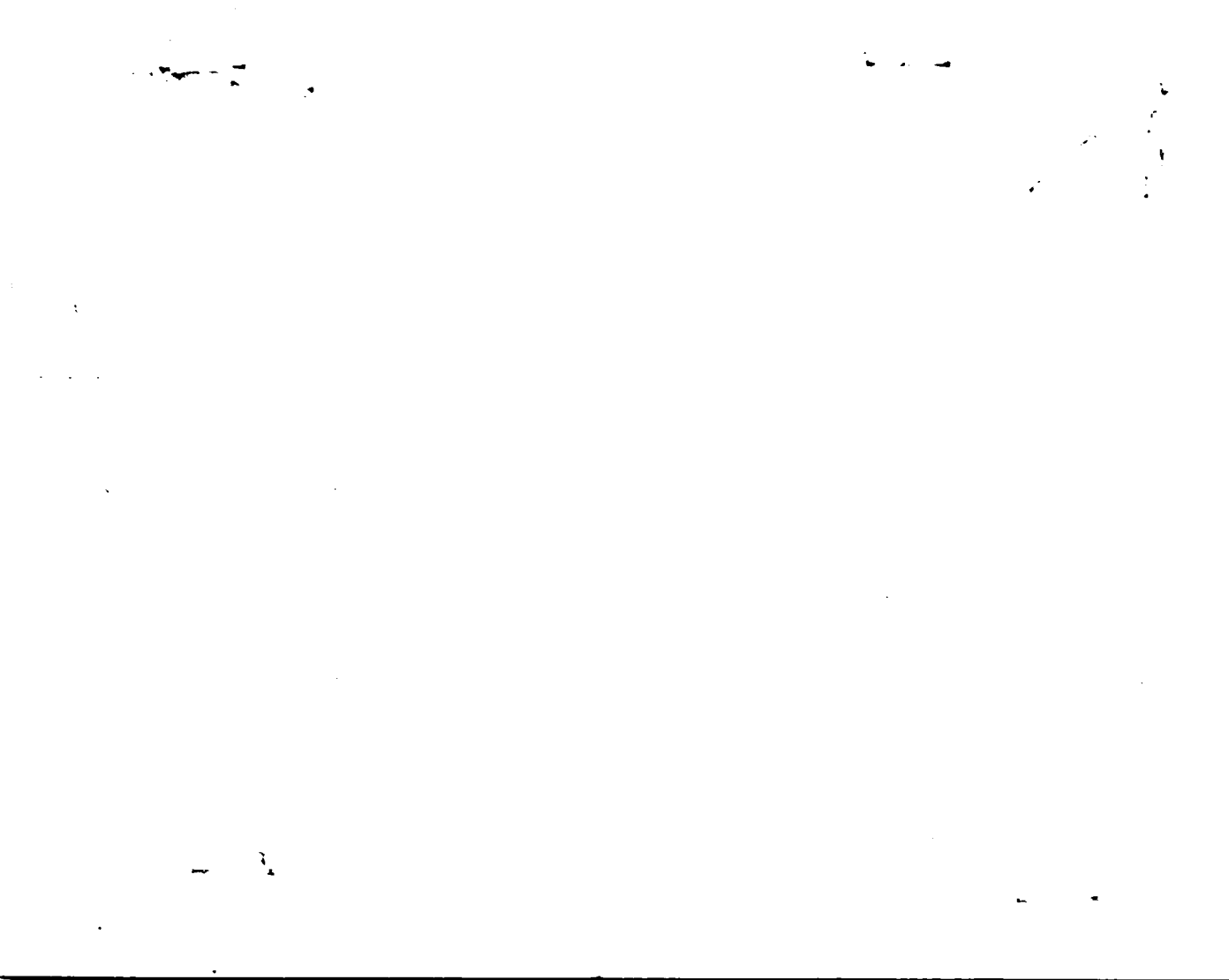
I hereby certify that I attended the birth of this child, who was born alive, at 7:45 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. C. McKinnon M.D.
Physician
(Physician or midwife)

Address Sterling Ida
Filed March 29 20 W. C. McKinnon
19 _____
Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Bingham } ss.
 The undersigned does solemnly swear that certain facts on the certificate of Birth
 for John Albert Harris who was born on March 28 - 1920
 (Name on original certificate) (Was born or died) (Date of event)
 in Bering Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of event)
 true facts as shown by Albert John Harris prepared on _____, are:
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
 ("Name", "birth date", "cause of death", etc.)

FROM
 (As on original)

TO
 (The correct facts)

Name

Unnamed Harris

John Albert Harris

John Albert Harris

Subscribed and sworn to before me this 2
 day of Dec, 1941

Signed R. C. Harris (Father)
 (Signature of parent or attendant if correcting a birth record; of
 attendant, funeral director, informant if correcting a death record;
 or other credible person.)

Notary Public, residing at Abidenee Ida

My commission expires _____
 [SEAL]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
 County of Bingham } ss.

[This affidavit MUST also be executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
 day of Dec, 1941

Signed Hannah May Harris
 (Signature of any credible person other than the previous affiant.)
Matt

Notary Public, residing at Abidenee Ida

My commission expires _____
 [SEAL]

(Street Address, City, State)

Received for filing on _____ By _____
 (Registrar's signature)

DEC 1941



695-130-06-255

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77663

County of BinghamCity of AberdeenRegistration District No. 116File No. 10

No. _____ St. _____

Primary Registration District No. 2195Registered No. 449

Hospital _____

FULL NAME OF CHILD

RAYMOND CHRISTIAN FREY

| | | | | | |
|--------------------------|---|-----|---|-------------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate?
<u>yes</u> | Date of Birth <u>March 30</u> <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|-------------------------------|---|

FATHER
FULL NAME Christian FreyRESIDENCE Aberdeen IdaCOLOR white AGE AT LAST BIRTHDAY 27
(Years)BIRTHPLACE South DakotaOCCUPATION farmerMOTHER
FULL MAIDEN NAME Matilda SeefriedRESIDENCE Aberdeen IdaCOLOR white AGE AT LAST BIRTHDAY 23
(Years)BIRTHPLACE RussiaOCCUPATION housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at 5 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Markman MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

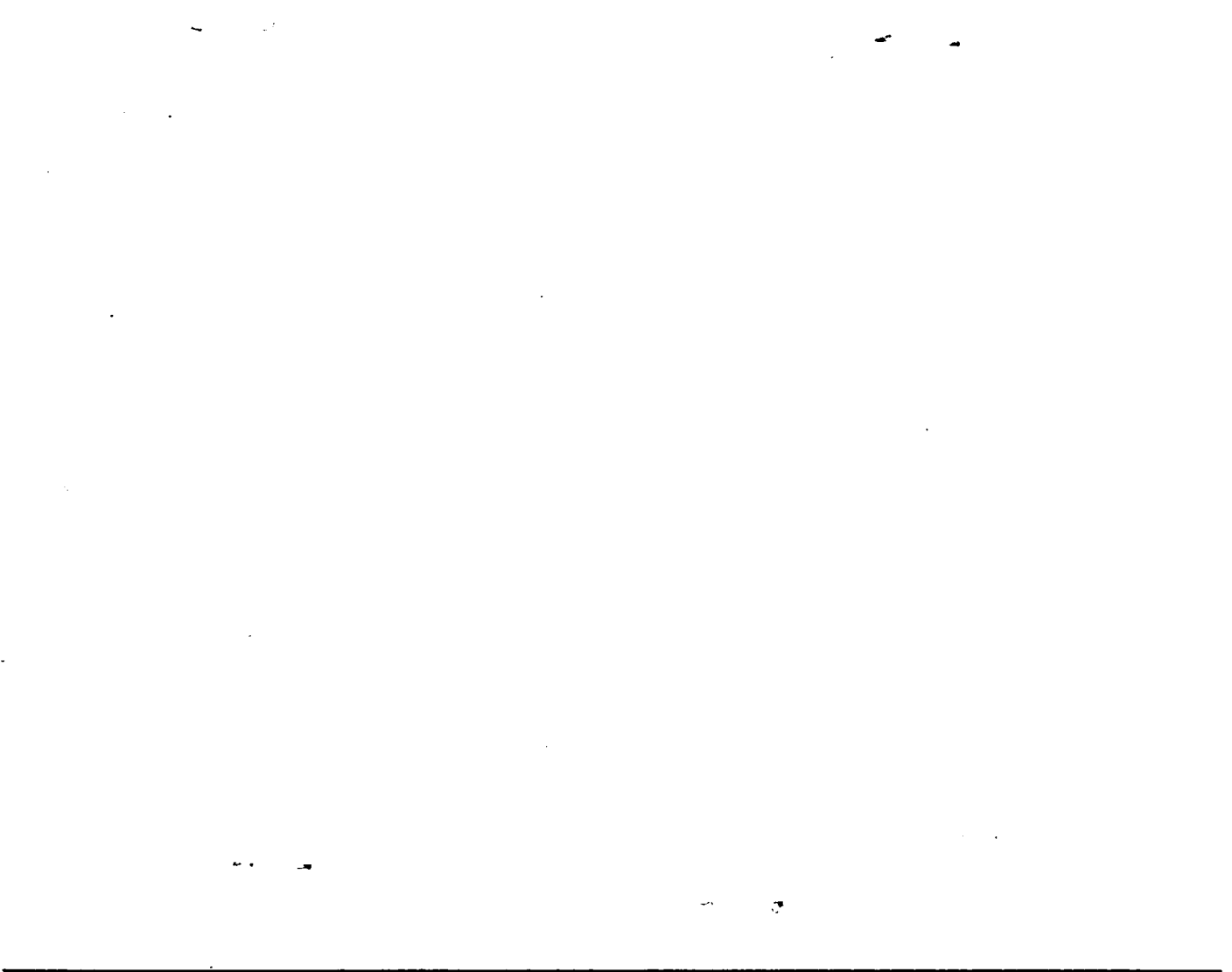
Address Aberdeen IdaFiled March 30 20 M. C. Markman
19 _____

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77663
County of Bonneville }
The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or death)
for Raymond Christian Frey who was born on March 30, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Aberdeen, Bingham County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by _____ prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name

Unnamed Frey

Raymond Christian Frey

Raymond Christian Frey

Subscribed and sworn to before me this 19th
day of December 1941

Signed Mathilda Frey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls, Idaho

My commission expires January 22, 1942
[SEAL]

Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Bonneville } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of December 1941

Signed Christian Frey
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Idaho Falls, Idaho

My commission expires January 22, 1942
[SEAL]

Idaho Falls Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

1941

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234.211.006293

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

77664

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. St.

Primary Registration District No. 9194

Registered No. 74

Hospital

FULL NAME OF CHILD Josephine Kluesner

Sex of Child

female

Twin
Triplet
or other

and (Number
in order
of birth)
1st
(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

Feb 11th 1920
(Month) (Day) (Year)

FULL NAME

William L. Kluesner

FULL MAIDEN NAME

Lena L. Killion

RESIDENCE

206 S. 2nd

RESIDENCE

206 S. 2nd

COLOR

white

AGE AT LAST BIRTHDAY

26
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

22
(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Kansas

OCCUPATION

farmer

OCCUPATION

housewife

Number of child of this mother, including present birth... 3rd

Number of children of this mother now living, including present birth... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1130 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Thompson M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot, Idaho

Filed

April 7, 1920

Registrar

Registrar

JUN 30 1944

234-111-006-893
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-27

CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121File No. 77665

No. St.

Primary Registration District No. 2194Registered No. 75

Hospital

FULL NAME OF CHILD Joseph BluesnerSex of
ChildmaleTwin
Triplet
or other?no

and

Number
in order
of birthandLegiti-
mate?yesDate of
BirthFeb 17th1940

(Month)

(Day) (Year)

FULL
NAMEWilliam L. Bluesner

FATHER

RESIDENCE

Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Missouri

OCCUPATION

FarmerFULL
MAIDEN
NAMELena L. Wilkins

MOTHER

RESIDENCE

Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive at 3:30 PM
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. C. Hampton

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot, Idaho

Filed

4-7-20 Mr. H. E. Patrie

Registrar

Registrar

MAR 22 1947

295-2071006-255
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-28m-9-37

County of BinghamCity of AberdeenRegistration District No. 121File No. 77666

No. St.

Primary Registration District No. 2144Registered No. 76

Hospital

FULL NAME OF CHILD Viola Anna Siefried

| | | | | |
|----------------------------|---|--------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>March 7</u> 19 <u>27</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------|------------------------|---|

| | | | |
|-----------------------------------|--------|--|--------|
| FULL NAME <u>William Siefried</u> | FATHER | FULL MAIDEN NAME <u>Christina Siefried</u> | MOTHER |
| RESIDENCE <u>Aberdeen Ida</u> | | RESIDENCE <u>Aberdeen Ida</u> | |

| | | | |
|--------------------|--|--------------------|--|
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>21</u> (Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>21</u> (Years) |
|--------------------|--|--------------------|--|

| | |
|--------------------------|--------------------------|
| BIRTHPLACE <u>Russia</u> | BIRTHPLACE <u>Russia</u> |
|--------------------------|--------------------------|

| | |
|--------------------------|-----------------------------|
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>Housewife</u> |
|--------------------------|-----------------------------|

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... born alive at 2:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdaFiled 4-7-20 Wm. Helen E. Patric

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-208,006-315
 PLACE OF BIRTH

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 77667

No. St.

Primary Registration District No. 2194

Registered No. 77

Hospital

FULL NAME OF CHILD Blanche Lee

| | | | |
|----------------------------|---|---------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u> and <u> </u> Number in order of birth <u> </u> | Legitimate? <u> </u> | Date of Birth <u>May 9 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|---------------------------|---|

| | |
|---|---|
| FATHER
FULL NAME <u>John E. Lee</u> | MOTHER
FULL MAIDEN NAME <u>Lydia S. Langham</u> |
| RESIDENCE <u>Blackfoot #2</u> | RESIDENCE <u>Blackfoot #2</u> |
| COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>40</u> (Years) | COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>36</u> (Years) |
| BIRTHPLACE <u>Utah</u> | BIRTHPLACE <u>Utah</u> |
| OCCUPATION <u>miner</u> | OCCUPATION <u>housewife</u> |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. J. Hunsman

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

Filed 4-7-20

Registrar

Registrar

MAR - 1977

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

842-216-006-314
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-37

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 77668

No. St.

Primary Registration District No. 1007

Registered No. 78

Hospital

FULL NAME OF CHILD Idelen Marguerie Hubbard

| | | | | |
|----------------------------|---|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u>
(To be answered only in event of plural births) | and Number in order of birth <u> </u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar 16 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--|------------------------|--|

| |
|---|
| FATHER
FULL NAME <u>Henry J. Hubbard</u> |
| RESIDENCE <u>Blackfoot Ida</u> |
| COLOR <u>white</u> |
| BIRTHPLACE <u>Missouri</u> |
| OCCUPATION <u>Federal Inspector</u> |

| |
|---|
| MOTHER
FULL MAIDEN NAME <u>Clara Lamprecht</u> |
| RESIDENCE <u>Blackfoot Ida</u> |
| COLOR <u>white</u> |
| BIRTHPLACE <u>Illinois</u> |
| OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Humphreys M.D.

(Physician or midwife)

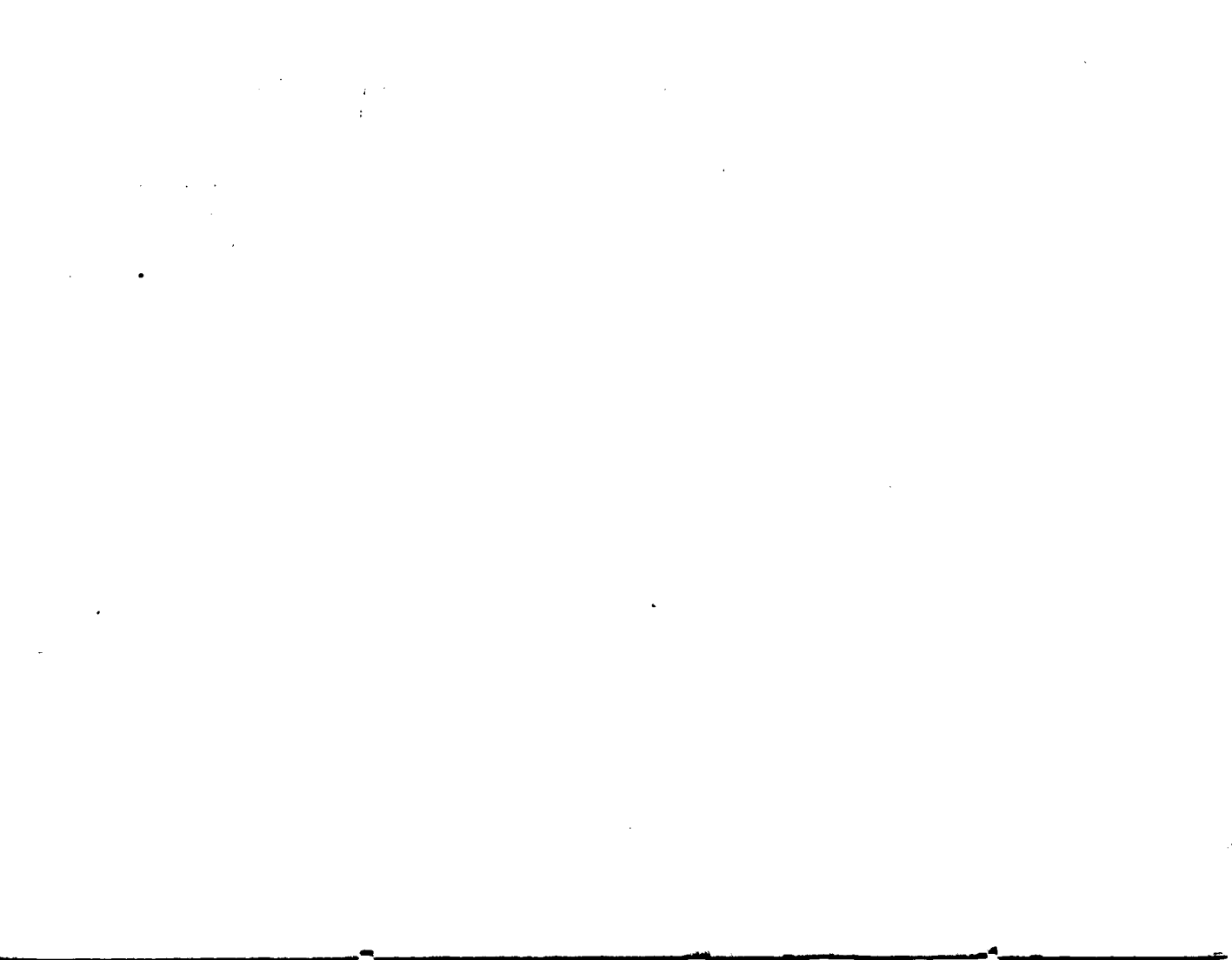
Given names added from a supplemental report.

Address Blackfoot Ida

Filed 4-7-20 Idaho Idaho

Registrar

Registrar



219-121-006-869

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. 5. No. 11-2-21a-34-37

CERTIFICATE OF BIRTH

County of LincolnCity of BlackfootRegistration District No. 121File No. 77669

No. St.

Primary Registration District No. 2194Registered No. 78

Hospital

FULL NAME OF CHILD LEE JAY

| | | | | |
|--------------------------|---|---|-----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
{
Number
in order
of birth
{ | Legiti-
mate? <u>yes</u> | Date of
Birth <u>March 21, 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|---|-----------------------------|--|

| | |
|-------------------------------------|---|
| FULL
NAME <u>Geo. R. Bailey</u> | FATHER |
| RESIDENCE <u>Blackfoot Idaho #1</u> | |
| COLOR <u>white</u> | AGE AT LAST
BIRTHDAY <u>1 1/2</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL
MAIDEN
NAME <u>Theresa Harne</u> | MOTHER |
| RESIDENCE <u>Blackfoot Idaho #1</u> | |
| COLOR <u>white</u> | AGE AT LAST
BIRTHDAY <u>3 1/2</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 530p, M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Humphreys

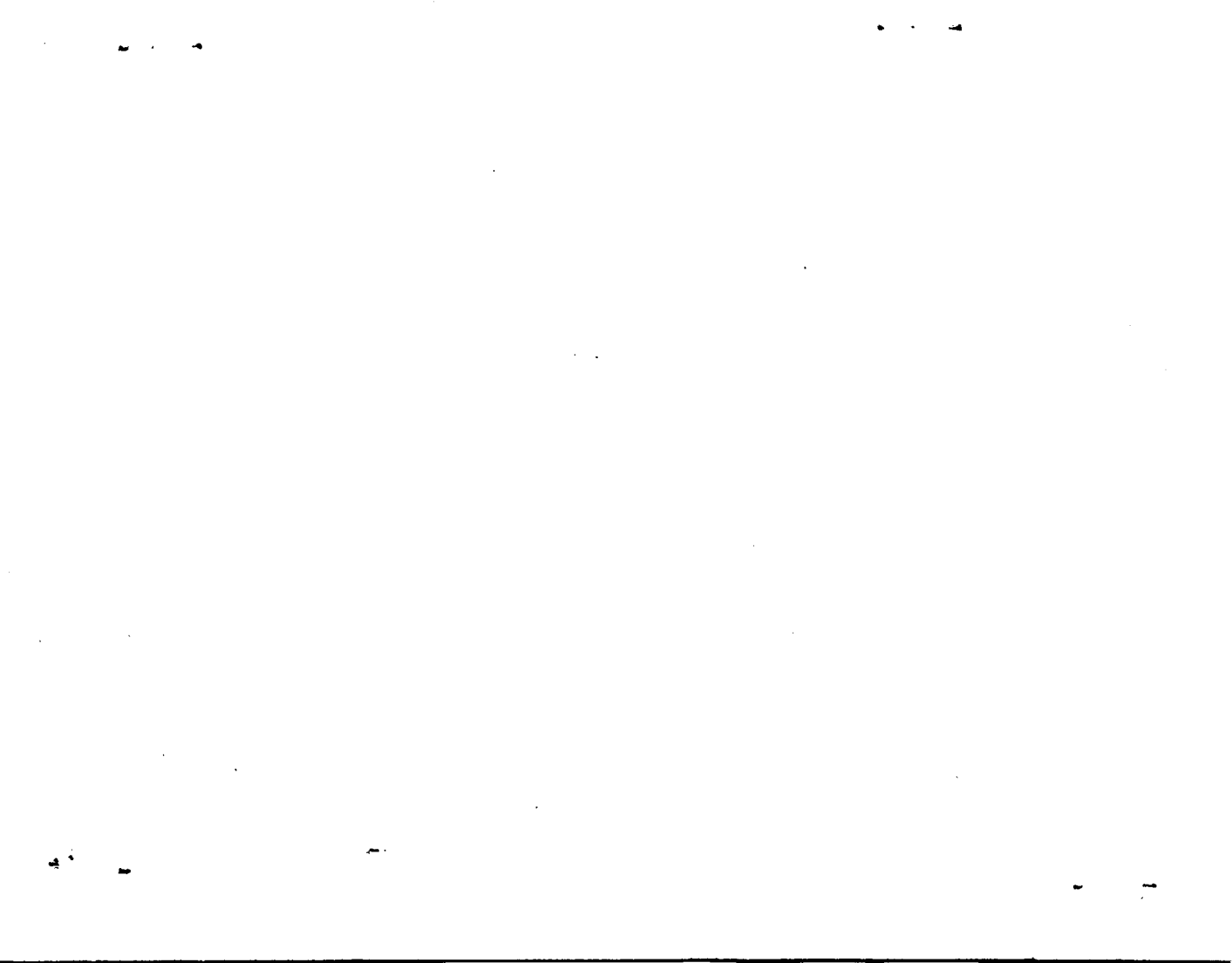
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdahoFiled 4-7 3d Mr. Helen E. Patrie

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss. Certificate No. 77669
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Vernon Bailey who was born on Mar. 21, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT) (DATE OF EVENT)
true facts as shown by Family Record prepared on April 1920, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

name Vernon Bailey Lee Jay Bailey

Subscribed and sworn to before me this 24th
day of April, 1942
Signed Geo P Bailey Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Blackfoot, Idaho
My commission expires July 20th 1943 Blackfoot, Idaho
(SEAL) (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of April, 1942
Signed Vernon Manning
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Blackfoot, Idaho
My commission expires July 20th 1943 Blackfoot, Idaho
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 1942 By _____
(REGISTRAR'S SIGNATURE)

APR 20 1942

545-223-006-866
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22a-3-3-37

County of Bingham

CERTIFICATE OF BIRTH

City of BlackfootRegistration District No. 121File No. 77670

No. St.

Primary Registration District No. 2194Registered No. 80

Hospital

FULL NAME OF CHILD Ester Elizabeth Munley

| | | | | |
|----------------------------|---|---|-----------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other (To be answered only in event of plural births) | and Number in order of birth <u>1st</u> | Legitimate <u>yes</u> | Date of Birth <u>March 22 1900</u>
(Month) (Day) (Year) |
|----------------------------|---|---|-----------------------|--|

| | |
|-------------------------------------|---|
| FULL NAME <u>James Munley</u> | FATHER |
| RESIDENCE <u>Blackfoot Idaho #1</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>44</u>
(Years) |
| BIRTHPLACE <u>Missouri</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Bertha A. Hoffman</u> | MOTHER |
| RESIDENCE <u>Blackfoot Idaho #1</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE <u>Germany</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth...../..... Number of children of this mother now living, including present birth...../.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....born alive..... at 5:30 p.m.
on the date above stated. (Born alive or stillborn)

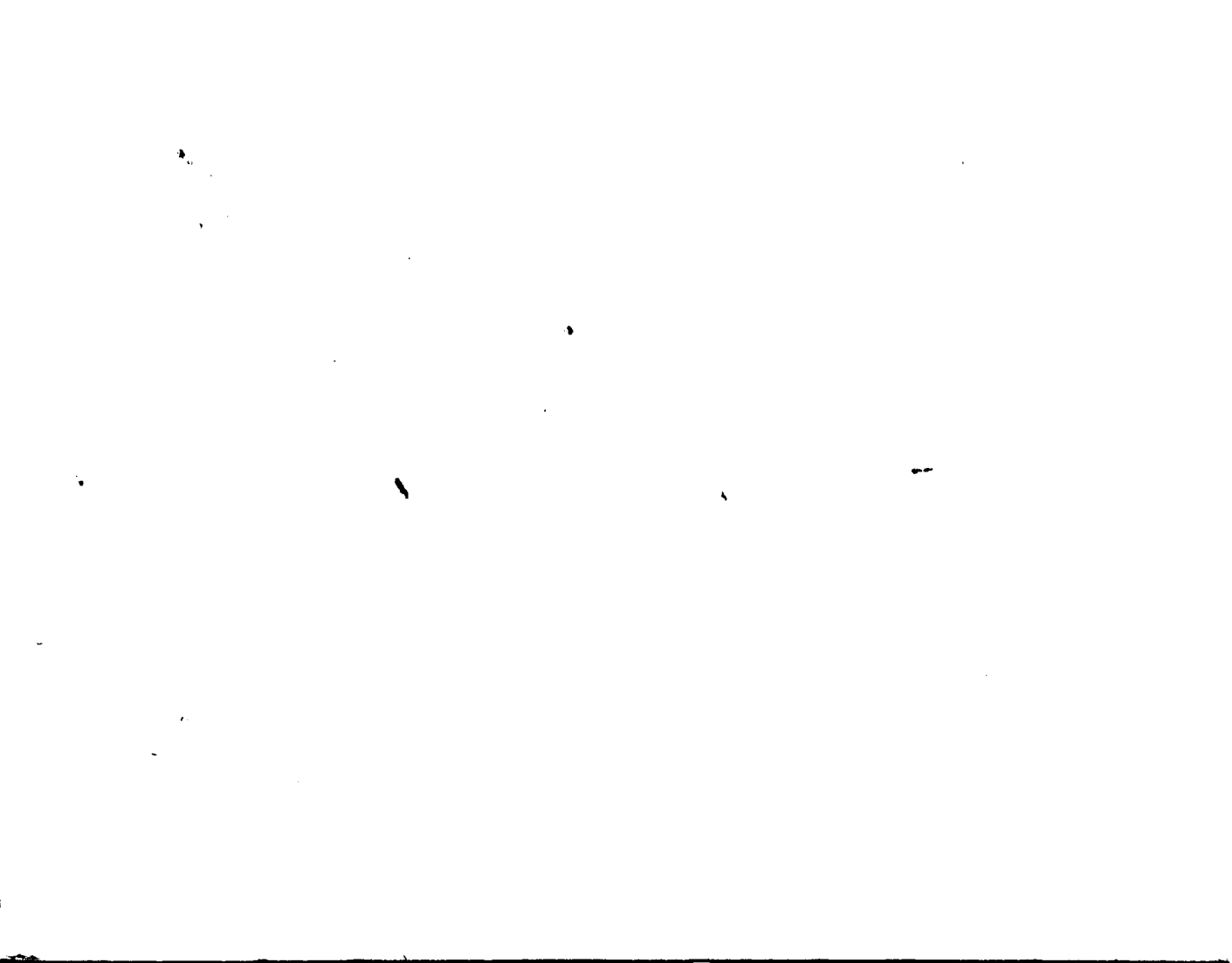
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdahoFiled 4-7-20 Wm. Dale E. Patton
Registrar



45K-223-006-134

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-2-23

CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121File No. 27671No. St.Primary Registration District No. 2194Registered No. 81HospitalFULL NAME OF CHILD Ethel Sara MunsleySex of Child FemaleTwin
~~Birth~~
(To be answered only in event of plural births)and (Number
in order
of birth)andLegiti-
mate?yesDate of
BirthFeb 23 1920
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY49
(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth.... 2 Number of children of this mother now living, including present birth.... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. D. Harsington

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 7 1943

962-227.006-396

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

County of Bingham

CERTIFICATE OF BIRTH

City of BlackfootRegistration District No. 121File No. 77672

No. St.

Primary Registration District No. 1007Registered No. 82

Hospital BETH

FULL NAME OF CHILD

Pilla BETH Robison

Sex of Child

FemaleTwin
Triplet
or other?
(To be answered} and { Number
in order
of birth
only in event of plural births)Legiti-
mate?yesDate of
BirthMar 27 1920
(Month) (Day) (Year)FULL
NAMEVivian Robison

FATHER

FULL
MAIDEN
NAMEMay Crosby

MOTHER

RESIDENCE

Pocatello Ida

RESIDENCE

Pocatello Ida

COLOR

whiteAGE AT LAST
BIRTHDAY44
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY40
(Years)

BIRTHPLACE

Minn.

BIRTHPLACE

Minn.

OCCUPATION

School Teacher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive at 2:30 p. M.
(Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. O. Hampton

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot Ida

Filed

4-7-20 Mr. Hales E. V. V. V.

Registrar

Registrar

JAN 12 1956

JUL 15 1956

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-228'006-251

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-12a-3-32

County of Bingham

CERTIFICATE OF BIRTH

City of Blackfoot

Registration District No. 121

File No. 77673

No. St.

Primary Registration District No. 2194

Registered No. 83

Hospital

FULL NAME OF CHILD Aloha May Beck

| | | | | |
|---|---|------------------------------|---|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>March 25 1920</u>
(Month) (Day) (Year) |
| FATHER | | | MOTHER | |
| FULL NAME <u>Lorin Beck</u> | | | FULL MAIDEN NAME <u>Vernie Beasley</u> | |
| RESIDENCE <u>Blackfoot Idaho #1</u> | | | RESIDENCE <u>Blackfoot Idaho #1</u> | |
| COLOR <u>white</u> | | | COLOR <u>white</u> | |
| AGE AT LAST BIRTHDAY <u>20</u>
(Years) | | | AGE AT LAST BIRTHDAY <u>19</u>
(Years) | |
| BIRTHPLACE <u>Utah</u> | | | BIRTHPLACE <u>Colorado</u> | |
| OCCUPATION <u>Farmer</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth.... / Number of children of this mother now living, including present birth.... /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:13 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho
#-7-20 Mrs. Maline E. Patrick
Registrar

Nov. 27, 1940 L.B.

792.111.006-395
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootNo. St. Clearland St.Registration District No. 121File No. 77674Primary Registration District No. 1007Registered No. 84

Hospital _____

FULL NAME OF CHILD

George Linford Gibby

| | | | | |
|-----------------------------------|---|--------------------------------------|---|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>March 11 1900</u>
(Month) (Day) (Year) |
| FULL NAME <u>George E. Gibby</u> | | FULL MAIDEN NAME <u>Mary Linford</u> | | |
| RESIDENCE <u>Blackfoot, Idaho</u> | | RESIDENCE <u>Blackfoot, Idaho</u> | | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>37</u>
(Years) | |
| BIRTHPLACE <u>Utah</u> | | BIRTHPLACE <u>Idaho</u> | | |
| OCCUPATION <u>Insurance Agent</u> | | OCCUPATION <u>Housewife</u> | | |

Number of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. W. Mitche. M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address

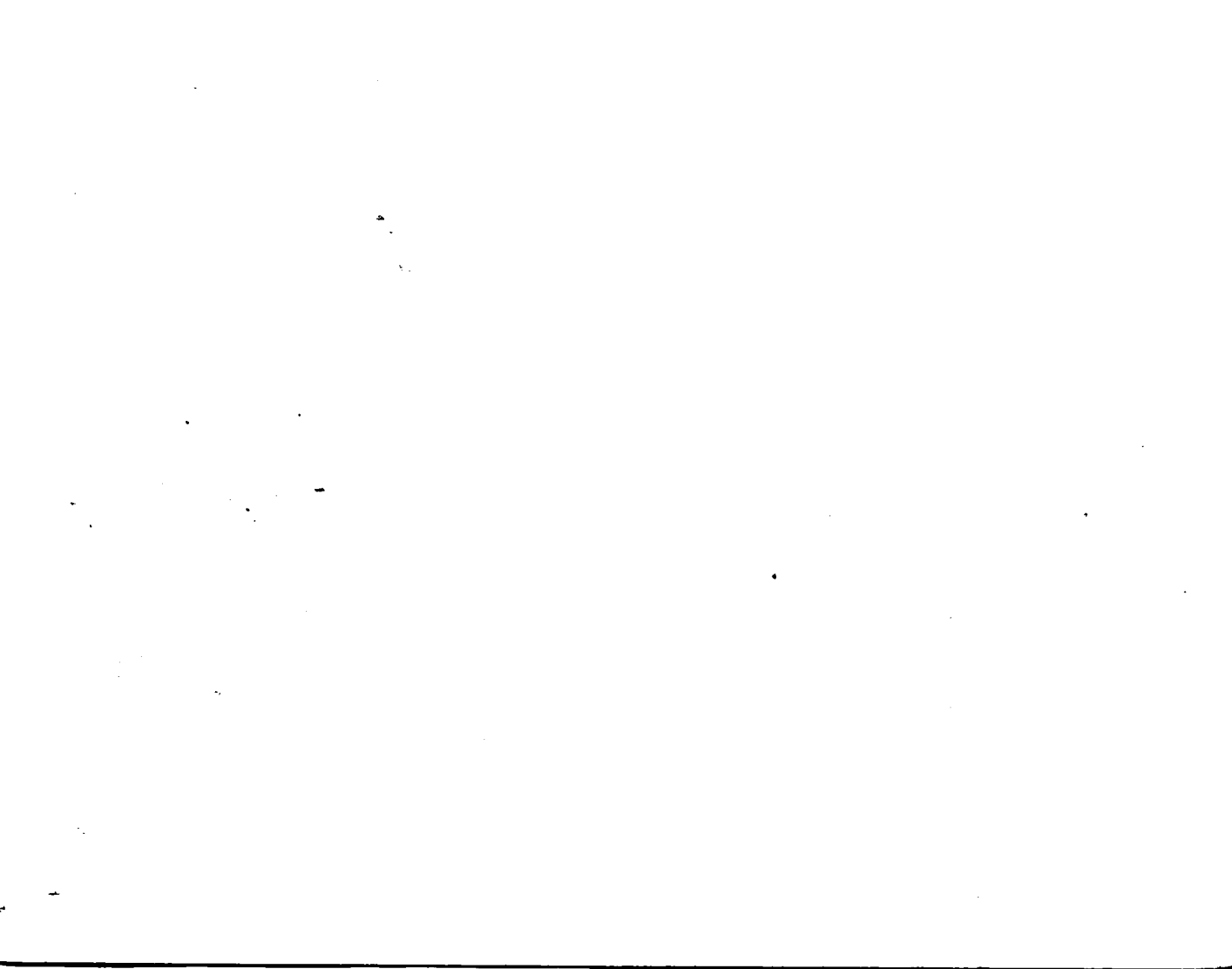
Blackfoot, Idaho

Filed

4-7 1900

Registrar

Registrar



386-244006-235
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of BenningtonCity of BlackfootNo. East Main St.Registration District No. 121File No. 77675Primary Registration District No. 1067Registered No. 85

Hospital _____

FULL NAME OF CHILD Lorraine Tharstenberg

| | | | | |
|---|---|--|---|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>March 14</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME FATHER <u>Philip Tharstenberg</u> | | FULL MAIDEN NAME MOTHER <u>Lulu Tharstenberg</u> | | |
| RESIDENCE <u>Blackfoot, Idaho</u> | | RESIDENCE <u>Blackfoot, Idaho</u> | | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) | |
| BIRTHPLACE <u>Kan.</u> | | BIRTHPLACE <u>Colorado</u> | | |
| OCCUPATION <u>Grocery clerk</u> | | OCCUPATION <u>housewife</u> | | |

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bennington, at 9.4 M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Mitchell, M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Blackfoot, IdahoFiled 4-7 1920 Mrs. Helen E. Patrick

Registrar

Registrar

JUL 6 1942

WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD
 * N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

353118-006-643

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. Fort Hall St.STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-27

CERTIFICATE OF BIRTH

Registration District No. 121File No. 77676Primary Registration District No. 2194Registered No. 86

Hospital

FULL NAME OF CHILD Charlie Geron

Sex of Child

MaleTwin
Triplet
or other?and Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate? YesDate of Birth March 18 1920
(Month) (Day) (Year)

FULL NAME

William Geron FATHER

FULL MAIDEN NAME

MOTHER

Snob Wallace

RESIDENCE

Fort Hall Idaho

RESIDENCE

Fort Hall

COLOR

IndianAGE AT LAST
BIRTHDAY24
(Years)

COLOR

IndianAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

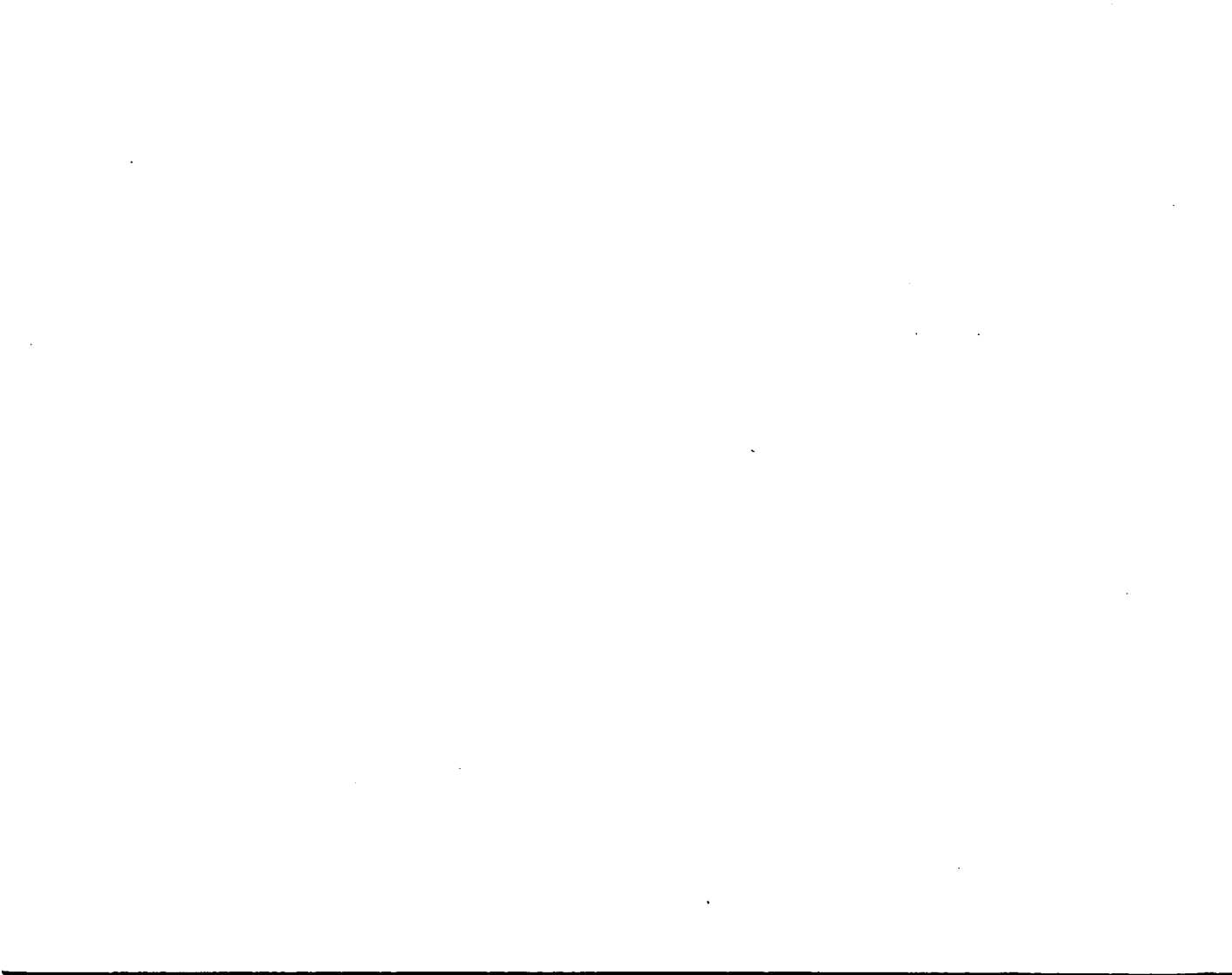
(Signature)

F. W. Mitchell, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida.Filed 4-7-20 Miss Helen E. Patrice
Registrar



432-2191006-613
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootNo. 318 Alice St.Registration District No. 121File No. 77677Primary Registration District No. 1007Registered No. 87

Hospital _____

FULL NAME OF CHILD Hazel Maxine Mc Kellan

| | | | | |
|--|---|------------------------------------|--|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>March 19</u> 19 <u>00</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Wallace S Mc Kellan</u>
RESIDENCE <u>Blackfoot, Idaho</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Mexico</u>
OCCUPATION <u>Farmer</u> | | | MOTHER
FULL MAIDEN NAME <u>Hazel Wall</u>
RESIDENCE <u>Blackfoot, Idaho</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Texas</u>
OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Nuttall M.D.

Given names added from a supplemental report.

(Physician or midwife)
Address Blackfoot, Idaho
Filed 4-7 19 20 Mrs. Helen E. F. F.
Registrar

MAY 12 1962

13123.006-641

PLACE OF BIRTH

County of BannockCity of BlackfootNo. Word # 4 St.Hospital DangeFULL NAME OF CHILD Dange AtagiSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-2-37

CERTIFICATE OF BIRTH

Registration District No. 121File No. 77678Primary Registration District No. 1007Registered No. 88

| | | | | |
|--|----------------------------------|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>No</u> | and (Number in order of birth) <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 23</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>R. Atagi</u> | | FATHER | | |
| RESIDENCE <u>Blackfoot, Idaho</u> | | FULL MAIDEN NAME <u>Soya Odawa</u> | | |
| COLOR <u>Japan</u> | | MOTHER | | |
| AGE AT LAST BIRTHDAY <u>47</u> (Years) | | RESIDENCE <u>Blackfoot, Idaho</u> | | |
| BIRTHPLACE <u>Japan</u> | | COLOR <u>Japan</u> | | |
| OCCUPATION <u>Farmer</u> | | AGE AT LAST BIRTHDAY <u>38</u> (Years) | | |
| | | BIRTHPLACE <u>Japan</u> | | |
| | | OCCUPATION <u>Housewife</u> | | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Mitchell, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, IdahoFiled 4-7 1920 Dr. H. W. Mitchell

Registrar

Registrar

2 copies issued 1/29/41 L.F.

First certified copy issued 2-23-37 PBA 4380

JAN 31 1962

815-2231006-867

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Bingham

CERTIFICATE OF BIRTH

City of BlackfootRegistration District No. 121File No. 77679No. 1 St. GreenlandPrimary Registration District No. 2194Registered No. 89

Hospital _____

FULL NAME OF CHILD

Zeala. Hansen

Sex of Child

FemaleTwo
Triplet
or other?

{ and }

Number
in order
of birthLegiti-
mateDate of
BirthMar 23 1920
(Month) (Day) (Year)

FULL NAME

Elmer Hansen

FATHER

FULL
MAIDEN
NAMECecil Hopkins

MOTHER

RESIDENCE

Blackfoot, Idaho

RESIDENCE

Blackfoot, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

Born alive or stillborn)

at 4:00 M.

* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. W. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot, Idaho

Filed

4-7 1920 Mrs. N. E. Patrie

Registrar

MAR 01 1993

DECEASED

465-22-006-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-7-21m-33-17

CERTIFICATE OF BIRTH

County of... *Bingham*

City of... *Blackfoot*

Registration District No. *121*

File No. *77680*

No. *1* *Shullings*

Primary Registration District No. *1007*

Registered No. *90*

Hospital

BETTY

LEE

Monroe

FULL NAME OF CHILD

| | | | | |
|----------------------------|----------------------------------|---|-------------------------|---|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>No</i> | and { Number in order of birth of birth (To be answered only in event of plural births) } | Legiti-mate? <i>Yes</i> | Date of Birth <i>Mar. 27 20</i>
(Month) (Day) (Year) |
|----------------------------|----------------------------------|---|-------------------------|---|

| | |
|-------------------------------------|------------------------------------|
| FULL NAME <i>Merle Orion Monroe</i> | FATHER <i>Beltram Wood Burcham</i> |
|-------------------------------------|------------------------------------|

| | |
|--------------------------------|----------------------|
| RESIDENCE <i>Blackfoot Ida</i> | RESIDENCE <i>Ida</i> |
|--------------------------------|----------------------|

| | | | |
|--------------------|---|--------------------|---|
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>29</i>
(Years) | COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>27</i>
(Years) |
|--------------------|---|--------------------|---|

| | |
|------------------------|----------------------|
| BIRTHPLACE <i>Ohio</i> | BIRTHPLACE <i>Ky</i> |
|------------------------|----------------------|

| | |
|--|-----------------------------|
| OCCUPATION <i>Bingham Co Farm Bureau</i> | OCCUPATION <i>Housewife</i> |
|--|-----------------------------|

Number of child of this mother, including present birth... *1* Number of children of this mother now living, including present birth... *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *Blackfoot* on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. E. Patric M.D.*

(Physician or midwife)

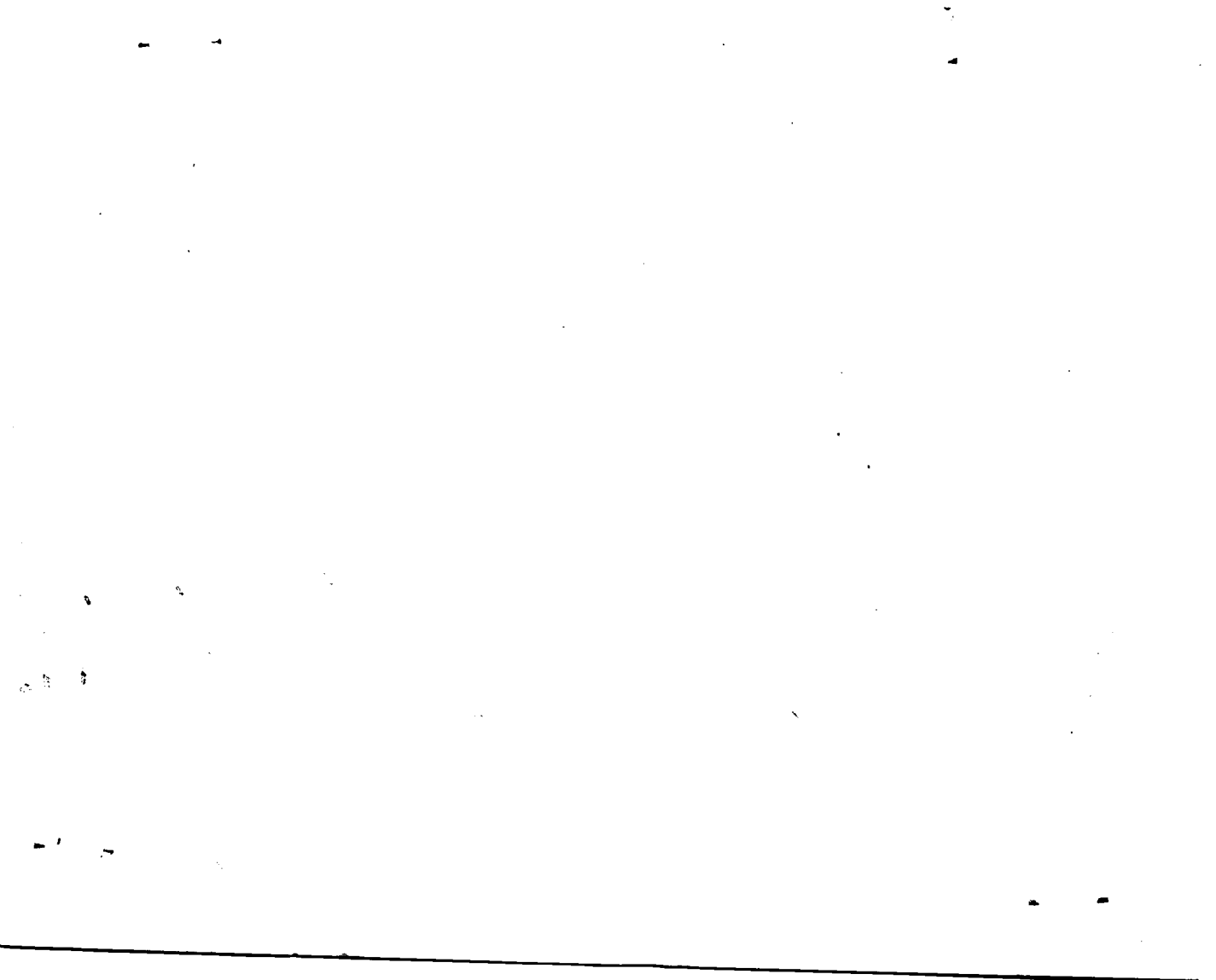
Given names added from a supplemental report.

Address *Blackfoot Idaho*

Filed *4-7-20* *Mrs. Helen E. Patric*

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Texas }
County of Norris } SS.

Certificate No. 77680

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Betty Lee Monroe who was born on Mar 27, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Blackfoot IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by my own knowledge prepared on as I named her, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Name

~~UNKNOWN~~

Bettie Lea Monroe

Betty Lee Monroe

Subscribed and sworn to before me this 9th
day of June, 1942
Notary Public, residing at Houston Texas
My commission expires June 30, 1943
(SEAL)

Signed Mrs. Belva B. Monroe
(SIGNATURE OF PARENT OR ATTENDANT CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)
1942 Alta Vista Houston
(STREET ADDRESS, CITY, STATE) Texas

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas }
County of Harris } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of August, 1942

Signed K. W. Dorman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

K. W. Dorman (K.W. DORMAN)
Notary Public, residing at Houston, Texas
My commission expires June 1, 1943
(SEAL)

204 Navigation
(STREET ADDRESS, CITY, STATE) Houston Texas

Received for filing on AUG 24 1942 By _____

(REGISTRAR'S SIGNATURE)

AUG 28 1942

AUG 25 1942

519202-006-162
PLACE OF BIRTHCounty of BinghamCity of Pingree

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

File No. _____

77681

Primary Registration District No. _____

Registered No. _____

Marie
FULL NAME OF CHILD Geraldine Naillon

| | | | |
|--|--|---|--|
| Sex of Child <u>F</u> | Twin Triplet or other? <input checked="" type="checkbox"/> and Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Mar</u> <u>2nd</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Jacob Naillon</u>
RESIDENCE <u>Pingree</u>
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Tenn.</u>
OCCUPATION <u>Farmer</u> | | MOTHER
FULL MAIDEN NAME <u>Hilda Josephson</u>
RESIDENCE <u>Pingree</u>
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Colorado</u>
OCCUPATION <u>Housewife</u> | |
| Number of child of this mother, including present birth. <u>2</u> | | Number of children of this mother now living, including present birth. <u>2</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

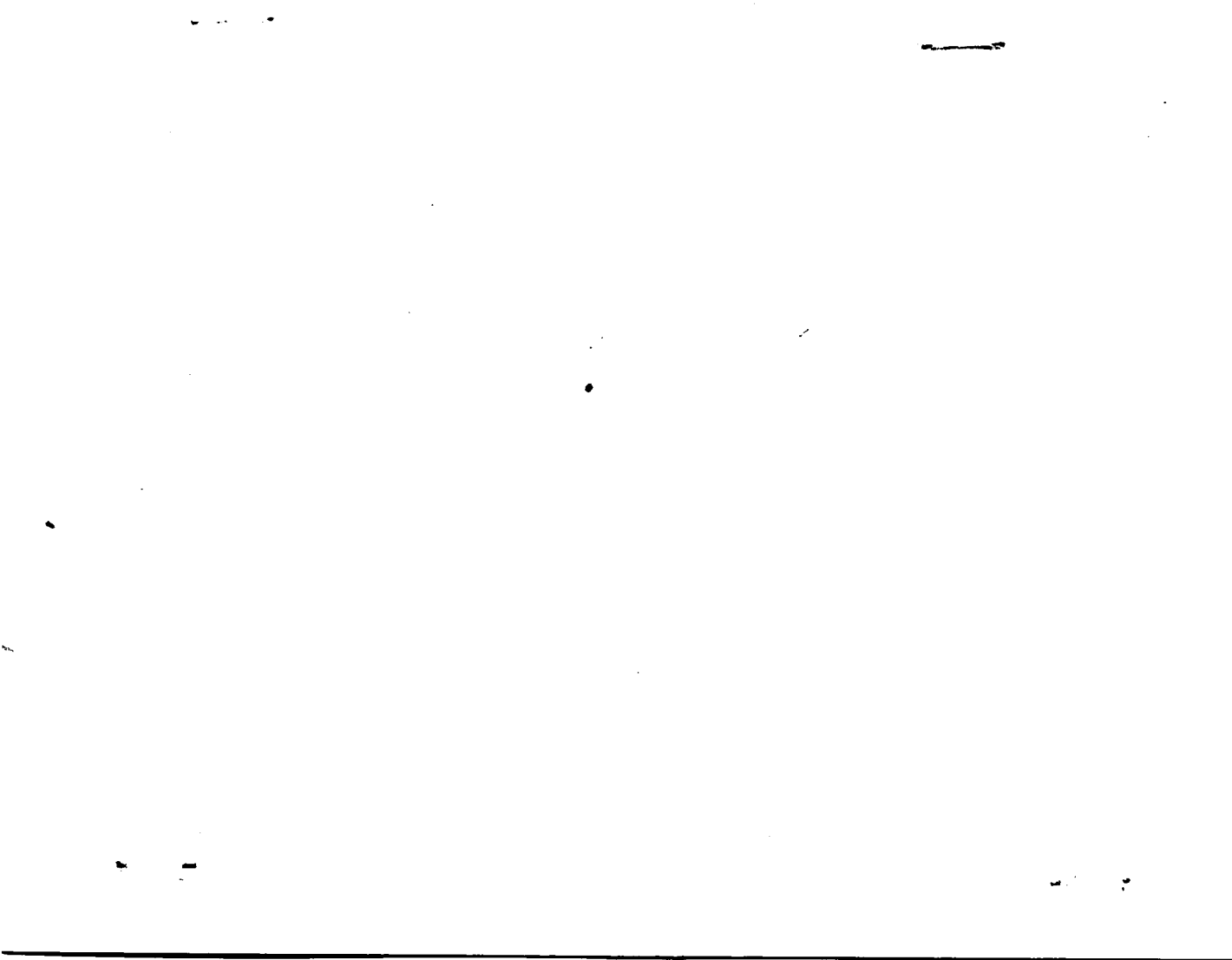
Norma at 10 98 M.
(Born alive or stillborn)
Dr. Jackson M. D.
Blackfoot
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed

4-7 1920 Dr. Hales Patience
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss. Certificate No. 77681
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|---------------------------------|----------------------------------|
| FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
| <u>Name</u> | <u>Geraldine</u> | <u>Geraldine Marie Naillon</u> |
| <u>Date</u> | <u>March 1st</u> | <u>March 2, 1920</u> |

Subscribed and sworn to before me this 18
day of July 1942
A. C. Neuman
Notary Public, residing at Portland Ore
My commission expires _____
(Seal) Notary Public for Oregon
My commission expires Feb. 27, 1946

Signed Mrs. Hilda Naillon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

DEC 29 1959

JUL 21 1942

967223-006-353

PLACE OF BIRTH

STATE OF IDAHO

Form No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of BinghamCity of Fort Hall, Id.Registration District No. 121File No. 77682

No. _____, _____ St.

Primary Registration District No. 2194Registered No. 92

Hospital _____

FULL NAME OF CHILD

Florence RogersonSex of Child FemaleTwin,
Triplet
or other?

{ and }

Number
in order
of birthLegiti-
mate?YesDate of
birthMar 23 1920

(To be answered only in event of plural births)

FULL
NAME

FATHER

Daniel Edwin RogersonFULL
MAIDEN
NAME

MOTHER

Annah Blanch Telford

RESIDENCE

Fort Hall, Idaho

RESIDENCE

Fort Hall, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY39
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY37
(Years)

BIRTHPLACE

Heber City, Utah

BIRTHPLACE

West Weber, Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth..... 8Number of children, of this mother, now living, including present birth..... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... born alive..... at 2³⁰ P. M.
on the date above stated.

(Born alive or stillborn)

{ "When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

Henry R. Wheeler
Physician
(Physician or Midwife)

Given names added from a supplemental report

Address

Fort Hall, Idaho

Filed

4-7 1920 Mrs Helen E. Patric
Registrar

ORIGINAL NOT TO BE REPRODUCED
IN ANY MANNER WITHOUT THE WRITTEN
CONSENT OF THE NATIONAL ARCHIVES

RECEIVED

DATE

TIME

FROM

TO

SUBJECT

REMARKS

INITIALS

SIGNATURE

DATE

TIME

FROM

TO

SUBJECT

REMARKS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

81-151006-35
STATE OF IOWA
BUREAU OF VITALS

County of Benton
City of Moreland Registration District No. 12 File No. 77682

No. 93 Primary Registration District No. 93 Registered No. 93

Hospital Central Bath Hall

FULL NAME OF CHILD Vestal Carl Hall

| | | | | | |
|--------------------------|---|-----|--------------------------------|-----------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Sex <u>Male</u> | Date of Birth <u>Mar 15</u>
(Month) (Day) |
|--------------------------|---|-----|--------------------------------|-----------------|--|

| | | | |
|---------------------------------------|---|--------------------------------------|--------------------------------|
| FULL NAME <u>Vestal Carl Hall</u> | FATHER | FULL NAME <u>Rosella May Clement</u> | MOTHER |
| RESIDENCE <u>Blackfoot</u> | | RESIDENCE <u>Blackfoot</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>20</u> |
| BIRTHPLACE <u>Willsborough, N. C.</u> | | BIRTHPLACE <u>Moreland</u> | |
| OCCUPATION <u>Laborer</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn)

(Signature) Mary A. Prater
midwife
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address Moreland

Filed 4-7 1920

Registar Mrs. E. J. Prater

8-Y CO. 24658

SUN 4

DEC

and No

}

Name

Name

767802-006-719
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-3-17

CERTIFICATE OF BIRTH

County of BinghamCity of Blackfoot IdahoRegistration District No. 121File No. 77684No. Maple St.Primary Registration District No. 2194Registered No. 94

Hospital

FULL NAME OF CHILD

Guendalin PopeSex of Child FemaleTwin
Triplet
or other?and { Number
in order
of birth4thLegiti-
mate?yesDate of
BirthFeb 2 1920

(Month) (Day) (Year)

FULL
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

at 11 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. J. Simmons
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot Idaho

Filed

4-8 Edna M. E. Paine

Registrar

Registrar

Could not read the child's date of birth from the 2nd to 2 VS.

155-202-006-432

PLACE OF BIRTH

County of Bingham
City of Blackfoot
No. Moreland St.STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-9-3-17

Registration District No. 121File No. 77685Primary Registration District No. 2194Registered No. 95

Hospital

FULL NAME OF CHILD

Ruth AverySex of Child Female Twin Triplet or other? ☒ and Number in order of birth 1st Legitimate? Yes Date of Birth Nov 2 - 30
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER
FULL NAME John Avery
RESIDENCE Moreland
COLOR white AGE AT LAST BIRTHDAY 30
(Years)
BIRTHPLACE Utah
OCCUPATION FarmerMOTHER
FULL MAIDEN NAME Ruth May Mc Bride
RESIDENCE Moreland
COLOR white AGE AT LAST BIRTHDAY 25
(Years)
BIRTHPLACE Utah
OCCUPATION HousewifeNumber of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 p. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Summers
(Physician or midwife) MD

Given names added from a supplemental report.

Address Blackfoot Idaho
Filed 4-8 20 Mr. Helen E. Patrick
Registrar

613103.006-239

PLACE OF BIRTH

County of *Brigham*City of *Blackfoot*No. *Thomas* St.

Hospital

FULL NAME OF CHILD

*Clarence Floyd Walters*STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-28a-8-8-17

CERTIFICATE OF BIRTH

Registration District No. *121*File No. *77686*Primary Registration District No. *2194*Registered No. *96*

| | | | | |
|--------------------------|---|---|-----------------------------|--|
| Sex of Child <i>Male</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | } and { Number
in order
of birth <i>5th</i> | Legiti-
mate? <i>Yes</i> | Date of Birth <i>March 2d</i> 19 <i>20</i>
(Month) (Day) (Year) |
|--------------------------|---|---|-----------------------------|--|

| | |
|------------------------------------|---|
| FULL NAME
<i>Albert Walters</i> | FATHER |
| RESIDENCE
<i>Blackfoot</i> | |
| COLOR
<i>White</i> | AGE AT LAST BIRTHDAY <i>31</i>
(Years) |
| BIRTHPLACE
<i>Utah</i> | |
| OCCUPATION
<i>Farmer</i> | |

| | |
|---|---|
| FULL MAIDEN NAME
<i>Francis Lindmans</i> | MOTHER |
| RESIDENCE
<i>Blackfoot</i> | |
| COLOR
<i>White</i> | AGE AT LAST BIRTHDAY <i>30</i>
(Years) |
| BIRTHPLACE
<i>Utah</i> | |
| OCCUPATION
<i>Housewife</i> | |

Number of child of this mother, including present birth... *6*... Number of children of this mother now living, including present birth... *5*...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *10 p.* M. on the date above stated. (Born alive or stillborn)

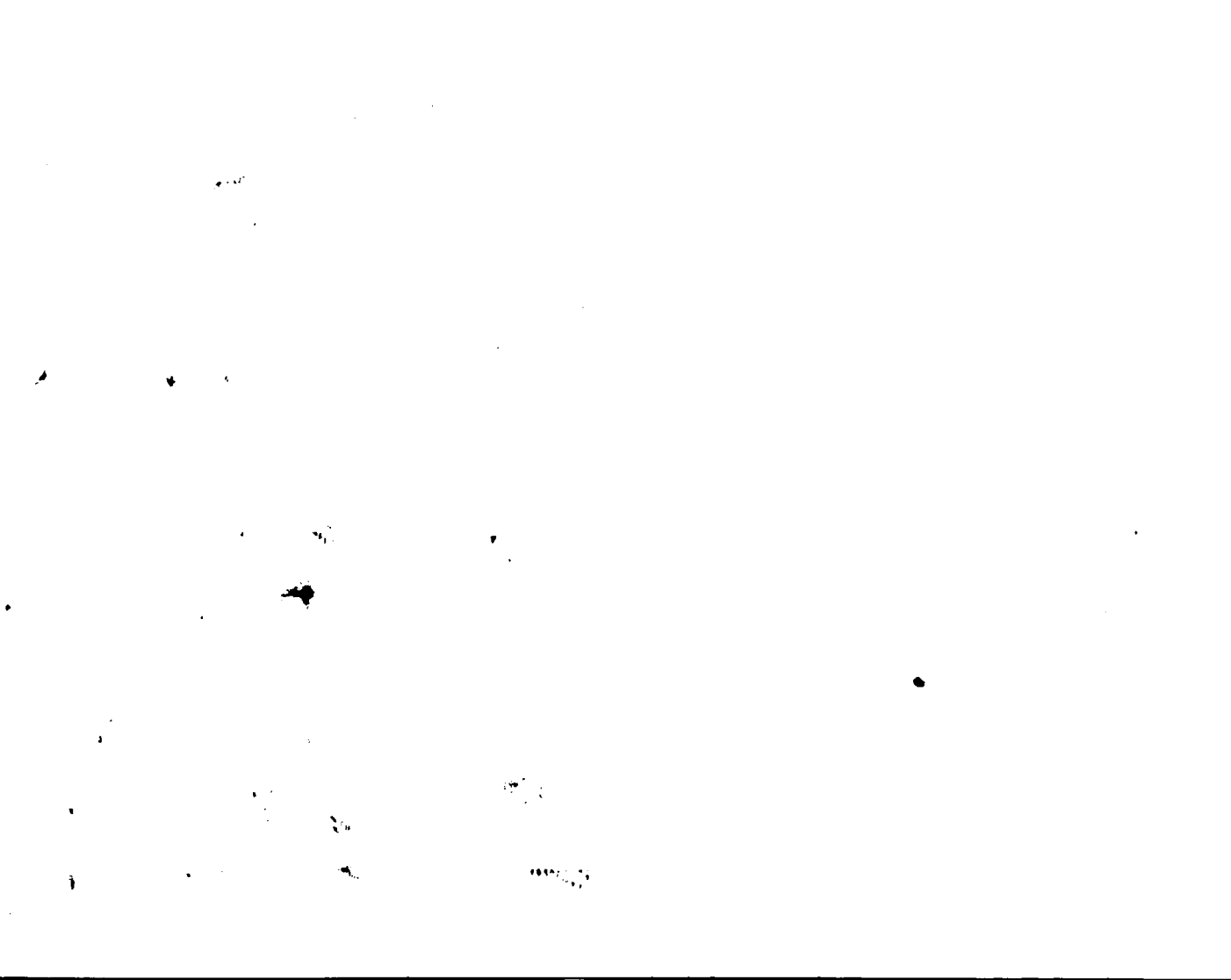
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. J. Simmons*
MW
(Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot Idaho*
H. 8
Filed *19 20* *Mr. Walter E. Patric*
Registrar

Registrar



7661041006853

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-8-17

County of Bingham

City of Blackfoot

No. 1000000000

Registration District No. 121

File No. 77687

Primary Registration District No. 5-194

Registered No. 97

Hospital

FULL NAME OF CHILD George A. Goodwin March 4 1920

| | | | | |
|--------------------------|----------------------------------|----------------------------------|------------------------|---|
| Sex of Child <u>male</u> | Twin Triplet or other? <u>no</u> | and in order of birth <u>1st</u> | Legitimate? <u>yes</u> | Date of Birth <u>March 4 1920</u>
(Month) (Day) (Year) |
|--------------------------|----------------------------------|----------------------------------|------------------------|---|

FATHER
FULL NAME George A. Goodwin
RESIDENCE Blackfoot Idaho
COLOR white AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Pella J. Helm
RESIDENCE Blackfoot
COLOR white AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

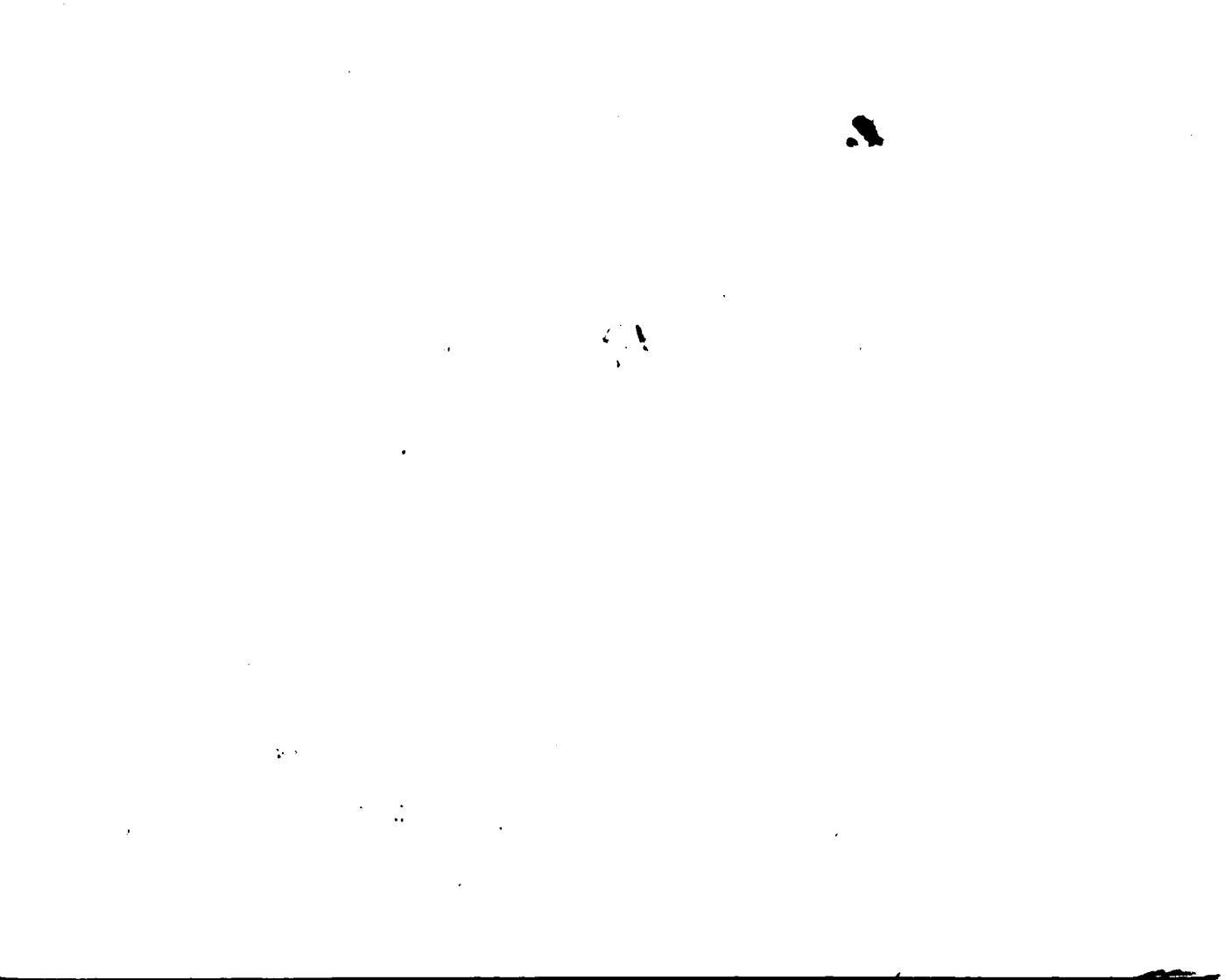
I hereby certify that I attended the birth of this child, who was Born alive at 12:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Simmons
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho
Filed 4-5-20 W. J. Simmons
Registrar



962-104-006-713

PLACE OF BIRTH

AMENDED 08/20/1942

County of... *Benjamin*City of... *Blackfoot*No. *Thomas* St.

Hospital..... DELBERT PALMER

FULL NAME OF CHILD *Delbert Palmer Robinson*

STATE OF IDAHO

Form V. B. No. 11-0-25m-8-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. *121*File No. *77688*Primary Registration District No. *2194*Registered No. *98*

| | | | | |
|--------------------------|----------------------------------|---|------------------------|---|
| Sex of Child <i>male</i> | Twin Triplet or other? <i>no</i> | and Number in order of birth <i>4th</i> | Legitimate? <i>yes</i> | Date of Birth <i>may 4 1942</i>
(Month) (Day) (Year) |
|--------------------------|----------------------------------|---|------------------------|---|

| | |
|------------------------------------|---|
| FULL NAME <i>Samuel B Robinson</i> | FATHER |
| RESIDENCE <i>Blackfoot Idaho</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>28</i>
(Years) |
| BIRTHPLACE <i>Idaho</i> | |
| OCCUPATION <i>Farmer</i> | |

| | |
|-------------------------------------|---|
| FULL MAIDEN NAME <i>Mary Palmer</i> | MOTHER |
| RESIDENCE <i>Blackfoot Idaho</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>28</i>
(Years) |
| BIRTHPLACE <i>Idaho</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *4*..... Number of children of this mother now living, including present birth *3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive*, at *10 A* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

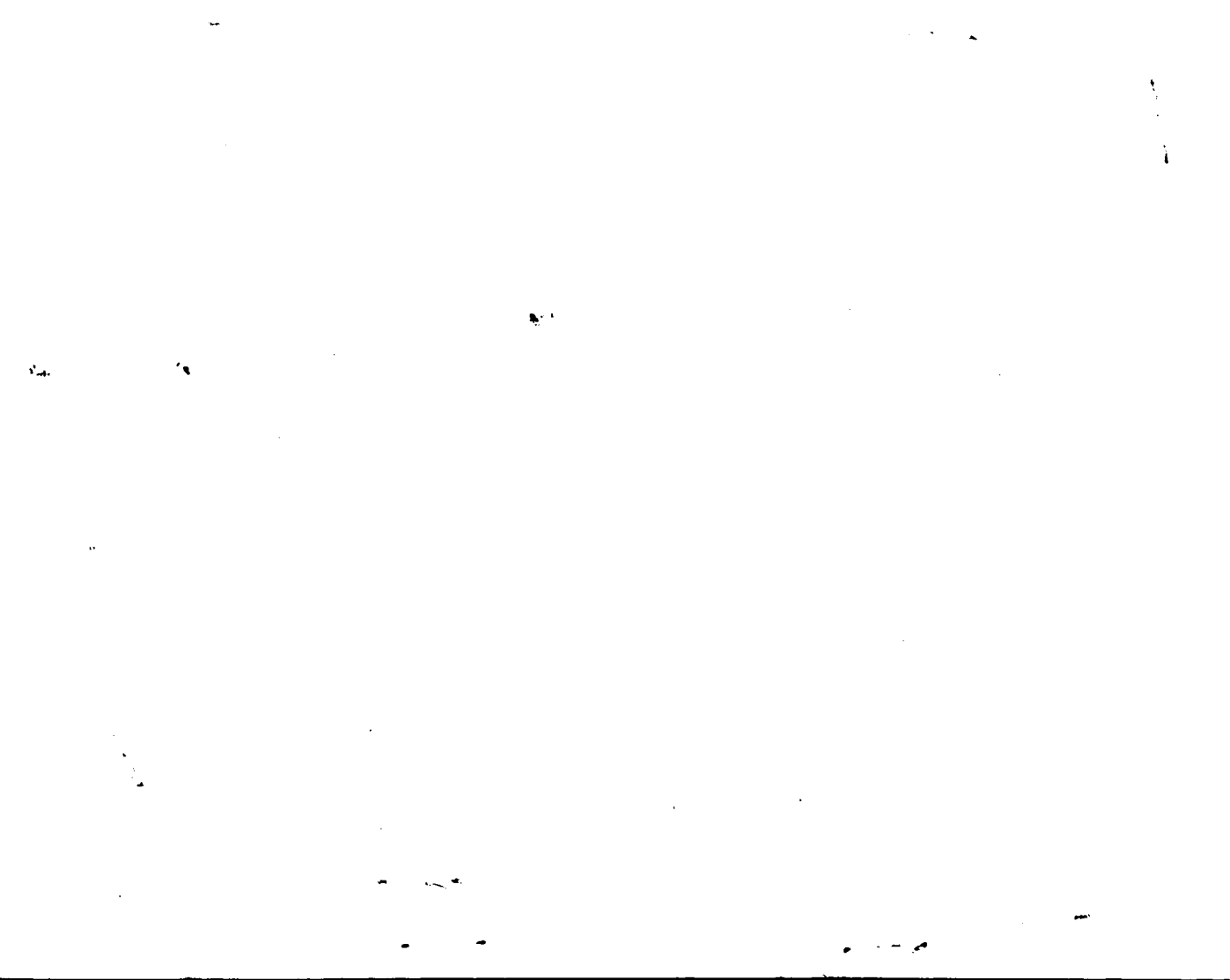
(Signature) *H. J. Simmons*
M. J.
(Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot Idaho*Filed *48 2d*

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State, of Idaho } ss. Certificate No. 77688
County of Bingham }
The undersigned does solemnly swear that certain facts on the certificate of birth
for Delbert Palmer Robinson who was born on March 4, 1920 (Birth or Death)
in Blackfoot, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)
FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Mary Delbert Palmer Robinson

Subscribed and sworn to before me this 14th
day of August, 1942
Notary Public, residing at Blackfoot, Idaho.
My commission expires January 6, 1944
(Seal)

Signed Mrs. Mary J. Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 2, Blackfoot, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19_____
Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 17 1942

Aug 20 1942

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-1071006-818

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-8-8-17

CERTIFICATE OF BIRTH

County of Bannock

City of Blackfoot

Registration District No. 121

File No. 77689

No. University St.

Primary Registration District No. 1007

Registered No. 99

Hospital

FULL NAME OF CHILD David Walton Black

Sex of Child

male

Twin
Triplet
or other?

and

Number
in order
of birth

1st

Legiti-
mate?

yes

Date of
Birth

Feb 2 1920
(Month) (Day) (Year)

FULL
NAME

Frank Mursley Black

FATHER

RESIDENCE

Blackfoot Ida

COLOR

white

AGE AT LAST
BIRTHDAY

20
(Years)

BIRTHPLACE

MO

OCCUPATION

Telegraph opr

FULL
MAIDEN
NAME

Erlich Nell Hayes

MOTHER

RESIDENCE

Blackfoot Idaho

COLOR

white

AGE AT LAST
BIRTHDAY

19
(Years)

BIRTHPLACE

MO

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive, at 10 AM
(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

H. J. Simmons

MD

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot Idaho

Filed

4 8 1920 Dr. H. J. Simmons

Registrar

Registrar

MAR 11 1943

DEC 20 1943

515-709,006-653 (Be sure the information is complete and accurate)

Amended 3-13-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **77690**

Local Reg. No. **100**

Reg. Dist. No. **121**

| | | | |
|--|--|--|-----------------------------|
| 1. PLACE OF BIRTH | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) | |
| a. COUNTY
Bingham | | a. STATE
Idaho | b. COUNTY
Bingham |
| b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Blackfoot | | c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Blackfoot | |
| c. FULL NAME OF (If NOT in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION | | d. STREET ADDRESS
(If rural, give location) | |

| | | | |
|---|---|---|--|
| 3. CHILD'S NAME
* (Type or print) | | | |
| a. (First)
Reah | b. (Middle)
Eilene | c. (Last)
Van Orden | |
| 4. SEX
Female | 5a. THIS BIRTH
SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____ | 5b. IF TWIN OR TRIPLET (This child born)
1st _____ 2nd _____ 3rd _____ | 6. DATE OF BIRTH
(Month) (Day) (Year)
March 9, 1920 |

FATHER OF CHILD

| | | | |
|---|---|---------------------------------------|----------------------------------|
| 7. FULL NAME | | | |
| a. (First)
Artie | b. (Middle)
K. | c. (Last)
Van Orden | |
| 8. AGE (At time of this birth)
26 YEARS | 9. BIRTHPLACE (State or foreign country)
(City or Town)
Utah | 10. USUAL OCCUPATION
Farmer | 11. KIND OF BUSINESS OR INDUSTRY |

MOTHER OF CHILD

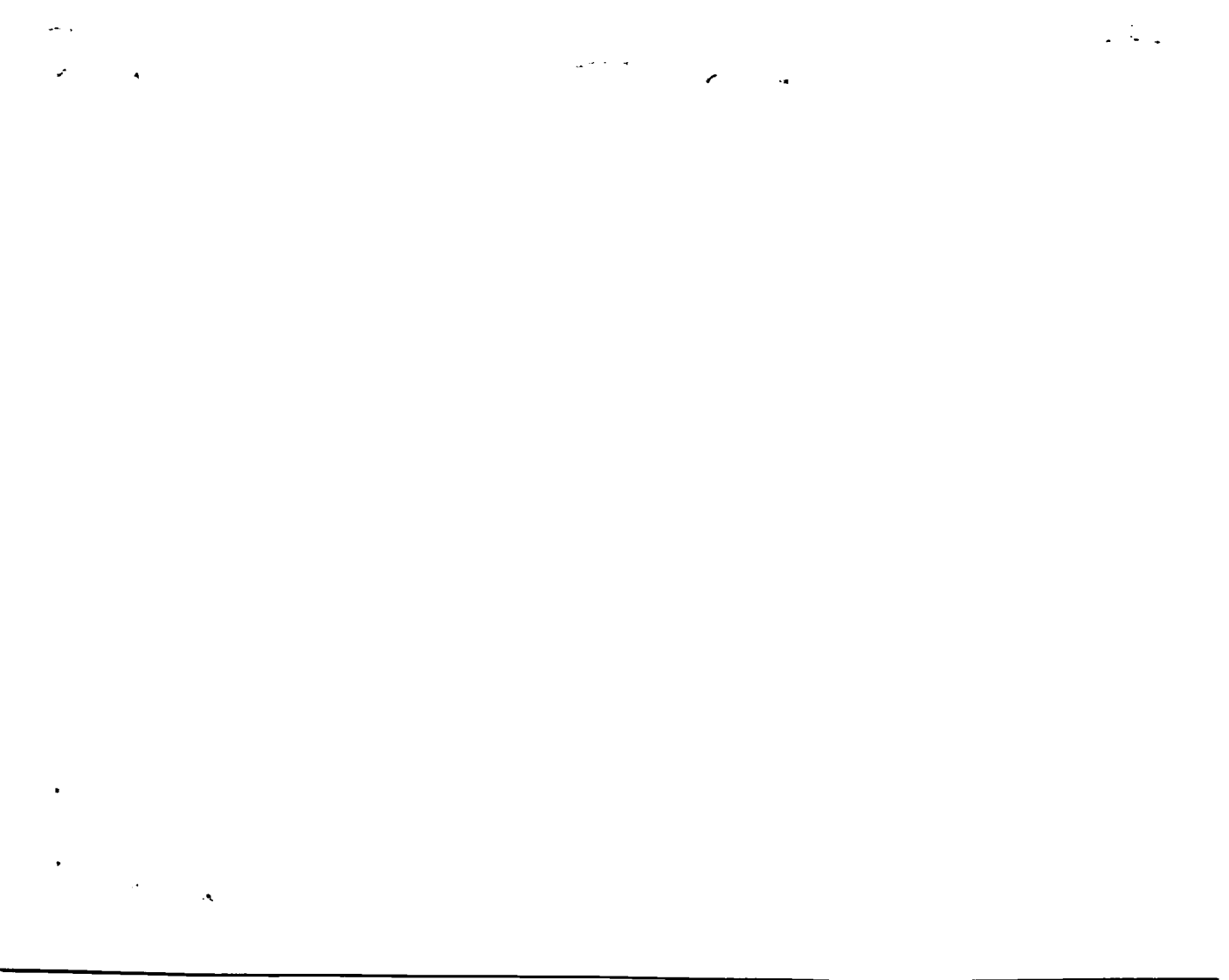
| | | | |
|--|---|---|--|
| 12. FULL MAIDEN NAME | | | |
| a. (First)
Edith | b. (Middle) | c. (Last)
Felsted | |
| 13. AGE (At time of this birth)
23 YEARS | 14. BIRTHPLACE (State or foreign country)
(City or Town)
Idaho | 15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) | |
| 16. INFORMANT'S SIGNATURE OR NAME (Relationship) | | a. How many OTHER children are now living?
1 | b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?) |

| | | |
|--|--|---|
| <i>I hereby certify that this child was born alive on the date stated above.</i> | 17. SIGNATURE
H. J. Simmons, M.D. | 18. ATTENDANT AT BIRTH
M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____ |
| | 19. ADDRESS
Blackfoot, Idaho | 20. DATE SIGNED |
| 21. DATE REC'D BY LOCAL REG.
4-8-1920 | 22. REGISTRAR'S SIGNATURE
Mrs. Walter E. Patrie | 23. DATE ON WHICH GIVEN NAME ADDED
BY _____
Registrar |

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?

YES _____ NO _____ DATE _____



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. _____ Certificate No. 77690
County of _____ } NOV 9 1966 Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for Grace VanOrden who was born on March 9, 1920
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:

FACTS TO BE CORRECTED FROM TO
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Full Name of Child Grace VanOrden Reah Eilene VanOrden

Subscribed and sworn to before me this 8th day of
November 1966
Notary Public, residing at _____
My commission expires Jan 25-1967
(Seal)

Signed Edith Irene Van Orden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bligham }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of
November 1966
Notary Public, residing at _____
My commission expires Jan 25-1967
(Seal)

Signed Eckel Van Orden
(Signature of Any Credible Person)
Rt 2 Blackfoot Idaho
(Street Address, City, State)

Family Group Genealogy Book, original book viewed = appears old and unaltered gives full name as Reah Eilene Van Orden, born March 9, 1920 at Thomas, Idaho, blessed April 4, 1920, baptized Aug. 5, 1928 at Thomas, Idaho - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #301975 gives full maiden name of mother as Reah Eilene Van Orden - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

555.110.206.364

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. A. No. 11-C-25a-4-3-12

CERTIFICATE OF BIRTH

County of Wingham

City of Blackfoot

Registration District No. 101

File No......

No. St.

Primary Registration District No. 001

Registered No. 701

Hospital

FULL NAME OF CHILD

| | | | |
|--------------------------|--|-------------------------|--|
| Sex of Child <i>Male</i> | Twin
Triplet <input checked="" type="checkbox"/>
or other? <input type="checkbox"/> } and { Number
in order <i>2nd</i>
of birth
(To be answered only in event of plural births) | Legitimate? <i>Yes.</i> | Date of Birth <i>Nov 10 - 1970</i>
(Month) (Day) (Year) |
|--------------------------|--|-------------------------|--|

FULL NAME B FATHER B

**FULL
MAIDEN
NAME**

MOTHER

RESIDENCE

RESIDENCE

COLOR

**AGE AT LAST
BIRTHDAY**

COLOR

AGE AT LAST BIRTHDAY.

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth. 2.... Number of children of this mother now living, including present birth. 2....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was..... Born alive at..... LP M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address

31. d.

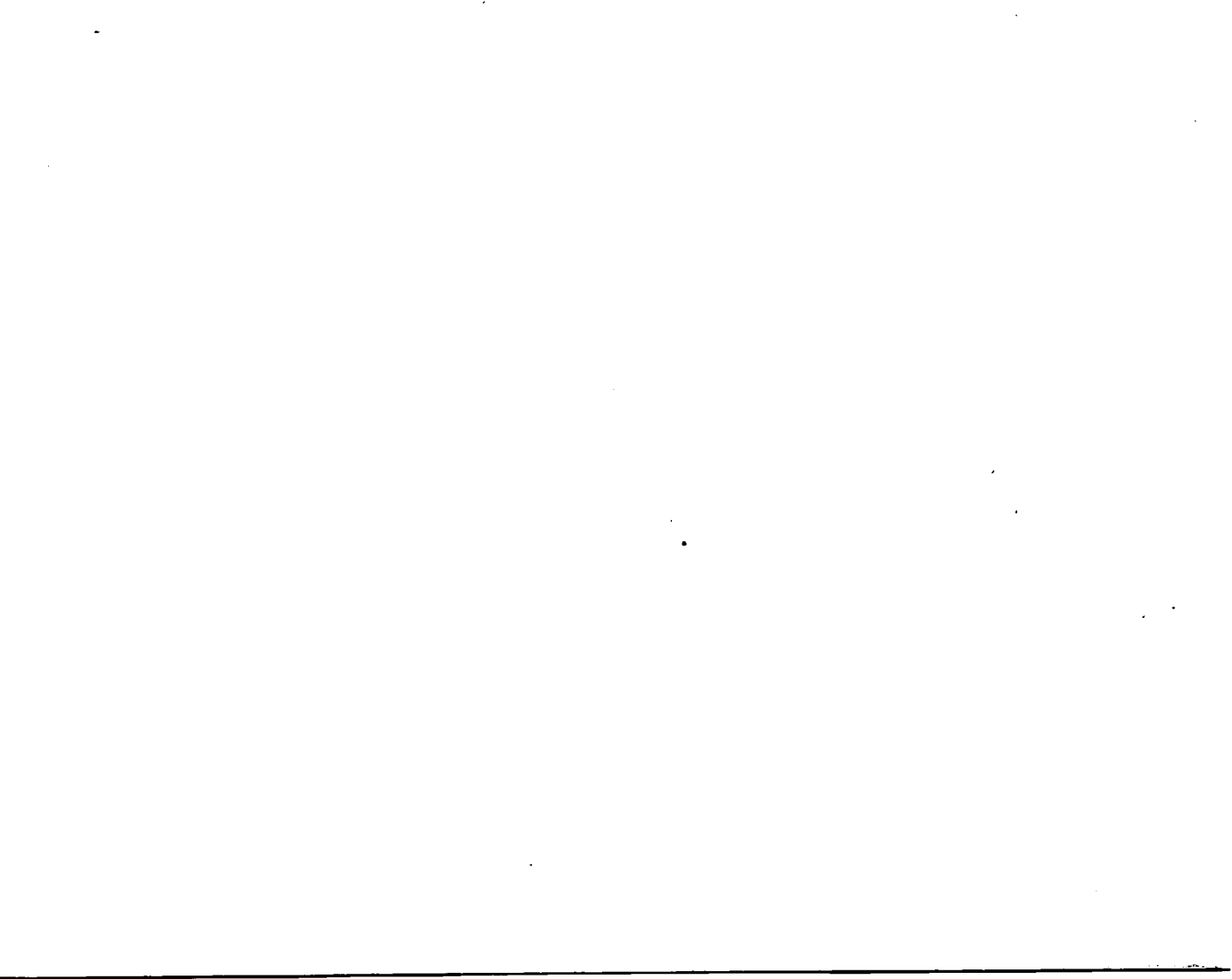
Registrar

(Physician or midwife)

Address

31nd.

Registrar



584211006-319

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Fisher St.

Hospital

FULL NAME OF CHILD Jean Roberta Chubbuck

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25a-3-17

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 77692

Primary Registration District No. 1007

Registered No. 102

Sex of Child Female Twin Triplet or other? and Number in order of birth 6th Legitimate? Yes Date of Birth March 11 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Walter E. Chubbuck

RESIDENCE Blackfoot Idaho

COLOR White AGE AT LAST BIRTHDAY 68 (Years)

BIRTHPLACE NY

OCCUPATION R.R. Conductor

FULL MAIDEN NAME MOTHER Della S. Caswell

RESIDENCE Blackfoot Idaho

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Minn

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive or stillborn at Blackfoot Idaho on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

Filed 4-8-20 Registrar Walter E. ...

JUL 6 1942

Chas. H.

..

453111006993

PLACE OF BIRTH

County of *Bingham*City of *Blackfoot Idaho*St. *Morland*Registration District No. *121*File No. *77698*Primary Registration District No. *2194*Registered No. *103*

Hospital

FULL NAME OF CHILD *William Frank Decker*Sex of Child *male*Twin
Triplet
or other?and { Number
in order
of birth*1st*Legiti-
mate?*yes*Date of
Birth*Mar 11**1912*FULL
NAME*William F Decker*

FATHER

RESIDENCE

Blackfoot Idaho

COLOR

*white*AGE AT LAST
BIRTHDAY*35*
(Years)

BIRTHPLACE

Idaho

OCCUPATION

*Farmer*FULL
MAIDEN
NAME*Josephine Richardson*

MOTHER

RESIDENCE

Blackfoot Idaho

COLOR

*white*AGE AT LAST
BIRTHDAY*20*
(Years)

BIRTHPLACE

Idaho

OCCUPATION

*Housewife*Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *10 P. M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. J. Simmons

(Physician or midwife)

Given names added from a supplemental report.

Address

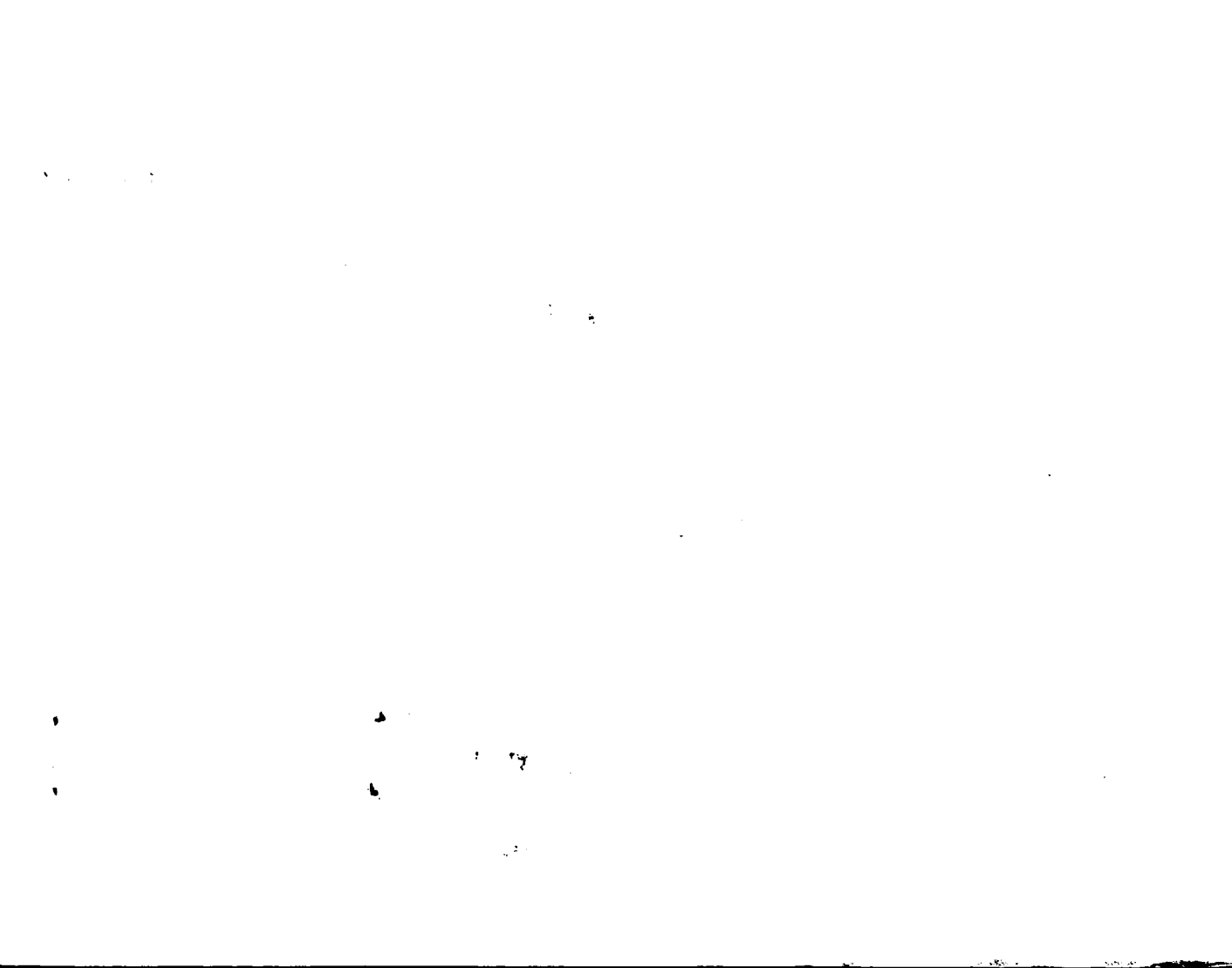
Blackfoot Idaho

Filed

4-8-20 Mrs. Helen E. Patrick

Registrar

Registrar



915-132,006-794

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-24a-8-17

County of BinghamCity of BlackfootRegistration District No. 121File No. 77694No. MaclanuelPrimary Registration District No. 2194Registered No. 105

Hospital VERL GEDDES RANDALL

FULL NAME OF CHILD John Randall

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>March 22 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|--|---|
| FULL NAME
<u>William J. Randall</u> | FATHER |
| RESIDENCE
<u>Blackfoot Idaho</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>40</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Joan Geddes</u> | MOTHER |
| RESIDENCE
<u>Blackfoot Idaho</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 a.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) H. J. Simmons
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, IdaFiled 4-8 20 Dr. M. Nelson E. Patric

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77694
County of Franklin

The undersigned does solemnly swear that certain facts on the certificate of Birth for John who BORN on MARCH 22 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in MORRIS IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event) true facts are shown by Bible Record prepared on April 12 - 1920, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name John Verl Geddes Randall

Subscribed and sworn to before me this 11th day of August 1942
Ch. Beavers
Notary Public, residing at PRESTON, IDAHO
My commission expires 9-18-1945
(Seal)

Signed Joan S. Randall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 6th day of August 1942
Ch. Beavers
Notary Public, residing at Preston Id
My commission expires 9-18-1945
(Seal)

Signed Daved Davis
(Signature of Any Credible Person Other Than Previous Year)
280N 2nd East Preston Idaho
(Street Address, City, State)

AUG 20 1942

236218 1006-962
PLACE OF BIRTHCounty of *Bingham*
City of *Blackfoot*
No. *Presto* St.STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-4-22m-2-17

Registration District No. *121* File No. *77695*
Primary Registration District No. *2194* Registered No. *104*

Hospital.....

FULL NAME OF CHILD

*Blanche Scott*Sex of Child *Female* Twin Triplet ☒ or other? ☐ and (Number in order of birth) *2nd* Legitimate? *Yes* Date of Birth *Mar 18 - 1920*
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER *William E. Scott*RESIDENCE *Presto*COLOR *white* AGE AT LAST BIRTHDAY *32*
(Years)BIRTHPLACE *Idaho*OCCUPATION *Cattlemen*FULL MAIDEN NAME MOTHER *Maud Robertson*RESIDENCE *Presto*COLOR *white* AGE AT LAST BIRTHDAY *30*
(Years)BIRTHPLACE *Utah*OCCUPATION *Housewife*Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *Id.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. J. Harrison*

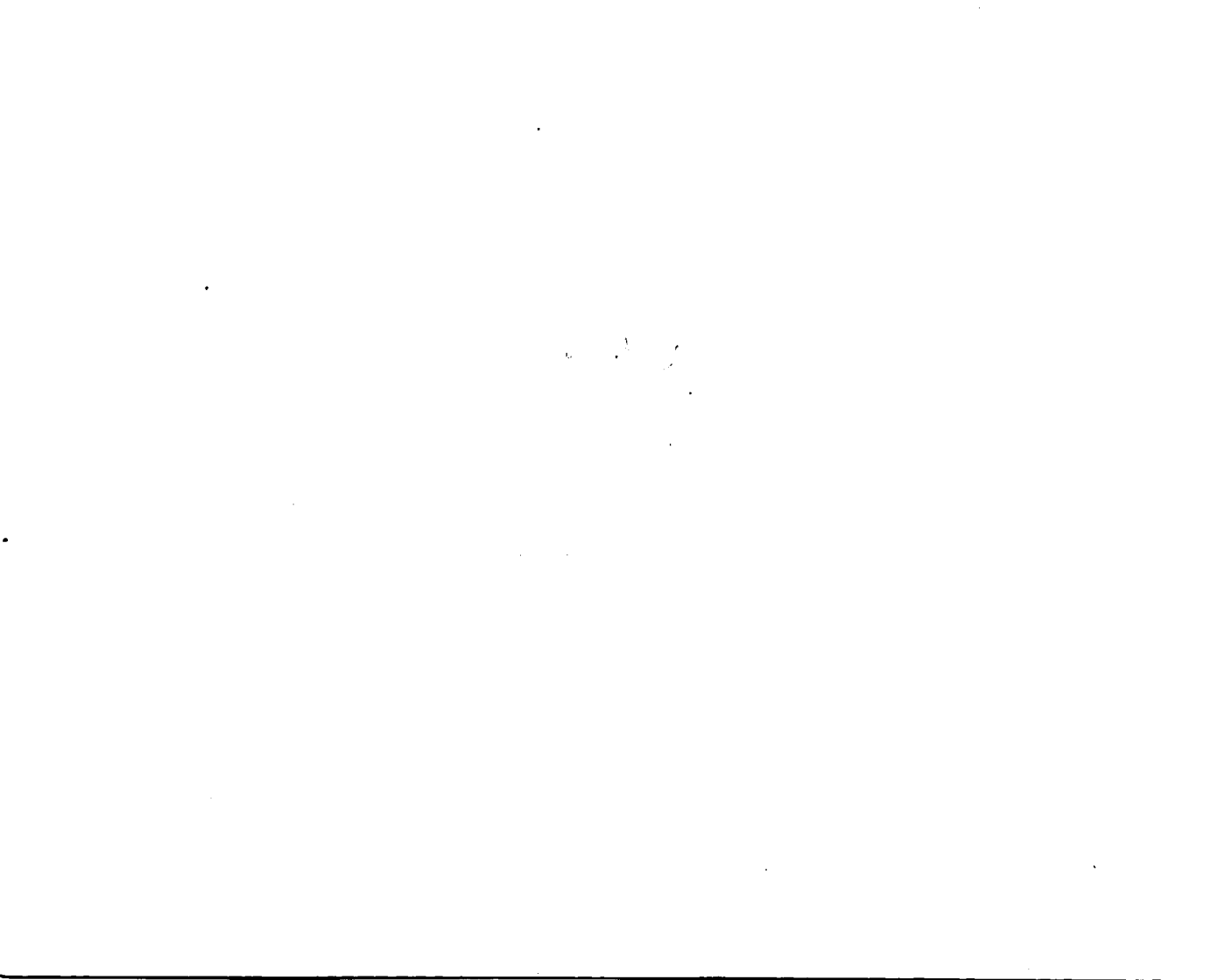
(Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot Idaho*Filed *4-5-20* *Mrs. Helen E. Polzie*

Registrar

Registrar



847-223,006-645

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G-22m-4-3-17

CERTIFICATE OF BIRTH

County of BinghamCity of Blackfoot IdahoRegistration District No. 121File No. 77696No. East Court St.Primary Registration District No. 1007Registered No. 106

Hospital

FULL NAME OF CHILD Blanche Ellen HughesSex of
ChildFemaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birth } 1stLegiti-
mate?yesDate of
BirthMarch 23 1920
(Month) (Day) (Year)FULL
NAMEGeorge L. Hughes

FATHER

RESIDENCE

Blackfoot Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

MO

OCCUPATION

ClerkFULL
MAIDEN
NAMEMary Trunk

MOTHER

RESIDENCE

Blackfoot Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at MO on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. J. Simmons

(Physician or midwife)

Given names added from a supplemental report.

Address

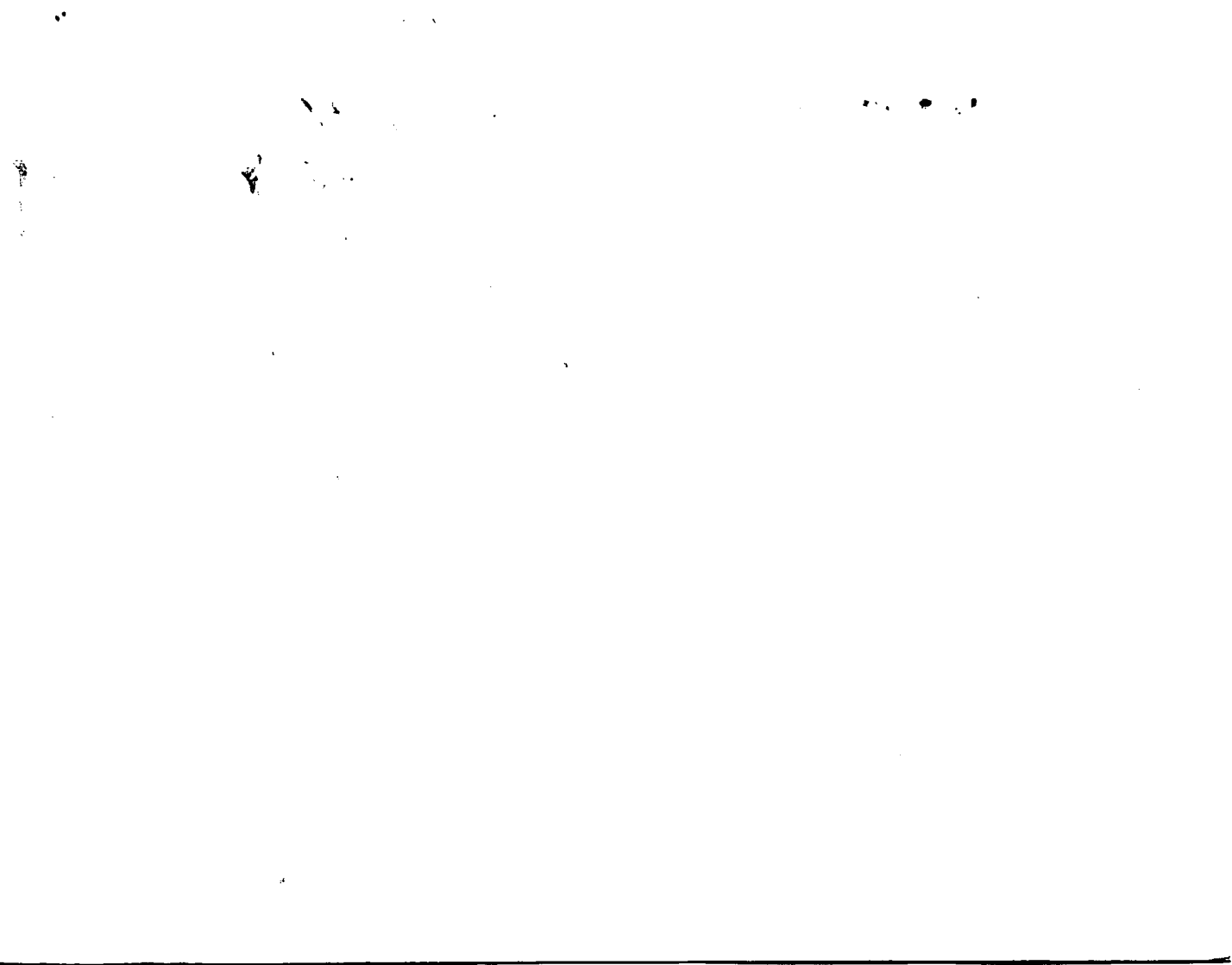
Blackfoot Idaho

Filed

Apr 5 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

755-2311006-819

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-8-17

County of San Diego

City of St. Louis

Registration District No. 121

File No. 77697

No. 141 1000

Primary Registration District No. 007

Registered No. 107

Hospital.....

FULL NAME OF CHILD *Harold Margaret Bendisberg*

| | | | | |
|--------------------------------|---|---|---------------------------|---|
| Sex of Child
<i>female.</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and (Number
in order
of birth
<i>4</i>) | Legitimate?
<i>yes</i> | Date of Birth
<i>March 31</i>
(Month) (Day) (Year)
<i>1920</i> |
|--------------------------------|---|---|---------------------------|---|

FULL NAME *John A. Pendlebury* FATHER
RESIDENCE *Blackfoot, Idaho*
COLOR *White* AGE AT LAST BIRTHDAY *26* (Years)

FULL MAIDEN NAME *Eril Harper* MOTHER
RESIDENCE *Blackfoot Idaho*
COLOR *white* AGE AT LAST BIRTHDAY *23* (Years)

BIRTHPLACE England
OCCUPATION Labour

BIRTHPLACE Malak
OCCUPATION Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was..... Born alive at..... 3a
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Simmons
M.D.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Blackout Shack
 Filed 4-8-60 Mr. Walter E. Rater

Registrar

Registrar

OCT 11 1972

243-115,006-229
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 14-0-22a-2-17

County of BinghamCity of BlackfootRegistration District No. 121File No. 77698

No. St.

Primary Registration District No. 1007Registered No. 105

Hospital

FULL NAME OF CHILD Lester Buttane

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar 15 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

| | | | |
|---------------------------------|---|---|---|
| FULL NAME <u>E. O. Buttane</u> | FATHER | FULL MAIDEN NAME <u>Maya R. Skinner</u> | MOTHER |
| RESIDENCE <u>Blackfoot, Ida</u> | | RESIDENCE <u>Blackfoot, Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>17</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | | BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Clerk</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive..... at 6 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Simmons D.D.

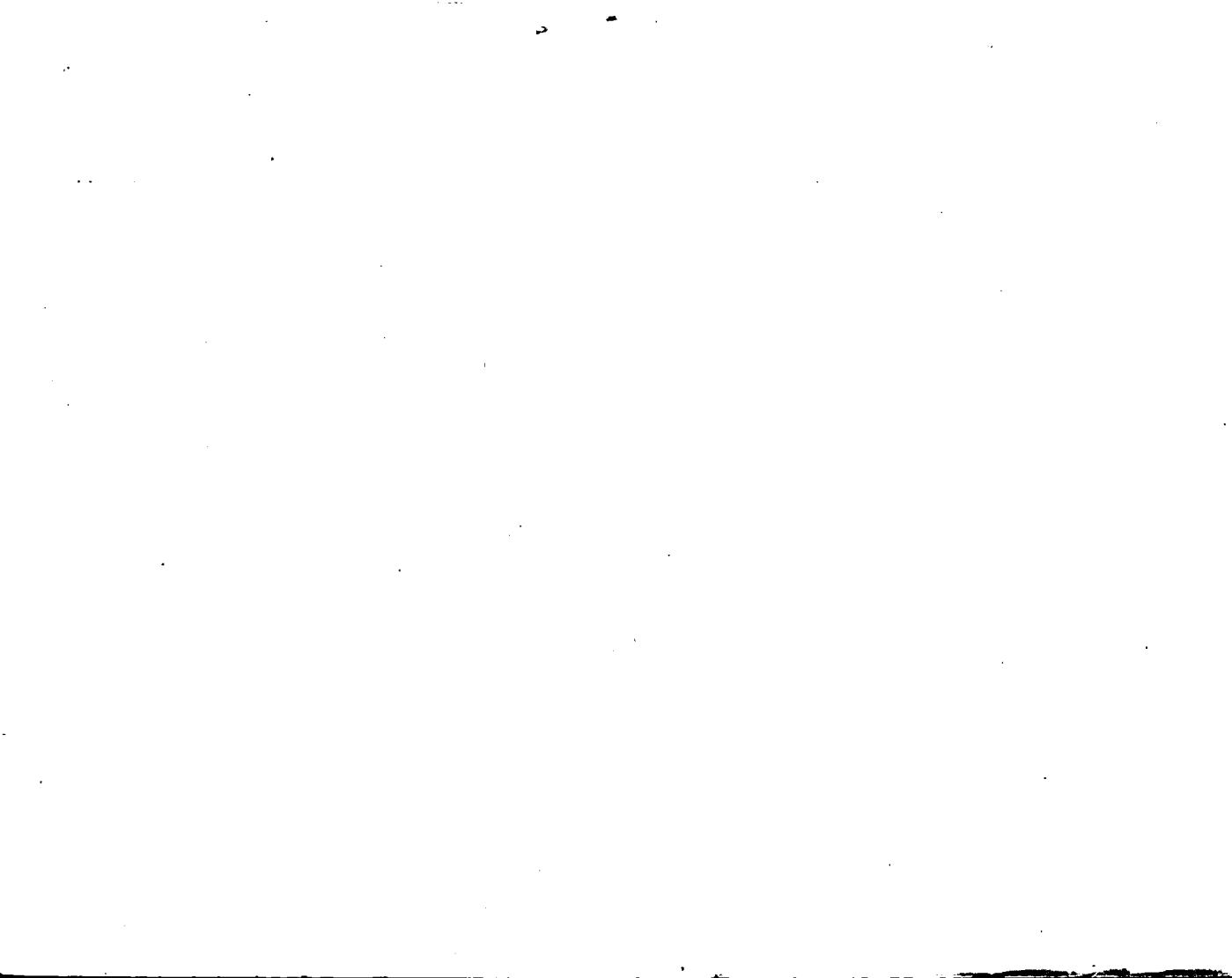
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, IdahoFiled 4-8-20 Wm. Halie E. Patrice

Registrar

Registrar



369.102.006-314

AMENDED CHILD'S NAME 4-3-2000 MS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 1

County of Bingham

CERTIFICATE OF BIRTH

City of BlackfootRegistration District No. 121File No. 77699No. R. F. 2 St.Primary Registration District No. 2194Registered No. 109Hospital Ellis J. CorniaFULL NAME OF CHILD JOHN ELLIS CORNIA

Sex of Child

mTwin
Triplet
or other?XNumber
in order
of birthXLegiti-
mate?yesDate of
BirthMar 21920

(Month) (Day) (Year)

FULL NAME

FATHER
Melvin Cornia

FULL MAIDEN NAME

MOTHER
Kate Cameron

RESIDENCE

Boda Springs

RESIDENCE

Boda Springs

COLOR

WAGE AT LAST
BIRTHDAY32
(Years)

COLOR

WAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Dams MD

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot, Ida

Filed

4-10-20

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECORDED CHILD'S NAME A-3-2000
STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
APR 10 1932

W. L. ...

3-29-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 1920-77699
Date Filed APRIL 10, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for ELLIS J. CORNIA who WAS BORN on MARCH 2, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in BLACKFOOT (BINGHAM) ID are erroneous or were omitted:
(Place of Event)

| ITEMS TO BE CORRECTED | FROM | TO |
|-----------------------|-----------------|-------------------|
| CHILD'S NAME | ELLIS J. CORNIA | JOHN ELLIS CORNIA |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

John Ellis Cornia
Signature of Applicant
2659 W. 24th St. BLKFT ID
Street Address, City, State

88221

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 1920

Notary Public, Blackfoot

Residing at Blackfoot

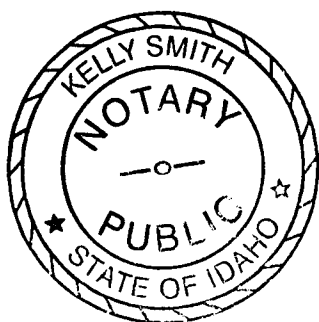
My commission expires 12-27-05

(Seal)

Supporting Signature

Street Address, City, State

3cc. pd



CERTIFICATE OF BIRTH FROM THE LDS CHURCH SHOWS JOHN ELLIS CORNIA BORN
MARCH 2, 1920 IN BLACKFOOT (BINGHAM) ID RECORDED JUNE 20, 1920
VIEWED VS.

HONARABLE DISCHARGE ISSUED TO JOHN E CORNIA ON 8/2/1948 VIEWED VS.

862-2 31006-331

PLACE OF BIRTH
Amended 6-12-78STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BinghamCity of PelicanRegistration District No. 121File No. 77700No. Ward 3 St.Primary Registration District No. 1007Registered No. 110

Hospital

FULL NAME OF CHILD

ELMA

Hoskin

| | | | | |
|---|--------------------------------|---------------------------------------|-----------------------|-----------------------------------|
| Sex of Child <u>M</u> | Twin Triplet or other <u>X</u> | and Number in order of birth <u>X</u> | Legitimate <u>Yes</u> | Date of Birth <u>July 31 1912</u> |
| (To be answered only in event of plural births) | | | | (Month) (Day) (Year) |

FULL NAME FATHER Joseph HoskinFULL MAIDEN NAME MOTHER Lillie ClarkRESIDENCE Pelican Ward 3RESIDENCE Pelican Ward 3COLOR W AGE AT LAST BIRTHDAY 36 (Years)COLOR W AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE UtahBIRTHPLACE UtahOCCUPATION Sheep shearerOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:50 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis

(Physician or midwife)

Given names added from a supplemental report.

Address Bluefoot, IdahoFiled 4-10-20 Dr. M. H. E. Frazier

Registrar

Registrar



1736

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1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

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100 100 100 100

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IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 77700
County of San Cruz }
The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Hoskins who was born on March 31, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record, Ins. Policy prepared on May 3, 1978, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name omitted
mother's first name Dillie

Elma Hoskins
Matilda Clark
(Tillie)

Subscribed and sworn to before me this 3rd day of

Signed Elma Charron

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Watsonville, Calif.
My commission expires 9-16-1980
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

Notorized copy of the Bible record gives name of child as Elma Hoskins born March 31, 1920 and Baptized June 6, 1931, in Blackfoot River, Blackfoot, Idaho. Parents given as Josiah Hoskins and Tillie Clark.
Viewed by V.S.

Application for Insurance issued by National Travelers Life Company gives name as Carrie Elma Charron (Hoskins, maiden name also given in application)
Application signed July 14, 1972.
Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-111-009-796
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

No. R.F.D. St.

Registration District No. 7D

File No. 77701

Hospital _____

Primary Registration District No. 2155 Registered No. _____

FULL NAME OF CHILD Floyd Chester Bonner

| | | | | |
|------------------------|------------------------------|--|------------------------|--|
| Sex of Child <u>M.</u> | Twin Triplet or other? _____ | and { Number in order of birth _____ } | Legitimate? <u>Yes</u> | Date of Birth <u>Feb 11 1920</u>
(Month) (Day) (Year) |
|------------------------|------------------------------|--|------------------------|--|

FATHER
FULL NAME Edwin Lee Bonner
RESIDENCE Sandpoint R.F.D.
COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Holden Mo.
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Clara Maude Grant
RESIDENCE Sandpoint R.F.D.
COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Elk Co. Minn.
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle M.D.
Sandpoint Ida
(Physician or midwife)

Given names added from a supplemental report. _____ 19 _____

Address Sandpoint Idaho
Filed April 8 1920 FLOYD G. WENDLE
Registrar

MAY 17 1963

copy for each
of the
OFFICE

789.111.009-869

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of JeromeCity of SandpointRegistration District No. 78 File No. 77702No. Church St.Hospital Grandma King Primary Registration District No. 2172 Registered No. _____FULL NAME OF CHILD Robert PhillipsSex of Child Male { Twin Triplet or other? } and { Number in order of birth } Legiti mate? Yes Date of Birth Dec 11 1920
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME Walter Phillips FATHERRESIDENCE Sandpoint IdahoCOLOR White AGE AT LAST BIRTHDAY 38 (Years)BIRTHPLACE Humboldt Mo.OCCUPATION RancherFULL MAIDEN NAME Lucinda York MOTHERRESIDENCE Sandpoint IdahoCOLOR White AGE AT LAST BIRTHDAY 99 (Years)BIRTHPLACE Edgar Springs Mo.OCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3-20 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Floyd Wendle MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint Idaho

Filed

April 8 1920

FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/18/41 Z.J.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-206-009-433

PLACE OF BIRTH

County of Bonner

City of Shoup

No. St.

Hospital Central

FULL NAME OF CHILD

Mary Alice Pierce

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-2-5-17

Registration District No. 78

File No. 77703

Primary Registration District No. 2185

Registered No.

| | | | | |
|----------------------------|---|-----------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> (To be answered only in event of plural births) | Number in order of birth <u>—</u> | Legitimate? <u>yes</u> | Date of Birth <u>3</u> <u>6</u> <u>28</u>
(Month) (Day) (Year) |
|----------------------------|---|-----------------------------------|------------------------|---|

| | |
|-----------------------------------|---|
| FULL NAME <u>Edward A. Pierce</u> | FATHER |
| RESIDENCE <u>Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>34</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>RR Man</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Lela M. McCullough</u> | MOTHER |
| RESIDENCE <u>Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>36</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>mf</u> | |

Number of child of this mother, including present birth Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 5 29 P.M. on the date above stated.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Anderson
Shoup
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed April 8 19 20
Registrars
FLOYD G. WENDLE
Registrar

MAR 28 1949

OCT 18 1966

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

357-116-009-813
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25nt-7-7-19

County of Banner

City of Sandpoint

No. 604 Oak St.

Hospital _____

Registration District No. 78

File No. 77704

Primary Registration District No. 2188

Registered No. _____

FULL NAME OF CHILD Dean Russell Leger

| | | | | | | |
|--------------------------|---|-----|--------------------------------|-----------------|-----|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? | Yes | Date of Birth <u>May</u> <u>16</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|-----------------|-----|--|

FULL NAME FATHER
Edgar Leger

RESIDENCE Sandpoint, Idaho.

COLOR White AGE AT LAST BIRTHDAY 34
(Years)

BIRTHPLACE Nebraska

OCCUPATION Laborer

FULL MAIDEN NAME MOTHER
Norma Hale

RESIDENCE Sandpoint, Idaho.

COLOR White AGE AT LAST BIRTHDAY 23
(Years)

BIRTHPLACE Idaho.

OCCUPATION House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Payne M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint, Idaho.

Filed April 8 1920

FLOYD G. WENDLE

Registrar

Registrar



Selective Service Registration Certificate, dated Nov. 19, 1945 gives full name as Dean Russell Leger-viewed by V.S. Notice of Classification, order no. S-926, Class 1-C Disc. dated 11-19-1945 gives full name as Dean Russell Leger - viewed by V.S. University of Idaho Veteran's Credit Card, No. 133, year 1947-1948 gives full name as Dean Russell Leger, C-9034194 - viewed by V.S. Northern Life Insurance Policy, dated Dec. 28, 1955 at

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington Pasco, Washington gives full name of insured as 77704
County of Franklin Dean Russell Leger, born in 1920 at Sandpoint, Idaho - age at time policy was taken out - 36 years old. Date Filed
The undersigned does solemnly swear that certain facts on the certificate of Frances G. Leger, wife - viewed by V.S. birth

for Unnamed Leger who born on March 16, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Sandpoint are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ARMY DISC. INS. POL. prepared on 1945-1955, are:
(Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's Name

Unnamed

Dean Russell Leger

Subscribed and sworn to before me this 8th day of March, 1958

Signed Edgar Noel Leger - FATHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3719 W. Head Kennedy Ave.
(Street Address, City, State)

Notary Public, residing at Harold K. Meyer
My commission expires January 17, 1959
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Franklin

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of May, 1958

Signed Stella Leger - AUNT
(Signature of Any Credible Person)

1616 1st St. Lemon Grove, Calif
(Street Address, City, State)

*Notary Public, residing at Harold K. Meyer
My commission expires January 17, 1959
(Seal)

MAY 22 1962

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

231-116-009-419
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint, Idaho.

Registration District No. 7A

File No. 77705

No. _____ St.

Primary Registration District No. 2153

Registered No. _____

Hospital City Hospital

FULL NAME OF CHILD

GORDON STARR

| | | | | | | | | |
|--------------------------|---|-----|--------------------------------|-----------------|------------|------------------|----------------|-------------|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? | <u>Yes</u> | Date of
Birth | <u>Mch. 16</u> | <u>1920</u> |
| | | | | | | (Month) | (Day) | (Year) |

FULL NAME FATHER
Luther Earl Starr

RESIDENCE
Laclede, Idaho.

COLOR White AGE AT LAST BIRTHDAY 25
(Years)

BIRTHPLACE
Chicago, Ill.

OCCUPATION
Laborer

FULL MAIDEN NAME MOTHER
Myrtle Darrell

RESIDENCE
Laclede, Idaho.

COLOR White AGE AT LAST BIRTHDAY 25
(Years)

BIRTHPLACE
Iowa

OCCUPATION
House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. F. Page

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.

Filed April 8 1920

FLOYD G. WENDLE
Registrar

Registrar



OCT 22 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash. } ss. Certificate No. 77705
 County of Pierce }
 The undersigned does solemnly swear that certain facts on the certificate of Birth
 for Unnamed who was born on May 16-1920 (Birth or Death)
 in Sauv. River, Idaho (Was Born or Died) (Date of Event)
 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts are shown by _____ prepared on _____, are:

FACTS TO BE CORRECTED
 ("Name", "Birth Date", "Cause of Death", Etc.)

FROM
 (As on Original)
Unnamed

TO
 (The Correct Facts)
Gordon Starr

Name

Subscribed and sworn to before me this 20th
 day of July 1942
John E. Sherris
 Notary Public, residing at _____
 My commission expires July 10 - 1946
 (Seal)

Signed Luther E. Starr
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
 County of _____ }

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
 day of _____, 19____

Signed _____
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
 (Seal)

 (Street Address, City, State)

OCT 23 1942

259-105-003-154

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of SandpointRegistration District No. 75File No. 77706No. 60 Malltown St.Primary Registration District No. 2155

Registered No. _____

Hospital _____

FULL NAME OF CHILD Walfred RobertBergstromSex of Child MTwin
Triplet
or other?and { Number
in order
of birthLegiti
mate?YesDate of
BirthMar 5 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Halfred Bergstrom

RESIDENCE

Kootenai

COLOR

WhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Sweden

OCCUPATION

Mill workerFULL
MAIDEN
NAME

MOTHER

Edda Underem

RESIDENCE

Kootenai

COLOR

WhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Wagon River

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7-45 A.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Floyd Wendle
MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint Idaho

Filed

April 8 1920

FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

AUG 21 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho Certificate No. 77706
County of Blaine Date Filed Dec 12 12 48 PM '75

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Bergstrom (Male) who was born Mar. 5, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Sandpoint, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name Unnamed W. Robert Bergstrom

Subscribed and sworn to before me this 19 day of 1975

Signed Selma Bergstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho
My commission expires 1975
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of September 1975

Signed Selma Bergstrom
(Signature of Any Credible Person)

Notary Public, residing at 607 Alder
My commission expires June 1 1978
(Seal)

(Street Address, City, State)

Family Bible record for the children of Walfred Otto Bergstrom and Freda Justine Bergstrom. gives child's name as Walfred Robert Bergstrom. born Mar. 5, 1920 at Sandpoint, Idaho. viewed by V. S.

SEP 15 1975

Honorable Discharge from the U.S. Army gives name as Walfred R. Bergstrom. dated Sept. 5, ~~1945~~ 1946. viewed by V. S.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of BonneCity of IdahoRegistration District No. 81

File No.

77707

No. _____ St.

Primary Registration District No. 2158

Registered No.

44

Hospital _____

FULL NAME OF CHILD MARIE JOSEPHINE WALL

| | | | | | |
|--|---|-----|---|---|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? | Date of Birth <u>3-29-20</u>
(Month) (Day) (Year) |
| FULL NAME FATHER <u>Leo Edgbert Wall</u> | | | FULL MAIDEN NAME MOTHER <u>Mary Alice Brown</u> | | |
| RESIDENCE <u>Morton</u> | | | RESIDENCE <u>Morton</u> | | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) | | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>19</u>
(Years) | |
| BIRTHPLACE <u>Colorado</u> | | | BIRTHPLACE <u>Idaho</u> | | |
| OCCUPATION <u>Farmer</u> | | | OCCUPATION <u>House</u> | | |

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:15 A.M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. R. Wallington

(Physician or midwife)

Given names added from a supplemental report.

Marie Josephine Wall 19 _____

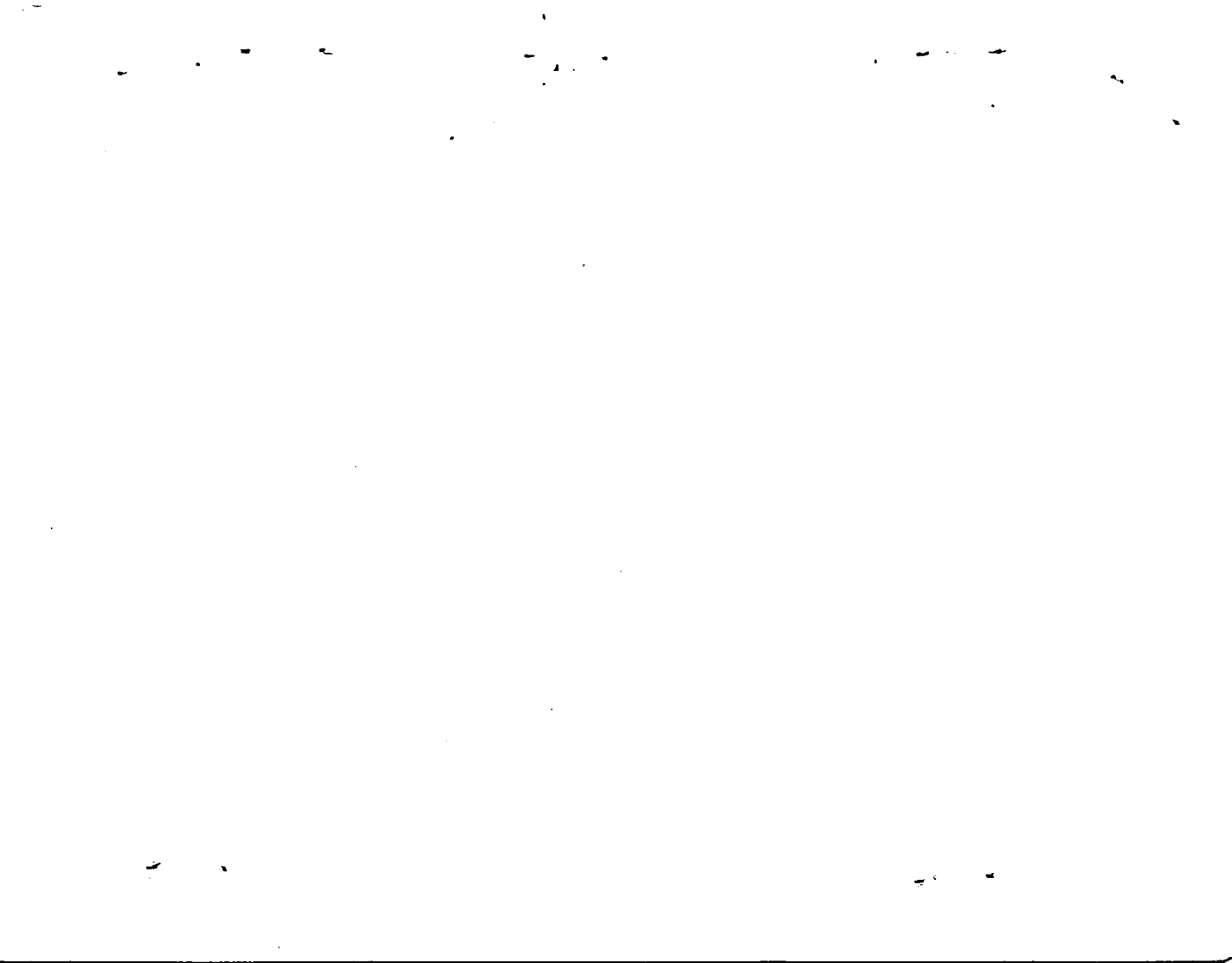
Address

Idaho

Filed

3-29-20 W. R. Wallington

Registrar



77707
BOARD OF HEALTH--BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTHPlace
of Birth

City

Fackel

Registered No.

144

Street and House No.

County

Bonne

Registration Dist. No.

81

Sex of Child

Female

Date of Birth

Mar. 29

1920

MONTH

DAY

YEAR

Father

Geo Edgbert Wall

FULL NAME

Mother

Mary Alice Brown

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Marie Josephine Wall

GIVEN NAME IN FULL

SURNAME

as reported by

Geo Edgbert Wall

FATHER OR MOTHER

H. R. Wallentine

LOCAL REGISTRAR

OCT 8 1942

1920

1859

61

246-246-009-315
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-15

CERTIFICATE OF BIRTH

County of BannerCity of SachseRegistration District No. 81File No. 77708

No. _____ St. _____

Primary Registration District No. 2158 Registered No. 43

Hospital _____

FULL NAME OF CHILD Hazel Marie Pulsifer

| | | | |
|--|--|---|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>-</u> and <u>-</u> Number in order of birth <u>-</u> | Legitimate? <u>yes</u> | Date of Birth <u>3-6</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Walter Perry Pulsifer</u> | | MOTHER
FULL MAIDEN NAME <u>Ernie Emily Janssen</u> | |
| RESIDENCE <u>Sachse</u> | | RESIDENCE <u>Sachse</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>37</u>
(Years) | COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) |
| BIRTHPLACE <u>Iowa</u> | | BIRTHPLACE <u>Iowa</u> | |
| OCCUPATION <u>Grader - Smith</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 10Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____, at 4 M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. W. W. W.

(Physician or midwife)

Given names added from a supplemental report.

Address SachseFiled 3-12 1920 M. R. W. W. W.

SEP 11 1972

693-106-009-597

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Bonner

CERTIFICATE OF BIRTH

City of IdahoRegistration District No. 81File No. 77709

No. _____ St.

Primary Registration District No. 2558Registered No. 412

Hospital _____

FULL NAME OF CHILD

Edward Henry Wilson

| | | | | |
|---|---|---|--|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other? <u>✓</u> | and } Number
in order
of birth <u>✓</u> | Legiti-
mate? <u>yes</u> | Date of Birth <u>3-6</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Frank Wilson</u>
FATHER | | | FULL MAIDEN NAME <u>Edna Vigne</u>
MOTHER | |
| RESIDENCE <u>Idaho</u> | | | RESIDENCE <u>Idaho</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) | | COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>18</u>
(Years) |
| BIRTHPLACE <u>Mo</u> | | | BIRTHPLACE <u>Mich</u> | |
| OCCUPATION <u>labour</u> | | | OCCUPATION <u>law</u> | |

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive at 1 A M
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M R WallentineM D

(Physician or midwife)

Given names added from a supplemental report.

Address

Idaho

Filed

3-12-20M R Wallentine

Registrar

Registrar

DEC 11 1963

APR 28 1972

251-127009-433

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77710

County of BonnerCity of Priest River, Ida.Registration District No. 85

File No. _____

No. _____ St. _____

Primary Registration District No. 275 Registered No. 19Hospital Priest River,Allan

FULL NAME OF CHILD

Jackson Allan BeardSex of
ChildMaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
BirthMarch 271920

(Month) (Day) (Year)

FULL
NAME

FATHER

Arthur Beard

RESIDENCE

Priest River, Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY33

(Years)

BIRTHPLACE

Vt.

OCCUPATION

Bookkeeper.FULL
MAIDEN
NAME

MOTHER

Bella Kate Mc Lean.

RESIDENCE

Priest River, Ida.

COLOR

White.AGE AT LAST
BIRTHDAY29.

(Years)

BIRTHPLACE

Neb.

OCCUPATION

Housewife.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive1.45 P.M.

M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Priest River, Ida.Filed March 30 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

FEB 9 1942

SEP 8 1959

459-219.009-141

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnerCity of Prine River, IdahoRegistration District No. 85File No. 73711No. _____ St. 2185Hospital Prine River Hospital

Primary Registration District No. _____

Registered No. 18

FULL NAME OF CHILD

Betty Jane Merritt

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
BirthMarch191920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Keith Glenn Merritt

RESIDENCE

Sawyer, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY25

(Years)

BIRTHPLACE

Edgemore, Idaho

OCCUPATION

Auto-MechanicFULL
MAIDEN
NAME

MOTHER

Beth Lore Adair

RESIDENCE

Sawyer, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY18

(Years)

BIRTHPLACE

Cute, Illinois

OCCUPATION

House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:45 a M.
on the date above stated. (Born alive or stillborn){ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

E. P. Gotsch

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Prine River, Idaho

Filed

Mar 20

1920

Registrar

Registrar

1000

8.11.11

1000

353-1171009-658

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL-STATISTICS
CERTIFICATE OF BIRTHCounty of BonneCity of Prest RiverRegistration District No. 80File No. 77No. --- St. ---Primary Registration District No. 2185Registered No. 1Hospital ---

FULL NAME OF CHILD

Frank Colistro

Sex of Child

maleTwin
Triplet
or other?

{ and }

Number
in order
of birth

Legitimacy?

yes

Date of Birth

March 171920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL NAME

John Colistro

FATHER

FULL MAIDEN NAME

Octavia Feyer

MOTHER

RESIDENCE

Prest River

RESIDENCE

Prest River

COLOR

White

AGE AT LAST BIRTHDAY

32
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Italy

BIRTHPLACE

Belgium

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Barnesat 10:20 P.M.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. F. Gutzloff

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Prest River Id.

Filed

March 301920E. F. Gutzloff

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dup of 1920-333006

212-1121009-133

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnerCity of Prest RiverRegistration District No. R5File No. 777No. St. Hospital Primary Registration District No. 2185Registered No. 135FULL NAME OF CHILD Gabileo Fred. Bassio

Sex of Child

maleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthMarch 121921

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAMEJoe Bassio

FATHER

RESIDENCE

Prest River Id

COLOR

WhiteAGE AT LAST
BIRTHDAY44
(Years)

BIRTHPLACE

Italy

OCCUPATION

Lumber JackFULL
MAIDEN
NAMEMary Altman

MOTHER

RESIDENCE

Prest River Id

COLOR

WhiteAGE AT LAST
BIRTHDAY37
(Years)

BIRTHPLACE

Italy

OCCUPATION

HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born aliveat 11:40 P.M.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

C. P. Getzoff M.D.
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Prest River Id

Filed


March 12 1920C. P. Getzoff

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



JUL 5 1945 SEP 11 1950

DEC 10 1941

NOV 14 1950

751-205-009-681

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of Prest RiverRegistration District No. 85File No. 1

No. _____ St. _____

Primary Registration District No. 2185Registered No. 1

Hospital _____

FULL NAME OF CHILD

Jessie Pearl Peach

Sex of Child

FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth

Legitimate?

Yes

Date of Birth

March 51920

FULL NAME

Pearl Peach

FATHER

FULL MAIDEN NAME

MOTHER

Jessie Winnie Woodward

RESIDENCE

Prest River, Idaho

RESIDENCE

Prest River, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

30

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

26

(Years)

BIRTHPLACE

Minnesota

BIRTHPLACE

Texas

OCCUPATION

Railroad Agent

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. P. Gifford

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Prest River, Idaho

Filed

May 20 1920

Registrar

E. P. Gifford

Registrar

MAR 19 1942



DECEASED

995-43-010-769

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO.
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of ~~Butte~~City of Idaho FallsRegistration District No. 73

File No.

77715

No. _____ St.

Primary Registration District No. 21-0Registered No. 36

Hospital _____

FULL NAME OF CHILD

Charles Ziebarth

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

March 13 1920
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 13, at _____ M.
on the date above stated. (Born alive or stillborn)

(Signature)

Ellen EllenPhysician

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19.

Address

Idaho Falls, Idaho.

Filed

3/2319. 20Confession

Registrar

Registrar

SECRET

May 6 1976

MAY 6 1976

119-217010-556

STATE OF IDAHO

Form V. S. No. 11-0-25a-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BonnevilleCity of LaurelRegistration District No. 7.3File No. 77716No. St.Primary Registration District No. 2.1.4.2Registered No. 3.1.7HospitalFULL NAME OF CHILD LOLA KATHLEEN JARDINE

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>Mar. 17</u> 191 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|------------------------------------|--|
| FULL NAME <u>Lester Jardine</u> | FATHER |
| RESIDENCE <u>Laurel Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>27</u> (Years) |
| BIRTHPLACE <u>Bonneville Idaho</u> | |
| OCCUPATION <u>Business Agent</u> | |

| | |
|--|--|
| FULL MAIDEN NAME <u>Phyllis Howell</u> | MOTHER |
| RESIDENCE <u>Laurel Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>27</u> (Years) |
| BIRTHPLACE <u>Bonneville Idaho</u> | |
| OCCUPATION <u>Homemaker</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 3:20 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
[Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Laurel IdahoFiled Mar 22 1920 [Signature]

Registrar

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of _____ } ss. **RECEIVED**
County of _____ } **JUL 17 1967**
Certificate No. 77716
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Fola Jardine who born on March 17, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Fola Jardine

Lola Kathleen Jardine

Subscribed and sworn to before me this 4th day of

March, 1960

Spencer M. Peterson

Notary Public, residing at Reese

My commission expires 3-15-60

(Seal)

Signed Fola Jardine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of

March, 1960

Raymond White

Notary Public, residing at _____

My commission expires 3-15-60

(Seal)

Signed _____
(Signature of Any Credible Person)

(Street Address, City, State)

Own child's birth certificate on file, Idaho #377979,
gives mother's name as Lola Kathleen Jardine.

SEP 26 1969

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

435-123-010-699

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Idaho Falls

Registration District No. 73

File No. 77717

No. _____ St.

Hospital _____

Primary Registration District No. 2100

Registered No. 34

FULL NAME OF CHILD

James Wright McEntire

Sex of Child

male

Twin
Triplet
or other?

and

Number
in order
of birth

First

Legiti
mate?

yes

Date of
Birth

Jan 23 1920
(Month) (Day) (Year)

FULL
NAME

FATHER

Ray W. McEntire

RESIDENCE

Idaho Falls, Ida.

COLOR

White

AGE AT LAST
BIRTHDAY

28
(Years)

BIRTHPLACE

Ogden, Utah

OCCUPATION

Clerk

FULL
MAIDEN
NAME

MOTHER

Carrie Wright

RESIDENCE

Idaho Falls Ida.

COLOR

White

AGE AT LAST
BIRTHDAY

25
(Years)

BIRTHPLACE

Epworth, Iowa

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, on the date above stated.

alive, at 39 M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

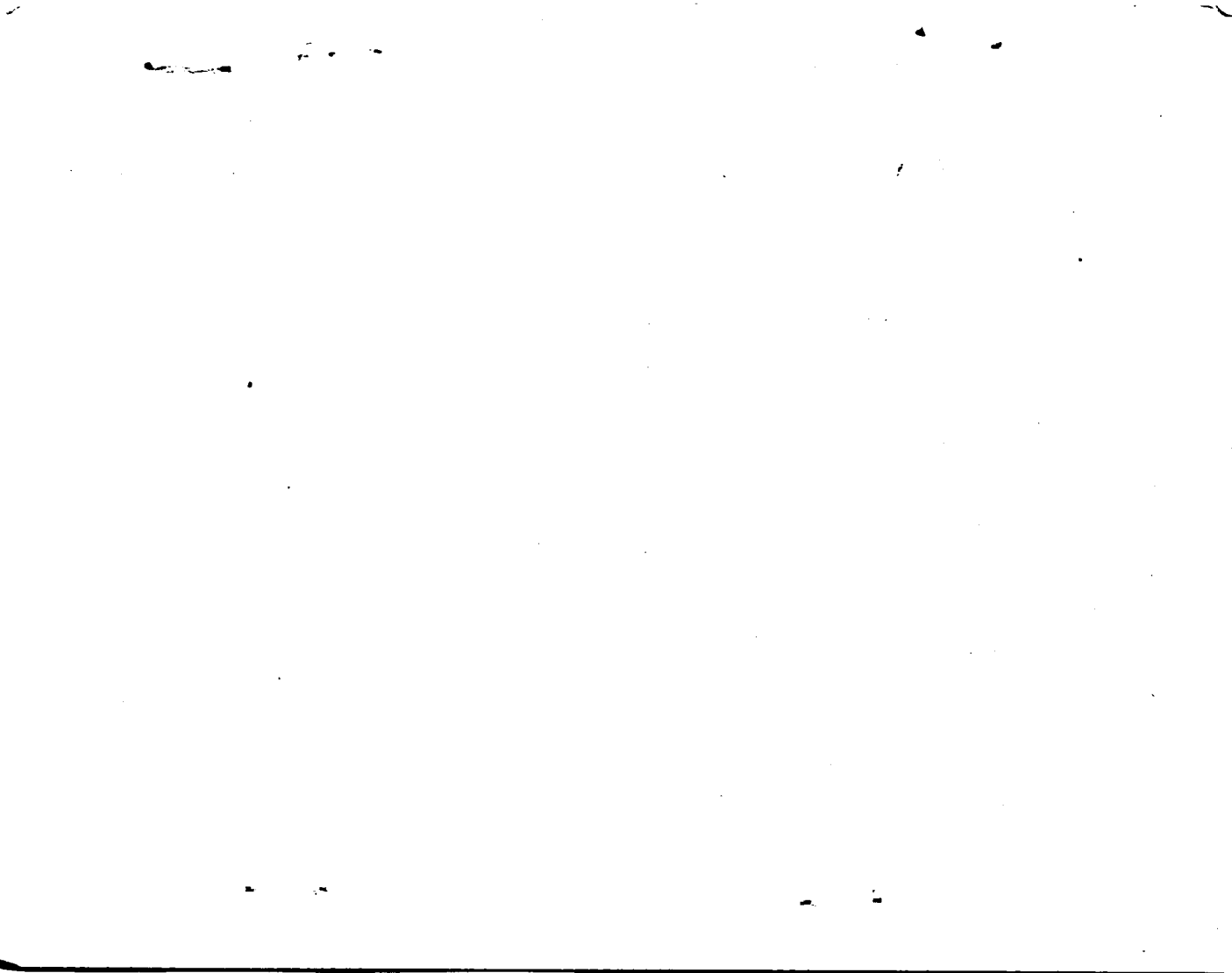
Idaho Falls, Idaho

Filed

Mar 22 1920 [Signature]
Registrar

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 77717
County of Bonneville } Date Filed SEP - 4 1941
The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or death)
for James Wright McEntire who was born on January 23, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Idaho Falls ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by.....prepared on....., are:
(Bible record, insurance policy, etc.) (Give date)

| | | |
|--|---------------------|------------------------------|
| FACTS TO BE CORRECTED | FROM | TO |
| ("Name", "birth date", "cause of death", etc.) | (As on original) | (The correct facts) |
| <u>Name</u> | <u>noname given</u> | <u>James Wright McEntire</u> |

Subscribed and sworn to before me this 4
day of September, 1941

Signed Ray W. McEntire
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Idaho Falls Idaho
My commission expires 10-1-44
[SEAL]

368-11th St Ida Falls Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bonneville }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of September, 1941

Signed Alvin Chini
(Signature of any credible person other than the previous affiant)

Sterling Jensen
Notary Public, residing at Idaho Falls Idaho
My commission expires 10-1-44
[SEAL]

Idaho Falls Idaho
(Street Address, City, State)

Received for filing on.....by.....
(Registrar's signature)

SEP 12 1975

699-110-010-231

Form V. S. No. 11-C--25m, 7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnerCity of Feed HillRegistration District No. 73File No. 77718

No. _____ St. _____

Primary Registration District No. 91-1-0Registered No. 33

Hospital _____

FULL NAME OF CHILD

Albert George Dwyer Jr.

Sex of Child

MaleTwin
Triplet
or other?

and

Number
in order
of birth

Legitimacy?

Yes

Date of Birth

Mar 10 1920

(Month) (Day) (Year)

FULL NAME

Albert George Dwyer Sr.

FATHER

RESIDENCE

Feed Hill Idaho

COLOR

White

AGE AT LAST BIRTHDAY

24
(Years)

BIRTHPLACE

Pueblo Col.

OCCUPATION

Labourer

FULL MAIDEN NAME

MOTHER

RESIDENCE

Feed Hill Idaho

COLOR

White

AGE AT LAST BIRTHDAY

20
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. J. Dwyer

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Feed Hill Idaho

Filed

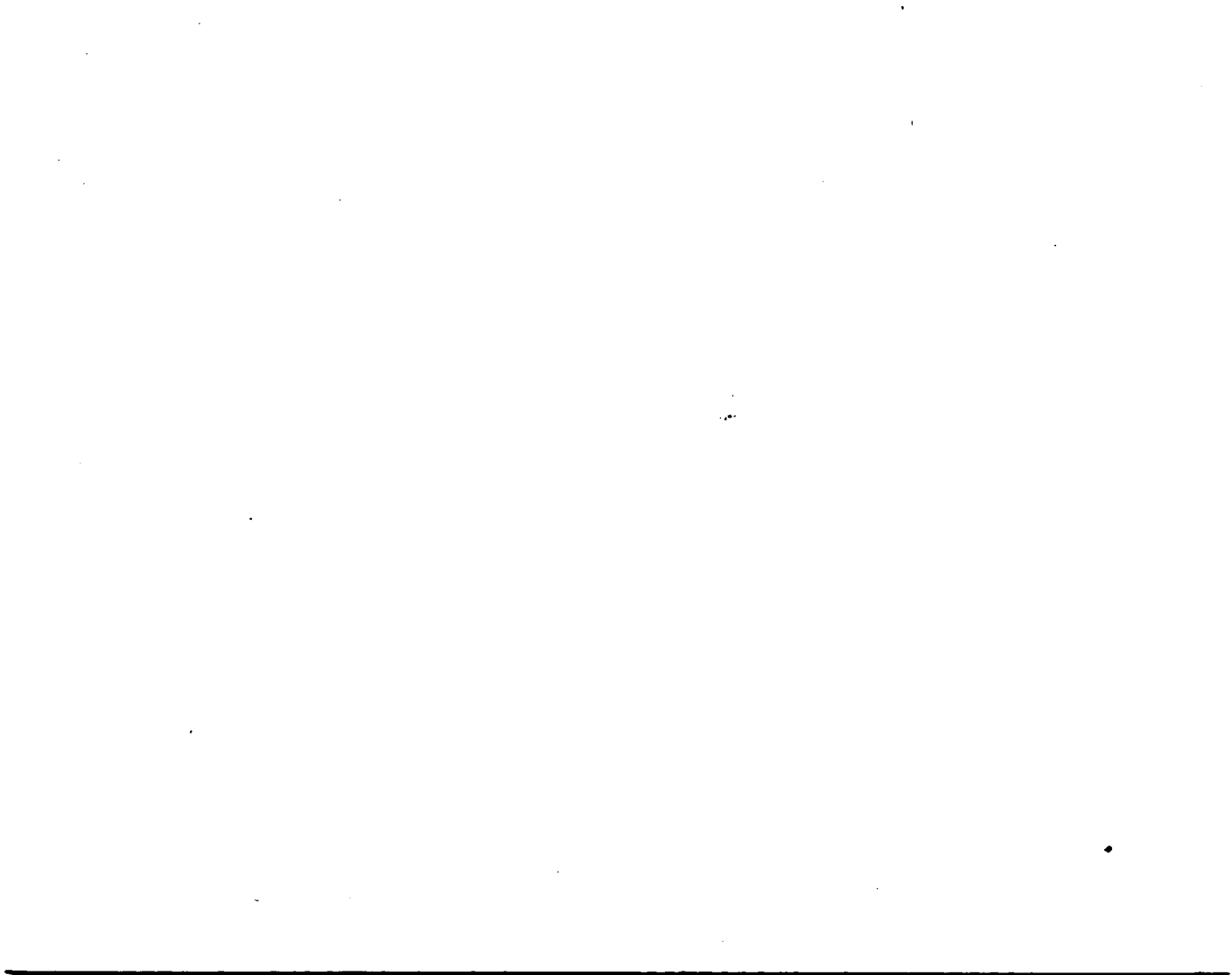
Mar 11 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



169-110-010-168
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-3-3-17

County of... *Bonneville*City of... *Idaho Falls*Registration District No. *73*File No. *77719*No. *St.*Primary Registration District No. *21-3-9*Registered No. *32*

Hospital

FULL NAME OF CHILD *ROBERT GRANT JORDAN*

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <i>male</i> | Twin
Triplet
or other? <i>and</i> { Number in order of birth <i>1</i> } | Legitimate? <i>yes</i> | Date of Birth <i>Mar 10</i> 19 <i>20</i>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

| | |
|-----------------------------------|---|
| FULL NAME
<i>Harvey Jordan</i> | FATHER |
| RESIDENCE
<i>Idaho Falls</i> | |
| COLOR
<i>white</i> | AGE AT LAST BIRTHDAY <i>27</i>
(Years) |
| BIRTHPLACE
<i>Idaho</i> | |
| OCCUPATION
<i>Farmer</i> | |

| | |
|--|---|
| FULL MAIDEN NAME
<i>Ethel Johnson</i> | MOTHER |
| RESIDENCE
<i>Idaho Falls</i> | |
| COLOR
<i>white</i> | AGE AT LAST BIRTHDAY <i>23</i>
(Years) |
| BIRTHPLACE
<i>Idaho</i> | |
| OCCUPATION
<i>Housewife</i> | |

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... *born alive Mar 10, 1920 at 10 P.M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. C. E. ...*

Given names added from a supplemental report.

Address *Idaho Falls Idaho*Filed *3/16* 19*20* *Lee ...*

Registrar

Registrar

1000

78

DEC 30 1941

SEP 22 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
County of Bonneville) ss
Certificate No. 77719
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate
of March 10, 1920 for Robert Grant Jordan who was born
(birth or death) (Name on original certificate) (was born or died)
on March 10, 1920 in Bonneville County Idaho are erroneous or were omitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown
by Mathers statement prepared on Sept. 13, 1941 are:
(Bible record, insurance plcy. etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate, etc.) FROM (As on original) TO (The correct facts)

| Name | no name given | Robert Grant Jordan |
|-------|---------------|---------------------|
| | | |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this 13th day of Sept. 1941
Signed Ethel Matilda Jordan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

W. L. Shattuck
Notary Public
Residing at Idaho Falls, Idaho P. 1, Idaho Falls, Idaho
(Street address, City, State)

My commission expires Aug. 19, 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Both affidavits must be completed)

State of Idaho)
County of Bonneville) ss

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of Sept. 1941
Signed Jack Thompson
(Signature of any credible person other than the previous affiant.)

W. L. Shattuck
Notary Public
Residing at Idaho Falls, Idaho Clarkston, Utah
(Street address, City, State)

My commission expires Aug. 19, 1945

(SEAL)

11

12

13



364-227-010-495

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25a-8-17

County of BonnerCity of Salt LakeRegistration District No. 73File No. 77720No. 9 St.Primary Registration District No. 21 N. P.Registered No. 31

Hospital

FULL NAME OF CHILD

Gordon Thomas ToddSex of
ChildFemaleTwin
Triplet
or other?and (Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthJan 27 1912

(Month) (Day) (Year)

FULL
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. J. P. P.

(Physician or midwife)

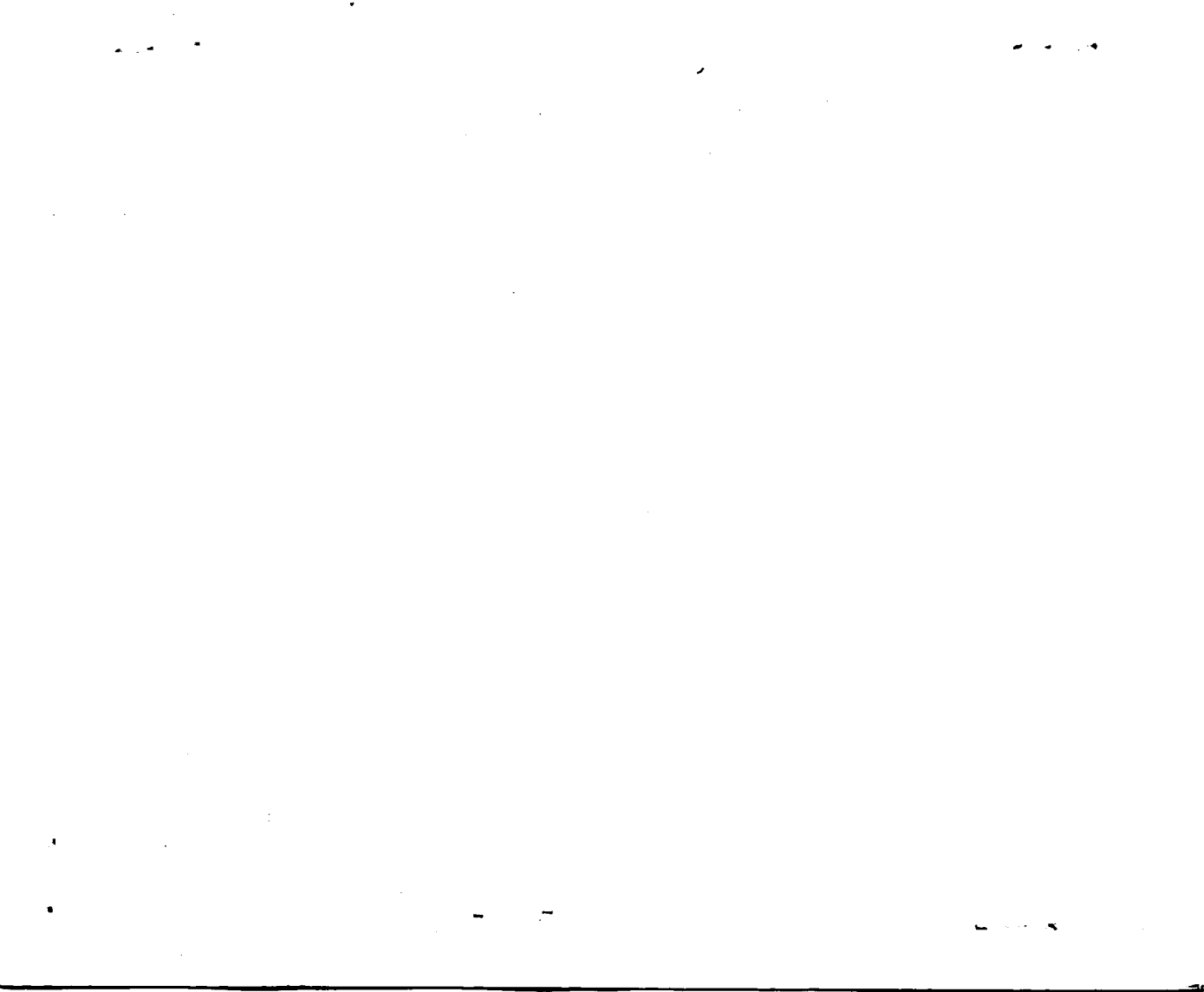
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss. Certificate No. 77720
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Andm Thomas Todd who was born on Jan. 27, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)
in Idaho Falls are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT) (DATE OF EVENT)
true facts as shown by Bible Record prepared on Jan. 27, 1920, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

| | | |
|--------------|------------|--------------------|
| sex of child | Female | Male |
| name | none given | Gordon Thomas Todd |

Subscribed and sworn to before me this 5th
day of May, 19 42
Notary Public

Signed (Mrs.) Mollie H. M. Todd
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD, OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Portland Oregon
My commission expires Jan. 19-1945
(SEAL) 623-SE 46 Ave Portland Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Mallamiah } ss. she
[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of May, 19 42
Notary Public

Signed (Mrs.) Elora Y. Lunachmidt
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Portland Oregon
My commission expires Jan. 19-1945
(SEAL) 3863-SE Salmon Portland Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 8 1942 By _____
(REGISTRAR'S SIGNATURE)

NOV 16 1973

MAY 11 1942

331-108010-962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-22a-4-5-17

County of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 77721

No. St.

Primary Registration District No. 2150Registered No. 36Hospital GeneralFULL NAME OF CHILD John R. Clark Jr.

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>3</u> <u>May</u> <u>1922</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|---|

| | | | |
|----------------------------------|---|--|---|
| FULL NAME
<u>John Clark</u> | FATHER | FULL MAIDEN NAME
<u>Anna Robinson</u> | MOTHER |
| RESIDENCE
<u>Idaho</u> | | RESIDENCE
<u>Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>92</u>
(Years) | COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>90</u>
(Years) |
| BIRTHPLACE
<u>Idaho Mont.</u> | | BIRTHPLACE
<u>Idaho Mont.</u> | |
| OCCUPATION
<u>Rancher</u> | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 7 10/3 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) John R. Clark Jr...... Physician
(Physician or midwife)Address Idaho Falls IdahoFiled Nov 13 1922 W. J. ...

Registrar

Registrar

P.C. 6720741

354-2031010-462

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-21a-4-6-17

CERTIFICATE OF BIRTH

County of Bonnieville

City of Idaho Falls

No. St.

Hospital Gene

Registration District No. 73

File No. 77722

Primary Registration District No. 21.1.1-0.

Registered No. 29

FULL NAME OF CHILD BETTY JANE LEMON

| | | | | |
|----------------------------|---|--------------------------------|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>March 1930</u>
(Month) (Day) |
|----------------------------|---|--------------------------------|-----------------------------|---|

| | |
|------------------------------------|---|
| FULL NAME
<u>E. C. Lemon</u> | FATHER |
| RESIDENCE
<u>Idaho Falls</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>44</u>
(Years) |
| BIRTHPLACE
<u>Yandallia Mo.</u> | |
| OCCUPATION
<u>Real Estate</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Sally H. Moss</u> | MOTHER |
| RESIDENCE
<u>Idaho Falls</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>41</u>
(Years) |
| BIRTHPLACE
<u>Yandallia Mo.</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. 11/6/30 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

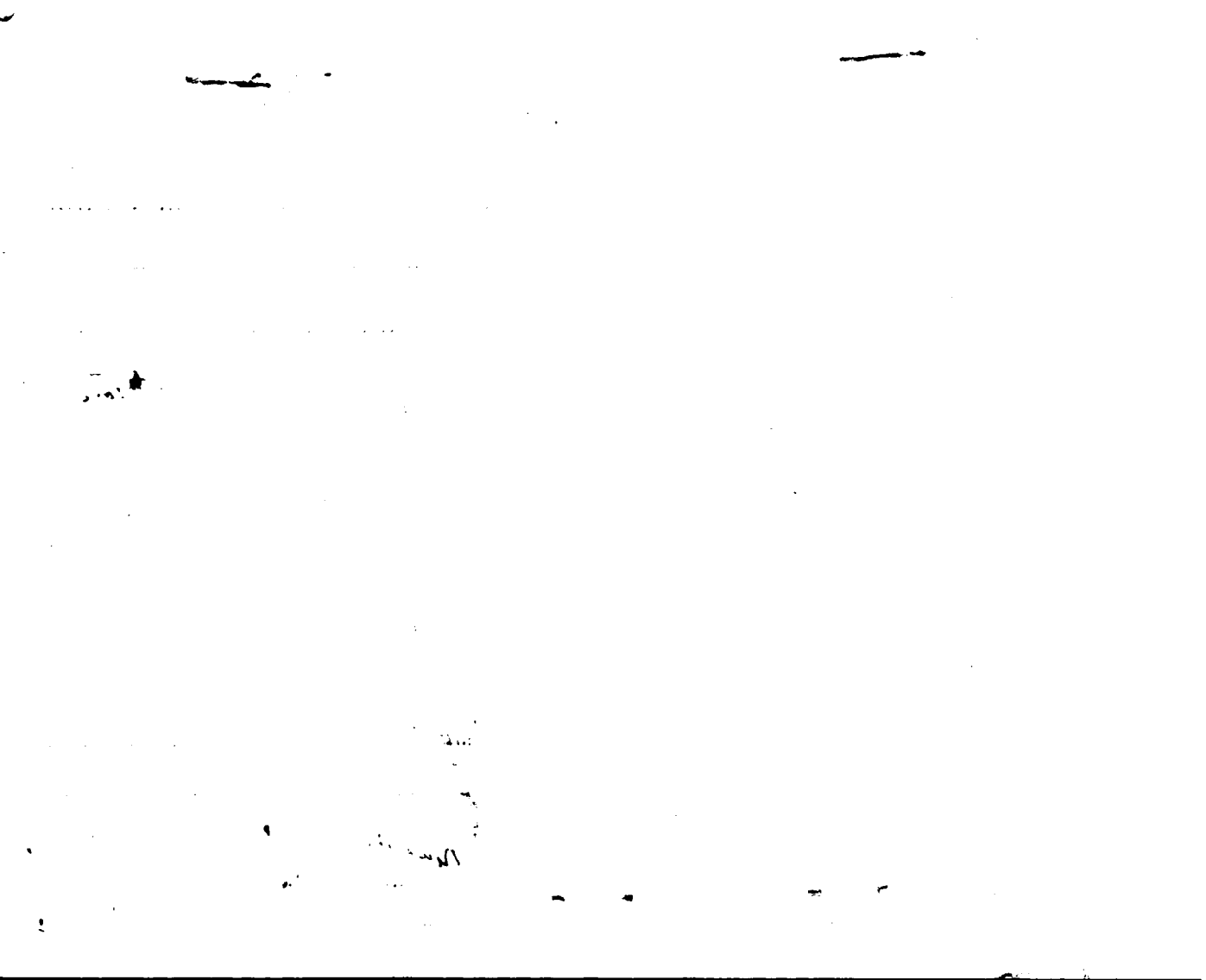
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed 11.3.30 W. K. [Signature]

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 77722

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for Unnamed who was born on March 3, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by your record prepared on March 3, 1920 or thereafter are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Unnamed

Betty Jane Lemon

Subscribed and sworn to before me this twentieth
day of June, 1942

Notary Public, residing in and for the County of Idaho

My commission expires November 5, 1944
(Seal) **NOTARY PUBLIC in and for the State of California**

My Commission Expires November 5, 1944

Signed Sallie H. Lemon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2019 Dorland Dr. Whittier, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this twentieth
day of June, 1942

Signed Virian Lemon
(Signature of Any Credible Person Other Than Previous Year)

2019 Dorland Dr. Whittier, Calif
(Street Address, City, State)

Notary Public, residing at _____
My commission expires _____
(Seal) **NOTARY PUBLIC in and for the State of California**
of Los Angeles, State of California.

My Commission Expires November 5, 1944

JUN 22 1942

JUN 24 1942

Corrected Z.J.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-105-010-652

PLACE OF BIRTH

County of Pennicille

City of Idaho Falls

No. St.

Hospital General Carl Webb

FULL NAME OF CHILD Paul Webb Kullenbeck

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-0-22a-3-17

Registration District No. 73

File No. 77723

Primary Registration District No. 21 Y-O

Registered No. 25

| | | | | |
|--------------------------|---|--------------------------------|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>3</u> <u>18</u> <u>1904</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------|-----------------------------|---|

FATHER
FULL NAME Carl Edmond Kullenbeck
RESIDENCE Blackfoot Ida.
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Polkville Ill.
OCCUPATION Salesman

MOTHER
FULL MAIDEN NAME Hazel Belle Webb
RESIDENCE Blackfoot Ida.
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Albany Wis
OCCUPATION House Wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 PM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Webb

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Idaho

Filed Nov 13 1904 W. K. ...

Registrar

Registrar

SEP 28 1944

Dup of 1920-84729

381-204100-693
Amended 5-4-62

(Be sure the information is complete and accurate)

State File No. 77724

Local Reg. No. 27

Reg. Dist. No. 73

FEDERAL SECURITY AGENCY
UNITED STATES PUBLIC HEALTH SERVICE
CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | |
|--|---|---|---|
| 1. PLACE OF BIRTH
a. COUNTY Bonneville | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Bonneville | |
| b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Garfield | | c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Garfield | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) | | d. STREET ADDRESS (If rural, give location) | |
| 3. CHILD'S NAME
(Type or print) a. (First) Margaret b. (Middle) Grace c. (Last) Chapple | | | |
| 4. SEX
Female | 5a. THIS BIRTH
SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6. DATE OF BIRTH (Month) (Day) (Year)
March 4, 1920 |
| FATHER OF CHILD | | | |
| 7. FULL NAME a. (First) Will b. (Middle) c. (Last) Chapple | | 8. COLOR OR RACE White | |
| 9. AGE (At time of this birth) 22 YEARS | 10. BIRTHPLACE (State or foreign country) (City or Town) Spanish Fork, Ut. | 11a. USUAL OCCUPATION Farmer | 11b. KIND OF BUSINESS OR INDUSTRY |
| MOTHER OF CHILD | | | |
| 12. FULL MAIDEN NAME a. (First) Mary b. (Middle) M. c. (Last) Williams | | 13. COLOR OR RACE White | |
| 14. AGE (At time of this birth) 24 YEARS | 15. BIRTHPLACE (State or foreign country) (City or Town) Spanish Fork, Ut. | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? -
c. How many children were stillborn (born dead after 20 weeks pregnancy)? - | |
| 17. INFORMANT'S SIGNATURE OR NAME (Relationship) | | | |
| 18a. SIGNATURE
Mary G. Stoddard | | 18b. ATTENDANT AT BIRTH
M. D. <input type="checkbox"/> MIDWIFE <input checked="" type="checkbox"/> OTHER (Specify) | |
| 18c. ADDRESS
RD 1, Box 60 - Rigby, Idaho | | 18d. DATE SIGNED | |
| 19. DATE REC'D BY LOCAL REG.
Mar. 11, 1920 | 20. REGISTRAR'S SIGNATURE
Wm. Kinnaird | 21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar) | |

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

- | | |
|--|------------------------------------|
| (a) Pregnancy: Complications of..... | (d) Did baby have any: |
| | (1) Congenital Malformation? |
| | Describe:..... |
| (b) Labor: Complication..... | (2) Birth Injury?..... |
| | Describe:..... |
| Induced? | |
| | (e) Signature of Physician: |
| (c) State all operations for delivery..... | |

Documents listed on back -
IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

California

San Diego

ss.

Certificate No. 77724

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Chapple (female child) who was born on March 3, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Garfield, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Unnamed

Grace Margaret Chapple

Child's Date of Birth

March 3, 1920

March 4, 1920

Subscribed and sworn to before me this 26th day of
January 1962

Notary Public, residing at Chula Vista, Calif.

My commission expires April 22nd, 1962

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

216 Del Mar Avenue, Chula Vista, Cal.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California

County of San Diego

ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of
January 1962

Notary Public, residing at Chula Vista, Calif.

My commission expires April 22nd, 1962

(Seal)

Signed

Mrs Mary C Chapple
(Signature of Any Credible Person)

216 Del Mar Avenue, Chula Vista, Cal.

(Street Address, City, State)

rec. letter requesting copy of birth certificate corrected as far as
it could be -

following documents accepted to correct date of birth -

L.D.S. Church Certificate of Birth, entered on record May 2, 1920 gives
full name of child as Margret Grace Chapple, born March 4, 1920 at
Garfield, Idaho to William Chapple and Mary Williams - viewed by V.S.

L.D.S. Church Certificate of Record of Membership, baptized March 31,
1928 gives full name of child as Margaret Grace Chapple, born March 4,
1920 at Garfield, Idaho to William Chapple and Mary Williams - viewed
by V.S.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Swit to Correct or Amend An Original Certificate of Birth or Death

California

San Diego

ss.

Certificate No. 7772h

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Chapple (female child) who was born 4 on March 3, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Garfield, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

Margaret Grace TO
(The Correct Facts)

Full Name of Child Unnamed
Child's Date of Birth March 3, 1920

~~Grace Margaret Chapple~~
March 4, 1920

Subscribed and sworn to before me this 5th day of
March 12, 1962

Notary Public, residing at Chula Vista, Calif.
My commission expires April 22, 1962
(Seal) Albert C. Boyer

Signed William Chapple
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
216 Del Mar, Chula Vista, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Diego } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of
March 12, 1962

Notary Public, residing at Chula Vista, Calif.
My commission expires April 22, 1962
(Seal) Albert C. Boyer

Signed Mary Chapple
(Signature of Any Credible Person)
216 Del Mar, Chula Vista, California
(Street Address, City, State)

decided on 5-3-62 to accept documents listed below for
adding full name - approved by bf -

L.D.S. Church Cert. of Birth, entered on record May 2, 1920 g
full name of child as Margret Grace Chapple, born March 4, 1920
Garfield, Idaho to William Chapple and Mary Williams - viewed

L.D.S. Church Cert. of Record of Membership, baptized March 3, 1920
gives full name of child as Margaret Grace Chapple, born March 4,
1920 at Garfield, Idaho to William Chapple and Mary Williams - viewed
by V.S.

236-103-010-195
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnervilleCity of Idaho FallsRegistration District No. 73

File No.

77725

No. _____ St.

Primary Registration District No. 2107Registered No. 26

Hospital _____

FULL NAME OF CHILD _____

Sex of
ChildmaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate?yesDate of
Birth3 - 3 1920
(Month) (Day) (Year)FULL
NAMELeon Adelbert Seorville

RESIDENCE

Idaho Falls Idaho.

COLOR

WhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Springville Utah.

OCCUPATION

LabourerFULL
MAIDEN
NAMEEdith Allen Amundson

RESIDENCE

Idaho Falls Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Odesa Mo.

OCCUPATION

House WifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 5:45 P. M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls

Filed

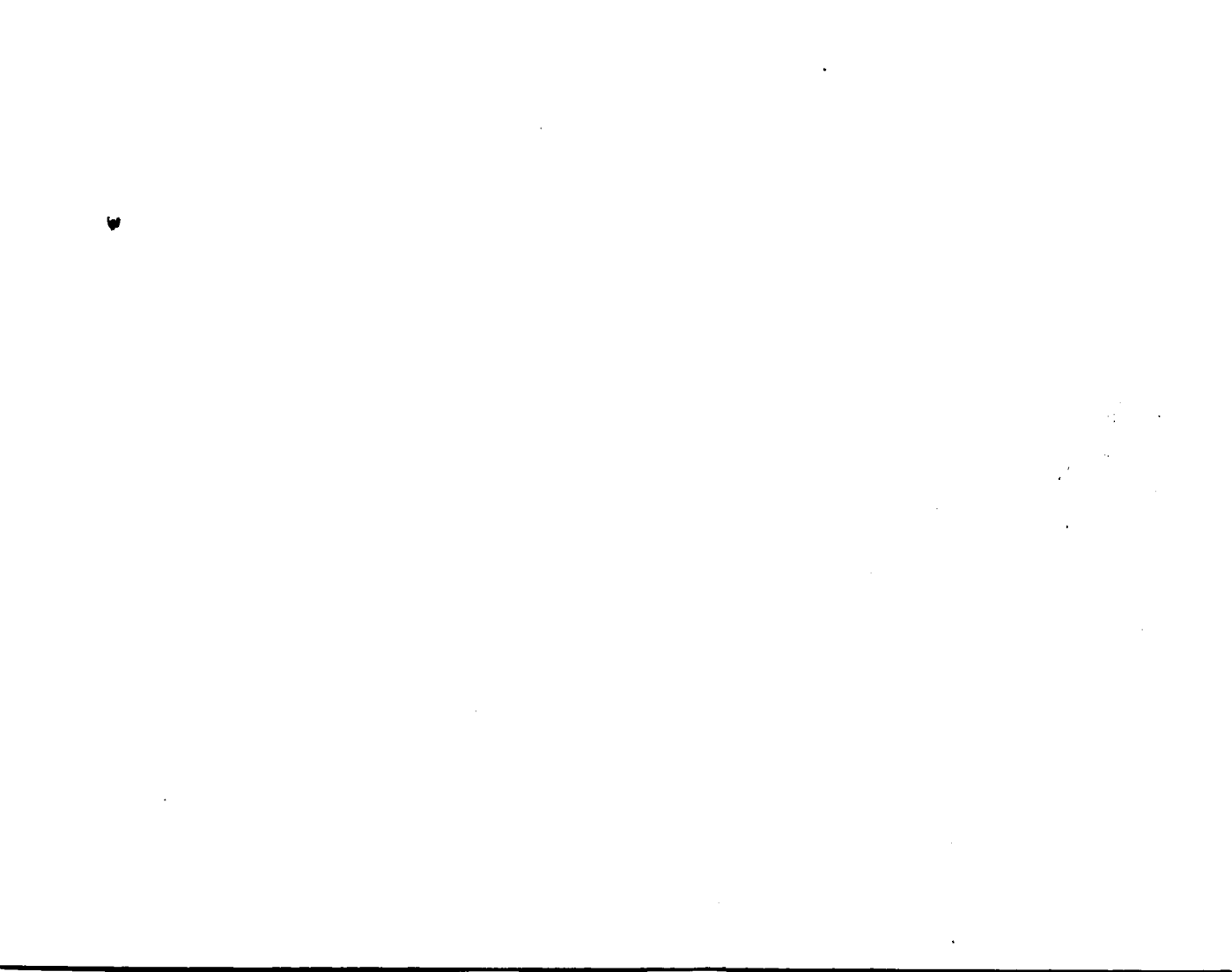
3/10

19

20

Registrar

Registrar



492-1021010-253
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of UconRegistration District No. 73File No. 77726

No. _____ St. _____

Primary Registration District No. 2140 Registered No. 24-

Hospital _____

FULL NAME OF CHILD

Ervin Norman Miskin

Sex of Child

maleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate?yes

Date of Birth

3 2
(Month) (Day)1930
(Year)

FULL NAME

FATHER
Arthur R. Miskin

RESIDENCE

Ucon Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY 44
(Years)

BIRTHPLACE

Kansas

OCCUPATION

Manufactures

FULL MAIDEN NAME

MOTHER
Lavina O. Belnap.

RESIDENCE

Ucon Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY 34
(Years)

BIRTHPLACE

Hooper Utah.

OCCUPATION

House WifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

19

Registrar

Registrar

MAR 10 1942

128-106-010-815

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnevilleCity of Idaho FallsRegistration District No. 73

File No.

77727

No. _____ St.

Primary Registration District No. 2147Registered No. 24

Hospital _____

FULL NAME OF CHILD

DARRELL RUSSELL ASHMENT

Sex of Child

maleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate?yes

Date of Birth

361920
(Year)

(Month)

(Day)

FULL NAME

FATHER
Frank R. Ashment

RESIDENCE

Idaho Falls Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY 28
(Years)

BIRTHPLACE

Richmond Utah

OCCUPATION

TeamsterFULL
MAIDEN
NAME

MOTHER

Esther Eliz. Hansen

RESIDENCE

Idaho Falls Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY 27
(Years)

BIRTHPLACE

Bear Lake Utah

OCCUPATION

House WifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls

Filed

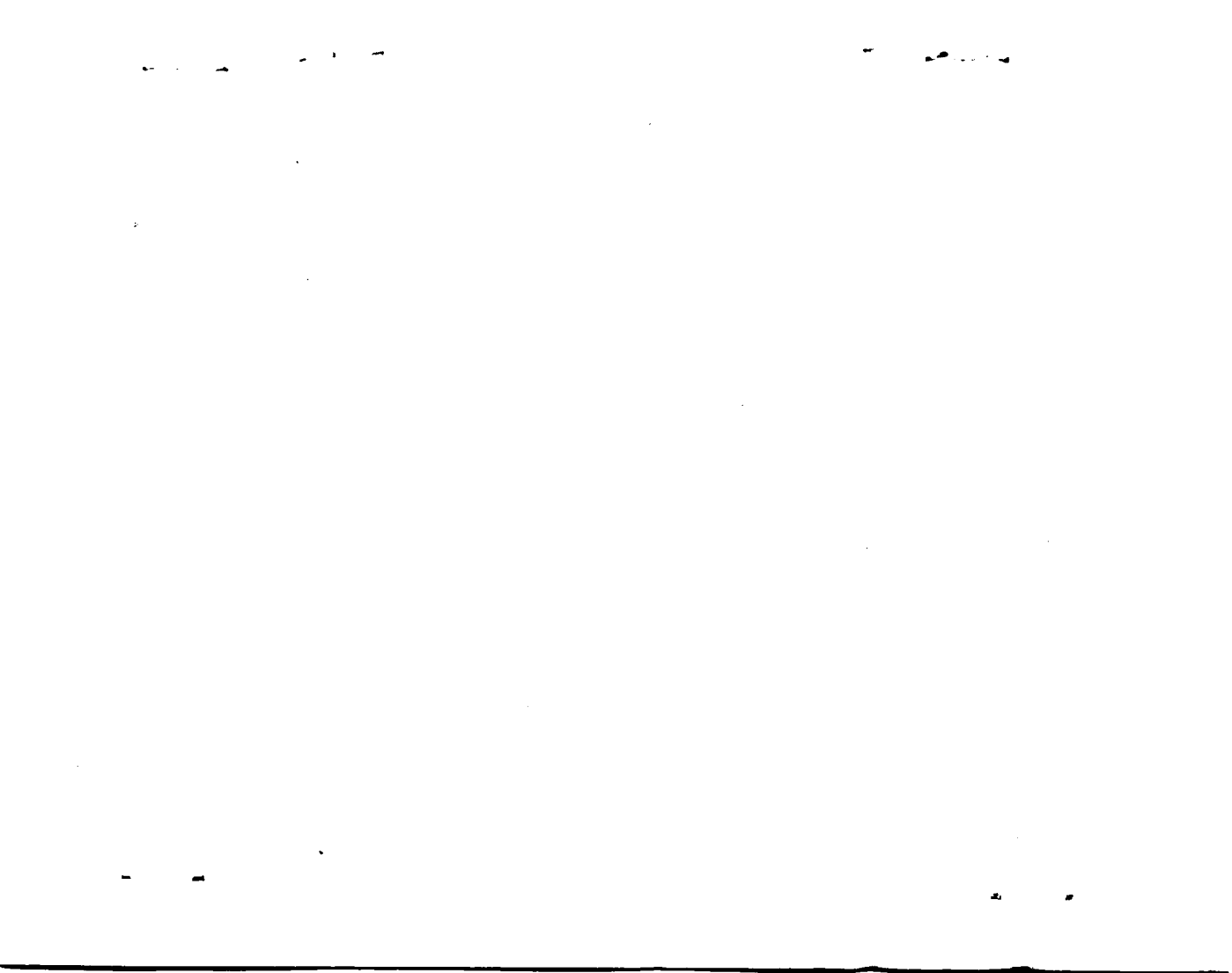
3/4

19

20

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of San Bernardino } ss.

Certificate No. 77727

Date Filed Mar 13 - 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth for Darrell Russell Ashment who Born on March 6, 1920 in Idaho Falls, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) ~~_____~~ were omitted; and that, to the best of his knowledge, the

true facts are shown by Bible Record prepared on Unknown, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name unnamed Darrell Russell Ashment

Subscribed and sworn to before me this 13th day of March, 1945

Signed F B Ashment
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at San Bernardino Calif.
My commission expires March 15, 1945 1167-Mt. Vernon San Bernardino Calif.
(Seal) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Bernardino } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1945

Signed Milton Burnett
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at San Bernardino Calif.
My commission expires March 15, 1945 1356-Mt. Vernon San Bernardino Calif.
(Seal) (Street Address, City, State)

100-100

100-100

100

100-100

100-100

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

742-1041010-219

PLACE OF BIRTH amend 4-15-82

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 77728

No. _____ St. _____

Primary Registration District No. 2147 Registered No. 23

Hospital _____

FULL NAME OF CHILD Derald LaMar Gustaveson

| | | | | | |
|--------------------------|---|-----|---|----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>Yes</u> | Date of
Birth <u>Feb. 4</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|---|

FATHER
FULL NAME Joseph C. Gustaveson
RESIDENCE Emerson & Lomax, Ida Falls
COLOR white AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Leticia, Idaho
OCCUPATION farmer

MOTHER
FULL MAIDEN NAME Edna Loma Sains
RESIDENCE Emerson & Lomax, Ida Falls
COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Salt Lake City, Utah
OCCUPATION house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

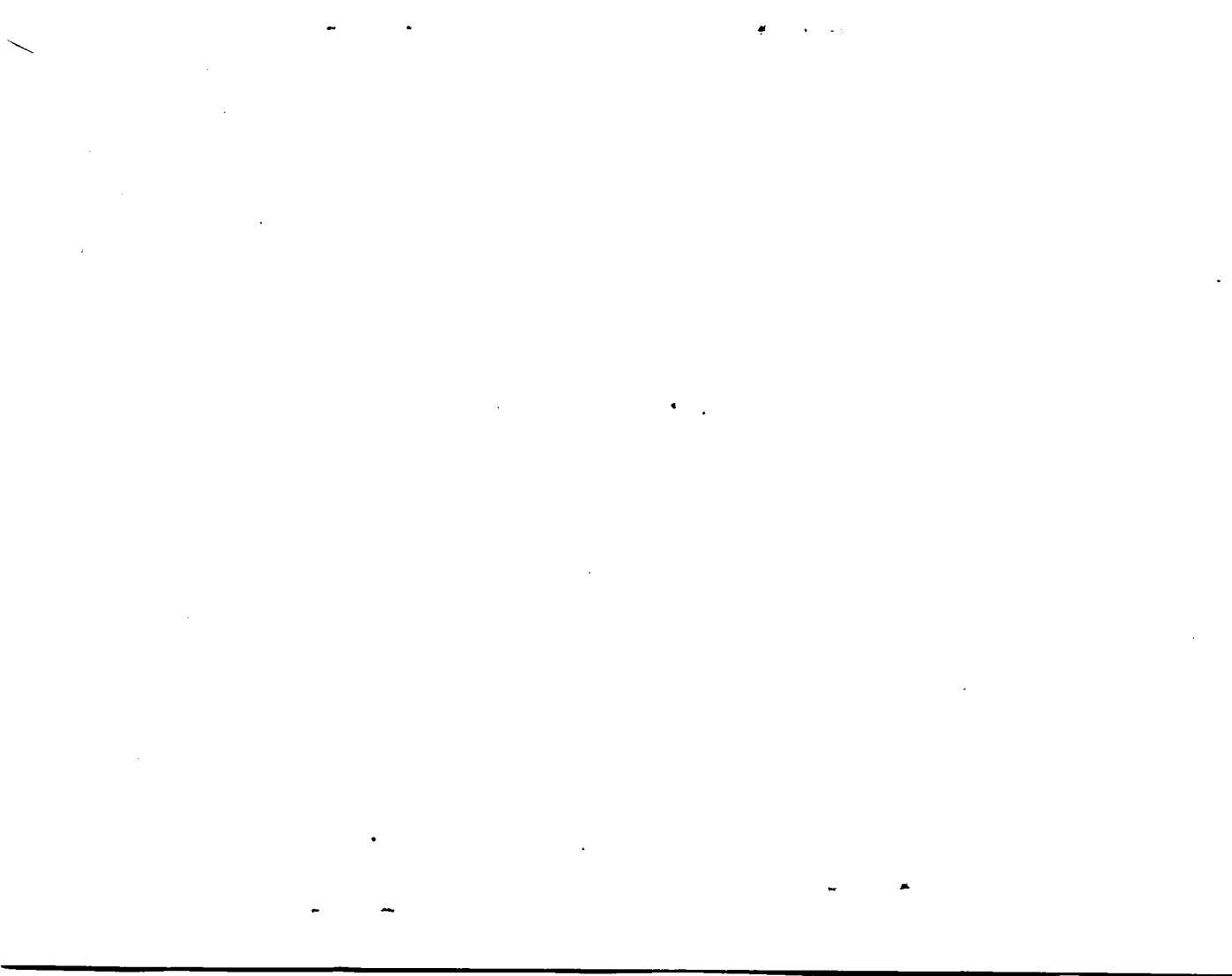
*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

(Signature) Edna Sains at 9³⁰ P. M.
(Born alive or stillborn)
206 John St
(Physician or midwife)

Address _____
Filed 3/10 1920 W. H. Hunsdale
Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____ }
County of _____ } APR 13 3 03 PM '82

Certificate No. 77728

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Gustavidson who was born on 2-4-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Idaho Falls (Bonnevillle) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| | | |
|--------------------------|----------------------------|--------------------------------|
| <u>childs name</u> | <u>Unnamed Gustavidson</u> | <u>Derald LaMar Gustaveson</u> |
| <u>fathers last name</u> | <u>Gustavidson</u> | <u>Gustaveson</u> |

Subscribed and sworn to before me this 22nd day ofMarch, 1982
Notary Public, Chris WilsonResiding at Salt Lake CityMy commission expires 2-1-84

(Seal)

x Derald Gustaveson
Signature of Applicant
497150. 4055 1st Kearns
Street Address, City, State Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

(Must be completed _)

(Is not necessary _)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day ofMarch, 1982
Notary Public, Chris WilsonResiding at Salt Lake CityMy commission expires 2-1-84

(Seal)

Edna L. Gustaveson
Supporting Signature
822 Lake Street
Street Address, City, State

1 cc pd

APR 15 1982

Cert of Birth from LDS Church gives Derald Lamar Gustaveson born 2-4-20 in Idaho Falls to Joseph Charles Gustaveson and Edna Laura Sams. Entered on record 5-4-20. Viewed by V.S.

Cert of Baptism from LDS Church gives Derald Lamar Gustaveson born 2-4-20 to Joseph Charles Gustaveson and Edna L Sams was baptised 5-3-30. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

466-224-210-753
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonnerville

City of Idaho Falls

No. 170 1st St.

Registration District No. 73

File No. 77729

Hospital _____

Primary Registration District No. 110

Registered No. 22

FULL NAME OF CHILD

MILDRED ELZENE DOUGLAS

Sex of Child Female

Twin Triplet or other? _____ and _____ Number in order of birth _____
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Feb 24 1920
(Month) (Day) (Year)

FULL NAME

FATHER

Fay Everett Douglas

RESIDENCE

Whitely Idaho Falls

COLOR

White

AGE AT LAST BIRTHDAY

29

(Years)

BIRTHPLACE

Emerson Iowa

OCCUPATION

Teacher

FULL MAIDEN NAME

MOTHER

Alda Peterson

RESIDENCE

Idaho Falls Idaho

COLOR

White

AGE AT LAST BIRTHDAY

28

(Years)

BIRTHPLACE

Kewanee Ill.

OCCUPATION

House Wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature)

(Born alive or stillborn)

(Physician or midwife)

Address

206 Sham Bldg.

Filed

3 Feb

19

20

Registrar

11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Linn } ss.

Certificate No. 77729
Date Filed APR 8 1942
birth

The undersigned does solemnly swear that certain facts on the certificate of _____
for -----Douglas who was born on Feb. 24, 1920 ^(Birth or Death)
in Idaho Falls, Idaho ^(Name on Original Certificate) (Was Born or Died) ^(Date of Event)
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name unnamed Mildred Elzene Douglas

Subscribed and sworn to before me this 14th
day of March, 19 42
R. M. Russell County Clerk
Notary Public, residing at _____
My commission expires By Betty Huffman
(Seal) deputy

Signed Mrs F. E. Douglas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1120 West 10th Albany Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Linn } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 16th
day of March, 19 42
R. M. Russell County Clerk
Notary Public, residing at _____
My commission expires _____
(Seal) Albany Oregon

Signed Fay E. Douglas
(Signature of Any Credible Person Other Than Previous Year)
1120 West 10th St - Albany Or
(Street Address, City, State)

APR 9 1942

MAR 31 1967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

651-128.010-454

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 77730

No. _____ St. _____

Primary Registration District No. 214-0

Registered No. 21

Hospital _____

FULL NAME OF CHILD

Chris Charles Fearheller

Sex of Child

male

Twin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth

Legiti
mate?

yes

Date of
Birth

Feb. 28-1
(Month) (Day)

1920
(Year)

FULL
NAME

FATHER

William E. Fearheller

RESIDENCE

Idaho Falls Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

25
(Years)

BIRTHPLACE

Pokahonias Iowa

OCCUPATION

Farmer

FULL
MAIDEN
NAME

MOTHER

Bora Belia Underwood

RESIDENCE

Idaho Falls Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

21
(Years)

BIRTHPLACE

Winston Ida

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. H. West
(Physician or midwife)
Address _____
Filed Mar 1 19 20 W. H. Underwood
Registrar

Given names added from a supplemental report.

19 _____

Registrar

Registrar

K

OCT 30 1973

OCT 4 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

194-106-010-253
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 4-3-17

CERTIFICATE OF BIRTH

County of Booneville

City of Idaho Falls

Registration District No. 73

File No. 77733

No. St.

Primary Registration District No. 210-0

Registered No. 12

Hospital

FULL NAME OF CHILD JACK ALBERT ARMSTRONG

| | | | | |
|--------------------------|---|--------------------------------|------------------------|---|
| Sex of Child <u>male</u> | Twin Triplet or other? <u> </u>
(To be answered only in event of plural births) | and (Number in order of birth) | Legitimate? <u>yes</u> | Date of Birth <u>3</u> <u>6</u> <u>1940</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------|------------------------|---|

| | |
|----------------------------------|---|
| FULL NAME <u>A. J. Armstrong</u> | FATHER |
| RESIDENCE <u>Idaho Falls Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Pa</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Bessie Kettinger</u> | MOTHER |
| RESIDENCE <u>Idaho Falls Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Ill</u> | |
| OCCUPATION <u>House Wife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated. (Born alive or stillborn) 8 15 2

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [Signature]

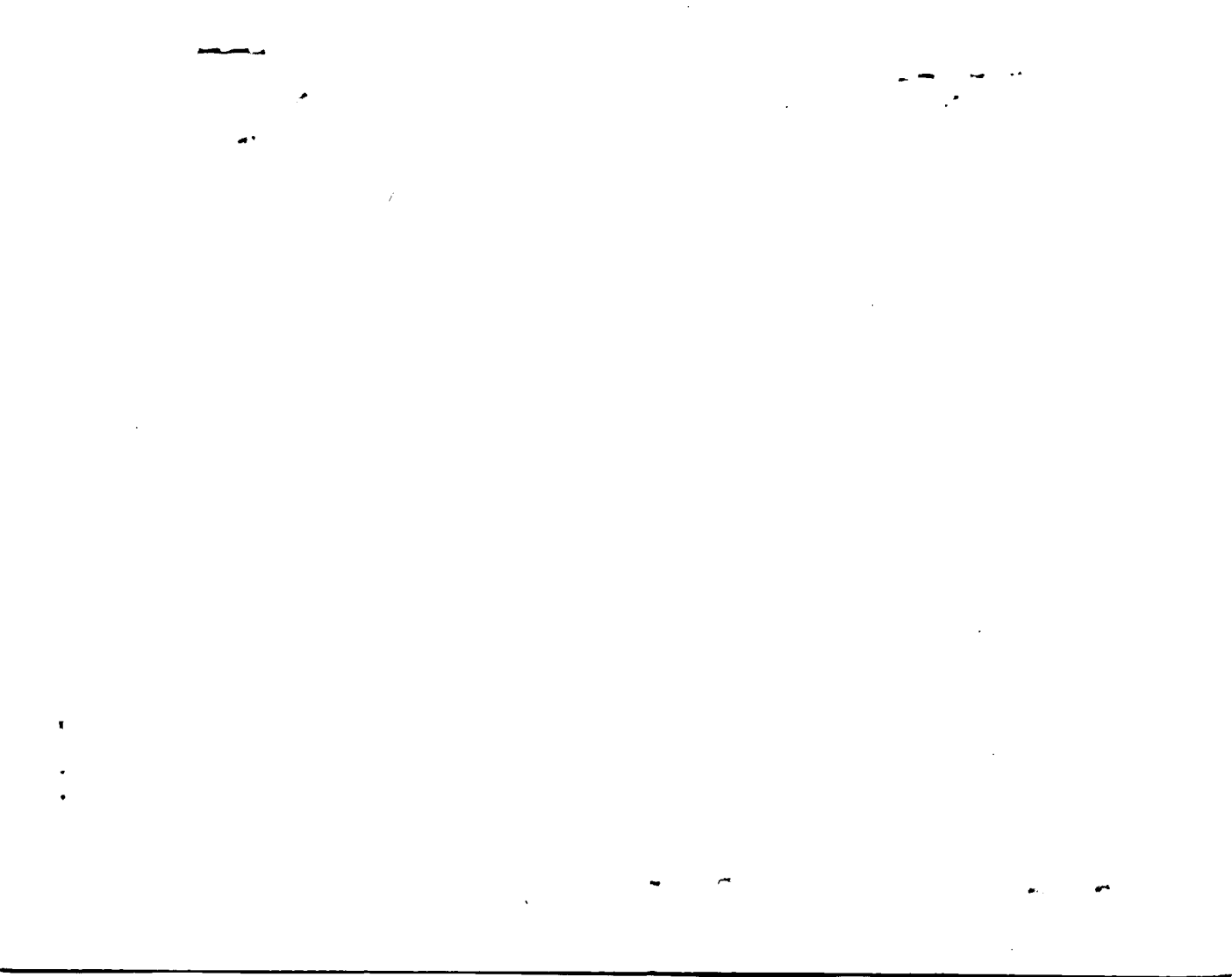
(Physician or midwife)

Address [Address]

Filed 8/17 19 40

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss. Certificate No. 77733
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Jack Albert Armstrong who was born on March 6, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|------------------|------------------------------|
| FACTS TO BE CORRECTED | FROM | TO |
| ("Name", "Birth Date", "Cause of Death", Etc.) | (As on Original) | (The Correct Facts) |
| <u>Name</u> | <u>Unnamed</u> | <u>Jack Albert Armstrong</u> |

Subscribed and sworn to before me this 30th, 1943,
day of July Maud Merrill

Notary Public, residing at Pocatello, Idaho

My commission expires June 20, 1947
(Seal)

Signed Mrs A. J. Armstrong
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

826 E. Sublette Street
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th, 1943,
day of July Maud Merrill

Notary Public, residing at Pocatello, Idaho

My commission expires June 20, 1947
(Seal)

Signed G. G. Goza
(Signature of Any Credible Person Other Than Previous Year)

340-E. Center Pocatello, Ida.
(Street Address, City, State)

AUG 3 1943

NOV 24 1952

665-217-010-295
 PLACE OF BIRTH name added 5/21/80

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-8-17

County of BonnevilleCity of AmmonRegistration District No. 73File No. 77734

No.St.

Primary Registration District No. 2110Registered No. 17

Hospital

FULL NAME OF CHILD Carol Owen

| | | | | |
|----------------------------|---|--------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>Feb. 17</u> <u>1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------|------------------------|--|

| | | | |
|----------------------------------|---|---|---|
| FULL NAME <u>Chas H. Owen</u> | FATHER | FULL MAIDEN NAME <u>Bessie Kingston</u> | MOTHER |
| RESIDENCE <u>Ammon</u> | | RESIDENCE <u>Ammon</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | | BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>School Teacher</u> | | OCCUPATION <u>House Wife</u> | |

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was St. 9 P M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Sharp

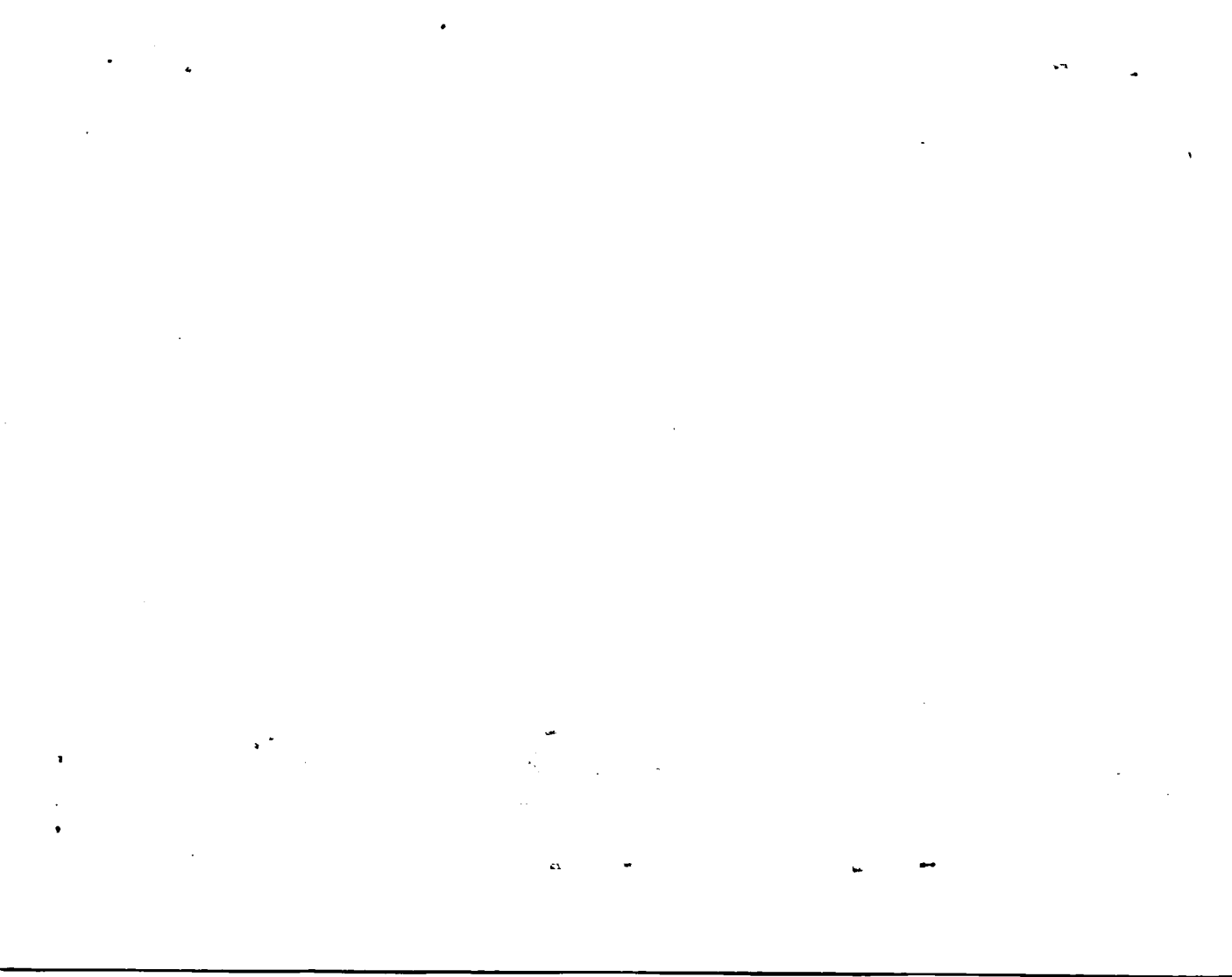
(Physician or midwife)

Given names added from a supplemental report.

Address AmmonFiled May 19

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICSState of Utah } ss.
County of Salt Lake

MAY 1 2 18 PM '80

Certificate No. 77734
Date Filed _____The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Owens who was born on Feb. 17, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Ammon (Bonneville) are erroneous or were omitted:
(Place of Event)ITEMS TO BE CORRECTED
childs nameFROM
omitted

TO

Carol OwenSubscribed and sworn to before me this 9 day ofApril, 1980.Notary Public, Paul E. AnglinResiding at Salt Lake City, UtahMy commission expires 7/1/80

(Seal)

Signature of Applicant

Charles E. Owen
5098 Leisure Ln. Taylorsville UT 84114
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed _____)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of

_____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Pafrriarchal Blessing from the LDS Church dated Sept 12,1932 gives nameas Carol Owen daughter of Charles ~~MM~~ Henry and Betsy Vilate Kingston Owen. born Feb 17, 1920 at Ammon,Idaho. viewed by V. S.

MAY 21 1980

Certif of Birth from the LDS Church gives name as Carol Owen born Feb 17, 1920 at Ammon, Idaho. father's name as Charles H. Owen and Bessie Kingston as the mother' entered on record Dec 1,1920. viewed by V. S.

814-216-010-454
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-0-22-2-17

CERTIFICATE OF BIRTH

County of BonnevilleCity of AmmonRegistration District No. 73File No. 77735

No. St.

Primary Registration District No. 215-0Registered No. 16

Hospital

FULL NAME OF CHILD

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>Feb. 16</u>
(Month) (Day) (Year) <u>1920</u> |
|----------------------------|---|--------------------------------------|-----------------------------|---|

FULL NAME Wm J. Hammer FATHER

RESIDENCE

AmmonCOLOR WhiteAGE AT LAST
BIRTHDAY 28

(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL MAIDEN NAME May Denning MOTHER

RESIDENCE

AmmonCOLOR WhiteAGE AT LAST
BIRTHDAY 28

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at.....
on the date above stated. (born alive or stillborn)

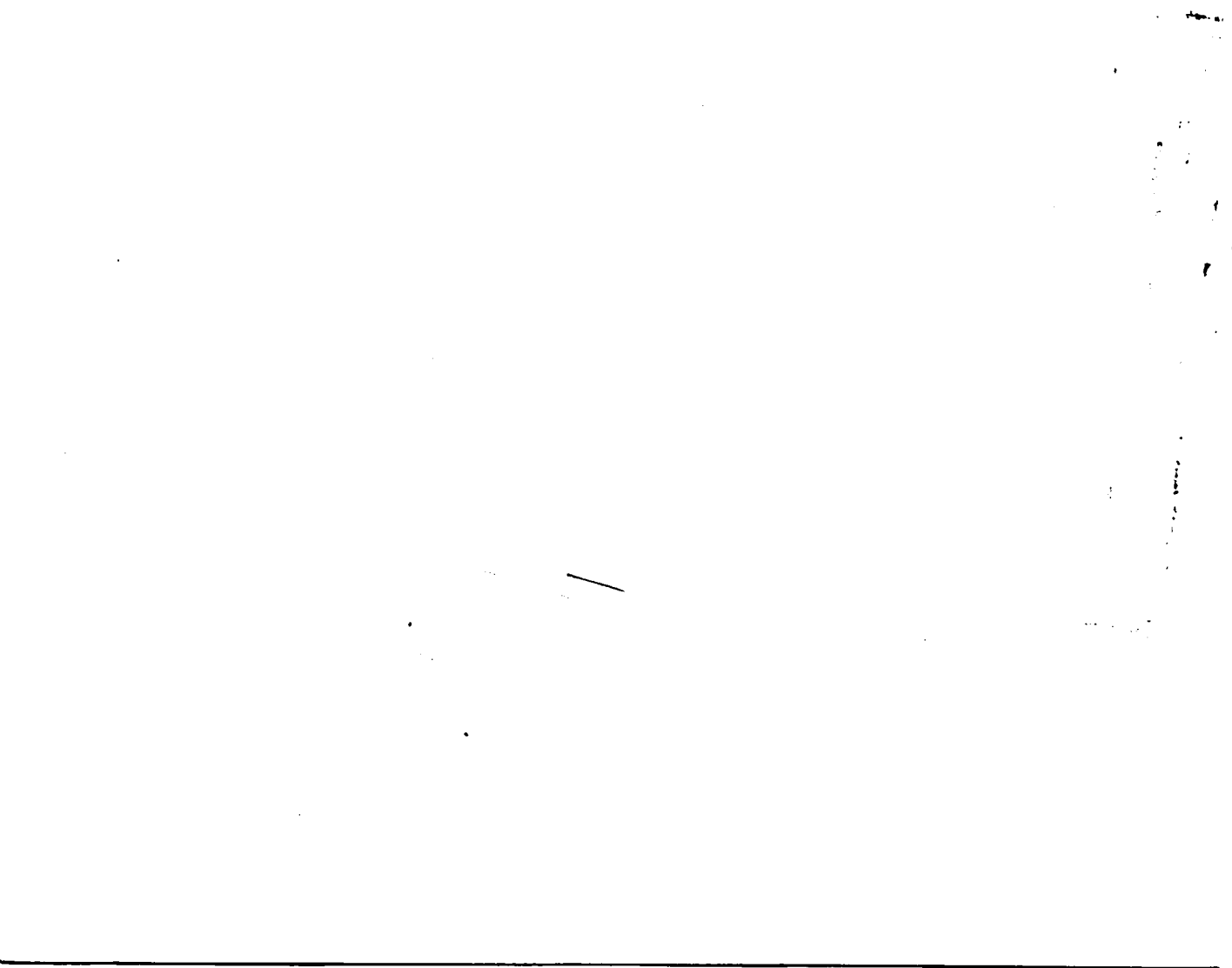
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. P. Shupe
(Physician or midwife)Address East Teton, IdaFiled Mar 20 1920 W. J. Hammond

Registrar

Registrar



766-102,010-312
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-2-17

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 77736

No. St.

Primary Registration District No. 214-0

Registered No. 1.V.-

Hospital

FULL NAME OF CHILD

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) } | Legitimate? <u>yes</u> | Date of Birth <u>1-2</u> <u>1926</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

FATHER
FULL NAME E. J. Goodson

RESIDENCE Lincoln

COLOR White AGE AT LAST BIRTHDAY 39
(Years)

BIRTHPLACE Utah

OCCUPATION Mechanic

MOTHER
FULL MAIDEN NAME Annie Labban

RESIDENCE Lincoln

COLOR White AGE AT LAST BIRTHDAY 39
(Years)

BIRTHPLACE Utah

OCCUPATION House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:45 P. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Born alive or stillborn) alive

Given names added from a supplemental report.

(Physician or midwife) [Signature]

..... 19.....

Address Idaho Falls

..... 19.....

Filed next to [Signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS

N. B. In case of more than one child, this certificate should be filled out for each child.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-210-010-144
 PLACE OF BIRTH

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C—22m-3-3-17

County of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 77737

No. St.

Primary Registration District No. 214-0Registered No. 14

Hospital

FULL NAME OF CHILD

| | | | | |
|----------------------------|---|--------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> (To be answered only in event of plural births) | Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>1-10</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------|------------------------|--|

| | |
|----------------------------------|--|
| FULL NAME <u>Arnold Campbell</u> | FATHER |
| RESIDENCE <u>Idaho Falls</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>22</u> (Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Laborer</u> | |

| | |
|--------------------------------------|--|
| FULL MAIDEN NAME <u>Melvina Judy</u> | MOTHER |
| RESIDENCE <u>Idaho Falls</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>21</u> (Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>House wife</u> | |

Number of child of this mother, including present birth... 3..... Number of children of this mother now living, including present birth... 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:15 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Sharp

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address.....

..... 19.....

Filed.....

Registrar

Registrar

PLA

814-2191233-655

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of Sugar

No. _____ St. _____

Registration District No. _____

File No. 77738

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD Doris Hamilton

| | | | | | |
|----------------------------|---|-----|--------------------------------|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>4-19</u>
(Month) (Day) (Year) <u>1920</u> |
|----------------------------|---|-----|--------------------------------|-----------------------------|--|

| FATHER | | MOTHER | |
|--------------------------------|---|--------------------------------|---|
| FULL NAME <u>Juan Hamilton</u> | FULL MAIDEN NAME <u>Alice Wendell</u> | FULL NAME <u>Juan Hamilton</u> | FULL MAIDEN NAME <u>Alice Wendell</u> |
| RESIDENCE <u>Sugar City</u> | RESIDENCE <u>Sugar City</u> | RESIDENCE <u>Sugar City</u> | RESIDENCE <u>Sugar City</u> |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>44</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | BIRTHPLACE <u>Utah</u> | BIRTHPLACE <u>Utah</u> | BIRTHPLACE <u>Utah</u> |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>House Wife</u> | OCCUPATION <u>Farmer</u> | OCCUPATION <u>House Wife</u> |

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 _____

(Signature) [Signature]

(Physician or midwife)

Address Idaho Falls Idaho.Filed 5-20 1920

Registrar.

Registrar.

JAN 23 1945

354-230
PLACE OF BIRTH
012-719 Butte
County of Butte

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

City of Moore Registration District No. 59 File No. 77739

No. 1 St. 1 Primary Registration District No. 2/29 Registered No. 1

Hospital 1

FULL NAME OF CHILD Roberta Lemmon

| | | | |
|---|--|--|--|
| Sex of Child <u>Female</u>
(To be answered only in event of plural births) | <u>one</u> and <u>1</u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of birth <u>Mar. 30,</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Richard C. Lemmon</u> | FATHER | FULL MAIDEN NAME <u>Mary E. Lemmon</u> | MOTHER |
| RESIDENCE <u>Moore Idaho</u> | | RESIDENCE <u>Moore Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |
| BIRTHPLACE <u>American</u> | | BIRTHPLACE <u>American</u> | |
| OCCUPATION <u>Rockville Utah</u> | | OCCUPATION <u>Hagerman Ida</u> | |
| | | | <u>Housewife</u> |

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Corst H S Haney
Nurse
(Physician or Midwife)

Given names added from a supplemental report

19 1920 Address 3/27
Filed 3/27 19 1920 2/27
S-V CO., 18670 Registrar Registrar

JUL 1 1974

155-104-012-312

PLACE OF BIRTH

County of.....Butte.....

City of....Moore.....

No.....St.....

Hospital.....

FULL NAME OF CHILD.....Jensen.....

| | | | | | | | | | |
|--------------|------|---|---|------------------|-----|---------------|-------|--------|----|
| Sex of Child | Male | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth
(To be answered only in event of plural births) | Legiti-
mate? | Yes | Date of Birth | 3 | 4 | 20 |
| | | | | | | (Month) | (Day) | (Year) | |

| | |
|-----------------|----------------------|
| FULL NAME | FATHER |
| Moses A. Jensen | |
| RESIDENCE | |
| Moore, Idaho | |
| COLOR | AGE AT LAST BIRTHDAY |
| White | 32 |
| | (Years) |
| BIRTHPLACE | |
| Logan Utah | |
| OCCUPATION | |
| Farmer | |

| | |
|------------------|----------------------|
| FULL MAIDEN NAME | MOTHER |
| Ruth Bassett | |
| RESIDENCE | |
| Moore Idaho | |
| COLOR | AGE AT LAST BIRTHDAY |
| White | 25 |
| | (Years) |
| BIRTHPLACE | |
| Menden Utah | |
| OCCUPATION | |
| House wife | |

Number of child of this mother, including present birth.....4..... Number of children of this mother now living, including present birth.....4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....Active.....at.....7:45A.M.....
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

(Physician or midwife)

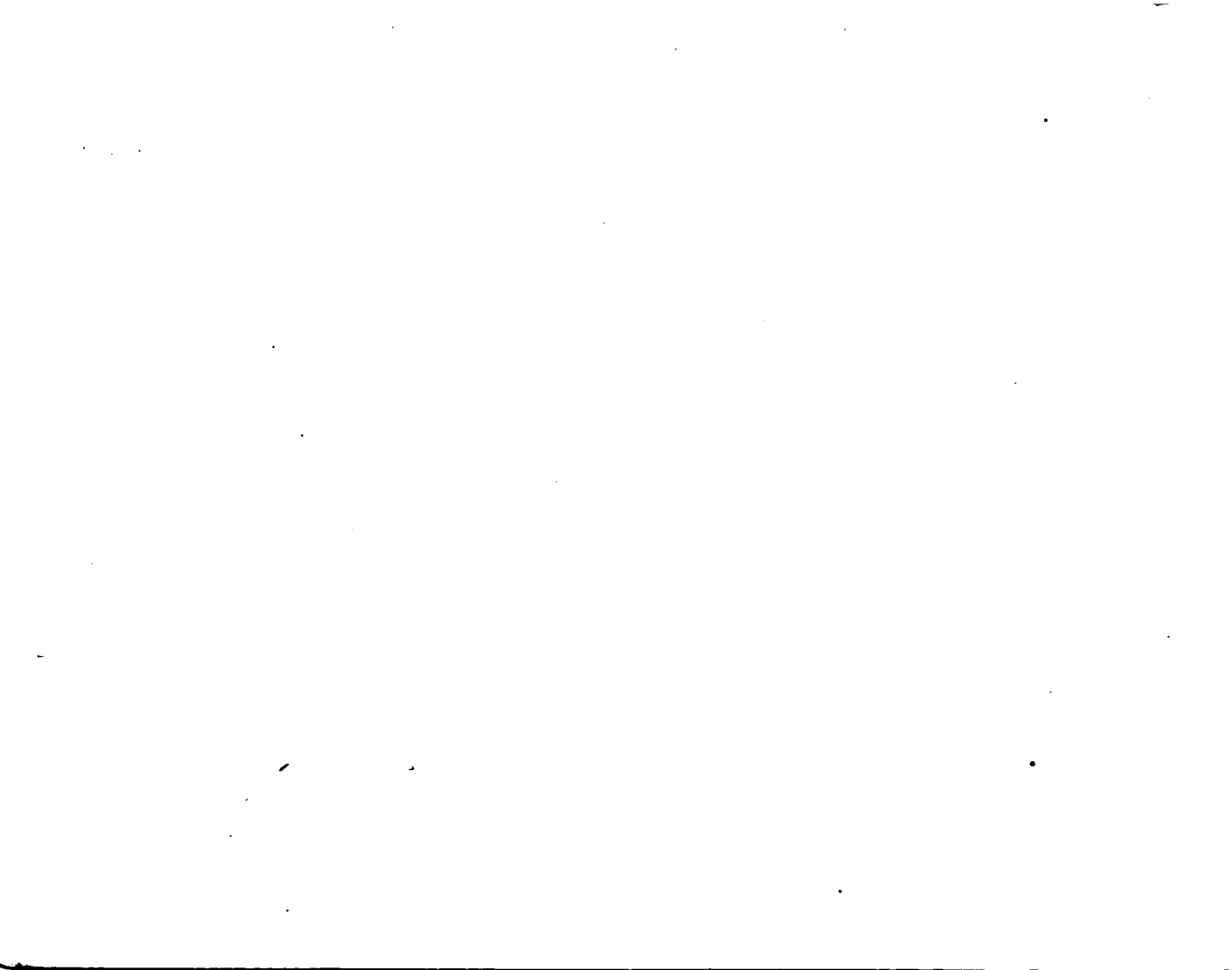
Given names added from a supplemental report.

Address.....

Filed.....

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

413-1041012-212

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Butte

City of Arco

No. _____ St.

Registration District No. 59

File No. 77741

Hospital _____

Primary Registration District No. 2129 Registered No. _____

FULL NAME OF CHILD MacFarlan

| | | | | | |
|-----------------------------|---|-----|---|-------------------------------|--|
| Sex of Child
<u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate?
<u>yes</u> | Date of Birth
<u>3/4</u>
(Month) (Day) (Year)
<u>1920</u> |
|-----------------------------|---|-----|---|-------------------------------|--|

FATHER
FULL NAME Elijah John Mac Farlan
RESIDENCE Arco, Idaho
COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE West Weaver, Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Diana Baker
RESIDENCE Arco, Idaho
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Medicine Lodge, Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 P M.
on the date above stated.. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. [Signature]

Physician
(Physician or midwife)

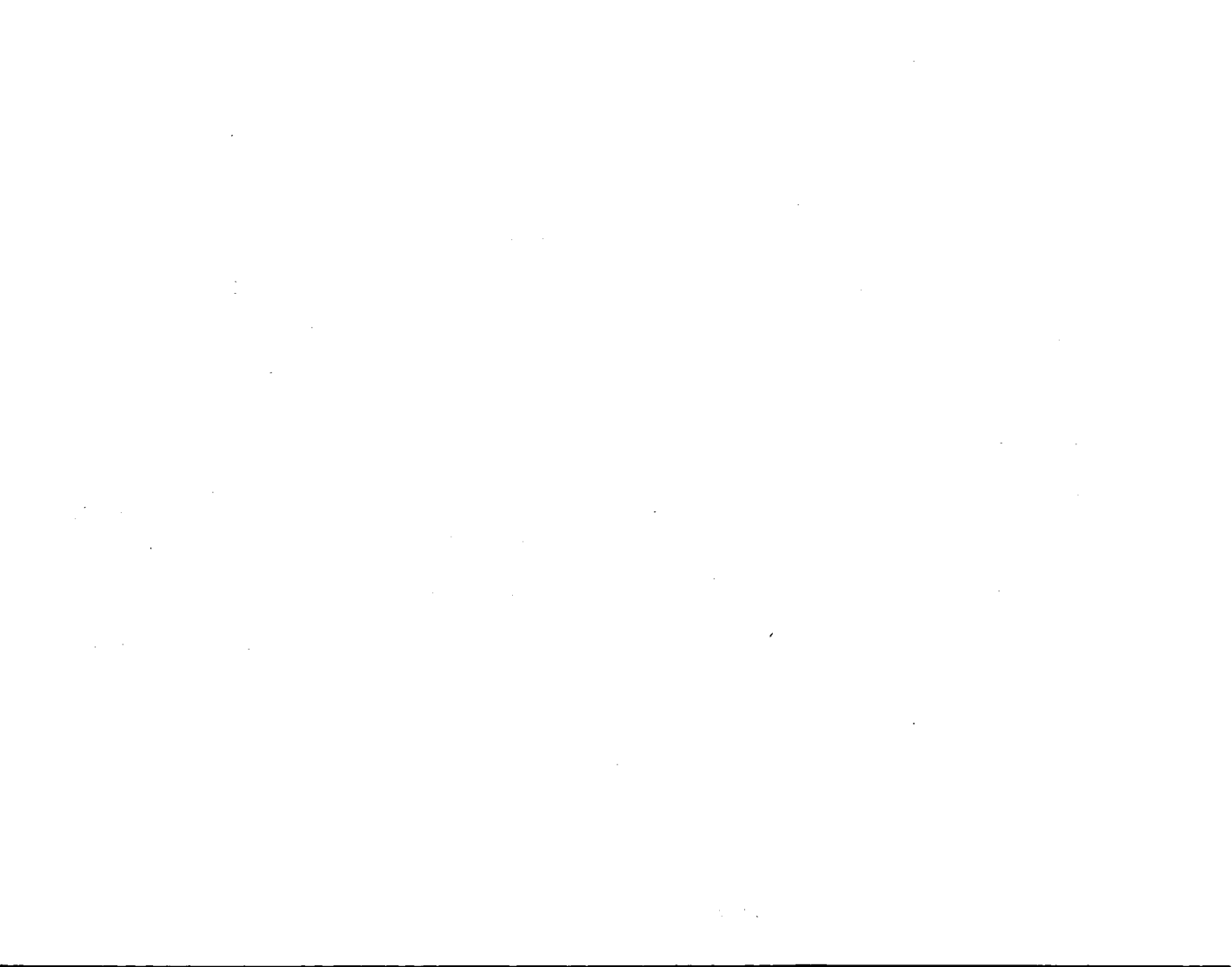
Given names added from a supplemental report.

Address Arco, Idaho

Filed 3/5/ 19 20

Registrar

Registrar



819-227-012-793

name added, day of birth amend

3-2-84 dl

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ButteCity of MooreRegistration District No. 59

File No.

77742

No. _____ St.

Primary Registration District No. 2129

Registered No.

Hospital _____

FULL NAME OF CHILD

Lola May Harris

Harris

| | | | | | |
|-------------------------------|---|-----|--------------------------------|-------------------------------|--|
| Sex of Child
<u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate?
<u>Yes</u> | Date of
Birth
<u>3</u> <u>27</u> <u>1920</u>
(Month) (Day) (Year) |
|-------------------------------|---|-----|--------------------------------|-------------------------------|--|

| | |
|--|--|
| FULL NAME
<u>John Ernest Harris</u> | FATHER |
| RESIDENCE
<u>Moore Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY
<u>34</u>
(Years) |
| BIRTHPLACE
<u>Provo Utah</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|--|
| FULL MAIDEN NAME
<u>Ellen Pitman</u> | MOTHER |
| RESIDENCE
<u>Moore Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY
<u>32</u>
(Years) |
| BIRTHPLACE
<u>Coalfield Utah</u> | |
| OCCUPATION
<u>House wife</u> | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician
(Physician or midwife)

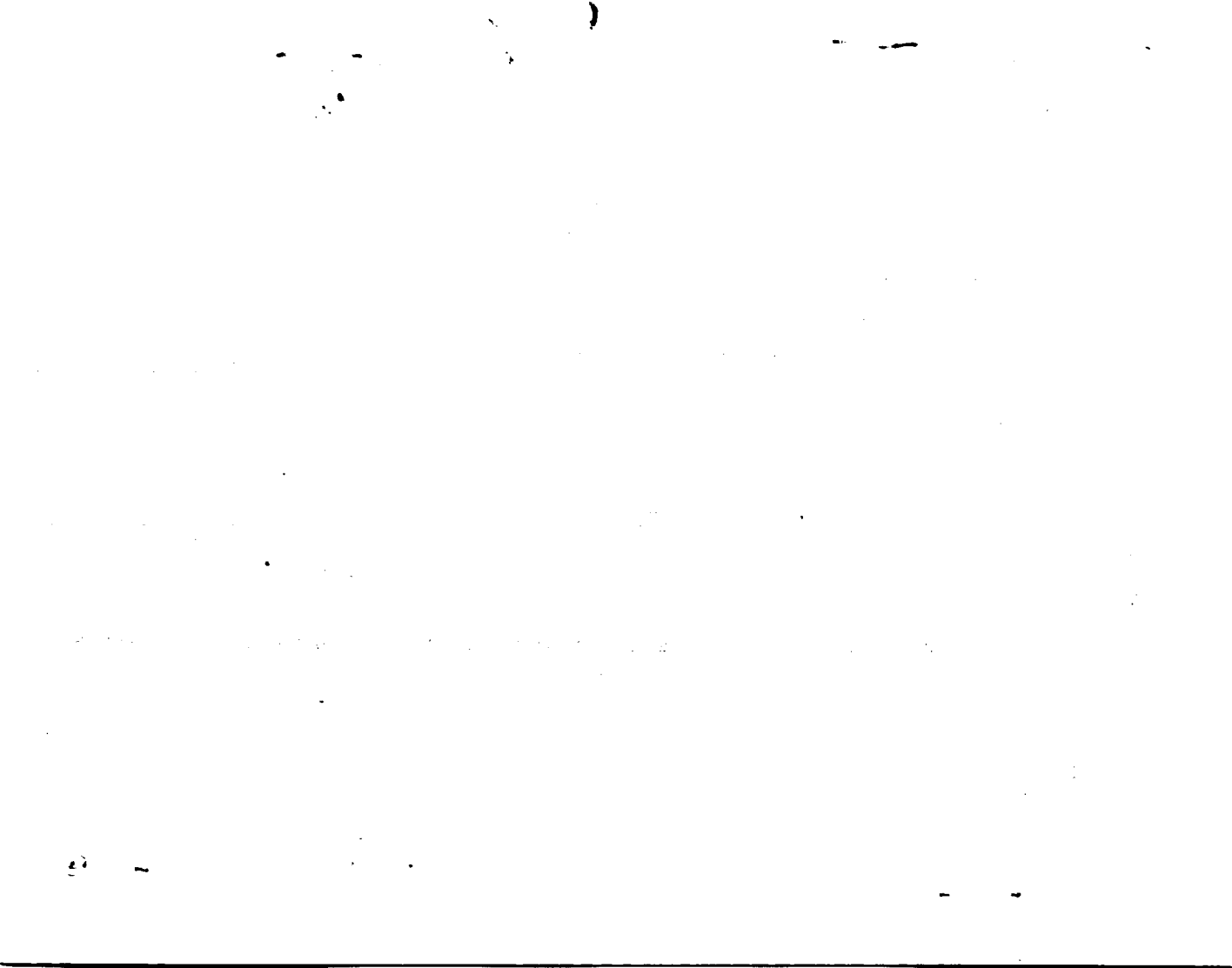
Given names added from a supplemental report.

19

Address Arco IdahoFiled 3/2719 26

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS

State of _____ }
County of _____ } ss.

FEB 29 7 09 AM '84

Certificate No. 77742
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Harris who was born on March 26, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Moore (Butte) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| | | |
|---------------|----------------|-----------------|
| childs name | Unnamed | Lola May Harris |
| date of birth | March 26, 1920 | March 27, 1920 |
| | | |
| | | |

Subscribed and sworn to before me this 22 day of

February, 1984

Notary Public, [Signature]

Residing at [Signature]

My commission expires My Commission Expires Oct 15, 1985

(Seal)

Lola May Harris Helling
Signature of Applicant
2881 Melong Drive
Street Address, City, State
Salt Lake City Utah 84124

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of San Luis Obispo ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

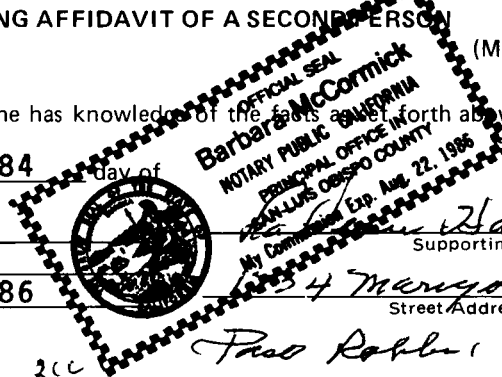
Subscribed and sworn to before me this 2-9-84 day of
February, 1984.

Notary Public, Barbara McCormick

Residing at Paso Robles

My commission expires August 22, 1986

(Seal)



(Must be completed)

(Is not necessary)

[Signature]
Supporting Signature
34 Menzold Lane
Street Address, City, State
Paso Robles, Calif
93446

Certificate of Birth from LDS Church gives Lōla May Harris
born March 27, 1920 in Moore, Butte County, Idaho to
John E Harris and Ellen Pittman. Entered on record May 30, 1920.
Viewed by V.S. MAR 2 1984

Family Bible lists Lola May Harris born March 27, 1920
at Moore . Obviously old Family Record. Viewed by V.S.

155-113-012-269
PLACE OF BIRTH

Amended 10-26-07 ns

County of Butte

City of Moore

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD Leo Merrill Jensen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-16

CERTIFICATE OF BIRTH

Registration District No. 59

File No. 77743

Primary Registration District No. 2129

Registered No. _____

| | | | |
|---|---|--|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ and { Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>March 14, 1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Joseph Edward Jensen</u>
RESIDENCE <u>Moore, Idaho</u>
COLOR <u>White</u>
BIRTHPLACE <u>College, Utah</u>
OCCUPATION <u>Farmer</u> | | MOTHER
FULL MAIDEN NAME <u>Laura Sorensen</u>
RESIDENCE <u>Moore, Idaho</u>
COLOR <u>White</u>
BIRTHPLACE <u>College, Utah</u>
OCCUPATION <u>Farmer</u> | |
| AGE AT LAST BIRTHDAY <u>34</u> (Years) | | AGE AT LAST BIRTHDAY <u>34</u> (Years) | |

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

S. J. Patterson

Physician
(Physician or midwife)

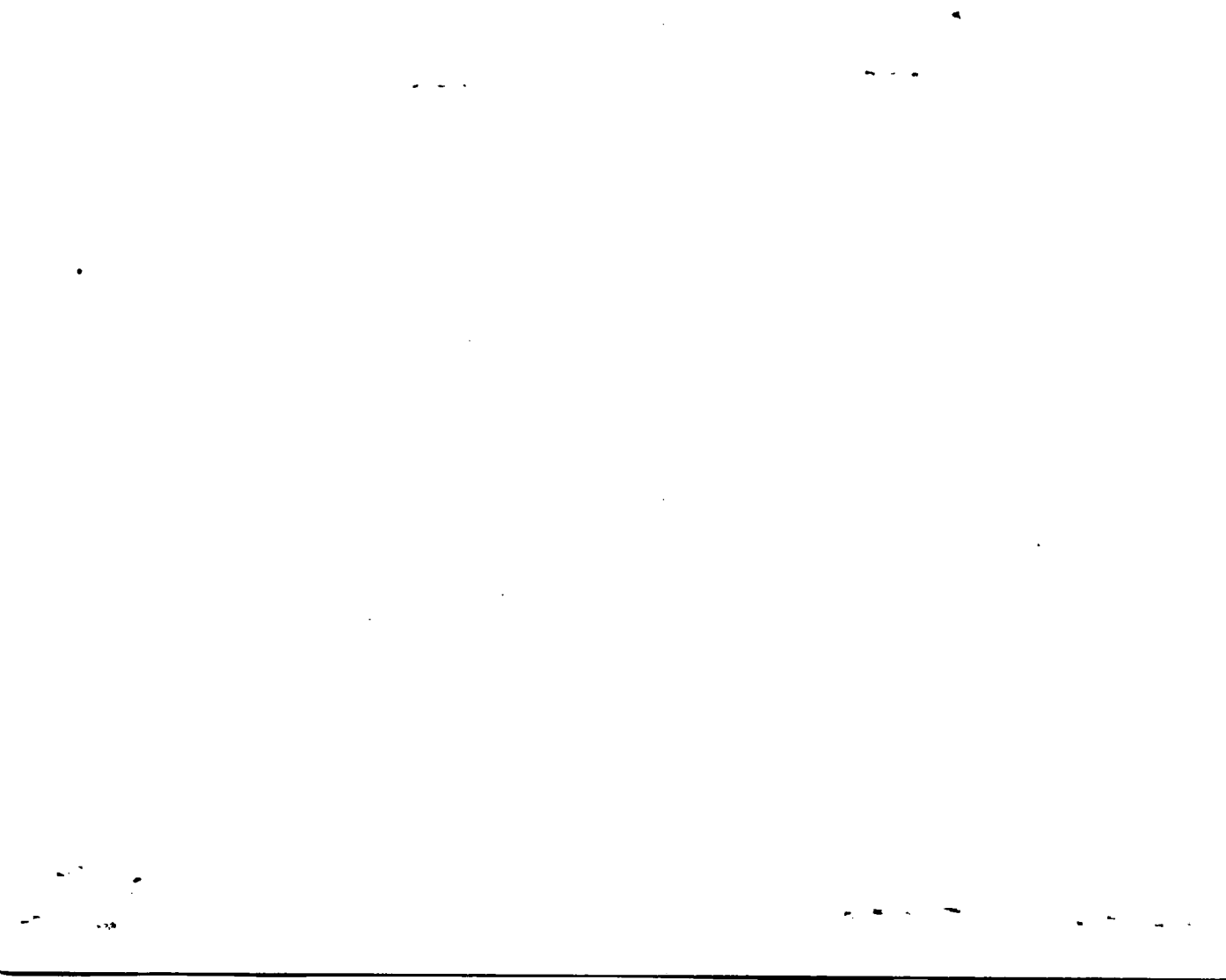
Given names added from a supplemental report.

Address Arco, Idaho

Filed 3/13/20

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 77743
County of Butte }
JUL 26 3 27 PM '76 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Jensen (male) who was born March 14, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Moore, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name Unnamed Leo Merrill Jensen

Subscribed and sworn to before me this 19 day of July, 19 76

Notary Public, residing at Butte
My commission expires 5/11/78
(Seal)

Signed [Signature]
(Signature of parent or attendant at birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Butte }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of July, 19 76

Notary Public, residing at Butte
My commission expires 5/11/78
(Seal)

Signed [Signature] Notary Public
(Signature of Any Credible Person)
Box 170, Arco Idaho 83213
(Street Address, City, State)

Application for Social Secuirty Acct. # 518 20 0508 gives ~~xx~~ name as
Leo Marrill Jensen born March 14, 1920 at Moore, Idaho. father's name
as Joseph E. Jensen and mother's name as Laure S. Sorensen. viewed by V. S.

JUL 27 1976

Certif of Membership to the LDS Church gives name as Leo Marrill Jensen and
date of birth as March 14, 1920 at Moore, Idaho. Blessed April 4, 1920 and Baptize
June 30, 1923. viewed by V. S.

RECEIVED

OCT 25 2007

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }
County of Butte } SS

Certificate No. 20-77743
~~74-2687~~

Date Filed 03-14-20
~~March 13, 1920~~

The undersigned does solemnly swear that certain facts on the certificate of

for Leo Merrill Jensen who was born on March 13, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Birth, Death, Marriage, etc.) (Date of Event)
in Moore (Butte Co.)
(Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED

FROM

TO

| Child's date of birth | March 13, 1920 | March 14, 1920 |
|-----------------------|----------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

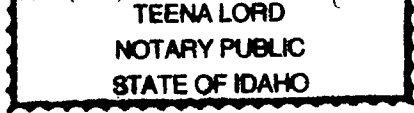
Subscribed and sworn to before me this 22nd day of

Notary Public, Teena Lord

Residing at Alco, Idaho

My commission expires 11/04/2012

(Seal)



October 2007
Leo Merrill Jensen
Signature of Applicant
3425 W. 200th. Moore Id 83205
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } SS

(Must be completed ☐)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

Signature of Applicant

Street Address, City, State and Zip

07-31-07

APPLICATION FOR SS CARD FOR MERRILL JENSEN DATED 04-22-41 SHOWING DOB AS 03-14-20
VIEWED BY VS

MED RECORD FOR LEO JENSEN DATED 11-09-00 SHOWING DOB AS 03-14-20 VIEWED BY VS

231-1071014-595

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

County of... Canyon...

City of... Caldwell...

No. St.

Hospital

Registration District No. 3

File No. 777-44

Primary Registration District No. 2005

Registered No. 81

FULL NAME OF CHILD

| | | | | |
|------------------------------------|---|--------------------------------------|--|--|
| Sex of Child
<u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and (Number
in order
of birth) | Legiti-
mate?
<u>yes</u> | Date of Birth
<u>4-7-20</u>
(Month) (Day) (Year) |
| FULL NAME
<u>George Blakely</u> | FATHER | | FULL MAIDEN NAME
<u>Estelle Vincent</u> | MOTHER |
| RESIDENCE
<u>Caldwell Ida</u> | | | RESIDENCE
<u>Caldwell Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY ... <u>29</u>
(Years) | | COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY ... <u>29</u>
(Years) |
| BIRTHPLACE
<u>Kansas</u> | | | BIRTHPLACE
<u>Nebraska</u> | |
| OCCUPATION
<u>Farmer</u> | | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 PM
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. M. Kaley M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 4-8-20

Registrar

Registrar



133-105-1014-318

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-3-15-12

County of CanyonCity of CaldwellNo. 1023 Denver St.

Hospital _____

CERTIFICATE OF BIRTH

Registration District No. 3File No. 77745Primary Registration District No. 1005Registered No. 80FULL NAME OF CHILD ROBERT CARL ALTIZER

| | | | | | |
|-------------------------|------------------------------|-----------|-----------------------------------|------------------------|---|
| Sex of Child <u>Boy</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth <u>2</u> | Legitimate? <u>yes</u> | Date of Birth <u>April 5</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-------------------------|------------------------------|-----------|-----------------------------------|------------------------|---|

FULL NAME FATHER E. Kyle AltizerFULL MAIDEN NAME MOTHER Florence TaylorRESIDENCE 1023 Denver St.RESIDENCE 1023 Denver St.COLOR White AGE AT LAST BIRTHDAY _____ (Years)COLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE Christenburg VirginiaBIRTHPLACE Caldwell IdahoOCCUPATION LabourerOCCUPATION HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 220 ft. m. on the date above stated. (Born alive or stillborn)

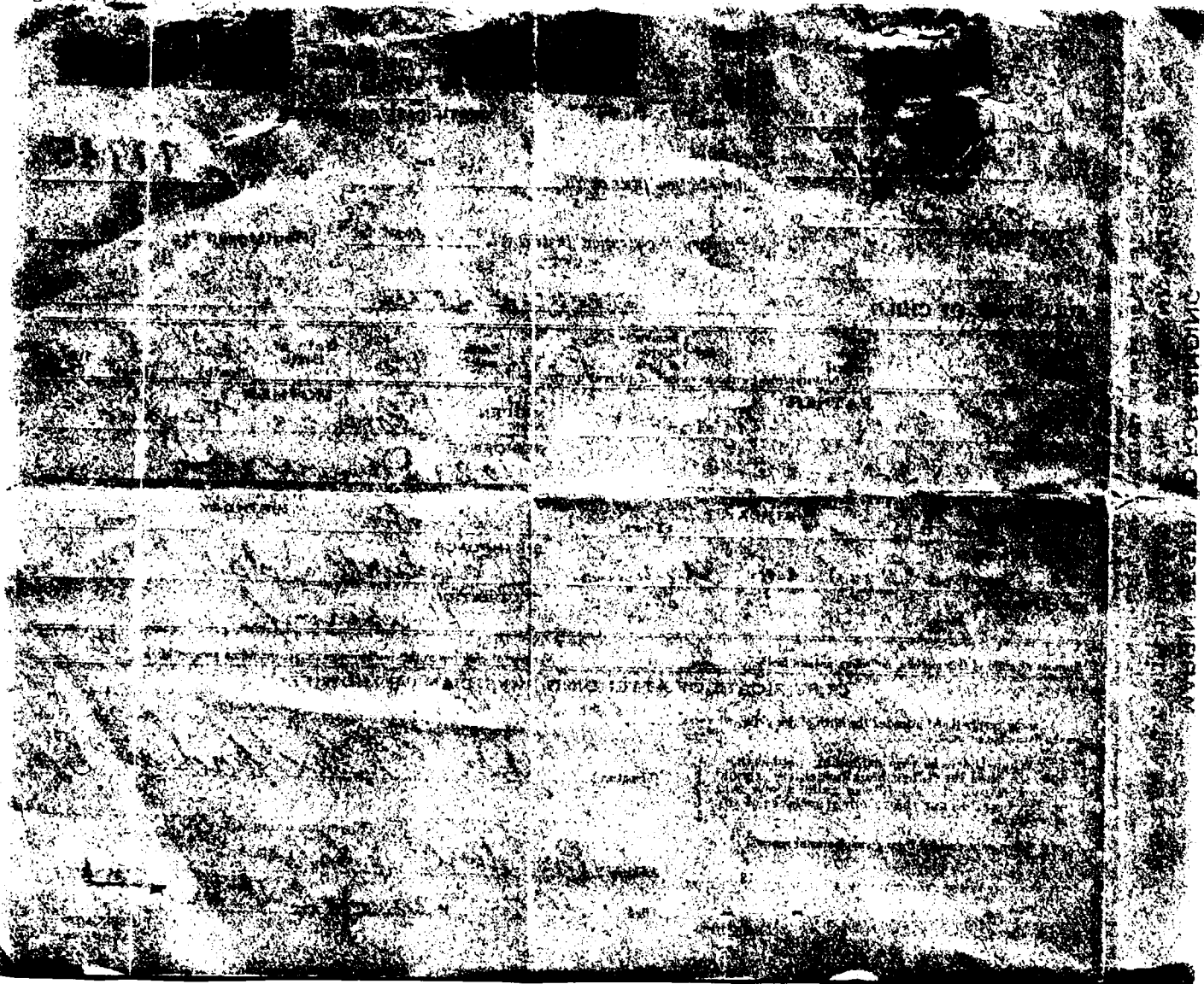
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. H. Skaden D.O.

(Physician or midwife)

Given names added from a supplemental report

Address Caldwell IdahoFiled 4-7-1920 John H. Meigs Registrar



THE CHURCH

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CHURCH

THE CHURCH

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THE CHURCH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Robert Horne Altizer who was born on April 5 1921
in Caldwell Ida (Name on original certificate) (Was born or died) (Date of event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record prepared on April 10 1921, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO

Robert Carl Altizer
(The correct facts)

Name

Unnamed Altizer

Year of birth

~~1920~~

Subscribed and sworn to before me this 24
day of Oct 1941

Signed Emmis Kyle Altizer
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.) father

Police Judge J. H. Shellenbarger
Notary Public, residing at Nampa Ida.

1124 - Chicago St Caldwell Ida.
(Street Address, City, State)

My commission expires _____
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Signed _____
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at _____
My commission expires _____
[SEAL]

(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

OCT 9 1941

JAN 27 1941

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-103-014-819

PLACE OF BIRTH name added 10-28-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-12

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Rural 2 St.

Hospital _____

Registration District No. _____

Primary Registration District No. _____

3

File No. _____

77746

Registered No. _____

79

FULL NAME OF CHILD Hubert Lester Hull

| | | | |
|--|--|--|--|
| Sex of Child <u>male</u> | Other <u>other</u> { and { Number in order of birth <u>4</u> | Legitimate? <u>yes</u> | Date of Birth <u>ap 3</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Maen McMill Hull</u>
FATHER | | FULL MAIDEN NAME <u>Elizabeth Flora Harrison</u>
MOTHER | |
| RESIDENCE <u>Caldwell Ida</u>
<u>Butter Co. Kan</u> | | RESIDENCE <u>Caldwell Ida</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE <u>Butter Co. Kan</u> | | BIRTHPLACE <u>Osage Co. Kan</u> | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>Housekeeper</u> | |

Number of child of this mother, including present birth. 4

Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

on above date at 9 a. m.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

J. M. Henry

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Caldwell Ida

Filed _____

4-8-20

John V. Ineyes

Registrar

DECEASED

9-3-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }
County of Canyon } ss.

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 24 9 25 AM '82

Certificate No. 77746
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hull who was born on Apr 3, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Caldwell (Canyon) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| | | |
|-------------|---------|--------------------|
| childs name | Unnamed | Hubert Lester Hull |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this 2nd day of October, 1982

Notary Public, Honey R. Marrer

Residing at Greenleaf, Idaho

My commission expires lifetime

(Seal)

X Lola A. Pernick
Signature of Applicant
Greenleaf, Idaho Box 18
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October, 1982

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Cradle Roll from Greenleaf Friends Sunday School gives Hubert Lester Hull
born 4-3-20 was enrolled March 20, 1921. Viewed by V.S.

OCT 28 1982

Promotion for Hubert L Hull from Beginners Dept of the Greenleaf Friends
Bible School to the Primary Department . Awarded on Sept 12, 1926.
Viewed by V.S.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294202-014-229
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 914 Everett St.

Hospital Myers

Registration District No. 3

File No. 77747

Primary Registration District No. 2005

Registered No. 78

FULL NAME OF CHILD

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>April 2</u> <u>1920</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

FATHER
FULL NAME Raymond Lester Simmons
RESIDENCE Caldwell R. F. D. # 3
COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Donahue Oregon
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Marie Skee
RESIDENCE Caldwell R. F. D. # 3
COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Lake Park Missn.
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Dora G. Heymonoth

(Physician or midwife)

Given names added from a supplemental report

Address Bungalon Bldg. Caldwell Idaho

Filed 4-4-20 John P. Meyer
Registrar

745

1920

1920

1920

1920

1920

1920

1920

1920

154-1021037-482
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of SevierCity of HomedaleRegistration District No. 3File No. 77748No. St.Primary Registration District No. 2005Registered No. 77Hospital Miss Marynath

FULL NAME OF CHILD

Andrews

| | | | | | |
|--------------------------------|---|--------|-----------------------------------|-------------------------------------|---|
| Sex of Child <u>boy</u> | Twin Triplet or other? <u>5</u> | and | Number in order of birth <u>2</u> | Legitimate? <u>Yes</u> | Date of Birth <u>4/2/20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Elzy Andrews</u> | | FATHER | | FULL MAIDEN NAME <u>Maudie Dyke</u> | |
| RESIDENCE <u>Homedale</u> | | | | RESIDENCE <u>Homedale</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>44</u>
(Years) | | COLOR <u>W</u> | | AGE AT LAST BIRTHDAY <u>40</u>
(Years) |
| BIRTHPLACE <u>Lima Co Kans</u> | | | | BIRTHPLACE <u>Ohio</u> | |
| OCCUPATION <u>Farmer</u> | | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Meyer

(Physician or midwife)

Given names added from a supplemental report.

Address Calcutt StFiled 4-3-1920

Registrar

Registrar



DUP OF 1920 - 335075

942-126-014-692

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AngusCity of WildierRegistration District No. 3File No. 77749

No. _____ St. _____

Hospital HammPrimary Registration District No. 2005 Registered No. 76

FULL NAME OF CHILD

Walter Russell

| | | | | | |
|--------------------------|---|-----|---|----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>Yes</u> | Date of Birth <u>Jan 26</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|--|

| | |
|--|---|
| FULL NAME
<u>Fred Russell</u> | FATHER |
| RESIDENCE
<u>Wildier Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE
<u>Flesherton Ont Can.</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Lillian Fisher</u> | MOTHER |
| RESIDENCE
<u>Wildier Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE
<u>Flesherton Can.</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

3-26-1920

Registrar

Registrar

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH
JUN 2 1963

JUN 25 1963

For No. 1

on District 1

1-1-60

Births
Deaths

249-126-014-386

PLACE OF BIRTH

County of *Canyon*City of *Caldwell*No. *St.*

Hospital

FULL NAME OF CHILD

Registration District No.

3

File No. *77750*

Primary Registration District No.

2005

Registered No.

75

Sex of Child

*boy*Twin
Triplet
or other?

8

Number
in order
of birth

8

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

3/26/90

(Month) (Day) (Year)

FULL NAME

Harvey D Smith

FATHER

RESIDENCE

Caldwell

FULL MAIDEN NAME

Ida Lyons

MOTHER

RESIDENCE

Caldwell

COLOR

W

AGE AT LAST BIRTHDAY

4.5

(Years)

COLOR

W

AGE AT LAST BIRTHDAY

4.2

(Years)

BIRTHPLACE

Paris Mo

BIRTHPLACE

New York

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

8

Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn)

at *5:40 P.M.*

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Meyer

(Physician or midwife)

Given names added from a supplemental report.

Address

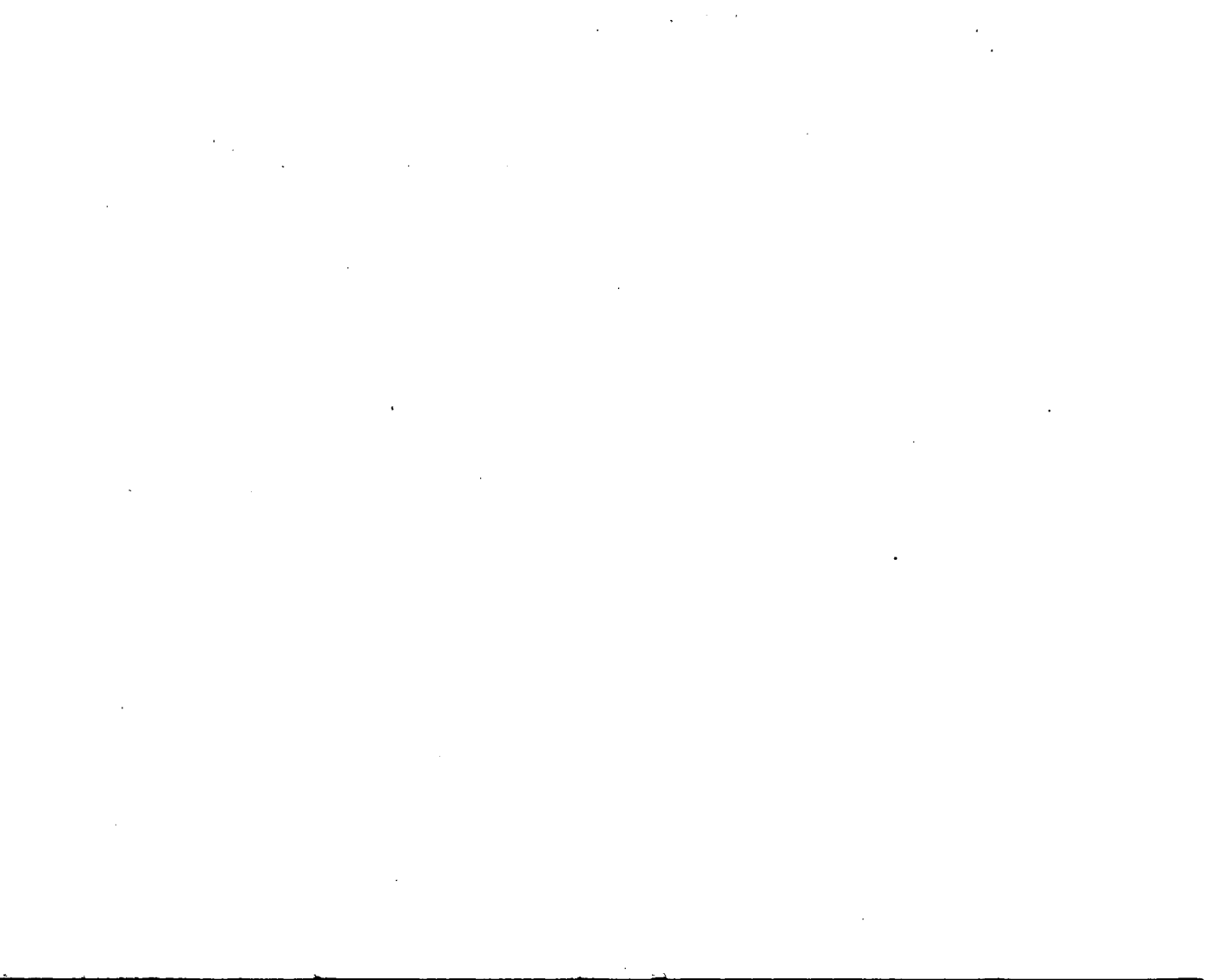
Caldwell Id

Filed

*3-27-1920**John H. Meyer*

Registrar

Registrar



239-224,014-693

Name added 2/4/82

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CanyonCity of WilderRegistration District No. 3File No. 77751

No. _____ St. _____

Hospital HornePrimary Registration District No. 2005 Registered No. 74

FULL NAME OF CHILD

Rachel Leona

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of
Birth <u>Mar 24</u>
(Month) (Day) (Year) <u>1920</u> |
|----------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|--------------------------------|---|
| FULL NAME
<u>A C Stith</u> | FATHER |
| RESIDENCE
<u>Wilder Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>44</u>
(Years) |
| BIRTHPLACE
<u>Kentucky</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Lella Wilson</u> | MOTHER |
| RESIDENCE
<u>Wilder Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>34</u>
(Years) |
| BIRTHPLACE
<u>Georgia</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch

(Physician or midwife)

Given names added from a supplemental report.

Address Wilder IdaFiled 3-26- 1920 John. Freyer

Registrar

Registrar

AUG 3 1962

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF
VITAL STATISTICSState of _____ }
County of _____ } ss.

FEB 4 10 44 AM '87

Certificate No. 77751

Date Filed _____

Birth

The undersigned does solemnly swear that certain facts on the certificate of _____

for Unnamed Stith who was born on March 24, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Wilder (Canyon) are erroneous or were omitted:
(Place of Event)ITEMS TO BE CORRECTED
child's name

omitted FROM

TO
Rachel LeonaSubscribed and sworn to before me this 28th day ofJanuary 1987
Notary Public, Florence CurtrightResiding at Ref. BoiseMy commission expires Lifetime

(Seal)

X Rachel Leona Campbell
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed ____)

(Is not necessary ____)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

fc

1-28-87

FEB 4 1982

- Own child's birth certificate on file with Vital Statistics gives name as -
Rachel Leona Stith as mother. Child born July 28, 1942, in Cascade, Idaho, to
Rachel Leona Stith and Donald Elvin Campbell , state file # 354892.

Viewed by V.S.

Marriage License and Certificate gives name as Rachel Leona Stith married to
Donald Elvin Campbell on January 16, 1942 at Cascade, Valley Co. Id

Viewed by V.S.

295-225-014-235

PLACE OF BIRTH

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

County of Lanyon
 City of Caldwell

CERTIFICATE OF BIRTH

77752

No. St.

Primary Registration District No. 2005

File No.

Registered No. 73

Hospital

FULL NAME OF CHILD

Madeline La. Stevenson Beach

Sex of Child Female

Twins
 Triplet
 or other?

Number and in order of birth 3rd
 (To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth 2 year 22 19120
 (Month) (Day) (Year)

FULL NAME

Frank E. Beach

FATHER

RESIDENCE

Caldwell Ida.

COLOR

white

AGE AT LAST BIRTHDAY

33

(Years)

BIRTHPLACE

Boulder Col.

OCCUPATION

Farmer

FULL MAIDEN NAME

Josephine Stevenson

MOTHER

RESIDENCE

Caldwell Ida.

COLOR

white

AGE AT LAST BIRTHDAY

35

(Years)

BIRTHPLACE

Kan

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on above date, at 1 a M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or)

Given names added from a supplemental report.

Address Caldwell Ida.

Filed 3-22-20

Registrar

Registrar

643.01 120
OCT 10 1949

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

77-122-014-468

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Canyon

City of Wilden

Registration District No. 9 File No. 77753

No. _____ St. _____

Primary Registration District No. 2005 Registered No. 72

Hospital for

FULL NAME OF CHILD GEORGE WASHINGTON Paxton

| | | | | | |
|--------------------------|--|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Male</u> | <u>Twin</u>
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of
Birth <u>Feb 22</u>
(Month) (Day) 19 <u>20</u>
(Year) |
|--------------------------|--|-----|--------------------------------|----------------------------|--|

| | |
|-------------------------------------|--|
| FULL
NAME
<u>Geo Paxton</u> | FATHER |
| RESIDENCE
<u>Wilden Caldwell</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>40</u>
(Years) |
| BIRTHPLACE
<u>Chariton Co Mo</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|--|
| FULL
MAIDEN
NAME
<u>Edith Hays</u> | MOTHER |
| RESIDENCE
<u>Wilden Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>36</u>
(Years) |
| BIRTHPLACE
<u>Barton Co Mo</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

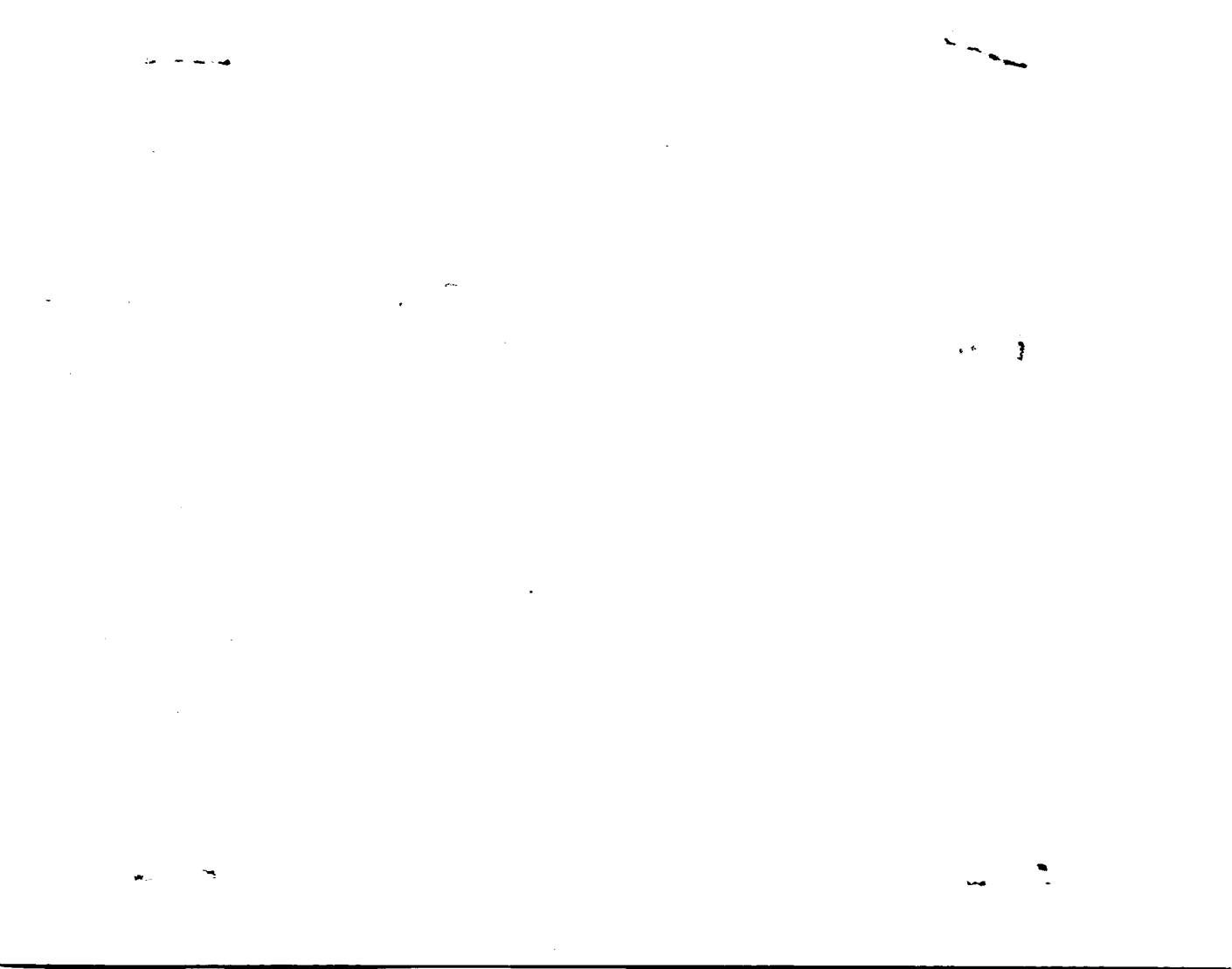
I hereby certify that I attended the birth of this child, who was born alive, at 12 00 a m
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Paxton
Father
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Ida R 6
Filed 3-26-1920 John A. Ingers
Registrar



STATE OF IDAHO
-DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS-
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.
The undersigned does solemnly swear that certain facts on the certificate of birth
for Geo. Washington Paxton Jr. who was born on Feb. 22, 1920
in Central Cove (Name on original certificate) (Was born or died)
(Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record prepared on March 1, 1920, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name

Unnamed Paxton

George Washington Paxton

Subscribed and sworn to before me this 28th
day of November, 1941

Lois Wilson
Notary Public, residing at Caldwell, Idaho

My commission expires September 28, 1944
[SEAL]

Signed Geo. W. Paxton
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)

Wilder, Idaho Route 1

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of November, 1941

Lois Wilson
Notary Public, residing at Caldwell, Idaho

My commission expires September 28, 1944
[SEAL]

Signed Perry V. Row
(Signature of any credible person other than the previous affiant.)

609 De arborn Caldwell, Idaho

(Street Address, City, State)

Received for filing on NOV 28 1941 By _____
(Registrar's signature)

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413-218-014-469

PLACE OF BIRTH

County of CanyonCity of CaldwellNo. 729 Dearborn St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 3File No. 77754Primary Registration District No. 1005Registered No. 71

FULL NAME OF CHILD EDYTHE LOUISE MATTHEWS

| | | | |
|---|---|---|--|
| Sex of Child <u>Female</u> | Twin
Triplet <u>—</u> } and { Number
or other? <u>—</u> } in order
(To be answered only in event of plural births) | Legiti-
mate? <u>yes</u> | Date of Birth <u>3</u> <u>15</u> <u>1920</u>
(Month) (Day) (Year) |
| FULL NAME
<u>William Hollis Matthews</u> | FATHER | | FULL MAIDEN NAME
<u>Lelah Morgan</u> |
| RESIDENCE
<u>709 Dearborn St City</u> | | | RESIDENCE
<u>709 Dearborn St City</u> |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>46</u>
(Years) | COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>35</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | BIRTHPLACE
<u>Oregon</u> | | |
| OCCUPATION
<u>Mechanic (Unlicensed)</u> | OCCUPATION
<u>Housewife</u> | | |
| Number of child of this mother, including present birth... <u>2</u> | | Number of children of this mother now living, including present birth... <u>2</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 3:30 P.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kiley M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 3-20-1920

Registrar

Registrar

FEB 19 1968

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } SS.Certificate No. 77754County of Ada }Date Filed with

The undersigned does solemnly swear that certain facts on the certificate of

for Remained Matthew who born on Mar. 18, 1920in Caldwell, Ida. are erroneous or were omitted; and that, to the best of his knowledge, thetrue facts as shown by Mother prepared on

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE), are:

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

name Omitted Edythe LouiseMatthewsSubscribed and sworn to before me this 9thday of January, 1942Notary Public, residing at Boise, IdaMy commission expires 12/13/42

(SEAL)

Signed Lelah Sylvia Matthews

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, VITAL RECORDS DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2912 N. Brumback Boise(STREET ADDRESS, CITY, STATE) Ida

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }County of Ada } SS.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9day of January, 1942A. J. GrovesNotary Public, residing at Boise, IdaMy commission expires 12/13/42

(SEAL)

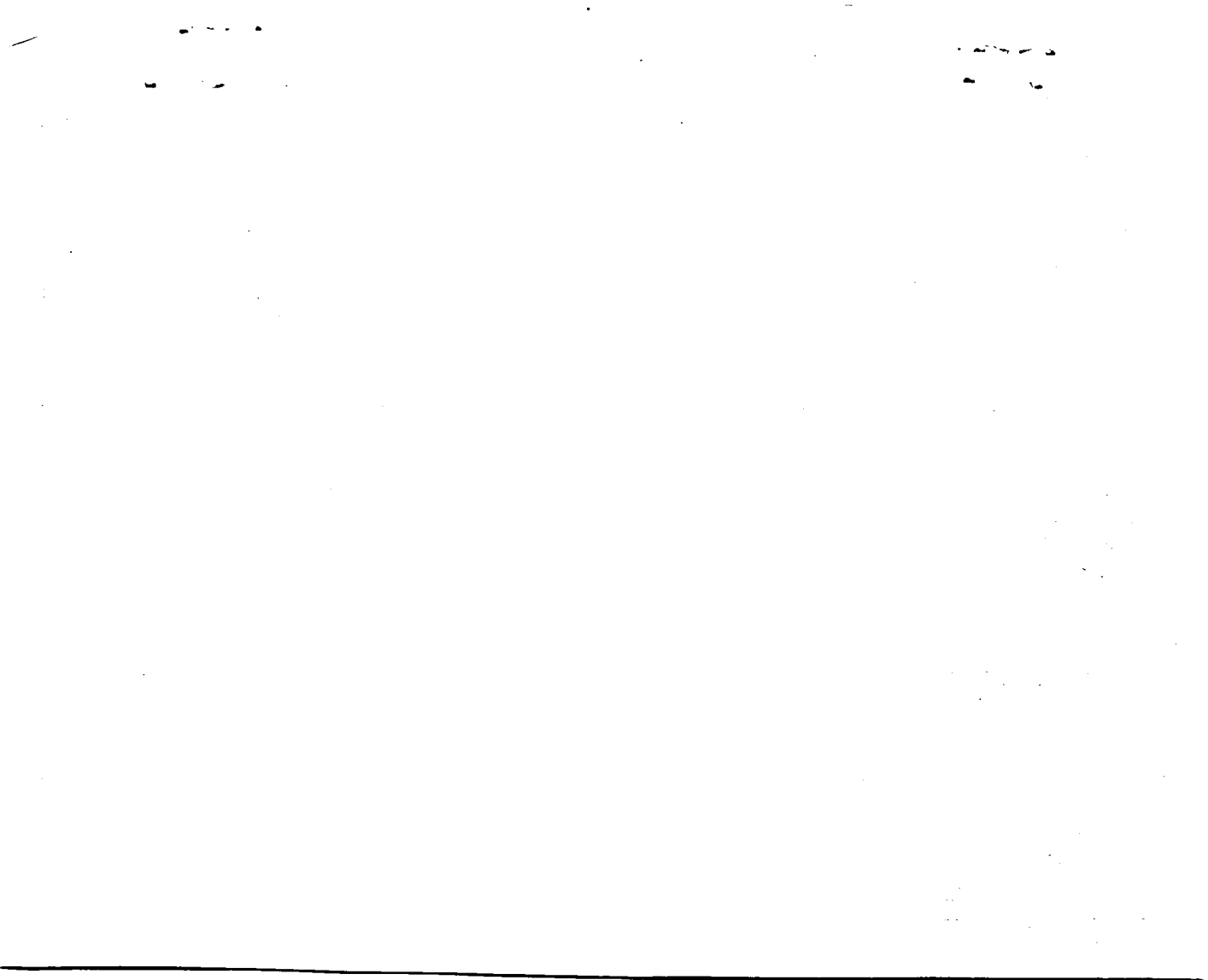
Signed William Hollis Matthews

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2912 N. Brumback(STREET ADDRESS, CITY, STATE) Boise, Ida

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)



1014493
PLACE OF BIRTH

STATE OF IOWA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form 1, 4-13-12, 11-20-12

County of Cass

City of Wilder

Registration District No. 3

File No. 77755

No. _____ St. _____

Hospital Home Primary Registration District No. 2005 Registered No. 70

FULL NAME OF CHILD Elva Winifred Shaffer

Sex of Child female Twin Triplet or other? _____ and _____ Number in order of birth _____ Legiti mate? Yes Date of Birth Jan 18 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Henry Shaffer

RESIDENCE Wilder Ida

COLOR white AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE Portsmouth Ohio

OCCUPATION farmer

MOTHER
FULL MAIDEN NAME Nellie Miller

RESIDENCE Wilder Ida

COLOR white AGE AT LAST BIRTHDAY 39
(Years)

BIRTHPLACE 3 Bend Ind.

OCCUPATION housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Wilder Ida

Filed 3-26-1920 John H. Meyer
Registrar

PLACE OF BIRTH

1904

County of

DEPARTMENT OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Form No. 1 (Rev. 1-1-1904)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

445-1161014-249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. _____ St. _____

Registration District No. 3

File No. 77756

Hospital H. Ome

Primary Registration District No. 2005

Registered No. _____

FULL NAME OF CHILD Merryn Ernest Dunagan

(Certificate of no value without full name of child.)

| | | | |
|--------------------------|---|------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other? <u> </u> } and { Number
in order
of birth | Legitimate? <u>yes</u> | Date of birth <u>Mar. 16</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|---|

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

FATHER
FULL NAME W. W. Dunagan
RESIDENCE Wilder, Ida
COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Iowa
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Anne Smith
RESIDENCE Wilder, Ida.
COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Oklahoma
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Boeck

M. D.

(Physician or midwife)

Give names added from a supplemental report.

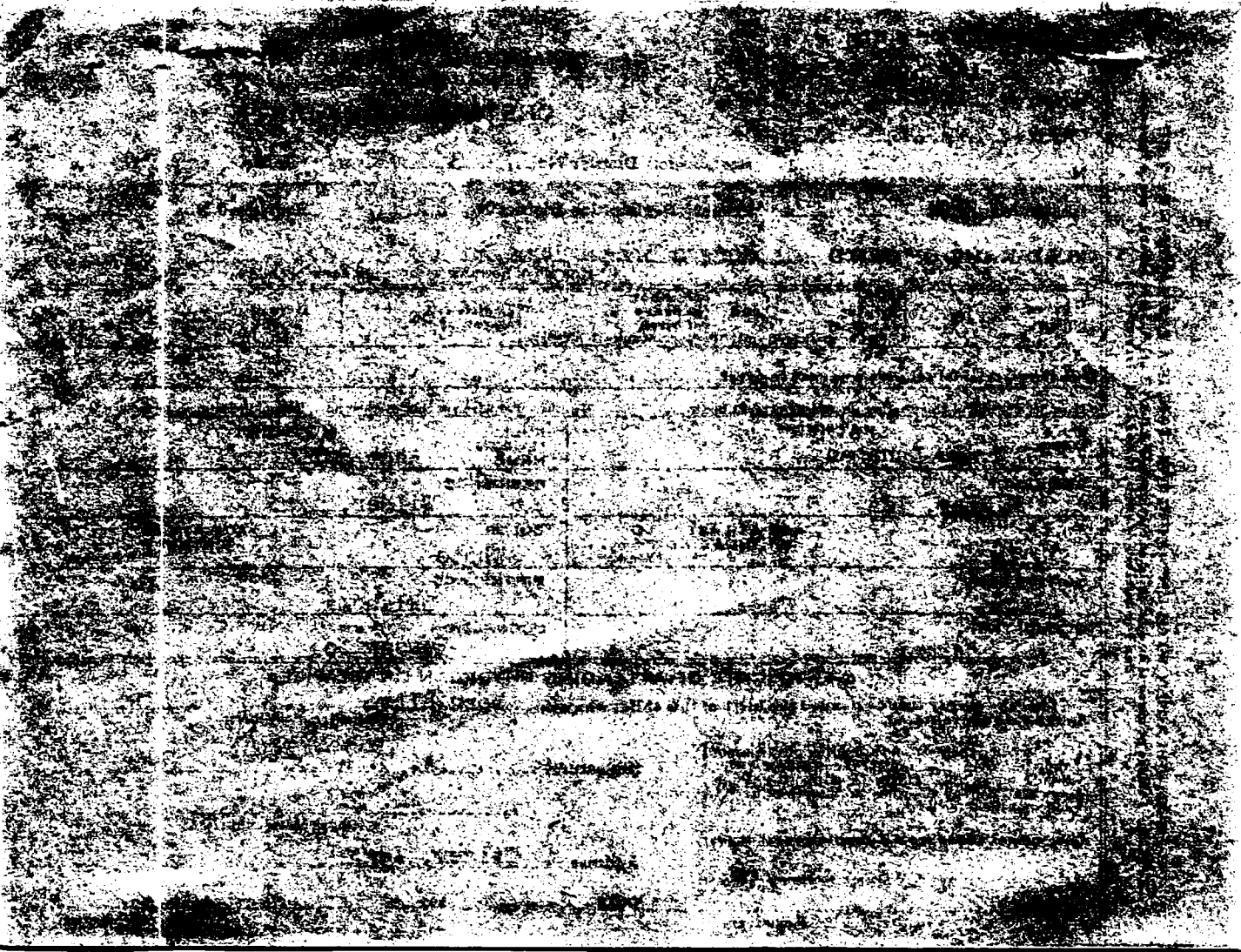
Address Wilder, Ida.

Filed 3-26 1920

John Meyer

Registrar.

Registrar.



134-116014-261

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 14-C-25m-2-2-17

County of... San Juan...City of... Hotchkiss...Registration District No. 9File No. 77757No. St.Primary Registration District No. 2005Registered No. 68

Hospital

FULL NAME OF CHILD John Wendell Almqvist

| | | | | |
|--------------------------|--------------------------------------|--|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? <u> </u> | and (Number in order of birth) <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>3</u> <u>16</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|--------------------------------------|--|------------------------|--|

| | |
|-----------------------------------|--------|
| FULL NAME <u>John M. Almqvist</u> | FATHER |
| RESIDENCE <u>Hotchkiss</u> | |

| | |
|--|--------|
| FULL MAIDEN NAME <u>Teresa Swanson</u> | MOTHER |
| RESIDENCE <u>Hotchkiss</u> | |

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>48</u>
(Years) |
|--------------------|---|

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>41</u>
(Years) |
|--------------------|---|

| |
|--------------------------|
| BIRTHPLACE <u>Sweden</u> |
|--------------------------|

| |
|--------------------------|
| BIRTHPLACE <u>Sweden</u> |
|--------------------------|

| |
|---|
| OCCUPATION <u>Section Boss for Railroad</u> |
|---|

| |
|-----------------------------|
| OCCUPATION <u>Housewife</u> |
|-----------------------------|

| | |
|---|---|
| Number of child of this mother, including present birth <u>7</u> | Number of children of this mother now living, including present birth <u>4</u> |
|---|---|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Born alive ... at... 10:20 A.M. ... on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. M. Kaley M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address..... 19Filed 3-17-1920

Registrar

Registrar

JUL 15 1954

1/17/41 L. B.

981-125 1014-281

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

County of

City of

Registration District No.

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Basil Alvin Ryals

Sex of
Child

M

Twin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?

yes

Date of
BirthMarch 1909
(Month) (Day) (Year)FULL
NAME

Alvin Joseph Ryals

FATHER

FULL
MAIDEN
NAME

Cora Emma Shaffer

MOTHER

RESIDENCE

Middletown R7112

RESIDENCE

Middletown R7112

COLOR

W

AGE AT LAST
BIRTHDAY

45

(Years)

COLOR

W

AGE AT LAST
BIRTHDAY

43

(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Colorado

OCCUPATION

Farming

OCCUPATION

H wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Signature)

John Hall
(Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Given names added from a supplemental report.

(Physician or midwife)

Address

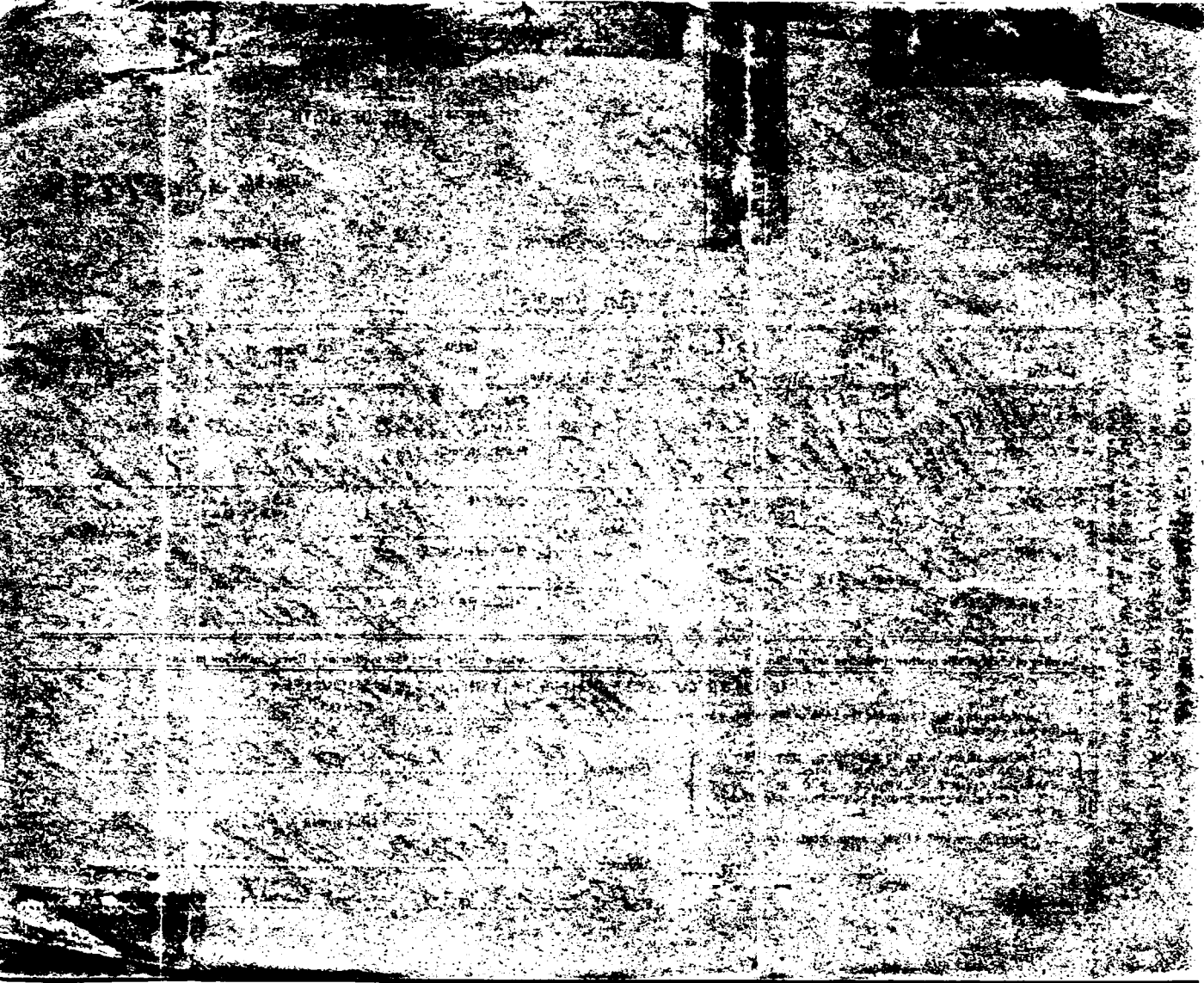
Star Idaho

Filed

3-29-1920

Registrar

Registrar



AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 77758

Date Filed
Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for No name listed who Born on March 25, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Middleton, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

| | | | |
|------|---------|--------|-------------------|
| name | no name | (male) | Basil Alvin Ryals |
|------|---------|--------|-------------------|

Subscribed and sworn to before me this 15th
day of April, 1942
E. R. [Signature]
Notary Public, residing at McMinnville, Oregon
My commission expires June 20, 1942
(Seal)

Signed Harold Lee Ryals
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
635-11th Street
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Yamhill } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of April, 1962

Signed Elizabeth Ryals
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at 5th. Monmouth Ave.
My commission expires June 20, 1942
(Seal)

635- E. 11th St
(Street Address, City, State)
McMinnville, Oregon

APR 20 1942

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Form V. S. No. 11-C-22502-2

Registrar

1/2/41 L. B.

859-214,014-153

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

County of CanyonCity of CaldwellNo. R # 3 St.Registration District No. 3File No. 77760Primary Registration District No. 2005Registered No. 65

Hospital

FULL NAME OF CHILD Margaret Ianna Herlocker

| | | | | |
|--|---|--------------------------------------|--|--|
| Sex of Child
<u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>3-14-20</u>
(Month) (Day) (Year) |
| FULL NAME
<u>Les John Herlocker</u> | FATHER | | FULL MAIDEN NAME
<u>Caroline Gentry</u> | MOTHER |
| RESIDENCE
<u>Caldwell Ida R # 3</u> | | | RESIDENCE
<u>Caldwell Ida R # 3</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) | | COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE
<u>Iowa</u> | | | BIRTHPLACE
<u>Nebraska</u> | |
| OCCUPATION
<u>Farmer</u> | | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 9 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. M. Kaley, M.D.

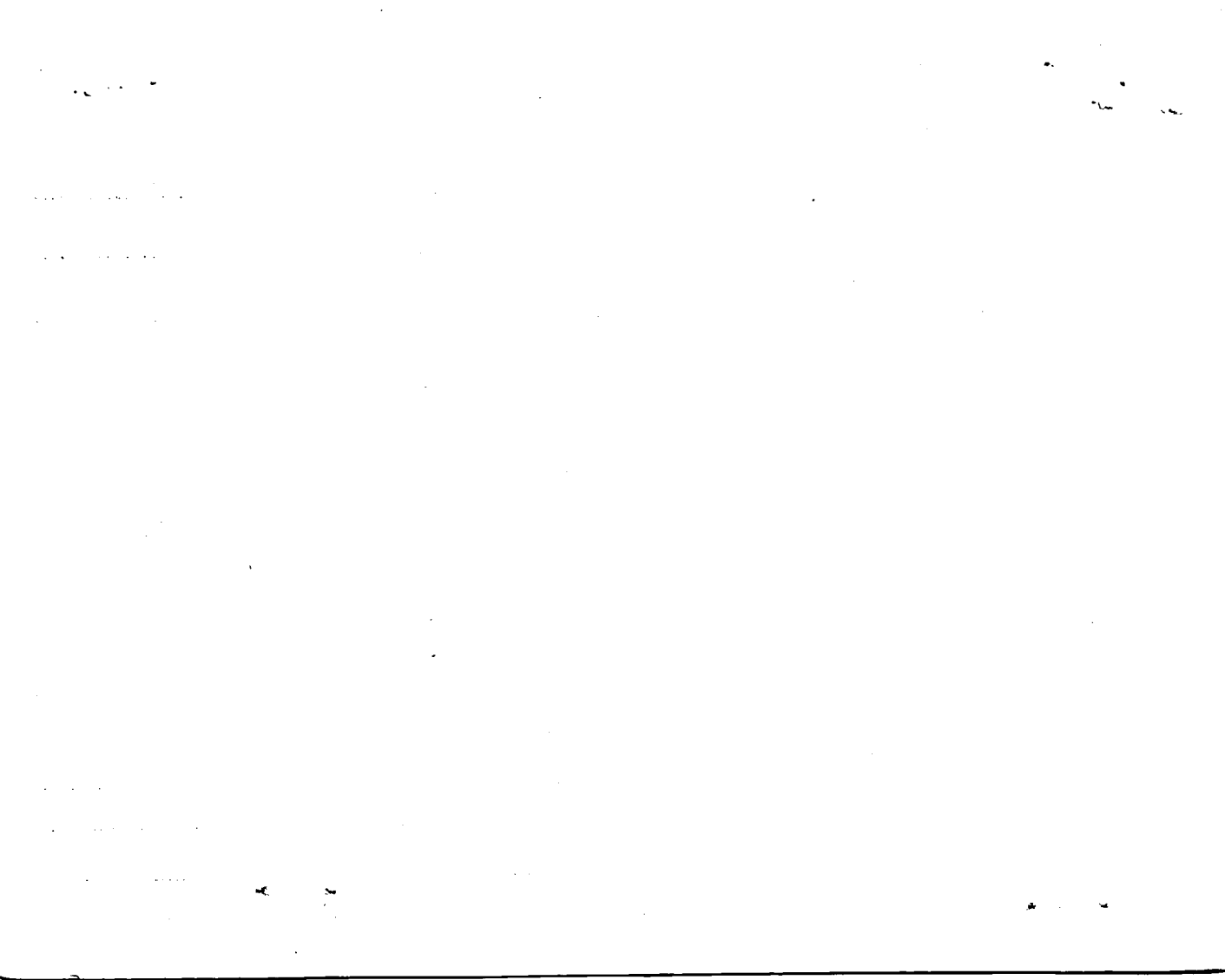
(Physician or midwife)

Given names added from a supplemental report.

Address 10Filed 3-16-20 John H. Meyer

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 77760

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)

for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|---------------------------------|----------------------------------|
| FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
| <u>name</u> | <u>None given</u> | <u>Margaret Ianna Herlocker</u> |

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

DEC 26 1944

2664212-014-619

PLACE OF BIRTH

County of... Canyon...City of... Caldwell...

No. St.

Hospital Santarium.

FULL NAME OF CHILD

Maxine Donna Sower

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-3-3-37

Registration District No. 3File No. 77761Primary Registration District No. 2005Registered No. 64

| | | | | |
|---|---|--|--|--|
| Sex of Child
<u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { and { Number
in order
of birth | Legiti-
mate?
<u>Yes</u> | Date of
Birth..... <u>3</u> <u>12</u> <u>1920</u>
(Month) (Day) (Year) |
| FULL
NAME
<u>Clare K. Sower</u> | FATHER | | FULL
MAIDEN
NAME
<u>Elva Mae Tarr</u> | MOTHER |
| RESIDENCE
<u>Nampa #3</u> | | | RESIDENCE
<u>Nampa R#3</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY ... <u>28</u>
(Years) | | COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY ... <u>25</u>
(Years) |
| BIRTHPLACE
<u>Minnesota</u> | | | BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Railway Postal Clerk</u> | | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth.... 3.... Number of children of this mother now living, including present birth.... 3....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Born alive... at... 10:35 P....
on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) D. C. M. Kaley M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed... 3-13-1920... John H. Meyer...
Registrar Registrar

Registrar

FEB 14 1942

JUL 16 1965

NOV 14 1955

NOV 16 1955

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-2081014-212

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. St.

Hospital

FULL NAME OF CHILD Yasuko Koyama

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

Registration District No. 3

File No. 77762

Primary Registration District No. 1005

Registered No. 62

| | | | | |
|----------------------------|---|--------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { Number in order of birth | Legitimate? <u>Yes</u> | Date of Birth <u>3</u> <u>8</u> <u>1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------|------------------------|---|

FATHER
FULL NAME Sachichi Koyama
RESIDENCE Caldwell
COLOR Yellow AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Japan
OCCUPATION Gardner

MOTHER
FULL MAIDEN NAME Otsu Susan
RESIDENCE Caldwell
COLOR Yellow AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Japan
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alone at 10:30 P. on the date above stated. (Born alive or stillborn) M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature) Dr. C. M. Kaley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

1 Photostat copy issued 12/10/41
2 Photostats 3/19/45
3 Photostatic copy 5-1-46
Registrar John S. Meyer Filed 3-16-1946



DEC 10 1941

MAR 2 1945

MAR 19 1945

MAY 1 1945

863-201014-689

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CanyonCity of WilderRegistration District No. 3File No. 77763

No. _____ St. _____

Hospital Home Primary Registration District No. 2005 Registered No. 62FULL NAME OF CHILD Eileen Betty Holverson

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of Birth <u>March</u>
(Month) (Day) 19 <u>20</u>
(Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|-------------------------------------|---|
| FULL NAME
<u>Elyas Holverson</u> | FATHER |
| RESIDENCE
<u>Wilder</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE
<u>Bruno, Idaho</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Hazel Whitted</u> | MOTHER |
| RESIDENCE
<u>Wilder</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE
<u>Genesee, Idaho</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Wilder, IdahoFiled 3-26- 1920

Registrar

Registrar John V. Meyer

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

JUN 4 1942

434-291014-296

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of LanyonCity of WilderRegistration District No. 3File No. 77764

No. _____ St. _____

Primary Registration District No. 2005 Registered No. 61

Hospital _____

FULL NAME OF CHILD Francis Lucille McDonald

| | | | | |
|-----------------------|---|---|----------------------------|---|
| Sex of Child <u>F</u> | Twin
Triplet
or other? _____
(To be answered only in event of plural births) | { and } Number
in order
of birth
_____ | Legiti
mate? <u>Yes</u> | Date of Birth <u>Feb 19</u> <u>19</u> <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|---|----------------------------|---|

FULL NAME Amos Mc DonaldFULL MAIDEN NAME Lena BrownRESIDENCE Wilder IdahoRESIDENCE Missouri Wilder IdahoCOLOR W. AGE AT LAST BIRTHDAY 24
(Years)COLOR W. AGE AT LAST BIRTHDAY 22
(Years)BIRTHPLACE IdahoBIRTHPLACE MissouriOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2.10 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Bauer M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Wilder IdahoFiled 3-26-20 John L. Meyers

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

7

JUL 1 - 1953

DECEASED

259-1201014-546
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of CanyonCity of CaldwellNo. 1st and Clearland St.Registration District No. 3File No. 77765Primary Registration District No. 1005Registered No. 60

Hospital

FULL NAME OF CHILD

William Henry Berry

Sex of Child

maleTwin
Triplet
or other?
(To be answered only in event of plural births)and (Number
in order
of birth)Legiti-
mate?YesDate of
BirthJan 20 1920
(Month) (Day) (Year)FULL
NAME

FATHER

J. H. Berry

RESIDENCE

1st and Clearland City

COLOR

whiteAGE AT LAST
BIRTHDAY5 9
(Years)

BIRTHPLACE

Virginia

OCCUPATION

CarpenterFULL
MAIDEN
NAME

MOTHER

Lola Edmanson

RESIDENCE

1st and Clearland City

COLOR

whiteAGE AT LAST
BIRTHDAY3 5
(Years)

BIRTHPLACE

Missouri

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.

(Born alive or stillborn)

at 3 1/2 P. M.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Dr. F. M. ColeM.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 3-12-1920John H. Meyers

Registrar

Registrar

AUG 31 1951

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-128-014-619
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Precinct

Registration District No. 3

File No. 77766

No. _____ St. _____

Primary Registration District No. 2007

Registered No. 16

Hospital _____

FULL NAME OF CHILD

Jack Melvin Hisey

Sex of Child male

Twin
Triplet
or other? _____ } and { Number
in order
of birth
(To be answered only in event of plural births)

Legiti-
mate? yes

Date of Birth Feb 28 1920
(Month) (Day) (Year)

FULL
NAME

FATHER
Scott Hisey

FULL
MAIDEN
NAME

MOTHER
Gladys Farley

RESIDENCE

Parma R. I.

RESIDENCE

Parma R. I.

COLOR

W.

AGE AT LAST
BIRTHDAY

34
(Years)

COLOR

W.

AGE AT LAST
BIRTHDAY

31
(Years)

BIRTHPLACE

N. Dakota

BIRTHPLACE

Idaho

OCCUPATION

farmer

OCCUPATION

housewife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

at 9:00 A. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Phil 13 1920 Phila Waldrop

Registrar

JUL 2 1942

242-112-014-214

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CanyonCity of WildenRegistration District No. 3File No. 77767

No. _____ St. _____

Hospital HomePrimary Registration District No. 007 Registered No. 17FULL NAME OF CHILD Bush

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legitimate?
<u>Yes.</u> | Date of Birth <u>June 12 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|----------------------------|---|

| | |
|------------------------------------|---|
| FULL NAME
<u>Fred T. Bush</u> | FATHER |
| RESIDENCE
<u>Homedale Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>47</u>
(Years) |
| BIRTHPLACE
<u>Concordia Kan</u> | |
| OCCUPATION
<u>Stockman</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Julia Sample</u> | MOTHER |
| RESIDENCE
<u>Homedale Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE
<u>Modale Iowa</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife than the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W T. Bauer

(Physician or midwife)

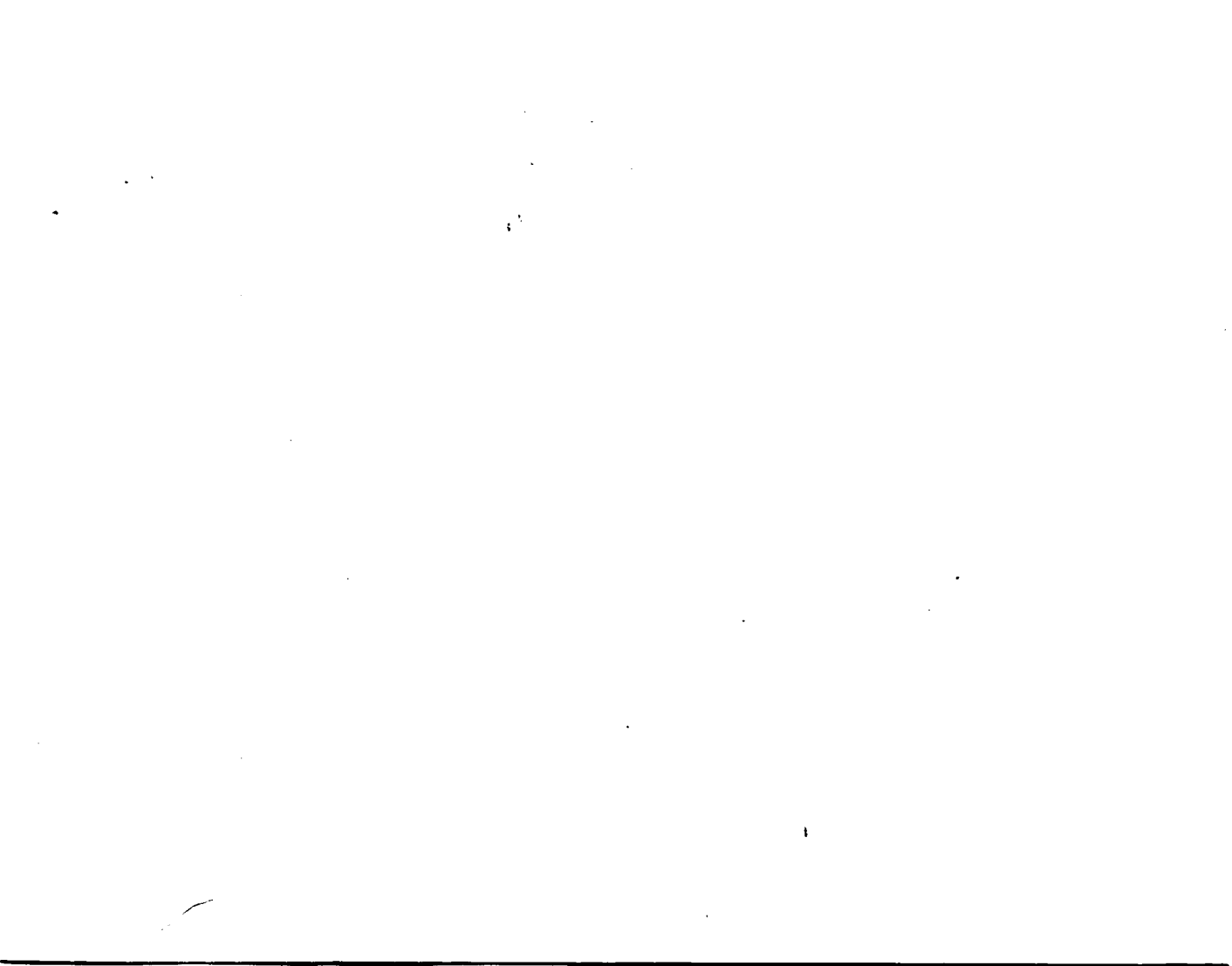
Given names added from a supplemental report.

19

Address Wilden Ida.Filed Apr 1 1920 Homedale Ida

Registrar

Registrar



295 213-014-133

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of CanyonCity of WilderRegistration District No. 3 File No. 77768

No. _____ St. _____

Hospital House Primary Registration District No. 007 Registered No. 18FULL NAME OF CHILD BrinkleySex of Child Female Twins Triplet or other? { and } Number in order of birth _____ Legiti mate? Yes Date of Birth March 13 1920
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME J. F. Brinkley FATHERRESIDENCE Parma RICOLOR White AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE Boone Co., Ark.OCCUPATION FarmerFULL MAIDEN NAME Edna Allen MOTHERRESIDENCE Parma RICOLOR White AGE AT LAST BIRTHDAY 28
(Years)BIRTHPLACE Boone Co., Ark.OCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) _____

Address _____

Filed 4-1 1920 Lulu Kachop

Registrar

Dup of 1920-403513

666-126-014-955
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of Udota PrecinctRegistration District No. 2

File No.

77769

No. _____ St.

Primary Registration District No. 2007Registered No. 19

Hospital _____

FULL NAME OF CHILD VERGIL ELLIS Wood

| | | | | | |
|---|---|-------|--|---|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other? _____ | and { | Number
in order
of birth
_____ | Legiti-
mate? <u>yes</u> | Date of Birth <u>Feb. 6, 1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>HARVEY FATHER</u>
<u>Harvey R. Wood</u> | | | FULL MAIDEN NAME <u>MOTHER</u>
<u>Effie Reese</u> | | |
| RESIDENCE <u>Udota, Ida.</u> | | | RESIDENCE <u>Udota</u> | | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>36</u>
(Years) | | COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) | |
| BIRTHPLACE <u>Mo.</u> | | | BIRTHPLACE <u>Mo.</u> | | |
| OCCUPATION <u>farmer</u> | | | OCCUPATION <u>housewife</u> | | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1830 P. M.
on the date above stated. (Born alive or stillborn)

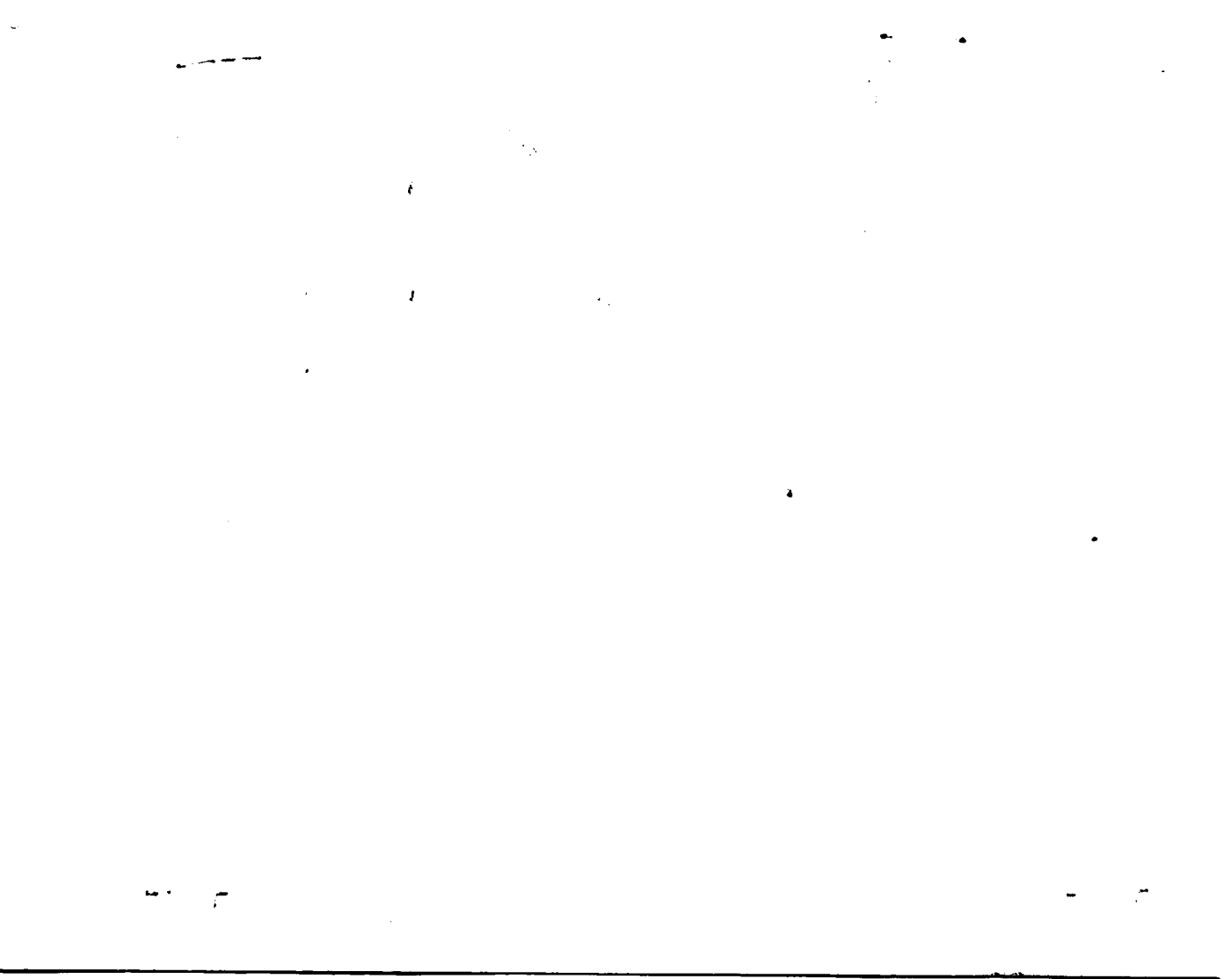
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen

(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed Feb 10 1920 hulu baldorf
Registrar



MAR 19 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri, } ss. Certificate No. 77769
 County of Texas. }

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Wood who Born (Birth or Death)
 (Name on Original Certificate) (Was Born or Died) on Feby. 7, 1920
 in Notus, Idaho, (Place of Event) (Date of Event)
 are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|----------------------|--------------------------|
| FACTS TO BE CORRECTED | FROM | TO |
| ("Name", "Birth Date", "Cause of Death", Etc.) | (As on Original) | (The Correct Facts) |
| <u>name</u> | <u>unnamed Wood</u> | <u>Vergil Ellis Wood</u> |
| <u>father's name</u> | <u>Harry R. Wood</u> | <u>Harvey R. Wood</u> |

Subscribed and sworn to before me this 7th
 day of March, 1942.

Notary Public, residing at Cabool, Mo.

My commission expires May 2, 1943.
 (Seal)

Signed Harvey R. Wood
 (Signature of parent, attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Vanzant, Mo.
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri, } ss.
 County of Texas. }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
 day of March, 1942.

Notary Public, residing at Cabool, Mo.

My commission expires May 2, 1943.
 (Seal)

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

Signed Howard Ridgour
 (Signature of Any Credible Person Other Than Previous Year)

Vanzant, Mo.
 (Street Address, City, State)

13 1942

556-128-014-315
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of _____

Registration District No. 3File No. 77770

No. _____ St. _____

Primary Registration District No. 2007 Registered No. 20

Hospital _____

FULL NAME OF CHILD Gerald Henry Neubold

| | | | | |
|---|---|--------------------------------------|---|---|
| Sex of Child <u>Boy</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and { Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>March 28th</u> 191 <u>2</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Nephi H Neubold</u>
RESIDENCE <u>Canyon, Co.</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Bannock Co., Idaho</u>
OCCUPATION <u>Farmer</u> | | | MOTHER
FULL MAIDEN NAME <u>Ellen W Cannon</u>
RESIDENCE <u>Canyon, Co.</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Marion Kansas</u>
OCCUPATION <u>Housework</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

born alive, at 10 P. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L NancePhysician
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed Apr 13 1912

Registrar

Registrar

NEWBOLD

Dup of 1920-325683

NOT

612-1041014-915

PLACE OF BIRTH

Canyon
Nampa

St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 77771

Primary Registration District No. 2006

Registered No.

Name of Child

Herald R. Wasel

SEX OF
CHILD

M

Twin
Triplet
or other?{ and } Number
in order
of birth

1

Legiti-
mate?

yes

DATE OF
BIRTH3-4-20
(Month) (Day) (Year)FULL
NAME

FATHER

Adolph Wasel

RESIDENCE

Nampa R 3

COLOR

W

AGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Rancher

FULL
MAIDEN
NAME

MOTHER

Bertha Round

RESIDENCE

Nampa R 3

COLOR

W

AGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Wyoming

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive at 11 A. M.
(Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. H. C. Robinson

(Physician or midwife)

Given names added from a supplemental report

19

Address

Nampa

Filed

April 10, 20

Pearle Dodd

Registrar

Registrar

101-101014-112

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-12-13

January



912-104101X-396
PLACE OF BIRTH *City*

County of *Canyon*

City of *Nampa*

No. *1708 2nd St North*

Registration District No. *7*

File No. *77772*

Primary Registration District No. *1006*

Registered No. _____

Hospital _____

Full Name of Child *Charles Alfonso Zabel*

| | | | | |
|-------------------------|---------------------------------|-----------------------------------|------------------------|---|
| SEX OF CHILD <i>Boy</i> | Twin Triplet or other? <i>x</i> | Number in order of birth <i>x</i> | Legitimate? <i>Yes</i> | DATE OF BIRTH <i>Mar 4 1920</i>
(Month) (Day) (Year) |
|-------------------------|---------------------------------|-----------------------------------|------------------------|---|

| | |
|-----------------------------|---|
| FULL NAME <i>Fred Zabel</i> | FATHER |
| RESIDENCE <i>Nampa Ida</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>47</i>
(Years) |
| BIRTHPLACE <i>Iowa</i> | |
| OCCUPATION <i>Farmer</i> | |

| | |
|--------------------------------------|---|
| FULL MAIDEN NAME <i>Deana Crouse</i> | MOTHER |
| RESIDENCE <i>Nampa Idaho</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>35</i>
(Years) |
| BIRTHPLACE <i>Iowa</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *5* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive*, at *12²⁰ P. M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. H. Murray*
M.D.
(Physician or midwife)

Given names added from a supplemental report

Address *Nampa Idaho*
File *April 10 1920* *Pearl Dodds*
Registrar

SECRET

DEC 26 1941

SEP 1

1942

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/10/01 BY 60322 UCBAW/BJS

555-1221014-789
PLACE OF BIRTH

County of Chuyon Country

City of Nampa

No. Rural St.

Hospital

Full Name of Child

Registration District No. 7

Primary Registration District No. 2006

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

File No. 77773

Registered No.

| | | | | |
|-------------------------|---------------------------------|-----------------------------------|------------------------|--|
| SEX OF CHILD <u>Boy</u> | Twin Triplet or other? <u>X</u> | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | DATE OF BIRTH <u>Mar 22 20</u>
(Month) (Day) (Year) |
|-------------------------|---------------------------------|-----------------------------------|------------------------|--|

FATHER
FULL NAME Earl Neel
RESIDENCE Nampa Idaho
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Mo.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Ethel Preifield
RESIDENCE Nampa Idaho
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Mo.
OCCUPATION Housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:50 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J. H. Murray
M.D.
(Physician or midwife)

Address Nampa Idaho
Filed April 10, 1920 Pearle Dadds
Registrar

Registrar

12/16/40 L. B.

9574 231014-962

PLACE OF BIRTH

County of Campan

City of Nampa

No. _____ St. _____

Hospital Mercy

Full Name of Child

Idaho

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-4-15-18

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 77774

Primary Registration District No. 2006

Registered No. _____

Raymond Gene Ingram

| | | | | |
|----------------------------|---|--|--------------------------------|--|
| SEX OF CHILD
<u>Boy</u> | Twin
Triplet
or other?
<u>X</u>
(To be answered only in event of plural births) | Number
in order
of birth
<u>X</u> | Legiti-
mate?
<u>yes</u> | DATE OF
BIRTH
<u>Mar 23 20</u>
(Month) (Day) (Year) |
|----------------------------|---|--|--------------------------------|--|

FATHER
FULL NAME Lester R Ingram

RESIDENCE Nampa Idaho

COLOR White AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Menros, Oregon

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Ray Robinson

RESIDENCE Nampa Idaho

COLOR White AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Minneapolis, Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray
M. D.
(Physician or midwife)

Given names added from a supplemental report

Address Nampa Idaho

Filed April 10 1920 Pearle Dodds
Registrar

Registrar

1/16/41/EA

Dup of 1920-223562

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234215-014-312
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of NampaNo. Railroad St.Registration District No. 7File No. 77775Primary Registration District No. 1806

Registered No. _____

Hospital _____

FULL NAME OF CHILD Margaret Szdola

| | | | | |
|----------------------------|---|------------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>Mar. 15</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------------------|------------------------|---|

| | |
|----------------------------------|---|
| FULL NAME <u>Joe Szdola</u> | FATHER |
| RESIDENCE <u>Nampa</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>40</u>
(Years) |
| BIRTHPLACE <u>Bohemia</u> | |
| OCCUPATION <u>Section Labour</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Anna Lastycka</u> | MOTHER |
| RESIDENCE <u>Nampa Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>34</u>
(Years) |
| BIRTHPLACE <u>Bohemia</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith m. d.
my. i. r.

(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed April 9 1920 Pearle Dodds
Registrar

1957

1957

319-116014-119
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-16

CERTIFICATE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7File No. 77776No. 15 An. N. St.Primary Registration District No. 1006

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Kenneth Lee CarterSex of Child MaleTwin
Triplet
or other?{ and {
Number
in order
of birthLegiti-
mate? yesDate of Birth Mar. 16, 1920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL
NAME

FATHER

Rylee CarterFULL
MAIDEN
NAME

MOTHER

Ruth A. Marshall

RESIDENCE

Nampa Idaho

RESIDENCE

Nampa Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY30
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Boise, Ida.

OCCUPATION

Plasterer

OCCUPATION

House wifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.

(Born alive or stillborn)

at 6⁵⁰ P. M.* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

F. B. Smith M.D.
Feb. 9, 1920

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed April 9, 1920 Pearl E. Goddard

3/31/41 L. B.

STATE of IDAHO)
:
County of Ada)

RUTH ANN CARTER, Being first duly sworn, on oath
deposes and says:

That she is the mother of Kenneth Lee Carter;
that said Kenneth Lee Carter was born in Nampa, Idaho, on the
16th day of March, 1920.

Mrs Ruth Ann Carter

SUBSCRIBED AND SWORN TO, Before me, this 31st day of March,
A.D. 1941.

Mary B. Edwards
Notary Public for Idaho
Residence: Boise, Idaho

DEC 16 1981
NOV 1 1982

AUG 3 1981

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-202.014-619
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 77777

No. _____ St. _____

Primary Registration District No. 2006

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Christina Francis Thacker

Sex of Child Female

Twin
Triplet
or other?
(To be answered only in event of plural births)

and { Number
in order
of birth

Legiti-
mate? Yes

Date of Birth Apr. 2 1920
(Month) (Day) (Year)

FULL
NAME

C. F. Thacker

RESIDENCE

Nampa Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

29
(Years)

BIRTHPLACE

Arkansas

OCCUPATION

Farmer

FULL
MAIDEN
NAME

Ruth White

RESIDENCE

Nampa Ida

COLOR

White

AGE AT LAST
BIRTHDAY

27
(Years)

BIRTHPLACE

W Yoming

OCCUPATION

House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F B Smith M D
By A R

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed

April 7 1920 Pearle Dodds

Registrar

Registrar

OCT 25 1972

268-223,014-293
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of NampaNo. 16 An-S St.Registration District No. 7File No. 77778Primary Registration District No. 1006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Mildred Taleda Boyd

| | | | | |
|----------------------------|------------------------------|--------------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ | and { Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>Mar. 23</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|------------------------------|--------------------------------------|------------------------|---|

| FATHER | | MOTHER | |
|-------------------------------|--|-------------------------------|--|
| FULL NAME <u>Richard Boyd</u> | FULL MAIDEN NAME <u>Mary Sitas</u> | FULL NAME <u>Richard Boyd</u> | FULL MAIDEN NAME <u>Mary Sitas</u> |
| RESIDENCE <u>Nampa Idaho</u> | RESIDENCE <u>Nampa Idaho</u> | RESIDENCE <u>Nampa Idaho</u> | RESIDENCE <u>Nampa Idaho</u> |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>27</u> (Years) |
| BIRTHPLACE <u>Arkansas</u> | BIRTHPLACE <u>Kansas</u> | BIRTHPLACE <u>Arkansas</u> | BIRTHPLACE <u>Kansas</u> |
| OCCUPATION <u>Machinist</u> | OCCUPATION <u>Housewife</u> | OCCUPATION <u>Machinist</u> | OCCUPATION <u>Housewife</u> |

| | |
|--|--|
| Number of child of this mother, including present birth <u>1</u> | Number of children of this mother now living, including present birth <u>1</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7³⁰/A.M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. B. Smith M.D.
My. 2. 1920

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed April 7 1920 Pearle Dodds

Registrar

Registrar

7-17-41

RECEIVED

229-210-014-274
PLACE OF BIRTH
amend 4-20-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7File No. 77779

No. _____ St. _____

Primary Registration District No. 1006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Erma E. Lois Skinner

| | | | | |
|--------------------------|--|--------------------------------------|-----------------------------|--|
| Sex of Child <u>girl</u> | Twin
Triplet
or other? <u>-</u>
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>Feb - 10 - 1920</u>
(Month) (Day) (Year) |
|--------------------------|--|--------------------------------------|-----------------------------|--|

FULL NAME E. P. Skinner FATHERFULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST

BIRTHDAY

36

(Years)

BIRTHPLACE

OCCUPATION

COLOR

AGE AT LAST

BIRTHDAY

38

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 5Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive

(Born alive or stillborn)

at H. A. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Thos. E. Mangum MD

(Physician or midwife)

Given names added from a supplemental report.

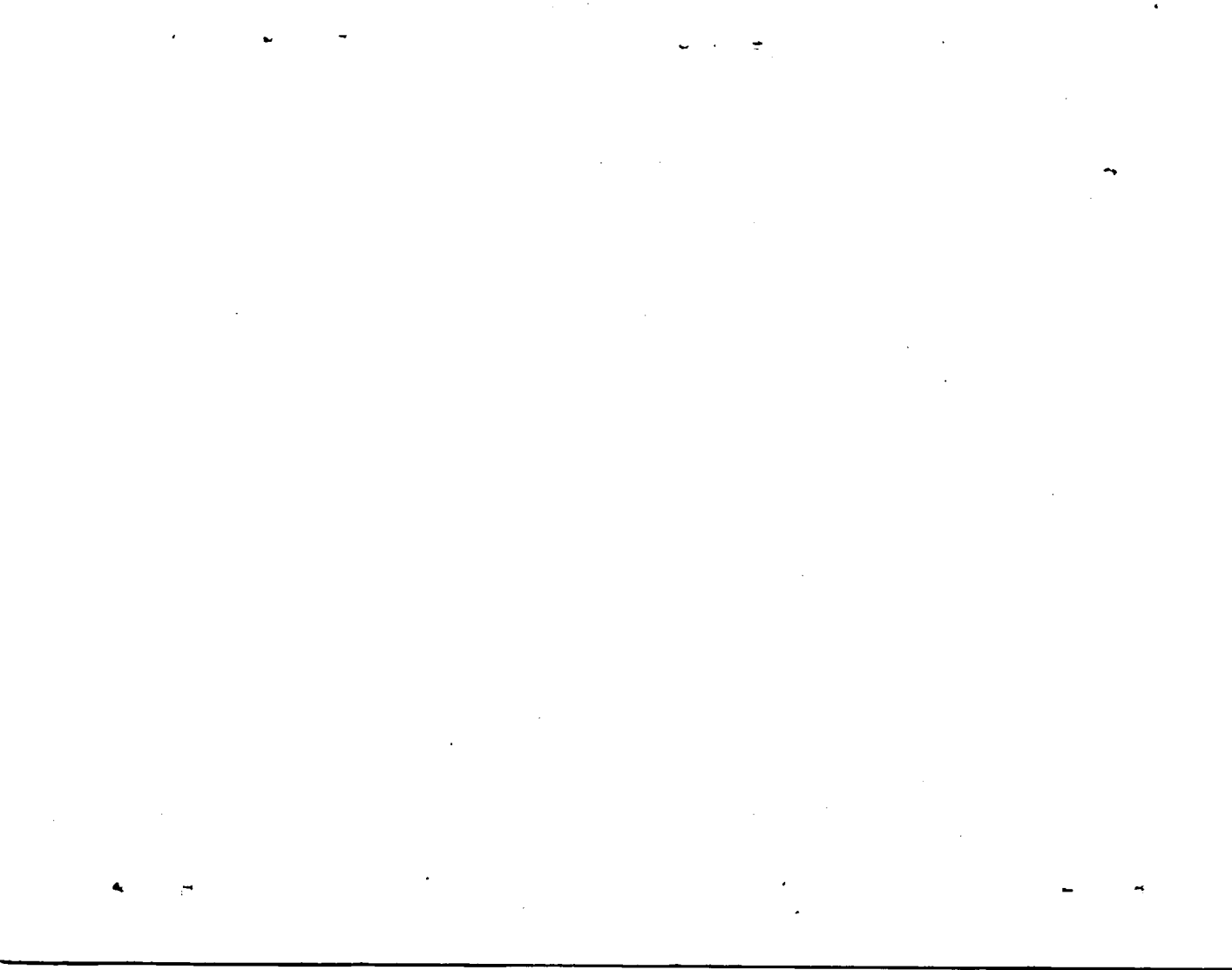
Address

File

Nampa, Ida
Mar. 20 1920 Pearle Dodds

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California } ss. APR 16 2 52 PM '85 Certificate No. 77779
County of Contra Costa Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Erma E Lois Skinner who was born on 2-10-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Nampa (Canyon) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

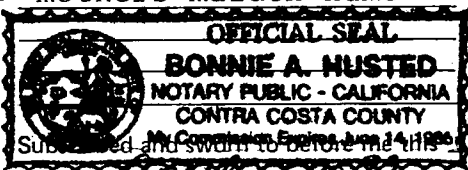
FROM

TO

mothers maiden name

Parks

Sparks



8th day of

Notary Public, Bonnie A. Husted
Residing at June 14, 1985
My commission expires Alamo, California
(Seal)

Eloise E. McVicar
Signature of Applicant
2 La Honda Ct. Danville Ca 94526
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

credit

Application for membership to the National Society of Daughters of
the American Revolution gives Lou Ella Sparks Skinner as Member.
Dated 10-18-63. Viewed by V.S.

APR 20 1982

Delayed Birth Certificate for Louella Sparks born 5-26-1890 in
Smithville, MO state file # 348105. Filed in Jefferson City MO in
8-7-52. Viewed by V.S.

559-218-014-493
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7File No. 77780

No. _____ St. _____

Primary Registration District No. 2006

Registered No. _____

Hospital Margaret SainternFULL NAME OF CHILD Valora Neil

| | | | | |
|--|--|--|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other? <u>—</u>
(To be answered only in event of plural births) | Number
and
in order
of birth <u>—</u> | Legiti-
mate? <u>yes</u> | Date of Birth <u>Jan - 15</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Valora Neil</u> | | MOTHER
FULL MAIDEN NAME <u>Lou Millard</u> | | |
| RESIDENCE <u>Melba</u> | | RESIDENCE <u>Melba</u> | | |
| COLOR <u>AS</u> | AGE AT LAST BIRTHDAY <u>46</u>
(Years) | COLOR <u>white</u> | | AGE AT LAST BIRTHDAY <u>42</u>
(Years) |
| BIRTHPLACE <u>Honolulu Mo</u> | | BIRTHPLACE <u>Fredonia Kansas</u> | | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>Housewife</u> | | |

Number of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive
on the date above stated.

(Born alive or stillborn)

at 10 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Thos E. Mangum MD

(Physician or midwife)

Given names added from a supplemental report.

Address

Nampa Idaho

Filed

Mar 20 1926Pearle Dodds

Registrar

DEC 1 1947

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

77781

County of BlaineCity of NampaRegistration District No. 7

File No. _____

No. 00 St. _____Primary Registration District No. 1006

Registered No. _____

Hospital _____

Full Name of Child

William James
(Not Named) Barnes

SEX OF CHILD

M.Twin
Triplet
or other?{ and } Number
in order
of birthLegiti-
mate?yesDATE OF
BIRTHMar 8 2020
(Month) (Day) (Year)FULL
NAMEFATHER
Wm M. BarnesFULL
MAIDEN
NAMEMOTHER
Edith E. Evans

RESIDENCE

Nampa, Ida.

RESIDENCE

Nampa, Ida.

COLOR

W.

AGE AT LAST

BIRTHDAY

31

(Years)

COLOR

White

AGE AT LAST

BIRTHDAY

27

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Clerk

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Pearle Dodds

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

Mar. 13, 1920 Pearle Dodds

Registrar

Registrar

MAR 9 1948

AUG 12 1988

AUG 12 1948

759-103.014-238

PLACE OF BIRTH

CHILD'S FIRST & MIDDLE NAME ADDED 4-8-2010 CMW

CHILD'S SEX AMENDED 5-6-2010 CMW

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CanyonCity of Nampa

No. _____ St. _____

Registration District No. 7File No. 77782

Hospital _____

Primary Registration District No. 2006

Registered No. _____

Full Name of Child

ALINE

EMILIE

Jeisler

| | | | | |
|--|---|----------------------------|---|--|
| SEX OF CHILD
<u>FEMALE</u>
<u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and } in order
of birth | Legiti-
mate? <u>Yes</u> | DATE OF
BIRTH <u>March 3rd</u>
(Month) (Day) (Year) <u>1920</u> |
| FULL
NAME
<u>John C. Jeisler</u> | FATHER | | FULL
MAIDEN
NAME
<u>Mary Schroeder</u> | MOTHER |
| RESIDENCE
<u>Nampa, Idaho</u> | | | RESIDENCE
<u>Nampa, Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>46</u>
(Years) | | COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>35</u>
(Years) |
| BIRTHPLACE
<u>Kansas</u> | | | BIRTHPLACE
<u>Germany</u> | |
| OCCUPATION
<u>Farmer</u> | | | OCCUPATION
<u>wife</u> | |

Number of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at _____ P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

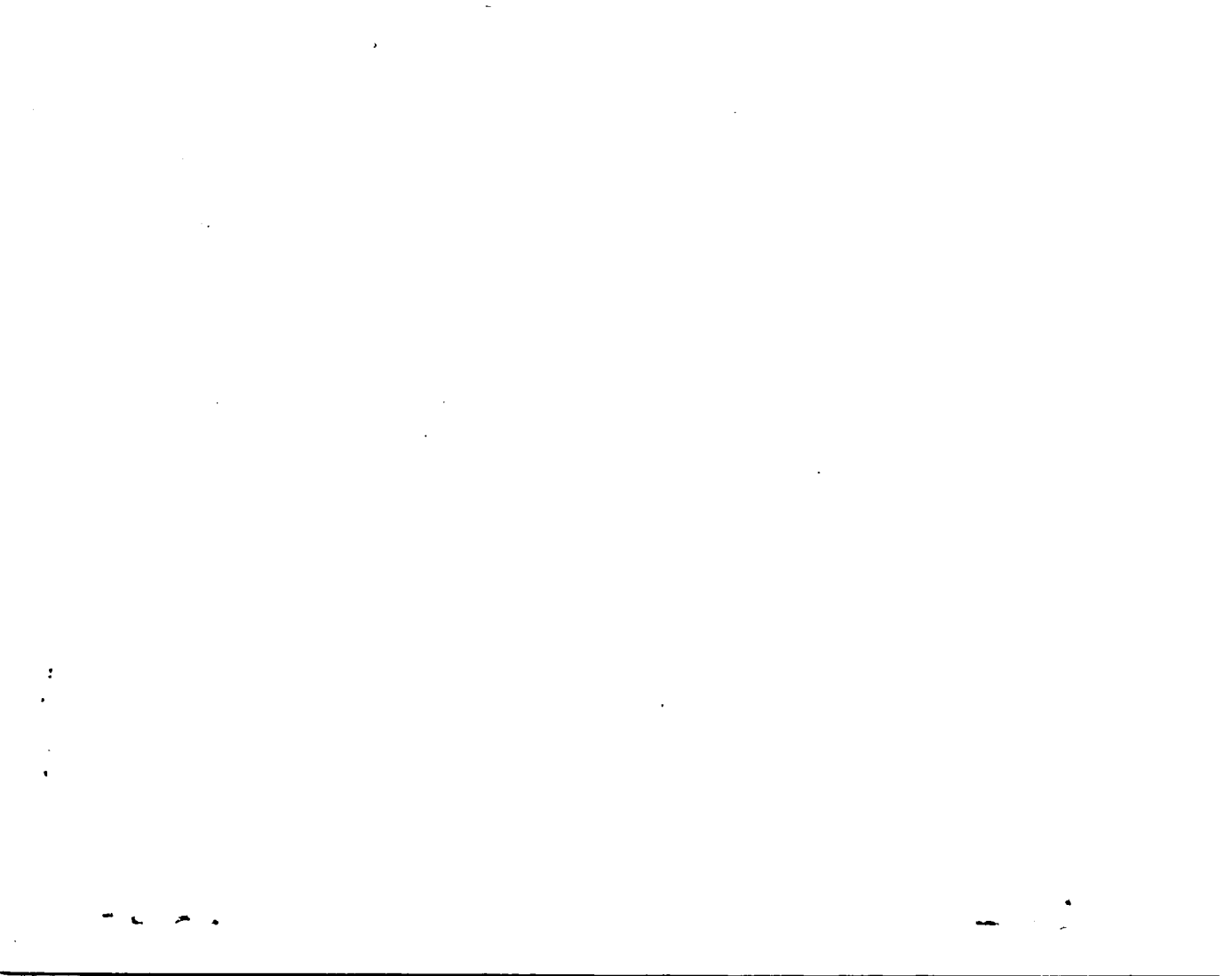
19 _____

Address _____

Filed Mar 13 1920Pearle Dadds

Registrar

Registrar



APR 26 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon }
County of Malheur } SS

Certificate No. 1920-77782

Date Filed 03/13/1920

The undersigned does solemnly swear that certain facts on the certificate of

Birth

(Birth, Death, Marriage, etc.)

for Aline Emilie Geisler
(Name on Original Certificate)

who was born
(Was Born, Died, etc.)

on 03/03/1920
(Date of Event)

in Nampa (Canyon Co), Id.
(Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED

FROM

TO

child's sex

Male

Female

Subscribed and sworn to before me this 22 day of April, 2010

Notary Public, Janean M. Erlebach

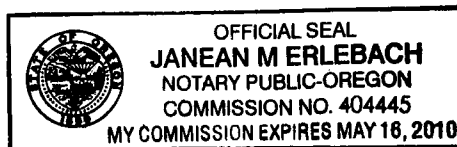
Aline Emilie Davis
Signature of Applicant

Residing at Ontario, OR

1371 SW 8th Ave #10 Ontario Ore

My commission expires May 16, 2010
(Seal)

Street Address, City, State and Zip



SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } SS

(Must be completed ☐)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Signature of Applicant

Residing at _____

My commission expires _____
(Seal)

Street Address, City, State and Zip

April 14, 2010

IDAHO MARRIAGE CERTIFICATE HAROLD RICHARD DAVIS & ALINE EMILIE
GEISSLER MARRIED 5-1-1944 VIEWED BY VS
HOLY ROSARY HOSPITAL BIRTH CERTIFICATE GARY RICHARD DAVIS BORN
10-12-1945 MOTHER'S MAIDEN NAME: ALINE E. GEISSLER VIEWED BY VS

APR 05 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of OREGON
County of Malheur } SS

Certificate No. 1920-77782
Date Filed 03/13/1920

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth _____
(Birth, Death, Marriage, etc.)
for unnamed Geissler who was born on 03/03/1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Nampa (Canyon Co), Id.
(Place of Event)
are erroneous or were omitted.

| ITEMS TO BE CORRECTED | FROM | TO |
|-----------------------|------|--------|
| child's first name | None | Aline |
| child's middle name | None | Emilie |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this 1 day of April, 2010
Notary Public, Maurice G Smith Aline Emilie Davis
Residing at ONTARIO OREGON Signature of Applicant
1221 S.W. 8th #10 Ontario Ore
My commission expires MAY 16, 2010 Street Address, City, State and Zip 97114
(Seal)



SUPPORTING AFFIDAVIT OF A SECOND PERSON
State of _____ (Must be completed ☐)
County of _____ (Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____ day of _____
Notary Public, _____ Signature of Applicant
Residing at _____
My commission expires _____ Street Address, City, State and Zip
(Seal)

March 31, 2010
SOCIAL SECURITY CARD ALINE EMILIE GEISSLER ISSUED: 6-26-1940
VIEWED BY VS
OREGON DRIVER'S LICENSE ALINE EMILIE DAVIS ISSUED: 2-15-2002
VIEWED BY VS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

365-106.014-793
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. St. Registration District No. 7 File No. 77783
Hospital Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD CHALAS RAY LOVELAND

(Certificate of no value without full name of child.)

| | | | | | |
|-----------------------|---|-------|--------------------------------|---------------------------|---|
| Sex of Child <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { | Number
in order
of birth | Legitimate?
<u>Yes</u> | Date of birth <u>Mar. 6</u> <u>1920</u>
(Month) (Day) (Year) |
|-----------------------|---|-------|--------------------------------|---------------------------|---|

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

| FATHER | | MOTHER | |
|----------------|---|------------------|---|
| FULL NAME | <u>Sim Loveland</u> | FULL MAIDEN NAME | <u>Vana Gillerman</u> |
| RESIDENCE | <u>Nampa, Idaho</u> | RESIDENCE | <u>Nampa, Idaho</u> |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>40</u>
(Years) | COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE | <u>California</u> | BIRTHPLACE | <u>Oregon</u> |
| OCCUPATION | <u>Rancher</u> | OCCUPATION | <u>Wife</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at A M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jacob Punziwy

(Physician or midwife)

Give names added from a supplemental report.

Address

Filed Mar. 13 1920 Pearle Dodds

Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Ada } ss. Certificate No. 77783
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for "Unnamed" Loveland who was born on Mar. 6, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) Viewed by Div. of Vital Statistics.
true facts are shown by Insurance Policy prepared on 1940, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Child's Name "Unnamed" Loveland Chalas Ray Loveland

Subscribed and sworn to before me this 10th day of
January, 1955
W. H. McArthur
Notary Public, residing at Boise, Idaho
My commission expires May 24, 1957
(Seal)

Signed Charles R. Milliken
(Signature of parent or attendant if correcting a birth record;
of attendant, funeral director, informant if correcting a death record; or other credible person.)
1411 N. 19th St Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 10th day of
January, 1955
W. H. McArthur
Notary Public, residing at Boise, Idaho
My commission expires May 24, 1957
(Seal)
Signed Joseph E. Snyder
(Signature of Any Credible Person)
824 Ray Drive Boise Idaho
(Street Address, City, State)

238-108-014-714
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7File No. 77784

No. _____ St.

Primary Registration District No. 2006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Harold Raymond Schultz

| | | | | | |
|--------------------------|---|-----|--------------------------------|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>April 8</u> 19 <u>00</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|-----------------------------|---|

| | |
|------------------------------------|---|
| FULL NAME
<u>Julius Schultz</u> | FATHER |
| RESIDENCE
<u>Nampa</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>58</u>
(Years) |
| BIRTHPLACE
<u>Iowa</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Nellie Paulsen</u> | MOTHER |
| RESIDENCE
<u>Nampa</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>36</u>
(Years) |
| BIRTHPLACE
<u>Iowa</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth. 7Number of children of this mother now living, including present birth. 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signatures)

born alive 11:45 AM
Geo. K. Proctor

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Filed

April 10 1920 Pearle Dodds
 Registrar

JUL 28 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299.202 014-269
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 77785

No. _____ St.

Primary Registration District No. 1806

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Dorothy

Brink

| | | | | | |
|--|--------------------------------|-----------------------------|---|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>April 2 1900</u>
(Month) (Day) (Year) |
| FULL NAME FATHER <u>Joseph W. Brink</u> | | | | | |
| RESIDENCE <u>Nampa</u> | | | | | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>38</u> | | COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> | | |
| BIRTHPLACE <u>Pennsylvania</u> | | BIRTHPLACE <u>Idaho</u> | | | |
| OCCUPATION <u>Cook</u> | | OCCUPATION <u>Housewife</u> | | | |
| FULL MAIDEN NAME MOTHER <u>Elva B. Brown</u> | | | RESIDENCE <u>Nampa</u> | | |

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

born alive, at 11:45 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

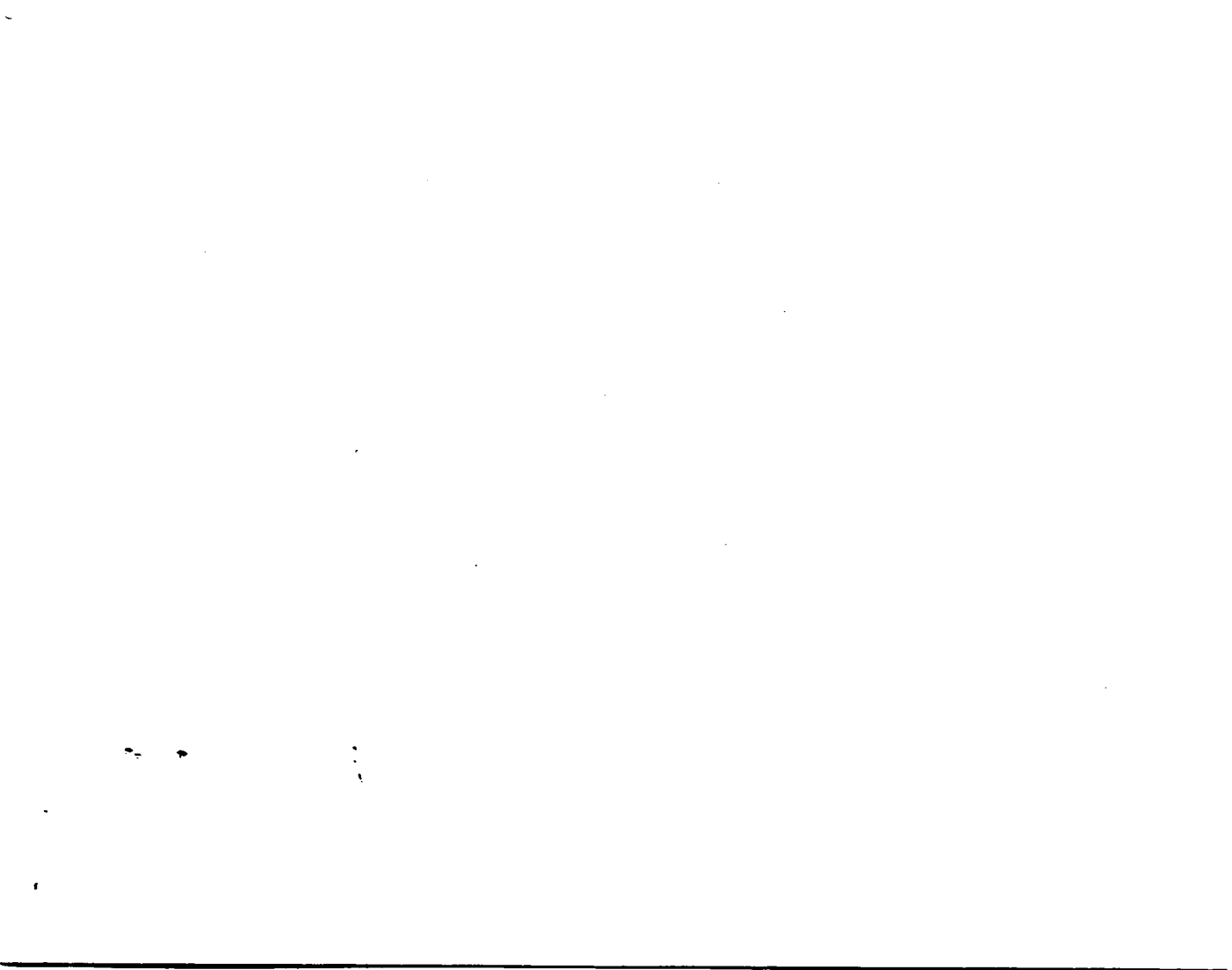
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed April 10 1900

Pearle Dodd



244-2091014-693
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

County of Canyon

City of Nampa

Registration District No. 7

File No. 77786

No. _____ St. _____

Primary Registration District No. 2006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Alice Fay Summers

| | | | | |
|----------------------------|---|---|-----------------------------|--|
| Sex of Child <u>female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth <u>one</u> } | Legiti-
mate? <u>yes</u> | Date of
Birth <u>Mar - 9 - 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|---|-----------------------------|--|

FULL NAME A. L. Summers
RESIDENCE Nampa
COLOR white AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Salina Kansas
OCCUPATION farmer

FULL MAIDEN NAME Lillie Wilson
RESIDENCE Nampa
COLOR white AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Corpus City Kansas
OCCUPATION housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

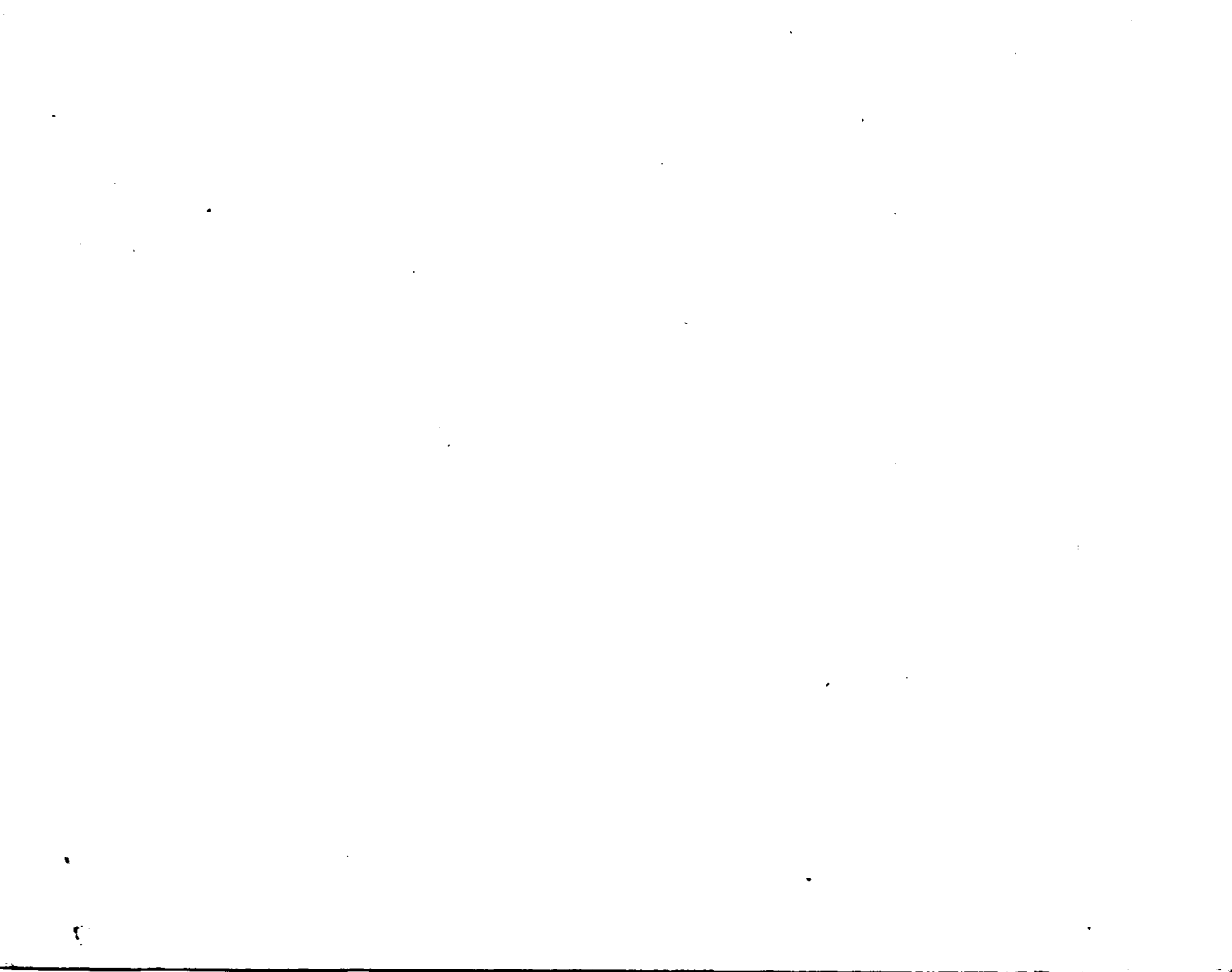
I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Mangum MD
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Ida
File April 10 1920 Pearle Dodds
Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-231014-515
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8

CERTIFICATE OF BIRTH

County of Canyon

City of Hamper

Registration District No. 7

File No. 77787

No. _____ St. _____

Primary Registration District No. 2006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Aminia Grose Hatt

| | | | | |
|----------------------------|---|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and Number in order of birth <u>1st</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Nov 31</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|---|------------------------|--|

FATHER
FULL NAME Geo M. Hatt

RESIDENCE 70 Princeton Oregon

COLOR White AGE AT LAST BIRTHDAY 3 1/4
(Years)

BIRTHPLACE Kopling Denmark

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Mary Hazel Van Don

RESIDENCE Princeton Oregon

COLOR White AGE AT LAST BIRTHDAY 2 1/4
(Years)

BIRTHPLACE N.Y. Princeton Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive, at 9 A. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E. Mangum M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Hamper Idaho
Filed April 10 1920 Pearle Dodds
Registrar

MAR 9

1942

415-131,014-296
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of CanyonCity of NampaNo. 15th ave & 10th St. SRegistration District No. 7File No. 77788Primary Registration District No. 1806

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Manning

| | | | | |
|--------------------------|---|---------------------------------------|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>Mar. 31, 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|---------------------------------------|-----------------------------|--|

FULL NAME FATHER Henry W. Manning

RESIDENCE

Nampa

COLOR

White

AGE AT LAST

BIRTHDAY

44
(Years)

BIRTHPLACE

Missouri

OCCUPATION

Grocery clerkFULL
MAIDEN
NAME

MOTHER

Ruth Brocken

RESIDENCE

Nampa

COLOR

White

AGE AT LAST

BIRTHDAY

39
(Years)

BIRTHPLACE

Illinois

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive at 10:30 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo. P. Proctor
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

19

April 10, 1920 Pearle Dodd
Registrar

665-207,014-291

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of CanyonCity of NampaRegistration District No. 7File No. 77789

No. _____ St.

Primary Registration District No. 1006

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Margaret Fern Fonda

Sex of Child

Fem.Twin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yes

Date of Birth

3-7-20
(Month) (Day) (Year)

FULL NAME

FATHER

Harry Fonda

RESIDENCE

Nampa

COLOR

White

AGE AT LAST BIRTHDAY

38
(Years)

BIRTHPLACE

Ill.

OCCUPATION

Laborer

FULL MAIDEN NAME

MOTHER

Stella Fern Branch

RESIDENCE

Nampa

COLOR

White

AGE AT LAST BIRTHDAY

36
(Years)

BIRTHPLACE

Kansas

OCCUPATION

House WifeNumber of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 1:40 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. R. Meredith M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed April 10, 1920Pearle Dodds

Registrar

JUN 5 1958

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-126-014-154
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-6-20-447

County of... Canyon

City of... Pampa

Registration District No. 7

77790

No. St.

Primary Registration District No. 2006

Registered No.

Hospital... Mercy

FULL NAME OF CHILD... Robert James Tucker

| | | | | |
|----------------------|---|--------------------------------|------------------|---------------------------------------|
| Sex of Child
male | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth | Legiti-
mate? | Date of Birth
(Month) (Day) (Year) |
| | | | yes | June 26 1920 |

| | |
|--------------------------------------|-------------------------------------|
| FULL NAME
Charles Mitchell Tucker | FATHER |
| RESIDENCE
Pampa, Idaho | |
| COLOR
white | AGE AT LAST BIRTHDAY ... 28 (Years) |
| BIRTHPLACE
Lead mine Missouri | |
| OCCUPATION
Farmer | |

| | |
|------------------------------------|-------------------------------------|
| FULL MAIDEN NAME
Mary Andersson | MOTHER |
| RESIDENCE
Pampa Idaho | |
| COLOR
white | AGE AT LAST BIRTHDAY ... 32 (Years) |
| BIRTHPLACE
Sweden | |
| OCCUPATION
Housewife | |

Number of child of this mother, including present birth... 1st
Number of children of this mother now living, including present birth... 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... Born alive... at... 2:00 P.M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature)... Mrs. A. H. Kuopio
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19...
Address...
Filed April 10 1920
Registrar... Pearle Dodds
Registrar

SEP 1 1945

419-205-016-633

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of BurleyRegistration District No. 117File No. 77791

No. _____ St.

Primary Registration District No. 2196 Registered No. 1517

Hospital _____

FULL NAME OF CHILD

Vivian

Darrington

| | | | | | |
|----------------------------|--------------------------------|-----|-----------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twins or other? <u>Triplet</u> | and | Number in order of birth <u>3</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar 5</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|--------------------------------|-----|-----------------------------------|------------------------|---|

| | |
|----------------------------------|--|
| FULL NAME <u>F.O. Darrington</u> | FATHER |
| RESIDENCE <u>Burley Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>36</u> (Years) |
| BIRTHPLACE <u>Idaho.</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|------------------------------------|--|
| FULL MAIDEN NAME <u>Mary Otley</u> | MOTHER |
| RESIDENCE <u>Burley Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>34</u> (Years) |
| BIRTHPLACE <u>Idaho.</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Patterson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida

Filed

Mar 1019 20Dr. J. C. Patterson
Registrar

Registrar



9/2/76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. 3 23 AM '77 Certificate No. 77791
County of Bingham }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Darrington who was born on March 5, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Church Records prepared on 2 May 1920; 1 July 1928 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Name Unnamed Vivian Darrington

Subscribed and sworn to before me this 15th day of
February, 1977
W. J. Hugh Owens
Notary Public, residing at Blackfoot, Idaho
My commission expires 15 March 1980
(Seal)

Signed Margaret Margum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route #4, Box 261, Blackfoot, Idaho
(Street Address, City, State) 83221

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of
February, 1977
W. J. Hugh Owens
Notary Public, residing at Blackfoot, Idaho
My commission expires 15 March 1980
(Seal)

Signed Dorothy C. Olson
(Signature of Any Credible Person)
Rt. #3, Box 73-a, Blackfoot, Id
(Street Address, City, State) 83221

Certif of Baptism and Confirmation from the LDS Church gives nameas Vivian Darrington daughter of Fred O. Darrington and Mary E. Ottley. born March 5, 1920 at Declo, Idaho. Baptized June 30, 1928. viewed by V. S.

MAR 8 1977

Certif of Blessing from the LDS Church gives name as Vivian Darrington. daughter od Fred A. Darrington and Mary E. Ottley. born March 5, 1920 at Declo, Idaho. Blessed May 2, 1920. viewed by V. S.

744-106-016-212

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-10

County of CassiaCity of BurleyRegistration District No. 117File No. 77792

No. _____ St. _____

Primary Registration District No. 2196Registered No. 1518

Hospital _____

FULL NAME OF CHILD

A. ScottGudmundsen Jr

Sex of Child

MaleTwin
Triplet
or other?
(To be answered only in event of plural births){ and { Number
in order
of birth

Legitimate?

yes.

Date of Birth

Mar 6 1920
(Month) (Day) (Year)

FULL NAME

A. Scott Gudmundsen

FATHER

RESIDENCE

Burley Ida.

COLOR

White

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Idaho.

OCCUPATION

Real Estate

FULL MAIDEN NAME

Maud Bassett

MOTHER

RESIDENCE

Burley Ida

COLOR

White

AGE AT LAST BIRTHDAY

28
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. J. C. Patterson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed

Mar. 10th 1920 D. J. C. Patterson

Registrar

Registrar

6-10-41 W. J.

-296-207.016-413

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 77793

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1519

Hospital _____

FULL NAME OF CHILD Catherine MacGilp Brown

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>Mar 7</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|---|

FULL NAME FATHER James R. BrownRESIDENCE Burley Ida.COLOR White AGE AT LAST BIRTHDAY 32
(Years)BIRTHPLACE ScotlandOCCUPATION Real EstateFULL MAIDEN NAME MOTHER Christina MacgilpRESIDENCE Burley Ida.COLOR White AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE ScotlandOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:20 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. C. Patterson
M.D.

(Physician or midwife)

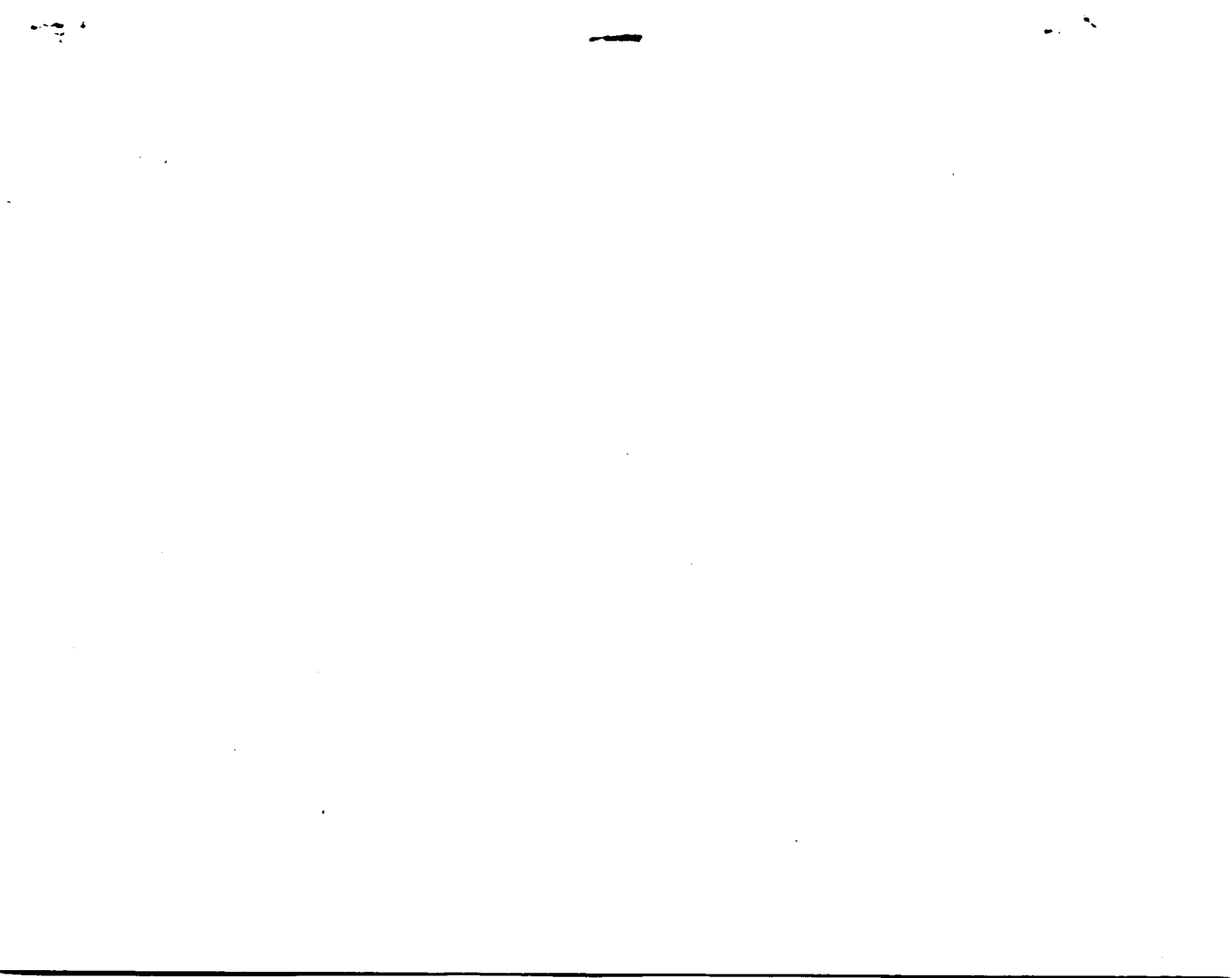
Given names added from a supplemental report.

19 _____

Address Burley, Ida.
Filed Mar 10 1920 W. J. C. Patterson

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of
County of
Certificate No. 77793
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Brown (female child) who was born on March 7, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Full Name of Child Unnamed Catherine MacGilp Brown

Subscribed and sworn to before me this day of
....., 19.....

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Clark } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of

May, 1965.

Notary Public, residing at Pamas, Wash.
My commission expires Jan. 25, 1968
(Seal)

Signed Howard C. Hall
(Signature of Any Credible Person)

935 N.E. 6th Pamas, Wash.
(Street Address, City, State)

Certificate of Baptism, First Presbyterian Church, Burley, Idaho, baptized Sept. 12, 1920 gives full name as Catherine MacGilp Brown, born March 7, 1920 at Burley, Idaho to J.R. Brown and Christina Brown - viewed by V.S.

MAY 20 1965

Eastern Washington College of Education, Cheney, Washington, Three-year Elementary Certificate, dated March 20, 1942 gives full name as Catherine MacGilp Brown - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

252-108,016-645
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Cassia
City of Burley
No. _____ St. _____
Hospital _____
AMENDED
February 4, 1947
Registration District No. 117
Primary Registration District No. 2196
File No. 77794
Registered No. 1520

FULL NAME OF CHILD Rex Sessions
(Certificate of no value without full name of child.)

| | | | |
|---|---|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u> </u> and <u> </u> { Number in order of birth <u> </u> | Legitimate? <u>Yes</u> | Date of birth <u>March 8</u> 192 <u>0</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | |

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 1

| FATHER | | MOTHER | |
|--------------------|--|--------------------|--|
| FULL NAME | <u>S. E. Sessions</u> | FULL MAIDEN NAME | <u>Zatelle Funk</u> |
| RESIDENCE | <u>Burley, Idaho</u> | RESIDENCE | <u>Burley, Idaho</u> |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>31</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u> (Years) |
| BIRTHPLACE | <u>Idaho</u> | BIRTHPLACE | <u>Colorado</u> |
| OCCUPATION | <u>Farmer</u> | OCCUPATION | <u>Housewife</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Burley, Ida.

Filed March 15, 1920 Dr. J. C. Patterson

Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California }
County of Los Angeles } ss.

Certificate No. 77794
Date Filed Mar. 15, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth
for Rex Reginald Sessions who born on March 8, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Burley, Idaho (Place of event) (have dropped middle name and now I apply for cert..
facts as shown by passport to read Rex Sessions on June 3, 1941, are:
(Bible record, insurance policy, etc.) (Give date)

| | | |
|--|------------------------------|---------------------|
| FACTS TO BE CORRECTED | FROM | TO |
| ("Name", "birth date", "cause of death", etc.) | (As on original) | (The correct facts) |
| <u>name</u> | <u>Rex Reginald Sessions</u> | <u>Rex Sessions</u> |

Subscribed and sworn to before me this 27th
day of January, 1947
Charles F. Middleton
Notary Public, residing at Compton
My commission expires Sept. 27, 1950
[SEAL]

Signed Rex Sessions
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death
record; or other credible person)
6516 1/2 Orange St.
Los Angeles 36, Calif.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California }
County of Los Angeles } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of January, 1947
Charles F. Middleton
Notary Public, residing at Compton
My commission expires Sept. 27, 1950
[SEAL]

Signed Mrs. Carl B. Bradshaw
(Signature of any credible person other than the previous affiant)
6516 1/2 Orange St.
Los Angeles 36, Calif.
(Street Address, City, State)

Received for filing on _____ by _____
(Registrar's signature)

967 5. 1957

188 2 1947



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

473-211-016-818
Issued 1/9/70
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117File No. 77795

No. _____ St.

Primary Registration District No. 2196Registered No. 1521

Hospital _____

FULL NAME OF CHILD

ILA MAE

McLaws

Sex of Child Female { Twin Triplet or other? } and { Number in order of birth }
(To be answered only in event of plural births)

Legiti mate? yes

Date of Birth Mar 11 1920
(Month) (Day) (Year)

FULL NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FATHER

AGE AT LAST BIRTHDAY

IdahoFarmer

FULL MAIDEN NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

AGE AT LAST BIRTHDAY

UtahHousewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was normal, at 7:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

(Physician or midwife)

Address

Filed

Registrar

Registrar

REAG, ROBERT D.
1000 12 27 1968
1000 12 27 1968

RECEIVED
DEC 3 1968

6-30-69

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss. **RECEIVED**
County of Lincoln } **AUG 20 1969**

Certificate No. 77795Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed McClaus who was born on Mar 11, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name of child Unnamed McClausLast name of father McClausMcClausMcLaws

Subscribed and sworn to before me this 29 day of December 1969

Notary Public, residing at

My commission expires 1-14-73

(Seal)

Signed Melvin McLaw
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Melvin McLaw
(Street Address, City, State) Box 3291
Sweet Home, Or.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of September, 1969

Notary Public, residing at

My commission expires 8-18-73

(Seal)

Signed Glenn Mac Savage
(Signature of Any Credible Person)

210 Elm Street
(Street Address, City, State) Bozeman, MT

Own child's birth certificate on file - Idaho # 289480 gives name of mother as Ila Mae McLaws. Child born Jan 20, 1940.
Viewed by V.S.

JAN 9 1970

Certificate of Baptism and Confirmation dated Sept. 1, 1929 gives name as Ila Mae McLaws born March 11, 1920 in Burley, Idaho. Signed by George F. Smith.
Viewed by V. S.

248-225-016-621

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117 File No. 77796

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1529

Hospital _____

FULL NAME OF CHILD

Mabel Suyenobu

| | | | | | |
|----------------------------|----------------------------------|-----|-----------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>No</u> | and | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar. 25</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|----------------------------------|-----|-----------------------------------|------------------------|---|

| | |
|------------------------------|--|
| FULL NAME <u>Y. Suyenobu</u> | FATHER |
| RESIDENCE <u>Burley Ida</u> | |
| COLOR <u>Japanese</u> | AGE AT LAST BIRTHDAY <u>41</u> (Years) |
| BIRTHPLACE <u>Japan</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|-----------------------------------|--|
| FULL MAIDEN NAME <u>M. Okashi</u> | MOTHER |
| RESIDENCE <u>Burley Ida</u> | |
| COLOR <u>Japanese</u> | AGE AT LAST BIRTHDAY <u>30</u> (Years) |
| BIRTHPLACE <u>Japan</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:20 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.

(Physician or midwife)

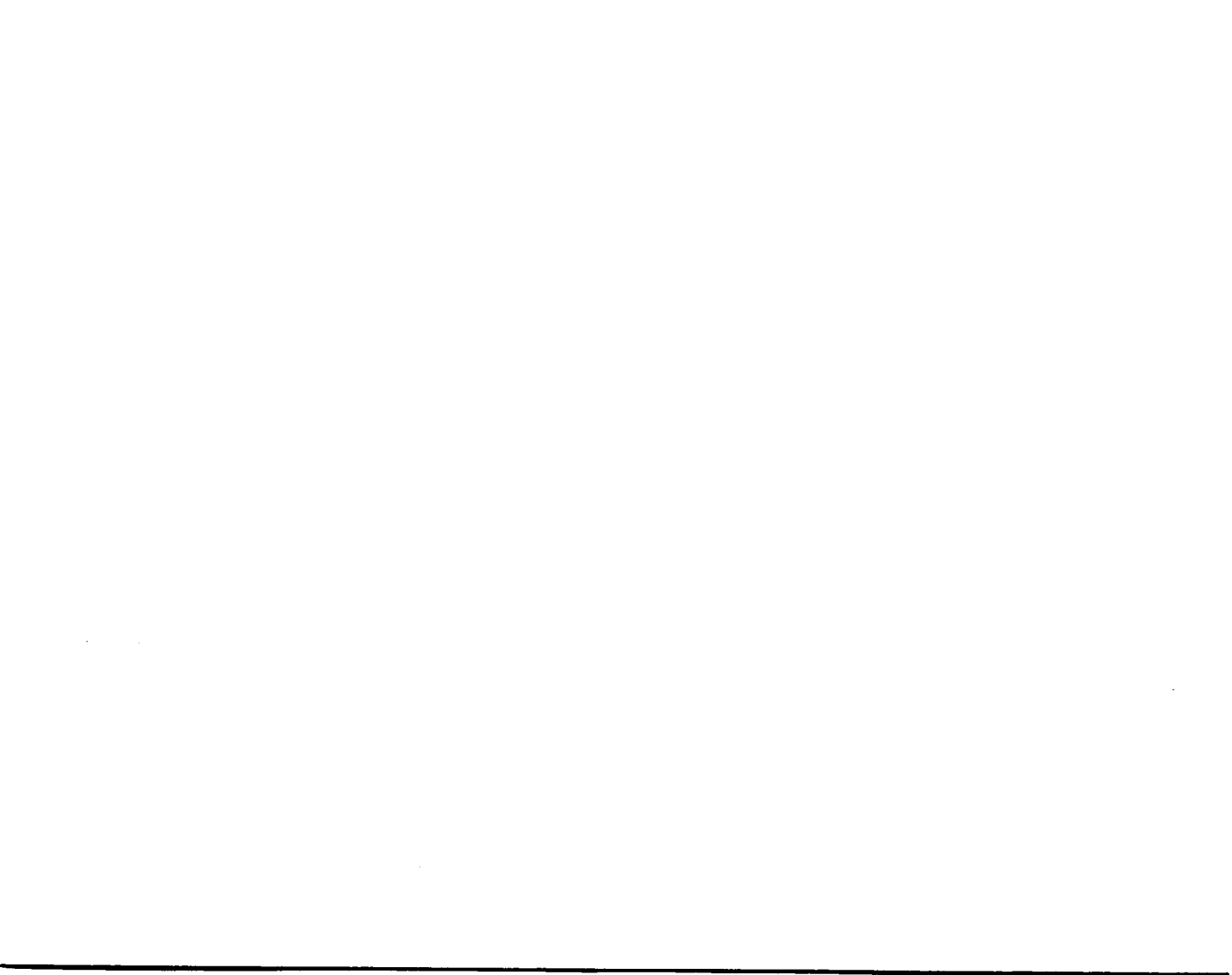
Given names added from a supplemental report.

Address Burley, Ida.Filed Feb. 30 1920 Dr. J. C. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH

219-12670 0163331
County of CassiaSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCity of HeclaRegistration District No. 117 File No. 77797

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1523

Hospital _____

FULL NAME OF CHILD

James L. Barrus

| | | | | |
|--------------------------|---|--|----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth
{ <u>1st</u> } | Legiti
mate? <u>Yes</u> | Date of Birth <u>Mar 26</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--|----------------------------|--|

FATHER

FULL NAME E. Barrus

RESIDENCE Hecla, Ida

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Mar Clark

RESIDENCE Hecla, Ida

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 10 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Patterson
M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Burley, Ida.

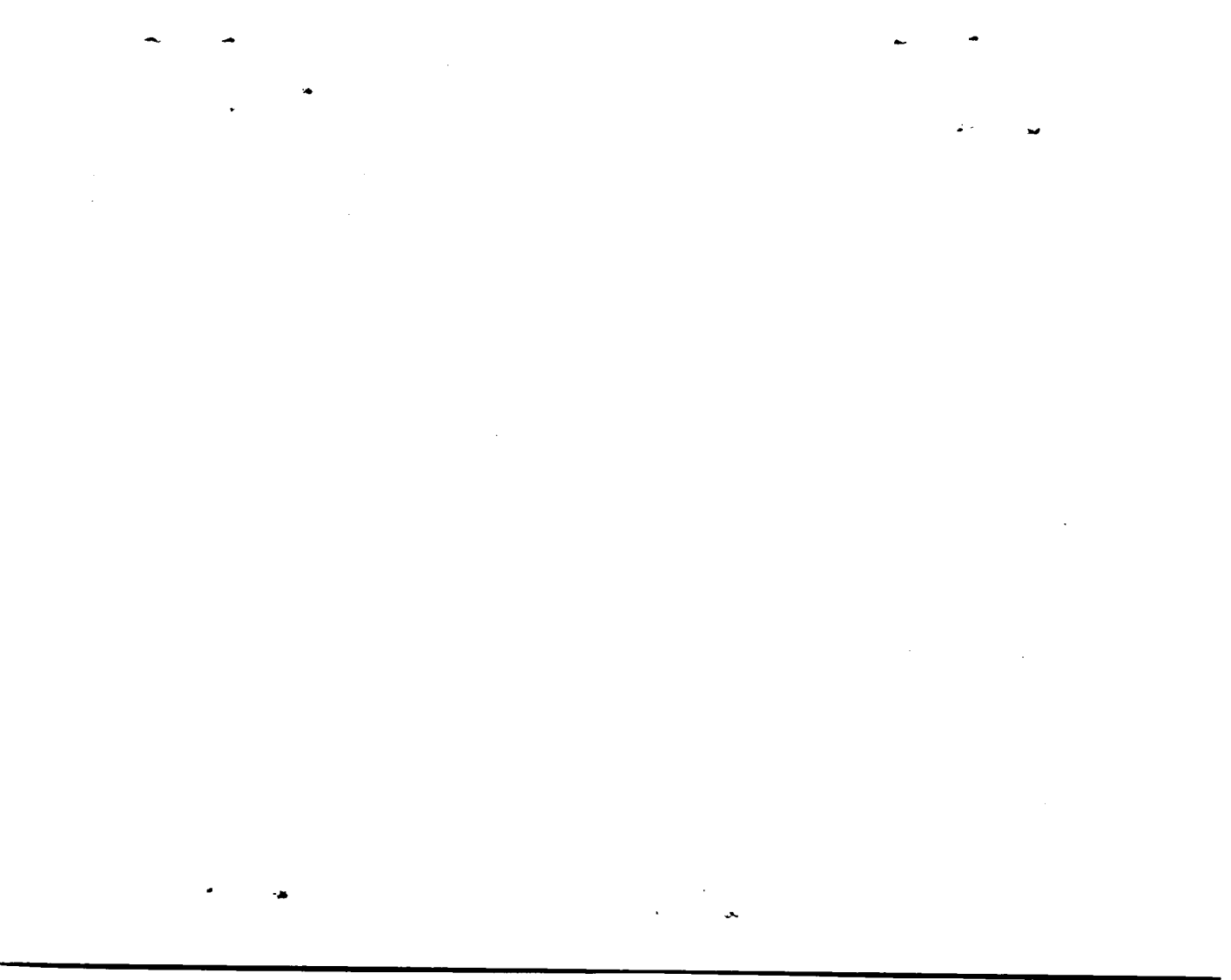
Filed

Mar 30 1920Dr. J. C. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 77797
County of Cassia }
The undersigned does solemnly swear that certain facts on the certificate of Birth
for James L. Barrus who was born on Mar. 26, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Dec. Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by _____ prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)
FACTS TO BE CORRECTED **FROM** **TO**
(“Name”, “birth date”, “cause of death”, etc.) (As on original) (The correct facts)

name to be added to record no name given James L. Barrus

Subscribed and sworn to before me this 18th
day of August, 1941

Notary Public, residing at _____

My commission expires June 1, 1944
[SEAL]

Signed May Clark Barrus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Burley, Idaho - Br 44
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Cassia }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of August, 1941

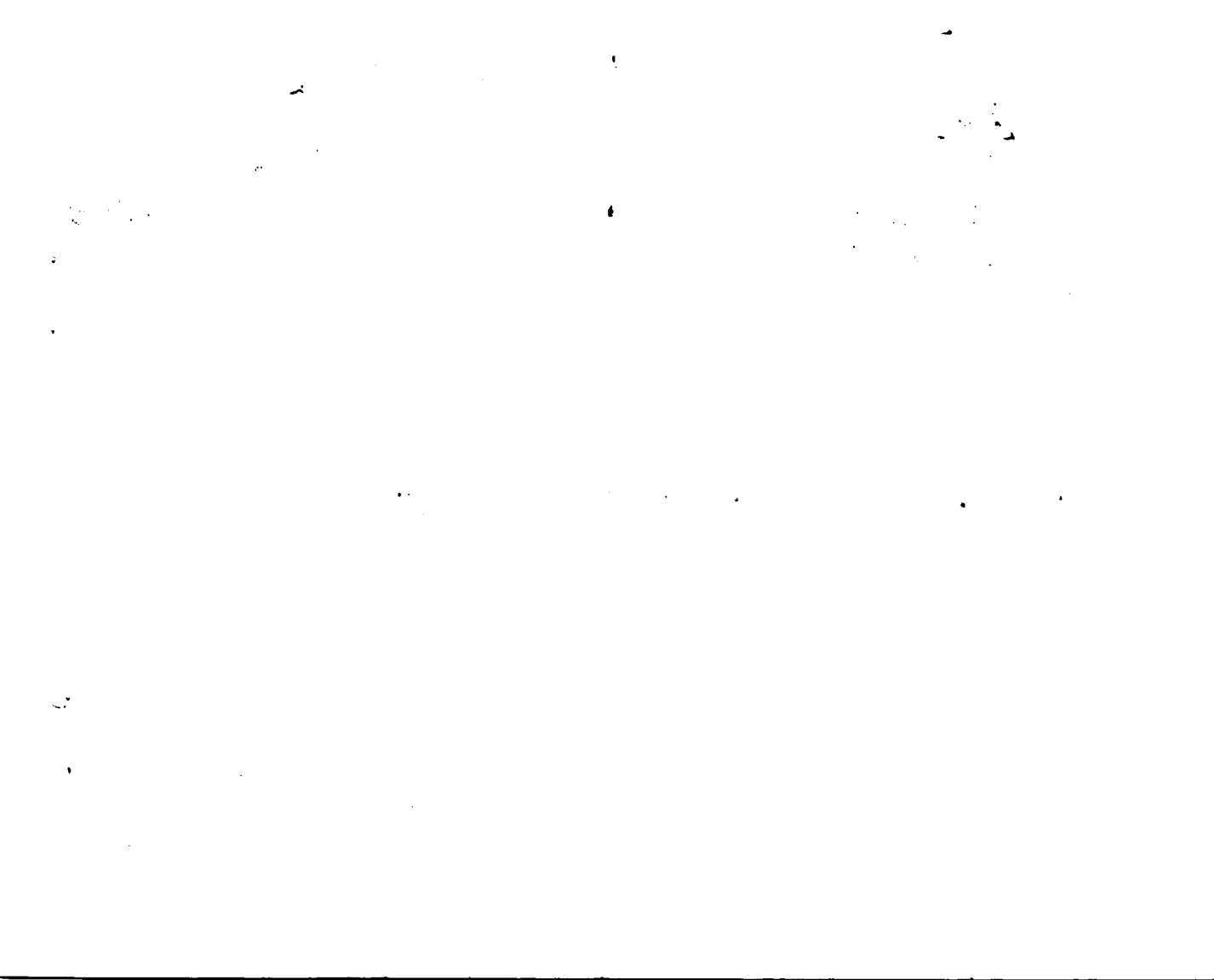
Notary Public, residing at _____

My commission expires June 1, 1944
[SEAL]

Signed James L. Barrus
(Signature of any credible person other than the previous affiant)

Burley, Idaho
(Street Address, City, State)

Received for filing on _____ by _____
(Registrar's signature)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

993-122.016-318

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-10

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Registration District No. 117

File No. 77798

Hospital _____

Primary Registration District No. 2196 Registered No. 1524

FULL NAME OF CHILD

HAROLD REYNOLDS Richardson

| | | | | | |
|--------------------------|--|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Male</u> | Twins
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>Mar 22</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|--|-----|--------------------------------|----------------------------|--|

FATHER
FULL NAME W. Richardson
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Utah
OCCUPATION Concrete Man

MOTHER
FULL MAIDEN NAME Irene Carlson
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.

Filed Mar 30 1920 Dr. J. C. Patterson
Registrar

Registrar

CHAD CO. STATE
BUREAU OF VITAL STATISTICS
STATE OF IDAHO
DATE OF BIRTH

DATE OF BIRTH

OCT 9 1963

JUN 18 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

313-189-016-434

PLACE OF BIRTH

Amended 6/6/78

Form V. S. No. 11-C-25m-7-31-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Registration District No. 117

File No. 77799

Hospital _____

Primary Registration District No. 2196

Registered No. 1525

FULL NAME OF CHILD

Wayne M.

Call

| | | | | | |
|--------------------------|---|-----|--------------------------------|-------------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate?
<u>yes</u> | Date of
Birth
<u>Mar 19</u>
(Month) (Day) (Year)
<u>1920</u> |
|--------------------------|---|-----|--------------------------------|-------------------------------|--|

FATHER
FULL NAME A. W. Call
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Lydia M. Murray
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 25
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:35 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.
Filed Apr. 30 1920 D. J. C. Patterson
Registrar

Registrar

CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Amended 6/10/75
PLACE OF BIRTH

County of _____

N.B.—In case of death, the number of copies in order of birth stated.

AMBLE DIVISION WITH CENSUSING DEPT.—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of
County of
Certificate No. 77799
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Call (Male) who was born on Mar 19, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley, Idaho (Cassia) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name Unnamed Wayne M. Call

Subscribed and sworn to before me this 12 day of May, 1978
Robert M. Sogren
Notary Public, residing at Burley, Idaho
My commission expires 9-15-78
(Seal)

Signed Lydia Call
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1049 Tugan Ln. Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of May, 1978
Robert M. Sogren
Notary Public, residing at Burley, Idaho
My commission expires 9-15-78
(Seal)

Signed Gene Walber
(Signature of Any Credible Person)
630 E. 17th Burley, Idaho
(Street Address, City, State)

Certif of birth from the LDS Church gives name as Wayne M. Call born March 19, 1920 in Burley, Idaho. Father's name as Aaron W. Call and mother's maiden name as Lydia ~~McMurray~~ McMurry. entered on record ~~July~~ July 4, 1920. viewed by V. S.

JUN 7 1978

It is Mc Murray

Honorable Discharge from the U.S.Army gives name as Wayne M. Call. born March 19, 1920 in Burley, Idaho. date of separation Sept 22, 1945. viewed by V. S.

MARGIN RESERVED FOR BUREAU OF VITAL STATISTICS
WRITE PLAINLY WITH UNFADING INK—THIS IS
N. B. In case of more than one child at birth a SEPARATE REPORT
and the number of each, in order of birth, must be given.

719-220-016-669

OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 31-0-25m-8-8-17

CERTIFICATE OF BIRTH

77801

Registration District No. 117

File No.

No. St.

Primary Registration District No. 2196

Registered No. 15-27

Hospital

FULL NAME OF CHILD

Gardner

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>and</i> { Number in order of birth (To be answered only in event of plural births) | Legitimate? <i>yes</i> | Date of Birth <i>Feb 20 1920</i>
(Month) (Day) (Year) |
| FULL NAME <i>Mr. W. M. Gardner</i> | FATHER | FULL MAIDEN NAME <i>Edith workman</i> | MOTHER |
| RESIDENCE <i>Burley</i> | | RESIDENCE <i>Burley</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>43</i>
(Years) | COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>38</i>
(Years) |
| BIRTHPLACE <i>Nebraska</i> | | BIRTHPLACE <i>Nevada</i> | |
| OCCUPATION <i>Thinning</i> | | OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth 10. Number of children of this mother now living, including present birth 10.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

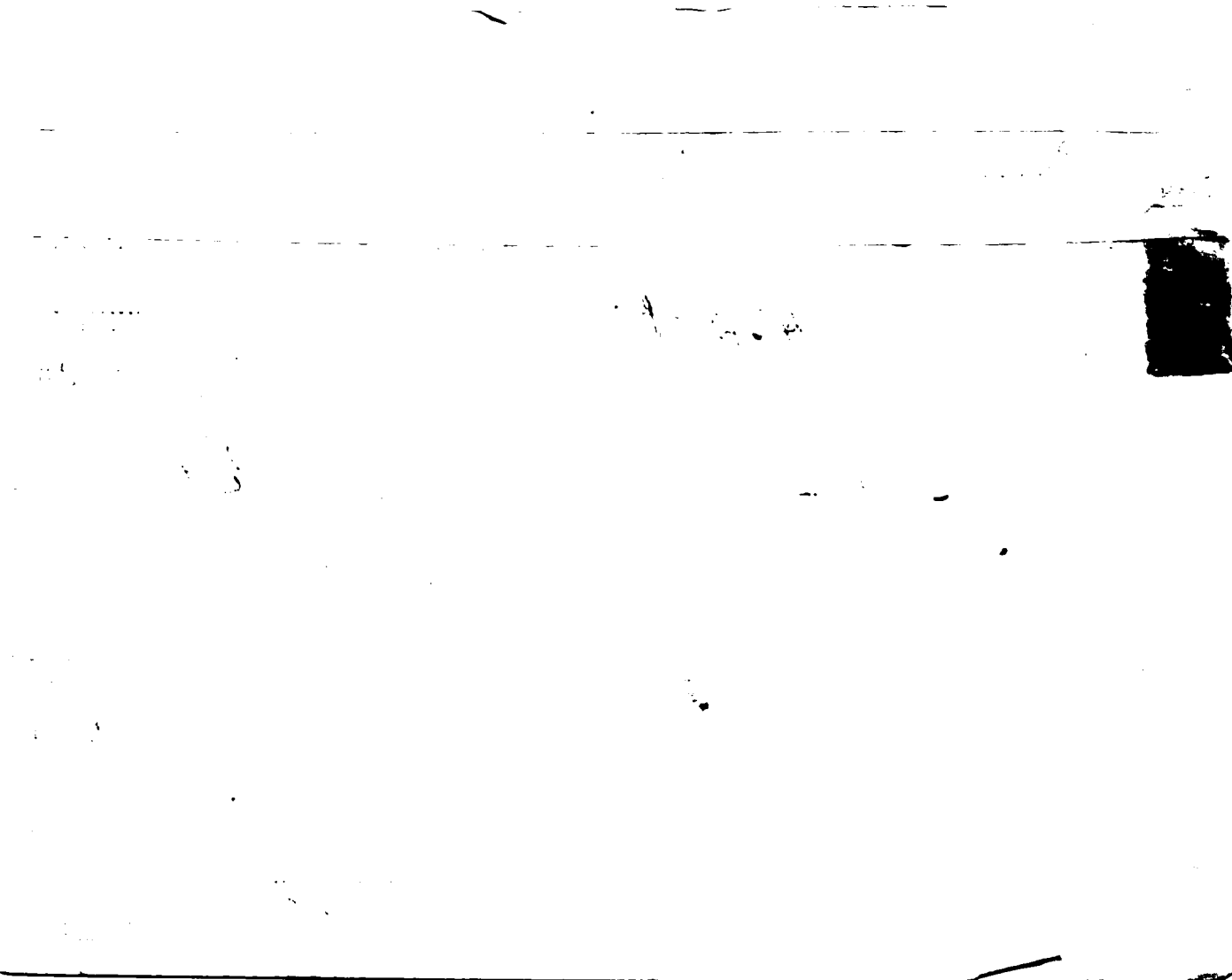
I hereby certify that I attended the birth of this child, who was *Born alive* at *4:35 PM* on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. H. Butler*
(Physician or midwife)

Given names added from a supplemental report.

Address *Burley*
Filed *Feb 30 1920* *Dr. J. C. Patterson*
Registrar



MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth—SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-105-016-163

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—22m-2-2-17

County of... *Cassia*...

City of... *Burley*...

Registration District No. *117*

File No. *77802*

No. *St.*

Primary Registration District No. *2196*

Registered No. *1528*

Hospital

FULL NAME OF CHILD *William Wood Chas. Donald*

| | | | |
|--------------------------|--|------------------------|---|
| Sex of Child <i>Male</i> | Twin Triplet or other? <i>and</i> { Number in order of birth | Legitimate? <i>yes</i> | Date of Birth <i>March 5</i> 1920
(Month) (Day) (Year) |
|--------------------------|--|------------------------|---|

| | |
|---|---|
| FULL NAME <i>FATHER</i>
<i>Mr Chas. W. Wood</i> | FULL MAIDEN NAME <i>MOTHER</i>
<i>Miss Nora Jolley</i> |
| RESIDENCE <i>Burley</i> | RESIDENCE <i>Burley</i> |
| COLOR <i>white</i> AGE AT LAST BIRTHDAY <i>43</i> (Years) | COLOR <i>white</i> AGE AT LAST BIRTHDAY <i>25</i> (Years) |
| BIRTHPLACE <i>Iowa</i> | BIRTHPLACE <i>Utah</i> |
| OCCUPATION <i>carpenter</i> | OCCUPATION <i>Housewife</i> |

Number of child of this mother, including present birth *4* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

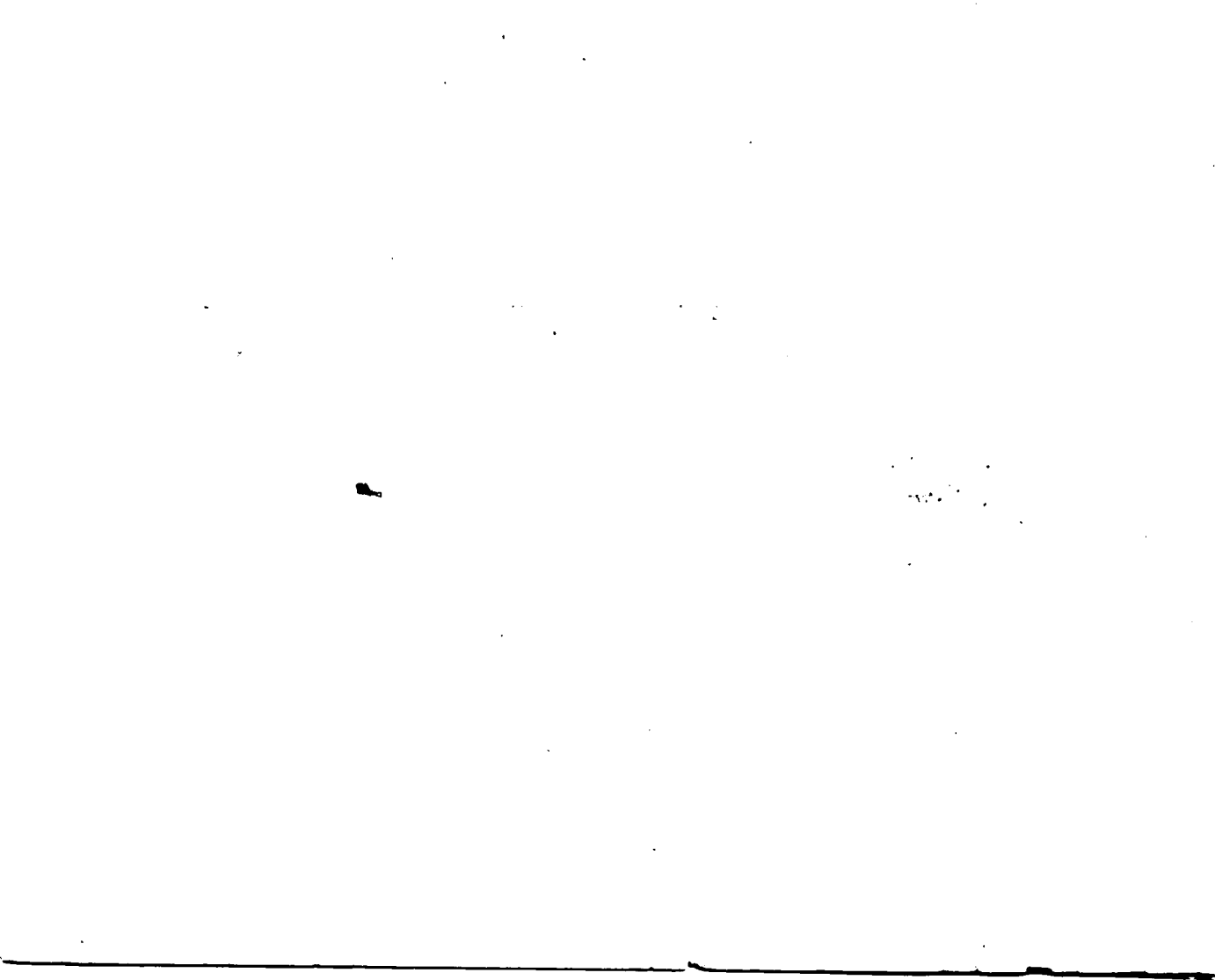
I hereby certify that I attended the birth of this child, who was *alive* at *11:30 P.M.* on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. H. Culler*
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address *Burley*
Filed *March 30* 1920 *Dr. J. E. Patterson*
Registrar



315-128-016-497

PLACE OF BIRTH

County of... *Cassia*City of... *Burley*No. *St.*

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-22m-4-2-17

CERTIFICATE OF BIRTH

Registration District No. *117*File No. *77803*Primary Registration District No. *2196*Registered No. *1529*

Hospital

FULL NAME OF CHILD

| | | | | |
|--|--|------------------------------|--|--|
| Sex of Child <i>Male</i> | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? <i>Yes</i> | Date of Birth <i>Feb 28</i> 192 <i>0</i>
(Month) (Day) (Year) |
| FATHER
FULL NAME <i>Mr. Geo. Sandberg</i>
RESIDENCE <i>Burley</i>
COLOR <i>white</i>
AGE AT LAST BIRTHDAY <i>36</i> (Years)
BIRTHPLACE <i>Norway</i>
OCCUPATION <i>Laborer</i> | | | MOTHER
FULL MAIDEN NAME <i>Lois Dixon</i>
RESIDENCE <i>Burley</i>
COLOR <i>white</i>
AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>Oregon</i>
OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth... *3* ... Number of children of this mother now living, including present birth... *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... *Born alive* ... at... *7-30* ... on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. H. Hunter*

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address *Burley*

.....19.....

Filed *Feb. 30* 19*20* *Dr. J. C. Patterson*

Registrar

Registrar

249.110.016-256
PLACE OF BIRTHCounty of *Cassia*.....City of *Burley*.....

No.St.

Hospital.....

FULL NAME OF CHILD *Elmo Grant Burgess*STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22p-2-17

Registration District No.117.....

File No.77804.....

Primary Registration District No.2196.....

Registered No.1530.....

| | | | | |
|---|--|--|--|--|
| Sex of Child <i>Male</i> | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? <i>yes</i> | Date of Birth <i>March 10 1924</i>
(Month) (Day) (Year) |
| FATHER
FULL NAME <i>Mr. Riley Burgess</i>
RESIDENCE <i>Burley</i> | | | MOTHER
FULL MAIDEN NAME <i>Lynn Snow</i>
RESIDENCE <i>Burley</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>35</i>
(Years) | COLOR <i>white</i> AGE AT LAST BIRTHDAY <i>23</i>
(Years) | | |
| BIRTHPLACE <i>Utah</i> | | BIRTHPLACE <i>Utah</i> | | |
| OCCUPATION <i> farming</i> | | OCCUPATION <i>Housewife</i> | | |

Number of child of this mother, including present birth.....4... Number of children of this mother now living, including present birth.....3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *6:30 A.M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. H. Hunter*M.D.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address *Burley*Filed *March 30 1924* *W. J. C. Patterson*

Registrar

Registrar

5/20/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

572.209.016-964
PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-2-17
STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of... *Cassia*

City of... *Burley*

Registration District No. *117*

File No. *77805*

No. *St.*

Primary Registration District No. *2196*

Registered No. *1531*

Hospital

FULL NAME OF CHILD *Keneda Melissa Egbert*

| | | | |
|----------------------------|---|------------------------|---|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i></i> and Number in order of birth <i></i> | Legitimate? <i>yes</i> | Date of Birth <i>March 9</i> 19 <i>26</i>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|---|

| | |
|---------------------------------|--|
| FULL NAME <i>Chas J. Egbert</i> | FATHER |
| RESIDENCE <i>Burley</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>23</i> (Years) |
| BIRTHPLACE <i>Utah</i> | |
| OCCUPATION <i>Farming</i> | |

| | |
|---|--|
| FULL MAIDEN NAME <i>Melissa Jane Roundell</i> | MOTHER |
| RESIDENCE <i>Burley</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>18</i> (Years) |
| BIRTHPLACE <i>Utah</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth... *1*..... Number of children of this mother now living, including present birth... *1*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... *Born alive* ... at *1:20* P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *P. K. Hunter* ...
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address.....

.....

Filed *March 30* 19*26* *D. J. C. Patterson*

Registrar

Registrar

DEC 18 1943

843201 016-847

PLACE OF BIRTH

name added 2-2-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—Rev. 4-2-17

County of... *Cassia*

CERTIFICATE OF BIRTH

City of... *Burley*

Registration District No. *117*

File No. **77806**

No. *St.*

Primary Registration District No. *2196*

Registered No. *1532*

Hospital

FULL NAME OF CHILD *Irene Ellen Hutton*

| | | | |
|----------------------------|---|------------------------|---|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i></i> and { Number in order of birth <i></i> | Legitimate? <i>yes</i> | Date of Birth <i>March 1</i> 192 <i>0</i>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|---|

| | |
|-----------------------------------|---|
| FULL NAME <i>Mr. A. W. Hutton</i> | FATHER |
| RESIDENCE <i>Burley</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>22</i> (Years) |
| BIRTHPLACE <i>Montana</i> | |
| OCCUPATION <i>Clerk</i> | |

| | |
|-------------------------------------|---|
| FULL MAIDEN NAME <i>Anna Hutton</i> | MOTHER |
| RESIDENCE <i>Burley</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>17</i> (Years) |
| BIRTHPLACE <i>Montana</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth.../..... Number of children of this mother now living, including present birth.../.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

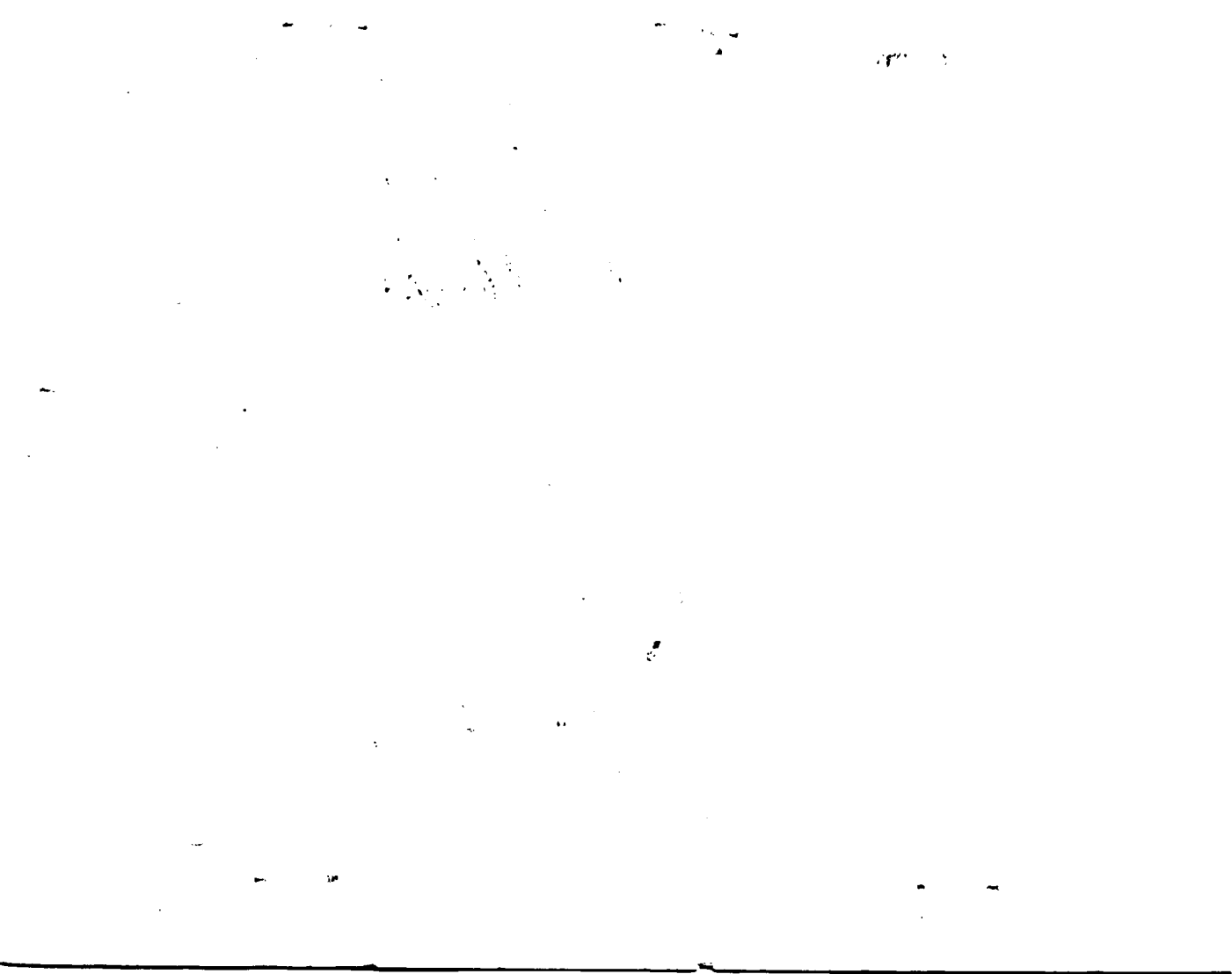
I hereby certify that I attended the birth of this child, who was..... *Born alive* at..... *9:45 P.M.* on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. J. C. Patterson*
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address..... *Burley*
Filed *March 30 1920* *Dr. J. C. Patterson*
Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of MichiganCounty of Wayne

ss.

Certificate No. 77806

Date Filed

birth

DEC 10 11 03 AM '81

The undersigned does solemnly swear that certain facts on the certificate of

for Unnamed Hutton

(Name on Original Certificate)

who

was born

on

3-1-20

(Was Born, Died, etc.)

(Date of Event)

in Burley (Cassia)

(Place of Event)

are erroneous or were omitted:

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedIrene Ellen HuttonSubscribed and sworn to before me this 3rd day ofDecember, 1981.

Notary Public

Clarence Bumpus

Residing at

Wayne County

CLARENCE BUMPUS

My commission expires

Notary Public, Wayne County, MI

(Seal)

My Commission Expires July 15, 1985

X Irene E. McCall

Signature of Applicant

10471 Duprey, Detroit, MI 48224

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OregonCounty of Mult.

ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day ofDecember, 1981.

Notary Public,

Thurston T. Harris, Jr.

Residing at

Portland, Oregon

My commission expires

2-16-82

(Seal)

X Irene E. McCall (Mother)

Supporting Signature

3724 N.E. Roselawn, Portland, Oregon 97211

Street Address, City, State

1 cc pd

FEB 2 1982

Registration Form 1926-1927 for Principals Office at Gregory Heights School gives Irene Ellen Hutton born on March 1, 1920 in Burley, Idaho. Viewed by V.S.

Marriage License from Wayne County, Michigan gives Robert W. McCall, Jr and Irene E Hutton were married at Detroit on the 14th of May 1941. Viewed by V.S.

"217-208-016-743
PLACE OF BIRTH

Form V. S. No. 11-0-25a-7-21-29

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of Burley

No. _____ St. _____

Registration District No. 117 File No. 77807

Hospital _____

Primary Registration District No. 2196 Registered No. 1532FULL NAME OF CHILD ANNA MAY SAXTON

| | | | | | |
|----------------------------|---|---------|--------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { and } | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>Feb 28</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|---------|--------------------------------|----------------------------|--|

| | |
|-------------------------------|---|
| FULL NAME <u>Wm S Saxton</u> | FATHER |
| RESIDENCE <u>Burley Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE <u>Upton, Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Kathryn Kathleen Pulver</u> | MOTHER |
| RESIDENCE <u>Burley Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE <u>Concho Arizona</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Born alive, at 3:15 a.m.
(Born alive or stillborn)
R. S. Story M.D.

(Physician or midwife)

Given names added from a supplemental report.

19____

Address _____

Filed March 30 1920 R. J. C. Patterson

Registrar

Registrar

100-100000-1

100-100000-1

4/19/55

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ }

ss.

Certificate No. 77807

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Saxton who was born on February 28, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) Certificate of Baptism June 10, 1928.
true facts are shown by Certificate of Membership prepared on Jan. 29, 1931, are:
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name of child

No Name

Anna May Saxton

Subscribed and sworn to before me this 14 day of
May, 1955

Miss Nell Evans
Notary Public, residing at Burley, Idaho
My commission expires _____
(Seal)

Signed

Edna Faye Judd
(Signature of parent or attendant correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Heyburn, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of
May, 1955

Miss Nell Evans
Notary Public, residing at Burley, Idaho
My commission expires _____
(Seal)

Signed

Hazel Mallory
(Signature of Any Credible Person)

1551 Haven Ave. Burley, Idaho
(Street Address, City, State)

DEC 30 1965

APR 17 1967

NOV 12 1971

~~APR 31 1971~~

OCT 17 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH AMENDED
243121-016-249 FEB. 23, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CASSIA

City of BURLEY

No. _____ St.

Registration District No. 117

File No. 77808

Hospital _____

Primary Registration District No. 2196

Registered No. 1534

FULL NAME OF CHILD

GALE VIRGIL BULLOCK

(Certificate of no value without full name of child.)

Sex of
Child MALE

Twin
Triplet
or other?

} and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

YES

Date of
birth

FEB. 21

1920

(Month)

(Day)

(Year)

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

FATHER
FULL NAME VIRGIL W. BULLOCK

RESIDENCE
BURLEY, IDAHO

COLOR WHITE AGE AT LAST
BIRTHDAY 23
(Years)

BIRTHPLACE
PLEASANT GROVE, UTAH

OCCUPATION
FARMER

MOTHER
FULL MAIDEN NAME NELLIE NANCY BURR

RESIDENCE
BURLEY, IDAHO

COLOR WHITE AGE AT LAST
BIRTHDAY 21
(Years)

BIRTHPLACE
BURVILLE, UTAH

OCCUPATION
HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 11 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) R. T. STORY M.D.

Per. P.F.

(Physician or midwife)

Give names added from a supplemental report.

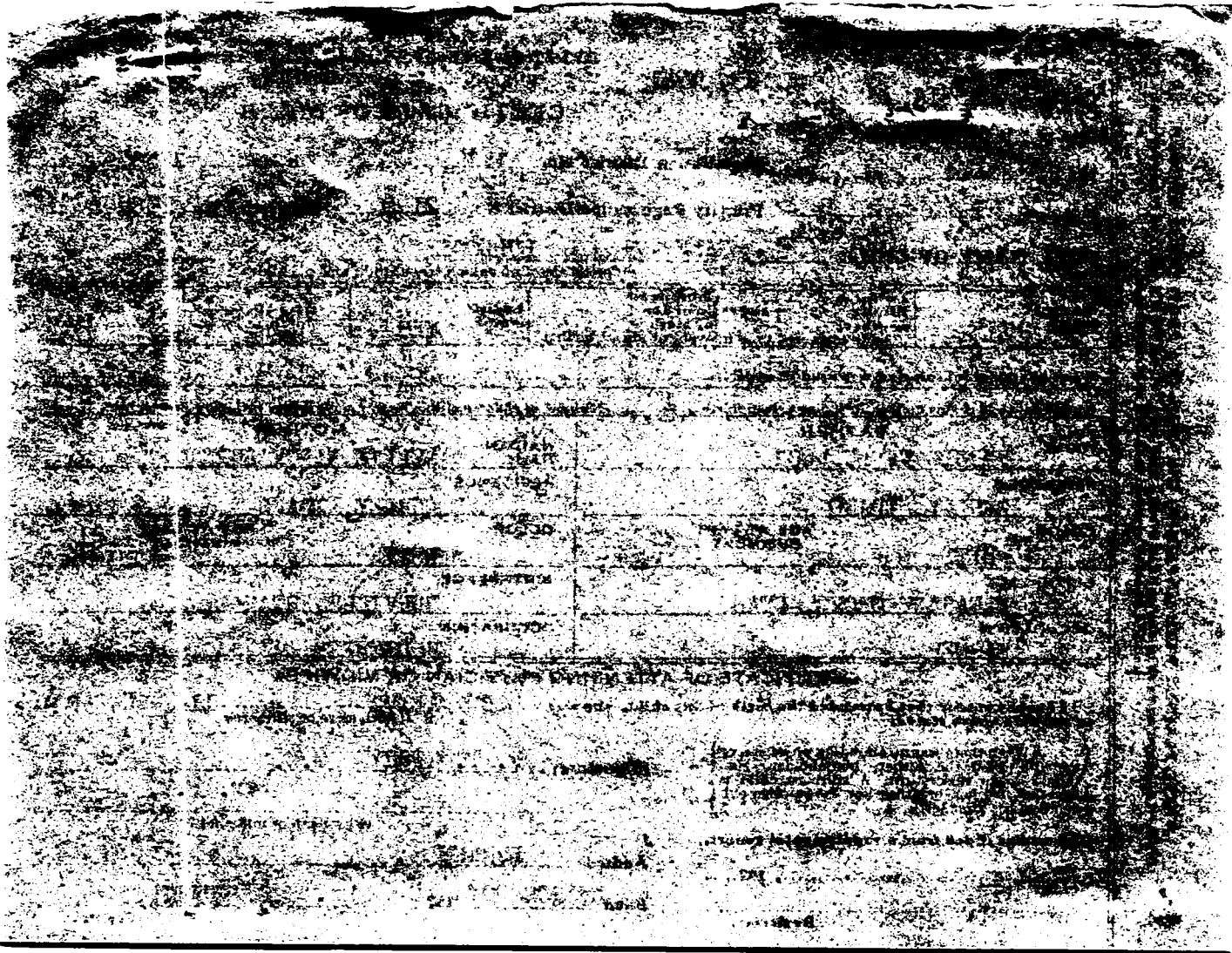
Address BURLEY

Filed MARCH 30 1920

Dr. J.C. PORTTERSON

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of New Mexico }
County of Bernalillo } ss. Certificate No. 77808
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Virgil Gale Bullock who was born (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on February 21 1920
(Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Military Records prepared on 23 September 1939 & subsequent
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Virgil Gale Bullock

Gale Virgil Bullock

Subscribed and sworn to before me this 20th day of

February 1951
Notary Public, residing at Elizabethtown NM
My commission expires My Commission Expires Oct. 27, 1952
(Seal)

Signed Virgil W. Bullock Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

655 W. 4th N. Provo Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New Mexico }
County of Bernalillo } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

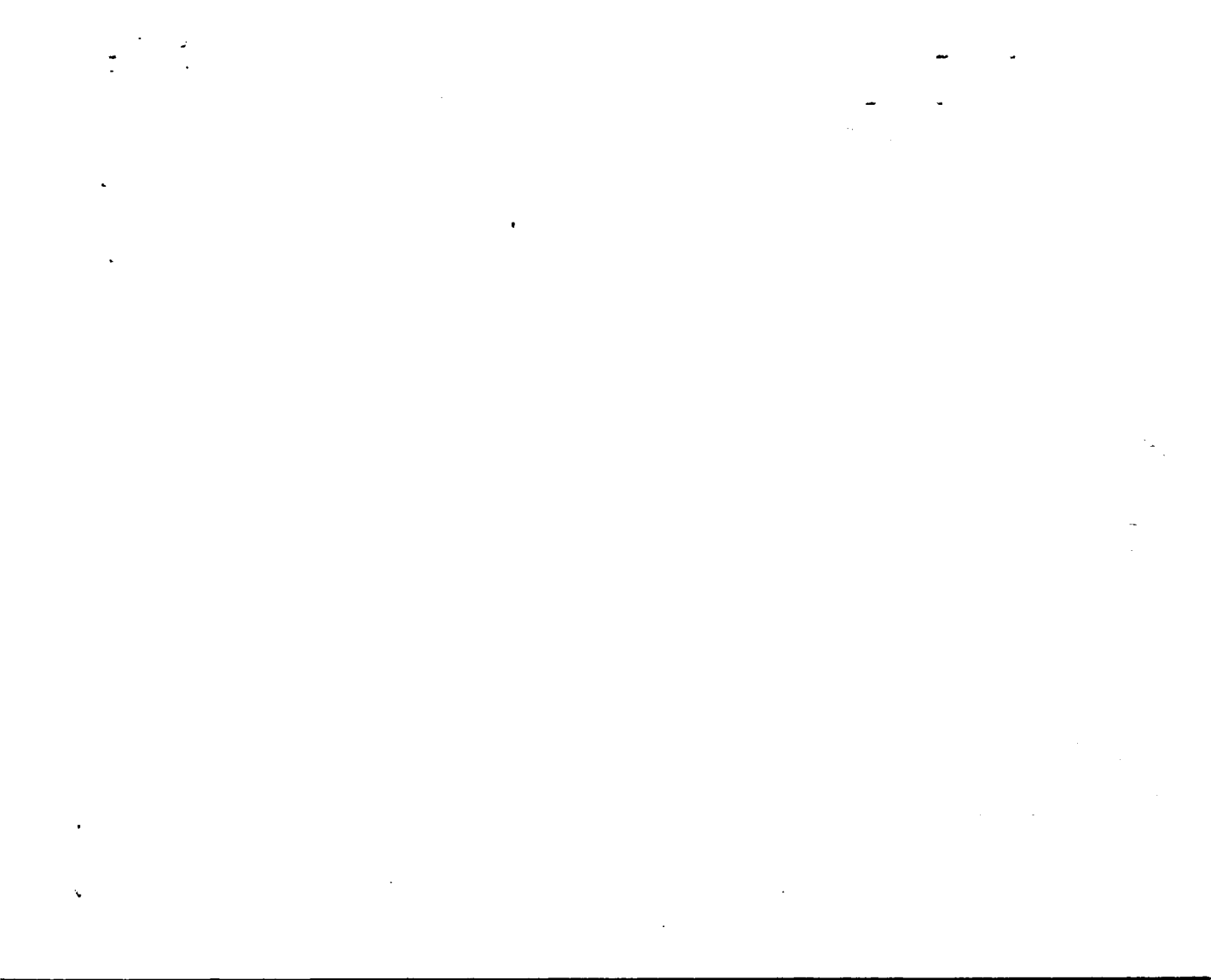
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of

February 1951
Notary Public, residing at Elizabethtown NM
My commission expires My Commission Expires Oct. 27, 1952
(Seal)

Signed Nellie Burr Bullock (mother)
(Signature of Any Credible Person)

655 W 4th N. Provo, Utah
(Street Address, City, State)



219.218.016-962

PLACE OF BIRTH

County of CassiaCity of Burley

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD Edna Cora BaileySTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHRegistration District No. 117 File No. 77809Primary Registration District No. 2196 Registered No. 1535

| | | | | | |
|----------------------------|---|-----|---|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of Birth <u>Mar 18</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|---|----------------------------|--|

| | |
|--------------------------------------|---|
| FULL NAME
<u>Earl Bailey</u> | FATHER |
| RESIDENCE
<u>Burley, Idaho</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) |
| BIRTHPLACE
<u>Coalville, Utah</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Flora Robinson</u> | MOTHER |
| RESIDENCE
<u>Burley, Idaho</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) |
| BIRTHPLACE
<u>Elba, Idaho</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M. D.

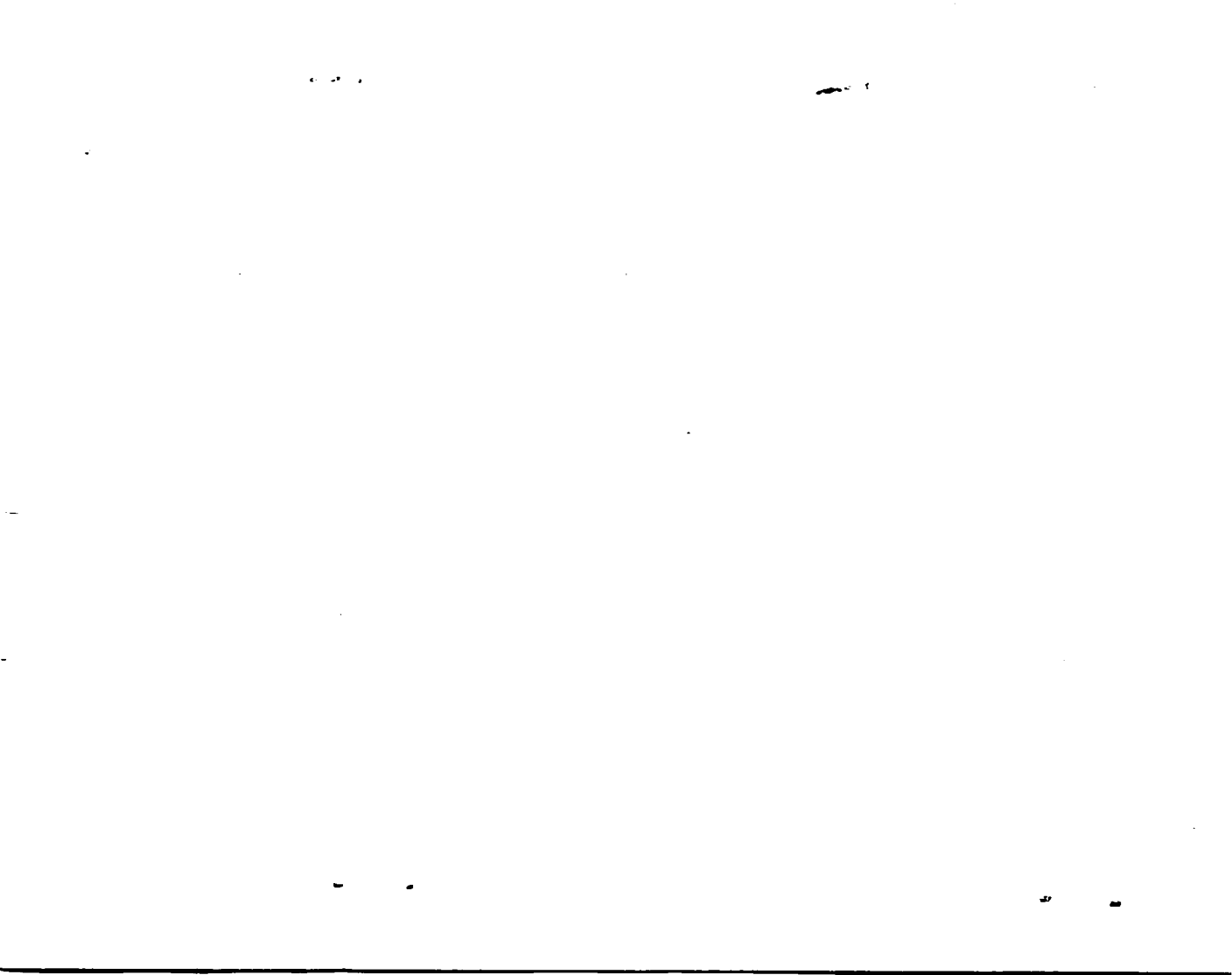
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Registrar

Address BurleyFiled March 30 19 20Registrar D. J. C. Patterson



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. **JAN 21 8 38 AM '77**
County of Certificate No. **77809**
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of **birth**
for **Unnamed Bailey (female)** who **was born** on **Mar 18, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **Burley, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name **Unnamed Bailey** **Edna Cora Bailey**
.....
.....

Subscribed and sworn to before me this day of
....., 19.....

Signed *Edna Cora Bailey*
(Signature of parent or attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at
My commission expires
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of
.....

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

.....
(Street Address, City, State)

Own child's birth certif on file in Idaho gives name as Sandra Lee Getty born .
Oct. 23, 1941 at Pocatello, Idaho. father's name as Robert Lee Getty and mother's
name as Edna Cora Bailey. viewed by V. S.

JAN 24 1977

High school Diploma from ~~Rex~~ Pocatello, Idaho gives name as Edna Cora Bailey. dated
May 24, 1938. viewed by V. S.

393.225.016-231 name added 9-9-83 dl

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117 File No. 77810

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1536

Hospital _____

FULL NAME OF CHILD Vera Victoria Tilby

| | | | | | |
|----------------------------|--------------------------------|-----|--------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twins or other? <u>Triplet</u> | and | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Feb. 25</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|--------------------------------|-----|--------------------------------|------------------------|---|

FULL NAME FATHER Barney TilbyRESIDENCE Burley IdahoCOLOR white AGE AT LAST BIRTHDAY 38 (Years)BIRTHPLACE Chester, UtahOCCUPATION Clerk in Drug StoreFULL MAIDEN NAME MOTHER Mary V. StarlingRESIDENCE Burley IdahoCOLOR white AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE AlabamaOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 p. m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story, M.D. Per P. J.

(Physician or midwife)

Given names added from a supplemental report.

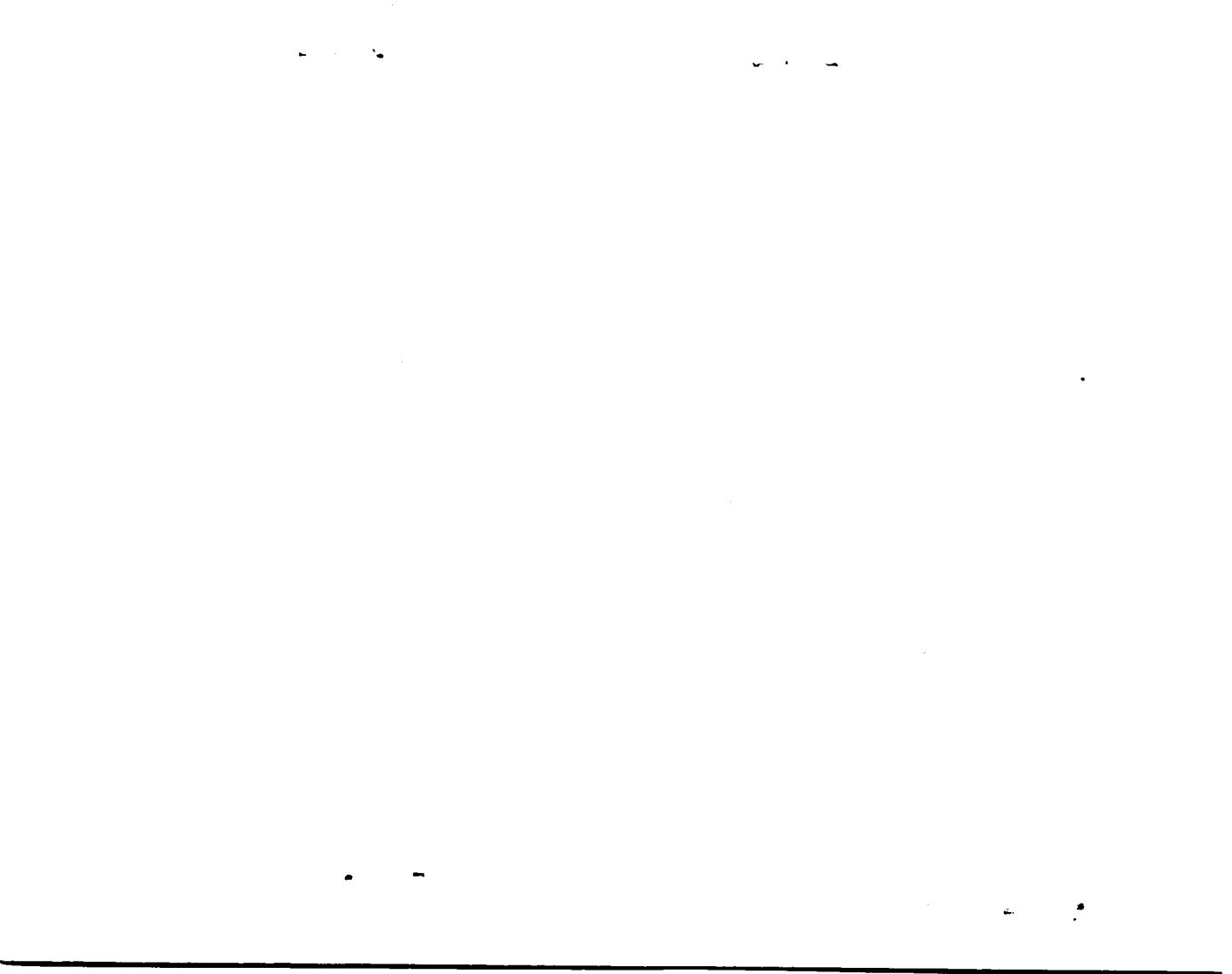
19

Address _____

Filed March 30 1920 = H. J. C. Pottler

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }
County of Caribou } ss.

Certificate No. 77810

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Tilby who was born on 2-25-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Burley (Cassia) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| | | |
|--------------------|----------------|----------------------------|
| <u>childs name</u> | <u>Unnamed</u> | <u>Vera Victoria Tilby</u> |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this 6th day of

Sept, 19 83

Notary Public, Leta Carver

Residing at Star Rt. Grace Idaho 83241

My commission expires Lifetime

(Seal)

X Vera Tilby Gunnell
Signature of Applicant
Star Rt. Grace Idaho
Street Address, City, State
83241

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Caribou } ss.

(Must be completed ☐)

(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of

Sept, 19 83

Notary Public, Leta Carver

Residing at Star Rt. Grace Idaho 83241

My commission expires Lifetime

(Seal)

X New Johnson
Supporting Signature
Box 306
Street Address, City, State

1 cc pd

Grace Ida.

Cert of Baptism from LDS Church gives Vera Victoria Tilby born
2-25-20 in Burley to Barney E Tilby and Mary V Starling was baptised
3-4-28 . Viewed by V.S.

SEP 9 1983

Certificate of Blessing from LDS Church gives Vera Victoria Tilby daughter of
Barney Elisha Tilby and Mary Victoria Starling born Feb 25, 1920 at Burley
was blessed June 6, 1920. Viewed by VS

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

776208-016-154

Form V. E. No. 11-C-25a-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No. 117

File No. 77811

No. 81

Primary Registration District No. 2186

Registered No. 1637

Hospital _____

FULL NAME OF CHILD no name

| | | | | | |
|----------------------------|--|-----|--------------------------------|---------------------------|---|
| Sex of Child <u>Female</u> | Twin
Twilight
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legit
mate? <u>yes</u> | Date of Birth
<u>Mar 8</u>
(Month) (Day) (Year) <u>1920</u> |
|----------------------------|--|-----|--------------------------------|---------------------------|---|

FULL NAME Wm Broadhead FATHER

FULL MAIDEN NAME Helen A. Anderson MOTHER

RESIDENCE Burley Albion Ida

RESIDENCE Albion Idaho

COLOR white AGE AT LAST BIRTHDAY 49
(Years)

COLOR white AGE AT LAST BIRTHDAY 42
(Years)

BIRTHPLACE Heber Utah

BIRTHPLACE Heber Utah

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:20 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

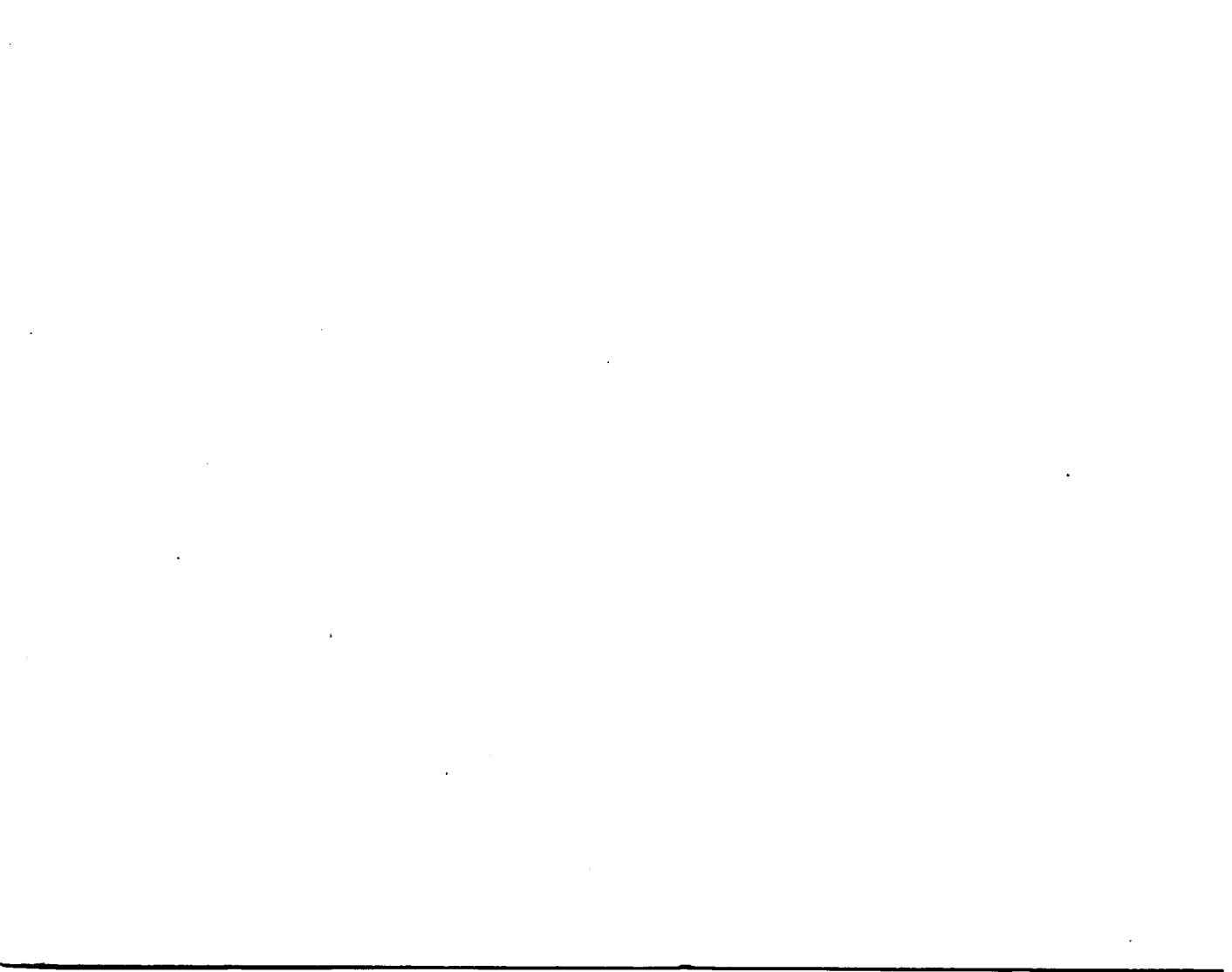
(Signature) R. J. Story m.d.

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed Mar 30 1920 R. J. C. Patterson
Registrar



349-104016-414

PLACE OF BIRTH

County of CassiaCity of Burley

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 117

File No. 77812

Primary Registration District No. 2196

Registered No. 1538

| | | | |
|-----------------------|--|------------------------|---|
| Sex of Child <u>M</u> | Twin Triplet or other? <u>1</u> } and { Number in order of birth <u>1</u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>March 4 20</u>
(Month) (Day) (Year) |
|-----------------------|--|------------------------|---|

| | |
|----------------------------------|---|
| FULL NAME <u>Lepta S. Turner</u> | FATHER |
| RESIDENCE <u>Burley Idaho</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE <u>Minnesota</u> | |
| OCCUPATION <u>Engineer</u> | |

| | |
|-------------------------------------|---|
| FULL MAIDEN NAME <u>Westermarck</u> | MOTHER |
| RESIDENCE <u>same</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth... 3 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 a. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith MD

Given names added from a supplemental report.

Address Burley IdahoFiled Mar. 30 1920 Dr. J. C. Patterson

Registrar

Registrar

SEP 9 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

719-112-016-262
 PLACE OF BIRTH

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

V. S. No. 11-C-27m-7-21-19

County of Cassia

City of Malta

Registration District No. 119

File No. 77813

No. _____ St.

Hospital at home

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD FREDERICK LINEOUS PARKE

Sex of Child Male Twin Triplet or other? _____ { and } Number in order of birth _____ Legiti mate? yes Date of Birth Mar 12 1920
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
 FULL NAME Ira E. Parke
 RESIDENCE Albion Idaho
 COLOR white AGE AT LAST BIRTHDAY 18 (Years)
 BIRTHPLACE Albion Idaho
 OCCUPATION Farmer

MOTHER
 FULL MAIDEN NAME Anna May Kosoman
 RESIDENCE Albion Idaho
 COLOR white AGE AT LAST BIRTHDAY 18 (Years)
 BIRTHPLACE Malta Idaho
 OCCUPATION Housewife

Number of child of this mother, including present birth. _____ Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:20 A.M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Sater M.D.

(Physician or midwife)

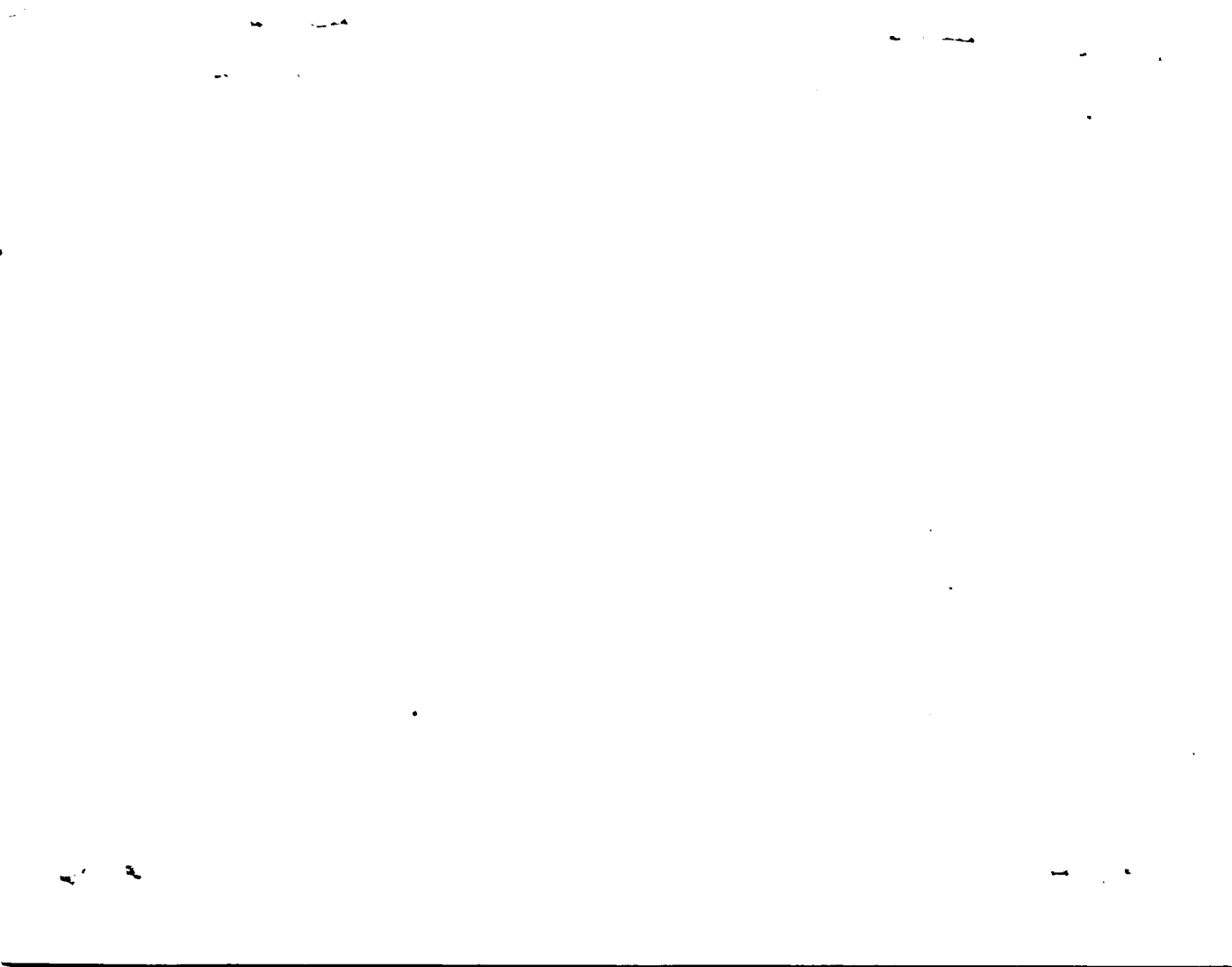
Given names added from a supplemental report.

Address Malta Idaho

Filed Apr 1 1920

Registra. E. J. Sater

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77813
County of Sevier }
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Frederick Lineous Parke who was born Mar. 12, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Maria Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name no name Frederick Lineous Parke

Subscribed and sworn to before me this 16th
day of Feb., 1942
[Signature]
Notary Public, residing at Albion, Idaho
My commission expires Jan. 10, 1943
(Seal)
Signed Anna M. Parke mother
E. J. Sater M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Albion, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.
County of Sevier } (See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 16th
day of Feb., 1942
[Signature]
Notary Public, residing at Albion, Idaho
My commission expires Jan. 10, 1943
(Seal)
Signed Mrs. Maggie Parke
(Signature of Any Credible Person Other Than Previous Year)
Albion, Idaho
(Street Address, City, State)

FEB

1942

JUN 20 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

15-4-1241016 -314
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of NofRegistration District No. 119File No. 77814

No. _____ St. _____

Hospital At home

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD

Sex of Child Male Twin Triplet or other? _____ and _____ Number in order of birth _____ Legiti mate? yes Date of Birth Mar 24 19 20
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Curtis Lester AndersonRESIDENCE Nof IdahoCOLOR white AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE NebraskaOCCUPATION FarmerFULL MAIDEN NAME MOTHER Sylvia Nyletha CampbellRESIDENCE Nof IdahoCOLOR white AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE Grantville IdahoOCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:25 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. D. Sater m.d.

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address

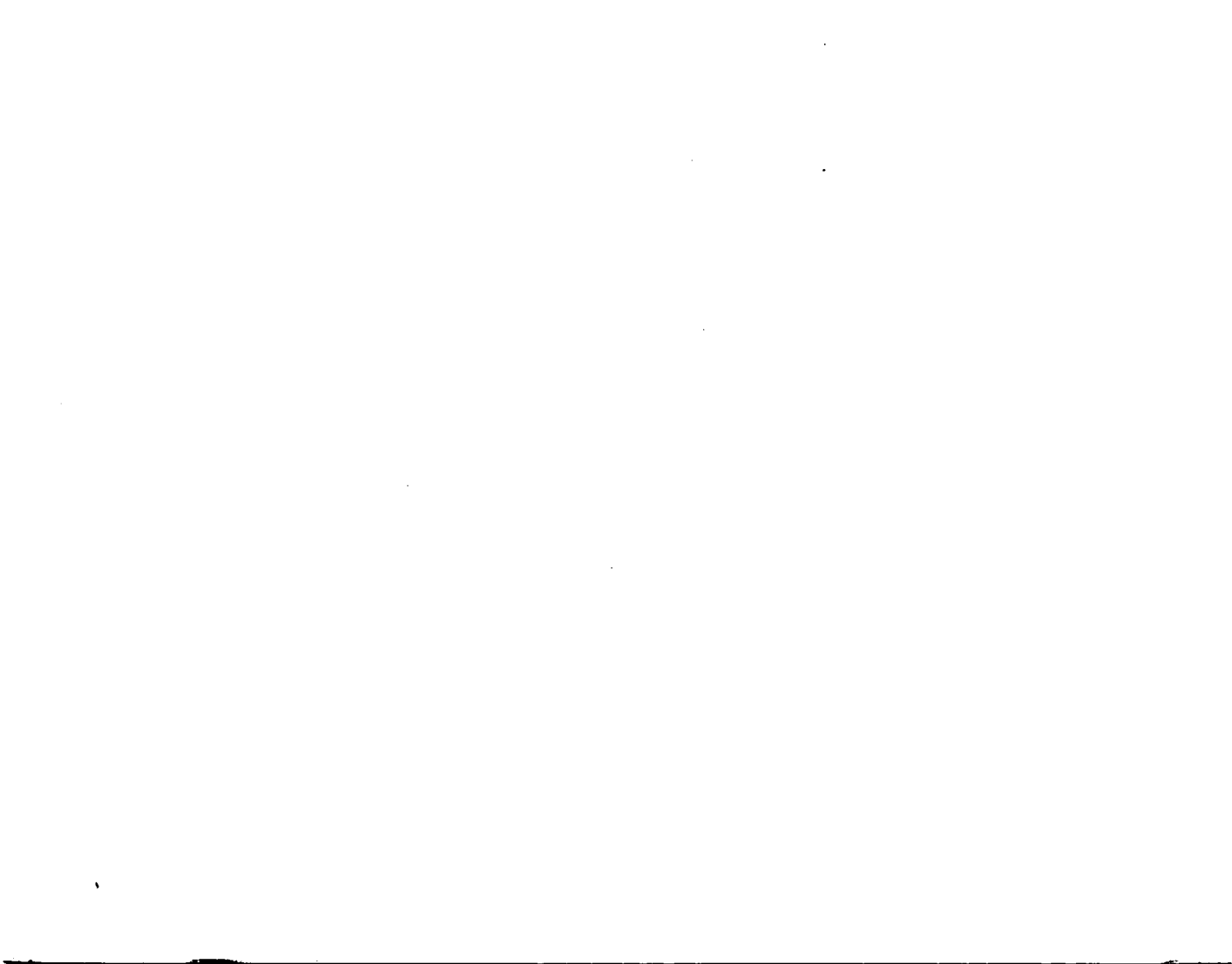
Malta Idaho

Filed

Apr 1 19 20

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

8572141016-128
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Cassia

City of Elba

Registration District No. 119

File No. 77815

No. _____ St.

Hospital at home

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD Effie Hepworth

| | | | | | |
|----------------------------|---|-----|---|----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of Birth <u>Mar. 12</u> 19 <u>28</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|---|----------------------------|---|

FATHER
FULL NAME John Wm Hepworth
RESIDENCE Elba Idaho
COLOR white AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Oxford Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Alice Ashcroft
RESIDENCE Elba Idaho
COLOR white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE England
OCCUPATION House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Malta Idaho

Filed Apr 1 1920 E. J. Sater

Registrar

Registrar

1941 I I NVC,

1941 13 1946

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-221016-813

PLACE OF BIRTH

name added

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Cassia

1/2/80

City of Malta

Registration District No. 119

File No. 77816

No. _____ St.

Hospital at home

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

Verda Dell Osterhout

| | | | | | |
|--|--|-----------|---|--|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legiti mate? <u>yes</u> | Date of Birth <u>Mar 21</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME FATHER <u>Terry Eugene Osterhout</u> | | | FULL MAIDEN NAME MOTHER <u>Sarah Arvilla Hall</u> | | |
| RESIDENCE <u>Beelo Idaho</u> | | | RESIDENCE <u>Mo Beelo Idaho</u> | | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>20</u> (Years) | | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>16</u> (Years) | |
| BIRTHPLACE <u>Elba Idaho</u> | | | BIRTHPLACE <u>Malta Idaho</u> | | |
| OCCUPATION <u>farm laborer</u> | | | OCCUPATION <u>House wife</u> | | |

Number of child of this mother, including present birth. 1

Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 6:30 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. J. Sato mrs

(Physician or midwife)

Given names added from a supplemental report.

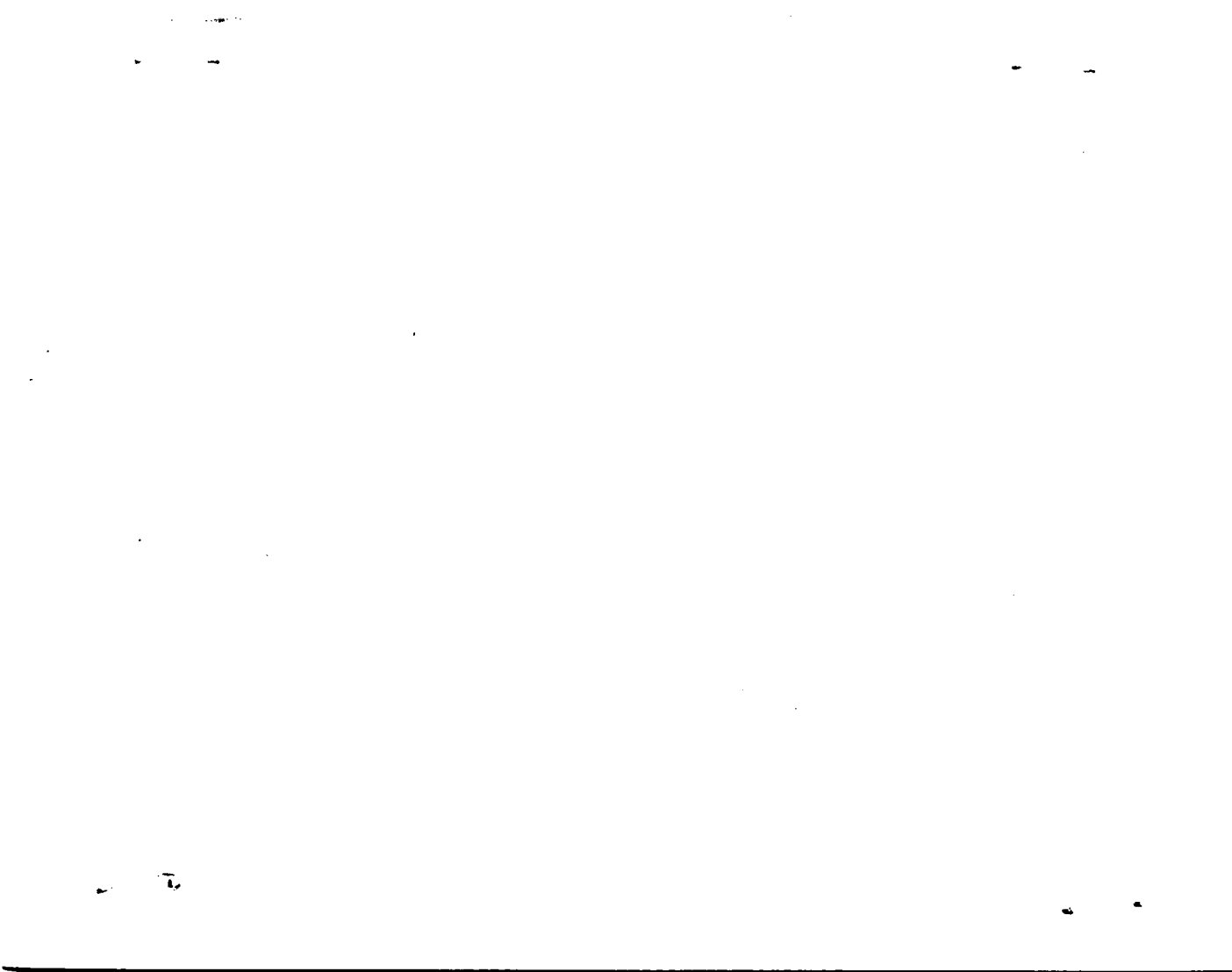
19 _____

Address Malta Idaho

Filed Apr 1 1920

Registrar

Registrar



478

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____ } ss. JAN 2 8 18 AM '80
County of _____ }

Certificate No. 77816
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Osterhout (female) who was born on Mar 21, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Malta, Idaho (Cassia) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name

Unnamed

Verda Dell Osterhout

Subscribed and sworn to before me this 8th day of

June 1979
Notary Public, Larry L. Chamness
Residing at Ellensburg, Wn.
My commission expires Aug 30, 1982
(Seal)

Sarah Arvilla Goodwin
supporting Signature of applicant
RT 4 - Box 306A Ellensburg, Wn.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. _____ (Must be completed ___)
County of _____ } (Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Verda Dell Hinterswood
applicant Supporting Signature
RT. 1 Box 227 Moscow Idaho
Street Address, City, State

CL 5/22/79 Rush!

Own daughter;s birth certif on file in Idaho #291889 gives child's name as Wada Dell Winterowd born Mar 16, 1940. in Salmon, Idaho. -f- er's name as Eugene G. Winterhowd and mother's name as Verda Dell Osterhout. viewed by V. S.

Certif of Baptism from the DS Church gives name as Noreen Dee Winterowd daughter of Eugene Gordon Winterowd and Verda Dell Osterhout. born Oct 23, 1938 at Salmon, Idaho. Baptized Sept 24, 1955. viewed by V. S.

PLACE OF BIRTH
318-129-016-255
County of Cassia

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Malta

Registration District No. 119

File No. 77817

No. _____ St.

Hospital At home

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

LAWAR TAYLOR

Sex of Child

Male

Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

yes

Date of
Birth

Mar 29 1920

(Month) (Day) (Year)

FULL
NAME

FATHER
Winslow Robert Taylor

RESIDENCE

Malta Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

27
(Years)

BIRTHPLACE

Elba Idaho

OCCUPATION

Farmer

FULL
MAIDEN
NAME

MOTHER
Lizzi Louisa Bennett

RESIDENCE

Malta Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

24
(Years)

BIRTHPLACE

Cedar Valley Utah

OCCUPATION

House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Malta Idaho

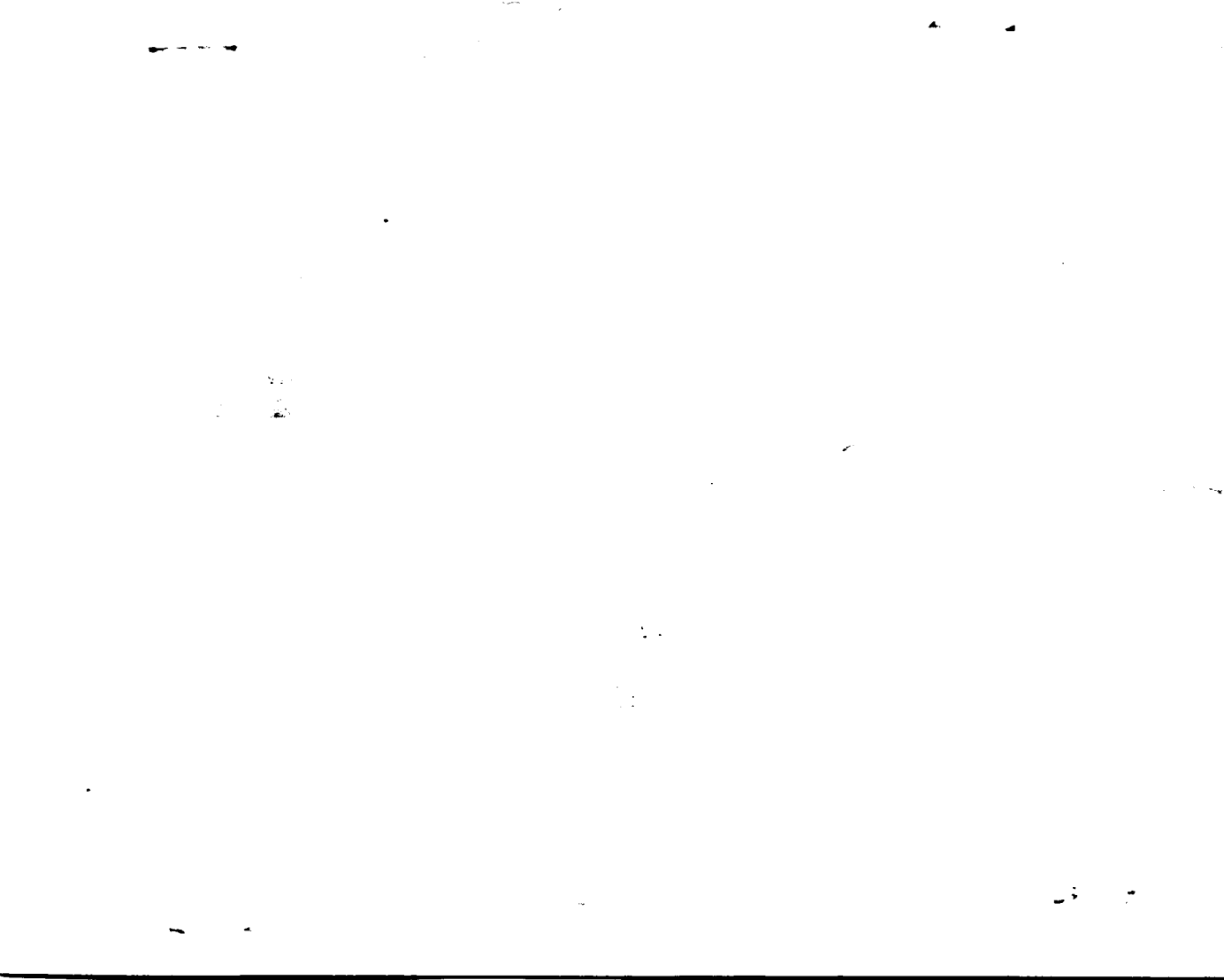
Filed

Apr 1 1920

E. I. Sater

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Cassia } ss.

Certificate No. 77817Date Filed APR 7 1942The undersigned does solemnly swear that certain facts on the certificate of birth

for LaMar Taylor who born on March 29, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)

in Malta, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
 true facts as shown by church records prepared on June 4th, 1920, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Name Unnamed LaMar Taylor

Subscribed and sworn to before me this 8th
 day of April, 19 42

Signed

W.B. Taylor
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Burley, Idaho(STREET ADDRESS, CITY, STATE)Notary Public, residing at Burley, Idaho

My commission expires May 25, 1945
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
 County of Cassia } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
 (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
 day of April, 19 42

Signed

S.A. Taylor
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Burley, IdahoBurley, Idaho(STREET ADDRESS, CITY, STATE)

My commission expires May 25, 1945
(SEAL)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

OCT 11 1943

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-286.016231
County of Cassia

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77818

City of Oakley

Registration District No. 120

File No. XX 14

No. St.

Primary Registration District No. 2199

Registered No. 9

Hospital

FULL NAME OF CHILD Kerma Louise

Sex of Child Female

Twin
Triplet
or other?

1 } and (Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of
Birth

March 26 1900
(Month) (Day) (Year)

FULL
NAME

Core M. Bride

FATHER

RESIDENCE

Oakley, Idaho

FULL
MAIDEN
NAME

May Leone Stanger

MOTHER

RESIDENCE

Oakley, Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

30
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

34
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Joseph L. Rains
(Born alive or stillborn) at 9:30 a. M.

(Physician or midwife)

Given names added from a supplemental report.

Address

Oakley, Idaho

Filed

1920

Registrar

Registrar

MAR 30 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }
Date Filed May 15 8 19 AM '76 Certificate No. 77818

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed McBride (female) who was born on March 26, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name Unnamed Kerna Louise McBride

Subscribed and sworn to before me this 9th day of November, 1976
Kerry Nelson
Notary Public, residing at Burley, Idaho
My commission expires July 10, 1977
(Seal)

Signed Mabel Leon McBride
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Oakley, Idaho 83346
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of November, 1976
Kerry Nelson
Notary Public, residing at Burley, Idaho
My commission expires July 12, 1977
(Seal)

Signed _____
(Signature of Any Credible Person)
Oakley, Idaho 83346
(Street Address, City, State)

Own child's birth certifi from Idaho gives name as Kim M. Cranney born May 27, 1947. father's name as Harold Keith Cranney. and mother's name as Kerma McBride. viewed by V S

FEB 8 1977

Membership record from the LDS Church gives name as Kerma Louise Cranney born Mar 16, 1920 at Oakley, Idaho. father's name s Carl H. McBride and mother's name as Mabel Stanger. Blessed June 6, 1920 and Baptized June 2, 1928. viewed by V. S.

Church record gives name as Kerma Louise McBride Cranney born March 26, 1920 at Oakley, Idaho. blessed June 6, 1920 and Baptized June 2, 1928. father's name as ~~Carl~~ Carl H. McBride and ~~mother~~ mother's name as Mabel Stanger. viewed by V. S.

135-124016-419

Form V-S, No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO

name added 4/14/81 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77819

County of CassiaCity of OakleyRegistration District No. 120File No. XX111

No. _____ St. _____

Primary Registration District No. 2199Registered No. 8

Hospital _____

FULL NAME OF CHILD Joseph Bryan Alexander

Sex of Child

maleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yeDate of
BirthMarch 24 1920
(Month) (Day) (Year)FULL
NAMEJohn D. Alexander

FATHER

FULL
MAIDEN
NAMEElizabeth Mayton

MOTHER

RESIDENCE

Oakley Id.

RESIDENCE

Oakley Id.

COLOR

whiteAGE AT LAST
BIRTHDAY30
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 60 M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

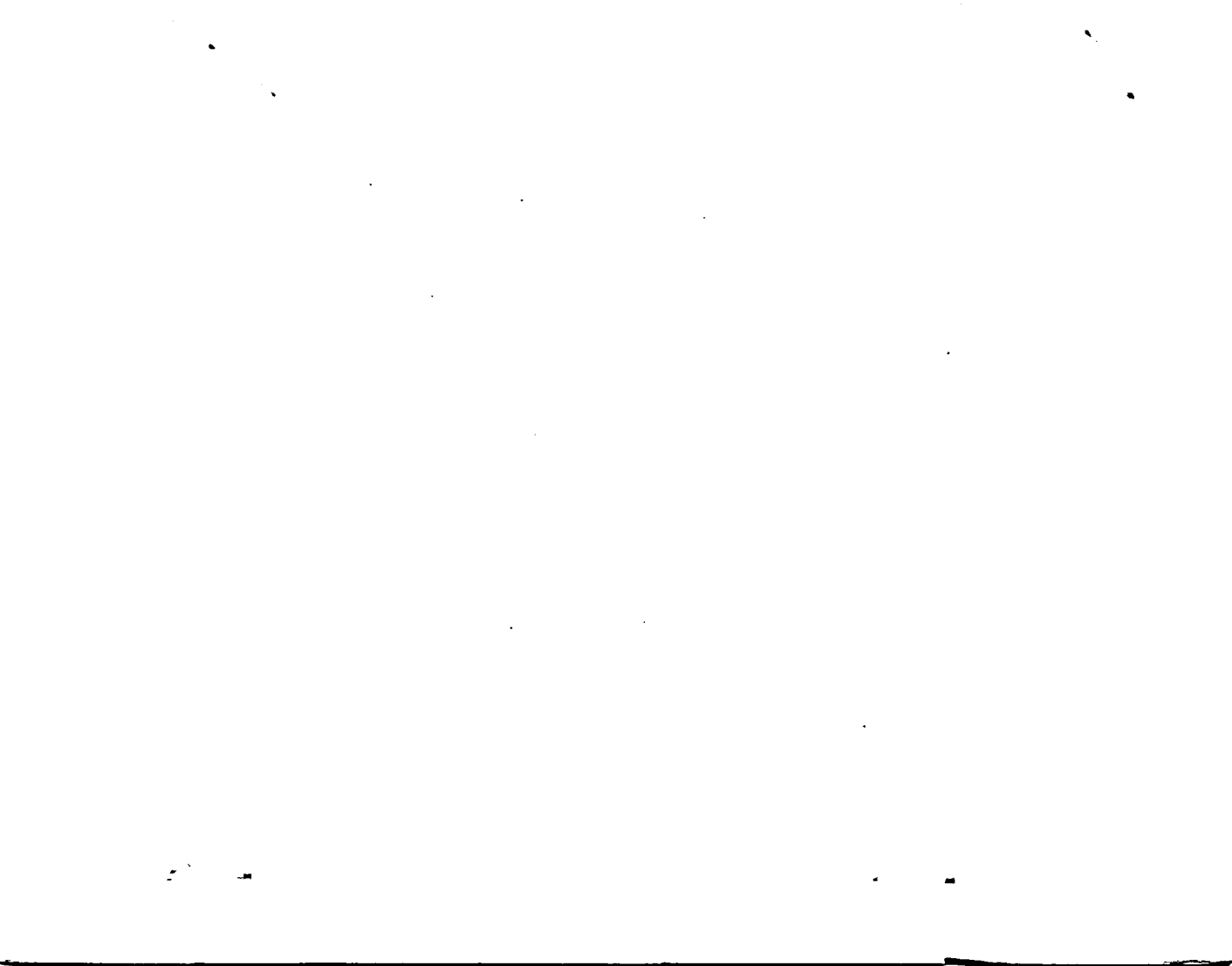
Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



STATE OF CALIFORNIA
COUNTY OF San Bernardino } SS.

On December 5, 1980 before me,

the undersigned, a Notary Public in and for said County and State,
personally appeared JOSEPH BRYAN ALEXANDER

_____, known to me
to be the person _____ whose name is subscribed to the
within instrument and acknowledged that he executed the
same.

Sharon Gallavan

SHARON GALLAVAN

Name (Typed or Printed)

Notary Public in and for said County and State

FOR NOTARY SEAL OR STAMP



OFFICIAL SEAL
SHARON GALLAVAN
Notary Public - California
PRINCIPAL OFFICE IN
SAN BERNARDINO COUNTY
MY COMMISSION EXPIRES JULY 16, 1984



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. Certificate No. 77819
County of } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed Alexander (Male) who was born on March 24, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley, Idaho (Cassia) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name Unnamed Joseph Bryan Alexander

Subscribed and sworn to before me this day of
....., 19.....

Signed Joseph Bryan Alexander
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

Certy of Baptism from LDS Church gives name
as Joseph Bryan Alexander son of John Alexander
& Eliz. Marten. Born March 24, 1920 at Marion,
Idaho. Baptized June 2, 1928. received by US
APR 17 1981

Certy of blessing from LDS Church gives name
as Joseph Bryan Alexander son of John Alexander
& Eliz. Marten born March 24, 1920 in Marion, Ida.
Blessed July 9, 1928. received by US

212-221-016-418

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77820

County of CassiaCity of OakleyRegistration District No. 120File No. KXIIINo. 1 St.Primary Registration District No. 2149Registered No. 7

Hospital

FULL NAME OF CHILD

Margaret Baker

Sex of Child

femaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?Date of
BirthMarch 7, 1927
(Month) (Day) (Year)FULL
NAME

FATHER

One BakerFULL
MAIDEN
NAME

MOTHER

Yvonne Day Og

RESIDENCE

Oakley, Id.

RESIDENCE

Oakley, Id.

COLOR

whiteAGE AT LAST
BIRTHDAY27
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY2
(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Colorado

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Done, at 3109 M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

[Signature]
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

April 9, 1927

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

JUN 12 1942

297-2161016-318

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77821

County of CarsonCity of OsageRegistration District No. 124File No. XXII

No. _____ St. _____

Primary Registration District No. 2199Registered No. 6

Hospital _____

FULL NAME OF CHILD Helen DorisSex of Child FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)and } Number
in order
of birthLegiti
mate? YesDate of Birth Nov 16

(Month) (Day)

1922
(Year)FULL NAME Charles Biggs

FATHER

FULL MAIDEN NAME Clara Le Sue

MOTHER

RESIDENCE Osage, IdahoRESIDENCE Churchill, IdCOLOR WhiteAGE AT LAST BIRTHDAY 34

(Years)

COLOR WhiteAGE AT LAST BIRTHDAY 29

(Years)

BIRTHPLACE OsageBIRTHPLACE IdahoOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Osage, IdahoFiled April 9 1921

Registrar

Registrar

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. **RECEIVED**
County of Twin Falls } **DEC 3 1964**
Certificate No. 77821
Date Filed _____

The undersigned does solemnly swear that certain facts of the certificate of Birth
for Unnamed Biggerstaff (female child) who was born on Mar. 16, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child Unnamed Helen Doris Biggerstaff

Subscribed and sworn to before me this 27 day of
November, 19 64.

[Signature]
Notary Public, residing at Twin Falls, Idaho
My commission expires 7/2/65
(Seal)

Signed: *[Signature: Letha L. Christian]*
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19 _____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

Not. Photo Copy of Family Bible, Biggerstaff Family, appears old and unaltered gives one child's full name as Helen Doris Biggerstaff, born March 16, 1920 at Churchill, Idaho - viewed by V.S. - -

DEC 7 1964

Photo Copy of Twin Falls High School Diploma, Twin Falls, Idaho, dated May 19, 1938 gives full name as Helen Doris Biggerstaff - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-115-016-213
County of Cassia
City of Paris

No. St.

Hospital

FULL NAME OF CHILD Claude

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77822

Registration District No. 120
File No. XXIII

Primary Registration District No. 2199
Registered No. 5

Sex of Child Male Twin Triplet or other? and (Number in order of birth) 1 Legitimate? Yes Date of Birth March 15 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME George Henry Wells FATHER

RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Washington

OCCUPATION Farmer

FULL MAIDEN NAME Edna Leona Bates MOTHER

RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3
Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 135 P
on the date above stated. (Born alive or stillborn) M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jose L. Rains MD

Given names added from a supplemental report.

(Physician or midwife)

..... 19.....

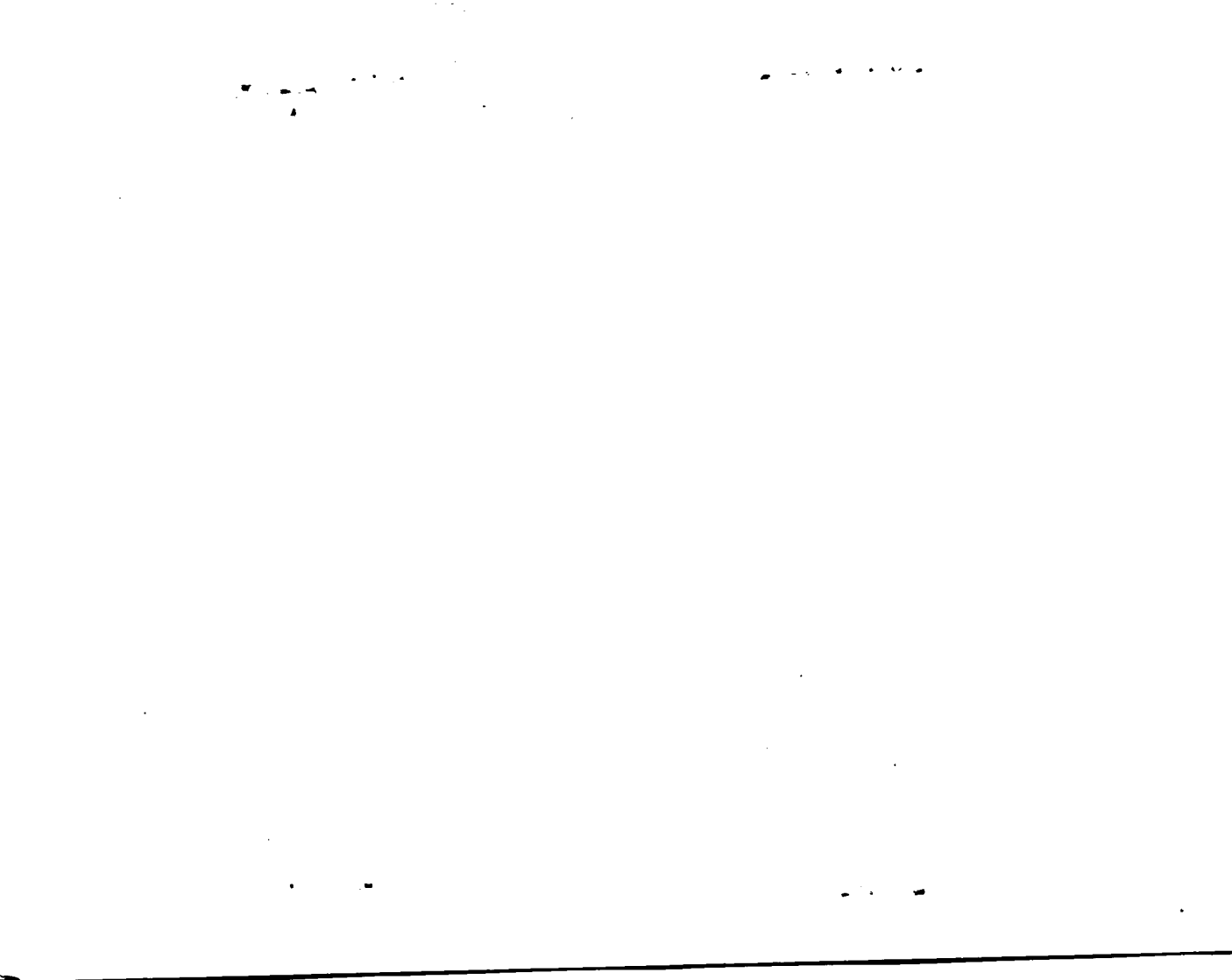
Address Oakley, Idaho

..... 19.....

Filed 4/9 1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } **RECEIVED**
County of _____ } **BUREAU OF VITAL STATISTICS**
SS. **3 19 AM '76**

Certificate No. 77822
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for Unnamed Wells (male) who was born on March 15, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Basin, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name

Unnamed

Claude Wells

Subscribed and sworn to before me this 25th day of
December, 1976

Notary Public, residing at Basin, Idaho

My commission expires 11-1-80
(Seal)

Signed Claude Wells
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } SS.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

Honorable Discharge from the U.S. Army gives name as Claude Wells. born
Mar 15, 1920 at Oakley, Idaho. date of separation June 6, 1946. viewed by VS

Certif of Baptism and Confirmation from the LDS Church gives name as Claude Wells
son of George Wells and Edna Leona Bates. Born Mar 15, 1920 at Basin, Idaho.
Baptized Nov 22, 1940. viewed by V. S. DEC 30 1976

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

331-113016-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77823

County of CarsonCity of OakleyRegistration District No. 130File No. XXIV

No. _____ St. _____

Primary Registration District No. 279Registered No. 4

Hospital _____

FULL NAME OF CHILD

David Thomas ClarkSex of
Child maleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate? yesDate of
BirthMarch 13 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Ernest ClarkFULL
MAIDEN
NAME

MOTHER

Maud Thomas

RESIDENCE

Oakley Idaho

RESIDENCE

Oakley Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY3 1/2
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 9:50 P. M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

1921

Registrar

Registrar

JUN 6 1951

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

349-202.016813

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

77824

County of Carson

City of Oakley

No. _____ St. _____

Registration District No. 120

File No. XXIII

Hospital _____

Primary Registration District No. 2199

Registered No. 3

FULL NAME OF CHILD

Helan Tuffe

| | | | | | |
|----------------------------|---------------------------------|-----|------------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twins or other? <u>Triplets</u> | and | Number in order of birth <u>42</u> | Legitimate? <u>yes</u> | Date of Birth <u>March 12</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---------------------------------|-----|------------------------------------|------------------------|--|

FATHER
FULL NAME Edward Tuffe
RESIDENCE Oakley, Idaho
COLOR White
AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho
OCCUPATION Merchant

MOTHER
FULL MAIDEN NAME Rachel Tuffe
RESIDENCE Oakley, Idaho
COLOR White
AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3.30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Nelson
(Physician or midwife)

Given names added from a supplemental report.

Address Oakley, Idaho
Filed April 9 1920 Registrar A. H. Nelson

Registrar

SEP 3 1982

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-212-016-845-

PLACE OF BIRTH name added 1-29-82 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Cassia

CERTIFICATE OF BIRTH

77825

City of OakleyRegistration District No. 120 File No. XXIII

No. _____ St. _____

Primary Registration District No. 249 Registered No. 2

Hospital _____

FULL NAME OF CHILD

Marion

Sex of Child FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate? yesDate of
Birth

(Month) (Day) (Year)

FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 104 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

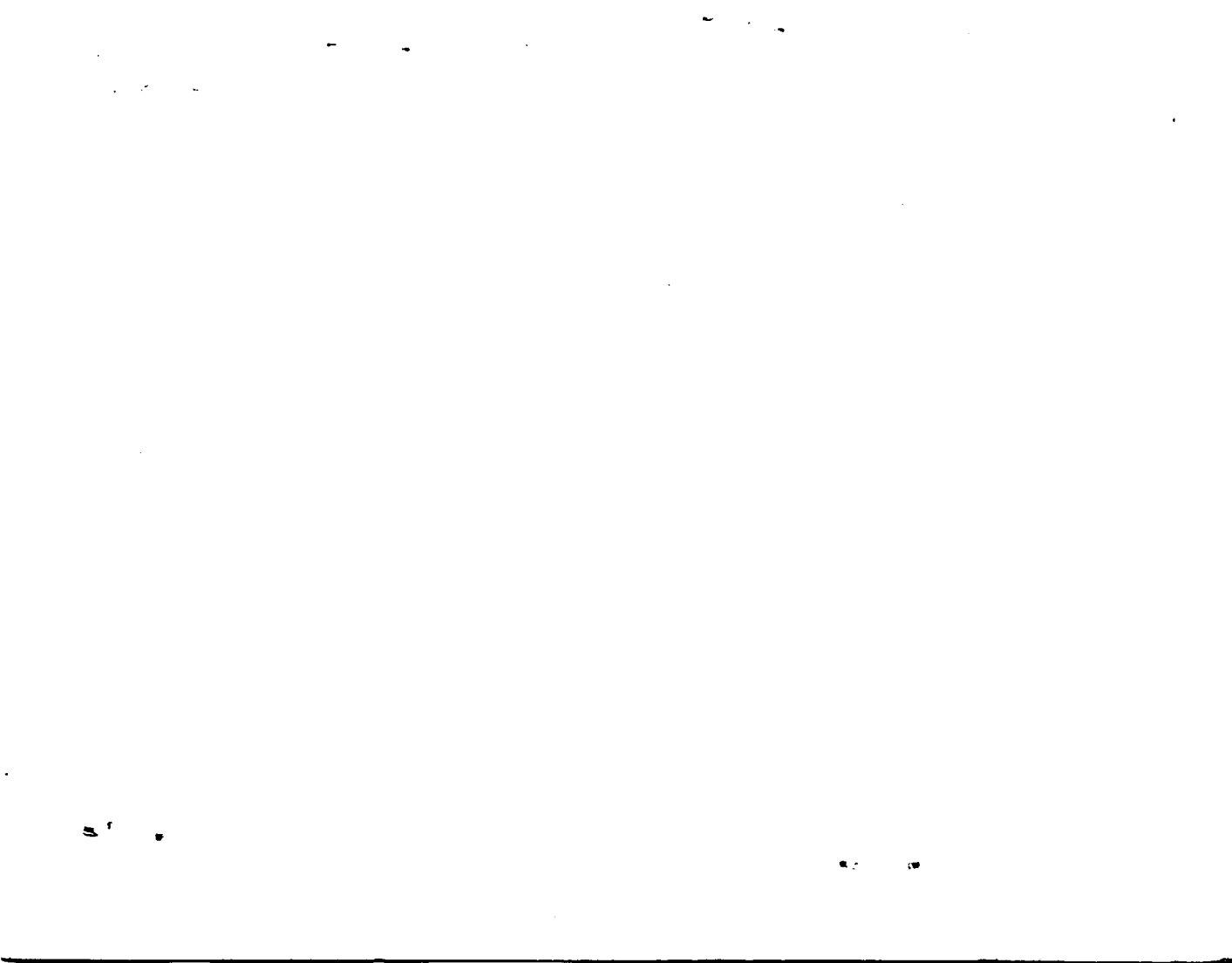
Address

Filed

19

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of..... } ss. JAN 19 8 32 AM '82
County of..... } Certificate No. 77825
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Walker (female) who was born on March 12, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Church record prepared on June 6, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

child's name Unnamed Marion Walker

Subscribed and sworn to before me this 15 day of February, 1927

Notary Public, residing at KAY SYLVE, IDAHO
My commission expires 1-1-28

(Seal) (Street Address, City, State)

Signed Thomas E. Franks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Maricopa } [This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of January 19 27

Notary Public, residing at Glendale, AZ
My commission expires Sept. 15, 1925

(Seal) (Street Address, City, State)

Signed Mabel D. Wierching
(Signature of Any Credible Person)
10259 Inwood Cir So. Sun City, AZ
(Street Address, City, State)

Cert of Blessing from LDS Church gives Marion W Faraoni born 3-12-20
at Oakley to Melvin Walker and Effie Hunter was blessed on 6-6-20
Viewed by V.S. (replacement cert)

JAN 29 1982

High School Graduation Certificate gives Marion Walker graduated
from Murtaugh High School in Murtaugh, Idaho on 5-20-38.
Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

845-212-016-264
PLACE OF BIRTH

Amended 5/30/79

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77826

County of Cassia

City of Oakley

No. _____ St. _____

Registration District No. 120

File No. XXII

Hospital _____

Primary Registration District No. 2199

Registered No. 1

FULL NAME OF CHILD

Hazel

Hunter

Sex of Child

Female

Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

yes

Date of
Birth

March 12 1920
(Month) (Day) (Year)

FULL
NAME

FATHER

Ed. Hunter

FULL
MAIDEN
NAME

MOTHER

Ernesta Boulton

RESIDENCE

Oakley Id

RESIDENCE

Oakley Id

COLOR

white

AGE AT LAST
BIRTHDAY

28
(Years)

COLOR

white

AGE AT LAST
BIRTHDAY

26
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 20

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive or stillborn)

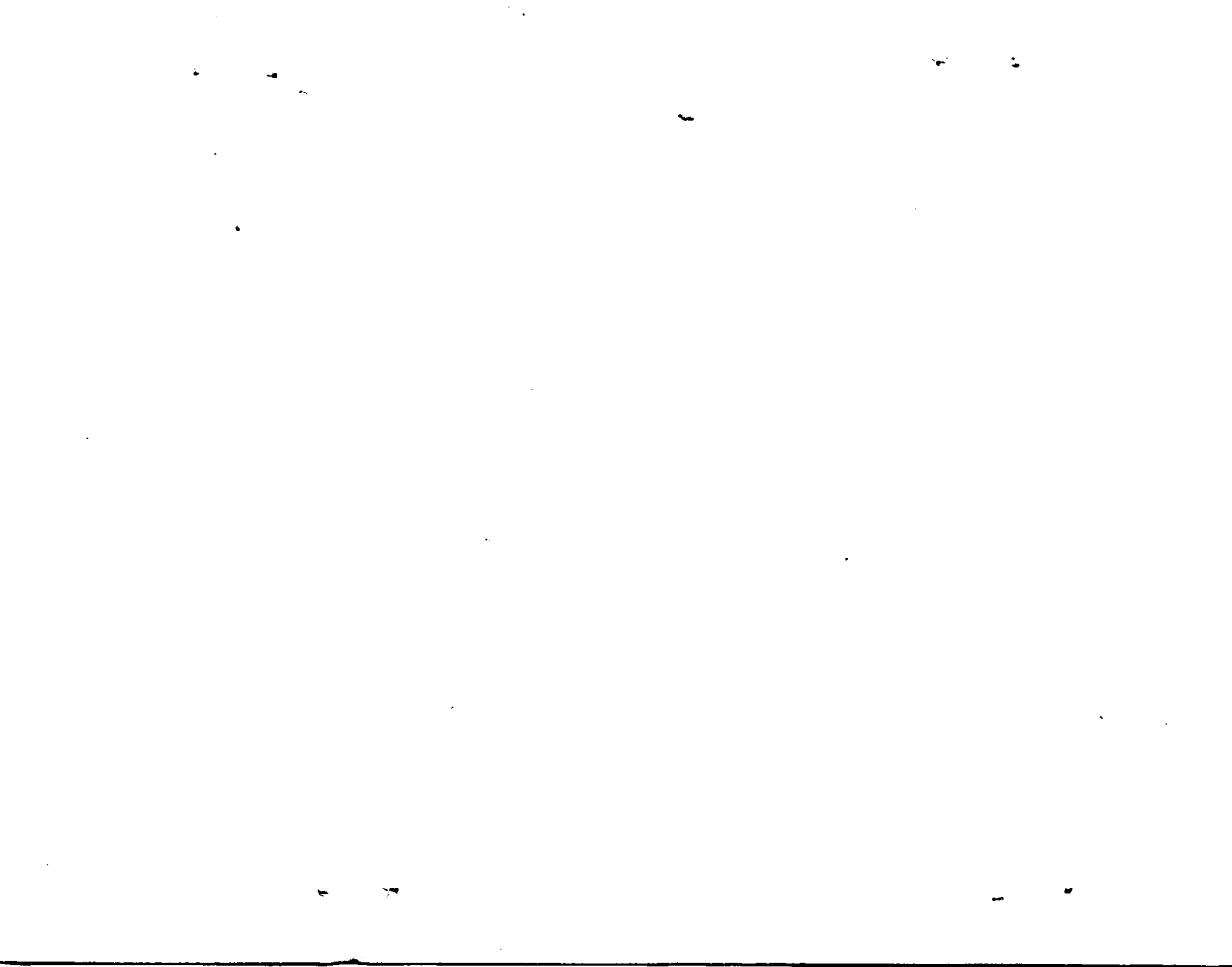
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address 49 Oakley Id
Filed 30 [Signature] Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of..... }
County of..... } ss. Certificate No. 77826
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed female Hunter who was born on March 12, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by..... prepared on..... are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
name of child unnamed Hazel Hunter

Subscribed and sworn to before me this 19th day of April 1979

Notary Public, residing at Oakley, Idaho
My commission expires May 2, 1982
(Seal)

Signed W. Ray Gutchfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director or informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April 1979

Notary Public, residing at Oakley, Idaho
My commission expires May 2, 1982
(Seal)

Signed Glen D. Gutchfield
(Signature of Any Credible Person)

(Street Address, City, State)

Certif of Blessing from the LDS Church gives name as Hazel Hunter daughter of Edward H. Hunter and Emerald Poulton. born March 12, 1920 at Oakley, Idaho. Blessed May 2, 1920. viewed by V. S.

MAY 30 1979

Certif of Baptism from the LDS Church gives name as Hazel Hunter, daughter of Edward Hunter and Emerald Poulton. born March 12, 1920 at Oakley, Idaho. Baptized Sept 16, 1928. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-211-016-396

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

77827

County of Cassia

City of Coley

Registration District No. 120

File No. XXII

No. _____ St. _____

Primary Registration District No. 2199

Registered No. 54

Hospital _____

FULL NAME OF CHILD

Ester Taylor

Sex of Child

Female

Twin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth

Legiti-
mate

yes

Date of
Birth

Mar 11 1932
(Month) (Day) (Year)

FULL
NAME

Mr. E. Taylor

FATHER

FULL
MAIDEN
NAME

Marion Crowther

MOTHER

RESIDENCE

Coley, Idaho

RESIDENCE

Coley, Idaho

COLOR

White

AGE AT LAST
BIRTHDAY

30
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

27
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Labourer

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. A. Peterson
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

19

Registrar

Registrar

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

339-111-016-339
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-10

77828

County of CassiaCity of OakleyRegistration District No. 124File No. Xx11

No. _____ St. _____

Primary Registration District No. 2194Registered No. 50

Hospital _____

FULL NAME OF CHILD

| | | | | | |
|--------------------------|---|-----|---|-----------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? | Date of Birth <u>Mar 11</u> 19 <u>24</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|-----------------|--|

FATHER
FULL NAME Gordon Clifford
RESIDENCE Oakley, Id.
COLOR white AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE England
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Alice Clifford
RESIDENCE Oakley, Id.
COLOR white AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE England
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:30 M.
on the date above stated. (Born alive or stillborn)

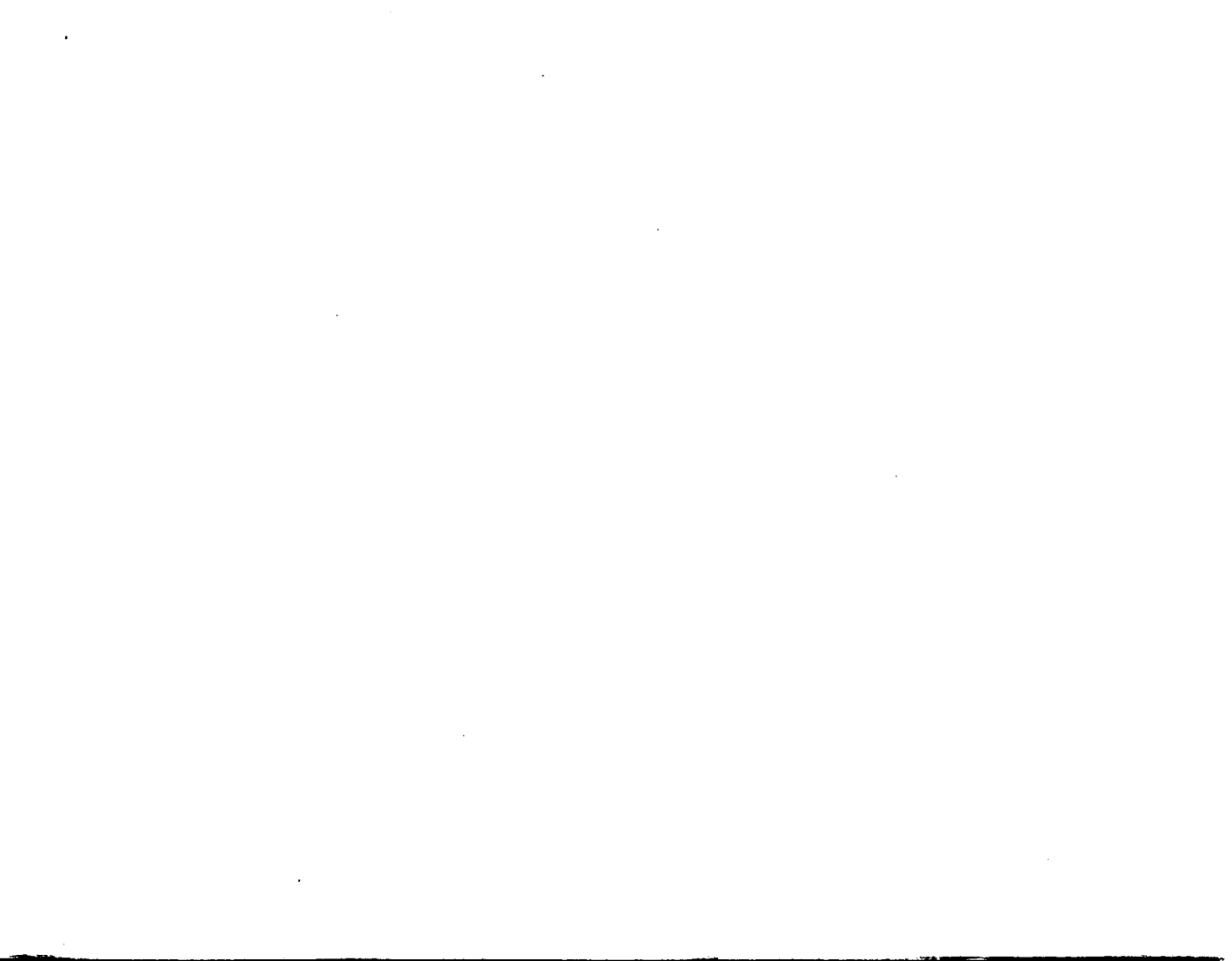
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Mrs. H. J. Clifford
(Physician or midwife)

Address Oakley, Idaho
Filed Apr 9 1924 Registrar H. J. Clifford

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-2087016-413
Cassia

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 14-1-10-1-1

77829

County of
City of Pasim.....
No.St.

Registration District No. 120

File No. 144

Primary Registration District No. 2199

Registered No. 44

Hospital

FULL NAME OF CHILD Mary Martin

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>-</u> and <u>-</u> Number in order of birth <u>-</u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>March 8</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

| | |
|----------------------------------|---|
| FULL NAME <u>Moses S. Martin</u> | FATHER |
| RESIDENCE <u>Oakley, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Parah Edith Mackay</u> | MOTHER |
| RESIDENCE <u>Oakley, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth... 3..... Number of children of this mother now living, including present birth... 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

9 a
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joe L. Paine M.D.

Given names added from a supplemental report.

Oakley, Idaho

.....19.....

Address

.....
Registrar

Filed 1/9 30 1920
Registrar

APR 19 1967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493.106.016-813

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

77830

County of Cassia

City of Oakley

Registration District No. 120

File No. XX11

No. _____ St. _____

Primary Registration District No. 2199

Registered No. 18

Hospital _____

FULL NAME OF CHILD

Nullar

| | | | |
|--------------------------|---|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ and _____ Number in order of birth _____ | Legiti mate? <u>ye</u> | Date of Birth <u>March 6 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|---|

FATHER
FULL NAME John H. Ford
RESIDENCE Oakley, Id.
COLOR white AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Idaho
OCCUPATION Salesman (Pumpkins)

MOTHER
FULL MAIDEN NAME Edna Halverson
RESIDENCE Oakley, Id.
COLOR white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 20 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

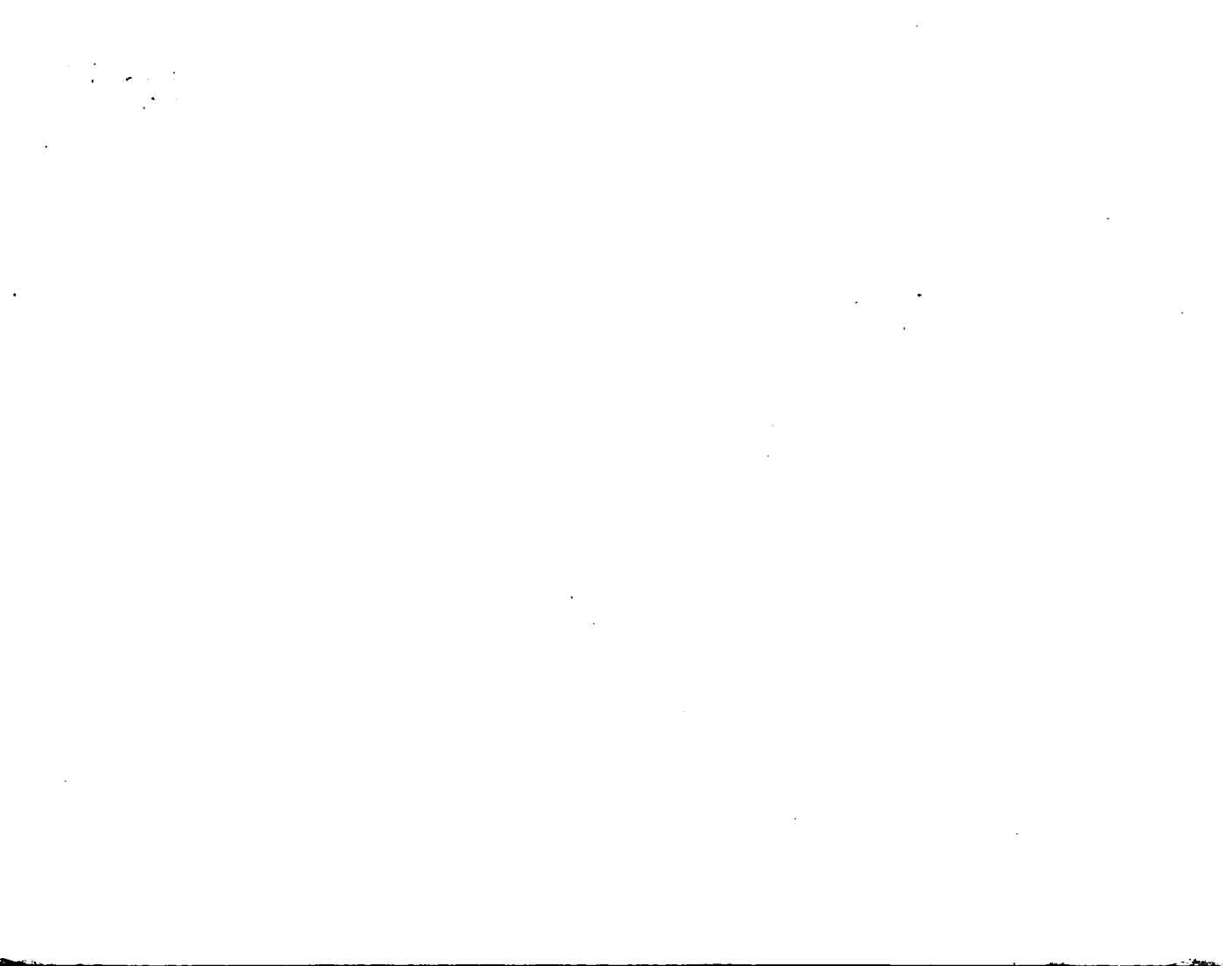
(Signature) A. H. Gibson
(Physician or midwife)

Given names added from a supplemental report.

19

Address Oakley, Idaho
Filed April 9 1920 A. H. Gibson Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

331-104.016-213

PLACE OF BIRTH

County of CassiaCity of Cable

No. _____ St. _____

Hospital _____

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

77831

Registration District No. 120File No. XXHPrimary Registration District No. 2199Registered No. 47

FULL NAME OF CHILD

Franklin K. Clark

| | | | | | |
|--------------------------|---|-----|--------------------------------|-----------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? | Date of
Birth
(Month) (Day) (Year) |
| | | | | <u>46</u> | <u>May</u> <u>1</u> <u>1920</u> |

| | |
|-----------------------------------|---|
| FULL NAME
<u>Solomon Clark</u> | FATHER |
| RESIDENCE
<u>Cable, Id.</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Sarah Clark</u> | MOTHER |
| RESIDENCE
<u>Cable, Id.</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Housewife</u> | |

 Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was alive, at 4:30 P.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Nelson

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cable, Id.Filed 4/9 1920 M. H. Nelson

Registrar

Registrar

AUG 29 1973

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

8-29-73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. VITAL
County of _____ }
The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed Clark who was born Birth
(Name on Original Certificate) (Was Born or Died) on March 4, 1920
(Date of Event)
in Oakley are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Childs name

omitted

~~XXXXXXXXXXXX~~
Franklin K. Clark

Subscribed and sworn to before me this 29th day of
August, 1973

✓ Signed Dean L. Corbridge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise

My commission expires 2-20-74

(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Elmore } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of

Signed Sherman H. Stump
(Signature of Any Credible Person)

Notary Public, residing at Glenns Ferry

My commission expires 3-26-77

(Seal)

411 E. 5th, Glenns Ferry, Idaho

(Street Address, City, State)

Sotial Security Card, # 528 22 1690 gives name as Franklin K. Clark. Issued **AUG 31 1973**
1938.

Viewed by V.S.

Department of Insurance, Boise Idaho issued Life and Disability Qualification
License to him as agent. Franklin K. Clark. License # 5883 Issued Sept. 21, 1966.
Viewed By V.S.

539-104.016-813

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77832

County of CassiaCity of OsleyRegistration District No. 120File No. AX 11

No. _____ St. _____

Primary Registration District No. 2199 Registered No. 46

Hospital _____

FULL NAME OF CHILD

| | | | | | |
|--------------------------|---|-----------|--------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>March 4 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-----------|--------------------------------|------------------------|---|

FATHER
FULL NAME Ired ElsonRESIDENCE OsleyCOLOR white AGE AT LAST BIRTHDAY 31
(Years)BIRTHPLACE IdahoOCCUPATION Stock RaiserMOTHER
FULL MAIDEN NAME Germine HalversonRESIDENCE OsleyCOLOR white AGE AT LAST BIRTHDAY 28
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. C. Halverson

(Physician or midwife)

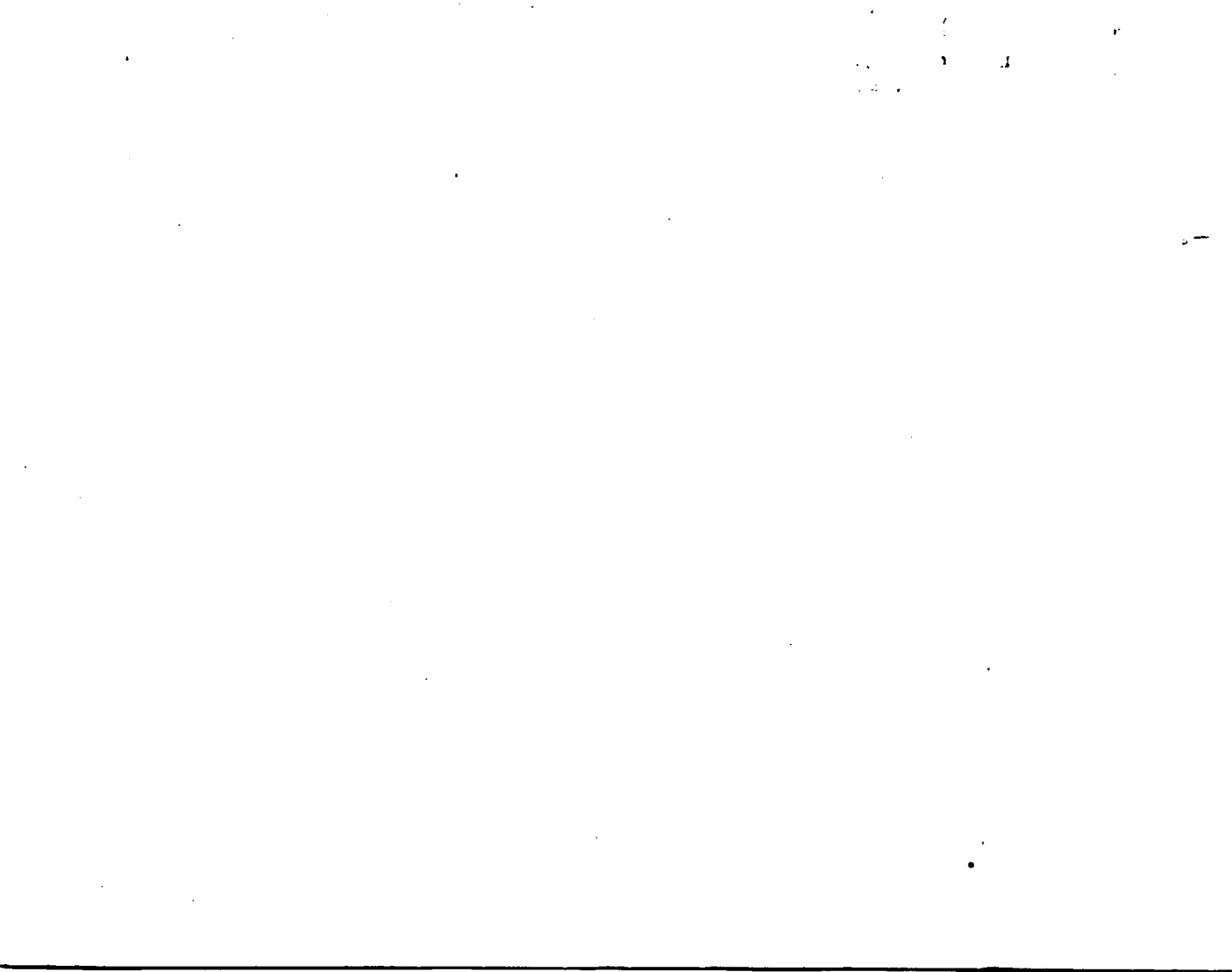
Given names added from a supplemental report.

Address Osley, IdahoFiled March 4 1920 Registrar A. C. Halverson

Registrar

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2-1919

County of ClearwaterCity of Teakem, Ida.Registration District No. 90

File No.

77833

No. _____ St.

Primary Registration District No. 2168Registered No. 19

Hospital _____

FULL NAME OF CHILD

James Russell King

Sex of Child

MaleTwin
Triplet
or other? 1

{ and }

Number
in order
of birth 2{
(To be answered only in event of plural births)Legiti
mate? YesDate of
BirthFeb. 23
(Month) (Day)1920
(Year)FULL
NAMEClaud C. King

FATHER

RESIDENCE

Teakem

COLOR

WhiteAGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

N. Caroline

OCCUPATION

FarmerFULL
MAIDEN
NAMEVesta Triplet

MOTHER

RESIDENCE

Teakem

COLOR

WhiteAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Idaho.

OCCUPATION

House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive, at 7-30 Am.
(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

19.

(Signature)

J. W. Stenstrom M.D.
Physician
(Physician or midwife)

Address

Yeland Idaho

Filed

Apr 15 1920

Registrar

Registrar

10-12
H. H. H.

10-12
10-12

569-113018-769

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of ClearwaterCity of ProfinoRegistration District No. 90File No. 77835

No. _____ St. _____

Primary Registration District No. 2168 Registered No. 21

Hospital _____

FULL NAME OF CHILD

Theodore Paul Harris

| | | | | | |
|--------------------------|---|-----|---|----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of Birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of Birth <u>Mar 13</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|--|

| | |
|------------------------------|---|
| FULL NAME <u>Paul Harris</u> | FATHER |
| RESIDENCE <u>Profino Id</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Iowa</u> | |
| OCCUPATION <u>Laborer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Mary E. Foster</u> | MOTHER |
| RESIDENCE <u>Profino Id</u> | |
| COLOR <u>Indian</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Housewife</u> | |

| | |
|--|--|
| Number of child of this mother, including present birth <u>1</u> | Number of children of this mother now living, including present birth <u>2</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 126 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Daily
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

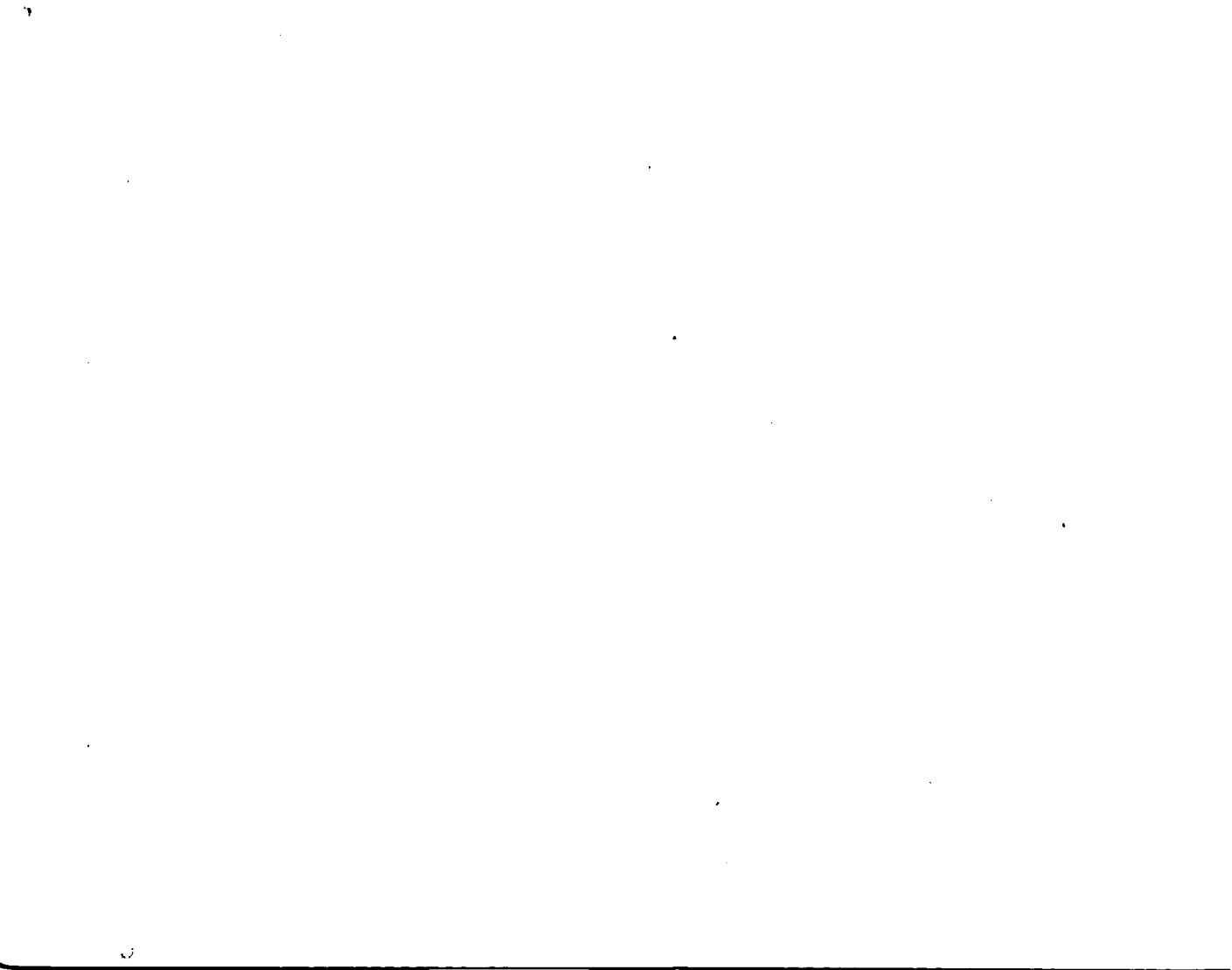
Address

Profino Id
Mar 13 1920

Filed

Registrar

Registrar



286-215-008-691
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of ClearwaterCity of TebanRegistration District No. 90File No. 77836

No. _____ St. _____

Primary Registration District No. 2168Registered No. 22

Hospital _____

FULL NAME OF CHILD Viola Louise Shoemaker

| | | | | | |
|--------------------------------|---|-----|--|---|--|
| Sex of Child <u>girl</u> | Twin Triplet or other? <u>X</u> | and | Number in order of birth <u>X</u> | Legitimate? <u>yes</u> | Date of Birth <u>MAY 15 1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>Leo Shoemaker</u> | | | FULL MAIDEN NAME <u>Elizabeth Fraser</u> | | |
| RESIDENCE <u>Teban Idaho</u> | | | RESIDENCE <u>Teban Idaho</u> | | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) | | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) | |
| BIRTHPLACE <u>Oklahoma</u> | | | BIRTHPLACE <u>Kansas</u> | | |
| OCCUPATION <u>Farmer</u> | | | OCCUPATION <u>Housewife</u> | | |

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Maxwell
(Physician or midwife)

Given names added from a supplemental report.

Address Dr. J. H. Maxwell
Filed April 15, 1920
Registrar

286-215-018-286-
amended 9-3-81

PLACE OF BIRTH

County of ClearwaterCity of Orlando

No. _____ St. _____

Registration District No. 90File No. 77837Primary Registration District No. 2168Registered No. 23

Hospital _____

FULL NAME OF CHILD

Velma Olive Shoemaker

Sex of Child

girlTwin
Triplet
or other?X andNumber
in order
of birthXLegiti-
mate?YesDate of
BirthMar 15 1920

(Month) (Day) (Year)

FULL
NAMEIvan Shoemaker

FATHER

FULL
MAIDEN
NAMEEssie May Shoemaker

MOTHER

RESIDENCE

Tupelo Idaho

RESIDENCE

Tupelo Idaho.

COLOR

WhiteAGE AT LAST
BIRTHDAY30

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY21

(Years)

BIRTHPLACE

Oklahoma

BIRTHPLACE

Kansas

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive

(Born alive or stillborn)

at 99 M.* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

E. L. M. M. M.Orlando Ida.

(Physician or midwife)

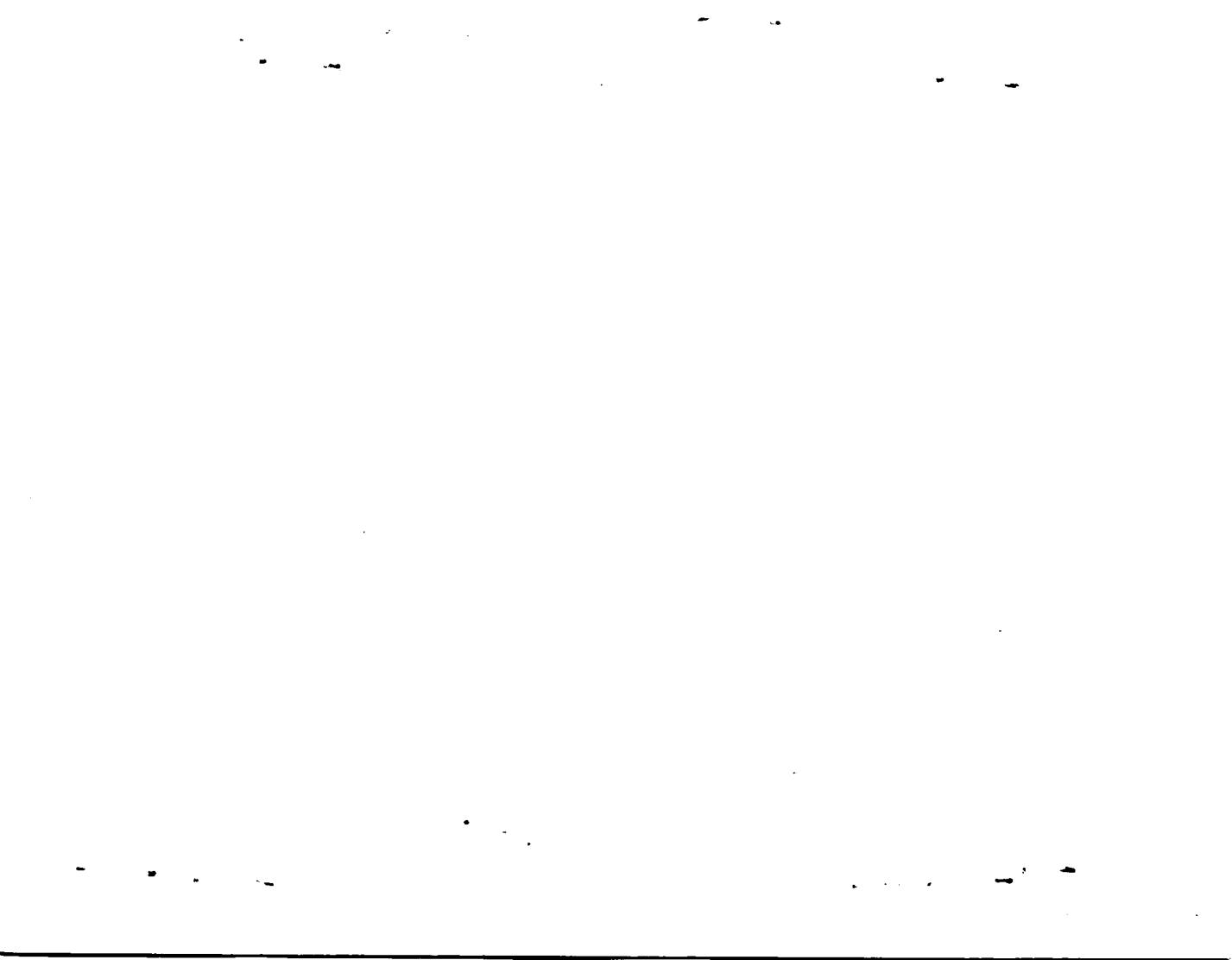
Given names added from a supplemental report.

Address

Filed

Apr 15 1920

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Calif }
County of Yuba } ss.

Certificate No. 77837

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Zelma Olive Shoemaker who was born on March 15, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Orofino (Clearwater) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

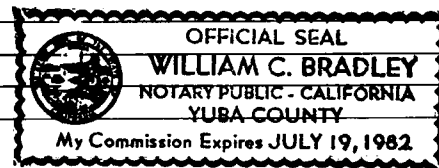
FROM

TO

child's first name

Zelma

Velma



Subscribed and sworn to before me this 7th day of

July, 1981

Notary Public, William C. Bradley

Residing at Yuba Co. Calif.

My commission expires 7/19/82

(Seal)

Velma O. Morrison
Signature of Applicant
1334 Grand Ave. Oroville, Ca
Street Address, City, State 95965

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif }
County of Yuba } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of

July, 1981

Notary Public, William C. Bradley

Residing at Yuba Co. Calif.

My commission expires 7/19/82

(Seal) July 2, 1981

Essie Shoemaker
Supporting Signature
561 Obermeyer Ave. Calif. Oroville 95948
Street Address, City, State

1cc pd

Marriage certificate gives Velma Olive Shoemaker married 4-6-41 to Wayne Kenneth Morrison in State of California County of Siskiyou. Viewed by V.S. **SEP 3 1981**

Butte Valley High School graduation program gives Velma Shoemaker as graduating with Class of 1938 on 6-2-38. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464.122.018-2V3

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County BlaineCity of BoiseRegistration District No. 90File No. 77838

No. _____ St. _____

Primary Registration District No. 2168Registered No. 24

Hospital _____

FULL NAME OF CHILD -

Raymond Glenn DodgeSex of Child Male
 Twin
Triplet
or other?
(To be answered only in event of plural births)

 and
Number
in order
of birth

 Legiti
mate?
yes

 Date of Birth March 22 1920
(Month) (Day) (Year)

FULL NAME

E. O. Dodge

FATHER

RESIDENCE

Boise, Ida

COLOR

White

AGE AT LAST BIRTHDAY

65
(Years)

BIRTHPLACE

Vermont

OCCUPATION

Farmer

FULL MAIDEN NAME

Nathie B. Sullivan

MOTHER

RESIDENCE

Boise, Ida

COLOR

White

AGE AT LAST BIRTHDAY

44
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife
 Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was born alive, at 11:00 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Daily
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Ida

Filed

March 23 1920

Registrar

Registrar



298-222-018-235
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-2-15

CERTIFICATE OF BIRTH

County of ClearwaterCity of OrofinoRegistration District No. 90File No. 77839

No. _____ St. _____

Primary Registration District No. 2168Registered No. 25

Hospital _____

FULL NAME OF CHILD

Maryine Bryant

Sex of Child

girlTwin
Triplet
or other?1

and

Number
in order
of birthXLegiti-
mate?YesDate of
BirthMar 221920

(Month) (Day) (Year)

FULL
NAME

FATHER

John M Bryant

RESIDENCE

Orofino Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY41
(Years)

BIRTHPLACE

Kentucky

OCCUPATION

Auto SalesmanFULL
MAIDEN
NAME

MOTHER

Lavonia Starnes

RESIDENCE

Orofino Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Washington

OCCUPATION

Housewife

Number of child of this mother, including present birth

6

Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive
(Born alive or stillborn)at 9 a M.* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Edith M. StewartOrofino, Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Address

File Apr 15 1920

5-V-CO 38071

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number
of each, in order of birth stated.

MAR 16 1943

231-225-018-689

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of ClearwaterCity of OrofinoRegistration District No. 90File No. 77840

No. _____ St. _____

Primary Registration District No. 2168Registered No. 26

Hospital _____

FULL NAME OF CHILD

Charlotte Blaine

| | | | |
|-----------------------------------|---|--------------------------------------|--|
| Sex of Child <u>girl</u> | Twin Triplet or other? <u>X</u> and { Number in order of birth <u>X</u> | Legitimate? <u>yes</u> | Date of Birth <u>3/25</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FATHER | | MOTHER | |
| FULL NAME <u>Clinton S Blaine</u> | | FULL MAIDEN NAME <u>Dorsey White</u> | |
| RESIDENCE <u>Orofino Idaho.</u> | | RESIDENCE <u>Orofino Idaho.</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>25</u> (Years) |
| BIRTHPLACE <u>Colorado</u> | | BIRTHPLACE <u>Idaho.</u> | |
| OCCUPATION <u>Labourer</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. W. MearnsOrofino Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed

Apr 15 1920J. Mearns
Registrar

APR 8 1985

466-229,018-391

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Clearwater

City of Orapine

Registration District No. 90

File No. 77841

No. _____ St. _____

Primary Registration District No. 2.68

Registered No. 27

Hospital _____

FULL NAME OF CHILD Dorothy June Moore

| | | | | |
|--------------------------|---|--------------------------------|------------------------|--|
| Sex of Child <u>girl</u> | Twin or other? <input checked="" type="checkbox"/> <u>X</u> | and in order of birth <u>X</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 29 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------|------------------------|--|

FATHER
FULL NAME Carroll T Moore
RESIDENCE Kamiah Ida
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE New Jersey
OCCUPATION Warehouse man

MOTHER
FULL MAIDEN NAME Lou Cracker
RESIDENCE Kamiah Ida
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Illinois
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10³²9 M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edith McCrell
Dorothy Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____

Address _____
Filed Apr 15 1920 J. M. Gail
Registrar

JUL 24 1946

Aug 13 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

943-130-018-013
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Clearwater
City of Lenoir, R. D. N.

Registration District No. 90

File No. 77842

No. _____ St. _____

Primary Registration District No. 3168

Registered No. 28

Hospital _____

FULL NAME OF CHILD

Dale Elton Rutledge

| | | | | | |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Mar 30 1920</u>
(Month) (Day) (Year) |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|--|

FATHER
FULL NAME Stephen O. Rutledge
RESIDENCE Lenoir, Ida
COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Wm.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Rena Walker
RESIDENCE Lenoir, Ida
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Wm.
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

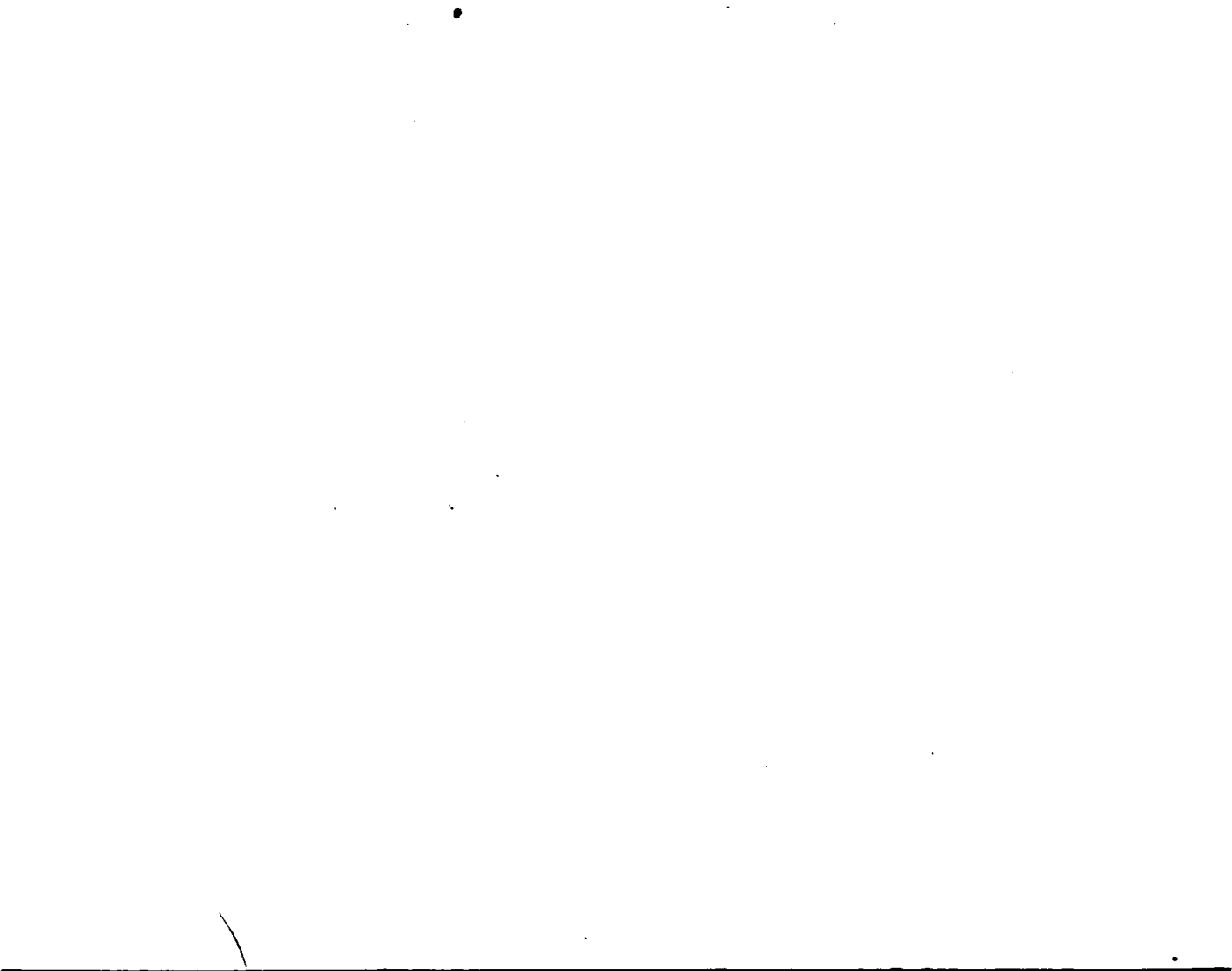
I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. M. Fairly
(Physician or midwife)
Address Office, Ida
Filed Mar 30 1920 J. M. Fairly Registrar

Registrar



766-203-018-349

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

County of ClearwaterCity of Elk River

No. _____ St. _____

Hospital _____

CERTIFICATE OF BIRTH

Registration District No. _____

2168

File No. _____

77843

Primary Registration District No. 2168.9

Registered No. _____

FULL NAME OF CHILD MYRTLE MAY Powell

| | | | |
|----------------------------|--|------------------------|---|
| Sex of Child <u>Female</u> | Twin, triplet or other? _____ and _____
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>Mar 3</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|---|

| | |
|--------------------------------|--|
| FULL NAME <u>Eugene Powell</u> | FATHER |
| RESIDENCE <u>Elk River</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>36</u> (Years) |
| BIRTHPLACE <u>Iowa</u> | |
| OCCUPATION <u>Carpenter</u> | |

| | |
|-------------------------------------|--|
| FULL MAIDEN NAME <u>Edna Turner</u> | MOTHER |
| RESIDENCE <u>Elk River</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>26</u> (Years) |
| BIRTHPLACE <u>Ohio</u> | |
| OCCUPATION <u>House wife</u> | |

Number of child of this mother, including present birth 5thNumber of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at the date above stated.

Alive at 6 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F.P.M. Cornish

(Physician or midwife)

Given names added from a supplemental report.

April 14 1920
Iva Mae Vandenberg
S-V CO. 24828 Registrar

Address

Filed

Elk River Idaho
April 13 1920 Iva Mae Vandenberg
Registrar

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of San Diego } ss.

Certificate No. 77843

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for UNamed who was born on March 3, 1920
(Name on Original Certificate) (Birth or Death)
in Elk River Clearwater Co. Idaho (Was Born or Died) (Date of Event)
(Place of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name _____

FROM
(As on Original)
Unnamed _____

TO
(The Correct Facts)
Myrtle May Powell

Subscribed and sworn to before me this 17th
day of October 1942
W. W. Wiedenbeck
Notary Public, residing at San Diego, Calif.
My commission expires March 25, 1945
(Seal)

Signed Mrs. Emma May Powell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) MOTHER
4426 Thorn St. San Diego, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Diego } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of October 1942
W. W. Wiedenbeck
Notary Public, residing at San Diego, Calif.
My commission expires March 25, 1945
(Seal)

Signed Engene H. Powell
(Signature of Any Credible Person Other Than Previous Year) FATHER
4426 Thorn St. San Diego, Calif.
(Street Address, City, State)

OCT 21 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended July 30, 1952

PLACE OF BIRTH

435-107-018-168

County of Clearwater

City of Elk River

No. _____ St.

Hospital _____

Registration District No. 2168

Primary Registration District No. 91

File No. 77844

Registered No. _____

FULL NAME OF CHILD WA. PERRY McNEW

(Certificate of no value without full name of child.)

| | | | | |
|----------------------|---|-------------------------------------|-------------------------|--|
| Sex of Child
male | Twin
Triplet
or other?
(To be answered only in event of plural births) | and {Number
in order
of birth | Legiti-
mate?
yes | Date of
birth... March 7, 1920.
(Month) (Day) (Year) |
|----------------------|---|-------------------------------------|-------------------------|--|

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

| |
|--|
| FULL
NAME
FATHER
Elbert McNew |
| RESIDENCE
Elk River |
| COLOR
white |
| AGE AT LAST
BIRTHDAY... 21
(Years) |
| BIRTHPLACE
Washington |
| OCCUPATION
Carpenter |

| |
|--|
| FULL
MAIDEN
NAME
MOTHER
Bertha Johnson |
| RESIDENCE
Elk River |
| COLOR
white |
| AGE AT LAST
BIRTHDAY... 19
(Years) |
| BIRTHPLACE
Idaho |
| OCCUPATION
house wife |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) F. P. McCormick

physician
(Physician or midwife)

Give names added from a supplemental report.

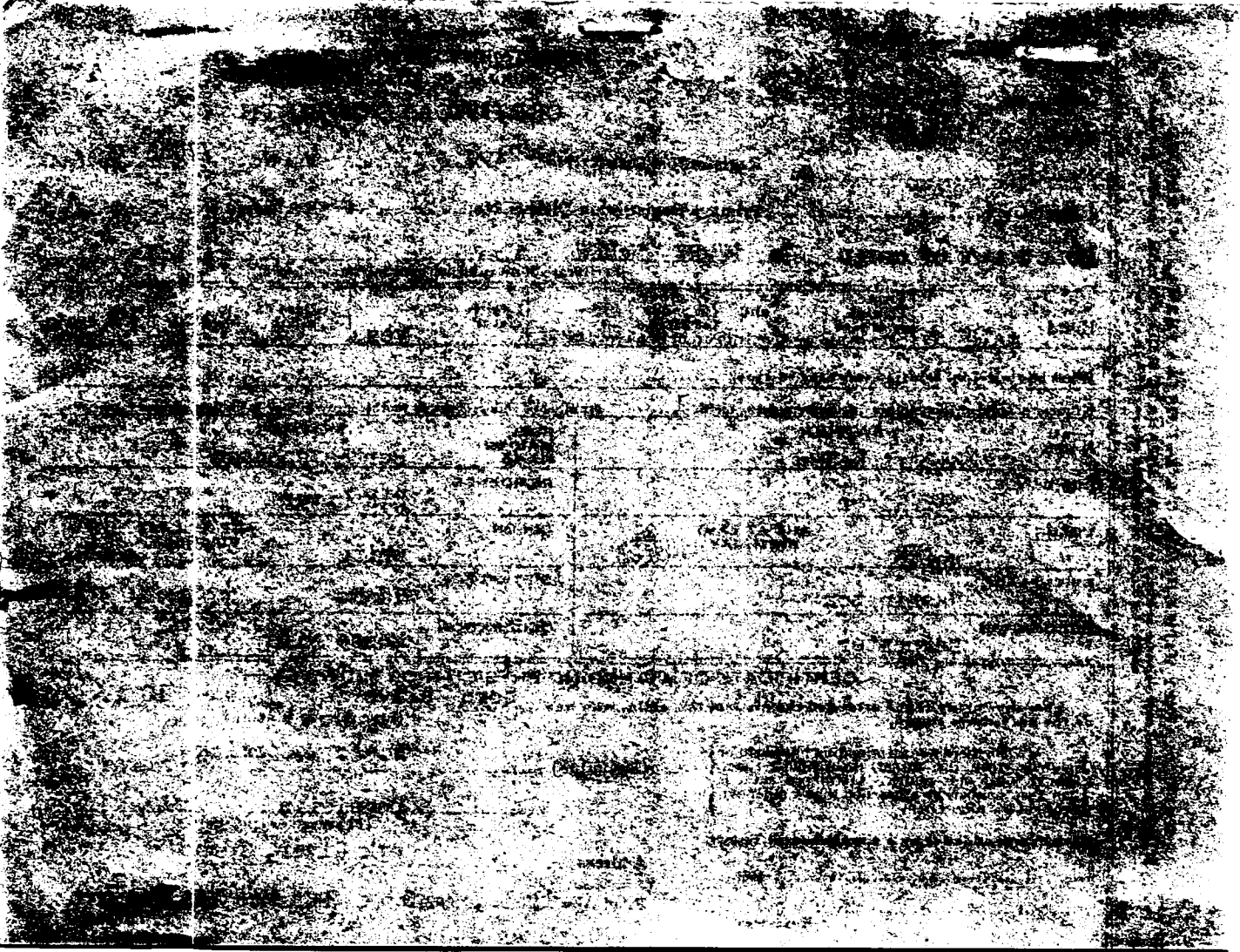
Address Elk River, Idaho

_____, 1920

Filed April 14, 1920 Iva Mae Van Inwegen

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Jackson } ss.

Certificate No. 77844

Date Filed

Birth

The undersigned does solemnly swear that certain facts on the certificate of
for ~~William Perry McNew~~ William Perry McNew who **was born** on Mar. 7, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Elk River, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Birthdate

March 6, 1920

March 7, 1920

Father's name

Albert McNew

Elbert McNew

Subscribed and sworn to before me this 3rd. day of
August, 1950

Signed Bertha M. McNew
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Central Point, Oregon
My commission expires Nov. 25th, 1950
(Seal)

P.O. Box 885 - Central Point, Oreg.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Jackson } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

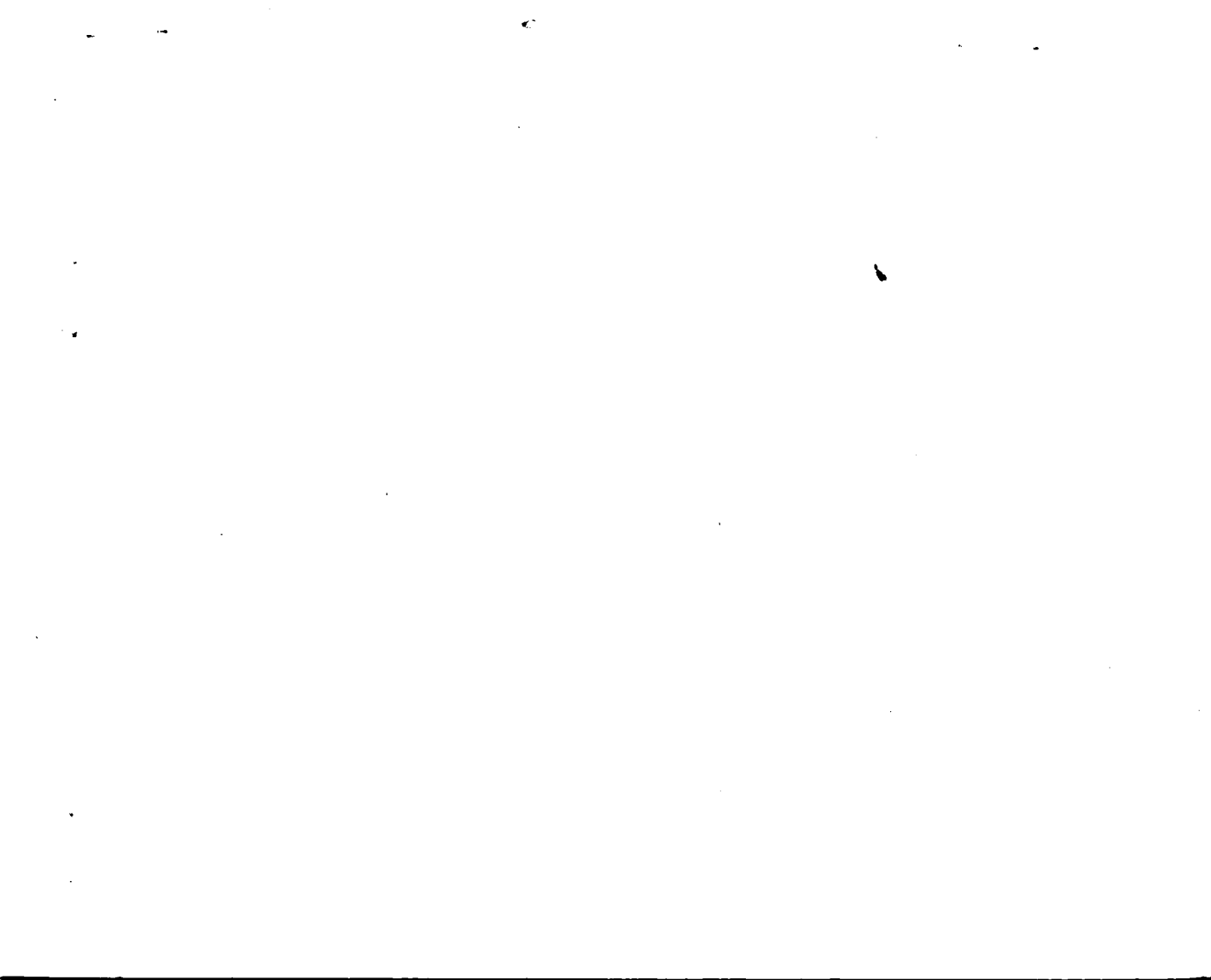
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd. day of
August, 1950

Signed Mrs. Edna Johnson
(Signature of Any Credible Person)

Notary Public, residing at Central Point, Oregon
My commission expires Nov. 25, 1950
(Seal)

827 - 2nd St
(Street Address, City, State)
Clarkston, Washington



County of BlaineCity of Elk River

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. _____

Primary Registration District No. 2768 91

File No. _____

Registered No. _____

STATE OF MINNESOTA
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77845

10

Sex of Child Male Twin Triplet or other? and { Number in order of birth 3rd } Yes Date of Birth Mar 24 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER James Forrest JenningsRESIDENCE Elk RiverCOLOR White AGE AT LAST BIRTHDAY 37 (Years)BIRTHPLACE WashingtonOCCUPATION TeacherFULL MAIDEN NAME MOTHER Alcie KenoyRESIDENCE Elk RiverCOLOR White AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE Albion WashOCCUPATION House wifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

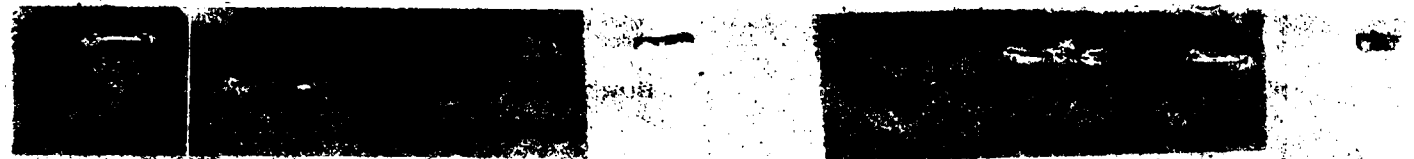
(Signature) F.P. McCormick

(Physician or midwife)

Given names added from a supplemental report.

April 14 1920
Dr. M. A. Vandoren
S. Co. 24000 Registrar

Address Elk River, Dak.
Filed 4-14 1920 Dr. M. A. Vandoren
Registrar



1

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 77845

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____

(Birth or Death)

for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Name James Pearl James Perle Jennings

Subscribed and sworn to before me this 5
day of June, 19 42

R. Osheisel
Notary Public, residing at Marion

My commission expires Sept 22, 1944
(Seal)

Signed Mrs J. F. Jennings
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5
day of June, 19 42

R. Osheisel
Notary Public, residing at Marion

My commission expires Sept 22, 1942
(Seal)

Signed Mrs. Katie Kenoyer
(Signature of Any Credible Person Other Than Previous Year)

grandmother
Spokane, Wash.
(Street Address, City, State)

JUN 9 1942

JUL 15 1968

JUN 12 1942

3 1942

553-105.018-864

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS —

Form V. S. No. 11-C-25m-1-1-18

County of Clearwater

CERTIFICATE OF BIRTH

77846

City of Elk RiverRegistration District No. 216891File No. 1

No. _____ St. _____

Primary Registration District No. 2168

Registered No. _____

Hospital Elk RiverFULL NAME OF CHILD Charles T. Nelson

| | | | | |
|--------------------------|--|---|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other? <u>—</u>
(To be answered only in event of plural births) | and { Number
in order
of birth <u>3rd</u> | Legiti-
mate? <u>yes</u> | Date of Birth <u>Jun 5</u> 19 <u>29</u>
(Month) (Day) (Year) |
|--------------------------|--|---|-----------------------------|---|

FULL NAME FATHER Carl E. NelsonFULL MAIDEN NAME MOTHER Flossie YoumansRESIDENCE Elk RiverRESIDENCE Elk RiverCOLOR White AGE AT LAST BIRTHDAY 39 (Years)COLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE MichiganBIRTHPLACE MinnesotaOCCUPATION Sawyer SellerOCCUPATION House wifeNumber of child of this mother, including present birth 3rdNumber of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. P. M. Cornick
Physician
(Physician or midwife)

Given names added from a supplemental report.

W. H. Van Dusen
CO. 24688
Registrar

Address Elk River Idaho
Filed Jan 12 1929 W. H. Van Dusen
Registrar

RECEIVED AT THE OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C. 20315
JAN 10 1964
FROM THE
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C. 20315
SUBJECT: [Illegible]

SECRET

WESTERN
HISTORICAL

1991

1992

Next Steps

1940

Journal of Management Studies, 20(6), 791-806.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

Abstract

...and the

212-106-018-254

Form V. S. No. 11-C-25a-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77847

County of Clearwater

City of Elk River

Amended 3-11-81

No. _____ St.

Registration District No. _____

2168

File No. 2

Primary Registration District No. 21891

Registered No. _____

Hospital _____

FULL NAME OF CHILD John James

Bakos

| | | | | |
|--------------------------|---------------------------------------|---|-----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other? <u>-</u> | and { Number
in order
of birth <u>1st</u> | Legiti-
mate? <u>yes</u> | Date of Birth <u>Jan 6th 1920</u>
(Month) (Day) (Year) |
|--------------------------|---------------------------------------|---|-----------------------------|---|

| | |
|------------------------------------|--|
| FULL NAME <u>James Bakos</u> | FATHER |
| RESIDENCE <u>Elk River</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>4</u>
(Years) |
| BIRTHPLACE <u>Enos</u> | |
| OCCUPATION <u>Trimmer Saw mill</u> | |

| | |
|--------------------------------------|---|
| FULL MAIDEN NAME <u>Myrtle Bakos</u> | MOTHER |
| RESIDENCE <u>Elk River</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE <u>Minnesota</u> | |
| OCCUPATION <u>House wife</u> | |

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

alive
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. P. McCormick
Physician
(Physician or midwife)

Given names added from a supplemental report.

John M. Vandenberg
Regist. CO. 24088

Address _____
Date Jan 12 1920

John M. Vandenberg
Regist.

UNITED STATES DEPARTMENT OF JUSTICE

FEB 1964

UNITED STATES DEPARTMENT OF JUSTICE

UNITED STATES DEPARTMENT OF JUSTICE

UNITED STATES DEPARTMENT OF JUSTICE

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UNITED STATES DEPARTMENT OF JUSTICE

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICSState of Idaho } ss. FEB 19 2 10 PM '81
County of ClearwaterCertificate No. 77847Date Filed 3-14-81The undersigned does solemnly swear that certain facts on the certificate of birthfor William J. Bakos who was born on Jan. 6, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Elk River (Clearwater) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's nameWilliam J. BakosJohn James BakosSubscribed and sworn to before me this 14 day ofMarch, 1981.Notary Public, John J. BakosResiding at Elk River, IdahoMy commission expires Indefinite

(Seal)

Signature of Applicant
John J. Bakos
Box 157 Elk River, Idaho
Street Address, City, State 83827

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Holding at desk - for 3-11-81

Army of the United States, HOnorable Discharge gives name as John J. Bakos, -
39-389 902 Private First Class of the Army of the U. S. Given at Separation .
Center, Fort MacArthur, California on October 12, 1945.
Viewed by V.S

School Record issued September 3, 1934, gives name as John James Bakos, son of
James Bakos, Elk River, Idaho. Date of birth is given as January 6, 1920.
Viewed by V.S.

249-258

PLACE OF BIRTH

018-255

County of Clear LakeCity of Elk River

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Violet Marie SmithwickSex of
Child FemaleTwin
Triplet
or other? —

{ and }

Number
in order
of birth 2ndLegiti-
mate? yesDate of
Birth Jan 8

(Month)

(Day)

1920
(Year)FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY 36

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY 30

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

F. P. M. Cornsick

(Physician or midwife)

Given names added from a supplemental report.

Address

Elk River, Ind.

Filed

April 131920Ira Mae Vandewegen

Registrar

CERTIFICATE OF BIRTH

File No.

77848

Registration District No.

7 2168

Primary Registration District No.

7789

Registered No.

RECEIVED FROM REVENUE DEPARTMENT

FOR THE PAYMENT OF TAXES AND DEDUCTIONS

Amount from card 5/8/45 E.J.

Form with various fields and stamps, including "RECEIVED FROM REVENUE DEPARTMENT" and "FOR THE PAYMENT OF TAXES AND DEDUCTIONS". The form contains several lines of text, some of which are partially obscured by heavy black redaction marks at the top. The text is mostly illegible due to the quality of the scan and the redactions.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of _____ } ss.
 Certificate No. 47848
 Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
 for _____ who was born on Jan. 8, 1920
 in Elk River, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
 (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts as shown by parents prepared on _____, are:
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

| | |
|--|--|
| FACTS TO BE CORRECTED
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)
Name _____

_____ | FROM
(AS ON ORIGINAL)
Unnamed _____

_____ |
| TO
(THE CORRECT FACTS)
Violet Marie Smithwick _____

_____ | |

Subscribed and sworn to before me this 9th,
 day of March, 1943.
Notary Public
 Notary Public, residing at Genesee
 My commission expires May 3, 1943
 (SEAL)

Signed John F. Smithwick
 (SIGNATURE OF FATHER OR ATTENDANT IF CORRECTING A BIRTH RE-
 cord; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
 A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Moscow, Idaho - Rte 1
 (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
 County of _____ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
 (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
 that they are true to the best of his knowledge.
 Subscribed and sworn to before me this _____
 day of _____, 19 _____

Signed _____
 (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____
 My commission expires _____
 (SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
 (REGISTRAR'S SIGNATURE)

MAR 13 1943

493-110-018-412

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

77849

County of ClearwaterCity of Elk River

CERTIFICATE OF BIRTH

Registration District No. FF 2168File No. 4

No. _____ St. _____

Primary Registration District No. HEX 91

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Walter Emerson MichaelisSex of
ChildMaleWas
Triplet
or other?-

and

Number
in order
of birth5thLegiti-
mate?yesDate of
BirthJan 10 1920
(Month) (Day) (Year)FULL
NAMEJoseph A Michaelis

FATHER

RESIDENCE

Elk River

COLOR

WhiteAGE AT LAST
BIRTHDAY44
(Years)

BIRTHPLACE

Kansas

OCCUPATION

Fitterman Sheng EngineFULL
MAIDEN
NAMEClara Massery

MOTHER

RESIDENCE

Elk River

COLOR

WhiteAGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

Kansas

OCCUPATION

House wife

Number of child of this mother, including present birth

5th

Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Alive

(Born alive or stillborn)

5 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. P. McCormick

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Elk River Idaho

File

April 13 1920Dr. Mar. Van Doren

Registrar

BY CO. 24000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

04-07-1968

1990

893-110-018-915

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 1-1-18

CERTIFICATE OF BIRTH

77850

County of ClearwaterCity of Elk RiverRegistration District No. 2168File No. 5

No. _____ St. _____

Primary Registration District No. 2168

Registered No. _____

Hospital _____

FULL NAME OF CHILD DavidWilliam RaeKielSex of Child MaleTwin
Triplet
or other?

—

and

Number
in order
of birth1stLegit-
mate?Yes

Date of Birth

Jan 16 1920
(Month) (Day) (Year)

FULL NAME

Stan Wm Kiel

FATHER

RESIDENCE

Elk River

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

Motor Man.

FULL MAIDEN NAME

Anna Mary Rae

MOTHER

RESIDENCE

Elk River

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

England

OCCUPATION

House wifeNumber of child of this mother, including present birth 1stNumber of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Alive
(Born alive or stillborn)10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. P. McCormick

(Physician or midwife)

Given names added from a supplemental report.

Address

Elk River Idaho

Filed

April 13 1920

S. Y. CO. 24088

Registrar

Registrar

RECEIVED 10-4-1964

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss. Certificate No. 77850
County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for David Wm Roy Hill who was born on January 10, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Elk River are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts as shown by knowledge of mother prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|---------------------------------|----------------------------------|
| FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
| <u>Name</u> | <u>David Wm Roy Hill</u> | <u>David William Rae Hill</u> |
| <u>Mother's Name</u> | <u>Anna Mary Roy</u> | <u>Anna Mary Rae</u> |

Subscribed and sworn to before me this _____
day of _____, 19 _____

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed Annie M. Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1719 Franklin St.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

APR 24 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH
264-109.018-389 AMENDED
County of Clearwater 6-17-53

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Elk River

No. St. Registration District No. 2168 File No. 77851

Hospital Primary Registration District No. 91 Registered No. 6

FULL NAME OF CHILD Harry Wakely Boures

(Certificate of no value without full name of child.)

| | | | |
|---|---|------------------|--|
| Sex of Child male | Twin Triplet or other? } and { Number in order of birth | Legit- mate? yes | Date of birth Feb. 9, 1920
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | |

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

FATHER
FULL NAME Nickolas H. Boures

MOTHER
FULL MAIDEN NAME Mabel Threlkeld

RESIDENCE
Elk River, Idaho

RESIDENCE
Elk River, Idaho

COLOR White AGE AT LAST BIRTHDAY 22
(Years)

COLOR White AGE AT LAST BIRTHDAY 19
(Years)

BIRTHPLACE
Greece

BIRTHPLACE
Iowa

OCCUPATION
Saw Mill

OCCUPATION
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick

Physician

(Physician or midwife)

Give names added from a supplemental report.

Address Elk River, Idaho

Filed Apr. 12, 1920 Ida Mae Vandivier

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. Certificate No. 77851
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for _____ who _____ on _____
(Name on Original Certificate) (Was Born ~~as Died~~) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED | | FROM | TO |
|--|---------------|---------------------|---------------------|
| ("Name," "Birth Date," "Cause of Death," Etc.) | | (As on Original) | (The Correct Facts) |
| Name of child. | Harry Boras | Harry Wakely Boures | |
| Surname of father. | Boras | Boures | |
| Date of birth. | Feb. 11, 1920 | Feb. 9, 1920 | |

Subscribed and sworn to before me this 8 day of June, 1953.
Charles A. Honeycutt
Notary Public, residing at Spokane
My commission expires April 1954
(Seal)

Signed Mabel Shrekeld Boures
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3206 Park Road
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

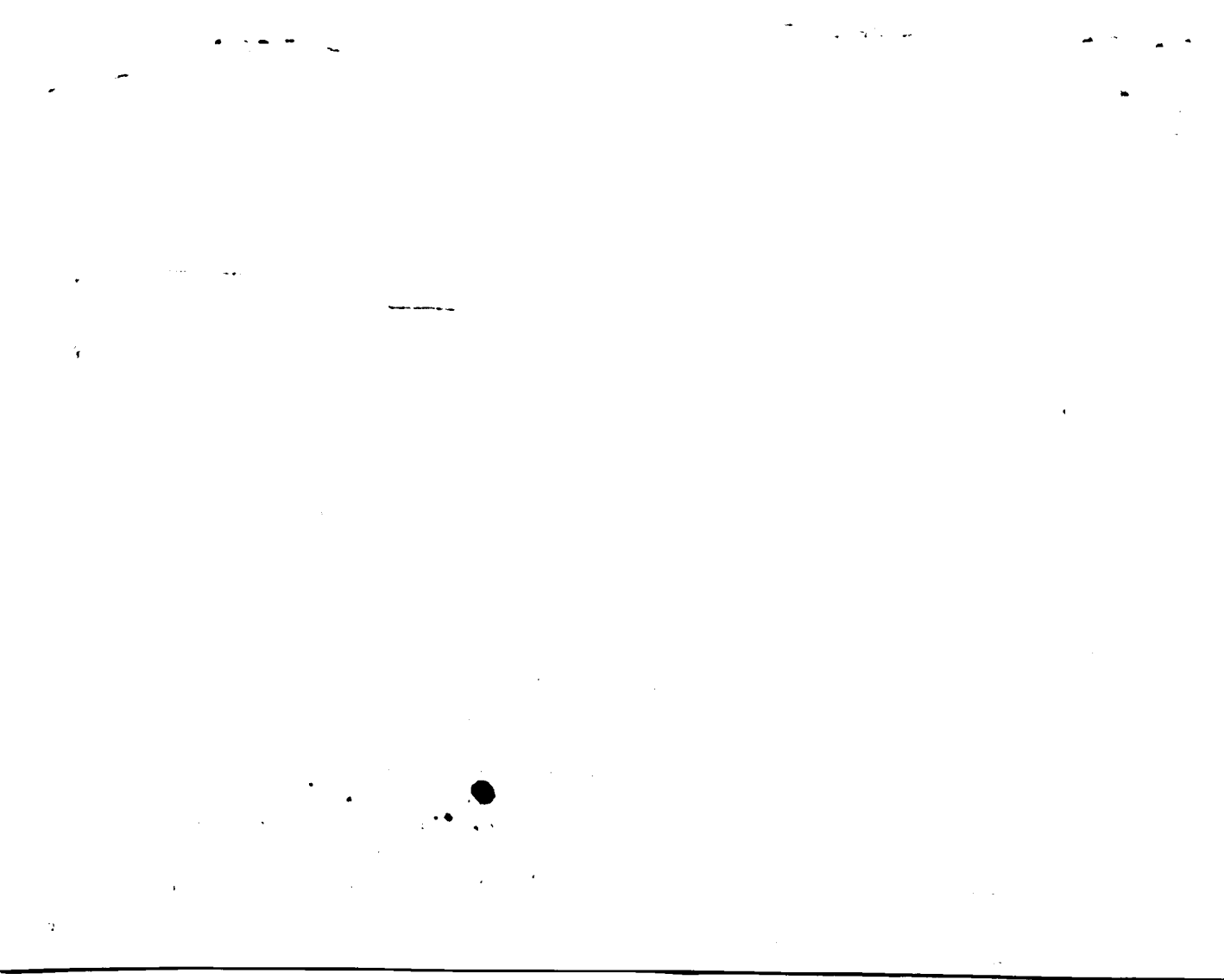
State of Washington }
County of Spokane } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of June, 1953.
Charles A. Honeycutt
Notary Public, residing at Spokane, Wn
My commission expires April 1953
(Seal)

Signed Mabel Shrekeld Boures
(Signature of Any Credible Person)
3206 Park Road Spokane, Wash
(Street Address, City, State)



814-218'08--393

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

77852

County of ClearwaterCity of Elk RiverRegistration District No. 2168File No. 8

No. _____ St. _____

Primary Registration District No. 2168 91

Registered No. _____

Hospital _____

FULL NAME OF CHILD Shirley Jo HambleySex of Child FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth
1stLegit-
mate? YesDate of Birth Apr 18 1920

(Month)

(Day)

(Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

28

(Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

20

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. P. McCormick
Physician or midwife

Given names added from a supplemental report.

April 14 1920
J. Mac Vandeweyer
Registrar

Address

Filed

April 14 1920
J. Mac Vandeweyer
Registrar

RECEIVED FOR DEPARTMENT OF DEFENSE

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11/11/01 BY 1045

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

DATE

TIME

LOCATION

STATUS

REMARKS

INITIALS

SIGNATURE

DATE

TIME

LOCATION

STATUS

DATE

TIME

LOCATION

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STATUS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-6-6-17

CERTIFICATE OF BIRTH

77853

County of *Seaboard*City of *Seaboard*

769-228,017-318

No. St.

Registration District No. *125*

File No.

Primary Registration District No. *2203*

Registered No.

Hospital

FULL NAME OF CHILD

Hilda Reheannah Goza

Sex of Child

*Female*Twin
Triplet
or other?{ and {
Number
in order
of birthLegiti-
mate?*Yes*

Date of Birth

3 28 1920
(Month) (Day) (Year)

FULL NAME

General J. Goza

FATHER

FULL MAIDEN NAME

Bessie A. Taylor

MOTHER

RESIDENCE

Dubois

RESIDENCE

Dubois

COLOR

White

AGE AT LAST BIRTHDAY

22
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Mo

BIRTHPLACE

Mo

OCCUPATION

Barber

OCCUPATION

Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at..... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. E. Jones M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address

Dubois Idaho

Filed

Mar 28 1920

Registrar

Registrar

DEC 1 1942

FEB 7 1951

713-2241017-469

PLACE OF BIRTH

County of Clark

City of Subois

No. St.

Hospital St. Jones

FULL NAME OF CHILD

Registration District No. 125

Primary Registration District No. 2203

File No. 77854

Registered No.

Sex of Child Female Twin Triplet or other? no and (Number in order of birth) Legitimate? yes Date of Birth 3 24 1910
(Month) (Day) (Year)

FATHER
FULL NAME Thomas Patetzick
RESIDENCE Harmer Idaho
COLOR White AGE AT LAST BIRTHDAY 29
(Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Mary E. Mortensen
RESIDENCE Harmer Idaho
COLOR White AGE AT LAST BIRTHDAY 22
(Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 5:55 AM on the date above stated. (Born alive or known)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jones MD
(Physician or midwife)

Given names added from a supplemental report.

Address ID

Address Subois Idaho

.....

Filed March 24 1910

Registrar

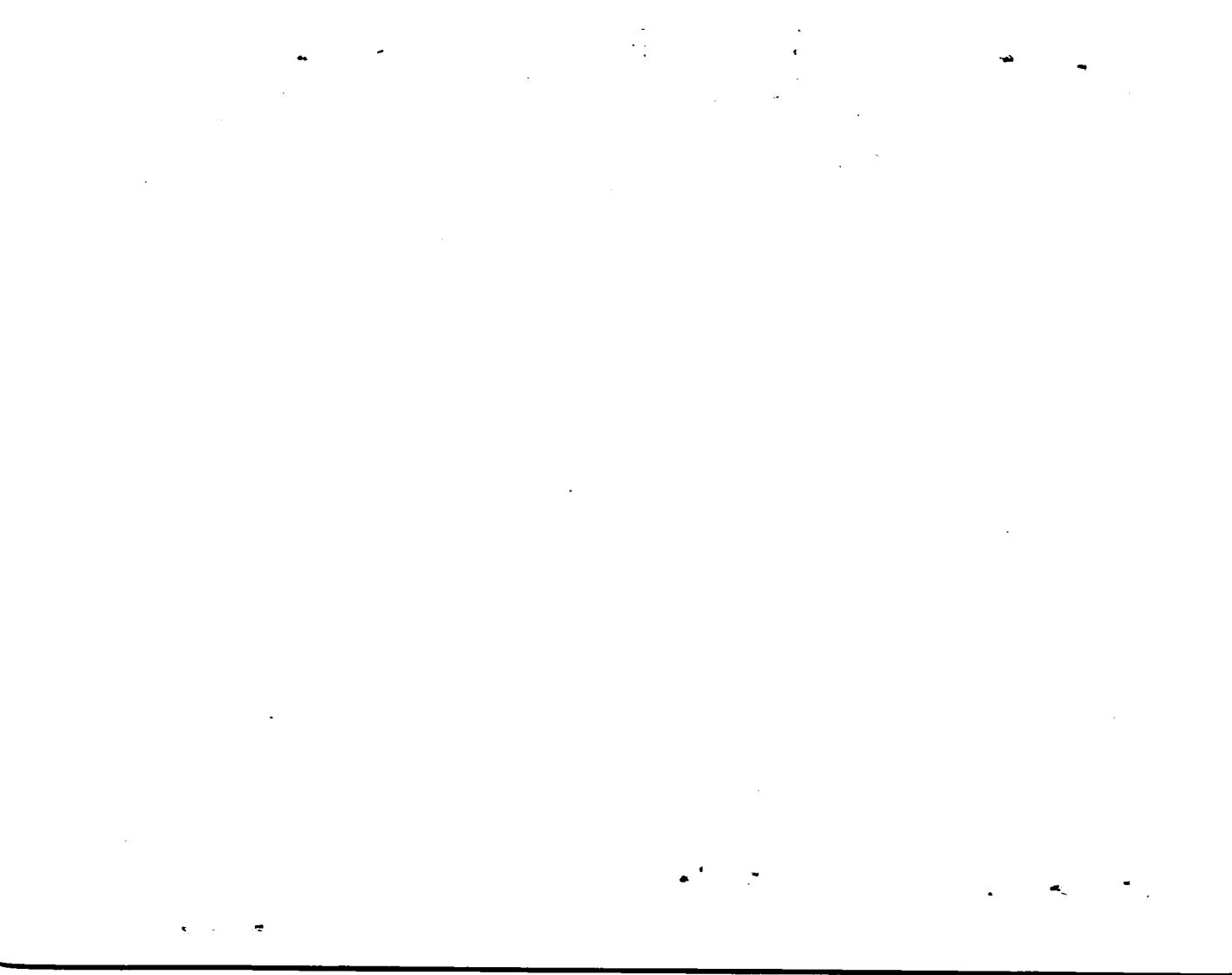
Registrar

MAY 9 1973

DECEASED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Address Liberty Road
 Filed 8-18 1920
 Registrar CE Jones MD



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

Certificate No. 77855
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Calkins who was born on March 18, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Spencer, ID (CLark) erroneous or were omitted:
(Place of Event)

| ITEMS TO BE CORRECTED | FROM | TO |
|-----------------------|------------------------|-----------------------|
| <u>child's name</u> | <u>unnamed Calkins</u> | <u>Evelyn Calkins</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Subscribed and sworn to before me this 17th day of
September, 1929.
Notary Public, Flournoy Cartwright
Residing at Boise
My commission expires Lifetime
(Seal)

Evelyn Davis
Signature of Applicant
175 6 Ave W. Rt 1
Wendell, Id. 83355
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed __)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Own child's birth certificate, Joseph Alan Nieffenegger, lists name of mother as Doris Evelyn Calkins. Child born October 22, 1941, in Gooding county, Idaho. #324618
viewed by vs September 17, 1979

Own child's death certificate, Richard Albert Nieffenegger, lists mother as Evelyn Calkins; child died October 14, 1946, in Gooding County, ID. #150709
viewed by vs September 17, 1979

860-1121026-445

PLACE OF BIRTH

County of JeffersonCity of Camas

No. St.

Hospital NoneFULL NAME OF CHILD Harry J. Hoffman

| | | | | |
|--------------------------|---|--------------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and } Number
in order
of birth | Legitimate? <u>Yes</u> | Date of Birth <u>3</u> <u>12</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|------------------------|--|

| | | | |
|---|---|--|---|
| FULL NAME FATHER <u>Jos. L. Hoffman</u> | | FULL MAIDEN NAME MOTHER <u>Anna Marion Demerin</u> | |
| RESIDENCE <u>Camas</u> | | RESIDENCE <u>Camas</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>40</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>34</u>
(Years) |
| BIRTHPLACE <u>Mo.</u> | | BIRTHPLACE <u>Mo.</u> | |
| OCCUPATION <u>Real Estate</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Howard Jones

(Physician or midwife)

Given names added from a supplemental report.

Address Bayview, IdahoFiled May 18 1920

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

77856

Registration District No. 125

File No.

Primary Registration District No. 2203

Registered No.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 2-2-61
PLACE OF BIRTH

413-2091017-756

County of Clark

City of Dubois, P.O.

No. _____ St. _____

Hospital Home

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 125 File No. 77857

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Mary Elizabeth Maloney

(Certificate of no value without full name of child.)

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u> } and { Number in order of birth <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>March 9, 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER
FULL NAME Thomas J. Maloney

RESIDENCE Dubois, P.O.

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Ind.

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Emmie George

RESIDENCE Dubois, Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:10 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Howard Young

Physician
(Physician or midwife)

Address Dubois, Idaho

Filed March 18, 1920 C.E. Jones, M.D.

Registrar.

Registrar.

Give names added from a supplemental report.
_____, 192____

222

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

WASHINGTON, D. C.

1945

| | |
|--------------------------------------|------------------------------|
| UNITED STATES DEPARTMENT OF THE ARMY | OFFICE OF THE CHIEF OF STAFF |
| WASHINGTON, D. C. | 1945 |
| UNITED STATES DEPARTMENT OF THE ARMY | OFFICE OF THE CHIEF OF STAFF |
| WASHINGTON, D. C. | 1945 |

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

WASHINGTON, D. C.

1945

Own Child's Birth Certificate on file, #324361 gives name as Mary Elizabeth Maloney -
viewed by V.S.

other document listed on back -
IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Clark } ss. Certificate No. 77857
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Eunice Malony who born on March 9, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Clark County - Dubois, Idaho erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
|--|---------------------------------|----------------------------------|
| Full Name of Child | <u>Eunice Malony</u> | <u>Mary Elizabeth Maloney</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Subscribed and sworn to before me this 4th day of
September, 1958

B. H. THOMAS

~~Notary Public and Clerk of the District Court~~
~~His commission expires _____~~
(Seal) Clerk of the District Court
Clark County, Idaho

Dubois, Idaho

By [Signature] Deputy
SUPPORTING AFFIDAVIT OF A SECOND PERSON

Signed Agnes Rasmussen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

State of IDAHO }
County of Clark } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of
September, 1958

~~Notary Public and Clerk of the District Court~~
~~His commission expires _____~~
(Seal) Clerk of the District Court
Clark County
Idaho

Signed Wm M. Jacques
(Signature of Any Credible Person)

P. O. Box 146, Dubois, Idaho
(Street Address, City, State)

Certificate of Marriage, Immaculate Conception Church (Catholic Church),
Butte, Montana, February 28, 1938 gives full name of groom as Clay W. Colson
and full maiden name of bride as Mary Elizabeth Maloney - viewed by V.S.

962-225-017-493
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

County of Clark.....

City of subois.....

Registration District No. 125.....

File No. 77858.....

No.St.

Primary Registration District No. 2203.....

Registered No.

Hospital Home.....

FULL NAME OF CHILD Dorothy Elizabeth Robertson.....

| | | | | |
|----------------------------|------------------------------|---|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other? | and
(Number
in order
of birth) | Legiti-
mate? <u>yes</u> | Date of Birth <u>2 25 1920</u>
(Month) (Day) (Year) |
|----------------------------|------------------------------|---|-----------------------------|--|

| | |
|---------------------------------------|---|
| FULL NAME
<u>Earl J. Robertson</u> | FATHER |
| RESIDENCE
<u>subois</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE
<u>washington</u> | |
| OCCUPATION
<u>Farmer-Carpenter</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Blanche M. Miller</u> | MOTHER |
| RESIDENCE
<u>subois</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE
<u>washington</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth. 4..... Number of children of this mother now living, including present birth. 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive..... at 9:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Howard Young.....
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address subois, Idaho.....
Filed McB 15 1920.....
Registrar C. E. Jones Registrar

OCT 21 1959

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897 222-017-452
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County of Clark

City of subais

Registration District No. 125

File No. 77859

No. St.

Primary Registration District No. 2203

Registered No.

Hospital Homer

LOUISE

FULL NAME OF CHILD Mary Margaret Higbee

| | | | |
|----------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>2</u> <u>22</u> <u>1900</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|--|

| | |
|-------------------------------|---|
| FULL NAME <u>S. S. Higbee</u> | FATHER |
| RESIDENCE <u>subais</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>36</u>
(Years) |
| BIRTHPLACE <u>utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Phoebe Annis Merserby</u> | MOTHER |
| RESIDENCE <u>subais</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) |
| BIRTHPLACE <u>utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

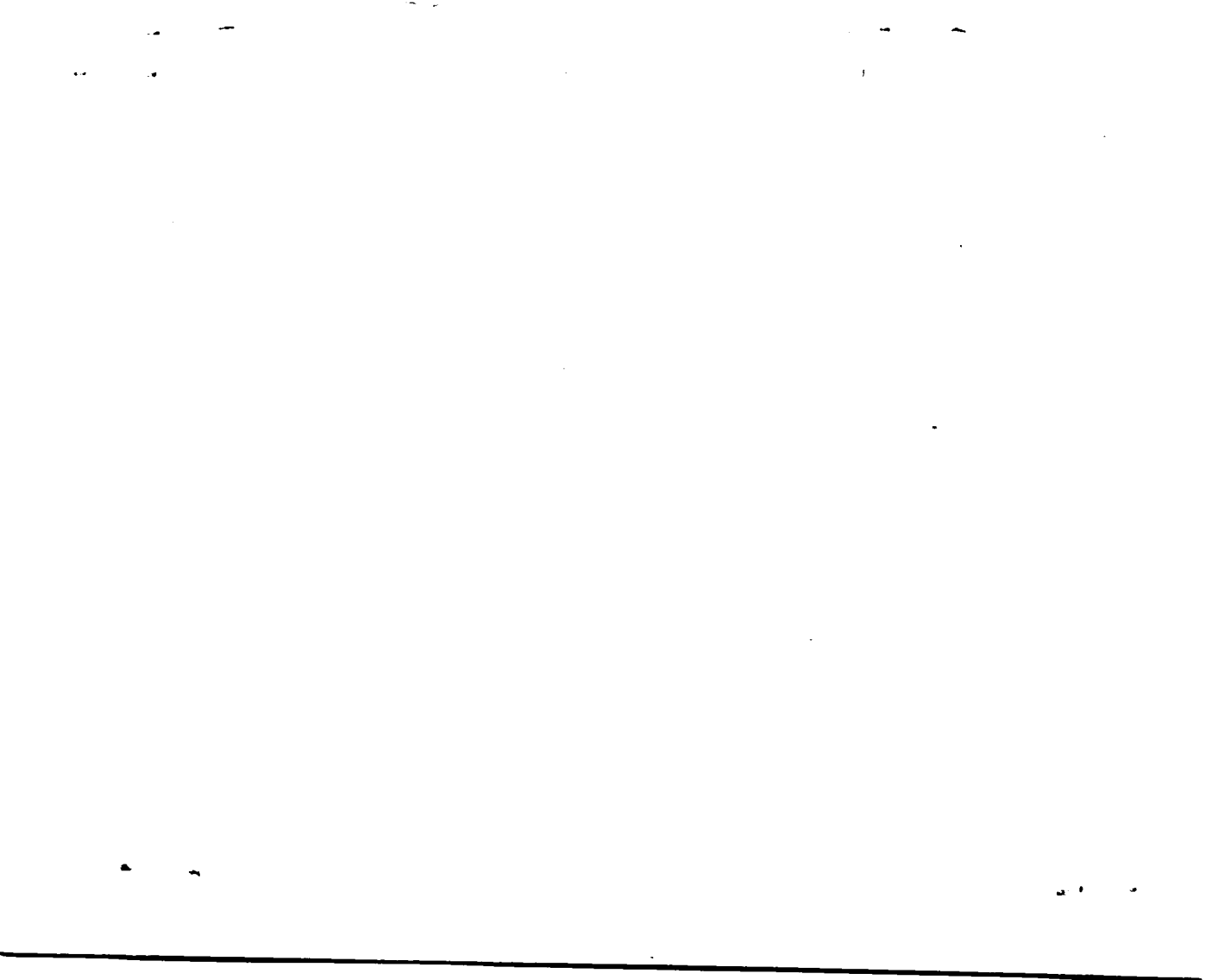
(Signature) H. Howard Hunt
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address subais
Filed McH. 15 1900
Registrar CE Jones

Registrar

Registrar



STATE OF IDAHO

MAR 1 1920

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
 County of Bonneville

Certificate No. 77859

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
 for Mary Myrtle Higbee who was born (Birth or Death)
 in Idaho, Clark Co. Ida. (Name on Original Certificate) (Was Born or Died) on 22 Feb. 1920 (Date of Event)
 are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts are shown by Family Record prepared on 1920, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name", "Birth Date", "Cause of Death", Etc.)

FROM
 (As on Original)

TO
 (The Correct Facts)

name Mary Myrtle Higbee Mary Louise Higbee

Subscribed, and sworn to before me this Fourth
 day of March, 1920

Signed Mrs. Phebe Higbee Wold
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls
 My commission expires June 30, 1922
 (Seal) 139 So. Water, Idaho Falls, Ida.
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
 County of _____

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
 day of _____, 19____.

Signed _____
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
 My commission expires _____
 (Seal)

(Street Address, City, State)

MAC

MAR 5 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G-24a-9-8-17

CERTIFICATE OF BIRTH

County of Bannock

City of Blaine

No. 3 Miles North
2 Miles West St.

Registration District No. 58th

File No. 77860

Primary Registration District No. 2138

Registered No.

Hospital

FULL NAME OF CHILD WALTER CYRENIUS Smith

| | | | | |
|--------------------------|---|--------------------------------------|------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legitimate? <u>yes</u> | Date of Birth <u>March 1</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|------------------------|---|

| | |
|------------------------------------|---|
| FULL NAME
<u>Ralph D. Smith</u> | FATHER |
| RESIDENCE
<u>Blaine Idaho</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>37</u>
(Years) |
| BIRTHPLACE
<u>Washington</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Lulu E. Best</u> | MOTHER |
| RESIDENCE
<u>Blaine Idaho</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE
<u>Illinois</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth... 6th Number of children of this mother now living, including present birth... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:15 A on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I W. Hencheck

Given names added from a supplemental report.

Phys. I W. Hencheck
(Physician or midwife)

.....19.....

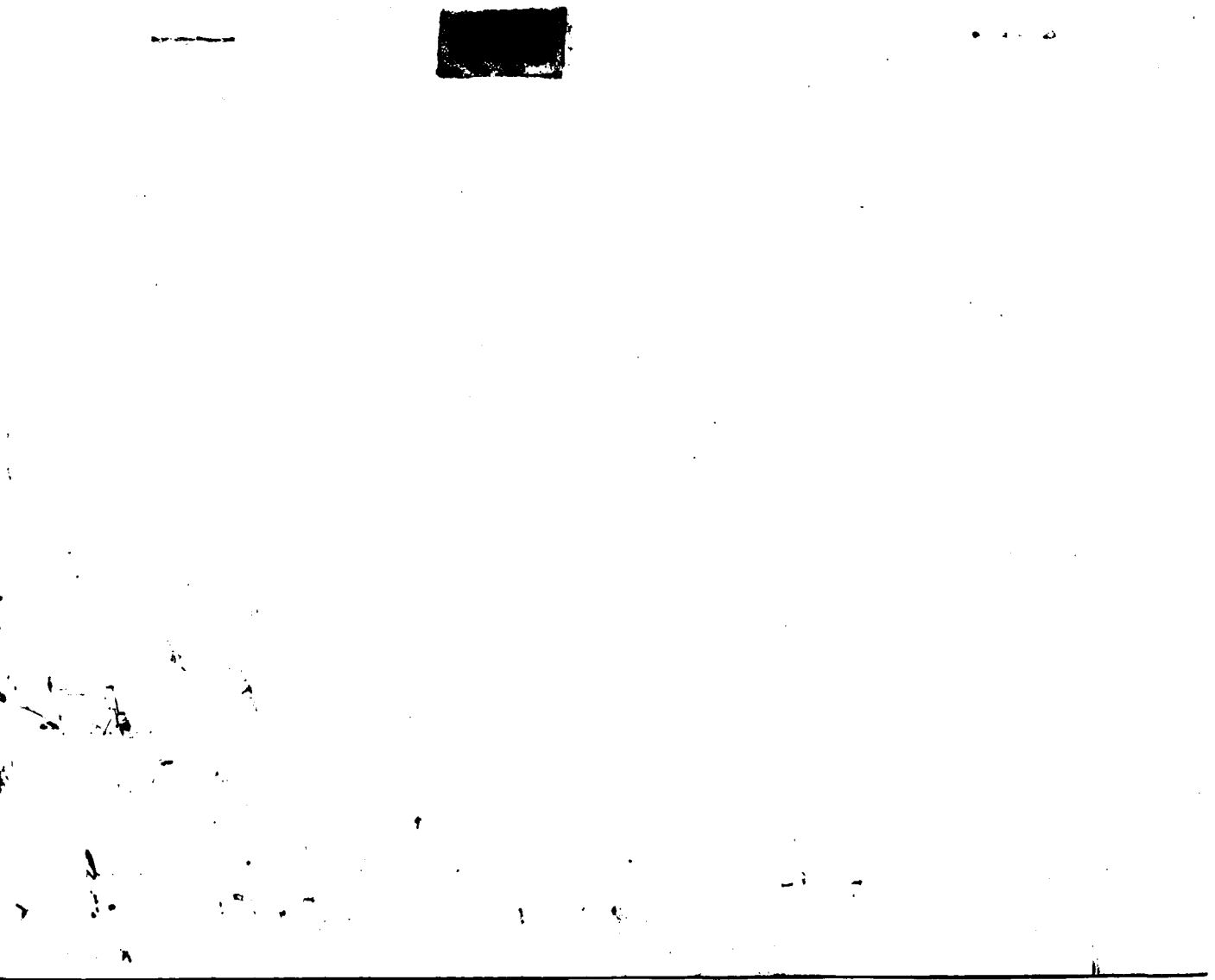
Address Fairfield Idaho

.....

Filed Mar 8 1920

Registrar

I W. Hencheck
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Camas } ss.

Certificate No. 77860
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of
for my name, Smith who born on May 1, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Blaine, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Mother prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM,
(As on original)

TO
(The correct facts)

name

Omitted

Walter Cyrenius Smith
Cyrenius

Subscribed and sworn to before me this 17th
day of December, 1943

Samuel Edwards
Notary Public, residing at Fairfield, Idaho
My commission expires Jan. 11, 1943
[SEAL]

Signed Lulu A. Smith
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)
Hill City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Camas } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are
true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of December, 1943

Samuel Edwards
Notary Public, residing at Fairfield, Idaho
My commission expires Jan. 11, 1943
[SEAL]

Signed Emma M. Williams
(Signature of any credible person other than the previous affiant.)
Fairfield, Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

1000

1000

1000

1000

1000

1000

595-203-013-243

PLACE OF BIRTH

County of BannockCity of Fairfield

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25a-3-8-17

Registration District No. 58thFile No. 77861Primary Registration District No. 2138

Registered No.

FULL NAME OF CHILD ELMER JEAN Nelson

| | | | |
|----------------------------|--|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>March 3 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|---|

| | |
|----------------------------------|--|
| FULL NAME <u>Elmer W. Nelson</u> | FATHER |
| RESIDENCE <u>Manard, Idaho</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>28</u> (Years) |

| |
|---------------------------|
| BIRTHPLACE <u>Utah</u> |
| OCCUPATION <u>Rancher</u> |

| | |
|-------------------------------------|--|
| FULL MAIDEN NAME <u>Jane Butler</u> | MOTHER |
| RESIDENCE <u>Manard, Idaho</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>32</u> (Years) |

| |
|-----------------------------|
| BIRTHPLACE <u>Utah</u> |
| OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife (then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

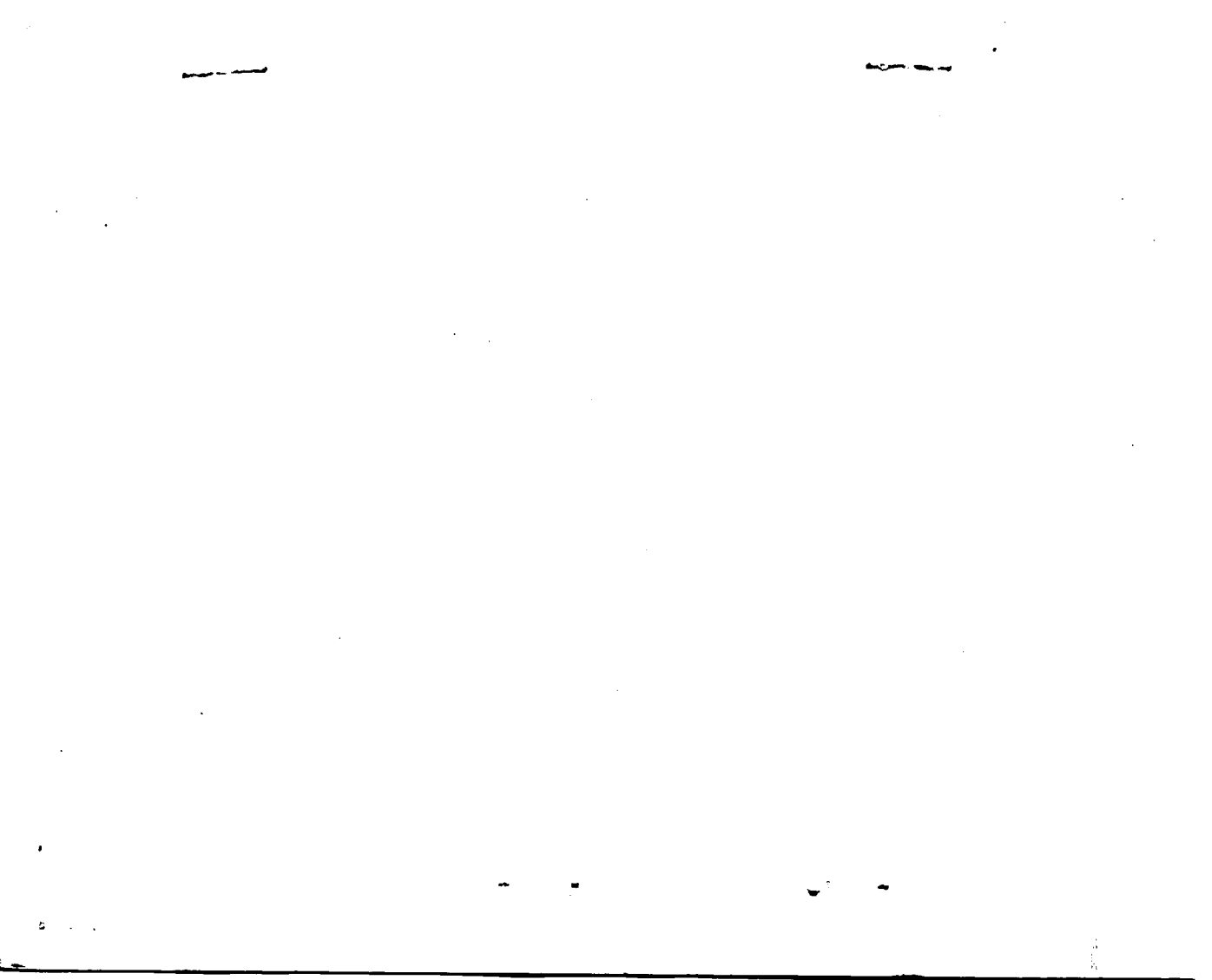
(Signature) I Willencheck

Given names added from a supplemental report.

Address Fairfield, IdahoFiled March 15 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Camas } ss.

Certificate No. 77861

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of
for unnamed who Born on March 3rd 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death)
in Fairfield Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) (Date of Event)
true facts are shown by Family record prepared on at Birth, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Elma Jean Nielson

Subscribed and sworn to before me this
day of _____, 19____

Notary Public, residing at _____

My commission expires
(Seal)

Signed Jane B Nielson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Camas } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of June, 1925

Signed Tom Holman
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Notary Public, residing at S. W. STRUBLE
My commission expires NOTARY PUBLIC FOR IDAHO
(Seal) FAIRFIELD, IDAHO

My commission expires April 6, 1946

JUN 29 1925

JUN 30 1942

693-205-013-245

PLACE OF BIRTH

County of Camas

City of Bonal

No. 1 Mile West St.
1 Mile North

Hospital ALMA

Registration District No. 58^d

Primary Registration District No. 2138

File No. 77862

Registered No. ALMA

FULL NAME OF CHILD

Sex of Child Female Twin Triplet or other? and Number in order of birth Legitimate? yes Date of Birth March 5 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME James Amos Wilson
RESIDENCE Bonal, Idaho
COLOR white AGE AT LAST BIRTHDAY 39
BIRTHPLACE Missouri
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Anna Julia Kunker
RESIDENCE Bonal, Idaho
COLOR white AGE AT LAST BIRTHDAY 23
BIRTHPLACE Indiana
OCCUPATION Housewife

Number of child of this mother, including present birth 3^d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2¹⁵ P
on the date above stated. (Born alive or stillborn) M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I Willencheck

Given names added from a supplemental report.

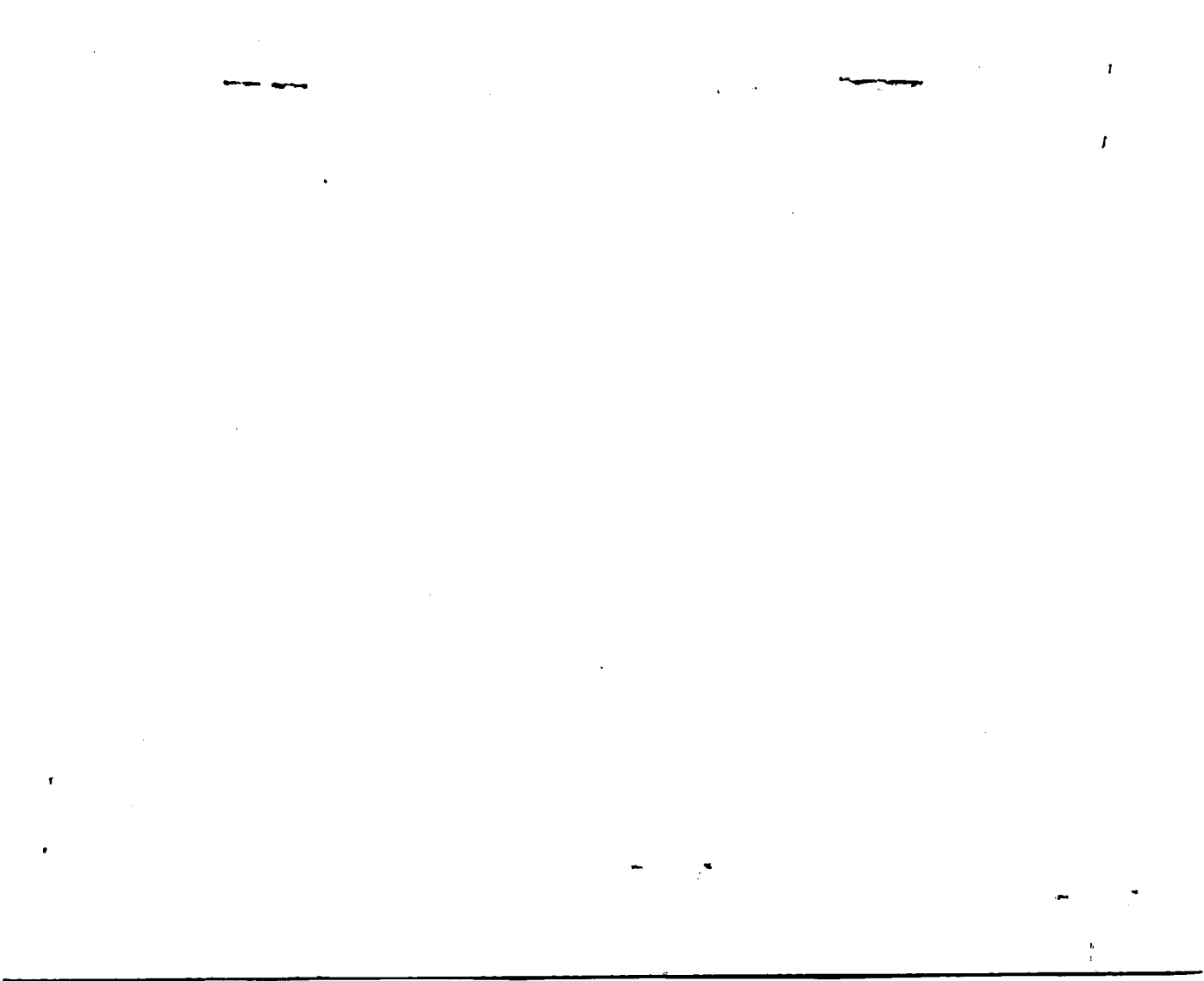
Phys
(Physician or midwife)

Address Fairfield, Idaho

Filed Mich 8 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77862
County of Camas }

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed who born on March 5
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Corral are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Record prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Wilson Alma Wilson

Subscribed and sworn to before me this 12th
day of March, 1942
John Edward
Notary Public, residing at Fairfield, Ida
My commission expires January 11, 1943
(Seal) CLERK OF DISTRICT COURT

Signed A. G. Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Camas }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of March, 1942
John Edward
Notary Public, residing at Fairfield, Ida
My commission expires Jan. 11, 1943
(Seal) CLERK OF DISTRICT COURT

Signed H. E. Miller
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 27 1942

JUN 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-2081013-613

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-3-8-17

County of... Camas

City of... Soldier

Registration District No. 584

File No. 77863

No. St.

Primary Registration District No. 2138

Registered No.

Hospital

FULL NAME OF CHILD Jenette Laired Finch

| | | | | |
|----------------------------|---|--|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | } and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>March 8</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|--|-----------------------------|---|

| | |
|---|---|
| FULL NAME
<u>Eugene</u> <u>Finch</u> | FATHER |
| RESIDENCE
<u>Soldier, Idaho</u> | |
| COLOR
<u>W.</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Rancher</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Eva</u> <u>Watt</u> | MOTHER |
| RESIDENCE
<u>Soldier, Idaho</u> | |
| COLOR
<u>W.</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE
<u>Montana</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 930 P. M.
on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) L. Wilencheck

Phys. Phys.
(Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho

Filed Feb 12 19 20 L. Wilencheck

Registrar

• positive response

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. Certificate No. 77863
County of } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Finch who was born on March 8, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Soldier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Child's name Omitted Jenette Laired Finch

Subscribed and sworn to before me this 20th day of February, 1975
Notary Public, residing at
My commission expires 9/21/75
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 3, Box 158, Emmett, Ida 83617
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss. [This Affidavit MUST Also be Executed.
County of } (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of 19..... Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal) (Street Address, City, State)

- US Dept. of Commerce Bureau of the Census, Washington D. C. dated Aug. 7, 1970
Census of 1930 taken as of April 1. Fairfield Precinct Camas County, Idaho
Jenette L. Finch, daughter of Eugene and Eva E. Finch 10 yrs old place of
birth Idaho.

MAR 18 1975

Viewed by VS

Public School Diploma, State of Idaho Camas County, Fairfield, Idaho
April 28, 1933 - Jenette Finch. Signed by May Cunningham, County Superintendent
of Public Instruction.

Viewed by VS

431-112-013-249

PLACE OF BIRTH

County of Camas

City of Fairfield

No. 1 N. South St.

Hospital

FULL NAME OF CHILD Filmore W. Mcabee

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? <u>and</u> { } Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>March 17</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

FATHER
FULL NAME John F. Mcabee
RESIDENCE Fairfield, Idaho
COLOR W. AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Arkansas
OCCUPATION Minister

MOTHER
FULL MAIDEN NAME Gene Smith
RESIDENCE Fairfield, Idaho
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Nebraska
OCCUPATION Housewife

Number of child of this mother, including present birth.... 7
Number of children of this mother now living, including present birth.... 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 140 A on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Lencheck
Physician, Fairfield, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho
Filed March 17, 1920
L. W. Lencheck
Registrar

SEP 30 1960

DEC 17 1948

NOV 15 1948

122-118413-219

PLACE OF BIRTH

County of Camas

City of Soldier

No. 1 Mile West St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-2-1-17

Registration District No. 584

File No. 77865

Primary Registration District No. 2138

Registered No.

FULL NAME OF CHILD

Sex of Child male. Twin Triplet or other? F and { Number in order of birth 1 } Legitimate? yes. Date of Birth March 18 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME George Ralph Abbott
RESIDENCE Soldier, Idaho
COLOR W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Idaho
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Nellie E. Barkley
RESIDENCE Soldier, Idaho
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Missouri
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 7:55 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Willencheck
Physician (Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho
Filed Mich 18 1920
Registrar L. Willencheck

4/18/41 L. B.

77865 RECEIVED
APR 12 1941

STATE OF IDAHO,)
 : ss.
County of Camas)

This is to certify that I, George Relf Abbott and my wife, Nellie E. **Barkley** (maiden name) have a son namely, Relf Herbert Abbott, born March 18, 1920. That his true and correct name is RELF HERBERT ABBOTT and my name, his father, is GEORGE RELF ABBOTT.

I, George Relf Abbott, do hereby authorize the name of RELF HERBERT ABBOTT to be entered on the record as my son, and the father's name if not spelled George Relf Abbott to be changed to read GEORGE RELF ABBOTT.

George Relf Abbott

Subscribed and sworn to before me this 10 day of April, 1941.

John L. Edwards
CLERK OF DISTRICT COURT

By L. L. Huskell
Deputy

249-2241013-785

PLACE OF BIRTH

County of CamasCity of FairfieldNo. 1 Mile North St.2 Miles West

Hospital

FULL NAME OF CHILD

Sex of Child FemaleFULL NAME Stanley J. SmithRESIDENCE Fairfield, IdahoCOLOR W.BIRTHPLACE UtahOCCUPATION RancherTwin
Triplet
or other?

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Registration District No. 584Primary Registration District No. 2138

Number in order of birth

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25m-8-17

File No. 77866

Registered No.

Date of Birth March 24 1920
(Month) (Day) (Year)FULL MAIDEN NAME Judith Ellen PyeRESIDENCE Fairfield, IdahoCOLOR W.BIRTHPLACE EnglandOCCUPATION HousewifeNumber of child of this mother, including present birth 2
Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:00 A.M.
on the date above stated. (Born alive or stillborn)

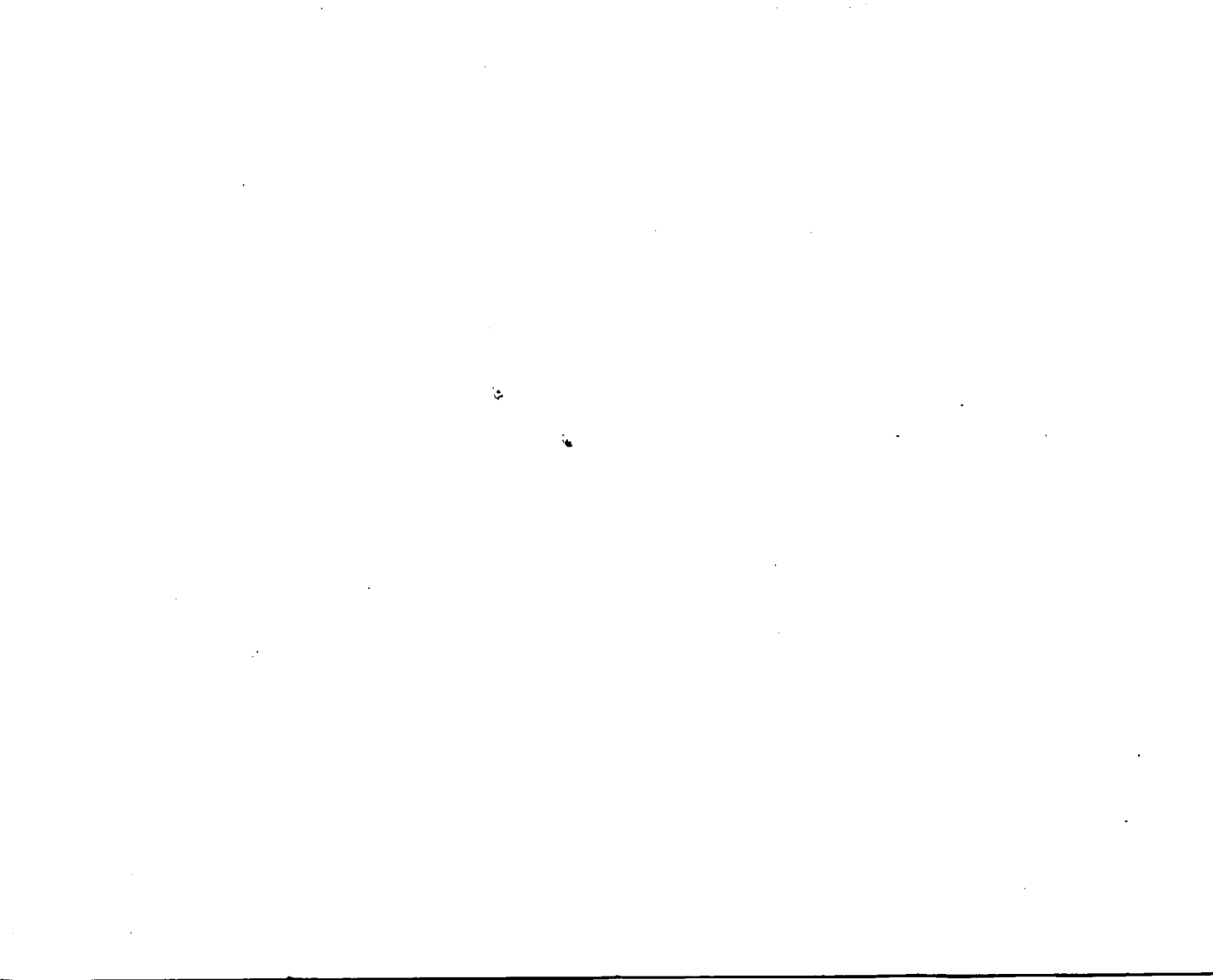
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) L. WillencheckAddress Fairfield, IdahoFiled Mar 24 1920

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-1291013-512
PLACE OF BIRTHCounty of BannerCity of SoldierNo. 1 N. West St.

Hospital

FULL NAME OF CHILD

Registration District No. 584Primary Registration District No. 2138File No. 77867

Registered No.

WILLIAM ALEXANDER GardnerSex of Child maleTwin
Triplet
or other?Number
in order
of birthLegiti-
mate?yesDate of
BirthMarch 29 1920
(Month) (Day) (Year)FULL
NAMEAlexander Gardner

RESIDENCE

Soldier Idaho

COLOR

W.AGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Utah

OCCUPATION

StockmanFULL
MAIDEN
NAMEMay Naser

RESIDENCE

Soldier Idaho

COLOR

W.AGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 39Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 130 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. Wilenchek

(Physician or midwife)

Given names added from a supplemental report.

Address

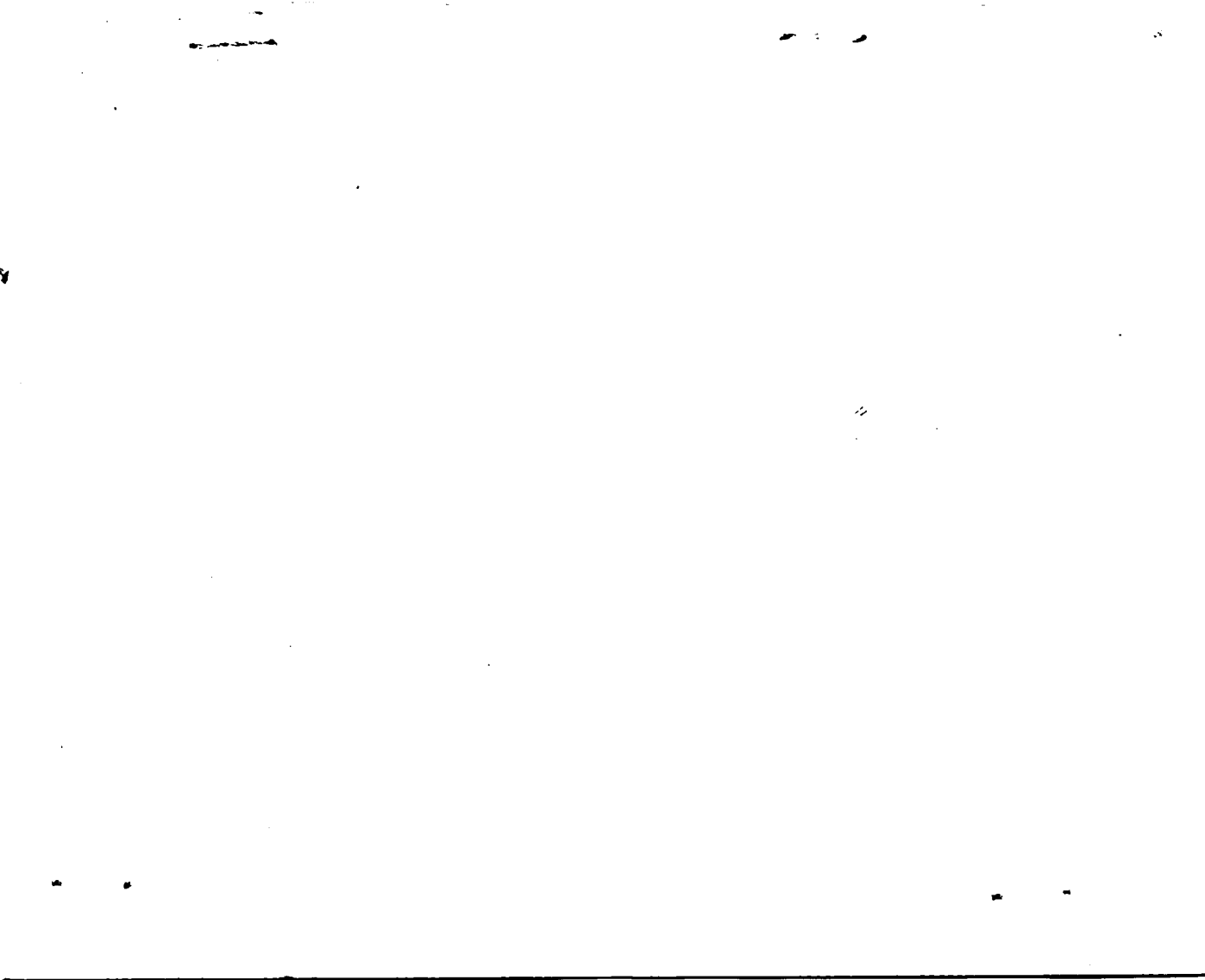
Fairfield Idaho

Filed

March 29 1920L. Wilenchek

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding } ss.

Certificate No. 77867
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Gardner who was born on March 29, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Soldier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by memory prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Unnamed Gardner Wm. Alexander Gardner

Subscribed and sworn to before me this 26th
day of January, 19 42
E. E. Whyte
Notary Public, residing at Gooding, Idaho
My commission expires July 28, 1943
(SEAL)

Signed May Gardner Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Gooding, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

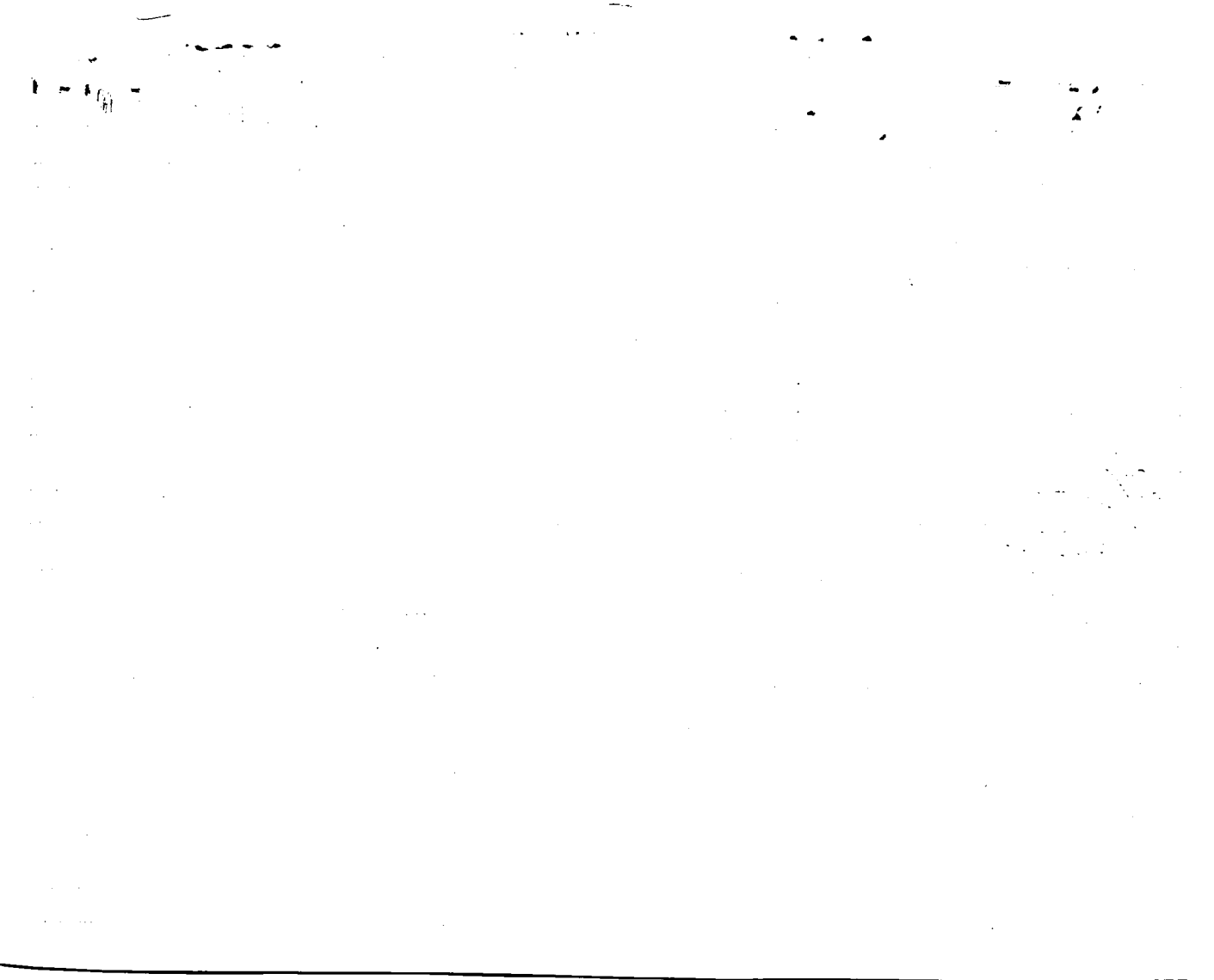
Notary Public, residing at _____
My commission expires _____
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAF 11 1942 By _____
(REGISTRAR'S SIGNATURE)



3-89-105-019-141

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL RECORDS

Form V. S. No. 11-C--25m-7-21-19

County of Custer

CERTIFICATE OF BIRTH

City of ChallisRegistration District No. 2186File No. 77868

No. _____ St.

Primary Registration District No. 108

Registered No. _____

Hospital _____

FULL NAME OF CHILD Devon H. Christian

| | | | |
|-----------------------|--|-------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>
(To be answered only in event of plural births) | Legiti mate? <u>yes</u> | Date of Birth <u>April 5/20</u> 19 <u>99</u>
(Month) (Day) (Year) |
|-----------------------|--|-------------------------|--|

| |
|--|
| FULL NAME
<u>FATHER</u>
<u>Harold H. Christian</u> |
| RESIDENCE
<u>Challis</u> |
| COLOR
<u>Wh.</u> |
| AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> |
| OCCUPATION
<u>Farmer</u> |

| |
|--|
| FULL MAIDEN NAME
<u>MOTHER</u>
<u>Ethyl S. James</u> |
| RESIDENCE
<u>Challis</u> |
| COLOR
<u>Wh.</u> |
| AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE
<u>Mexico</u> |
| OCCUPATION
<u>H-wife</u> |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 12:45 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Challis, IdaFiled 4/6 1920

Registrar

Registrar

Dup of 1920-315565

191254

753-1171019-157

PLACE OF BIRTH

Form V. S. No. 11—Rev. 1-1-1.

County of ButlerCity of LeslieBUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77870

Registration District No. 76File No. 59

No. _____ St.

Primary Registration District No. 2153

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Wanne Milton Peterson

Sex of Child

MaleTwin
Triplet
or other?and
(Number
in order
of birth)Legiti-
mate?YesDate of
BirthFeb. 171920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAMEM. PetersonFULL
MAIDEN
NAMEDoratha Angilo

RESIDENCE

Leslie Idaho

RESIDENCE

Leslie Idaho

COLOR

CaucasianAGE AT LAST
BIRTHDAY27

(Years)

COLOR

CaucasianAGE AT LAST
BIRTHDAY20

(Years)

BIRTHPLACE

Minn.

BIRTHPLACE

Iowa

OCCUPATION

Farmer

OCCUPATION

H. Wf.

Number of child of this mother, including present birth

one

Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

at La, Mo*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

M. H. FarrellMid

Physician or Midwife

Given names added from a supplemental report.

Address

Machung Ida

Filed

Apr 8th 1920Re. M. M. M. M.

Registrar

1. The purpose of this report is to provide a summary of the activities of the Office of the Chief of Staff during the period from 1 January 1964 to 31 December 1964.

2. The Office of the Chief of Staff has been organized to provide the Chief of Staff with the information and advice necessary to carry out his duties.

3. The Office of the Chief of Staff has been organized to provide the Chief of Staff with the information and advice necessary to carry out his duties.

4. The Office of the Chief of Staff has been organized to provide the Chief of Staff with the information and advice necessary to carry out his duties.

5. The Office of the Chief of Staff has been organized to provide the Chief of Staff with the information and advice necessary to carry out his duties.

6. The Office of the Chief of Staff has been organized to provide the Chief of Staff with the information and advice necessary to carry out his duties.

7. The Office of the Chief of Staff has been organized to provide the Chief of Staff with the information and advice necessary to carry out his duties.

8. The Office of the Chief of Staff has been organized to provide the Chief of Staff with the information and advice necessary to carry out his duties.

9. The Office of the Chief of Staff has been organized to provide the Chief of Staff with the information and advice necessary to carry out his duties.

10. The Office of the Chief of Staff has been organized to provide the Chief of Staff with the information and advice necessary to carry out his duties.

517-226-015-612

PLACE OF BIRTH

County of *Caribee*City of *Soda Springs*

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. *X*Primary Registration District No. *2048*

File No.

Registered No. *7*STATE OF *Idaho* Form V. B. No. 11-C-25m-9-3-17
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77871

| | | | | |
|-----------------------|---------------------------------|---------------------------------------|------------------------|---|
| Sex of Child <i>M</i> | Twin Triplet or other? <i>-</i> | and Number in order of birth <i>-</i> | Legitimate? <i>yes</i> | Date of Birth <i>March 26</i> 191 <i>20</i>
(Month) (Day) (Year) |
|-----------------------|---------------------------------|---------------------------------------|------------------------|---|

| | | | |
|--|--|-------------------------------|--|
| FATHER | | MOTHER | |
| FULL NAME <i>John Nagy</i> | FULL MAIDEN NAME <i>Matilda Frabry</i> | FULL NAME <i>John Nagy</i> | FULL MAIDEN NAME <i>Matilda Frabry</i> |
| RESIDENCE <i>Soda Springs</i> | RESIDENCE <i>Soda Springs</i> | RESIDENCE <i>Soda Springs</i> | RESIDENCE <i>Soda Springs</i> |
| COLOR <i>W</i> | AGE AT LAST BIRTHDAY <i>32</i> (Years) | COLOR <i>W</i> | AGE AT LAST BIRTHDAY <i>28</i> (Years) |
| BIRTHPLACE <i>Hungary</i> | BIRTHPLACE <i>Hungary</i> | BIRTHPLACE <i>Hungary</i> | BIRTHPLACE <i>Hungary</i> |
| OCCUPATION <i>Electric Light Genl.</i> | OCCUPATION <i>Wife</i> | OCCUPATION <i>Wife</i> | OCCUPATION <i>Wife</i> |

Number of child of this mother, including present birth Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at *59* M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Elias Kackley*

Given names added from a supplemental report.

(Physician or midwife)

Address *Soda Springs Idaho*Filed *2/18/20* 19*20*

Registrar

Registrar

7



10

11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } Certificate No. 77871
County of CARIBOU } ss. Date Filed NOV. 30, 1942

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
(BIRTH OR DEATH)
for IRENE HELEN NAGY who WAS BORN on MARCH 26, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in SODA SPRINGS, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by BIBLE RECORD prepared on SAME YEAR, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

Name

FROM

(AS ON ORIGINAL)

Irene Helen

TO

(THE CORRECT FACTS)

Helen Irene Nagy

Subscribed and sworn to before me this 30
day of November, 1942

Signed

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

LYMAN, WYOMING

(STREET ADDRESS, CITY, STATE)

Notary Public, residing at LYMAN, WY.

My commission expires 6-19-44
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming }
County of Fremont } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30
day of November, 1942

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at LYMAN, WYO

My commission expires 6-4-44
(SEAL)

LYMAN, WYOMING
(STREET ADDRESS, CITY, STATE)

Received for filing on

By

(REGISTRAR'S SIGNATURE)

DEC 10 1942

199-105-020-199

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C-25m-8-8-15

County of Elmore

City of Mtn Home

Registration District No. 34

File No. 77872

No. _____ St. _____

Primary Registration District No. 2020

Registered No. 16

Hospital _____

FULL NAME OF CHILD

Domingo Arizabalaga

Sex of Child

Male

Twin
Triplet
or other?

and

Number
in order
of birth

Legiti-
mate?

Yes

Date of
Birth

3-5-1920
(Month) (Day) (Year)

FATHER
FULL NAME

Edw Arizabalaga

MOTHER
FULL MAIDEN NAME

Julia Arillaga

RESIDENCE

Mtn Home Ida

RESIDENCE

Mtn Home Ida

COLOR

White

AGE AT LAST
BIRTHDAY

3.5
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

20
(Years)

BIRTHPLACE

Spain

BIRTHPLACE

Spain

OCCUPATION

Hotel Keeper

OCCUPATION

Wife

Number of child of this mother, including present birth. 2

Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

born alive at 9:40 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. E. Evans

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Mtn Home Ida

Filed

4/5

19 20

B. W. Mather

Registrar

5/23, 1941 L. B.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219121000-236

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 17C-25m-9-8-18

County of Elmore

City of Mt. Home

No. — St. —

Registration District No. 34

File No. 77873

Primary Registration District No. 2020

Registered No. 19

Hospital —
FULL NAME OF CHILD WALTER DOUGLAS Barrett

Sex of Child Male { and { Number of birth 1 Legitimate? yes Date of Birth March 21 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Walter M. Barrett

RESIDENCE Mt. Home Ida

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Gasoline & Oil Dealer

FULL MAIDEN NAME MOTHER Harriet S. Stowe

RESIDENCE Mt. Home Ida

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1204 M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

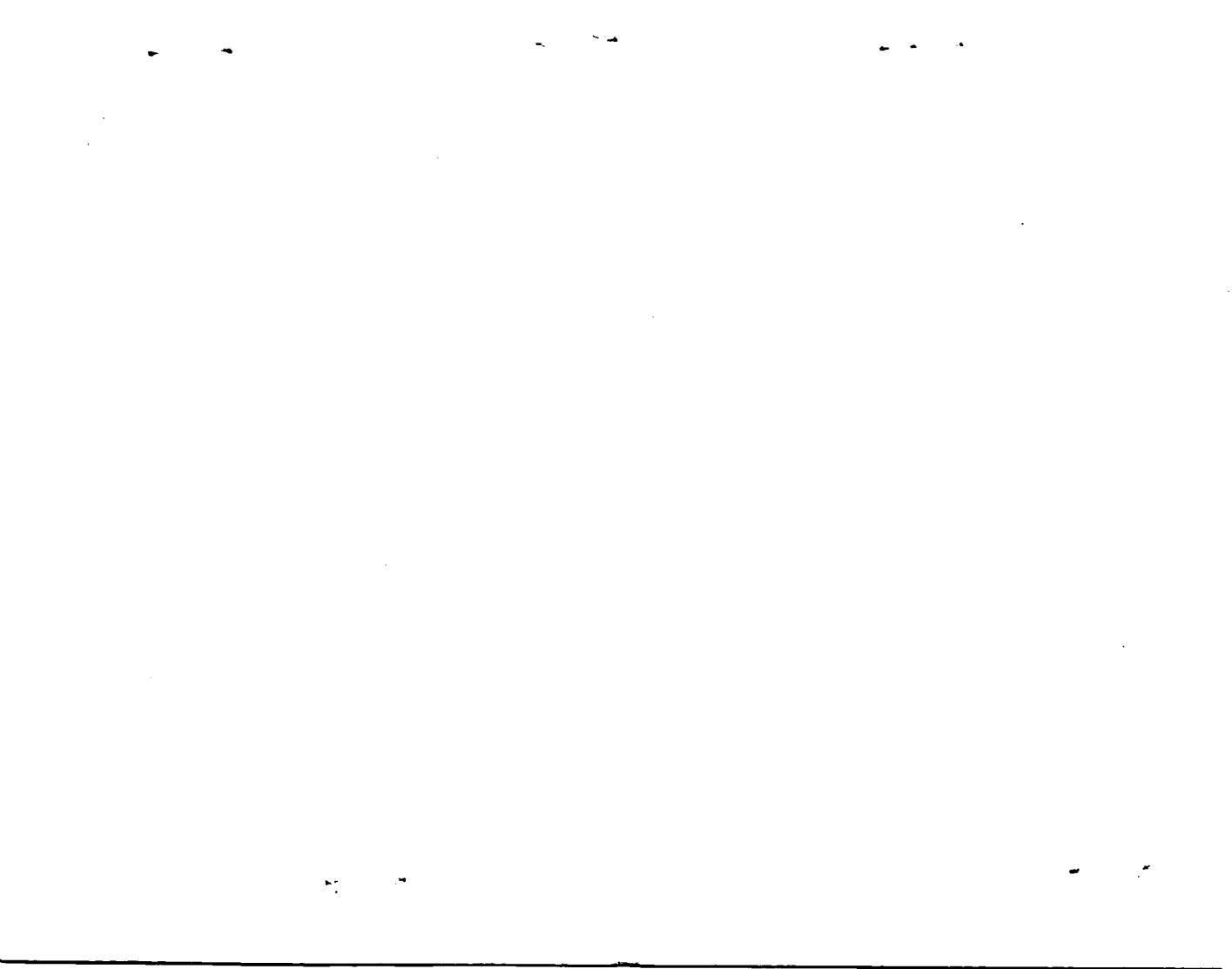
(Signature) H. Evans

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Mt. Home Ida

Filed 4/5 1920 B. W. Mather



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. JAN 14 1942 Certificate No. 77873
County of Nevada }

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
(BIRTH OR DEATH)
for Unnamed Barrett who born on March 21 1941
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Mountain Home Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Commons usage prepared on since birth, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name Unnamed Barrett Walter Douglas Barrett
~~WALTER DOUGLAS BARRETT~~

Subscribed and sworn to before me this 11th
day of January, 1942

Signed Walter M. Barrett
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

X Notary Public, residing at Truckee Calif
My commission expires Apr 11-1945
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Nevada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of January, 1942

Signed Walter M. Barrett
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

X Notary Public, residing at Truckee Calif
My commission expires Apr 11-1945
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 14 1942 By Truckee Calif
(REGISTRAR'S SIGNATURE)

MAY 14 1952

MAR 10 1962

363-108-020-386
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of ElmoreCity of Mountain HomeRegistration District No. 4File No. 77874

No. _____ St. _____

Primary Registration District No. 2020 Registered No. 15

Hospital _____

FULL NAME OF CHILD Glenn Clayton Ross Collet

Sex of Child

MTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
BirthMarch 8th 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Edgar R. Collet

RESIDENCE

Mountain Home

COLOR

WAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Utah

OCCUPATION

BarberFULL
MAIDEN
NAME

MOTHER

Luey Thompson

RESIDENCE

Mountain Home

COLOR

WAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

*I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated.

(Born alive or stillborn)

10th P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Broncker

(Physician or midwife)

Given names added from a supplemental report.

Address

Mountain Home

Filed

3/15 1920Woodard

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1942

APR 10 1952

MAY 5 1949

MAY 27 1948
MAR 31 2017 *W*

MAY 2 1949

DECEASED

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

815-630-020-719

County of Elmore

City of Mtn Home

No. _____ St. _____

Registration District No. 34

Primary Registration District No. 2020

Hospital _____

FULL NAME OF CHILD

KENNETH FAY HANN

STATE OF IDAHO
BUREAU OF VITAL STATISTICS,

Form V. S. No. 31-C-25m-9-6-15

CERTIFICATE OF BIRTH

File No. 77875

Registered No. 22

| | | | | | |
|---|---|-----|---|---|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of
Birth <u>3 30 20</u>
(Month) (Day) (Year) |
| FULL NAME <u>FATHER</u>
<u>Fay S Hann</u> | | | FULL MAIDEN NAME <u>MOTHER</u>
<u>Leona W Gasten</u> | | |
| RESIDENCE <u>Mtn Home Ida.</u> | | | RESIDENCE <u>Mtn Home Ida.</u> | | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) | | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) | |
| BIRTHPLACE <u>Nebr.</u> | | | BIRTHPLACE <u>Kansas</u> | | |
| OCCUPATION <u>Cashier R.R. Station</u> | | | OCCUPATION <u>Wife</u> | | |
| Number of child of this mother, including present birth. <u>3</u> | | | Number of children of this mother now living, including present birth. <u>2</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans

(Physician or midwife)

Given names added from a supplemental report.

Address Mtn Home Ida.

Filed 4/5 19 20 B. W. Mathes

Registrar

FEB 20 1969

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77875County of Twin Falls } Date Filed JAN 27 1945The undersigned does solemnly swear that certain facts on the certificate of birthfor Hann who born on March 30, 1920in Mountain Home, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)true facts as shown by Bible record prepared on March 30, 1920, are:

(PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

NAMEunnamed HannKenneth Fay HannSubscribed and sworn to before me this 17th
day of January, 19 42Notary Public, residing at Twin FallsMy commission expires 3/17/45
(SEAL)Signed J. F. Hann

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1422-6th Ave. E. Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.County of Twin Falls }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of January, 19 42Notary Public, residing at Twin FallsMy commission expires 3/17/45
(SEAL)Signed Leona W. Hann

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)Received for filing on JAN 27 1945 By

(REGISTRAR'S SIGNATURE)

100 21 111

FEB 20 1969



119 228 020 + 813
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-15

CERTIFICATE OF BIRTH

County of ElmoreCity of Mtn HomeRegistration District No. 34File No. 77876No. — St. —Primary Registration District No. 2020Registered No. 20Hospital —FULL NAME OF CHILD Jarman

| | | | | |
|----------------------------|--|---|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other? <u>—</u>
(To be answered only in event of plural births) | and { Number
in order
of birth <u>—</u> | Legiti-
mate? <u>Yes</u> | Date of
Birth <u>3 28</u> , 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|--|---|-----------------------------|---|

| | |
|-------------------------------------|--|
| FULL
NAME
<u>C. H. Jarman</u> | FATHER |
| RESIDENCE
<u>Mtn Home Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE
<u>Ark</u> | |
| OCCUPATION
<u>Teamster</u> | |

| | |
|--|--|
| FULL
MAIDEN
NAME
<u>Ella Hall</u> | MOTHER |
| RESIDENCE
<u>Mtn Home Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.(Born alive or stillborn) 4:25 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans

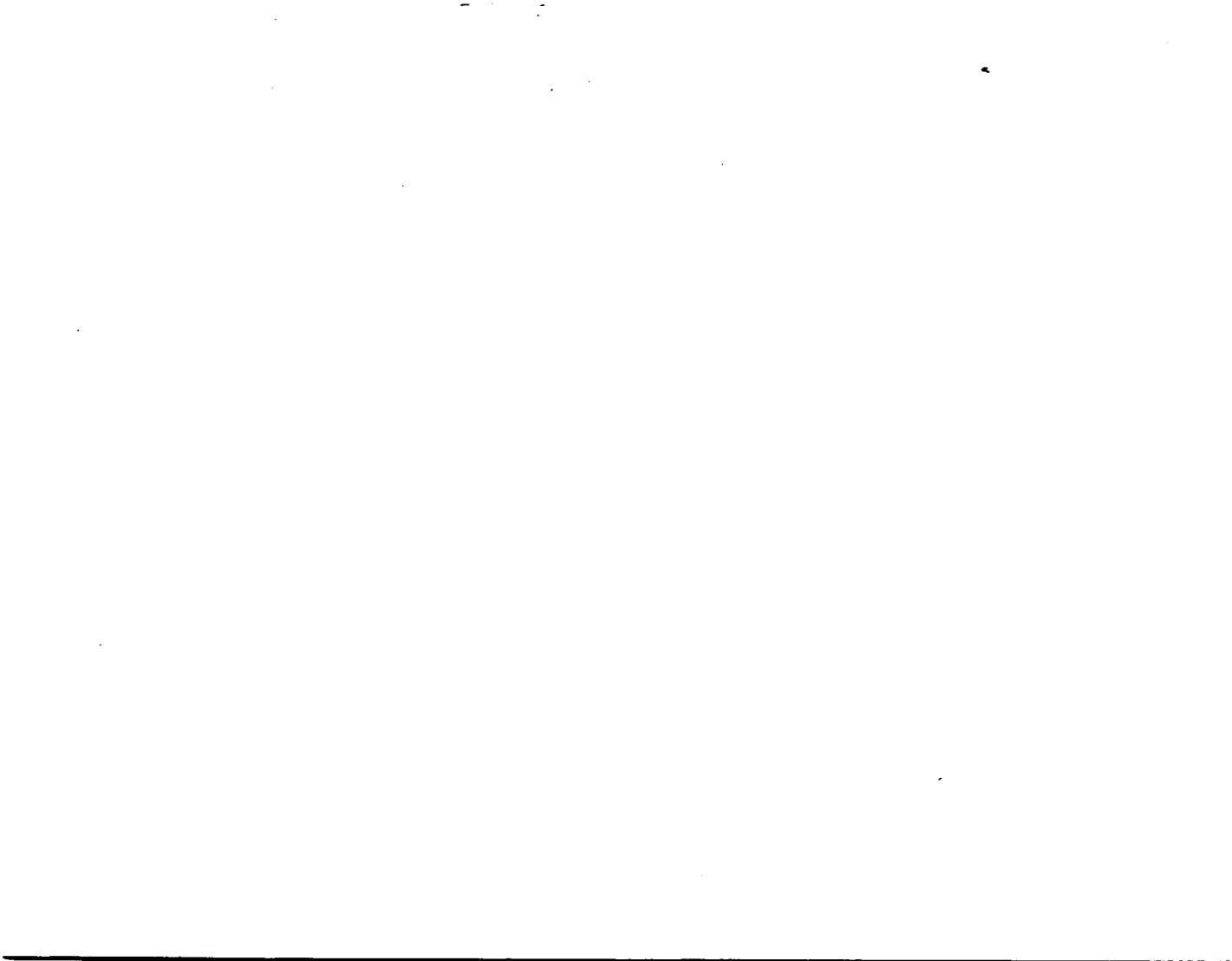
(Physician or midwife)

Given names added from a supplemental report.

Address Mtn Home IdaFiled 4/5 19 20

Registrar

Registrar B. W. Mathews



319-214020-99

PLACE OF BIRTH

name added

County of Elmore 4-23-82

City of Mtn Home

Registration District No. 34

File No. 77877

No. _____ St. _____

Primary Registration District No. 2020

Registered No. 17

Hospital _____

FULL NAME OF CHILD Anita Larragan

| | | | | |
|----------------------------|---|--------------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legitimate? <u>Yes</u> | Date of Birth <u>March 14</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|------------------------|--|

FULL NAME FATHER Anastasio Larragan

FULL MAIDEN NAME MOTHER Paula Arrien

RESIDENCE Mtn Home Ida

RESIDENCE Mtn Home

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Spain

BIRTHPLACE Spain

OCCUPATION Sheepman

OCCUPATION Wife

Number of child of this mother, including present birth. 4

Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

born alive at 2 A M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Mtn Home Ida
Filed 4/5 1920 B. W. Mathis
Registrar

JAN 31 1969

SEP 10 1975

DECEASED

(420)

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

APR 22 10 28 AM '82
Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 77877

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unname Larragan who was born on March 14, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Mtn. Home are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by..... prepared on..... are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Childs first name

omitted

Anita Larragan

Subscribed and sworn to before me this 20th day of

April 1982
Caleb M. Bonnes

Notary Public, residing at Buhi

My commission expires 9-7-83

(Seal)

Signed

Anita Larragan Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of
....., 19.....

Signed

(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....

(Seal)

(Street Address, City, State)

APR 23 1982

Cert of Baptism gives Anita Larragan daughter of Anastasio Larragan and Paula Arrien born 3-14-20 was baptised 4-14-20 in Church of OL of Good Counsel in Mountain Home, Idaho of the Roman Catholic Church. Viewed by V.S.

Cert of Birth for Michael Eugene Davis born 3-31-51 in Twin Falls gives mothers name as Anita Larragan age 30. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-119-020-313
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34

File No. 77878

No. — St. —

Primary Registration District No. 2020

Registered No. 18

Hospital —

FULL NAME OF CHILD

Stanton Park Jr.

| | | | | |
|--------------------------|--|---|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other? <u>—</u>
(To be answered only in event of plural births) | and { Number
in order
of birth <u>—</u> | Legiti-
mate? <u>Yes</u> | Date of Birth <u>3-19-1920</u>
(Month) (Day) (Year) |
|--------------------------|--|---|-----------------------------|--|

FATHER
FULL NAME Stanton Park
RESIDENCE Mtn Home Ida
COLOR White AGE AT LAST BIRTHDAY 41
(Years)
BIRTHPLACE Kansas
OCCUPATION Surgeon

MOTHER
FULL MAIDEN NAME Addie C Callaway
RESIDENCE Mtn Home Ida
COLOR White AGE AT LAST BIRTHDAY 30
(Years)
BIRTHPLACE Ida
OCCUPATION Housewife

Number of child of this mother, including present birth. 2

Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 9:50 A M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J E Evans

M D

(Physician or midwife)

Given names added from a supplemental report.

Address

Mtn Home Ida

Filed

4/5 1920

B W Mather

Registrar

DEC 29 1942

795-228020-594
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of ElmoreCity of Mtn Home

Registration District No. _____

34

File No. _____

77879

No. _____ St. _____

Primary Registration District No. _____

2020

Registered No. _____

19

Hospital _____

FULL NAME OF CHILD

Adeline Helen Pierce

| | | | | |
|--|---|--|--|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | — { and { Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of
Birth <u>3 28</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Oliver P. Pierce</u> | | FULL MAIDEN NAME <u>Martha Erdelbrock</u> | | |
| RESIDENCE <u>Mtn Home Ida</u> | | RESIDENCE <u>Mtn Home Ida</u> | | |
| COLOR <u>White</u> | AGE AT LAST
BIRTHDAY <u>28</u>
(Years) | COLOR <u>White</u> | AGE AT LAST
BIRTHDAY <u>26</u>
(Years) | |
| BIRTHPLACE <u>Kansas</u> | | BIRTHPLACE <u>Nebr</u> | | |
| OCCUPATION <u>Carpenter</u> | | OCCUPATION <u>Wife</u> | | |
| Number of child of this mother, including present birth <u>1</u> | | Number of children of this mother now living, including present birth <u>1</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive
(Born alive or stillborn)at 8:15 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

J. E. Evans

(Physician or midwife)

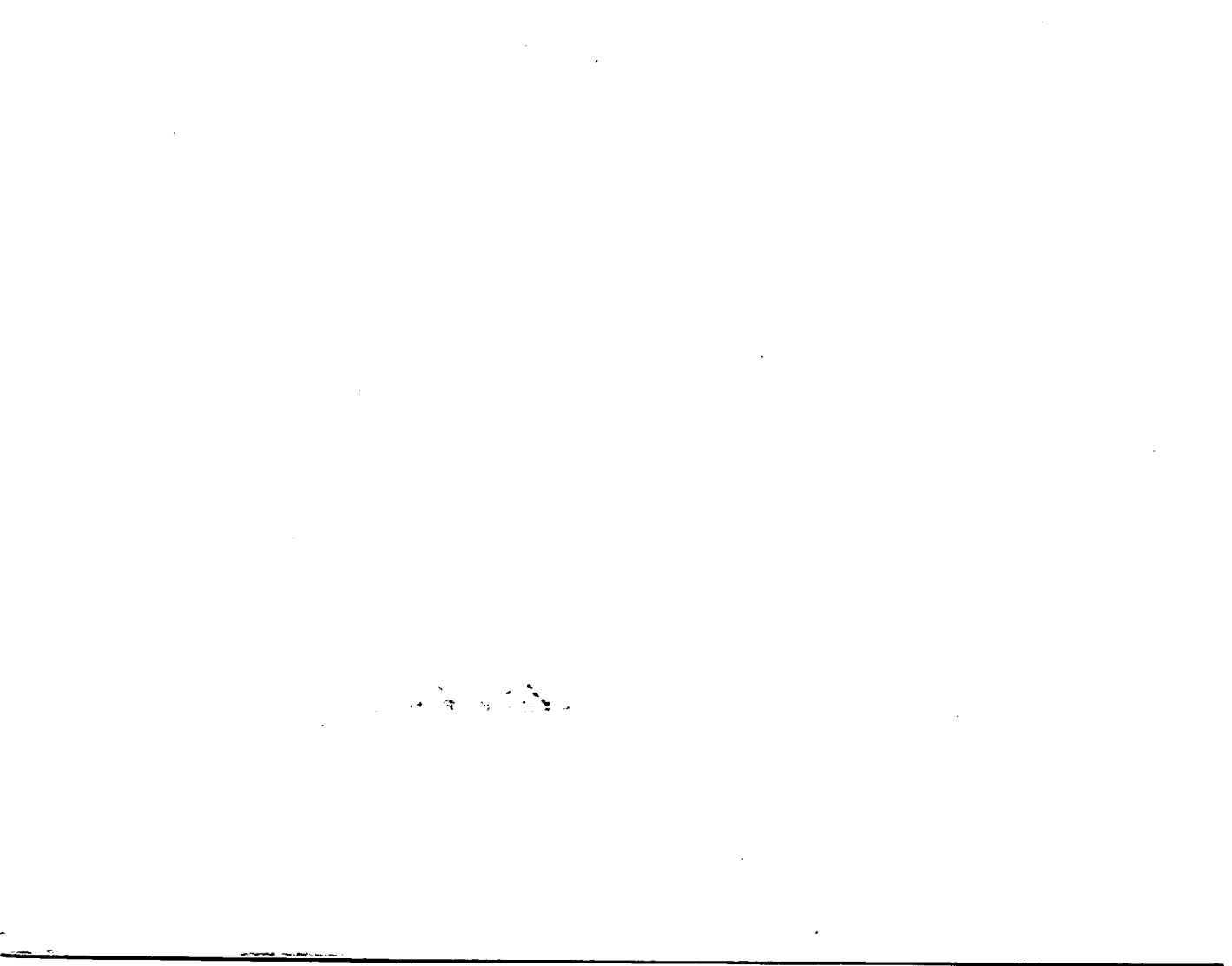
Given names added from a supplemental report.

Address _____

Mtn Home Ida

Filed _____

4/5 19 20B. H. Mather
Registrar



962-130-020-155
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Elmore

City of Mtn Home

Registration District No. 34

File No.

77880

No. _____ St.

Primary Registration District No. 2020

Registered No.

14

Hospital _____

FULL NAME OF CHILD

Daniel Fleming Robinson

Sex of Child

M

Twin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth

Legit
male?

yes

Date of Birth

March 30th 1920
(Month) (Day) (Year)

FULL NAME

FATHER

James L. Robinson

FULL MAIDEN NAME

MOTHER

Bessie Jenkins

RESIDENCE

Mtn Home

RESIDENCE

Mtn Home

COLOR

W

AGE AT LAST
BIRTHDAY

27
(Years)

COLOR

W

AGE AT LAST
BIRTHDAY

25
(Years)

BIRTHPLACE

Tenn

BIRTHPLACE

Tenn

OCCUPATION

Sheep man

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

(Born alive or stillborn)

7:15 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B.W. Malter

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address

Mtn Home

Filed

4/6

19 20

B.W. Malter

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-228-020-381
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-9-25

County of Elmore

City of MontHome

Registration District No. 34

File No. 77881

No. — St. —

Primary Registration District No. 2020

Registered No. 21

Hospital —

FULL NAME OF CHILD Lydia Sillonis

| | | | |
|--|---|---|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>—</u> and Number in order of birth <u>—</u> | Legitimate? <u>Yes</u> | Date of Birth <u>3 28 1920</u>
(Month) (Day) (Year) |
| FULL NAME FATHER <u>Tablo Sillonis</u> | | FULL MAIDEN NAME MOTHER <u>Julia Chacabague</u> | |
| RESIDENCE <u>MontHome Ida</u> | | RESIDENCE <u>MontHome Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>39</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Spain</u> | | BIRTHPLACE <u>Spain</u> | |
| OCCUPATION <u>Sheepman</u> | | OCCUPATION <u>Wife</u> | |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 11:30 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

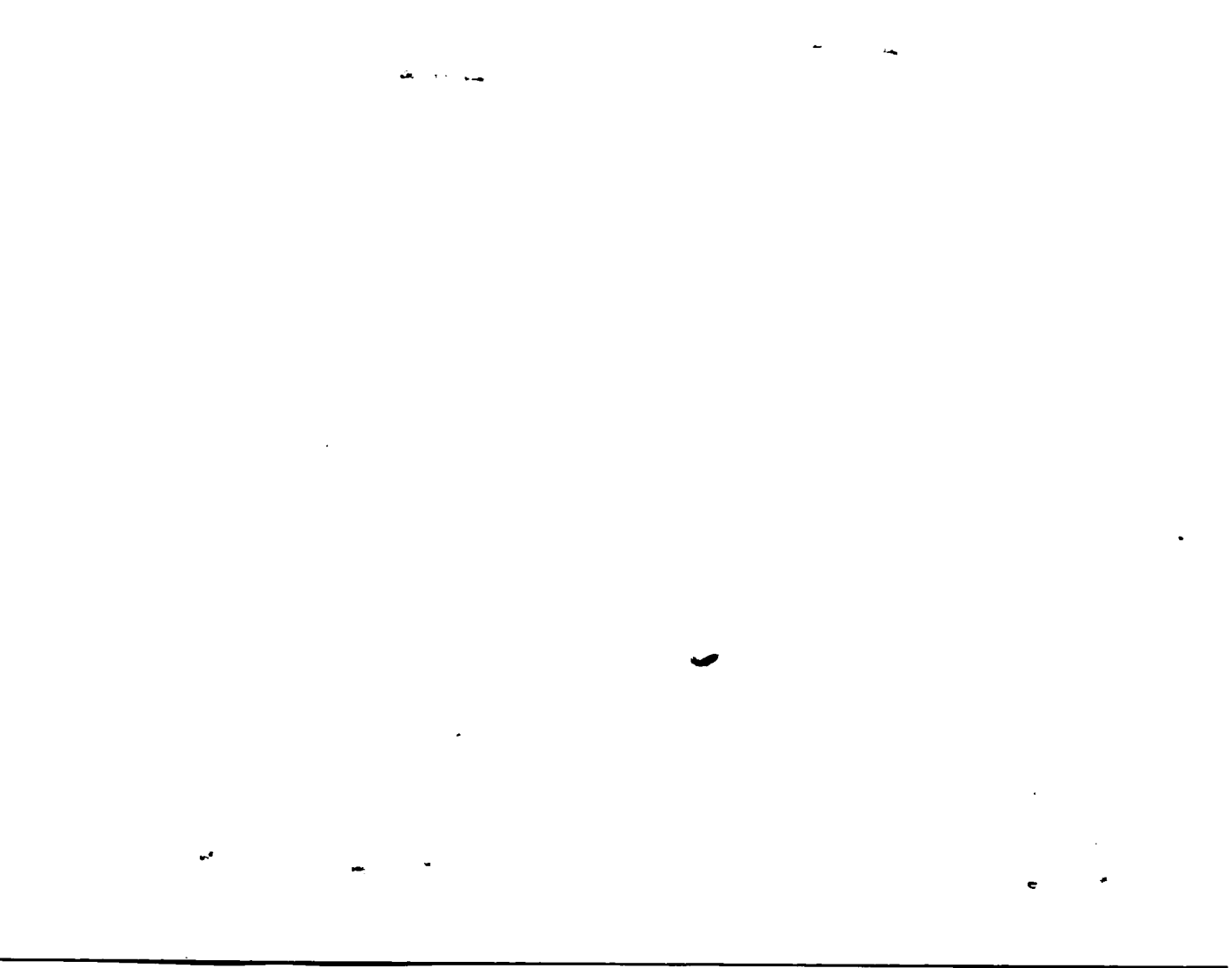
(Signature) J. E. Evans

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address MontHome Ida

Filed 4/5 1920 B. W. Malcher



IDAHO DEPARTMENT OF HEALTH
BUREAU OF STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. **FEB 1 - 1971**
County of } **Bureau of Vital Statistics**

Certificate No. 77881

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sillonis who born on March 28, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Mountain Home, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)
Name

FROM
(As on Original)
Unnamed Sillonis

TO
(The Correct Facts)
Lydia Sillonis

Subscribed and sworn to before me this 1st day of

February 19 71
Barbara Wright
Notary Public, residing at
My commission expires 4-20-74
(Seal)

Signed Lydia Sillonis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2102 W. Jefferson St Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

FEB 1 1971

Bible Record gives name as Lydia Sillonis obviously old .

Viewed by VS

Own childs birth certificate Roberta Louise Jausoro State of Idaho File # 49-429
born Jan. 3, 1949 gives mothers name as Lydia Victoria Sillonis.

Viewed by VS

399-1041020-464

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-21m-9-17

County of ElmoreCity of Elmer's FerryRegistration District No. 35File No. 77882

No. St.

Primary Registration District No. 2021

Registered No.

Hospital

FULL NAME OF CHILD Edward Darnell Crisp

| | | | |
|--------------------------|---|------------------------|---|
| Sex of Child <u>Male</u> | Twin <u>Single</u> and { Number <u>2</u> in order of birth }
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>Jan 4</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|---|

| | | | |
|---|--|--|--|
| FULL NAME <u>Rufus H. Crisp</u> | FATHER | FULL MAIDEN NAME <u>Margaret Dodge</u> | MOTHER |
| RESIDENCE <u>Elmer's Ferry Idaho</u> | | RESIDENCE <u>Elmer's Ferry Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>27</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>21</u> (Years) |
| BIRTHPLACE <u>Nebraska</u> | | BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Radio Active Engineer</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated. (Born alive stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

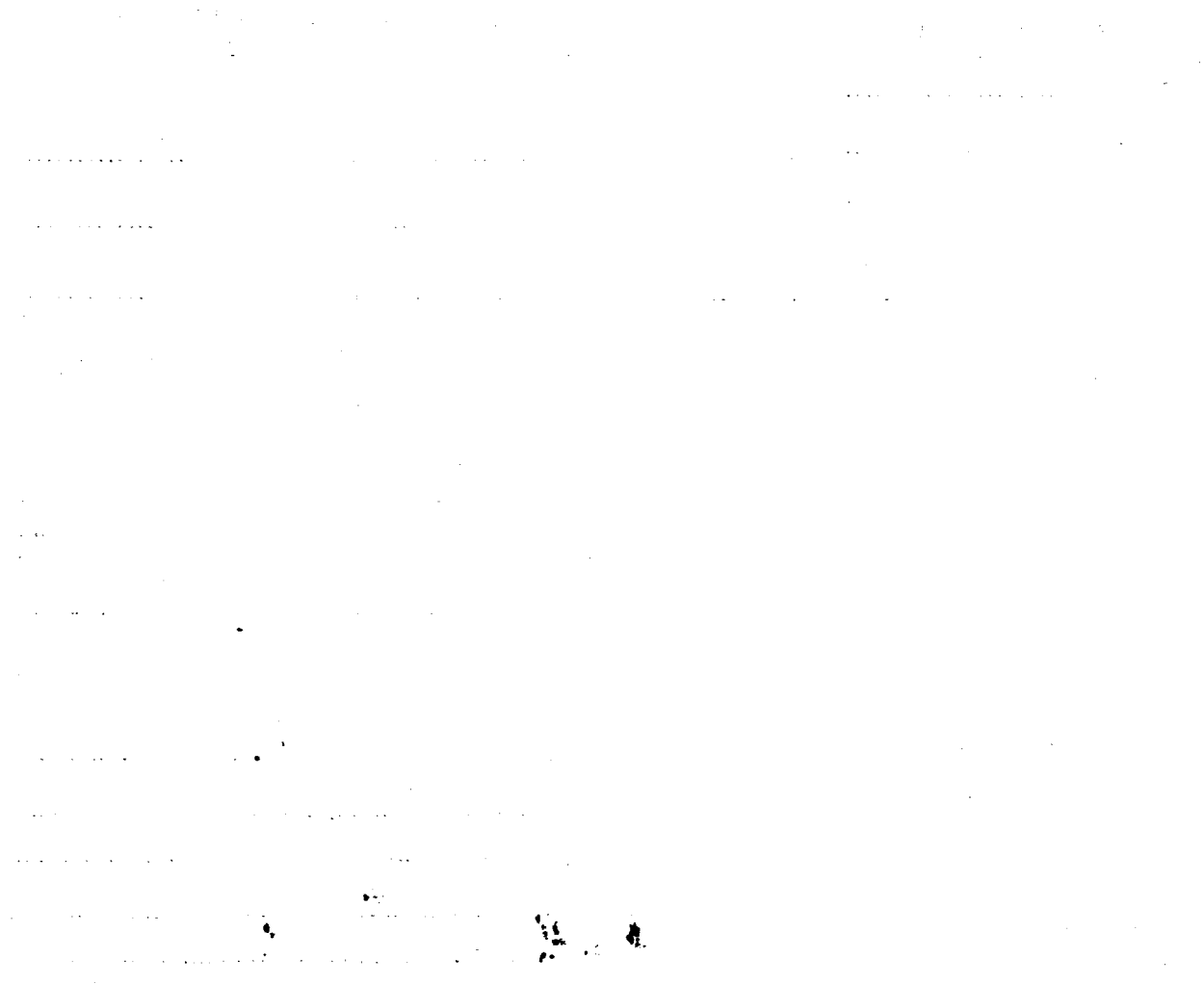
(Signature) J. W. Davis M.D.
Phys. (Physician or midwife)

Given names added from a supplemental report.

Address Elmer's Ferry Idaho
Filed June 12 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child, a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

593.220-020-313
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Elmore
City of Glenns Ferry
No. _____ St. _____
Hospital _____
Registration District No. 35 File No. 77883
Primary Registration District No. 2021 Registered No. _____

FULL NAME OF CHILD Nellie Eichholz
(Certificate of no value without full name of child.)

| | | | |
|----------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of birth <u>Jan. 20, 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|--|

What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth. 7 Number of children of this mother now living, including present birth. 6

| | |
|---|---|
| FULL NAME <u>FATHER Ernest Eichholz</u> | FULL MAIDEN NAME <u>MOTHER Etta Latty</u> |
| RESIDENCE <u>Glenns Ferry, Idaho</u> | RESIDENCE <u>Glenns Ferry, Idaho</u> |
| COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>42</u> (Years) | COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>33</u> (Years) |
| BIRTHPLACE <u>America</u> | BIRTHPLACE <u>America</u> |
| OCCUPATION <u>Rancher</u> | OCCUPATION <u>Housewife</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.
on the date above stated. (Born alive or stillborn)

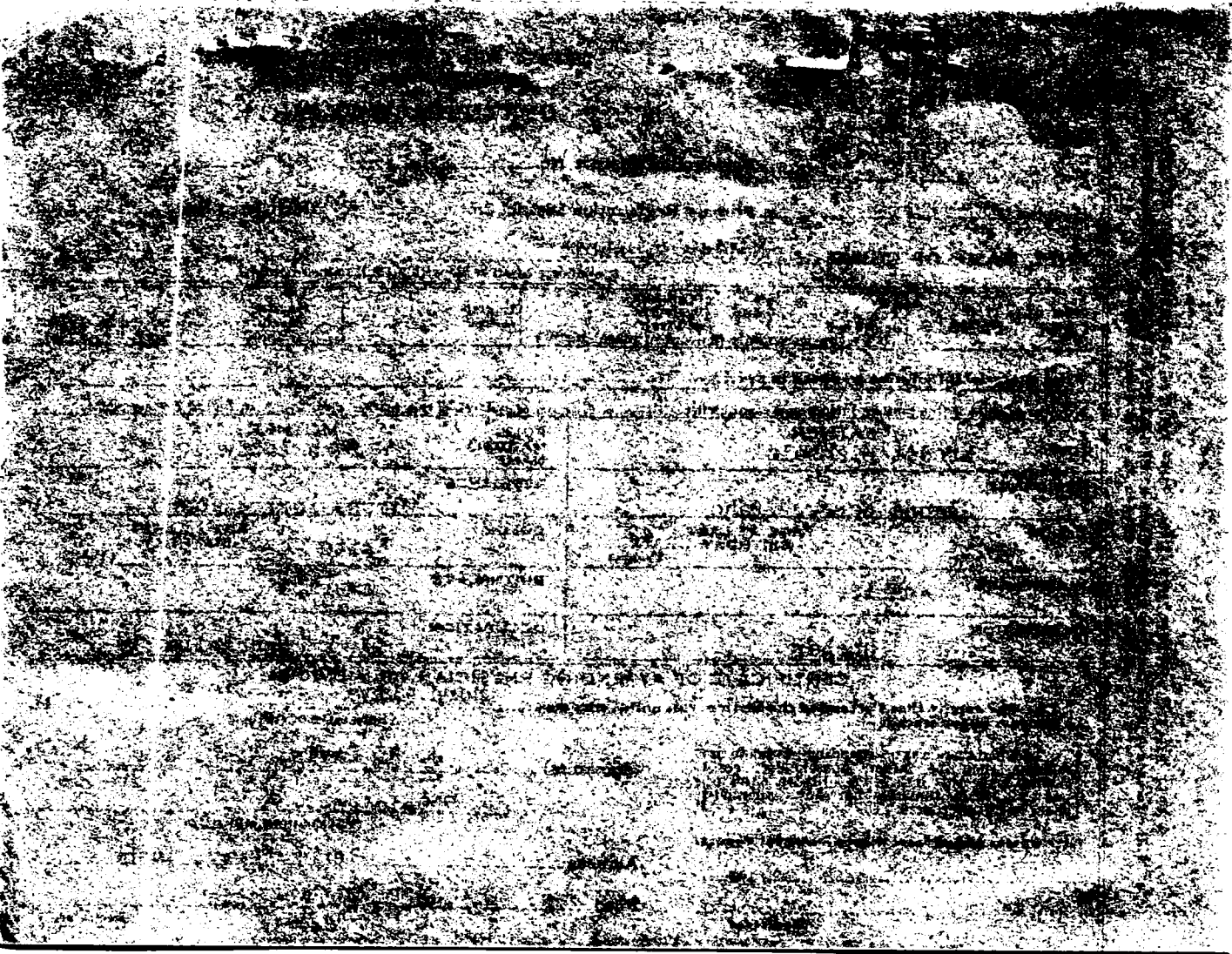
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis, M. D.
Physician
(Physician or midwife)

Give names added from a supplemental report.
_____, 192_____

Registrar.

Address Glenns Ferry, Idaho
Filed Jan. 30, 1920 J. W. Davis
Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of }
County of } ss. Certificate No. 77888
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of
(Birth or Death)
for who on
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED | FROM | TO |
|--|------------------|------------------------|
| ("Name," "Birth Date," "Cause of Death," Etc.) | (As on Original) | (The Correct Facts) |
| Name <u>Ella Eichholz</u> | | <u>Nellie Eichholz</u> |
| | | |
| | | |

Subscribed and sworn to before me this May day of 1916.
Notary Public, residing at State of Idaho
My commission expires
(Seal)

Signed was Ernest Eichholz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this
day of, 19.....
Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)
.....
(Street Address, City, State)

400.9 200.

493-129-020-945

PLACE OF BIRTH

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11

County of ElmoreCity of King HillRegistration District No. 35File No. 77884

No. St.

Primary Registration District No. 2021

Registered No.

Hospital

FULL NAME OF CHILD

Rayd George Miller

Sex of Child

MaleTwin
Triplet
or otherSingleNumber
in order
of birth0

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthJun. 29th1920

(Month) (Day) (Year)

FULL
NAMEMontezuma Miller

FATHER

RESIDENCE

King Hill Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY50

(Years)

BIRTHPLACE

America
Ranch

OCCUPATION

FULL
MAIDEN
NAMEMary E. Rue

MOTHER

RESIDENCE

King Hill Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY35

(Years)

BIRTHPLACE

America
Housewife

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 9 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. W. Gorman, D.
Physician
 (Physician or midwife)

Given names added from a supplemental report.

Address

Elmer's Farm Idaho

Filed

Feb. 1st 1920

Registrar

Registrar

SEP 1 1942

239215-020-749
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.S. No. 11-C-1920

County of ElmoreCity of Glenn's FerryRegistration District No. 35File No. 77885

No.St.

Primary Registration District No. 2021

Registered No.

Hospital PillaFULL NAME OF CHILD Frances StringerSex of Child FemaleTwin
Triplet
or other? Single { Number
in order
of birth 4
(To be answered only in event of plural births)Legiti-
mate? yesDate of Birth Feb 15 1920
(Month) (Day) (Year)FULL
NAME

FATHER

David E. Stringer

RESIDENCE

Glenn's Ferry

COLOR

WhiteAGE AT LAST
BIRTHDAY3-4
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Local FarmerFULL
MAIDEN
NAME

MOTHER

Zenora Perry

RESIDENCE

Glenn's Ferry

COLOR

WhiteAGE AT LAST
BIRTHDAY3-4
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.(Born alive yes)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. W. Davis
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Glenn's Ferry Idaho

Filed

Feb 20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICSSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C—22m-8-17

County of OwyheeCity of King HillRegistration District No. 35File No. 77887

No.

Primary Registration District No. 2024

Registered No.

Hospital

FULL NAME OF CHILD

Frank Allen DeputySex of Child maleTwin
Triplet single and { Number
or other in order
(To be answered only in event of plural births) 5Legiti-
mate? yesDate of Birth Feb 19th 1920
(Month) (Day) (Year)FULL
NAMEFrank Deputy

RESIDENCE

King Hill

COLOR

whiteAGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

America

OCCUPATION

RancherFULL
MAIDEN
NAMEMildred Jones

RESIDENCE

King Hill

COLOR

whiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

America

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at Feb 19, 1920, at 11 A M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Given names added from a supplemental report.

(Signature)

J. W. Dorris M.D.
Physician

(Physician or midwife)

Address

Glenn's Ferry Idaho

Filed

Feb 27, 1920J. W. Dorris

Registrar

Registrar

1000

[REDACTED]

PLAC **314-127-820 434**
County of **Blaine**

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-8-17

77888

City of **Hammett** Registration District No. **2021** File No.
No. St. Primary Registration District No. **2021** Registered No.

Hospital
FULL NAME OF CHILD **John William Ladd**

| | | | | |
|--------------------------|-------------------------------------|-----------------------------------|------------------------|--|
| Sex of Child Male | Twin Triplet or other? Singl | Number in order of birth 3 | Legitimate? yes | Date of Birth Feb. 22nd 1920
(Month) (Day) (Year) |
|--------------------------|-------------------------------------|-----------------------------------|------------------------|--|

| | | | |
|--|---|--|---|
| FATHER
FULL NAME Whuber Ladd | | MOTHER
FULL MAIDEN NAME Helen McDonald | |
| RESIDENCE Hammett | | RESIDENCE Hammett | |
| COLOR White | AGE AT LAST BIRTHDAY 27
(Years) | COLOR White | AGE AT LAST BIRTHDAY 19
(Years) |
| BIRTHPLACE America | | BIRTHPLACE America | |
| OCCUPATION Rancher | | OCCUPATION Housewife | |

Number of child of this mother, including present birth **3** Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was **Feb. 22nd 1920 4:30 P.M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **J. W. Davis M.D.**
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address **Glenn's Ferry Idaho**
Filed **Feb 26 1920** **J. W. Davis M.D.**
Registrar

City of Elmer's Ferry Registration District No. 35 File No. 77889
 No. _____ St. _____ Primary Registration District No. 2021 Registered No. _____
 Hospital _____
 FULL NAME OF CHILD Anna Lavondo.

| | | | | |
|--|--|--|--|---|
| Sex of Child <u>Female</u> | Twin, Triplet, or other? <u>Single</u> | and { Number in order of birth <u>4</u> | Legitimate? <u>yes</u> | Date of birth <u>Feb. 25</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Hilario Lavondo</u> | | MOTHER
FULL MAIDEN NAME <u>Mari Bartanaga</u> | | |
| RESIDENCE <u>Elmer's Ferry Idaho</u> | | RESIDENCE <u>Elmer's Ferry Idaho</u> | | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>34</u> (Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>28</u> (Years) | |
| BIRTHPLACE <u>Spain</u> | | BIRTHPLACE <u>Spain</u> | | |
| OCCUPATION <u>Rancher</u> | | OCCUPATION <u>Housewife</u> | | |
| Number of child of this mother, including present birth <u>4</u> | | Number of children, of this mother, now living, including present birth <u>4</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

(Born alive single horn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature)

Feb. 25, 1920 at 10 A. M.
J. W. Davis M.D.
Physician
 (Physician or Midwife)

Address

Filed

Elmer's Ferry Idaho
March 10, 1920
J. W. Davis
 Registrar

Registrar



1948 1 8 1948



Y15 277-020 885

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of ElmoreCity of Elmer's FerryRegistration District No. 33

File No.

77890

No. _____ St. _____

Primary Registration District No. 2021

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Alta Fay Davy

Sex of

Child FemaleTwin,
Triplet,
or other?Single

and

Number
in order
of birth4Legiti-
mate?yes

Date of

birth March 17, 1920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

J. Hunter DavyFULL
MAIDEN
NAME

MOTHER

Hazel Shurt

RESIDENCE

Elmer's Ferry Idaho

RESIDENCE

Elmer's Ferry Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY31

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY28

(Years)

BIRTHPLACE

America

BIRTHPLACE

America

OCCUPATION

Rancher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.March 17, 1920, at 9:30 P. M.
(Born alive and born)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. W. Davis M. D.

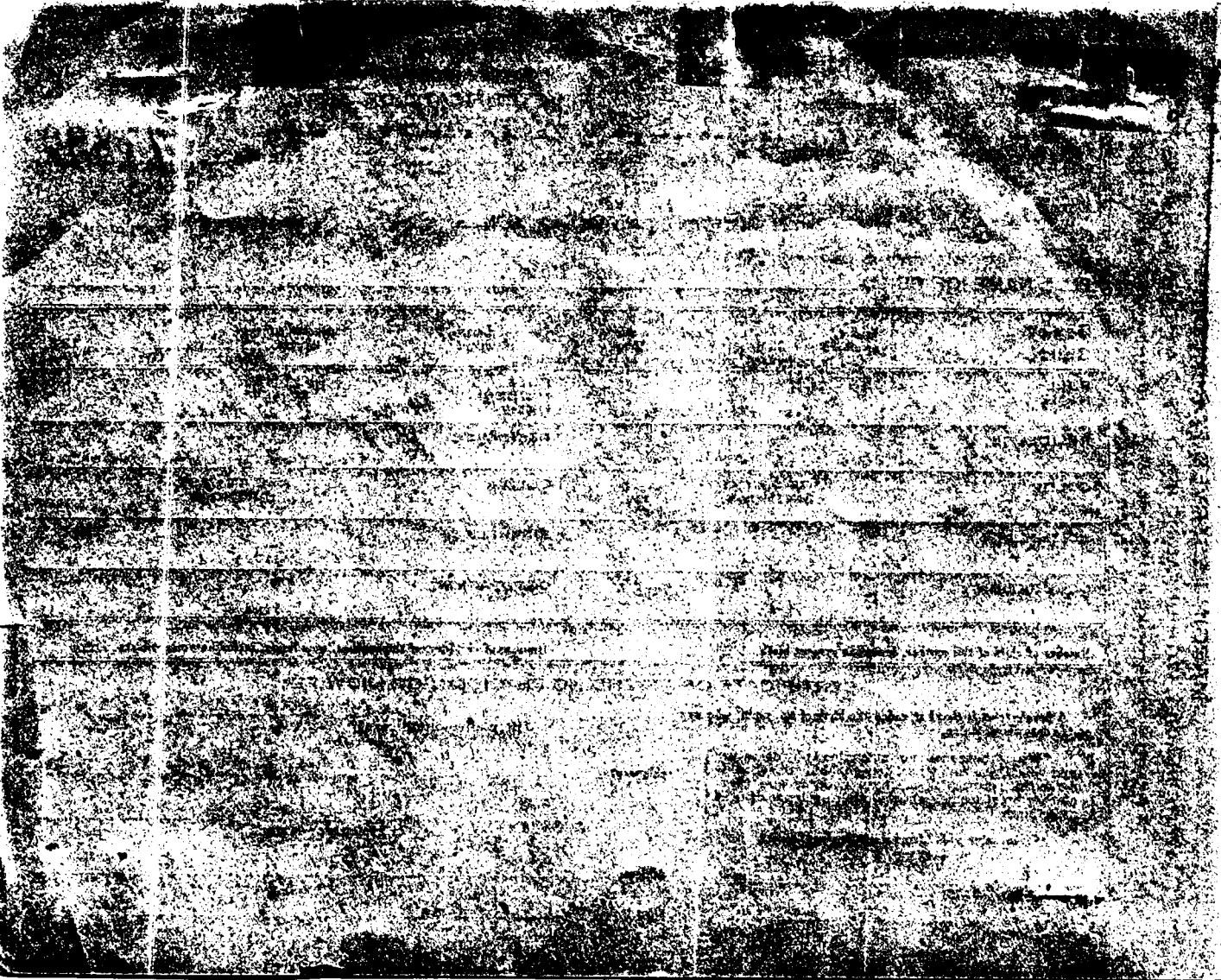
(Physician or Midwife)

Given name added from a supplemental report

Address

Elmer's Ferry IdahoFiled March 28, 1920J. W. Davis

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON
County of BAKER } ss.

Certificate No. 77890

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth for ALTA FAY DAVY who was born on March 17, 1920 in Glenns Ferry, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by insurance policy prepared on February 1, 1939, are:

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Alta Fay Davy

Subscribed and sworn to before me this 10th day of June, 1942

Notary Public, residing at Glenns Ferry, Idaho

My commission expires (Seal)

Signed Mrs Hazel Davy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Whitney Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON
County of BAKER } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of June, 1942

Notary Public, residing at Baker

My commission expires (Seal)

Signed Mrs Fay Burlingame
(Signature of Any Credible Person Other Than Previous Year)
1610 Church St. Baker
(Street Address, City, State)

JUN 16 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 3-18-58

PLACE C BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

532-224,020-763
County of Elmore

City of Glenn's Ferry

No. _____ St. _____ Registration District No. 35 File No. 77891

Hospital _____ Primary Registration District No. 2021 Registered No. _____

FULL NAME OF CHILD Gladys Elizabeth Eckersell

(Certificate of no value without full name of child.)

| | | | | |
|-------------------------------|---|---|--------------------------------|--|
| Sex of Child
Female | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
{ Number
in order
of birth | Legiti-
mate?
Yes | Date of
birth March 29, 1920
(Month) (Day) (Year) |
|-------------------------------|---|---|--------------------------------|--|

What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

| | |
|--|---|
| FATHER
FULL NAME
Howard Eckersell | MOTHER
FULL MAIDEN NAME
Sarah Ann Gold |
| RESIDENCE
Glenn's Ferry, Idaho | RESIDENCE
Glenn's Ferry, Idaho |
| COLOR
White | COLOR
White |
| AGE AT LAST BIRTHDAY 24 (Years) | AGE AT LAST BIRTHDAY 22 (Years) |
| BIRTHPLACE
America | BIRTHPLACE
America |
| OCCUPATION
Mach. Helper | OCCUPATION
Housewife |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis, M. D.

Physician

(Physician or midwife)

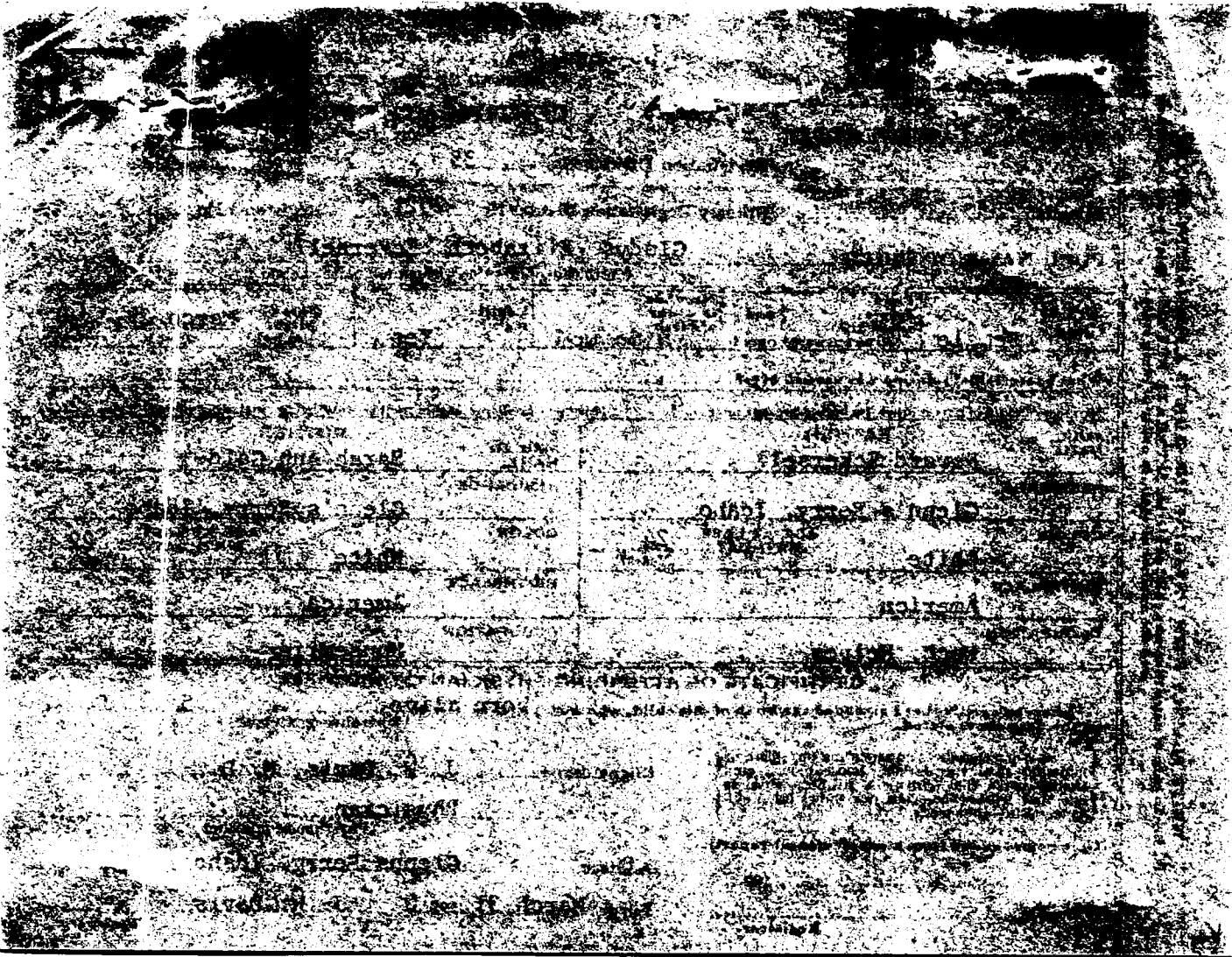
Give names added from a supplemental report.

Address Glenna Ferry, Idaho

Filed March 31, 1920 J. W. Davis Registrar.

Registrar.

Registrar.



STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City *Elmer's Ferry*
Street and House No.
County *Elmore*

Registered Number,

Registration District No. *31*

Sex of Child

Female

Date of Birth

March
(Month)

29
(Day)

1920
(Year)

Father's Name

Howard Eckersall

Mother's Name

Sarah Ann Gold

I HEREBY CERTIFY that the child described herein has been named:

Gladys Elizabeth Eckersall

(Given name in full)

(Surname)

as reported by

Mother

(Father or Mother)

J. W. Davis

(Local Registrar)

MAR 18 1968

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 77891
County of Bonneville } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Gladys Elizabeth Eckersall who born on March 29th, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Glenns Ferry are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Insurance Policy prepared on July 1, 1939, are:
(Bible Record, Insurance Policy, Etc.) Marriage License (Give Date)
FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) Nov. 24, 1947 (The Correct Facts)
viewed by vital stat.

Child's & Father's Last Name Eckersall Eckersall

Subscribed and sworn to before me this 9th day of
December, 1957
John P. Haskell
Notary Public, residing at Idaho Falls
My commission expires July 20, 1958
(Seal)

Signed Frank G. Eckersall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

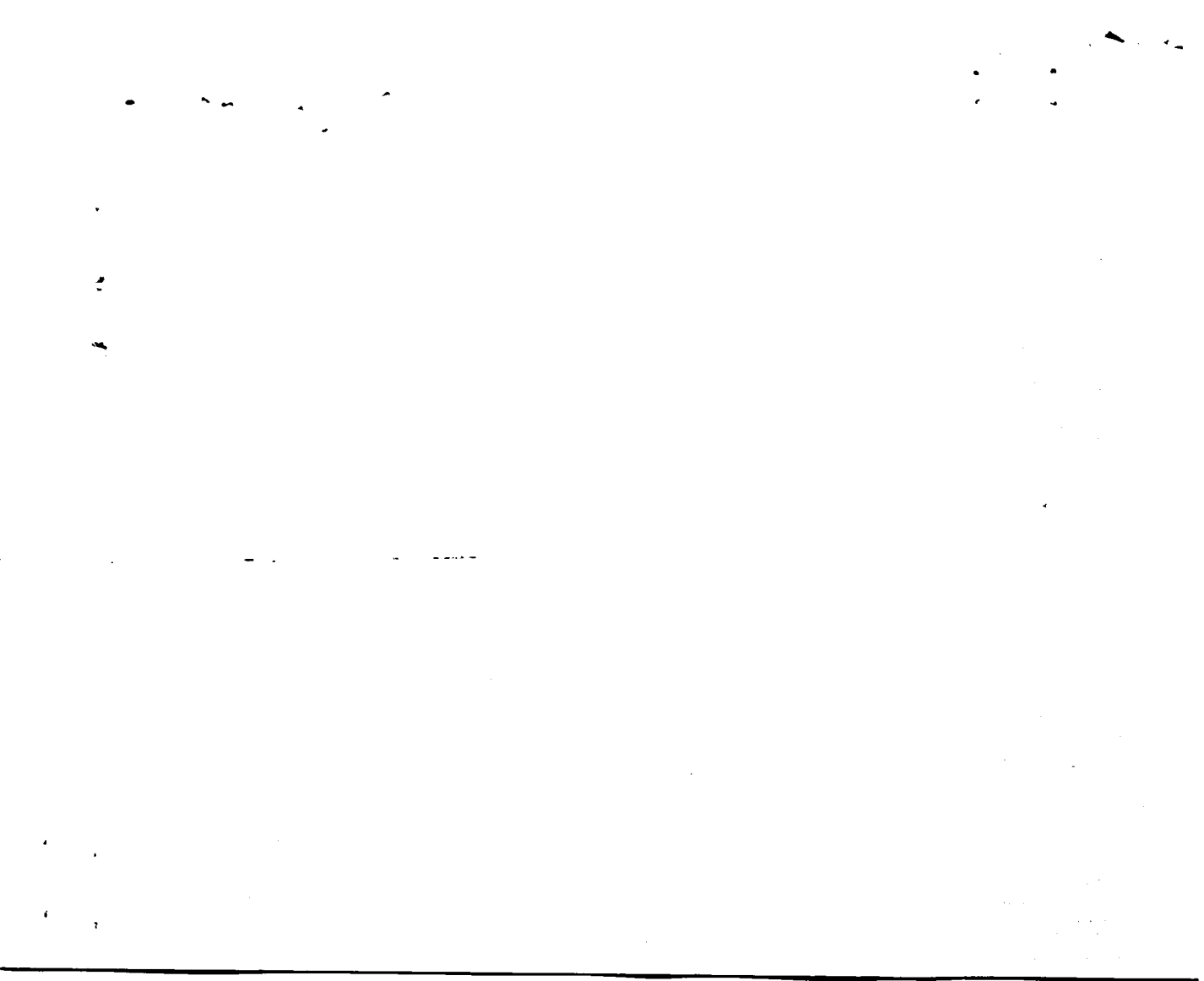
[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of
December, 1958
Archie Hansen
Notary Public, residing at Idaho Falls, Idaho
My commission expires Aug. 8, 1960
(Seal)

Signed Robert C. Clair
(Signature of Any Credible Person)

309 N. Placer Idaho Falls Idaho
(Street Address, City, State)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

793-241,021-5
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of _____

No. Rosevelt Mad St.

Registration District No. 27

File No. 77892

Hospital _____

Primary Registration District No. 2112

Registered No. 88

FULL NAME OF CHILD

Doris Myrtle Pitcher

Sex of
Child F

Twin
Triplet
or other?
(To be answered only in event of plural births)

and { Number
in order
of birth

Legiti
mate? yes

Date of
Birth

March 14 1920
(Month) (Day) (Year)

FULL
NAME

FATHER
John William Pitcher

FULL
MAIDEN
NAME

MOTHER
Emma Myrtle Egan

RESIDENCE

Rosevelt Idaho

RESIDENCE

Rosevelt Idaho

COLOR

W

AGE AT LAST
BIRTHDAY

33
(Years)

COLOR

W

AGE AT LAST
BIRTHDAY

34
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

Born alive at 9:35 P. M.
(Born alive or stillborn)

{ *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

Carling Pland
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston Idaho

Filed

Apr 2 1920

Doris Myrtle Pitcher

Registrar

Registrar

PLACE OF BIRTH

County of

121295

12

1999

א.

at vine bars

5

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of _____ } ss. SEP 5 1963 Certificate No. 77892
County of _____ }
Bureau of Vital Statistics Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for _____ (female child) who was born on March 14, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Unnamed

Doris Myrtle Pitcher

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires _____

(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Washoe }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of

Signed _____

(Signature of Any Credible Person) (66)

Notary Public, residing at 378 Washington Ave Reno Nevada

(Street Address, City, State)

My commission expires _____

(Seal)

My Commission Expires August 9, 1964

Utah Chauffeur's License, issued August 2, 1945, by J. Lambert Gibson,
Chairman. Gives name as Doris Myrtle Pitcher Johnson. Viewed by V. S.

Family record book, issued December 8, 1946, by Emma Myrtle E. Pitcher Fuller,
gives name of child as Doris Myrtle Pitcher. Viewed by V. S.

OCT 3 1963

155-2091021-469
PLACE OF BIRTH

Form V. S. No. 11-C-25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of FranklinCity of _____
No. Pinevale Park St.Registration District No. 27 File No. 77893Hospital _____ Primary Registration District No. 2119 Registered No. 89

FULL NAME OF CHILD

Elna Mae Jensen

Sex of Child

FTwin
Triplet
or other?and } Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yes

Date of Birth

March 9
(Month) (Day) (Year)1920

FULL NAME

Vernon Jensen

FATHER

RESIDENCE

Pinevale Idaho

COLOR

WAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMEMagdalene Dorris

MOTHER

RESIDENCE

Pinevale, Idaho

COLOR

WAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive, at 1:40 P M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Curtis Rand
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston, Idaho

Filed

apr 2 1920

Registrar

Registrar

FEB 19 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

145-209,021-169

PLACE OF BIRTH

Form V, S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of FranklinCity of PrestonNo. 3d new St.Registration District No. 27File No. 77894

Hospital _____

Primary Registration District No. 2118Registered No. 96

FULL NAME OF CHILD

MAUNA AMES

Sex of
Child FTwin
Triplet?
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate? yesDate of
Birth March 9 1920

(Month) (Day) (Year)

FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 6Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 9:30 PM

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

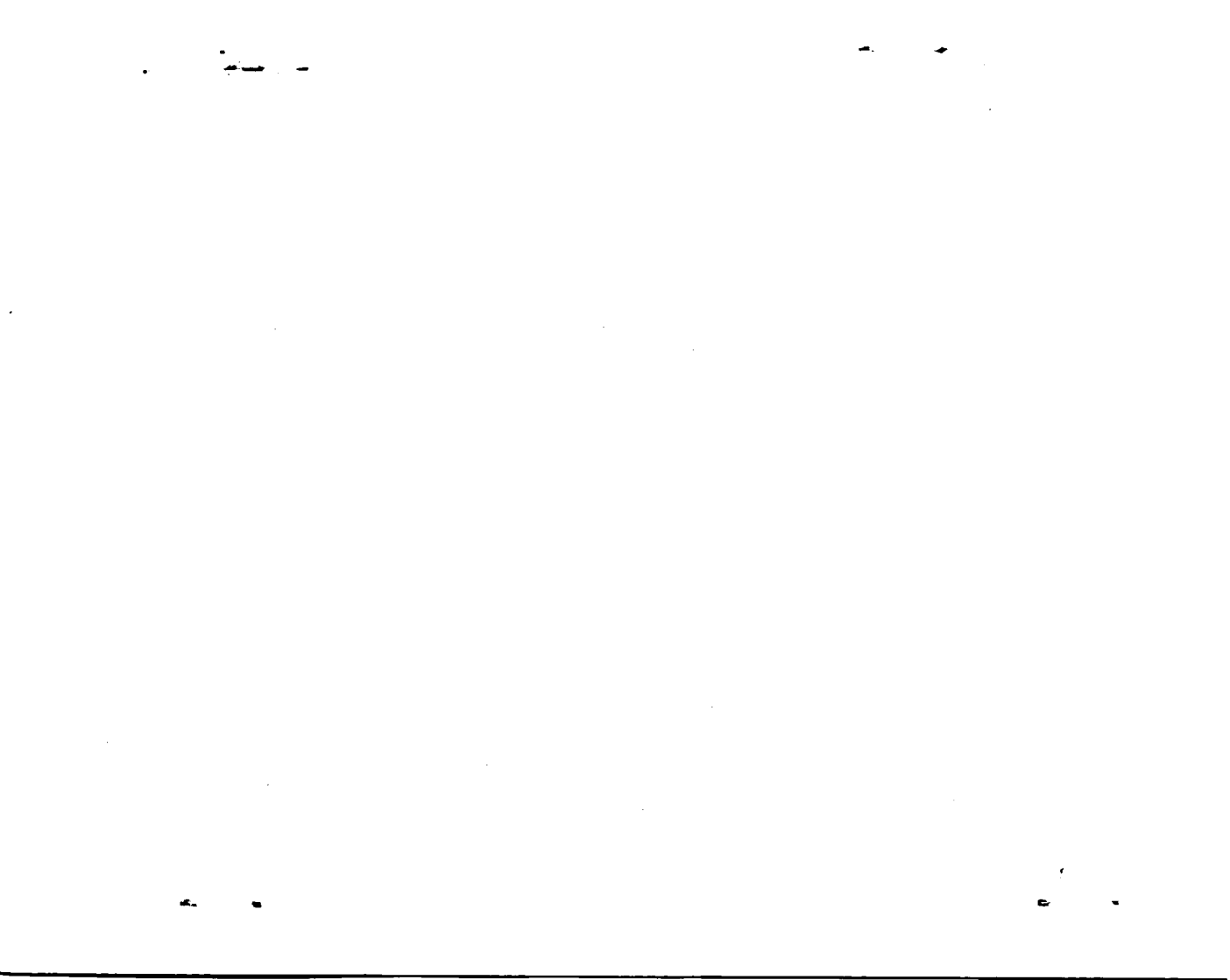
19

Address

Filed

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 11 1942 Certificate No. 77894

County of Bannock } Date Filed Burk

The undersigned does solemnly swear that certain facts on the certificate of Burk

for Mauna Ames who was born on March 9, 1930

(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in Preston Idaho are erroneous or were omitted; and that, to the best of his knowledge, the

(PLACE OF EVENT)

true facts as shown by Bible record prepared on _____, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

name

no name

Mauna Ames

Mauna Ames

March 9, 1930

Subscribed and sworn to before me this _____

day of Feb 11, 1942

Signed Stella M. Ames

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Preston Idaho

My commission expires _____

(SEAL) (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.

County of _____

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.

(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19 _____

Signed _____

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____

My commission expires _____

(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on FEB 11 1942 By _____

(REGISTRAR'S SIGNATURE)

FEB 18 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

465-7091021-867
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Preston

No. 2nd Ward St.

Registration District No. 28

File No. 77895

Hospital _____ Primary Registration District No. 2112 Registered No. 91

FULL NAME OF CHILD Donald Earl Monson

| | | | | | |
|-----------------------|---|-----|--------------------------------|---------------------------|---|
| Sex of Child <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legitimate?
<u>Yes</u> | Date of Birth <u>March 9</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|--------------------------------|---------------------------|---|

FATHER
FULL NAME Earl Edward Monson
RESIDENCE Preston Idaho
COLOR N AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Afton Cammilla Hogan
RESIDENCE Preston Idaho
COLOR N AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 AM on the date above stated.

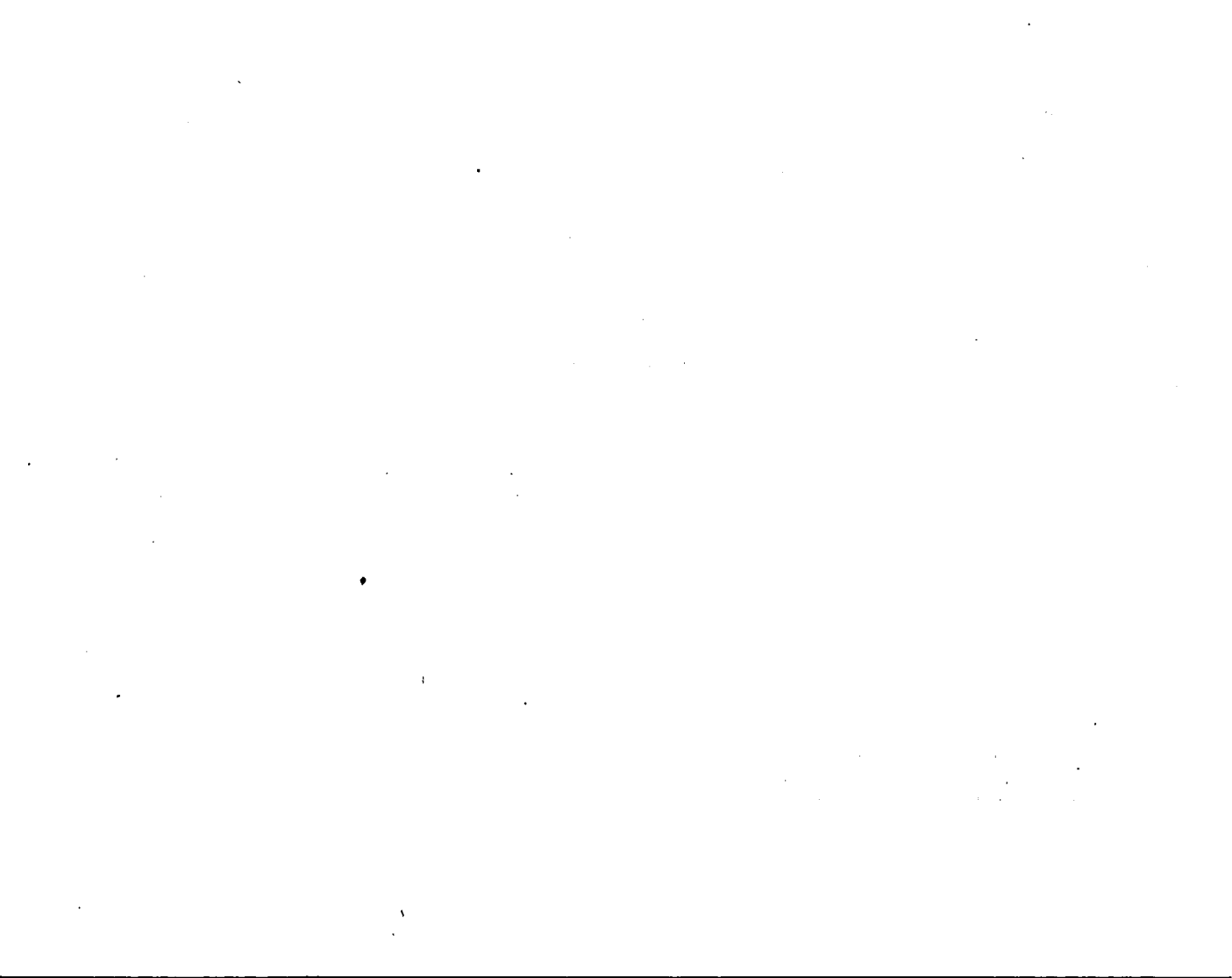
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burtis Hand
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho
Filed Apr 2 1920 D. H. Curtis Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

313-202-021-313

PLACE OF BIRTH

County of

Franklin

City of

No.

St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No.

27

File No.

77896

Primary Registration District No.

2119

Registered No.

12

| | | | | | | | | | | |
|--------------|----------|---|-----|---|-----------------|------------|---------------|----------------|--------|-----------|
| Sex of Child | <i>F</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? | <i>Yes</i> | Date of Birth | <i>March 7</i> | 19 | <i>20</i> |
| | | | | | | | (Month) | (Day) | (Year) | |

| | | | |
|------------|---------------------------|----------------------|---------------|
| FULL NAME | <i>Albert Vernon</i> | FATHER | <i>Isabel</i> |
| RESIDENCE | <i>Franklin Co. Idaho</i> | | |
| COLOR | <i>W</i> | AGE AT LAST BIRTHDAY | <i>25</i> |
| | | (Years) | |
| BIRTHPLACE | <i>Utah</i> | | |
| OCCUPATION | <i>Farmer</i> | | |

| | | | |
|------------------|---------------------------|----------------------|---------------|
| FULL MAIDEN NAME | <i>Alvaretta</i> | MOTHER | <i>Isabel</i> |
| RESIDENCE | <i>Franklin Co. Idaho</i> | | |
| COLOR | <i>W</i> | AGE AT LAST BIRTHDAY | <i>24</i> |
| | | (Years) | |
| BIRTHPLACE | <i>Utah</i> | | |
| OCCUPATION | <i>Housewife</i> | | |

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
 on the date above stated.

(Born alive or stillborn)

at *6:10 P* M.

*When there was no attending physician or
 midwife then the father, householder, etc.,
 should make this return. A stillborn child is
 one that neither breathes nor shows other evi-
 dence of life after birth.

(Signature)

Gustis Hand
 Physician
 (Physician or midwife)

Given names added from a supplemental report.

19

Address

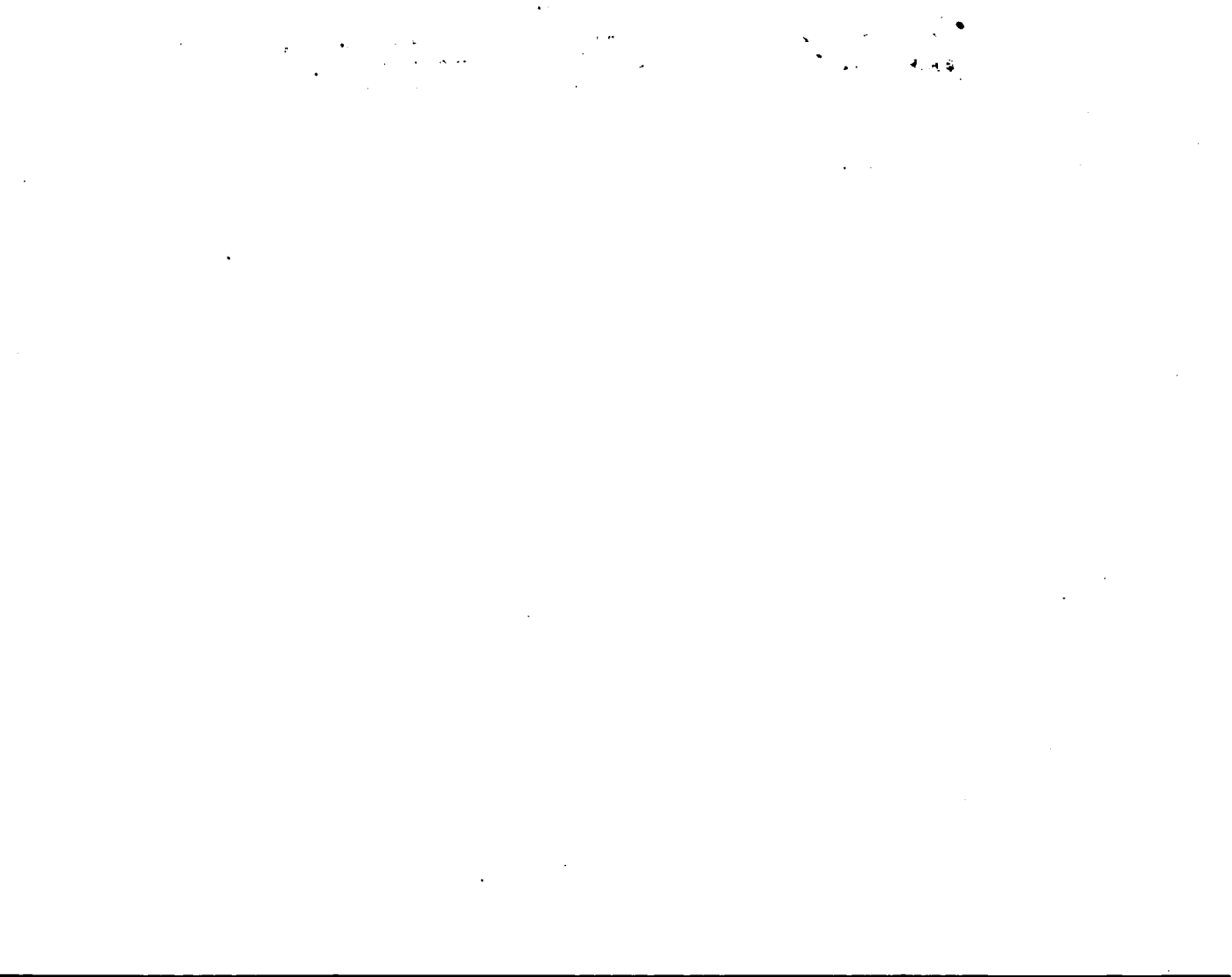
Preston Idaho

Filed

Apr 2 19*20*

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE

632-119-021-62
County of **Franklin**City of **Preston Idaho**Registration District No. **2**File Number **11907**

No. St.

Primary Registration District No. **2119**Registered No. **94**

Hospital

FULL NAME OF CHILD **Jesse Marion Olson**

| | | | | |
|--------------------------|----------------------------------|---------------------------------------|------------------------|---|
| Sex of Child Male | Twin Triplet or other? No | and Number in order of birth 1 | Legitimate? Yes | Date of Birth Mar. 19 20
(Month) (Day) (Year) |
|--------------------------|----------------------------------|---------------------------------------|------------------------|---|

| | | | |
|--|---|---|---|
| FULL NAME FATHER
A. A. Olson, | | FULL MAIDEN NAME MOTHER
Vilate Oberry. | |
| RESIDENCE Preston Idaho. | | RESIDENCE Preston Idaho. | |
| COLOR White | AGE AT LAST BIRTHDAY 39
(Years) | COLOR White | AGE AT LAST BIRTHDAY 38
(Years) |
| BIRTHPLACE Ephraim Utah. | | BIRTHPLACE Paradise Utah. | |
| OCCUPATION Real Estate, Produce Man. | | OCCUPATION Housewife. | |

Number of child of this mother, including present birth **4** Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **Born Alive.** at **7:30 P.M.** on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **J. W. States****Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho.**Filed **Apr 2 1920**

Registrar

Registrar

0-10-10

10-10-10

10-10-10

613-2061003-8

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form No. 11-C-2-2-17

County of *Bannock*City of *Cleveland*Registration District No. *27*File No. *77898*No. *St.*Primary Registration District No. *2112*Registered No. *9*

Hospital

FULL NAME OF CHILD

Esther Walton

| | | | | |
|--------------------------------|---|------------------------------------|---|--|
| Sex of Child <i>F</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and Number
in order
of birth | Legitimate? | Date of Birth <i>Mar 6</i>
(Month) (Day) (Year) <i>1920</i> |
| FULL NAME <i>Esther Walton</i> | FATHER <i>James Walton</i> | | FULL MAIDEN NAME <i>Floy Laberny Montague</i> | MOTHER |
| RESIDENCE <i>Cleveland Ida</i> | RESIDENCE <i>Cleveland Ida</i> | | COLOR <i>W</i> | AGE AT LAST BIRTHDAY <i>28</i>
(Years) |
| BIRTHPLACE <i>Ida</i> | BIRTHPLACE <i>Ida</i> | | COLOR <i>W</i> | AGE AT LAST BIRTHDAY <i>26</i>
(Years) |
| OCCUPATION <i>Farmer</i> | OCCUPATION <i>Horsewife</i> | | | |

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *12:45* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *D. R. Guthrie*

(Physician or midwife)

Given names added from a supplemental report.

Address *Pres to Idaho*Filed *Apr 15 1920*

Registrar

Registrar

SEP 22 1972

OCT 4 1972

632-111-003-813

PLACE OF BIRTH

Americanized 12-12-79

County of BannerCity of Oxford

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22a-03-17

CERTIFICATE OF BIRTH

Registration District No. 27File No. 77899Primary Registration District No. 2113Registered No. 86FULL NAME OF CHILD ELDRED WALTER OLSON

| | | | | |
|----------------------------------|---|--------------------------------|--|--|
| Sex of Child <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth | Legiti-
mate? <u>Y</u> | Date of Birth <u>Mar 11 1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>Ernest A. Olson</u> | FATHER | | FULL MAIDEN NAME <u>Clara Algina Hatch</u> | MOTHER |
| RESIDENCE <u>Oxford Idaho</u> | | | RESIDENCE <u>Oxford Idaho</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) | | COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | | | BIRTHPLACE <u>Oxford</u> | |
| OCCUPATION <u>Farmer</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 35 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Cutler

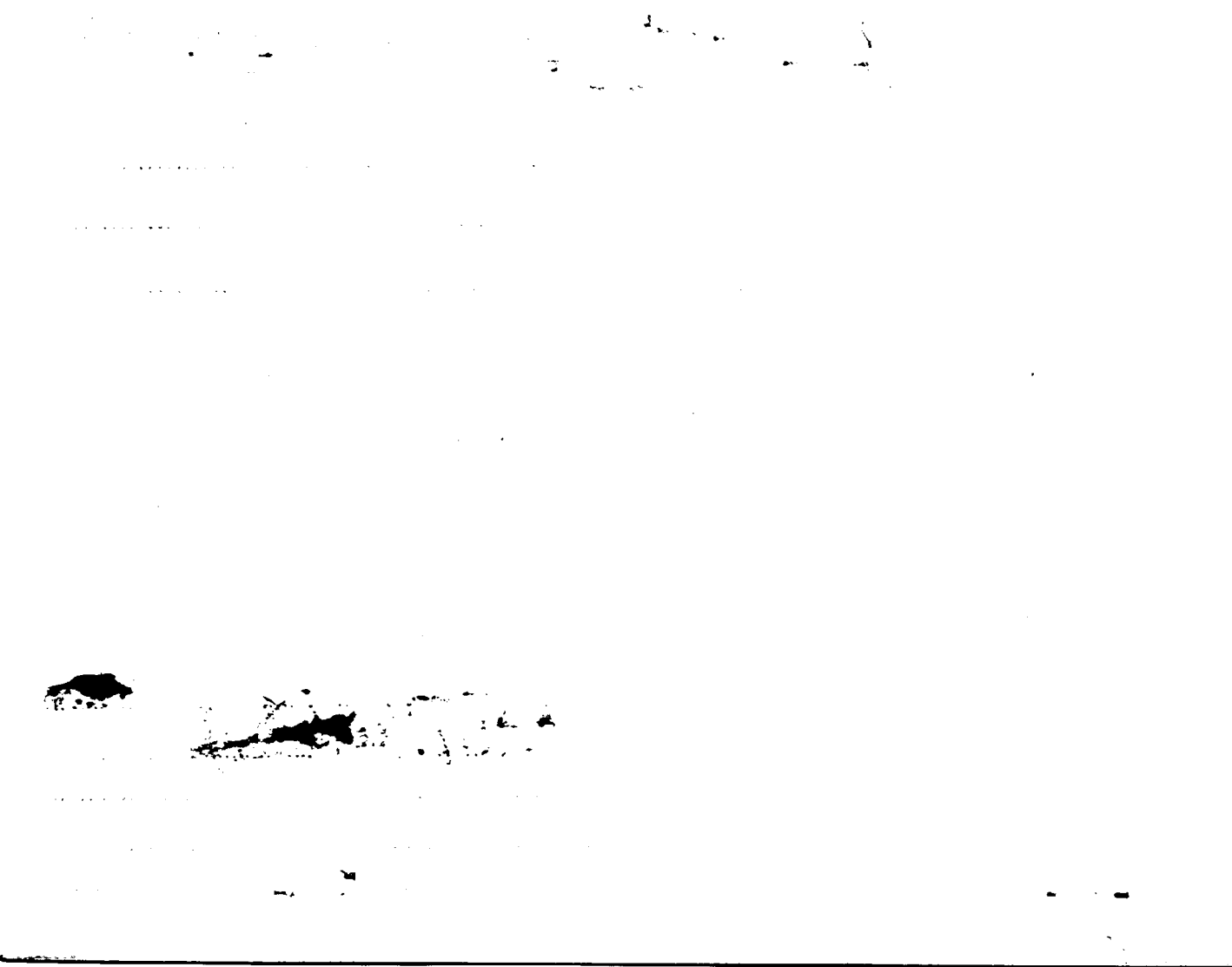
(Physician or midwife)

Given names added from a supplemental report.

Address Preston IdahoFiled Apr 5 1920

Registrar

Registrar



8/31/78

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. **RECEIVED
BUREAU OF
VITAL STATISTICS**
Certificate No. **77899**
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of **Birth**
for **Unnamed Olsen** who was born on **3/11/20**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **Oxford, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Name **Unnamed Olsen** **Eldred Walter Olson**
Father's name **Ernest A. Olson** **Ernest A. Olson**

Subscribed and sworn to before me this **31st** day of
August, 19 **78**
Margaret D. Davis
Notary Public, residing at **Boise**
My commission expires **Lifetime**
(Seal)

Signed **Eldred Walter Olson**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
8937 Penbrook Dr Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 _____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

Certificate of marriage of daughter gives father's name as Eldred W. Olson, witness to the marriage occurring Feb. 28, 1964. Father of Eldred. W. Olson, Ernest Olson performed the marriage ceremony.

Viewed by V.S.

Certificate of Ordination to the Priesthood gives name as Eldred Walter Olson son of Ernest A. Olson and Clara A Hatch. Born at Oxford Bannock County, Idaho on March 11, 1920, Baptised May 5, 1928 and confirmed May 6, 1928.

Viewed by V.S.

Marriage certificate for Eldred gives name spelled correctly and also lists father name of Ernest Olson as performing his son's marriage on April 5, 1942 in Twin Falls, Idaho.

Viewed by V.S.

8841121021-884
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-2-17

County of *Franklin*City of *Preston*Registration District No. *27*File No. *77900*

No. St.

Primary Registration District No. *2118*Registered No. *97*

Hospital

FULL NAME OF CHILD *Perry Rue Hymas*

| | | | | |
|--------------------------|---|--------------------------------------|----------------------------|--|
| Sex of Child <i>Male</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <i>No</i> | Date of Birth <i>Mar 12 1922</i>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|----------------------------|--|

| | | | |
|----------------------------------|--|---|--|
| FULL NAME
<i>Alfred Bowen</i> | FATHER | FULL MAIDEN NAME
<i>Hattie May Hymas</i> | MOTHER |
| RESIDENCE
<i>Preston Ida</i> | | RESIDENCE
<i>Preston Ida</i> | |
| COLOR
<i>W</i> | AGE AT LAST BIRTHDAY
<i>21</i>
(Years) | COLOR
<i>W</i> | AGE AT LAST BIRTHDAY
<i>21</i>
(Years) |
| BIRTHPLACE
<i>Utah</i> | | BIRTHPLACE
<i>Utah</i> | |
| OCCUPATION
<i>Housewife</i> | | OCCUPATION
<i>Housewife</i> | |

Number of child of this mother, including present birth *1*..... Number of children of this mother now living, including present birth *1*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. (Born alive or stillborn)

| | |
|---|--|
| *When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.) | (Signature) <i>A. R. C. [Signature]</i> |
| | <i>physician</i>
(Physician or midwife) |

Given names added from a supplemental report.

Address *Preston Idaho*Filed *Apr 5 1922*

Registrar

Registrar

Statement mailed 11-1-44

NOV 5 1952

114-027-857
PLACE OF BIRTH
County of Franklin
City of Preston

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-1-1000

No. St.
Registration District No. 27 File No. 77901
Primary Registration District No. 2119 Registered No. 98

Hospital
FULL NAME OF CHILD Dora Alvero Hump

Sex of Child M Twin Triplet or other? and { Number in order of birth Legitimate? yes Date of Birth Mar 14 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Leonz H Hump
RESIDENCE Grace Ida
COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Grace Ida
OCCUPATION Mechanic

MOTHER
FULL MAIDEN NAME Mary B. Head
RESIDENCE Grace Ida
COLOR W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Preston Ida
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 P on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Cutler physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho
Filed Apr 5 1920
Registrar D. C. Cutler Registrar

CONFIDENTIAL
BUREAU OF VII
STATE

ATTN: FC 20A.14

.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada }
County of Clark } ss.

Certificate No. 77901

Date Filed 17 May 45

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
for DON ALVERO HAMP who BORN on 1920 MARCH 14
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in PRESIDON IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) SDS Church
true facts are shown by CERTIFICATE OF BLESSING prepared on 17 May 45, are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

FACTS TO BE CORRECTED

FROM

TO

("Name," "Birth Date," "Cause of Death," Etc.)

(As on Original)

(The Correct Facts)

Name

Unnamed Hamp

Don Alvero Hamp

MARCH 14, 1920

DON ALVERO HAMP

Subscribed and sworn to before me this 17th
day of May, 1945

Signed

Don Alvero Hamp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Las Vegas

My commission expires Jan 8, 1946

Box 1861 Las Vegas, Nevada

(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada }
County of Clark } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of May, 1945

Signed

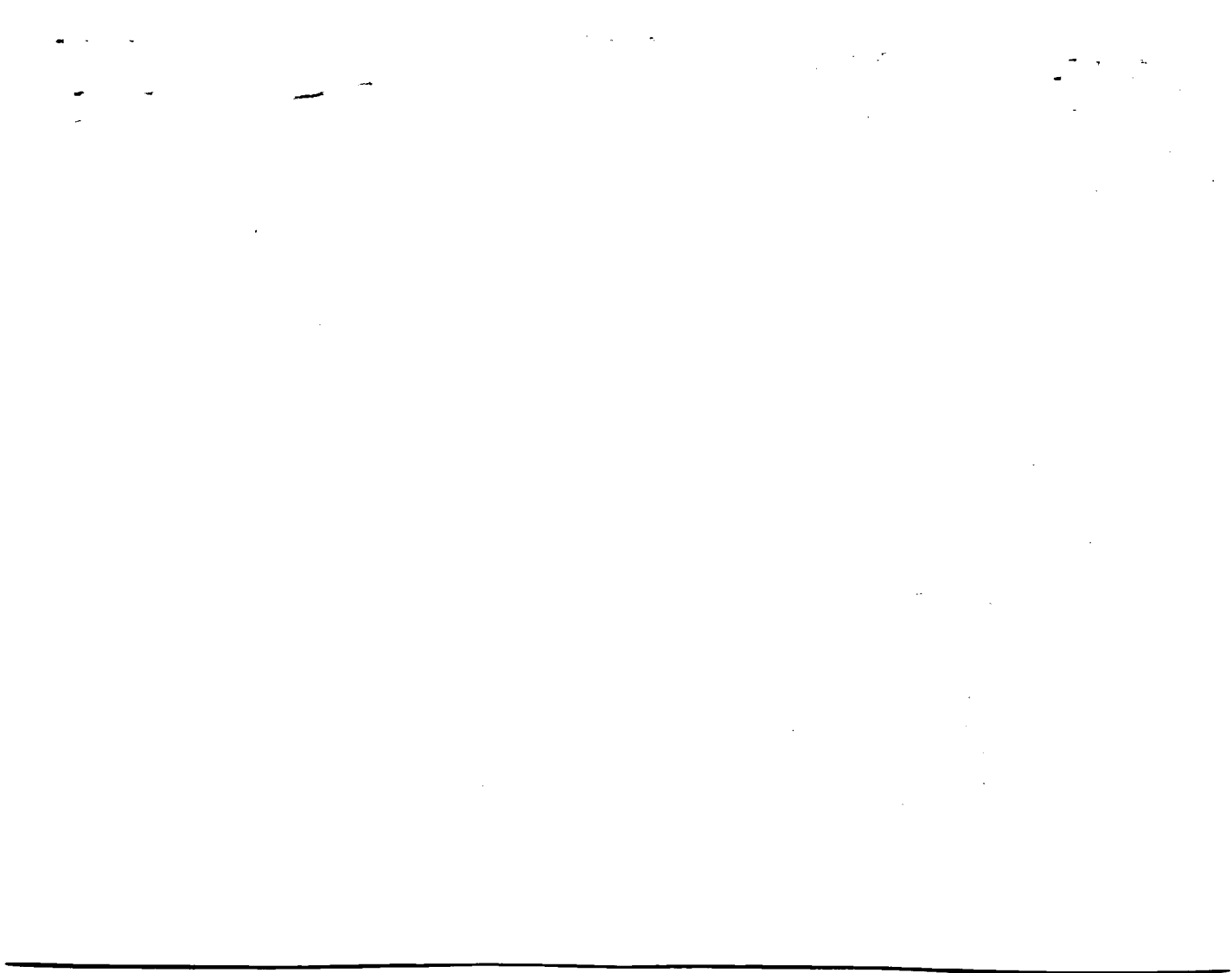
May B. Hamp
(Signature of Any Credible Person)

Notary Public, residing at Las Vegas

My commission expires Jan 8, 1946

(Street Address, City, State)

(Seal)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-126-021-963

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-5-37

77902

County of *Franklin*

City of *Clifton*

Registration District No. *21*

File No. *4*

No. St.

Primary Registration District No. *2112*

Registered No. *64*

Hospital

FULL NAME OF CHILD *DEAN CLIFTON SEARS*

Sex of Child *Male*

Twin Triplet or other?

and

Number in order of birth *6*

Legitimate? *yes*

Date of Birth *Feb 26*

1900

(Month) (Day) (Year)

FULL NAME *Parley Alvin Sears*

FATHER

RESIDENCE *Clifton*

COLOR *White*

AGE AT LAST BIRTHDAY *35*

(Years)

BIRTHPLACE *Salt Lake City, Utah*

OCCUPATION *Farmer*

FULL MAIDEN NAME *Florence Angeline Rollins*

MOTHER

RESIDENCE *Clifton*

COLOR *White*

AGE AT LAST BIRTHDAY *32*

(Years)

BIRTHPLACE *Centerville, Utah*

OCCUPATION *Housewife*

Number of child of this mother, including present birth *6*

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Alive* on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Mrs. Esther E. L. Davis*

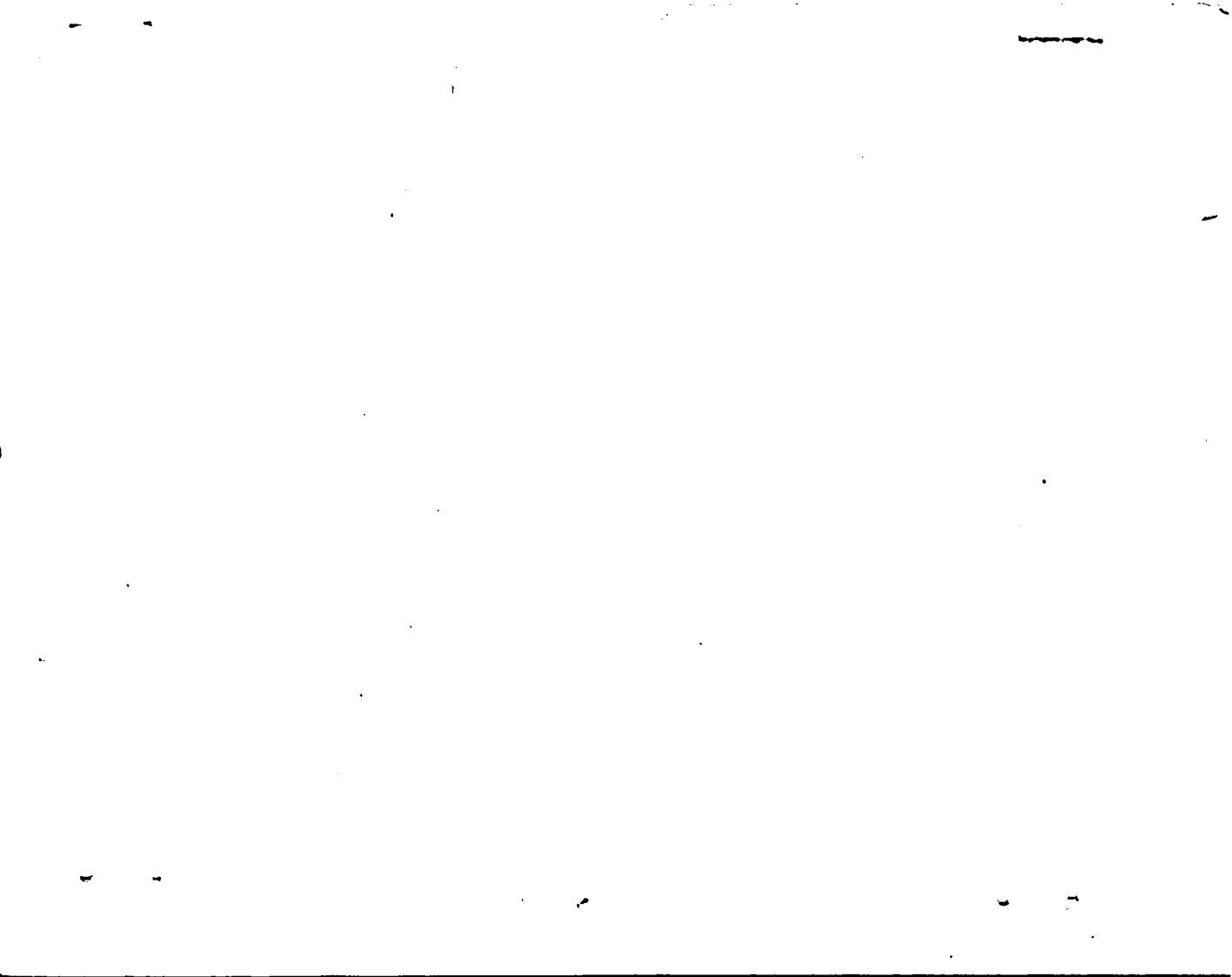
(Physician or midwife)

Given names added from a supplemental report.

Address *Clifton, Idaho*

Filed *Apr 2 1900*

Registrar



4/19/55

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Franklin } ss.

Certificate No. 77902

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sears who was born on February 26, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Clifton, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) Certificate of Baptism Mar. 27, 1928
true facts are shown by Certificate of Ordination prepared on Mar. 11, 1938
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital (Give Date) are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)
Missing

TO
(The Correct Facts)
Dean Clifton Sears

Subscribed and sworn to before me this 30 day of April, 1955

Notary Public, residing at Preston, Idaho
My commission expires 1/21/57
(Seal)

Signed Farley A. Sears
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
507 - East Oneida St. Preston, Id.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of April, 1955

Notary Public, residing at Preston, Idaho
My commission expires 1/21/57
(Seal)

Signed Florence R. Sears (mother)
(Signature of Any Credible Person)
507 - East Oneida St. Preston, Id.
(Street Address, City, State)

MAY 12 1975

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962.225-849

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County FranklinCity of Weston IdahoRegistration District No. 27File No. 77904No. St.Primary Registration District No. 2118Registered No. 67HospitalFULL NAME OF CHILD

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>.....</u> and { Number in order of birth <u>8</u> | Legitimate? <u>yes</u> | Date of Birth <u>Feb 23 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

| | |
|------------------------------------|--|
| FULL NAME <u>Cyrus M Robbins</u> | FATHER |
| RESIDENCE <u>Near Weston Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>4.5</u>
(Years) |
| BIRTHPLACE <u>Millard Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Sarah E Hurst</u> | MOTHER |
| RESIDENCE <u>Near Weston Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) |
| BIRTHPLACE <u>snareville Utah</u> | |
| OCCUPATION <u>House keeper</u> | |

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:00 P. M. on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

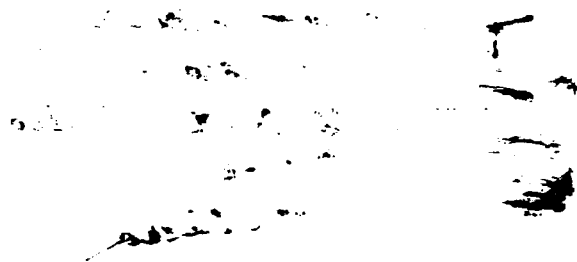
(Signature) Thos B. Holder
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Weston IdahoFiled Apr 2 1920

Registrar

Registrar



3451057021-595

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-17

CERTIFICATE OF BIRTH

County of FranklinCity of Merton IdahoRegistration District No. 27File No. 77905

No. St.

Primary Registration District No. 2118Registered No. 68

Hospital

FULL NAME OF CHILD JACK QUINTEN LUNDQUIST

| | | | |
|--|--|--|---|
| Sex of Child <u>male</u> | Twin Triplet or other? <u> </u> and Number in order of birth <u>7</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar 5th 1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>John P. Lundquist</u>
RESIDENCE <u>Merton Idaho</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Merton Idaho</u>
OCCUPATION <u>Harmer</u> | | MOTHER
FULL MAIDEN NAME <u>Christina Nielson</u>
RESIDENCE <u>Merton</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Hennarick</u>
OCCUPATION <u>House Keeper</u> | |

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Thos B Halder
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

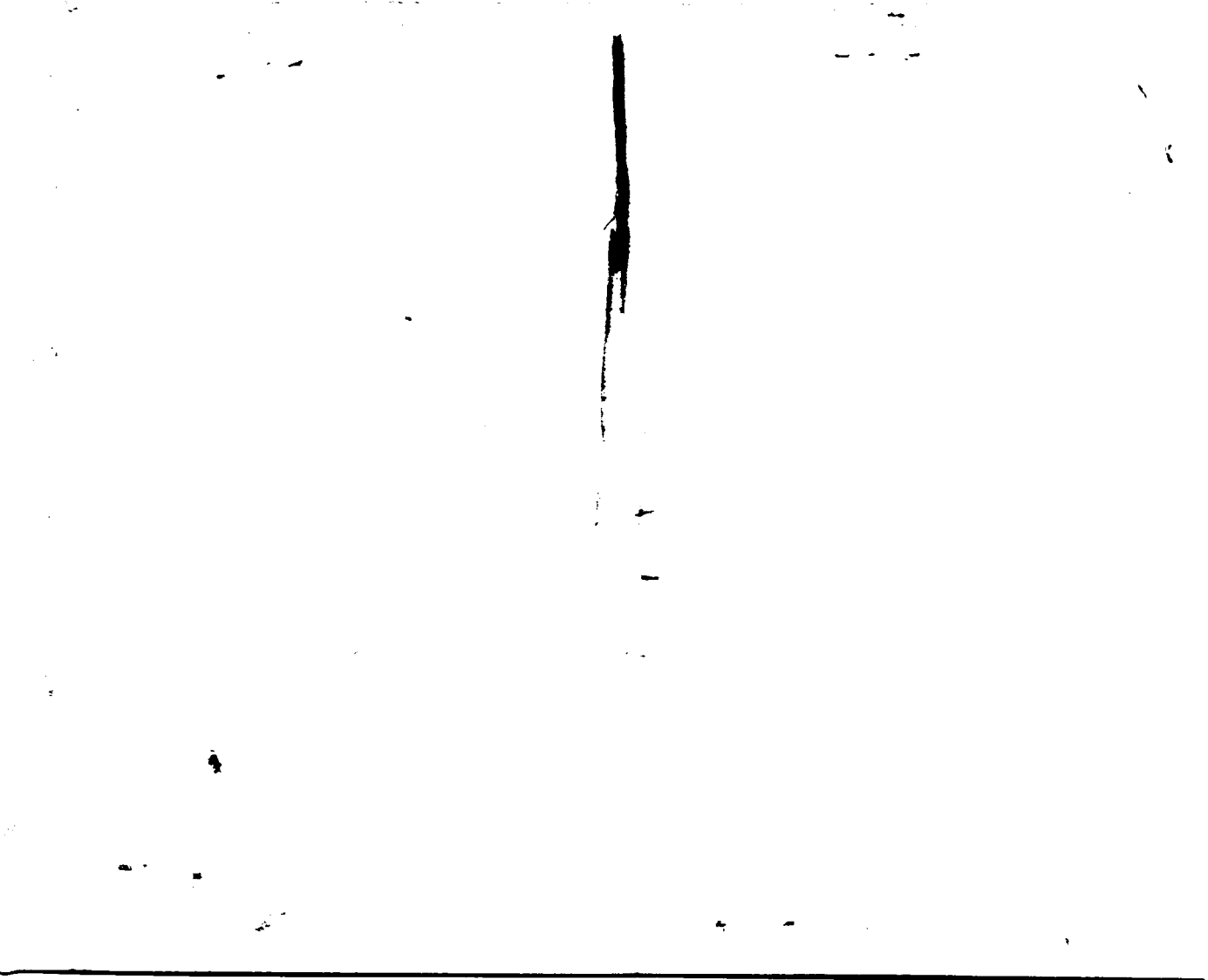
Merton Idaho

Filed

Apr 2 1920

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Franklin } ss.

Certificate No. 77905Date Filed MAR 3 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth
 (Birth or Death)

for _____ who _____ on _____
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)

true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED | FROM | TO |
|--|----------------------|-------------------------------|
| ("Name", "Birth Date", "Cause of Death", Etc.) | (As on Original) | (The Correct Facts) |
| <u>name</u> | <u>unnamed</u> | <u>Jack Quinten Lundquist</u> |
| <u>birthdate</u> | <u>March 4, 1920</u> | <u>March 5, 1920</u> |

Subscribed and sworn to before me this 2nd
 day of March, 19 42
Thomas Preston

Notary Public, residing at Weston

My commission expires March 8th 1943
 (Seal)

Signed Christine Lundquist Mother
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Weston Idaho
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
 County of Franklin } ss.

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
 day of March, 19 42
Thomas Preston

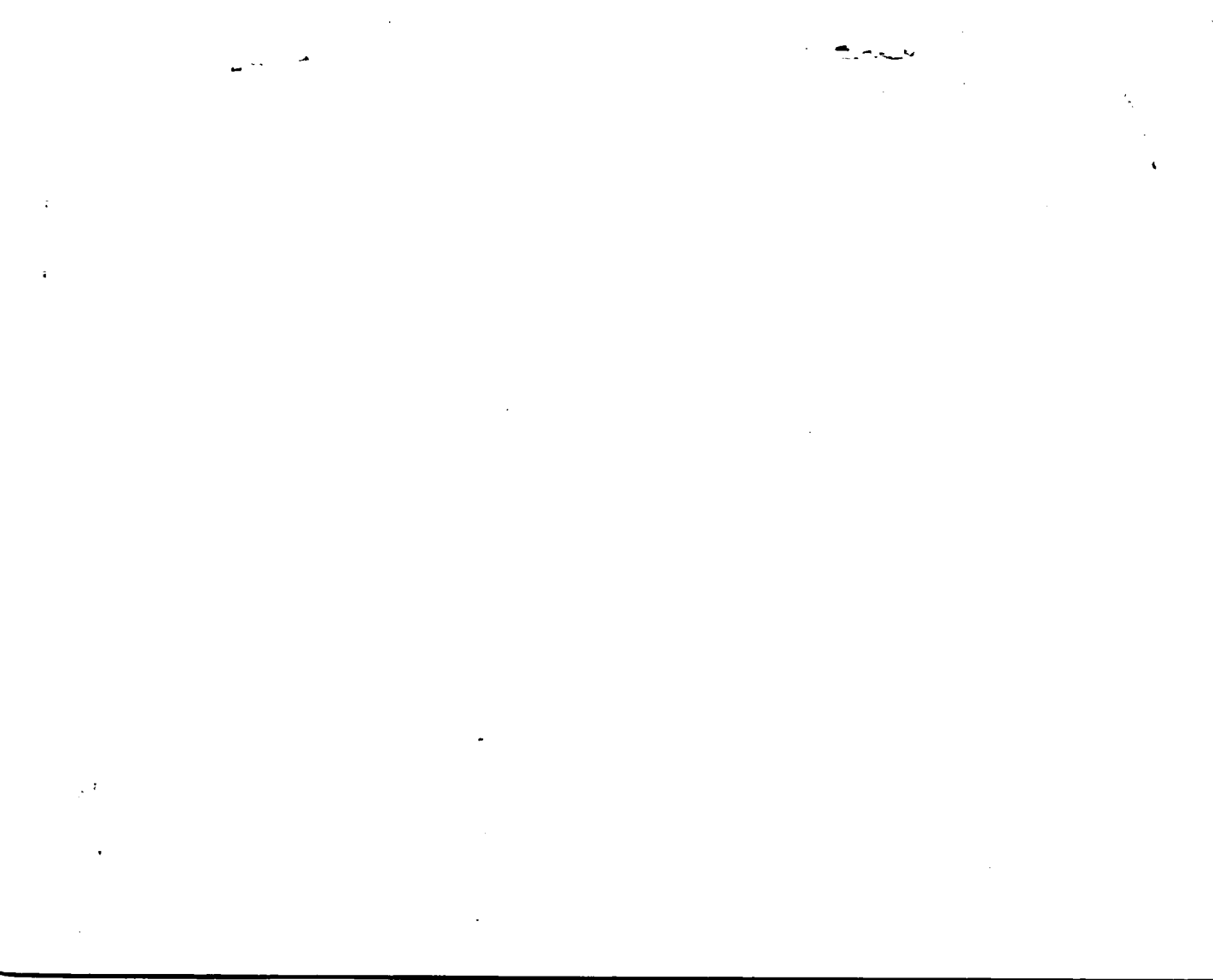
Signed John P. Lundquist Father
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Weston

My commission expires March 8th 1943
 (Seal)

Weston Idaho
 (Street Address, City, State)

MAR 3 1942



PLACE OF BIRTH

9/2-120902-389

County of FranklinCity of Mink Creek

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Dale Orson RasmussenSex of
ChildMaleTwin
Triplet
or other?{ and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthMarch 201920FULL
NAMEFATHER
Orson Theodore RasmussenFULL
MAIDEN
NAMEMOTHER
Ida Helen Christensen

RESIDENCE

Mink Creek

RESIDENCE

Mink Creek

COLOR

WhiteAGE AT LAST
BIRTHDAY22

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY24

(Years)

BIRTHPLACE

Mink Creek

BIRTHPLACE

Mink Creek

OCCUPATION

Farming

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 1Number of children of this mother now living, including present birth, 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive

(Born alive or stillborn)

11

at

a

M.

*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Serena ChristensenMidwife

(Physician or midwife)

Given names added from a supplemental report

Address

Mink Creek Idaho

Filed

Apr 1 1920

Registrar

Registrar

0442

MEMORANDUM FOR THE RECORD

2018/08/01

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-100-232

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of FranklinCity of FranklinRegistration District No. 27File No. 77907

No. _____ St.

Primary Registration District No. 2118Registered No. 20

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|-------------------------|---|-----|---|-----------------------------|--|
| Sex of Child <u>Boy</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth <u>one</u> | Legiti-
mate? <u>yes</u> | Date of Birth <u>March 10</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-------------------------|---|-----|---|-----------------------------|--|

FULL NAME Sheldon Doney FATHERFULL MAIDEN NAME Luella Olsen MOTHERRESIDENCE Franklin IdahoRESIDENCE Franklin IdahoCOLOR White AGE AT LAST BIRTHDAY 26
(Years)COLOR White AGE AT LAST BIRTHDAY 22
(Years)BIRTHPLACE Franklin IdahoBIRTHPLACE Franklin IdahoOCCUPATION FarmingOCCUPATION WifeNumber of child of this mother, including present birth oneNumber of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

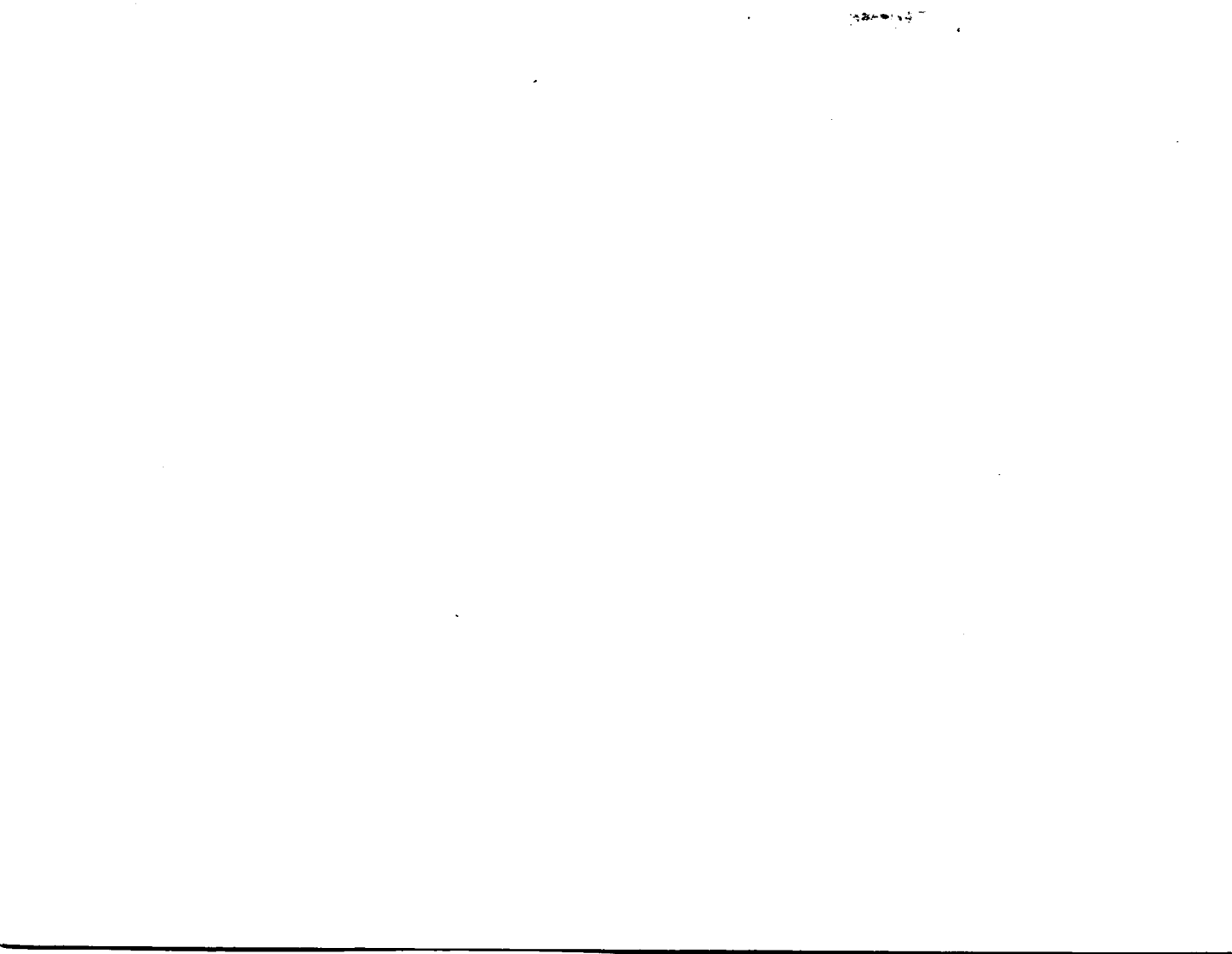
I hereby certify that I attended the birth of this child, who was March 10 1920, at 3:15 p. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. AdamsonH. A.
(Physician or midwife)

Given names added from a supplemental report.

Address Franklin IdahoFiled Apr 2 1920 D. A. Little



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

354-293-021-241

amend 11-6-81

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Registration District No. 21

File No. 77908

Hospital _____

Primary Registration District No. R112

Registered No. 21

FULL NAME OF CHILD Maxine Lemmon

| | | | | | |
|-----------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>F</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>March 3</u>
(Month) (Day) (Year) <u>1920</u> |
|-----------------------|---|-----|--------------------------------|----------------------------|--|

FATHER
FULL NAME Alfred Lemmon
RESIDENCE Preston, Idaho
COLOR W AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Leona Smart
RESIDENCE Preston Idaho
COLOR W AGE AT LAST BIRTHDAY 20
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 p.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho
Filed Apr 2 1920
Registrar

FEB 13 1969

IDAHO DEPARTMENT OF HEALTH AND WELFARE

RECEIVED
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

OCT 14 1981

State of Utah } ss.
County of Weber

Bureau of Vital Statistics

Certificate No. 77908

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Lemmon who was born on 3-3-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Preston (Franklin) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedMaxine LemmonSubscribed and sworn to before me this 5 day ofOct 1981
Notary Public, Stuart R. ImpfupResiding at Ogden, UtahMy commission expires 7 Jan 1983

(Seal)

Maxine Lemmon Talbot
Signature of Applicant
155 W. 5750 So - Murray, Ut
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day ofOct 1981
Notary Public, Stuart R. ImpfupResiding at Ogden, UtahMy commission expires 7 Jan 1983

(Seal)

Wayne Lemmon Bergeson
Supporting Signature
3645 N. 900 W. Ogden, Ut.
Street Address, City, State

1 cc pd

NOV 6 1981

LDS Church record gives Maxine Lemmon Talbot born 3-3-20 at Preston to Alfred Lemmon and Leona Smart was blessed 4-21-20. Viewed by V.S.

Birth Certificate from Cottonwood Maternity Hospital at Murray , Utah gives Robert Michael Talbot born 8-6-51 to George A Talbot and MAXINE LEMMON who was born 3-3-20 in Preston. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

331-219.021-234

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of PrestonRegistration District No. 27File No. 77909

No. _____ St. _____

Hospital _____ Primary Registration District No. 119 Registered No. 72

FULL NAME OF CHILD

Barbara ClarkSex of
ChildfemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate?yesDate of
BirthMar 18 1920
(Month) (Day) (Year)FULL
NAMEMarion Clark

FATHER

RESIDENCE

Preston

COLOR

whiteAGE AT LAST
BIRTHDAY81
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Carpenter & farmerFULL
MAIDEN
NAMEZina Bennett

MOTHER

RESIDENCE

Preston

COLOR

whiteAGE AT LAST
BIRTHDAY88
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) _____

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston Idaho

Filed

Apr 2 1920 Dr. J. H. H. H.

Registrar

Registrar

APR 2 1969

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-117-021-236
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of Preston

No. _____ St. _____

Registration District No. 27File No. 77910

Hospital _____

Primary Registration District No. 1119Registered No. D3

FULL NAME OF CHILD

Robert C Hansen

Sex of Child

maleTwin
Triplet
or other?
(To be answered only in event of plural births)and
Number
in order
of birthLegiti
mate?yesDate of
BirthMar 17 1920
(Month) (Day) (Year)FULL
NAMEA. C. Hansen

RESIDENCE

Preston

COLOR

whiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Denmark

OCCUPATION

Auto MechanicFULL
MAIDEN
NAMEHelen Amanda Stokes

RESIDENCE

Preston

COLOR

whiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Croyden Utah

OCCUPATION

Nurse

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive2:30 A.M.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

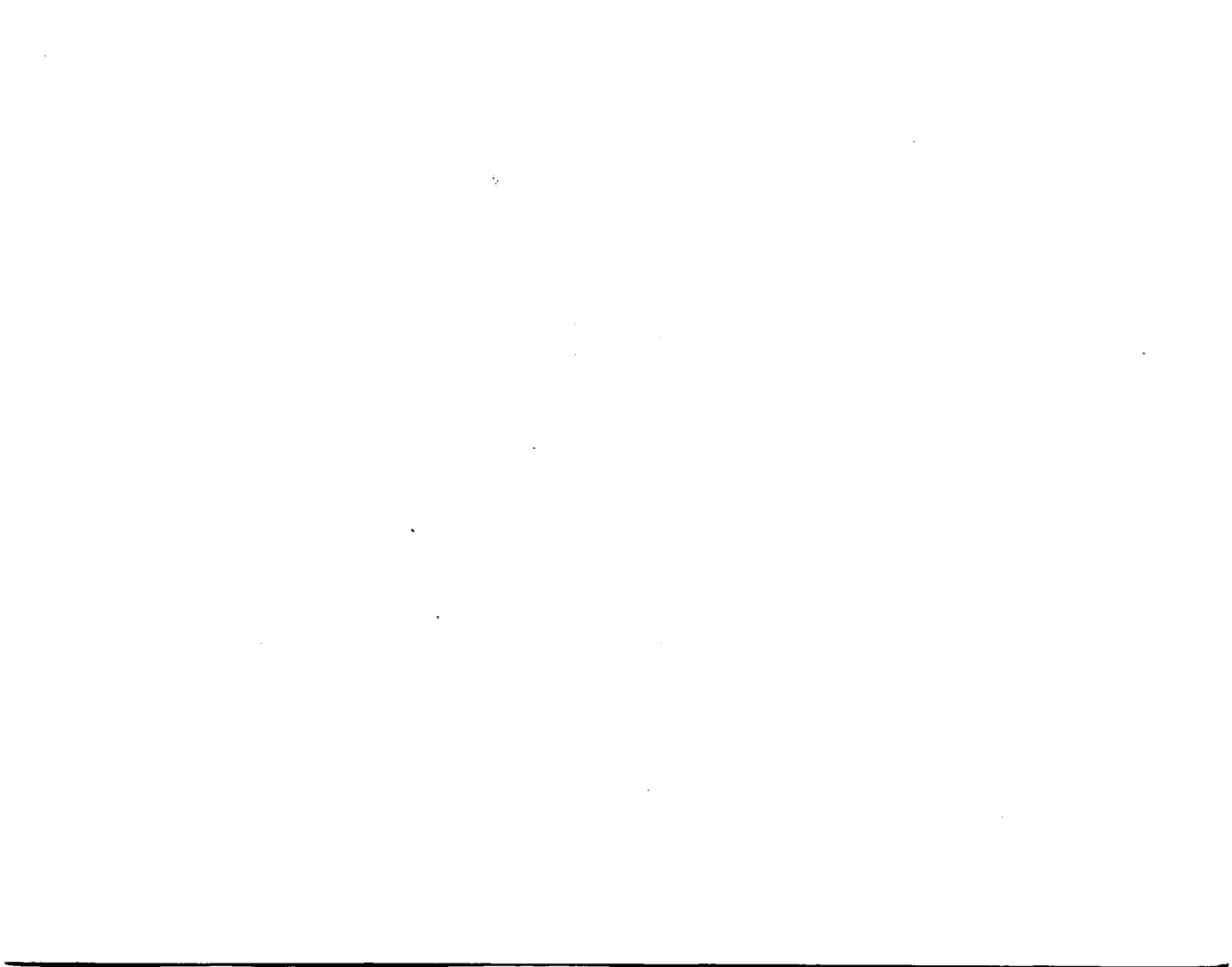
Preston Idaho

Filed

Apr 17 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-113-021-319
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-31-19

County of Franklin

City of Preston

Registration District No. 27

File No. 77911

No. _____ St.

Hospital _____

Primary Registration District No. 2119 Registered No. 74

FULL NAME OF CHILD

John Burton Millard

| | | | | | |
|--------------------------|---|-----------|--------------------------------|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Mar 13</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----------|--------------------------------|------------------------|--|

FATHER
FULL NAME Oliver E. Millard

RESIDENCE Preston

COLOR white AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE Preston

OCCUPATION Carpenter

MOTHER
FULL MAIDEN NAME Marinda Larsen

RESIDENCE Preston

COLOR white AGE AT LAST BIRTHDAY 33
(Years)

BIRTHPLACE Preston

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 3:15 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Curtis
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho
Filed Apr 2 1920 Allen R. Curtis
Registrar

APR 18 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

753-222-221-331
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-31-19

County of Franklin

City of Preston

Registration District No. 27

File No. 77912

No. _____ St. _____

Primary Registration District No. 2119

Registered No. 85

Hospital _____

FULL NAME OF CHILD

Merle Peterson

Sex of Child

female

Twin
Triplet
or other?

and { Number
in order
of birth } 1
(To be answered only in event of plural births)

Legiti
mate?

yes

Date of Birth

Mar 22 1920
(Month) (Day) (Year)

FULL NAME

G. C. Peterson

FATHER

RESIDENCE

Preston

COLOR

white

AGE AT LAST BIRTHDAY

37
(Years)

BIRTHPLACE

Logan Utah

OCCUPATION

Farmer

FULL MAIDEN NAME

Nessie Clayton

MOTHER

RESIDENCE

Preston

COLOR

white

AGE AT LAST BIRTHDAY

32
(Years)

BIRTHPLACE

Preston

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive, at 2:10 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston Idaho

Filed

Apr 2 1920

[Signature]

Registrar

Registrar

OCT 14 1941

OCT 20 1965

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

753-222-021331
 PLACE OF BIRTH

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of PrestonRegistration District No. 27File No. 77913

No. _____ St.

Primary Registration District No. 2112Registered No. 76

Hospital _____

FULL NAME OF CHILD Pearl Peterson

| | | | | |
|----------------------------|---|-----------------------------------|------------------------|--|
| Sex of Child <u>female</u> | Twin <u>twins</u> and {
Triplet or other?
(To be answered only in event of plural births) | Number in order of birth <u>2</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar 22 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----------------------------------|------------------------|--|

FATHER
 FULL NAME Geo C. Peterson
 RESIDENCE Preston
 COLOR white AGE AT LAST BIRTHDAY 37
 (Years)
 BIRTHPLACE Preston
 OCCUPATION Farmer

MOTHER
 FULL MAIDEN NAME Nessie Clayton
 RESIDENCE Preston
 COLOR white AGE AT LAST BIRTHDAY 32
 (Years)
 BIRTHPLACE Preston
 OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:15 P. M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [Signature]

Physician
 (Physician or midwife)

Address Preston IdahoFiled Apr 2 1920 [Signature]

Registrar

Registrar

MAR 30 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

695-218-021-413
 PLACE OF BIRTH

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of WhitneyRegistration District No. 27File No. 77914

No. _____ St.

Primary Registration District No. 2118 Registered No. 77

Hospital _____

FULL NAME OF CHILD Catharine Winward

| | | | | | |
|----------------------------|---|-----|---|----------------------------|--|
| Sex of Child <u>female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of Birth <u>Mar 18 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|---|----------------------------|--|

FULL NAME B. W. Winward
 RESIDENCE Whitney
 COLOR white AGE AT LAST BIRTHDAY 48 (Years)
 BIRTHPLACE South Jordan Ut
 OCCUPATION Farmer

FULL MAIDEN NAME Lulu E. Dalley
 RESIDENCE Whitney
 COLOR white AGE AT LAST BIRTHDAY 99 (Years)
 BIRTHPLACE Parowan Utah
 OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:45 a.m.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Ther. Preston
physician
 (Physician or midwife)

Address preston idaho

Filed Apr 2 1920
Dr. H. C. Cutler
 Registrar

Registrar

MAY 3 1948

NOV 4 1958

389-227-021-313

PLACE OF BIRTH

Amended 1/30/79

County of FranklinCity of Preston

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Phyllis

Christensen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 2 DFile No. 77915Primary Registration District No. 2112Registered No. 78

Sex of Child

femaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate?yes

Date of Birth

Mar 27 1920
(Month) (Day) (Year)

FULL NAME

FATHER
Chester S. Christensen

FULL MAIDEN NAME

MOTHER
Alice Calkins

RESIDENCE

Preston

RESIDENCE

Preston

COLOR

white

AGE AT LAST BIRTHDAY

30
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

25
(Years)

BIRTHPLACE

Denmark

BIRTHPLACE

Logan Ut.

OCCUPATION

Painter

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. C. MurphyPhysician
(Physician or midwife)

Given names added from a supplemental report.

Phyllis Christensen 1920

Address

Preston Idaho

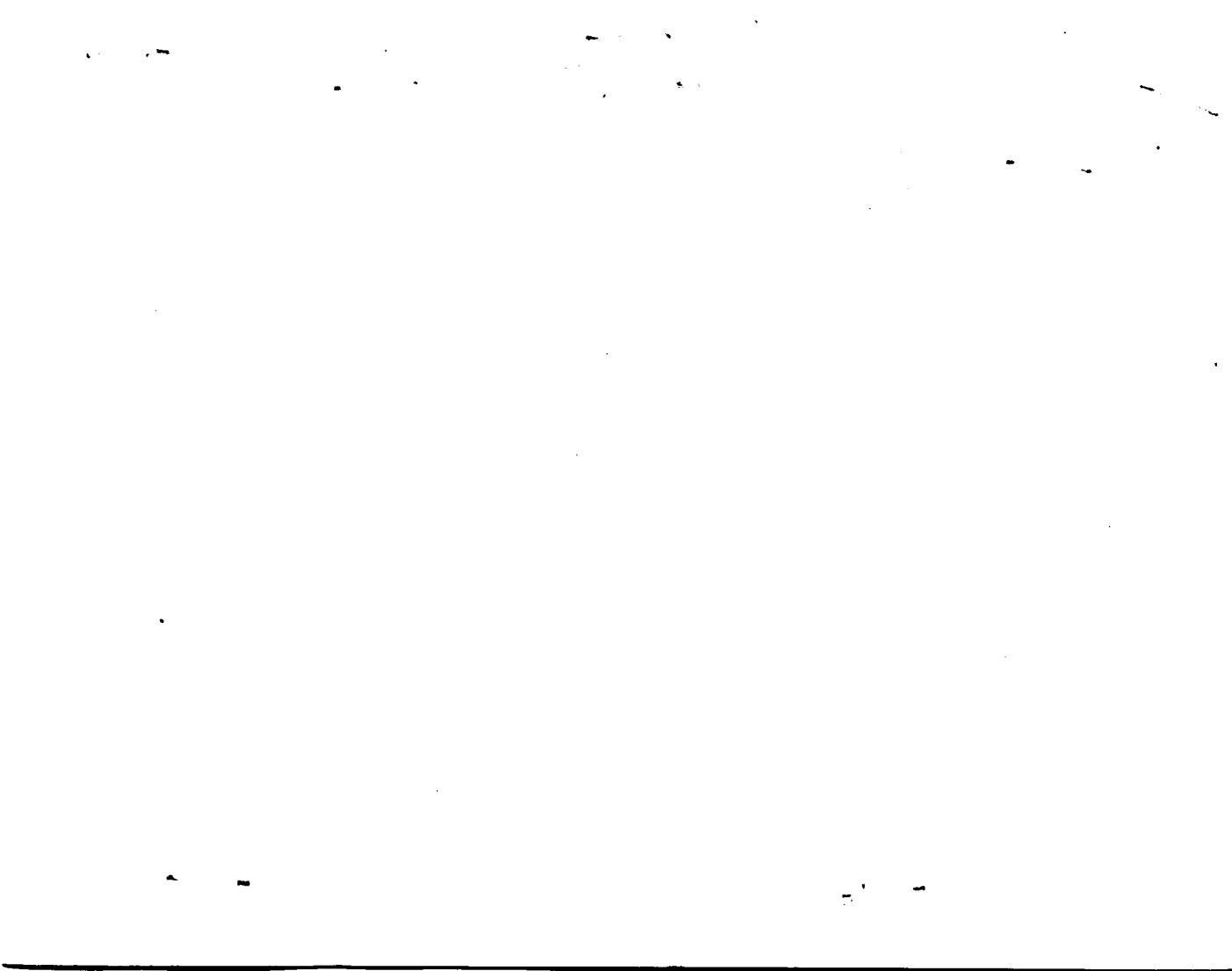
Filed

Apr 2 1920

Registrar

W. C. Murphy

Registrar



BOARD OF HEALTH--BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

City

Preston

Registered No.

78

Place

Street and House No.

of Birth

County

Franklin

Registration Dist. No.

27

Sex of Child

Female

Date of Birth

Mar 27 1912

MONTH

DAY

YEAR

Father

Chester L Christensen

FULL NAME

Mother

Alice Calkins

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Phyllis Christensen

GIVEN NAME IN FULL

SURNAME

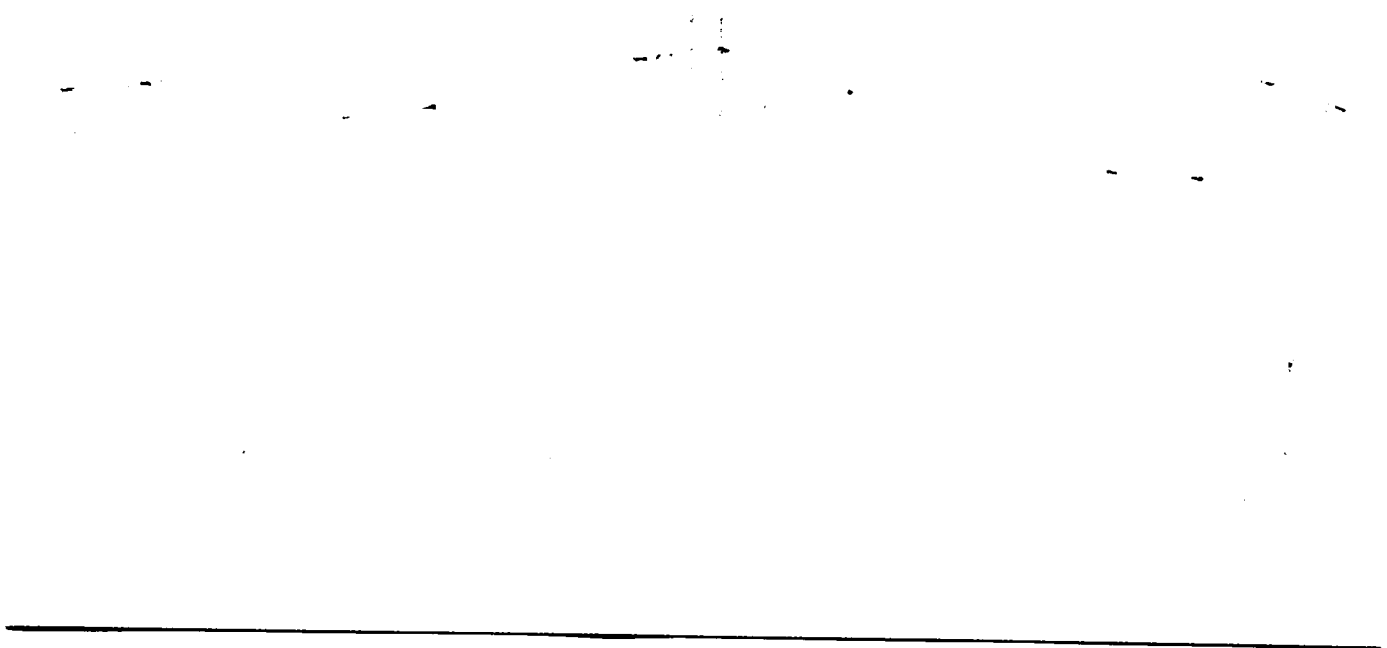
as reported by

mother

FATHER OR MOTHER

Dora R. Rutter

LOCAL REGISTRAR



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. _____ Certificate No. 77915
County of _____ }
EC 21 9 53 AM '78
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed female Christensen who was born on March 27, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Preston, Idaho (Franklin) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:

FACTS TO BE CORRECTED **FROM**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)
child's name omitted Phyllis Christensen
TO
(The Correct Facts)

Subscribed and sworn to before me this 22 day of Dec 1978
Notary Public, residing at Jack W. Shaw, Preston, Idaho
My commission expires May 9, 1982
(Seal)

Signed Alice C Christensen Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Alice C Christensen Mother
P.O. # 3 Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. _____
County of Franklin }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of Dec 1978
Notary Public, residing at Jack W. Shaw, Preston, Idaho
My commission expires May 9, 1982
(Seal)

Signed Earl L. Moser
(Signature of Any Credible Person)
P. 3 Preston Idaho
(Street Address, City, State)

JAN 30 1979

Certif of Baptism and Confirmation from the LDS Church gives name
as Phillis Christensen daughter of Chester Christensen and Alice
~~XX~~ Calkins. born March 27, 1920 at Preston, Idaho. Baptized May 20, 1928
viewed by V. S.

Phyllis Christensen daughter of Chester Christensen and Alice Calkins.
born Mar 27, 1920 at Preston Idaho. Blessed May 2 1920. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

55-120-021-763
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of FranklinRegistration District No. 27File No. 77916

No. _____ St. _____

Hospital _____ Primary Registration District No. 2112 Registered No. 79FULL NAME OF CHILD Lorin Evans

| | | | | | |
|--------------------------|---|-------|--------------------------------|----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>Mar 20</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-------|--------------------------------|----------------------------|--|

FULL NAME FATHER Parley P. EvansRESIDENCE FranklinCOLOR white AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE UtahOCCUPATION MillerFULL MAIDEN NAME MOTHER Launetta GoldenRESIDENCE FranklinCOLOR white AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE MontanaOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:10 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm R. Cull

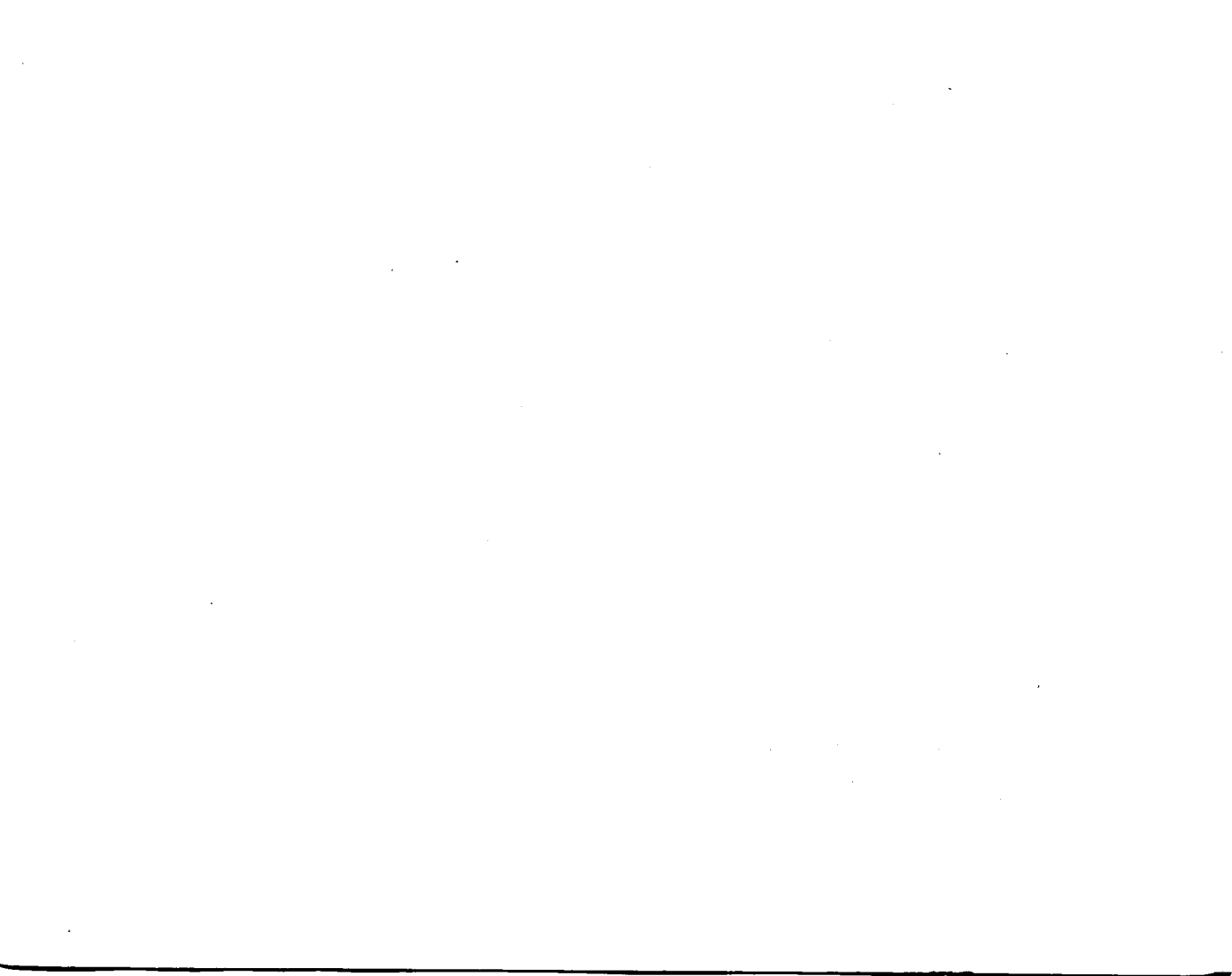
(Physician or midwife)

Given names added from a supplemental report.

Address Preston IdahoFiled Apr 2 1920

Registrar

Registrar



713-214021-669

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of PrestonRegistration District No. 27File No. 77917

No. _____ St. _____

Primary Registration District No. 2119 Registered No. 80

Hospital _____

FULL NAME OF CHILD Thora Palmer

| | | | | |
|----------------------------|---|----------------------------------|-------------------------|--|
| Sex of Child <u>female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { Number in order of birth } | Legiti mate? <u>yes</u> | Date of Birth <u>May 14 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|----------------------------------|-------------------------|--|

FULL NAME FATHER Leddediah PalmerRESIDENCE PrestonCOLOR white AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE Croydon utOCCUPATION farmerFULL MAIDEN NAME MOTHER Anna R. GrogreenRESIDENCE PrestonCOLOR white AGE AT LAST BIRTHDAY 37
(Years)BIRTHPLACE Rivendale IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:45 PM on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

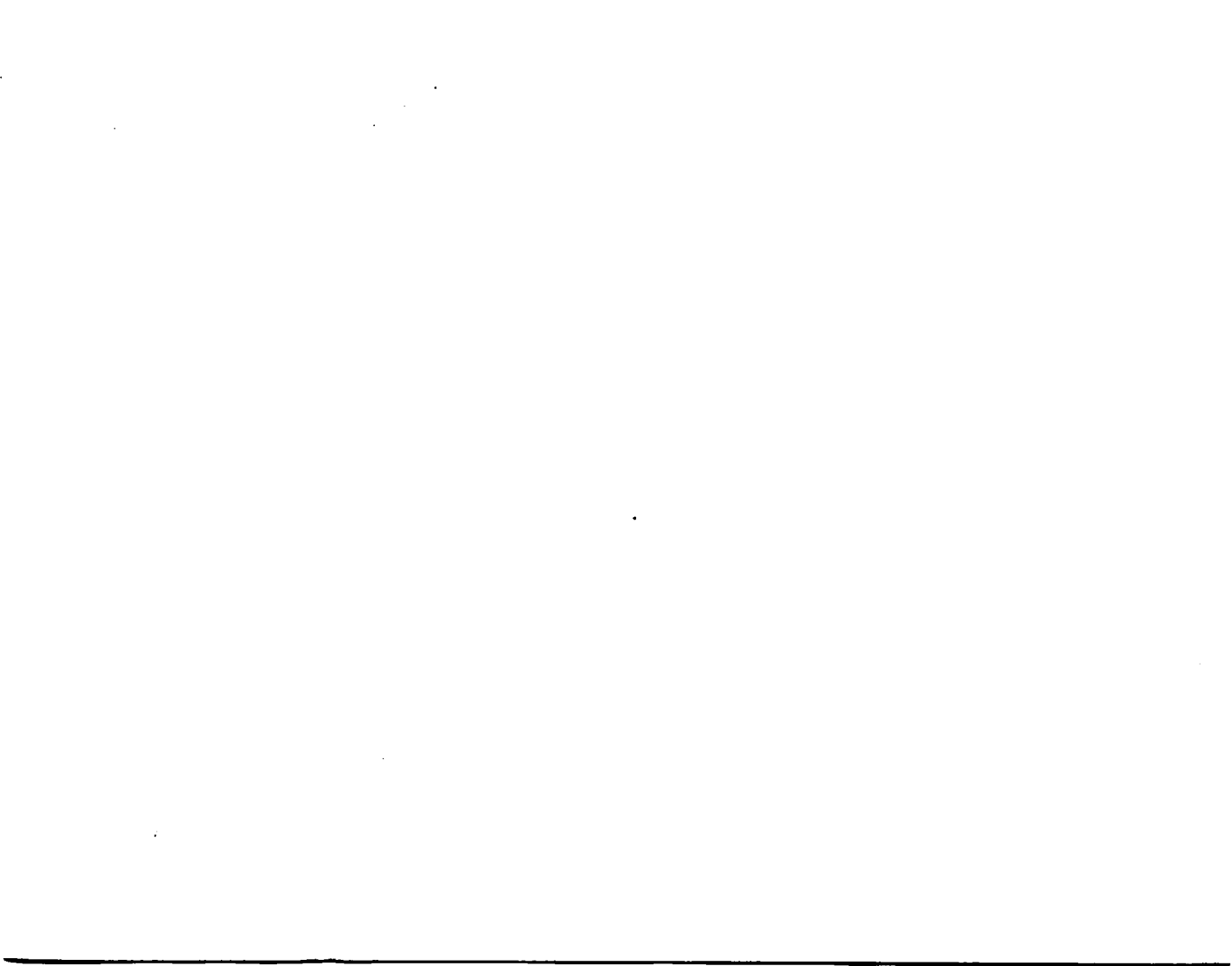
(Signature) Dr. C. C. C. C.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Preston Idaho
Filed Apr 2 1920 Dr. C. C. C. C.
Registrar

Registrar



313-209.021-318

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of WinderRegistration District No. 27File No. 77918

No. _____ St.

Primary Registration District No. 2117Registered No. 81

Hospital _____

FULL NAME OF CHILD Ramona May Talbot

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>Mar 8</u> 19 <u>20</u> |
| | | | | | (Month) (Day) (Year) |

FULL NAME FATHER Clarence E. TalbotRESIDENCE Winder IdahoCOLOR white AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE Haysville UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Mary E. TaylorRESIDENCE Winder IdahoCOLOR white AGE AT LAST BIRTHDAY 18 (Years)BIRTHPLACE Winder IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:45 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clarence E. Talbot

(Physician or midwife)

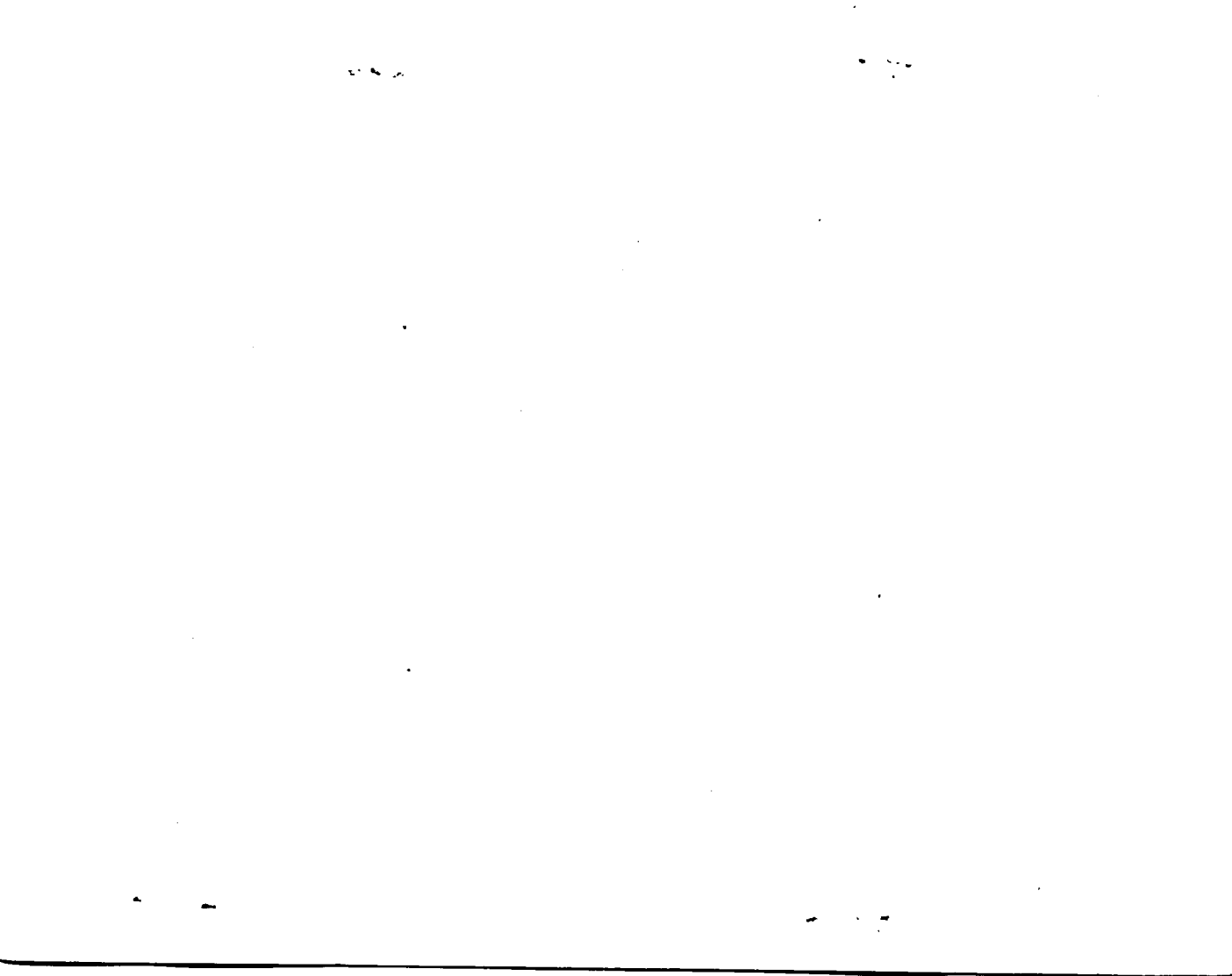
Given names added from a supplemental report.

19

Address Preston IdahoFiled Apr 2 1920

Registrar

Registrar



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } SS. _____
Certificate No. 77918
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for _____ Unnamed Talbot _____ who _____ born _____ on _____ March 9, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ Winder, Idaho _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ Church Record _____ prepared on _____ July 9, 1973 _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child _____ Unnamed _____ Raymena May Talbot
_____ Ramona May Talbot

Subscribed and sworn to before me this _____ 8th _____ day of _____

_____ 1975
Notary Public, residing at _____
My commission expires _____ May 24, 1977
(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ Idaho _____ }
County of _____ Franklin _____ } SS. _____

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ 25 _____ day of _____

Signed _____
(Signature of Any Credible Person)

_____ 1975
Notary Public, residing at _____
My commission expires _____ April 1, 1976
(Seal)

_____ Preston, Idaho R3-83263
(Street Address, City, State)

Certif of Blessing from the LDS Church gives nameas Ramona M. Talbot daughter of .
Clarence E. Talbot and Mary E. Talbot. born March 9, 1920 at Winder, Idaho.
Blessed April 4, 1920. viewed by V. S.

AUG 18 1976

Certif of Membership to the LDS Church gives name as Ramona May Rassmussen (talbot).
born Mar 9, 1920 at Winder, Odaho. father's name as Clarence Earl Talbot and
mother's name as Mary Elizabeth Taylor. viewed by V. S Batpizes July 1, 1928.

619-202,021-219
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of PrestonRegistration District No. 27File No. 77919

No. _____ St. _____

Primary Registration District No. 2119Registered No. 82

Hospital _____

FULL NAME OF CHILD

Roma Farnes

| | | | | |
|---|------------------------------|--|------------------------|---|
| Sex of Child <u>female</u> | Twin Triplet or other? _____ | and { Number in order of birth _____ } | Legitimate? <u>yes</u> | Date of Birth <u>Mar 2</u> 19 <u>20</u> |
| (To be answered only in event of plural births) | | | | (Month) (Day) (Year) |

| | |
|--------------------------------|--|
| FULL NAME <u>Leon G Farnes</u> | FATHER <u>Farnes</u> |
| RESIDENCE <u>Preston</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>25</u> (Years) |
| BIRTHPLACE <u>Logan Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|-----------------------------------|--|
| FULL MAIDEN NAME <u>Jane Bair</u> | MOTHER |
| RESIDENCE <u>Preston</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>22</u> (Years) |
| BIRTHPLACE <u>Richmond</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:45 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Preston IdahoFiled Apr 2 1920 D. D. Smith

Registrar

Registrar

4/4/41 L. B.

155-226-021-791
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of FranklinCity of PrestonNo. 1st Ward St.Registration District No. 27File No. 77920

Hospital _____

Primary Registration District No. 2112Registered No. 85

FULL NAME OF CHILD

Donna JensenSex of Child FTwin
Triplet
or other?
(To be answered only in event of plural births)and
Number
in order
of birthLegiti
mate? Yes

Date of Birth

March 26 1920
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR WAGE AT LAST BIRTHDAY 39
(Years)BIRTHPLACE UtahOCCUPATION Brick Mason

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR WAGE AT LAST BIRTHDAY 31
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6440 P M.
on the date above stated. (Born alive or stillborn)(Signature) Lurie Blund

(Physician or midwife)

Address Preston, IdahoFiled Apr 2 1920

Registrar

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Certified Copy issued Dec. 4, 1940. I.M.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

... 815-128-021-155 ...

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 2nd Ward St.

Hospital _____

Registration District No. 27

File No. 77921

Primary Registration District No. 2118

Registered No. 84

FULL NAME OF CHILD

Keith LaMarr Hansen

| | | | | | |
|-----------------------|--|-----|--------------------------------|-----------------------------|--|
| Sex of Child <u>M</u> | Twins
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>March 28</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|--|-----|--------------------------------|-----------------------------|--|

FULL NAME FATHER Andrew Hans Hansen

FULL MAIDEN NAME MOTHER Nora Jensen

RESIDENCE Preston Idaho

RESIDENCE Preston Idaho

COLOR N AGE AT LAST BIRTHDAY 45
(Years)

COLOR N AGE AT LAST BIRTHDAY 42
(Years)

BIRTHPLACE Utah

BIRTHPLACE Utah

OCCUPATION Printer

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6:35 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hand
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

Filed Apr 2 1920 D. L. Hand
Registrar

-Registrar

1000

1000

1000

1000

Social Security Card, #542-14-4557 gives full name as Keith LaMarr Hansen - viewed by V.S. and Honorable Discharge Papers, United States Marine Corps, Reserve, October 12, 1945 gives full name as Keith
IDAHO STATE BOARD OF HEALTH
LaMarr Hansen - viewed by V.S. DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon }
County of Multnomah } ss. Certificate No. 77921
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Hansen who born on March 28, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Preston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by isbick discharge prepared on October 12, 1945 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Unnamed

Keith LaMarr Hansen.

Subscribed and sworn to before me this 7 day of
April, 1960.

Signed Elmore M. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Portland Oregon
My commission expires 1/22-60
(Seal)

4038 N. Castle Ave. Portland, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of
April, 1960.

Signed Mrs. Sam Hauling
(Signature of Any Credible Person)

Notary Public, residing at Portland Oregon
My commission expires 1/22-60
(Seal)

4038 N. Castle Ave. Portland, Oregon
(Street Address, City, State)

MAY 5 1960

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

419-1261023-736

Form J.-S. No. 31-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Damocell
City of Oxford
No. _____ St. _____
Hospital _____

Registration District No. 27 File No. 77922
Primary Registration District No. 2112 Registered No. 85

FULL NAME OF CHILD FRED HERMAN MARTIN

| | | | | | |
|-------------------------------------|---|-----|--------------------------------|---|---|
| Sex of Child <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of
Birth <u>March 26 20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Paul Le Roy Martin</u> | FATHER | | | FULL MAIDEN NAME <u>Ethel May Lloyd</u> | MOTHER |
| RESIDENCE <u>Oxford Idaho</u> | | | | RESIDENCE <u>Oxford Idaho</u> | |
| COLOR <u>R</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) | | | COLOR <u>Gr</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) |
| BIRTHPLACE <u>Colorado</u> | | | | BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | | | | OCCUPATION <u>Housewife</u> | |

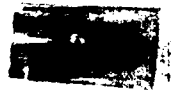
Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:35 P. M.
on the date above stated. (Born alive or stillborn)

(Signature) Curtis Clark
(Physician or midwife)

Given names added from a supplemental report. _____ 19____
Address Preston Idaho
Filed Apr 2 1920 Edith D. Allen
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77922
County of Bannock }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Fred Herman Martin who was Born on March 26th 1920 (Birth or Death)
in Oxford Idaho (Place of Event) (Name on Original Certificate) (Was Born or Died) (Date of Event)
true facts are shown by Church records prepared on July 4th 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Fred Herman Martin

Subscribed and sworn to before me this 22nd
day of July 1942

Signed Paul L Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Paul L Martin
My commission expires Oct 1-43
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of July 1942

Signed Paul L Martin
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Paul L Martin
My commission expires Oct 1-43
(Seal)

(Street Address, City, State)

JUL 28 1942

500000

500000

PL [redacted] BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of PrestonNo. 1st Ward St.Registration District No. 27File No. 77923

Hospital _____

Primary Registration District No. 119Registered No. 86FULL NAME OF CHILD Donald B. StocksSex of
Child MTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate? YesDate of
Birth March 21 1920

(Month) (Day) (Year)

FULL
NAME

FATHER

Otto Howard StocksFULL
MAIDEN
NAME

MOTHER

Martha Bauerla

RESIDENCE

Franklin Co. Idaho

RESIDENCE

Franklin Co. IdahoCOLOR WAGE AT LAST
BIRTHDAY 29

(Years)

COLOR WAGE AT LAST
BIRTHDAY 30

(Years)

BIRTHPLACE

Wyo

BIRTHPLACE

Germany

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 3:15 P. M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) Curtis Bland

(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston IdahoFiled Apr 2 1920

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

264-419-024413

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Fairview

Registration District No. 27

File No. 77924

No. _____ St.

Primary Registration District No. 2112

Registered No. 87

Hospital _____

FULL NAME OF CHILD

Permilia Ardell Bodily

| | | | | | |
|-----------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>F</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>March 19</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|--------------------------------|----------------------------|--|

FATHER
FULL NAME Christopher R. Bodily

RESIDENCE Fairview Idaho

COLOR N AGE AT LAST BIRTHDAY 35
(Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Blanche Mathkin

RESIDENCE Fairview Idaho

COLOR N AGE AT LAST BIRTHDAY 34
(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:35 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Rand
Physician
(Physician or midwife)

Given names added from a supplemental report.
_____ 19____

Address Preston Idaho

Filed Apr 2 1920 Registrar

Registrar

NOV 27 1973

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of
County of

ss.

Certificate No. 77924

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Bodily (female) who was born on March 19, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Fairview, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name Unnamed Permilia Ardell Bodily

Subscribed and sworn to before me this 12th day of
Dec 1973
Carol P. Handricks
Notary Public, residing at Lewiston, ID
My commission expires 8-7-76
(Seal)

Signed X Permilia Bodily
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

Church record from LDS Church gives child's name as Permilia Ardell (Bodily) Cherry. Born March 19, 1920 at Fairview, Idaho. Was Blessed June 13, 1920 and was Baptized Aug. 26, 1928. Father's name given as Christopher Bodily and the mother's name as Blanch Matkin. Viewed by V. S.

DEC 24 1973

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

466-106-022-46

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Franklin

City of Egin Idaho

Registration District No. 99

File No. 77925

No. _____ St.

Primary Registration District No. 2137

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Clyde Del Mar

| | | | | | |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>Feb 6 20</u>
(Month) (Day) (Year) |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|---|

FATHER
FULL NAME Frank Henry Fowler
RESIDENCE Egin Idaho
COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Ogden city Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Bertha Louise Davis
RESIDENCE Egin Idaho
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Willard Utah
OCCUPATION House keeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

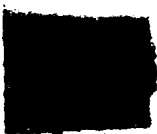
I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John C. Gray
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed Mar 14 1920 W. J. Davis
Registrar



Use only a typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

418-231022-236

(Be sure the information is complete and accurate)

State File No. 77941

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 1/19/76

1. PLACE OF BIRTH

a. COUNTY

Fremont

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Fremont

b. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

St. Anthony

c. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

St. Anthony

c. FULL NAME OF (If NOT in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME
(Type or print)

a. (First)

Myrtle

b. (Middle)

c. (Last)

Dayley

4. SEX

F

5a. THIS BIRTH

SINGLE

TWIN

TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1st

2nd

3rd

6. DATE
OF
BIRTH

(Month)

Jan

(Day)

31,

(Year)

1920

FATHER OF CHILD

7. FULL NAME

a. (First)

M.

b. (Middle)

M.

c. (Last)

Dayley

8. AGE (At time of this birth)

34

YEARS

9. BIRTHPLACE (State or foreign country)

Oakley, Idaho

10. USUAL OCCUPATION

Farmer

11. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First)

Phoebe

b. (Middle)

c. (Last)

Stoddard

13. AGE (At time of this birth)

31

YEARS

14. BIRTHPLACE (State or foreign country)

Parker, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER
children are now
living?

5

b. How many OTHER children were
born alive but are now dead?

c. How many children
were stillborn (born dead
after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

*I hereby certify that
this child was born
alive on the date
stated above.*

17. SIGNATURE

J. E. Melton

19. ADDRESS

St. Anthony, Idaho

18. ATTENDANT AT BIRTH

M.D. ☒

MIDWIFE

OTHER
(Specify)

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.

Apr. 10, 1920

22. REGISTRAR'S SIGNATURE

W. B. West

23. DATE ON WHICH GIVEN NAME ADDED

BY

Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?

YES

NO

DATE

Was a standard serological test for syphilis performed?

YES

NO

APPROXIMATE DATE

LENGTH OF PREGNANCY _____ WEEKS

WEIGHT AT BIRTH _____ LBS _____ OZS. TIME: 7 PM

RACE OR COLOR OF FATHER

W

RACE OR COLOR OF MOTHER

W

METHOD OF DELIVERY

Was 1% Silver Nitrate Used
to prevent blindness?

YES

NO

BIRTH INJURY TO INFANT

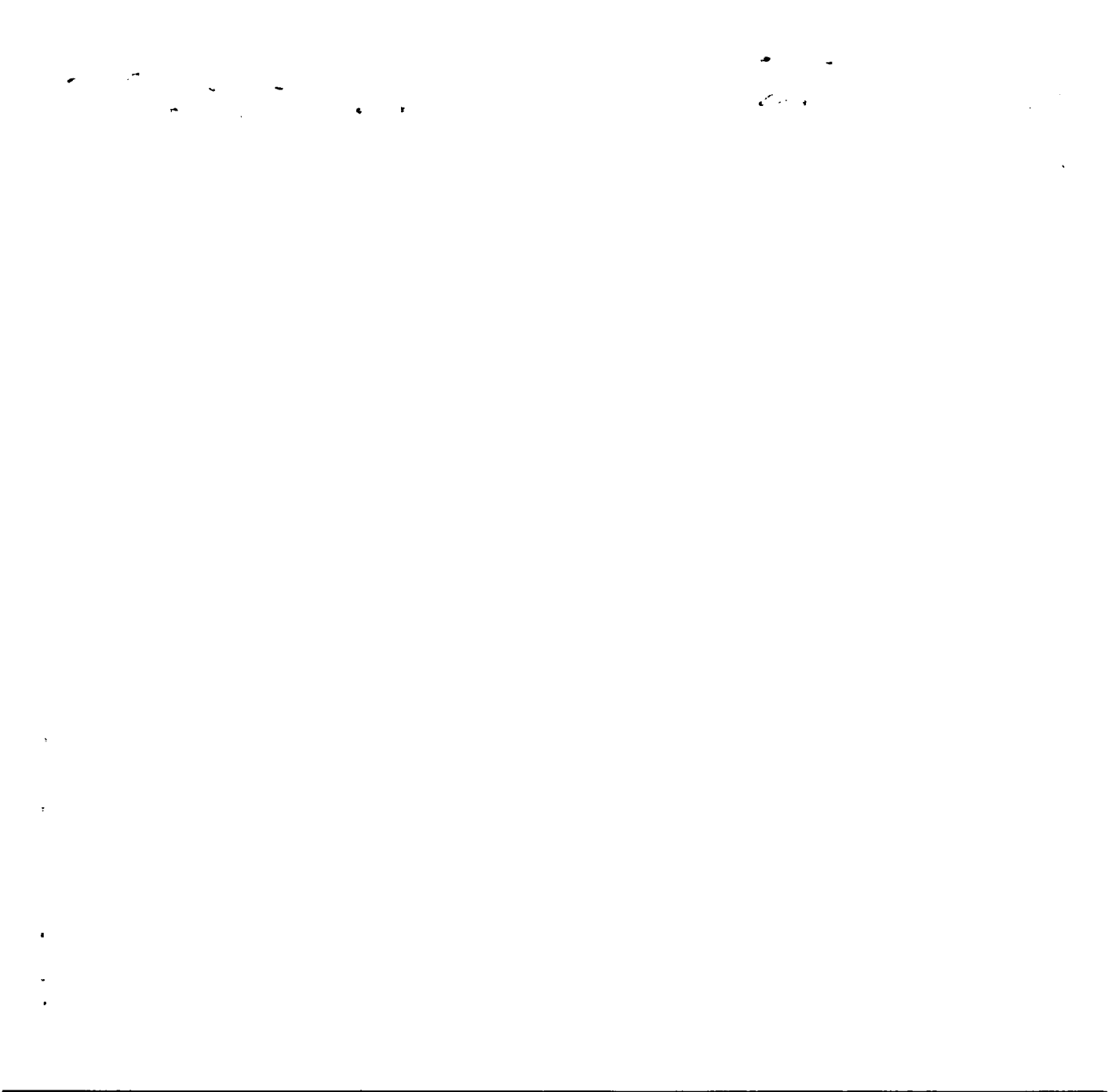
____ YES IF YES, DESCRIBE

____ NO

CONGENITAL MALFORMATIONS OF INFANT

____ YES IF YES, DESCRIBE

____ NO



1/15/76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CaliforniaCounty of San MateoCertificate No. 77941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of
for Evelyn Dayley who was born on January 31, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in St. Anthony are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) **Certificate of Blessing** April 4, 1920
true facts are shown by Marriage License prepared on October 31, 1941, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Evelyn Dayley

Myrtle Dayley

Subscribed and sworn to before me this 17th day of
January 1976

Signed

Myrtle Dayley Boyce
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 352 Bowfin St., Foster City, Ca. 94025My commission expires April 15, 1977

(Street Address, City, State)

(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CaliforniaCounty of San Mateo

ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of
January 1976

Signed

Willis Reed Boyce
(Signature of Any Credible Person)

Notary Public, residing at 352 Bowfin, Foster CityMy commission expires April 15, 1977Ca. 685 BEACH PARK BLVD. FOSTER CITY, CA

(Street Address, City, State)

(Seal)

Certif of Blessing from the LDS Church gives name as Myrtle Dayler daughter of M. M. Dayley and Phoebe Stoddard. born Jan 31, 1920 and Blessed April 4, 1920. born in St. Anthony, Idaho. viewed by V. S.

Marriage License from Idaho gives names as Willis Reed Boyce and the birde's name as Myrtle Dayley. dated Oct 31, 1941. viewed by R V. S.

493-228-022-845

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FremontCity of St Anthony

No. _____ St. _____

Registration District No. 99File No. 77942

Hospital _____

Primary Registration District No. 2177 Registered No. _____FULL NAME OF CHILD Bettie MillerSex of Child FTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate? yesDate of
Birth 1-28-20

(Month)

(Day)

(Year)

FULL
NAME

FATHER

RESIDENCE

COLOR WAGE AT LAST
BIRTHDAY 40
(Years)BIRTHPLACE St George UtahOCCUPATION Post MasterFULL
MAIDEN
NAME

MOTHER

RESIDENCE St AnthonyCOLOR WAGE AT LAST
BIRTHDAY 31
(Years)BIRTHPLACE Springfield IllOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Metton

(Physician or midwife)

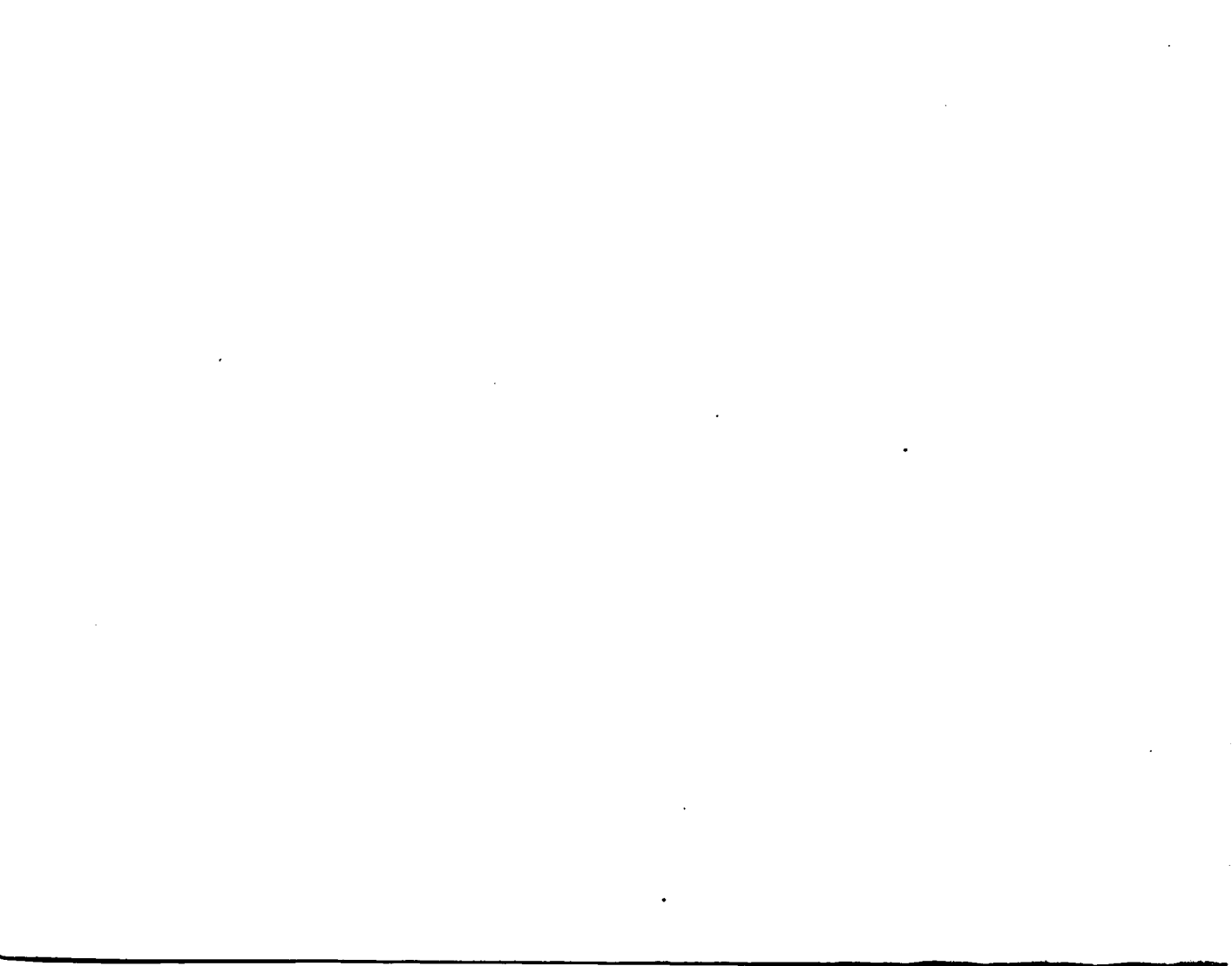
Given names added from a supplemental report.

19

Address St AnthonyFiled Apr 10 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

263-105-022256

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BenewahCity of St AnthonyRegistration District No. 99

File No.

77943

No. _____ St.

Hospital _____ Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD

Peter Hook

Sex of Child

MTwin
Triplet
or other?

{ and }

Number
in order
of birth3rdLegiti
mate?yesDate of
Birth1 5

(Month) (Day)

1920
(Year)FULL
NAMEPeter Hook

FATHER

RESIDENCE

St Anthony

COLOR

WAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Bozeman Mont.

OCCUPATION

ClerkFULL
MAIDEN
NAMEMa S. Knowles

MOTHER

RESIDENCE

St Anthony

COLOR

WAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

St Johns, Arizona

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. E. Matton
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St Anthony

Filed

Apr 10 1920

Registrar

Registrar

DUP OF
20-296255

NAME
CHANGE

Z-KOCH

NOT

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

249201-022-545

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Fremont

City of St Anthony

Registration District No. 99

File No. 77944

No. 54

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Joy Smith

Sex of Child F

Twins
Triplet
or other?
(To be answered only in event of plural births)

and { Number
in order
of birth 1st
(To be answered only in event of plural births)

Legiti
mate? yes

Date of Birth 1-1-20
(Month) (Day) (Year)

FULL
NAME

FATHER

Arthur Smith

RESIDENCE

St Anthony

COLOR

W

AGE AT LAST
BIRTHDAY

24
(Years)

BIRTHPLACE

Utah

OCCUPATION

Laborer

FULL
MAIDEN
NAME

MOTHER

Frankie Sumner

RESIDENCE

St Anthony

COLOR

W

AGE AT LAST
BIRTHDAY

18
(Years)

BIRTHPLACE

Salt Lake

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the above stated.

(Born alive or stillborn)

at 10 A M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J E Mellon

(Physician or midwife)

Given names added from a supplemental report.

Address

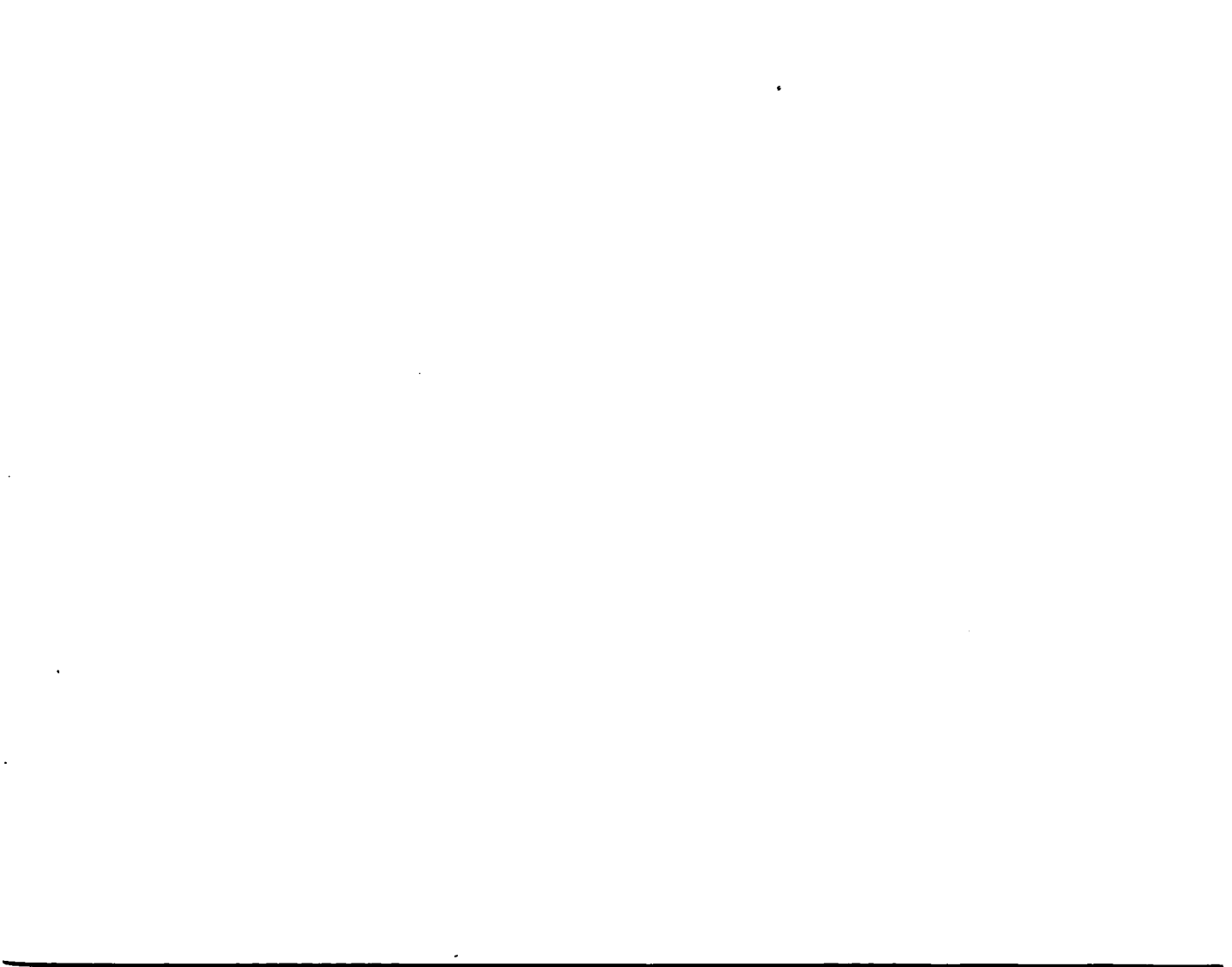
St Anthony

Filed

Apr 10 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH

AMENDED 5/29/50

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299-103-512-866

County of Fremont

City of St. Anthony

No. St.

Registration District No. 99

File No. 77245

Hospital

Primary Registration District No. 2177

Registered No.

FULL NAME OF CHILD

MAX GORDON BIRCH

(Certificate of no value without full name of child.)

Sex of
Child Male

Twin
Triplet
or other?

} and {

Number
in order
of birth

1st

Legiti-
mate?

Yes

Date of
birth

January 3, 1920

(To be answered only in event of plural births)

(Month)

(Day)

(Year)

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

FULL
NAME

FATHER

Reuben Birch

FULL
MAIDEN
NAME

MOTHER

Viola V. Howard

RESIDENCE

St. Anthony

RESIDENCE

St. Anthony

COLOR

White

AGE AT LAST

27

BIRTHDAY

(Years)

COLOR

White

AGE AT LAST

32

BIRTHDAY

(Years)

BIRTHPLACE

Wilford, Idaho

BIRTHPLACE

Wilford, Idaho

OCCUPATION

Farmer

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

8:20 A.M.

(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) J. E. Milton

MD

(Physician or midwife)

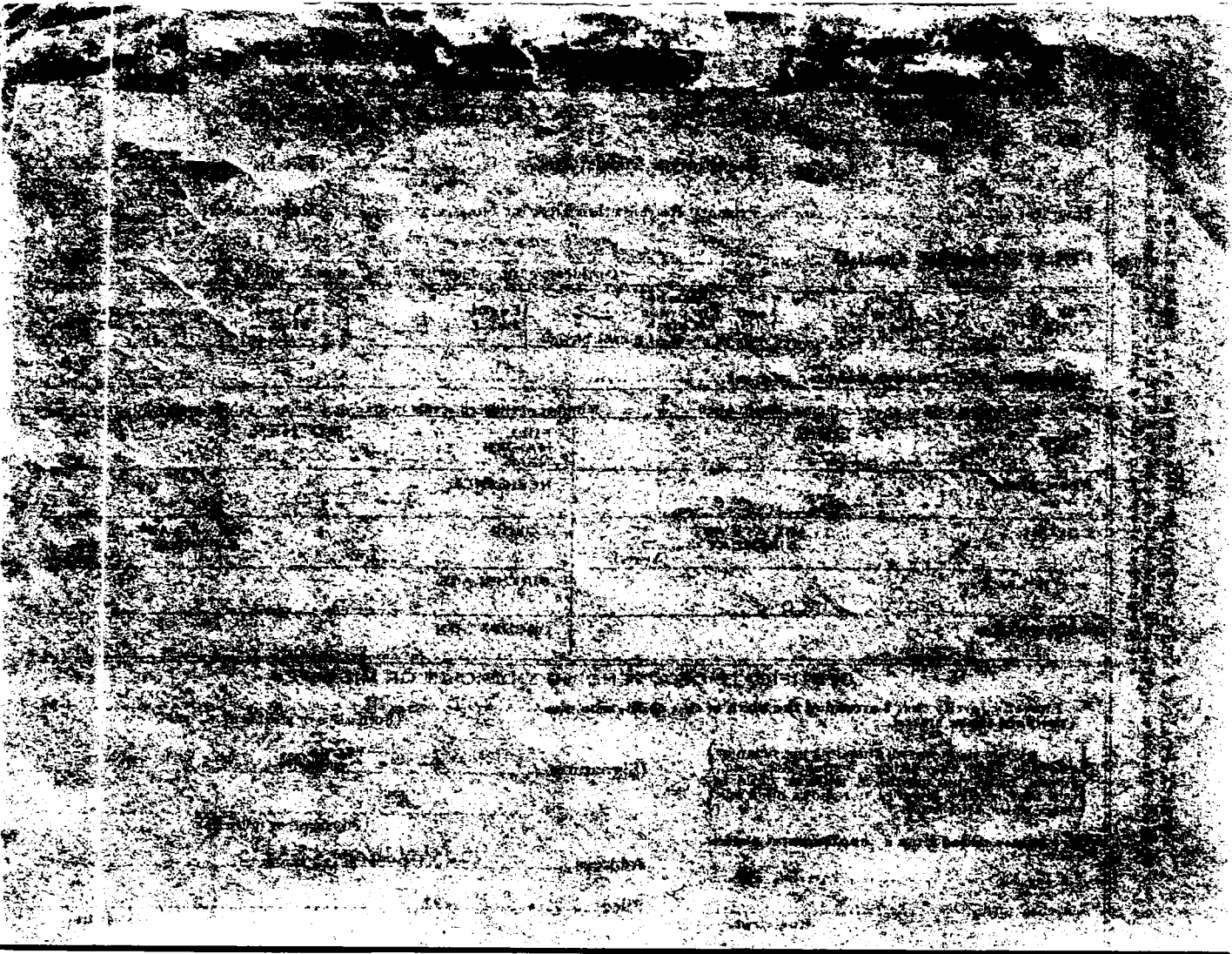
Give names added from a supplemental report.

Address St. Anthony, Idaho

Filed Feb. 10 1920

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah }
County of Salt Lake } ss. Certificate No. 77945
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Max Gordon Birch who was born on January 3, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in St. Anthony, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Church and family records prepared on date of baptism, Jan. 3, 1928 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth-Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Birth Date

January 1, 1920

January 3, 1920

Subscribed and sworn to before me this 8th day of

August

19 50

Signed

Viola H. Birch

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Bountiful, Utah

My commission expires Feb. 8, 1954.

(Seal)

324 Quince St., Salt Lake City, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of

August

19 50

Signed

Leon L. Shurtleff

(Signature of Any Credible Person)

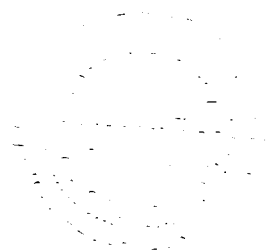
Notary Public, residing at Bountiful, Utah

My commission expires Feb. 8, 1954.

(Seal)

265 East 3rd No., Bountiful, Utah.

(Street Address, City, State)



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss. Certificate No. 77945
Date Filed Birch

The undersigned does solemnly swear that certain facts on the certificate of Birch
for Edward B. Birch who Born on Jan 3, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in St Anthony, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Church Records (H.S.) prepared on Feb. 3, 1920, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM
(AS ON ORIGINAL)
Edward B.

TO
(THE CORRECT FACTS)
Max Gordon Birch

Name

Subscribed and sworn to before me this 13
day of October, 1942
Genevieve Steya

Notary Public, residing at Salt Lake City, UT

My commission expires 7/5/45
(SEAL)

Signed Viola H. Birch mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD, OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD, OR OTHER CREDIBLE PERSON.)
324 Quince St. Salt Lake City
(STREET ADDRESS, CITY, STATE) Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of October, 1942
Genevieve Steya

Notary Public, residing at Salt Lake City, UT 324 Quince St 3rd East Salt Lake

My commission expires 7/5/45
(SEAL)

Signed Glenna Schofield
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

City, Utah

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

OCT 17 1942

MAY 33 1942

159-1141022-694
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FremontCity of St AnthonyRegistration District No. 99File No. 77946

No. _____ St.

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Ray L. Jorgensen

Sex of Child

MTwin
Triplet
or other?

{ and }

Number
in order
of birth4thLegiti
mate?yesDate of
Birth1141920

(Month)

(Day)

(Year)

FULL
NAMEE. M. Jorgensen

FATHER

RESIDENCE

St Anthony

COLOR

WAGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

Bea River Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMEAlbetta Orme

MOTHER

RESIDENCE

St Anthony

COLOR

WAGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

Toole Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Alma, at 6 A. M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. E. Mellon
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

St Anthony

Filed

Apr 10 1920

Registrar

Registrar

FEB 25 1957

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

165-1141022-213
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Fremont
City of St Anthony Registration District No. 99 File No. 77947
No. _____ St. _____
Hospital JOSEPH Primary Registration District No. 2127 Registered No. _____
FULL NAME OF CHILD Marvin Jones

| | | | | | |
|------------------------|---|-----|---|----------------------------|---|
| Sex of Child <u>M.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth <u>1st</u> | Legiti
mate? <u>yes</u> | Date of
Birth <u>1 14 20</u>
(Month) (Day) (Year) |
|------------------------|---|-----|---|----------------------------|---|

FULL NAME J. C. Jones
RESIDENCE St Anthony
COLOR W AGE AT LAST BIRTHDAY 27
(Years)
BIRTHPLACE St Anthony Ida
OCCUPATION Farmer

FULL MAIDEN NAME Mary Balmforth
RESIDENCE St Anthony
COLOR W AGE AT LAST BIRTHDAY 22
(Years)
BIRTHPLACE Salt Lake
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 240 P
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

(Physician or midwife)

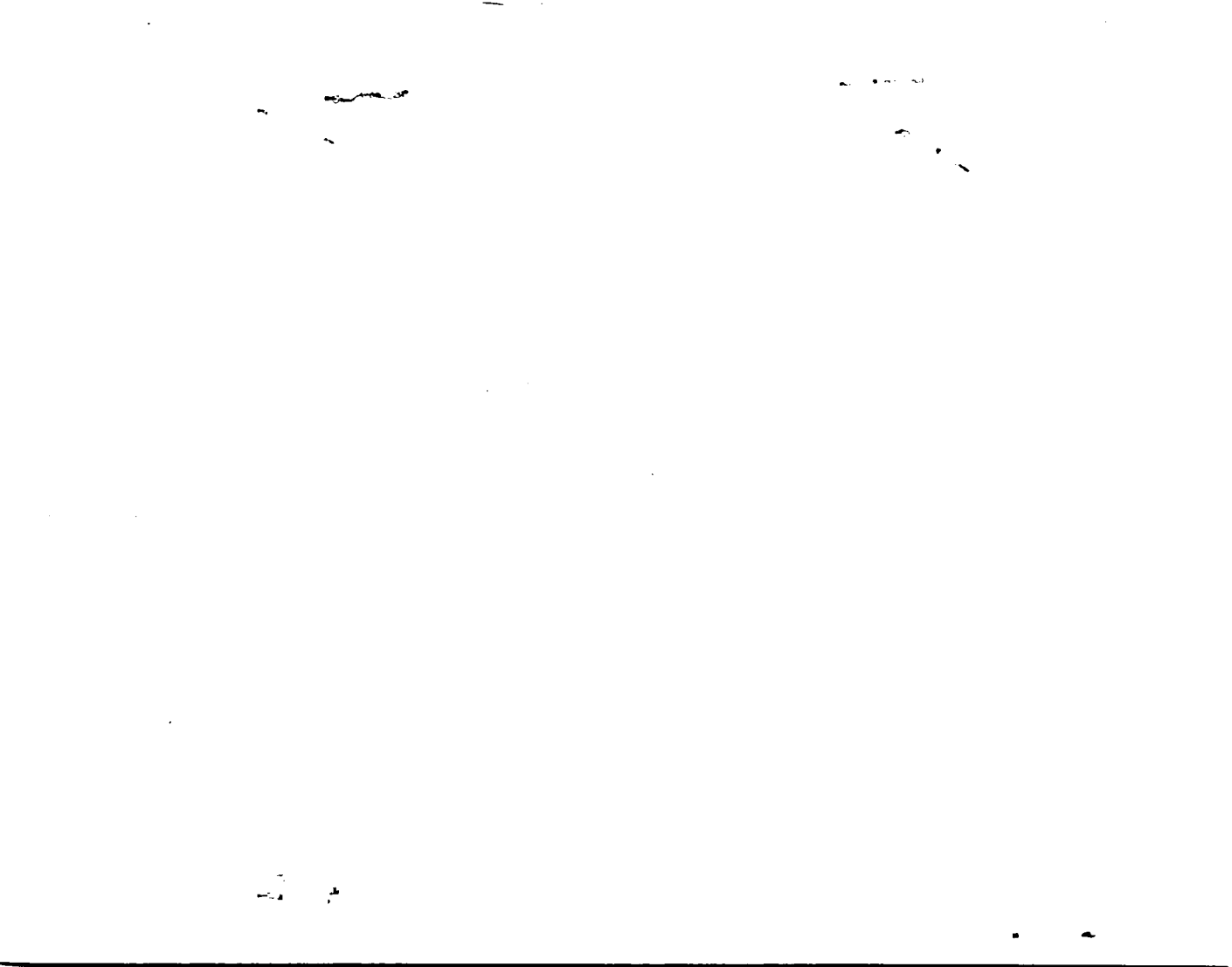
Given names added from a supplemental report.

Address St Anthony

Filed Apr 10 1921

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77947
County of Fremont }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Joseph Marvin Jones who was born on Jan. 14, 1920
in St. Anthony, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
(Place of Event), are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record prepared on Feb. 1, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED | FROM | TO |
|--|------------------|----------------------------|
| ("Name", "Birth Date", "Cause of Death", Etc.) | (As on Original) | (The Correct Facts) |
| <u>Name</u> | <u>Marvin</u> | <u>Joseph Marvin Jones</u> |

Subscribed and sworn to before me this 17
day of June 1942
O. Kressner, Probate Judge
Notary Public, residing at _____
My commission expires _____
(Seal)

Signed Mary B. Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; of other credible person.)
St. Anthony, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Fremont }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of June, 1942

Signed Fred H. Mason
(Signature of Any Credible Person Other Than Previous Year)
St. Anthony, Idaho
(Street Address, City, State)

Notary Public, residing at _____
My commission expires _____
(Seal)

JUN 19 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-227022-819

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FremonkCity of St AnthonyRegistration District No. 99

File No.

77948

No. _____ St.

Hospital _____

Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD

Wilyan Marie

Sex of Child

FTwin
Triplet
or other?

{ and }

Number
in order
of birth2ndLegiti
mate?yesDate of
Birth1 (Month)27 (Day)1920 (Year)FULL
NAME

Wallace FATHER

RESIDENCE

St Anthony

COLOR

WAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Oregon

OCCUPATION

BarberFULL
MAIDEN
NAME

MOTHER

Erma Harris

RESIDENCE

St Anthony

COLOR

WAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Chuyon Creek Ida

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ on the date above stated.

(Born alive or stillborn)

at 9 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J E Mellon
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St Anthony

Filed

101930W A WAX

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77948
County of Fremont }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for William Marie Black who Born on Jan. 27-1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in St. Anthony are erroneous or were omitted; and that to the best of his knowledge, the
(Place of Event)
true facts are shown by Records of State of Idaho prepared on about Jan. 27-1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name Erma E. Black William Marie Black
father's name Wm M Black Wallace E. Black

Subscribed and sworn to before me this 16
day of October 19 43

Signed Erma E. Black
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at St. Anthony Idaho
My commission expires Jan 18-1945
(Seal)

St. Anthony Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that the
are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of October 19 43

Signed Marion Bird
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at St. Anthony Idaho
My commission expires Jan 18-1945
(Seal)

Liton Idaho
(Street Address, City, State)

OCT 22 1949

JUL 14 1965

NOV 18 1981

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

215-117-

PLACE OF BIRTH
022-912

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of FremontCity of St AnthonyRegistration District No. 99File No. 77949

No. _____ St. _____

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD Edward B. Anderson

Sex of Child M. Twin Triplet or other? _____ and _____ Number in order of birth 3rd Legitimate? yes Date of Birth 1 / 17 / 20
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME J. E. Anderson
RESIDENCE St Anthony
COLOR W AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE Malad Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Agalia Mason
RESIDENCE Parker
COLOR W AGE AT LAST BIRTHDAY 31
(Years)
BIRTHPLACE Parker Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 11 P. M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

Address St AnthonyFiled Apr 10 1920

Registrar

Registrar

Certified Copy issued Jan. 31, 1941. W.W.

893120 022-449 name added 5/30/80

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of FremontCity of St AnthonyRegistration District No. 99File No. 77950

No. _____ St. _____

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Grant Fred Hill

Sex of
ChildM.Twin
Triplet
or other?
(To be answered only in

{ and }

Number
in order
of birth
event of plural births)1stLegiti
mate?yesDate of
Birth1-2019 20

(Month) (Day) (Year)

FULL
NAMEChas. H. Hill

FATHER

RESIDENCE

St Anthony # R.F.D. 2

COLOR

WAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Flonsee Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMEAlpha - Murri

MOTHER

RESIDENCE

St Anthony #2

COLOR

WAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

St Anthony Ida

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.alive, at 12:30 P.M.
(Born alive or stillborn){ *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

J E Mollon
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

St Anthony

Filed

Apr 10 19 20

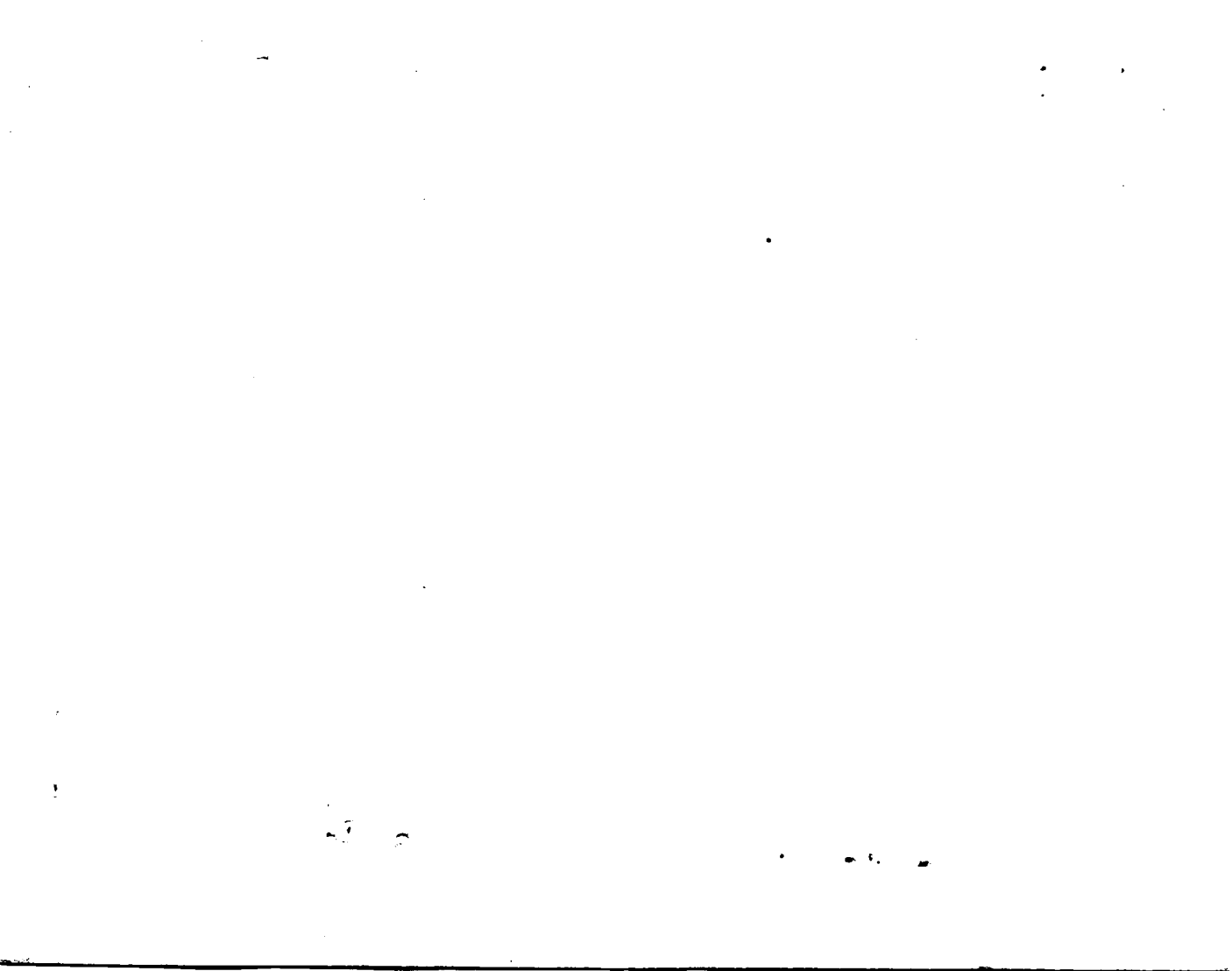
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

K



4-18-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICSState of _____ } ss.
County of _____ }

Certificate No. 77950

Date Filed _____

MAY 19 7 39 AM '80

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Hill who was born on Feb 20, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in St. Anthony, (Fremont) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

childs name

FROM

omitted

TO

Grant Fred Hill

Subscribed and sworn to before me this 14th day ofMay, 1980Notary Public, Marlene Calong, Clerk ofResiding at St Anthony, IdahoMy commission expires October 1981

(Seal)

Charles H. Hill

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed _____)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Certif of Blessing from the LDS Church gives name as Grant Fred Hill son of-
Charles H. Hill and Cilphia Murri. born Feb 20, 1920 at Twin Groves, Idaho.
Blessed April 4.1920 viewed by V. S.

MAY 30 1980

Insurance policy from New York Life Ins. Co. gives name as Charles H and Mary M.
Hill as the Beneficiaries. Insured's name as Grant F. Hill. dated Nov 30, 1935.
viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.227.022-239

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

County of Fremont

City of St Anthony

Registration District No. 99

File No. 77951

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD Lola Smith

| | | | | | |
|-----------------------|---|-----|---|----------------------------|--|
| Sex of Child <u>F</u> | Twin
Triplet
or other?
(To be answered only in | and | Number
in order
of birth
event of plural births) | Legiti
mate? <u>yes</u> | Date of
Birth <u>2 27 19 20</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|---|----------------------------|--|

FATHER
FULL NAME J. S. Smith
RESIDENCE St Anthony
COLOR W AGE AT LAST BIRTHDAY 26
(Years)
BIRTHPLACE Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Mary Stinson
RESIDENCE St Anthony Idaho
COLOR W AGE AT LAST BIRTHDAY 20
(Years)
BIRTHPLACE St Anthony Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 12³⁰ P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address J E Mellon
Filed Apr 10 19 20 St Anthony
Registrar

Registrar

DEC 15 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 1/3/73

PLACE OF BIRTH

253-217022-27
County of Freemont

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

City of Parker Registration District No. 99 File No. 77952

No. _____ St. _____

Hospital _____ Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD Eliza Beth Belnap

| | | | | | |
|------------------------|--|-----|--|----------------------------|--|
| Sex of Child <u>F.</u> | Twin
Triplet
or other?
(To be answered only in
event of plural births) | and | Number
in order
of birth
(To be answered only in
event of plural births) | Legiti
mate? <u>yes</u> | Date of
Birth <u>Feb. 17</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|--|-----|--|----------------------------|--|

| FATHER | | MOTHER | |
|-------------------------------|---|-------------------------------|---|
| FULL NAME <u>J. A. Belnap</u> | FULL MAIDEN NAME <u>Effie Spaulding</u> | FULL NAME <u>J. A. Belnap</u> | FULL MAIDEN NAME <u>Effie Spaulding</u> |
| RESIDENCE <u>Parker Idaho</u> | RESIDENCE <u>Parker</u> | RESIDENCE <u>Parker</u> | RESIDENCE <u>Parker</u> |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>32</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u> (Years) |
| BIRTHPLACE <u>Hooper Utah</u> | BIRTHPLACE <u>Hooper Utah</u> | BIRTHPLACE <u>Hooper Utah</u> | BIRTHPLACE <u>Hooper Utah</u> |
| OCCUPATION <u>Teacher</u> | OCCUPATION <u>Housewife</u> | OCCUPATION <u>Teacher</u> | OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature) J. E. Mellon
(Physician or midwife)

Address St Anthony

Filed Apr 10 19 20 W. A. Avery
Registrar

Registrar

OCT 7-1969

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. Certificate No. 77952
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for _____ Unnamed Bellnap _____ who was born _____ (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on Feb. 17, 1920.
(Date of Event)
in _____ Parker, Idaho _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's name

Unnamed Bellnap

Eliza Beth Belnap

Father's name

J. A. Bellnap

J. A. Belnap

Subscribed and sworn to before me this _____ day of _____

Signed _____

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires _____

(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____
_____, 19 _____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires _____

(Seal)

(Street Address, City, State)

Certificate of Baptism and Confirmation gives name as Eliza Beth Belnap daughter of J. Austin Belnap and Effie Spaulding. Born Feb. 17, 1920. Was Baptized Mar. 30, 1928. Viewed by V. S.

JAN 3 1973

Letter from Bishop Howard W. Tolley, Montpelier 3rd Ward of the LDS Church. Gives name as Eliza Beth Davidson born Feb 17, 1920 daughter of J. Austin Belnap and Effie Spaulding. Was Blessed May 2, 1920. Information taken from Ward records. Viewed by V. S.

JAN 10 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-215-272-669

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of FreemontCity of St AnthonyRegistration District No. 99 File No. 77953

No. _____ St. _____

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Velma W. Jones

Sex of Child

FTwin
Triplet
or other?

{ and }

Number
in order
of birth2ndLegiti
mate?yesDate of
Birth2151926

(Month)

(Day)

(Year)

FULL
NAMEPercy R. Jones

FATHER

RESIDENCE

St Anthony

COLOR

W.

AGE AT LAST

22

BIRTHDAY

(Years)

BIRTHPLACE

Woodlawn, Va.

OCCUPATION

PainterFULL
MAIDEN
NAMEThelma Warrell

MOTHER

RESIDENCE

St Anthony

COLOR

W.

AGE AT LAST

22

BIRTHDAY

(Years)

BIRTHPLACE

Woodlawn Va

OCCUPATION

House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J E Melton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St Anthony

Filed

W. S. W. 1921

Registrar

Registrar

JUL 19 1966

use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

915-214 022-986

(Be sure the information is complete and accurate)

State File No. 77955

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. 99

Amended 2/25/77

| | | | |
|--|---|---|--|
| 1. PLACE OF BIRTH | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) | |
| a. COUNTY
Fremont | | a. STATE
Idaho | b. COUNTY
Fremont |
| b. CITY (If outside corporate limits, write RURAL and give township)
OR
Parker | | c. CITY (If outside corporate limits, write RURAL and give township)
OR
Parker | |
| c. FULL NAME OF (If NOT in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION | | d. STREET
ADDRESS
(If rural, give location) | |
| 3. CHILD'S NAME | | | |
| a. (First)
Golda | b. (Middle)
Jeneal | c. (Last)
Davenport | |
| 4. SEX
F | 5a. THIS BIRTH
SINGLE _____ TWIN _____ TRIPLET _____ | 5b. IF TWIN OR TRIPLET (This child born)
1st _____ 2nd _____ 3rd _____ | 6. DATE
OF
BIRTH
(Month) (Day) (Year)
2 14 1920 |

FATHER OF CHILD

| | | | |
|--|--|---------------------------------------|----------------------------------|
| 7. FULL NAME | | | |
| a. (First)
O. | b. (Middle)
S. | c. (Last)
Davenport | |
| 8. AGE (At time of this birth)
38
YEARS | 9. BIRTHPLACE (State or foreign country)
(City or town)
Cache Co., Utah | 10. USUAL OCCUPATION
Farmer | 11. KIND OF BUSINESS OR INDUSTRY |

MOTHER OF CHILD

| | | | |
|---|---|--|--|
| 12. FULL MAIDEN NAME | | | |
| a. (First)
Mary | b. (Middle) | c. (Last)
Rhodehouse | |
| 13. AGE (At time of this birth)
33
YEARS | 14. BIRTHPLACE (State or foreign country)
(City or town)
Treasureton, Utah | 15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?) | |
| 16. INFORMANT'S SIGNATURE OR NAME (Relationship) | | | |

| | | |
|--|---|---|
| <i>I hereby certify that this child was born alive on the date stated above.</i> | 17. SIGNATURE
J. E. Melton | 18. ATTENDANT AT BIRTH
M.D. <input checked="" type="checkbox"/> _____ MIDWIFE _____ OTHER (Specify) _____ |
| | 19. ADDRESS
St. Anthony | 20. DATE SIGNED |
| 21. DATE REC'D BY LOCAL REG.
Apr 10, 1920 | 22. REGISTRAR'S SIGNATURE
W. B. West | 23. DATE ON WHICH GIVEN NAME ADDED
BY _____
Registrar |

FOR MEDICAL AND HEALTH USE ONLY

| | |
|---|--|
| Was a test for phenylketonuria performed? YES _____ NO _____ DATE _____ | |
| Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____ | |
| LENGTH OF PREGNANCY _____ WEEKS | WEIGHT AT BIRTH _____ LBS. _____ OZS. Time: 1:30 PM |
| RACE OR COLOR OF FATHER
W | RACE OR COLOR OF MOTHER
W |
| METHOD OF DELIVERY | |
| BIRTH INJURY TO INFANT | |
| YES IF YES DESCRIBE | |
| NO | |
| CONGENITAL MALFORMATIONS OF INFANT | |
| YES IF YES, DESCRIBE | |
| NO | |

DECEASED

11-9-06

06-13975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Bonneville

ss. DEC 3 10 33 AM '76

Certificate No. 77955
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Eva Davenport, who was born on Feb 14, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Parker, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name

Eva

Golda Jeneal

Subscribed and sworn to before me this 24th day of
November, 1976

Notary Public, residing at Idaho Falls, Idaho

My commission expires Aug. 22, 1980
(Seal)

Signed Ira S. Davenport

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

118 So 2nd West Rugby Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of
November, 1976

Notary Public, residing at Idaho Falls, Idaho

My commission expires Aug. 22, 1976
(Seal)

Signed Ethel Davenport Elsberry

(Signature of Any Credible Person)

404 E. 17th. St., Idaho Falls, Idaho
(Street Address, City, State)

Certif of birth from Salt Lake City, Utah gives name as Kenneth C. Gates son of Golda Jeneal Davenport Gates and Cummings Gates. born April 18, 1946 at Salt Lake City, Utah. City File No. 1660. viewed by V. S.

Certif of birth from Utah gives child's name as Donald Jay Gates born June 22, 1940 at Escalante, Utah father's name as Cummings Gates and mother's name as Golda Jeneal Davenport. viewed by V. S.

Certif of Membership from LDS Church gives name as Golda Jenell Davenport born Feb 14, 1920 Blessed Mar 7, 1920 and Baptized Feb 14, 1928. viewed by V. S.

532-105.022-349
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FremontCity of St AnthonyRegistration District No. 99

File No.

77956

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Perry E. EckersleySex of
ChildMTwin
Triplet
or other?

and

Number
in order
of birth4thLegiti
mate?yesDate of
Birth2-5-

(Month) (Day)

1920
(Year)FULL
NAMEJohn A. Eckersley

FATHER

RESIDENCE

St Anthony A.T.D.

COLOR

WAGE AT LAST
BIRTHDAY42
(Years)

BIRTHPLACE

Richmond Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMERose Curtis

MOTHER

RESIDENCE

St Anthony A.T.D.

COLOR

WAGE AT LAST
BIRTHDAY16
(Years)

BIRTHPLACE

Jordan Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.alive
(Born alive or stillborn)J. P. M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. E. Melton
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

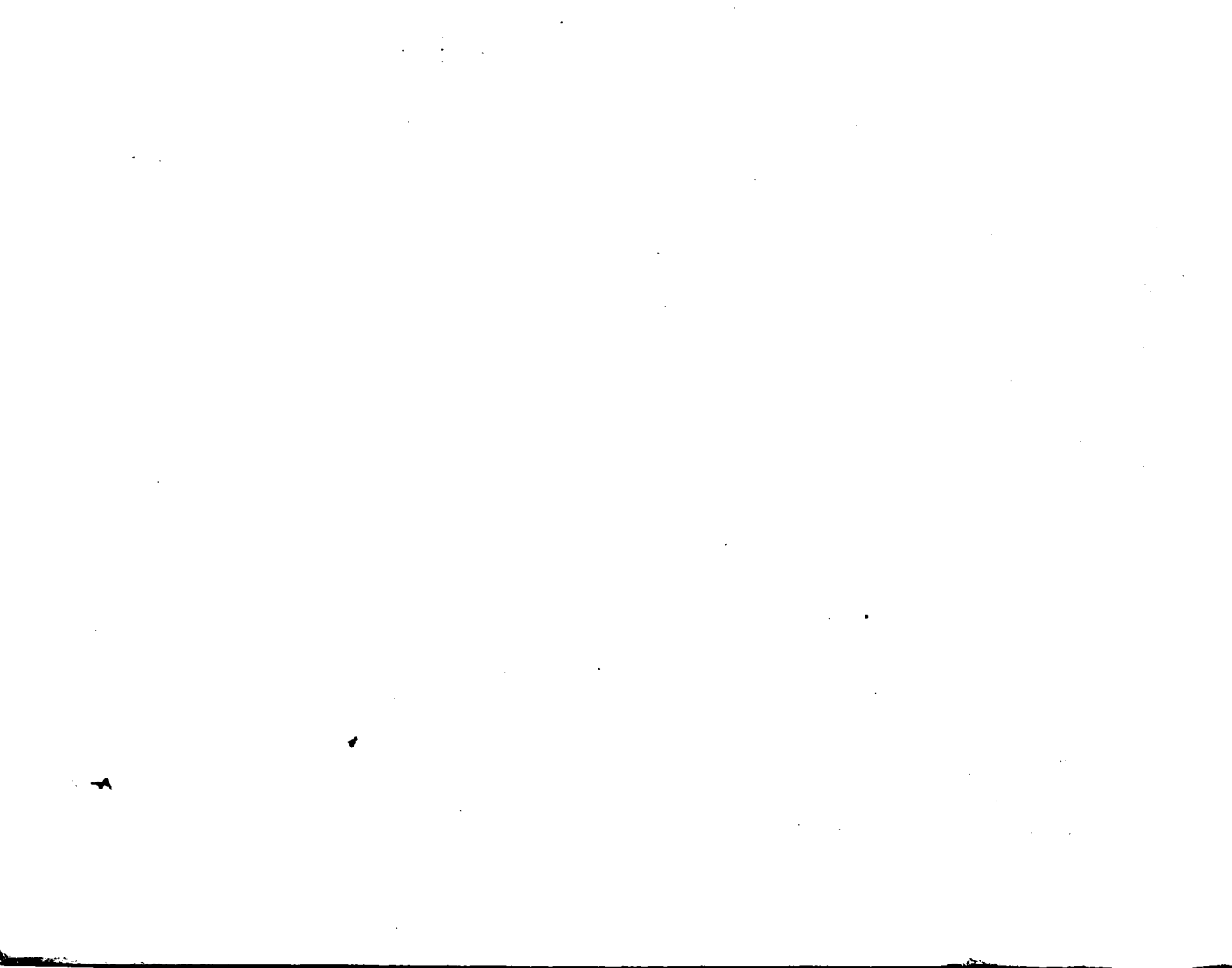
St Anthony

Filed

Apr 10 1921

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

417-105.022-814

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Fremont
 City of St Anthony Registration District No. 99 File No. 77957
 No. _____ St. _____
 Primary Registration District No. 2177 Registered No. _____
 Hospital _____
 FULL NAME OF CHILD Thomas Maxwell

| | | | | | |
|-----------------------|---|-----|---|----------------------------|---|
| Sex of Child <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth <u>1st</u> | Legiti
mate? <u>yes</u> | Date of Birth <u>2</u> <u>5</u> <u>1920</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|---|----------------------------|---|

FATHER
 FULL NAME Dr R L Maxwell
 RESIDENCE St Anthony
 COLOR M AGE AT LAST BIRTHDAY 5-14
 (Years)
 BIRTHPLACE Columbia City, Indiana
 OCCUPATION Physician (retired)

MOTHER
 FULL MAIDEN NAME Miss Hammond
 RESIDENCE St Anthony
 COLOR M AGE AT LAST BIRTHDAY 33
 (Years)
 BIRTHPLACE Providence Utah
 OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 A M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St Anthony

Filed

Apr 10 1920

Registrar

Registrar

FEB 17 1951

168-2091-022-855
PLACE OF BIRTH

11-C-25m-7-21-19

STATE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of FremontCity of St. Anthony

No. _____ St. _____

Registration District No. 99File No. 77958

Hospital _____

Primary Registration District No. 2177

Registered No. _____

FULL NAME OF CHILD Evelyn JohnsonSex of Child FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birth

{ }

Legiti
mate? Yes

Date of Birth

March91920

(Month)

(Day)

(Year)

FULL NAME

FATHER
John A. Johnson

RESIDENCE

St. Anthony, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Provo City, Utah

OCCUPATION

Carpenter

FULL MAIDEN NAME

MOTHER
Evelyn May Henderson

RESIDENCE

St. Anthony, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Hereford, England

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 2 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. M. Parsharoff
MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St. Anthony, Idaho

Filed

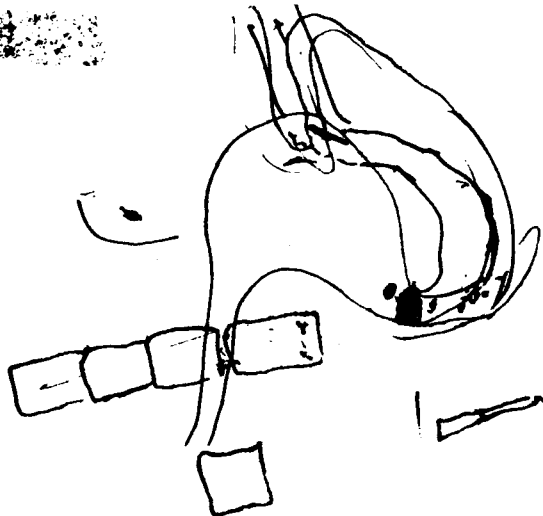
Apr 10 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



763-212.022-433

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of FremontCity of Sugar City RFD #1Registration District No. 99File No. 77959No. J St. JHospital J Primary Registration District No. 2117Registered No. 77959

FULL NAME OF CHILD

Althalie Pocock

| | | | | | |
|----------------------------|---------------------------------|-------|-----------------------------------|------------------------|--|
| Sex of Child <u>female</u> | Twins or other? <u>Triplets</u> | and { | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar 12 1920</u>
(Month) (Day) (Year) |
|----------------------------|---------------------------------|-------|-----------------------------------|------------------------|--|

| | |
|---------------------------------|---|
| FULL NAME <u>Luke B. Pocock</u> | FATHER |
| RESIDENCE <u>Sugar RFD #1</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--------------------------------------|---|
| FULL MAIDEN NAME <u>Agnes McLaws</u> | MOTHER |
| RESIDENCE <u>Sugar RFD #1</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1145 P M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)

E. Gamble MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Tetford

Filed

Apr 10 1920W. J. W. W. W.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1973

713-102-022-193
PLACE OF BIRTH

STATE OF ILLINOIS
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Fremont

City of Newdale

Registration District No. 99

File No. 77960

No. _____ St. _____

Hospital _____ Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD Garth Harold Galloway

| | | | | | |
|--------------------------|---------------------------------|-----|-----------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twins or other? <u>Triplets</u> | and | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar 2 1920</u>
(Month) (Day) (Year) |
|--------------------------|---------------------------------|-----|-----------------------------------|------------------------|---|

FATHER
FULL NAME Harold Galloway
RESIDENCE Newdale
COLOR white AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE England
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Orilla Clara Archibald
RESIDENCE Newdale
COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife than the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Eames M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Teton
Filed Apr 10 1920 W. B. Smith
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 8 1967

AUG 27 1967

559-107-022-769

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of FreemontCity of MeridaleRegistration District No. 99File No. 77961

No. _____ St. _____

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Merritt Daryl NeibaurSex of Child MaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate?yesDate of
BirthMar91928FULL
NAMEDaryl William Neibaur

RESIDENCE

Meridale

COLOR

whiteAGE AT LAST
BIRTHDAY2?
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMESophia Pfeifer

RESIDENCE

Meridale

COLOR

whiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Switzerland

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive 145 7 M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

E. James M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Teton

Filed

Apr 10 1928

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

FEB 19 1965

150

10. 2000

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

331-1101022-853

PLACE OF BIRTH

County of Fremont

City of Teton

No. _____ St. _____

Registration District No. 99 File No. 77962

Hospital _____ Primary Registration District No. 2137 Registered No. _____

FULL NAME OF CHILD Walter Robert Clark

| | | | | | |
|--------------------------|--|-----|---|---------------------------|---|
| Sex of Child <u>male</u> | Twins
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legitimate?
<u>yes</u> | Date of Birth
<u>Mar 10</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|--|-----|---|---------------------------|---|

FULL NAME FATHER
Walter Robert Clark

RESIDENCE Teton

COLOR White AGE AT LAST BIRTHDAY 35
(Years)

BIRTHPLACE California

OCCUPATION Miller

FULL NAME MOTHER
Myrtle Caldwell Helton

RESIDENCE Teton

COLOR white AGE AT LAST BIRTHDAY 21
(Years)

BIRTHPLACE Virginia

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. James M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Teton

Filed Apr 11 1920 W B W R X

Registrar

Registrar

NOV 21 1973

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-124022-299

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 77963

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|-----------------------|---|-----|--|------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and | Number in order of birth <u>4th</u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>3 - 24 - 1920</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|--|------------------------|--|

FATHER
FULL NAME H M Thompson
RESIDENCE St Anthony
COLOR W. AGE AT LAST BIRTHDAY 30
(Years)
BIRTHPLACE Dakota
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Rosa Burke
RESIDENCE St Anthony
COLOR W. AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE Ida
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address St Anthony
Filed Apr 10 19 20
W. W. West
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-117.022-296

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of St Anthony

Registration District No. 99 File No. 77964

No. _____ St.

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|---|------------------------------|-----------|-------------------------------------|-------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth <u>2nd</u> | Legiti mate? <u>yes</u> | Date of Birth <u>3-17-20</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | | |

FATHER
FULL NAME Jacky Cutler
RESIDENCE St Anthony
COLOR W. AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE Kansas
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Laron Brower
RESIDENCE St Anthony
COLOR W. AGE AT LAST BIRTHDAY 26
(Years)
BIRTHPLACE St Anthony
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was alive, at 4 P.M.
on the date above stated. (Born alive or stillborn)

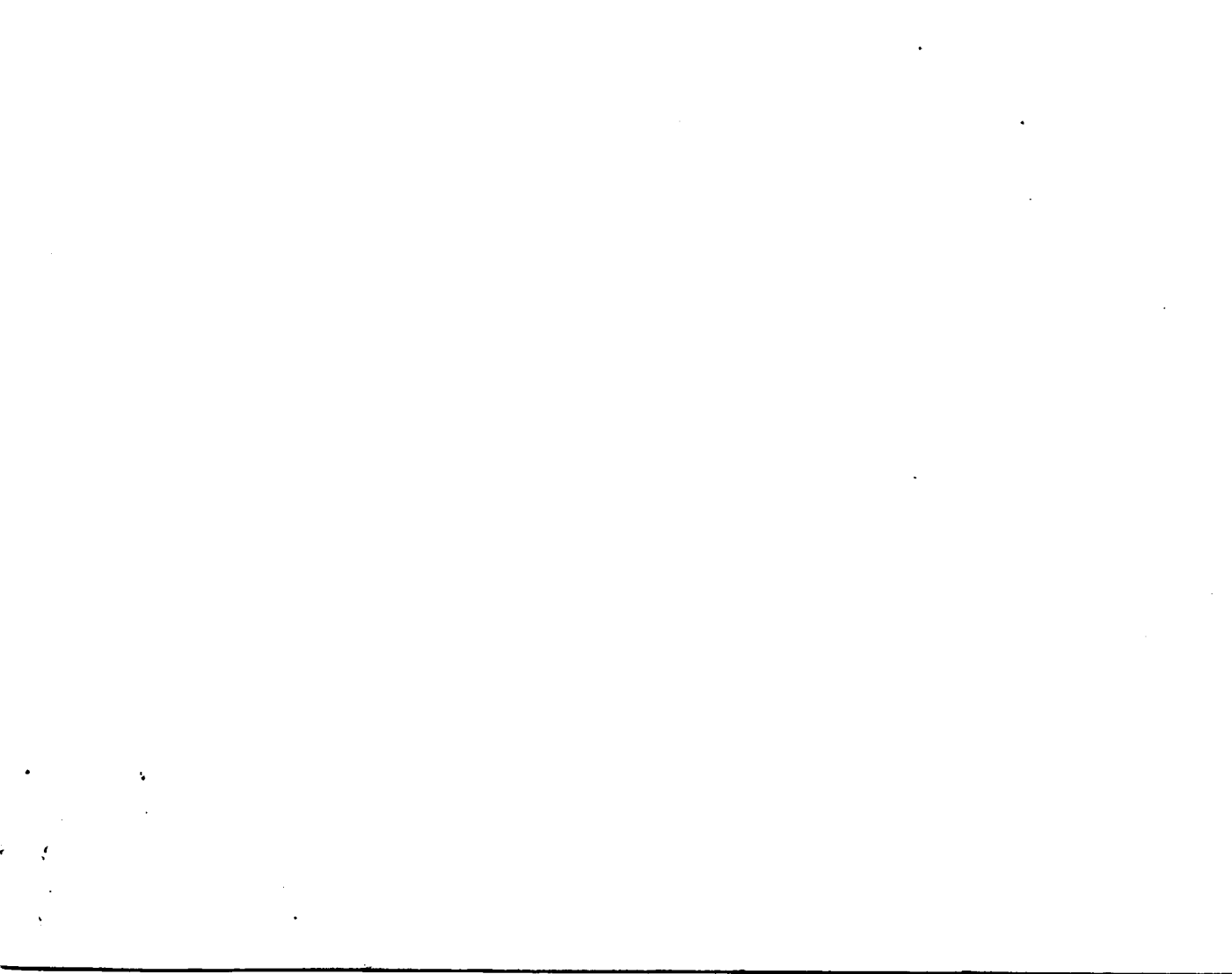
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address St Anthony
Filed Apr 10 1920 Swabert
Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

841-121-222-235

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
County of FremontCity of St AnthonyRegistration District No. 99File No. 77965No. St.Primary Registration District No. 2177 Registered No. Hospital

FULL NAME OF CHILD

James Blaine Quayle Jr.

| | | | | | |
|---|----------------------------------|-----|-------------------------------------|------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? <u> </u> | and | Number in order of birth <u>1st</u> | Legitimate? <u>yes</u> | Date of Birth <u>3-21-20</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | | |

FATHER
FULL NAME Blaine Quayle
RESIDENCE St Anthony
COLOR W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho
OCCUPATION Resident Bank Cashier

MOTHER
FULL MAIDEN NAME Jessie Blewins
RESIDENCE St Anthony
COLOR W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE St Anthony
OCCUPATION Housewife

 Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was alive at 7 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. E. Melting

(Physician or midwife)

Given names added from a supplemental report.

19

Address St AnthonyFiled Apr 10 1920W. S. West

Registrar

Registrar

7-11-41

8 7 11

386-108-022-279

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Fremont
 City of St Anthony Registration District No. 17 File No. **77966**
 No. _____ St. _____
 Hospital _____ Primary Registration District No. 2177 Registered No. _____
 FULL NAME OF CHILD Dean Morgan Thompson

Sex of Child M. Twin Triplet or other? no { and } Number in order of birth 5th Legiti mate? yes Date of Birth 3 - 8 19 20
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
 FULL NAME R. F. Thompson
 RESIDENCE St Anthony
 COLOR W AGE AT LAST BIRTHDAY 37 (Years)
 BIRTHPLACE West Meador, Utah
 OCCUPATION Laborer

MOTHER
 FULL MAIDEN NAME Nettie D. Spidel
 RESIDENCE St Anthony
 COLOR W AGE AT LAST BIRTHDAY 37 (Years)
 BIRTHPLACE Salt Lake City
 OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4³⁰ A. M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

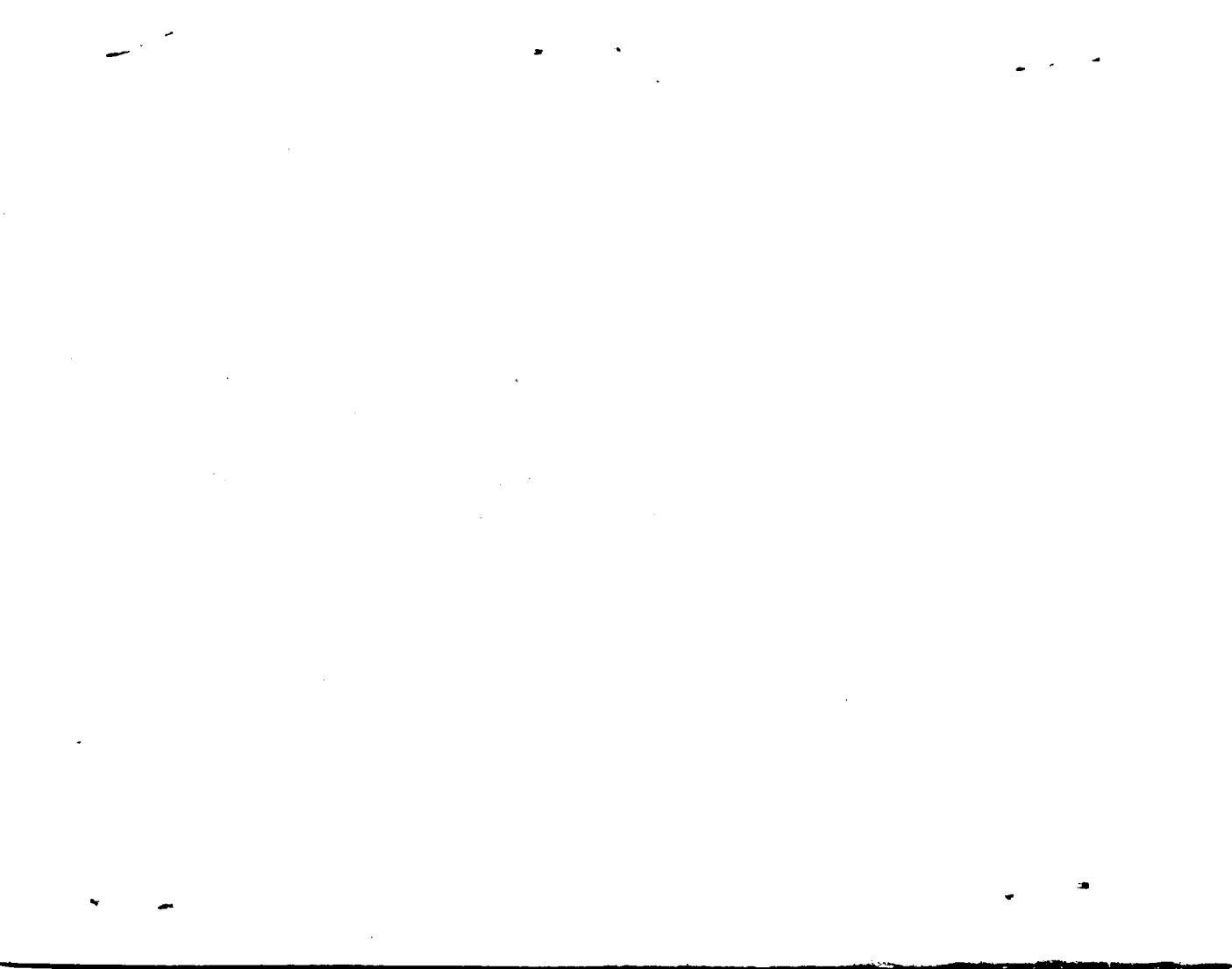
St Anthony

Filed

Apr 10 1920

Registrar

Registrar



617-107-022-296

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of FremontCity of St AnthonyRegistration District No. 99File No. 77967

No. _____ St. _____

Primary Registration District No. 2127 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Hugo Wagner

Sex of Child

MTwin
Triplet
or other?

{ and {

Number
in order
of birth4thLegiti
mate?yesDate of
Birth372019
(Month) (Day) (Year)FULL
NAMEE Wagner

FATHER

RESIDENCE

St Anthony

COLOR

MAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Switzerland

OCCUPATION

MinisterFULL
MAIDEN
NAMELydia Bronnenkant

MOTHER

RESIDENCE

St Anthony

COLOR

MAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.alive, at 730 A M
(Born alive or stillborn){ *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

J E Mellon
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St Anthony

Filed

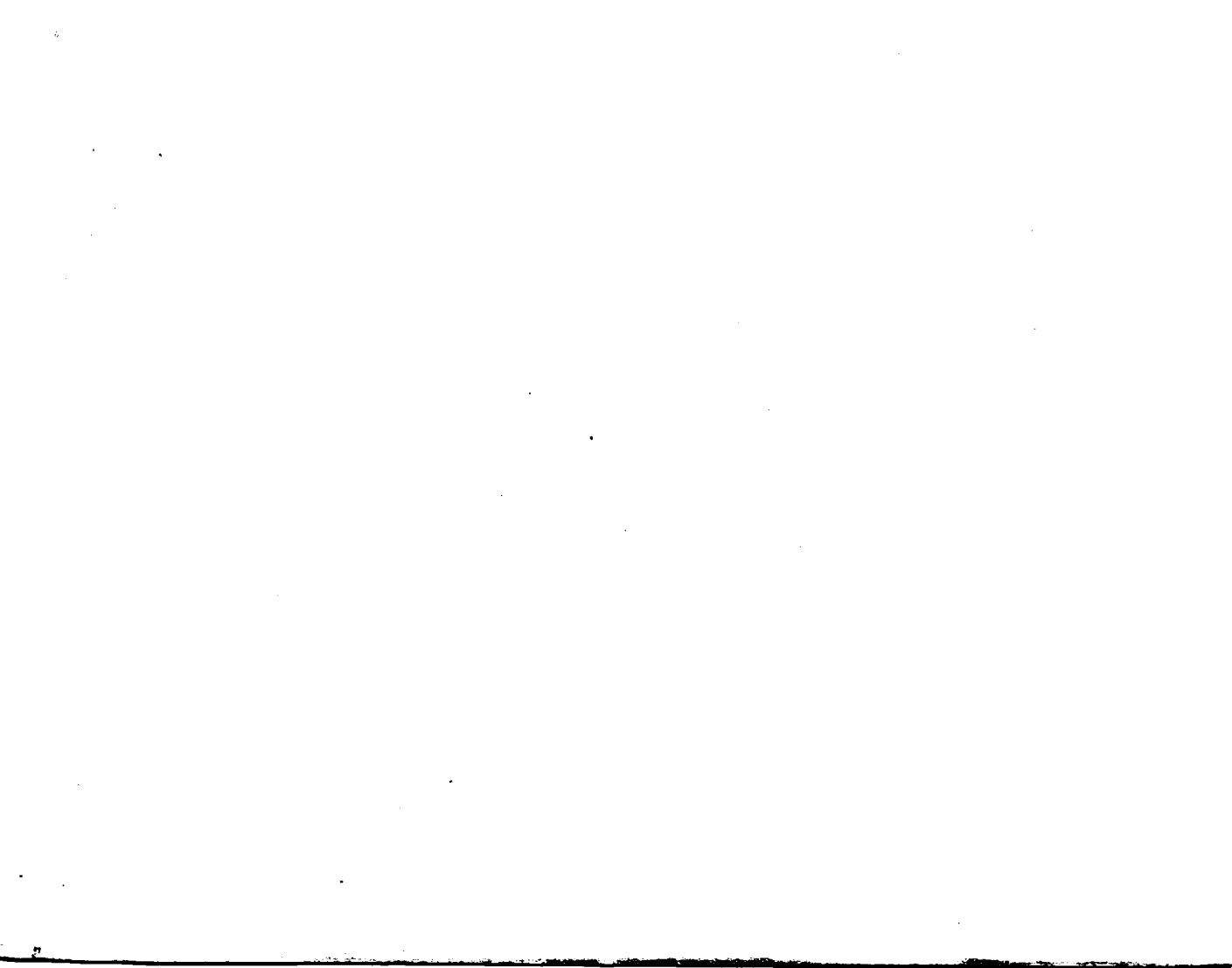
Apr 10 19 30

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897.206.022.944

Form V. S. No. 11-C-25m-7-21-49

amend fathers last name and child's
County of Fremont name 10-19-83 **BUREAU OF VITAL STATISTICS**
City of St Anthony **CERTIFICATE OF BIRTH**
dl

No. _____ St. _____ Registration District No. 99 File No. 77963

Hospital _____ Primary Registration District No. 2177 Registered No. _____

Verlene Hix

FULL NAME OF CHILD _____

| | | | | | |
|-----------------------|---|-------|--|-------------------------|---|
| Sex of Child <u>7</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and { | Number in order of birth <u>4th</u>
(To be answered only in event of plural births) | Legiti mate? <u>yes</u> | Date of Birth <u>3</u> <u>6</u> <u>1920</u>
(Month) (Day) (Year) |
|-----------------------|---|-------|--|-------------------------|---|

FULL NAME Earl Hix FATHER
RESIDENCE St Anthony
COLOR W AGE AT LAST BIRTHDAY 36
(Years)
BIRTHPLACE Bear Lake Ida
OCCUPATION Farmer

FULL MAIDEN NAME Nellie Ramsey MOTHER
RESIDENCE St Anthony
COLOR W AGE AT LAST BIRTHDAY 27
(Years)
BIRTHPLACE Hayden Ida
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4²⁰ A. M.
on the date above stated. (Born alive or stillborn)

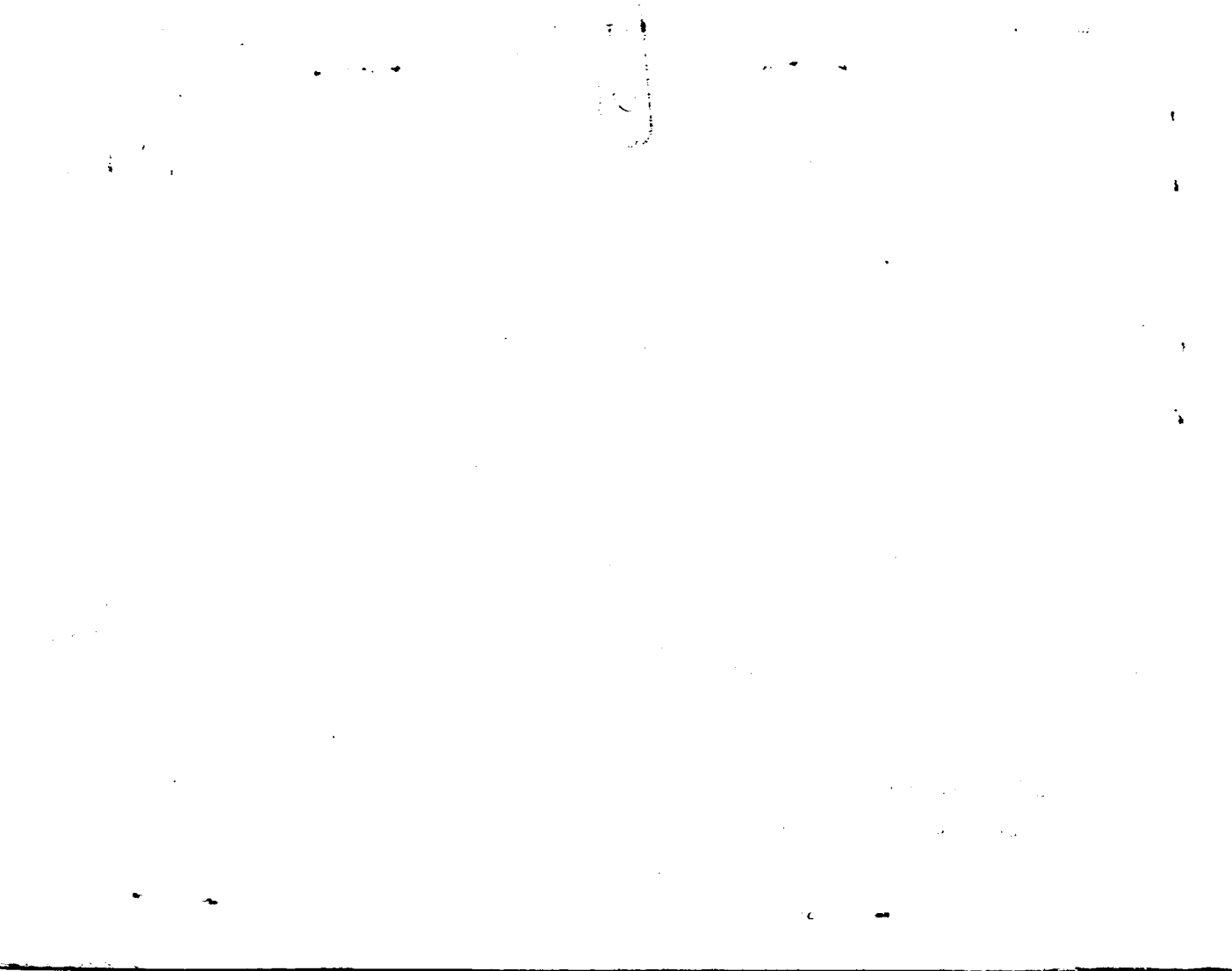
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E McElroy
(Physician or midwife)

Given names added from a supplemental report.

Address St Anthony
Filed Apr 10 1920 W. S. Hix
Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF
VITAL STATISTICS

State of _____ } ss.
County of _____ }

OCT 17 2 09 PM '83

Certificate No. 77968

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth

for Unnamed Hix who was born on Mar 6, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in St. Anthony (Fremont) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| | | |
|-------------------|---------------|-------------|
| childs name | Unnamed Hicks | Verlene Hix |
| fathers last name | Hicks | Hix |
| | | |
| | | |

Subscribed and sworn to before me this _____ day of

October, 1983

Notary Public, Bevera B. Pierce

Residing at Midvale, Ut. 84047

My commission expires 1-25-86

(Seal)

x Verlene Hix
Signature of Applicant
Y 3353 South 1300 East Salt Lake City
Street Address, City, State
Utah 84106

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of S.L. }

(Must be completed _)

(Is not necessary _)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of

October, 1983

Notary Public, Bevera B. Pierce

Residing at Midvale, Ut.

My commission expires 1-25-86

(Seal)

Dona H. Williams
Supporting Signature
11504 Endicott Rd SW Olympia
Street Address, City, State
Wash 98502

Baptism record from LDS Church lists Verlene Hix daughter of Earl C Hix and Nellie Rumsey born march 6, 1920 in Idaho was baptised Sept 1, 1928. Viewed by V.S.

OCT 19 1988

Marriage Record from LDS Church lists Verlene Sumner and Theron L Sumner were married March 12, 1968 in Salt Lake City, Utah. Brides parents listed as Earl C Hix and Nellie Rumsey. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

49-129-022-669
PLACE OF BIRTH

County of Fremont

City of St Anthony

No. _____ St.

Hospital _____

FULL NAME OF CHILD

Registration District No. 99

Primary Registration District No. 3177

File No. 77969

Registered No. _____

| | | | | | |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Nov 29</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|--|

FATHER
FULL NAME Frazer Edwards Murri

RESIDENCE St Anthony, Idaho

COLOR white AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE Salt Lake City, Utah

OCCUPATION bar

MOTHER
FULL MAIDEN NAME Bella Mabel Good

RESIDENCE St Anthony, Idaho

COLOR white AGE AT LAST BIRTHDAY 22
(Years)

BIRTHPLACE Orderville, Utah

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 1200 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

(Physician or midwife)

Address St. Anthony, Idaho

Filed Apr 10 1920 [Signature]

Registrar

Registrar

4/24/41 Z.J.

STATE OF IDAHO, :
 : SS.
COUNTY OF FREMONT, :

I, Delta Malea Ford Murri, being first duly sworn deposes and says;
That she is the mother of Blaine Le Roy Murri, who was born March
29, 1920, at St. Anthony, Idaho,

That his father was Frank Edward Murri, who was born in Midway, Utah,
in the year 1891.

That the affiant herein was the mother of said Blaine Le Roy Murri,
born at Ogden, Utah, 1898.

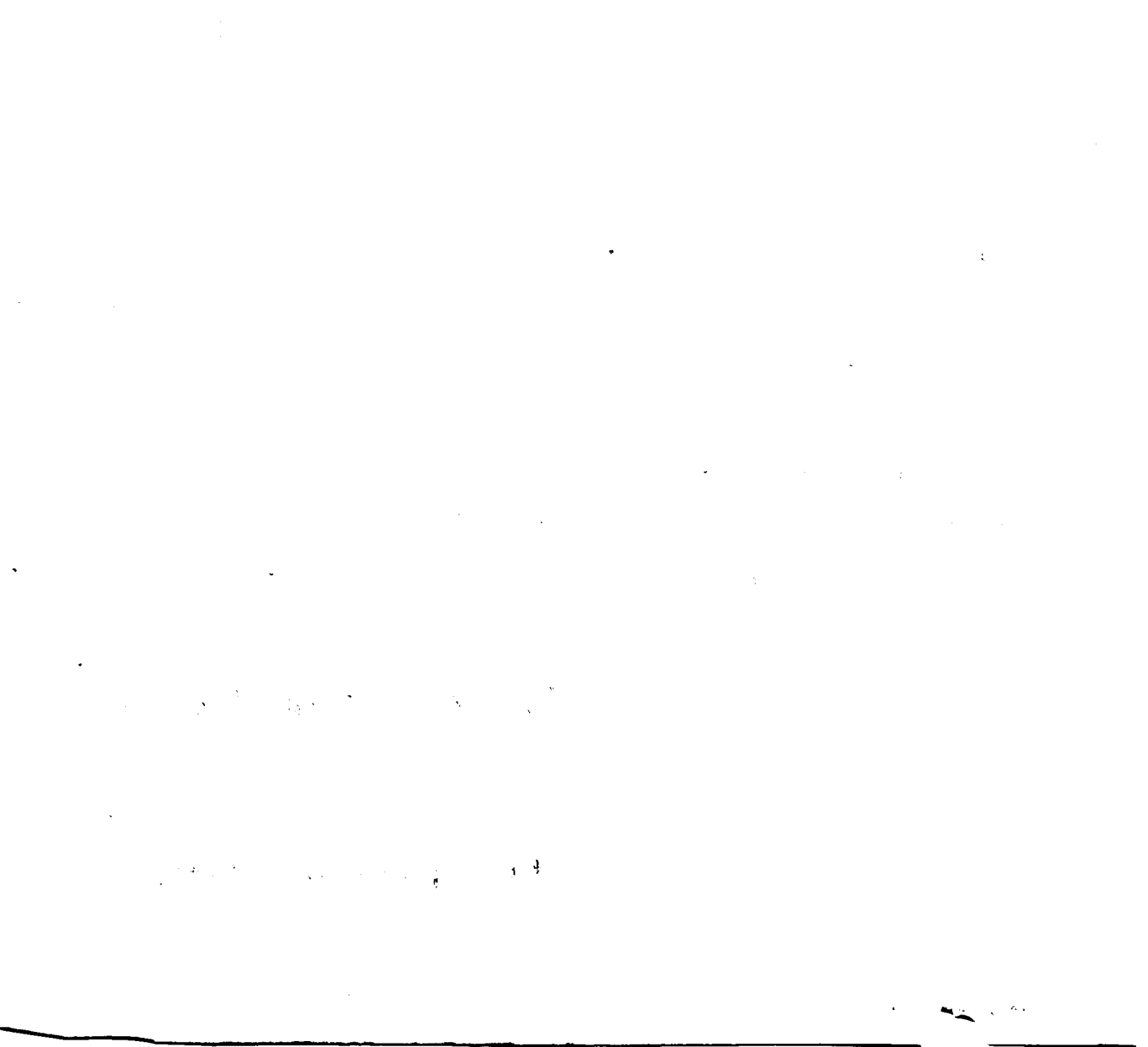
~~That the doctor who waited upon Mrs. Murri at the time of the birth~~
of Blaine Le Roy Murri, was Doctor W. B. West, of St. Anthony, Idaho,

Delta Malea Ford Murri

Subscribed and sworn to before me this 18th day of April, 1941,

J. H. Williams
Notary Public for Idaho,
Residing at St. Anthony, Idaho,

My commission expires,
April, 1, 1943.



345-221-022-345
PLACE OF BIRTHSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

County of FremontCity of AshtonRegistration District No. 108File No. 1

77970

No. _____ St. _____

Primary Registration District No. 6Registered No. 4

Hospital _____

FULL NAME OF CHILD

Willena Cunningham

Sex of Child

FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth

Legitimate?

yes

Date of Birth

3-211920

(Month)

(Day)

(Year)

FULL NAME

Ephraim Cunningham

FATHER

RESIDENCE

Ashton, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

10yrs
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

Teacher

FULL MAIDEN NAME

Wm M Cunningham

MOTHER

RESIDENCE

Ashton, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

26
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 21 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Sam Lin at 12:30 A.M.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Sam Lin

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Ashton, Idaho

Filed

3/21/1920

19

Registrar.

Registrar.

Z MAIDEN

DUP OF 20-347581

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

414-209102-466
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77971

County of Premont

City of Ashton

Registration District No. 102

File No. 1

No. _____ St. _____

Primary Registration District No. 6

Registered No. 3

Hospital _____

FULL NAME OF CHILD

Phyllis Mae Maddox

Sex of Child Female

Twin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth

Legiti-
mate?

yes

Date of
Birth

3/19

1920
(Month) (Day) (Year)

FULL
NAME

Glenn Maddox

FATHER

FULL
MAIDEN
NAME

Rea Wood Maddox

MOTHER

RESIDENCE

Ashton, Idaho

RESIDENCE

Ashton, Idaho

COLOR

white

AGE AT LAST
BIRTHDAY

24
(Years)

COLOR

white

AGE AT LAST
BIRTHDAY

20
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Indiana

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

Sam Rine at 11:50 P. M.
(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Sam Rine

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Ashton, Idaho

Filed

3/21

19

20

Sam Rine

Registrar.

Registrar.

MAR 16 1942

386-2081022-386
PLACE OF BIRTH

Form V. S. No. 11-20m-7-24-10

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77972

County of Freemont

City of Ashton

Registration District No. 108

File No. 1

No. _____ St.

Primary Registration District No. 6

Registered No. 2

Hospital _____

FULL NAME OF CHILD Margaret Fern Thompson

| | | | | |
|----------------------------|---|--------------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and <u>Whether in order of birth</u> | Legitimate? <u>yes</u> | Date of Birth <u>3/8</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|------------------------|---|

FATHER
FULL NAME Harry D. Thompson
RESIDENCE Ashton, Idaho
COLOR white AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Oregon
OCCUPATION Teacher

MOTHER
FULL MAIDEN NAME Mr. Margaret Thompson
RESIDENCE Ashton, Idaho
COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Oregon
OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature) Dr. M. J. Macdonald
Physician
(Physician or midwife)

Given names added from a supplemental report. _____ 19 _____

Address Ashton, Idaho

Filed 3/21/1920 Dr. M. J. Macdonald Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

35-9-107-022-355
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77973

County of Primaunt
City of LaMont
Registration District No. 102 File No. 1
No. _____ St. _____
Primary Registration District No. 6 Registered No. 1
Hospital _____
FULL NAME OF CHILD Harold James Lerwill

Sex of Child male {Twin Triplet or other?} and {Number in order of birth} Legiti- mate? yes Date of Birth 3/7 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Philip Lerwill
RESIDENCE LaMont, Ida.
COLOR white AGE AT LAST BIRTHDAY 40
(Years)
BIRTHPLACE Oregon
OCCUPATION Teacher

MOTHER
FULL MAIDEN NAME Edna Lerwill
RESIDENCE LaMont, Ida.
COLOR white AGE AT LAST BIRTHDAY 36
(Years)
BIRTHPLACE Oregon
OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at LaMont, Ida.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. J. McLaughlin
Physician
(Physician or midwife)

Given names added from a supplemental report. _____ 19. _____

Address LaMont, Idaho

Filed 3/21 1920 Dr. J. J. McLaughlin
Registrar.

Certified Copy Issued Jan. 21, 1941. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-230-223-791
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

County of Idaho

City of Emmett

Registration District No. 1010

File No.

77974

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Donis May Sattimer

Sex of Child

Female

Twin
Triplet
or other?

and
(Number
in order
of birth)

Legiti-
mate?

yes

Date of
Birth

March 30 1920
(Month) (Day) (Year)

FULL
NAME

FATHER

Floyd E. Sattimer

RESIDENCE

Minidoka

COLOR

W

AGE AT LAST
BIRTHDAY

28
(Years)

BIRTHPLACE

Idaho

OCCUPATION

R. R. Conductor

FULL
MAIDEN
NAME

MOTHER

Mabel Viola Gray

RESIDENCE

Emmett
Oklahoma

COLOR

W

AGE AT LAST
BIRTHDAY

23
(Years)

BIRTHPLACE

Oklahoma

OCCUPATION

Housewife

Number of child of this mother, including present birth

5

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

born alive
(Born alive or stillborn)

at 2:30 P.M.

* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Austin S. Bay

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Emmett

Filed

Apr. 1 1920

Registrar

Registrar



PLACE OF BIRTH
789-106-023-559STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of jemCity of EmmettRegistration District No. 10 20File No. 77975

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Kenneth Earl Phillips

| | | | | | |
|-----------------------|------------------------------|-------|--------------------------------|------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? _____ | and { | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Mar 16</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|------------------------------|-------|--------------------------------|------------------------|--|

| | |
|----------------------------------|---|
| FULL NAME <u>Emmett Phillips</u> | FATHER |
| RESIDENCE <u>Emmett</u> | |
| COLOR <u>N</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Indiana</u> | |
| OCCUPATION <u>Rancher</u> | |

| | |
|--------------------------------------|---|
| FULL MAIDEN NAME <u>Nina Heisner</u> | MOTHER |
| RESIDENCE <u>Emmett</u> | |
| COLOR <u>N</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |
| BIRTHPLACE <u>Nebraska</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at the date above stated.

Born alive at 6:30 A.M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Boyd M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett IdahoFiled Apr 1 1920 J. Reynolds Registrar

APR 21 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312.130.223-239
PLACE OF BIRTH

County of San

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 21-22A-101

CERTIFICATE OF BIRTH

City of Emmett

Registration District No. 1010

File No. 77976

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Harold Glenn Case

| | | | | |
|--|---|---|--|--|
| SEX OF CHILD
<u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth
{and} | Legiti-
mate?
<u>yes</u> | DATE OF
BIRTH
<u>March 30</u>
(Month) |
| FATHER
FULL NAME
<u>Lester Dale Case</u> | | | MOTHER
FULL MAIDEN NAME
<u>Mildred Eva Stoff</u> | |
| RESIDENCE
<u>Emmett</u> | | | RESIDENCE
<u>Same</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY
<u>22</u>
(Years) | | COLOR
<u>White</u> | AGE AT LAST BIRTHDAY
<u>18</u>
(Years) |
| BIRTHPLACE
<u>Montana</u> | | | BIRTHPLACE
<u>Wyoming</u> | |
| OCCUPATION
<u>Sawmill labor</u> | | | OCCUPATION
<u>House wife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn), at Emmett

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____

Address Emmett

Registrar _____

Filed 3/30/1920 J. H. Reynolds

FEB 7 1961

532-129-023-419
PLACE OF BIRTHCounty of EmmettCity of Emmett

No. _____ St. _____

Hospital _____

Full Name of Child Jack Francis Eckalbas

| | | | | |
|--|---|---|---|---|
| SEX OF CHILD <u>male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | Number in order of birth _____ | Legitimate? <u>yes</u> | DATE OF BIRTH <u>Mar 29</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Geo Wilkes Eckalbas</u> | | MOTHER
FULL MAIDEN NAME <u>Lena May Marcum</u> | | |
| RESIDENCE <u>Emmett Ida</u> | | RESIDENCE <u>Same</u> | | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>37</u>
(Years) | |
| BIRTHPLACE <u>Michigan</u> | | BIRTHPLACE <u>Oregon</u> | | |
| OCCUPATION <u>Auto mobile garage</u> | | OCCUPATION <u>House wife</u> | | |

Number of child of this mother, including present birth... 6 Number of children of this mother now living, including present birth... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 30 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____

Address Emmett IdaFiled 4-1 19 20 J. L. Reynolds
Registrar

10-10-10 10-10-10 10-10-10
10-10-10 10-10-10 10-10-10
10-10-10 10-10-10 10-10-10
10-10-10 10-10-10 10-10-10

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gem } ss.

Certificate No. 77977

Date Filed BIRTH

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
for JACK F. ECHALBAR who WAS BORN on MAR. 29, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in EMMETT, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Surname

Echalbar

Eckalbar

Date

March 30th

March 29, 1920

Subscribed and sworn to before me this 8th
day of April 1943

Euraline Keerl (Eckalbar)
Notary Public, residing at Pontiac, Mich.

My commission expires 4-9-43
(Seal)

Signed Lena Mae Eckalbar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Mich. }
County of Oakland } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of April 1943

Euraline Keerl (Eckalbar)
Notary Public, residing at Pontiac, Mich.

My commission expires 4-9-43
(Seal)

Signed Charles M. Horn
(Signature of Any Credible Person Other Than Previous Year)

82 Hillview, Pontiac, Mich.
(Street Address, City, State)

OCT 17 1972

APR 19 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-730-023-285
PLACE OF BIRTH

County of Gen

City of Ola

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m. 6-15-1

Registration District No. 10th

File No. 77978

Primary Registration District No. _____

Registered No. _____

Full Name of Child Daniel Marion Gardunia

| | | | | |
|--|---|--|---|---|
| SEX OF CHILD <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { and } Number
in order
of birth | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>3/30/20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Edwin Curtis Gardunia</u> | | | MOTHER
FULL MAIDEN NAME <u>Ester Margaret Shered</u> | |
| RESIDENCE <u>Ola Ida</u> | | | RESIDENCE <u>Same</u> | |
| COLOR <u>White</u> | AGE AT LAST
BIRTHDAY <u>44</u>
(Years) | | COLOR <u>White</u> | AGE AT LAST
BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE <u>Kanzer</u> | | | BIRTHPLACE <u>Kanzer</u> | |
| OCCUPATION <u>Blacksmith</u> | | | OCCUPATION <u>House wife</u> | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10³⁰ a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett Ida
Filed Apr 1 19 20 J. R. Reynolds
Registrar

Dup of 1920-360436

PLACE OF BIRTH

231-230-023 236

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of GemCity of Emmett

No. _____ St.

Registration District No. 1010File No. 77979

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

Lois Jean Blaser

(Certificate of no value without full name of child.)

Sex of
ChildfemaleTwin
Triplet
or other?

{ and }

{ Number
in order
of birth }

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
birthMarch 30, 1920
(Month) (Day) (Year)

What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 2FULL
NAME

FATHER

Fred Blaser

RESIDENCE

Emmett, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY27

(Years)

BIRTHPLACE

Ontario, Oregon

OCCUPATION

Building ContractorFULL
MAIDEN
NAME

MOTHER

Alice E. Stowell

RESIDENCE

Emmett, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY25

(Years)

BIRTHPLACE

Monticello, Minnesota

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive5:30 P.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

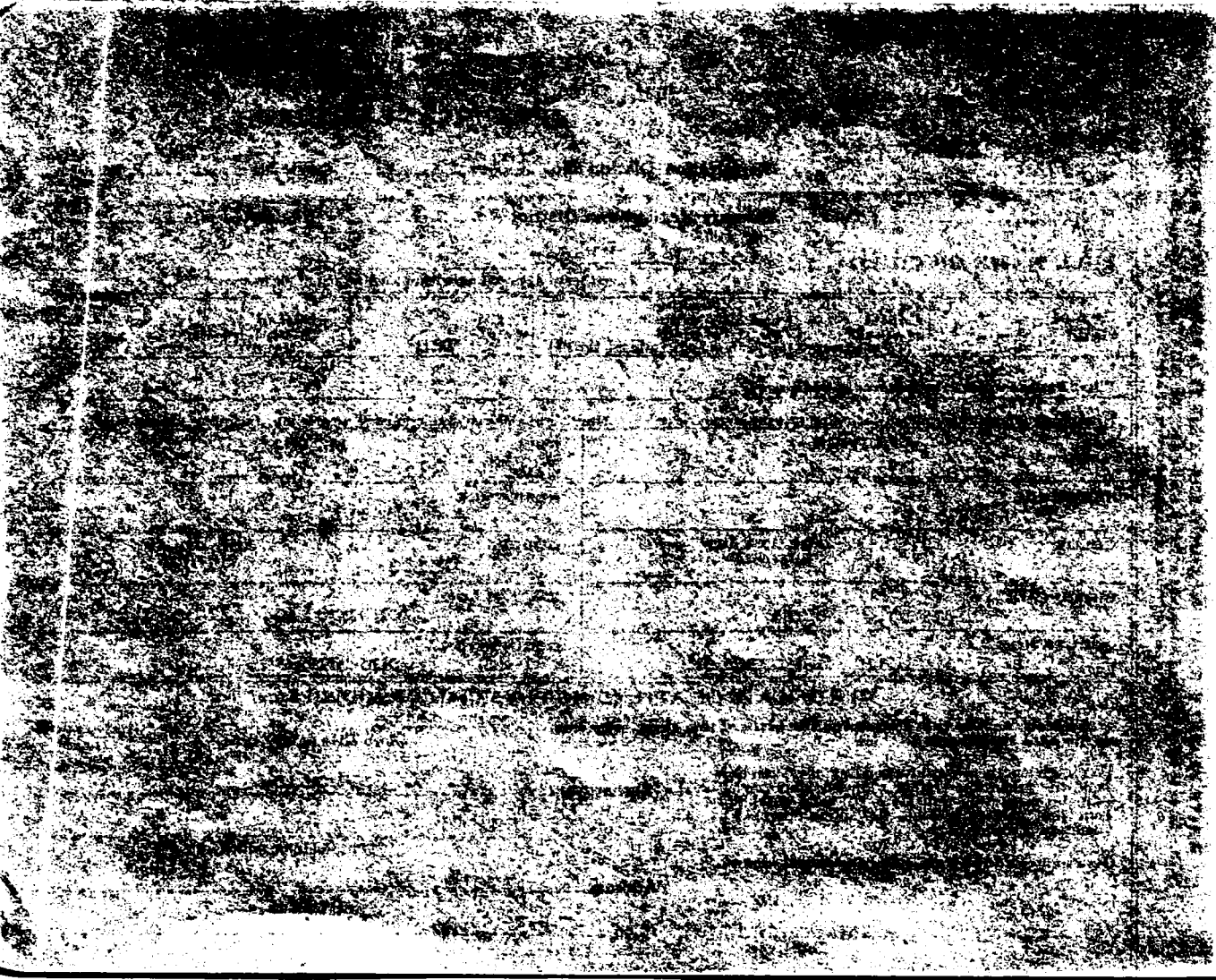
Give names added from a supplemental report.

Address Emmett, IdahoFiled 3-31-20J. L. Reynolds

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



285-231-223-285

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of JerseyCity of Emmett

No. _____ St.

Registration District No. 1070File No. 77980

Hospital _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child Frances Marie Shelley

| | | | | |
|--------------------------------------|---|------------------------------------|---|--|
| SEX OF CHILD <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and Number in order of birth _____ | Legitimate? <u>yes</u> | DATE OF BIRTH <u>Mar 31 1920</u>
(Month) (Day) (Year) |
| FATHER | | | MOTHER | |
| FULL NAME <u>Geo Franklin Shelly</u> | | | FULL MAIDEN NAME <u>Edith Stella Sheard</u> | |
| RESIDENCE <u>Emmett Ida</u> | | | RESIDENCE <u>Emmett Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>34</u>
(Years) | | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | | | BIRTHPLACE <u>Nebraska</u> | |
| OCCUPATION <u>Farming</u> | | | OCCUPATION <u>House wife</u> | |

Number of child of this mother, including present birth... 5... Number of children of this mother now living, including present birth... 5...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:35 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett IdaFiled Mar 31 1920

Registrar

Registrar

JUN 18 1952

DECEASED

242-214-23-364
PLACE OF BIRTH

Form V. S. No. 11-25m-4-14-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Emmett IdahoCity of Emmett

No. _____ St. _____

Registration District No. 1010File No. 77981

Hospital _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child _____

HAZEL ELLEN BUSCHKE

| | | | | |
|----------------------------|---|---|------------------------|---|
| SEX OF CHILD <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | Number in order of birth _____
{ and } _____ | Legitimate? <u>yes</u> | DATE OF BIRTH <u>Mar 14</u> <u>1920</u>
(Month) (Day) (Year) |
|----------------------------|---|---|------------------------|---|

| | |
|---|---|
| FATHER
FULL NAME <u>Henry Daniel Buschke</u> | MOTHER
FULL MAIDEN NAME <u>Marnie Louise Coulter</u> |
| RESIDENCE <u>Emmett</u> | RESIDENCE <u>Emmett</u> |

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |
|--------------------|---|

| |
|-----------------------|
| BIRTHPLACE <u>Ill</u> |
|-----------------------|

| |
|---------------------------------|
| OCCUPATION <u>Sawmill Labor</u> |
|---------------------------------|

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>19</u>
(Years) |
|--------------------|---|

| |
|-----------------------------|
| BIRTHPLACE <u>Minnesota</u> |
|-----------------------------|

| |
|-----------------------------|
| OCCUPATION <u>Housewife</u> |
|-----------------------------|

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.alive
(Born alive or stillborn)at 12:50 M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
Emmett
(Physician or midwife)

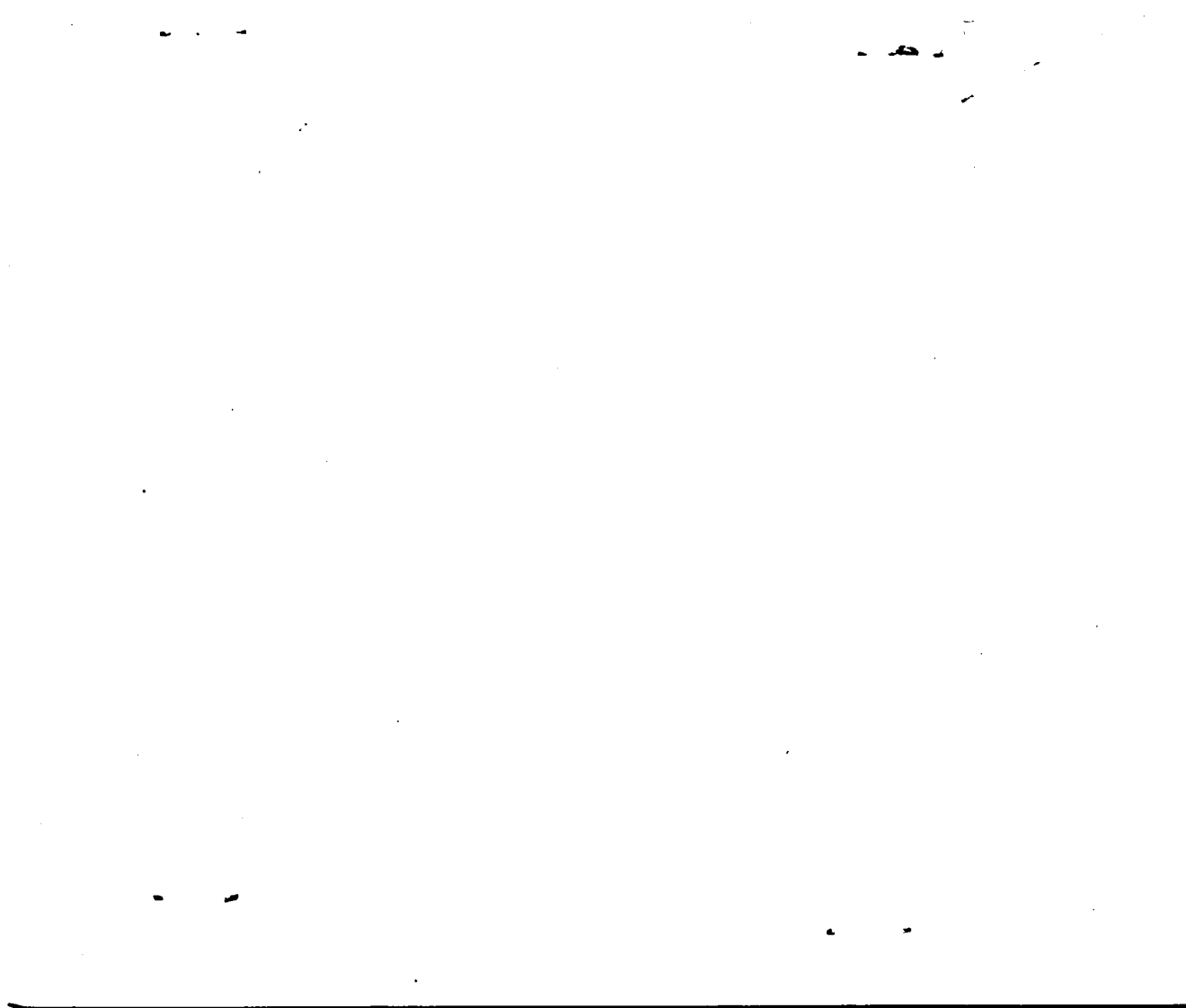
Given names added from a supplemental report.

19 _____

Address _____

Registrar _____

Filed 3/16 1920Registrar J. L. Reynolds



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 77981
County of Ada }
The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for no name who was born on 3/14/1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Emmett, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Mother's statement prepared on 9/1/1942, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)
FACTS TO BE CORRECTED **FROM** **TO**
(“Name”, “Birth Date”, “Cause of Death”, Etc.) (As on Original) (The Correct Facts)

name none given Hazel Ellen Buschke
Subscribed and sworn to before me this first
day of September, 1942
Boise, Idaho
Notary Public, residing at Boise, Ida
My commission expires 1/17/44
(Seal)
Signed Mrs Mamie Lundberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
828 1/2 Main St, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. [This Affidavit **MUST** Also be Executed.
County of _____ } (See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19_____.
Notary Public, residing at _____
My commission expires _____
(Seal) (Street Address, City, State)
Signed _____
(Signature of Any Credible Person Other Than Previous Year)

SEP 3 1942



319-2023-714

County of *Emmett*

Issued 11-21-06

STATISTICS
AS REQUIRED BY LAW OF BIRTHCity of *Emmett*Registration District No. *10*File No. **77982**

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child **Bernice**
Bernice Carlson

| | | | | |
|----------------------------|---|---------------------------------------|-----------------------------|--|
| SEX OF CHILD <i>Female</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
Number
in order
of birth | Legiti-
mate? <i>yes</i> | DATE OF BIRTH <i>Mar 5</i>
(Month) (Day) (Year) <i>20</i> |
|----------------------------|---|---------------------------------------|-----------------------------|--|

| | |
|--------------------------------|---|
| FULL NAME <i>Guss Carlson</i> | FATHER |
| RESIDENCE <i>Emmett</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>35</i>
(Years) |
| BIRTHPLACE <i>Sweden</i> | |
| OCCUPATION <i>Lau millwash</i> | |

| | |
|--------------------------------------|---|
| FULL MAIDEN NAME <i>Olga Paulina</i> | MOTHER |
| RESIDENCE <i>Same</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>36</i>
(Years) |
| BIRTHPLACE <i>Sweden</i> | |
| OCCUPATION <i>House wife</i> | |

Number of child of this mother, including present birth... *3* ... Number of children of this mother now living, including present birth... *3* ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... *White* ... at *12-5a* M
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. L. Reynolds*

(Physician or midwife)

Given names added from a supplemental report.

Address *Emmett*Filed *7/30/20*

Registrar

Registrar

207-210

HTRI

100-100

100-100

100-100

100-100

JUL 17 1956

100-100

100-100

100-100

RECEIVED
VITAL STATISTICS
06 NOV 20 11:05:22

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of ARIZONA }
County of MARICOPA } SS

Certificate No. 20-77982
Date Filed March 30, 1920

The undersigned does solemnly swear that certain facts on the certificate of _____ birth _____
(Birth, Death, Marriage, etc.)
for Berniece Carlson who was born on March 5, 1020
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Emmett (Gem Co.) March 5, 1920
(Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED

FROM

TO

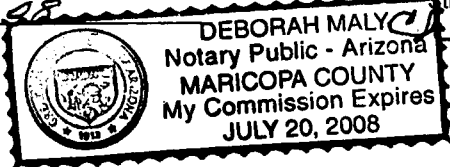
| Child's first name | Berniece | Bernice |
|--------------------|----------------------|----------------------|
| <u>BIRTH DATE</u> | <u>MARCH 5, 1020</u> | <u>MARCH 5, 1920</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this 16th day of

Notary Public, Deborah Malych
Residing at Chandler

My commission expires 7-20-08
(Seal)

NOVEMBER 2006
Bernice Pollock
Signature of Applicant
1568 E. Indian Wells Dr
Street Address, City, State and Zip
Chandler, AZ 85209



SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____
Residing at _____

My commission expires _____
(Seal)

Signature of Applicant

Street Address, City, State and Zip

US TAX RETURN DATED 1997 FOR DONALD D POLLOCK AND BERNICE C POLLOCK
VIEWED BY VS

MEDICARE INS CARD FOR BERNICE C POLLOCE DATED 03-01-85 VIEWED BY VS

415-225-023-343

PLACE OF BIRTH

County of BernCity of EmmettRegistration District No. 1010

No. St.

Primary Registration District No.

File No.

77983

Hospital

Registered No.

FULL NAME OF CHILD

Lou May Davenport

Sex of Child

femaleTwin
Triplet
or other?-and
(To be answered
only in event of plural births)Number
in order
of birth-Legiti-
mate?yesDate of
Birth3-25-20

(Month) (Day) (Year)

FULL
NAMELewis A. Davenport

FATHER

RESIDENCE

EmmettFULL
MAIDEN
NAMESusie Lutz

MOTHER

RESIDENCE

same

COLOR

WAGE AT LAST
BIRTHDAY35

(Years)

COLOR

WAGE AT LAST
BIRTHDAY31

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

clerk

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive
on the date above stated.

(Born alive or stillborn)

at 4 35 P. M.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Barton O. Clark

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

3/30-19-20

Registrar

J. H. Reynolds
Registrar

625-226-023-413
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-25m-9-8-37

County of BernCity of EmmettRegistration District No. L.P. M.File No. 77984

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Hilda Obermeyer

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>female</u> | Twin Triplet or other? <u>-</u> and {Number in order of birth <u>-</u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>3-26-20</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

FULL NAME William Obermeyer FATHERRESIDENCE EmmettCOLOR W AGE AT LAST BIRTHDAY 33
(Years)BIRTHPLACE IllOCCUPATION RancherFULL MAIDEN NAME Rhoda L. Matthieson MOTHER
RESIDENCE sameCOLOR W AGE AT LAST BIRTHDAY 20
(Years)BIRTHPLACE OregOCCUPATION Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (born alive or stillborn) at 10⁵⁴ a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barton O. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address.....

..... 19..... Filed 3/20/20 J. H. Reginald
Registrar Registrar

SEP 14 1948

653-130-023-518

PLACE OF BIRTH

County of Gem

City of

No. St.

Hospital

FULL NAME OF CHILD Edward L. Wellman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-21m-6-27

CERTIFICATE OF BIRTH

Registration District No. 10 20

File No.

77985

Primary Registration District No.

Registered No.

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> (To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>3-30-20</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

| | |
|------------------------------------|---|
| FULL NAME <u>Lauren N. Wellman</u> | FATHER |
| RESIDENCE <u>Cascade Ida.</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE <u>S.D.</u> | |
| OCCUPATION <u>Forest Ranger</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Mable G. Vahlberg</u> | MOTHER |
| RESIDENCE <u>same</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barton O'Flaherty, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 3/30 19 20

Registrar

Registrar

007 12 1955

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

216-203.025-683

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. _____ St. _____

Registration District No. 103

File No. 77986

Hospital _____

Primary Registration District No. 1001 Registered No. 21

FULL NAME OF CHILD

Sara Louise Sapley

| | | | | | |
|----------------------------|-------------------|-----|--------------------------|------------------------|--|
| Sex of Child <u>female</u> | Twin | and | Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>Feb. 3rd</u> 19 <u>20</u> |
| | Triplet or other? | | | | |

FATHER
FULL NAME James Clifford Sapley
RESIDENCE Grangeville Idaho
COLOR white AGE AT LAST BIRTHDAY 25 (Years)

MOTHER
FULL MAIDEN NAME Maybelle Wylie Sapley
RESIDENCE Grangeville Idaho
COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Dipton Iowa
OCCUPATION editor of newspaper

BIRTHPLACE Troy Grove Ill
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was girl, at 6 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19.

Address Grangeville Idaho

Filed April 2 1920

Registrar

Registrar [Signature]

NOV 3 1964

PLACE ON BATH

RECEIVED
BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

DEPARTMENT OF JUSTICE

NOV 3 1964

NOV 3 1964

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

255-231025-289

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Idaho

City of MX Idaho

Registration District No. 103 File No. 77987

No. _____ St.

Primary Registration District No. 2181 Registered No. 20

Hospital _____

FULL NAME OF CHILD

Charof Clara Sears

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>March 31</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|---|

FULL NAME FATHER John G. Sears

RESIDENCE MX Idaho

COLOR white AGE AT LAST BIRTHDAY 53 (Years)

BIRTHPLACE Benton Co Ark.

OCCUPATION Rancher

FULL MAIDEN NAME MOTHER Clara G. Shinkle

RESIDENCE MX Idaho

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman
Physician
(Physician or midwife)

Given names added from a supplemental report.
_____ 19____

Address Grangeville, Ida.
Filed April 1 1920 98 Stockton
Registrar Registrar

K

5/14/41 L. B.

DECEASED

594-202.025-849

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103File No. 77988

No. _____ St. _____

Primary Registration District No. 1001 Registered No. 19

Hospital _____

FULL NAME OF CHILD

Patricia Ann Grimes

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
BirthMarch 2 1920
(Month) (Day) (Year)FULL
NAMEFATHER
Gilbert William GrimesFULL
MAIDEN
NAME

MOTHER

Cora Hurley

RESIDENCE

Grangeville Ida

RESIDENCE

Grangeville Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Albin Id.

BIRTHPLACE

Vinita Okla.

OCCUPATION

Laundryman

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Born alive U. A. M.
I. Chipman
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Grangeville Ida

Filed

April 1 1920G. S. Sticklin

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

86 4 70r

355-2241025-538

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of IdahoCity of FernRegistration District No. 103File No. 77989

No. _____ St. _____

Primary Registration District No. 2181 Registered No. 18

Hospital _____

FULL NAME OF CHILD

Mario Virginia Lee

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
BirthFeb. 2419 20
(Month) (Day) (Year)FULL
NAMERobert Ervin Lee

FATHER

FULL
MAIDEN
NAMELetha Elizabeth Ely

MOTHER

RESIDENCE

Fern Ida

RESIDENCE

Fern

COLOR

whiteAGE AT LAST
BIRTHDAY21
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Chungerville Ida

BIRTHPLACE

Mosby

OCCUPATION

Rancher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive at 49 M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

B. Chipman

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Chungerville Ida

Filed

April 1 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of each, stated.

APR 11 1955

FEB 21 1975

693-228075-365

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103File No. 77991

No. _____ St. _____

Primary Registration District No. 7001Registered No. 16

Hospital _____

FULL NAME OF CHILD

Naomi C. Wilson

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>March 29</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|--------------------------------|---|
| FULL NAME <u>Otis A Wilson</u> | FATHER |
| RESIDENCE <u>Grangeville</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |

| | |
|-----------------------------------|---|
| FULL MAIDEN NAME <u>Edna Long</u> | MOTHER |
| RESIDENCE <u>Grangeville</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |

| |
|---------------------------|
| BIRTHPLACE <u>Idaho</u> |
| OCCUPATION <u>Laborer</u> |

| |
|-----------------------------|
| BIRTHPLACE <u>Iowa</u> |
| OCCUPATION <u>Housewife</u> |

| | |
|--|--|
| Number of child of this mother, including present birth <u>2</u> | Number of children of this mother now living, including present birth <u>2</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:54 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

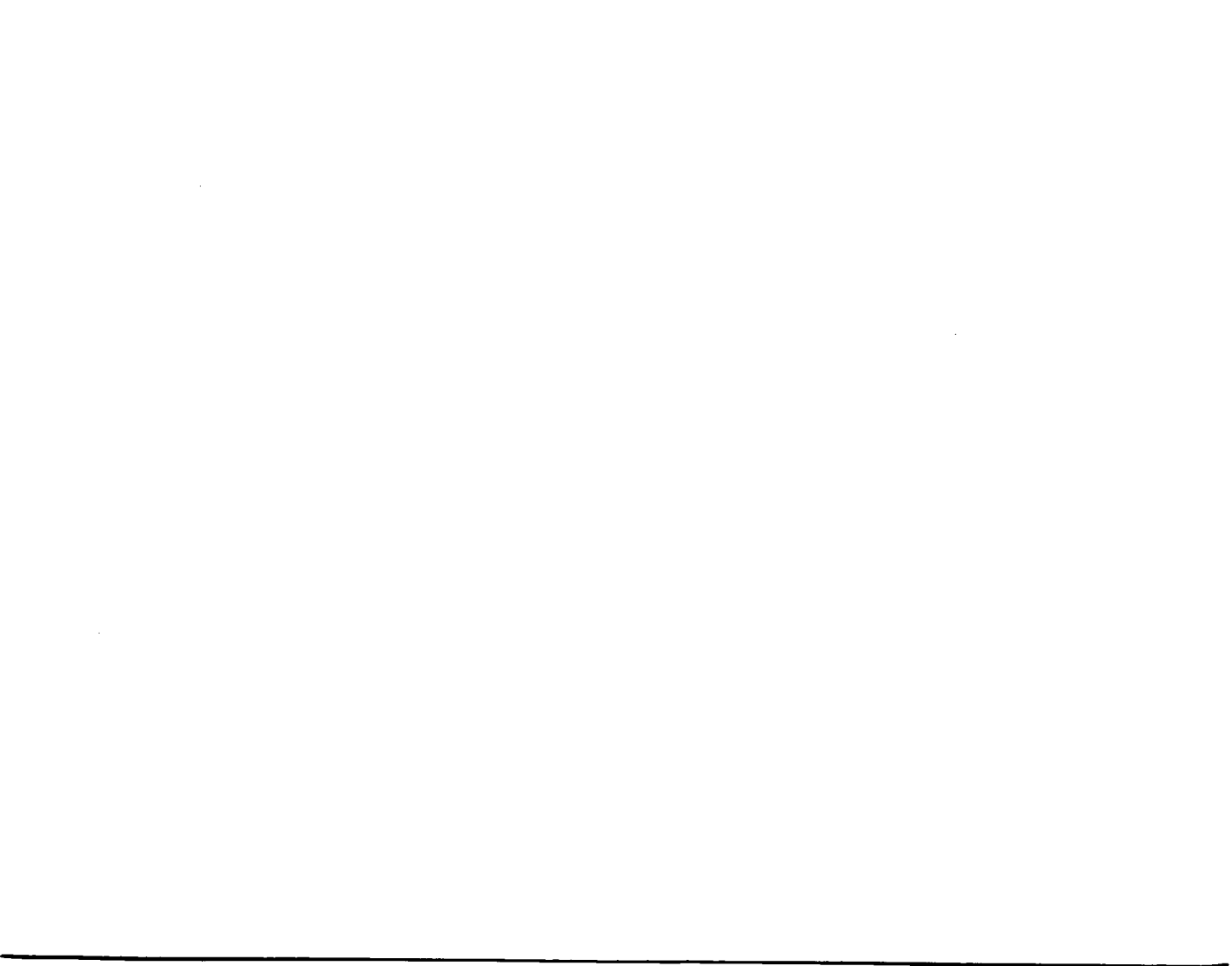
Given names added from a supplemental report.

(Signature) G S Stockton
(Physician or midwife)

Address Grangeville IdahoFiled April 1, 1920 G S Stockton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



133-124-025-512

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of IdahoCity of GrangevilleRegistration District No. 103File No. 77992

No. _____ St. _____

Primary Registration District No. 2181Registered No. 15

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of Birth <u>March 24</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|----------------------------|--|

FULL NAME FATHER Walter G AltmanFULL MAIDEN NAME MOTHER Grace NaserRESIDENCE GrangevilleRESIDENCE GrangevilleCOLOR W AGE AT LAST BIRTHDAY 27
(Years)COLOR W AGE AT LAST BIRTHDAY 24
(Years)BIRTHPLACE IllBIRTHPLACE UtahOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9³⁵-a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton
(Physician or midwife)

Given names added from a supplemental report.

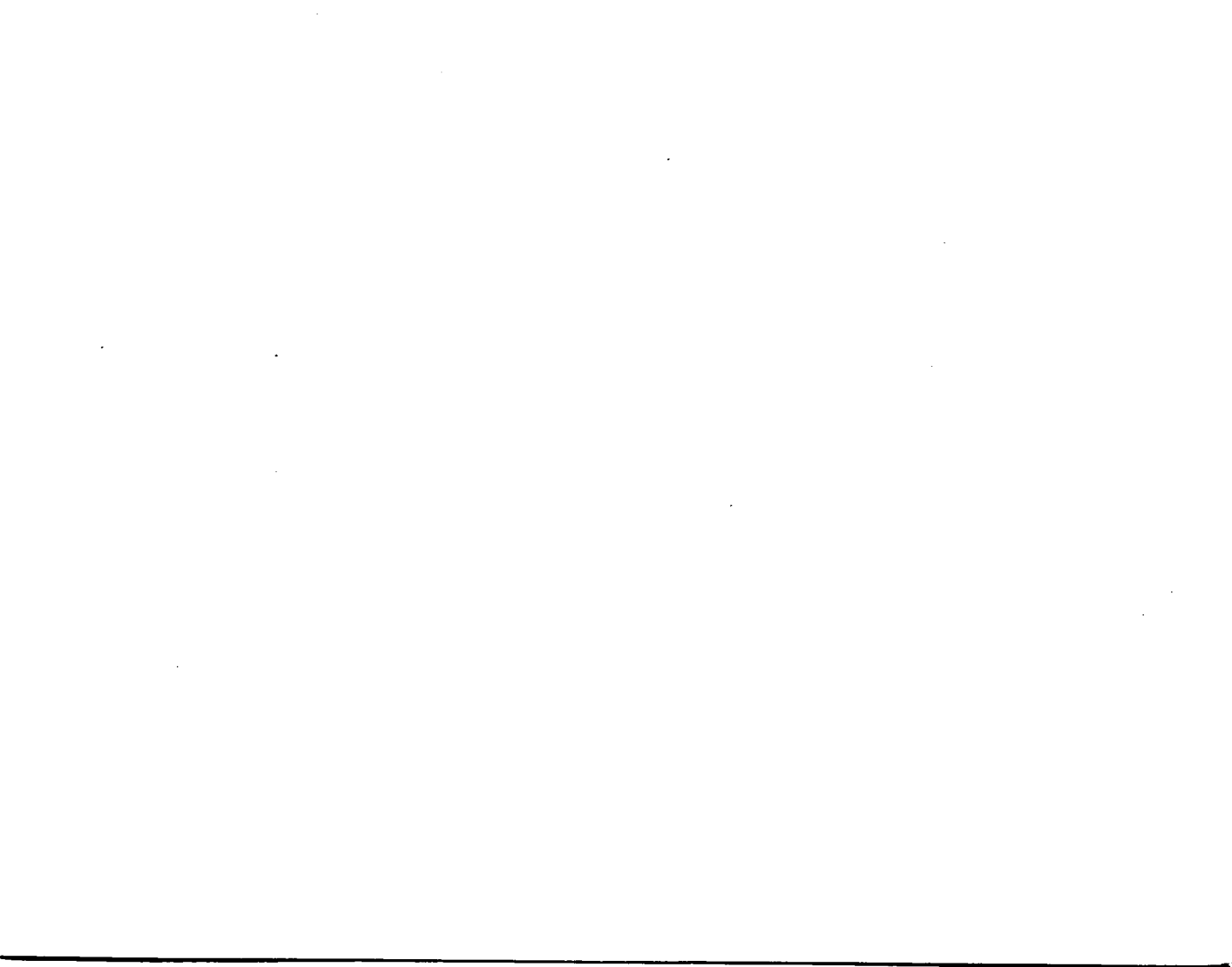
Address Grangeville, IdaFiled April 1 1920 G S Stockton
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

459-2241-025-959

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103

File No. 77993

No. _____ St. _____

Primary Registration District No. 2181 Registered No. 14

Hospital _____

FULL NAME OF CHILD _____

| | | | | |
|----------------------------|---|--------------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and } Number in order of birth _____ | Legit mate? <u>yes</u> | Date of Birth <u>March 24 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|------------------------|--|

FATHER
FULL NAME Louis Unreight
RESIDENCE Green Creek
COLOR W AGE AT LAST BIRTHDAY 34
(Years)
BIRTHPLACE Bavaria, Germany
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Kathryne F Reidharr
RESIDENCE Green Creek
COLOR W AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE Wisconsin
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1⁵⁵ P. M.
on the date above stated. (Born alive or stillborn)

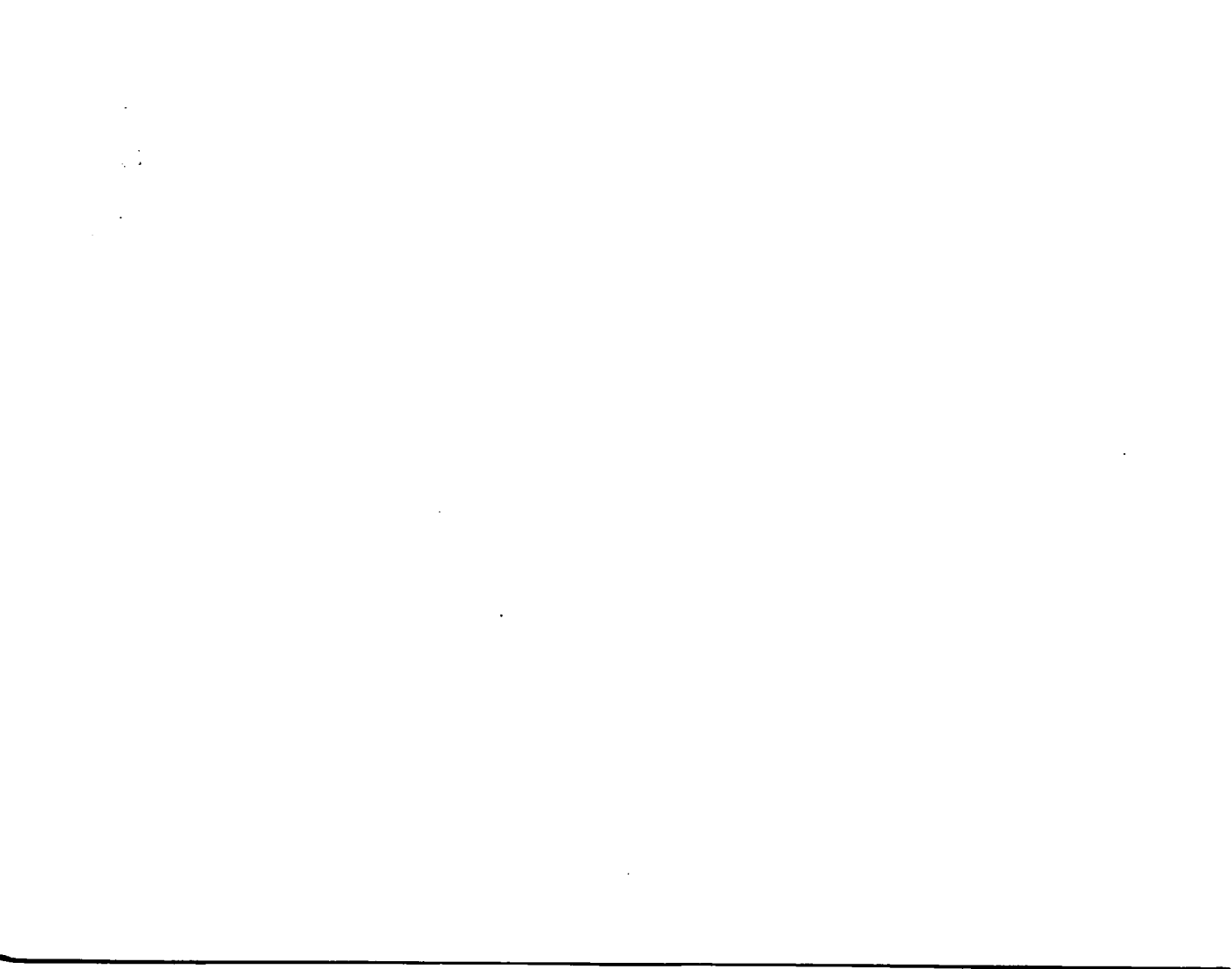
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) G. S. Stocklin
(Physician or midwife)

Address Grangeville Ida
Filed April 1 1920 G. S. Stocklin
Registrar

Registrar



285-270225-462

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103 File No. 77994

No. _____ St. _____

Primary Registration District No. 2181 Registered No. 13

Hospital _____

FULL NAME OF CHILD

Barbara Alice Sherwin

| | | | | | |
|-----------------------|---|-----|---|----------------------------|---|
| Sex of Child <u>F</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of Birth <u>March 17, 1920</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|---|----------------------------|---|

| | |
|---------------------------------|---|
| FULL NAME <u>Guy P. Sherwin</u> | FATHER |
| RESIDENCE <u>Grangeville</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Helen B. Dobner</u> | MOTHER |
| RESIDENCE <u>Grangeville</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE <u>Mass.</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:45 P. M. on the date above stated. (Born alive or stillborn)

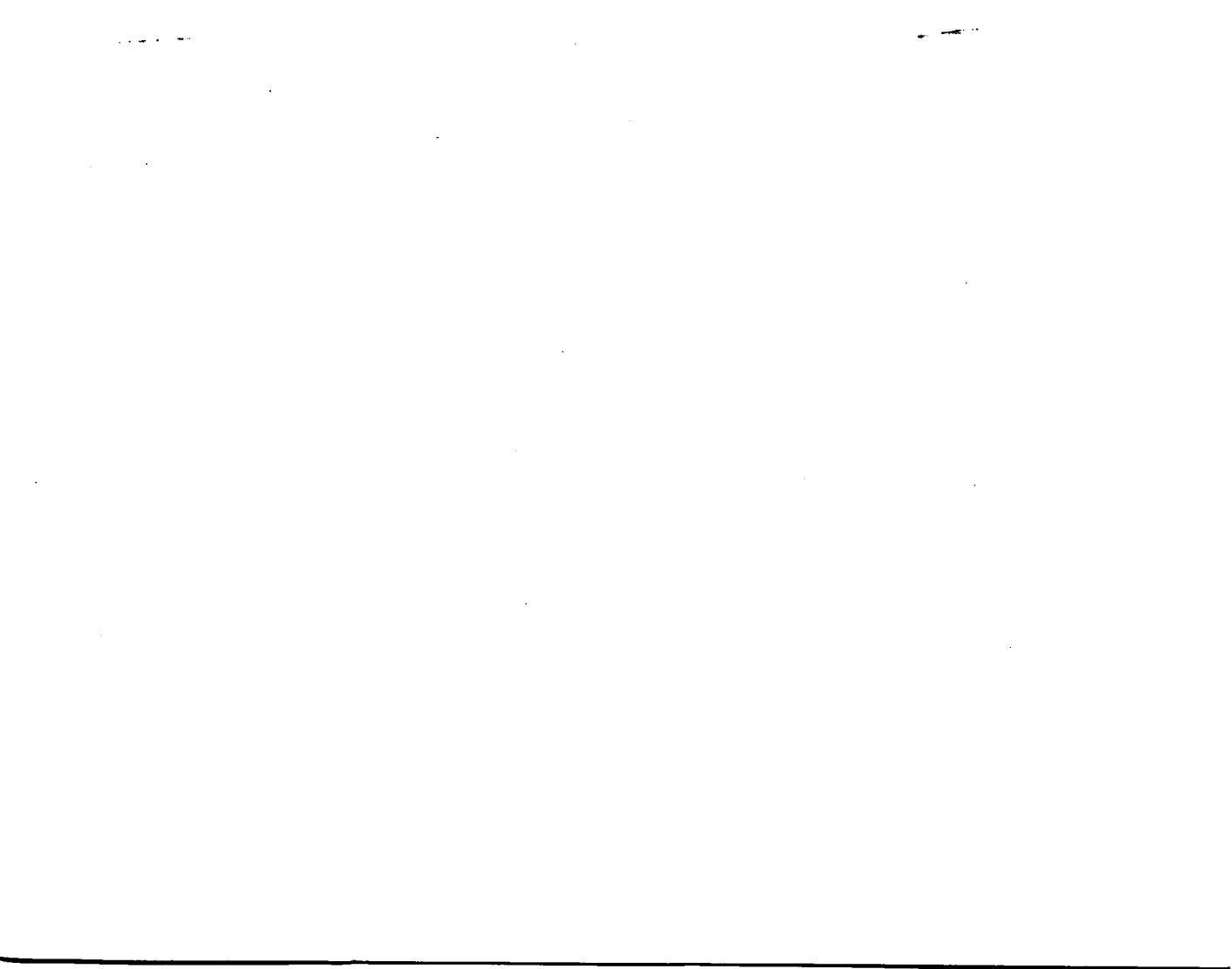
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) G. S. Stockton
(Physician or midwife)Address Grangeville Idaho
Filed April 1, 1920 G. S. Stockton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



692-~~405~~ 025-815

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 8-11-11 C-25m-7-21-19

County of IdahoCity of GrangevilleRegistration District No. 103 File No. 77995

No. _____ St. _____

Primary Registration District No. 1001 Registered No. 12

Hospital _____

FULL NAME OF CHILD

Wiley Knighten Wisner

| | | | | | |
|--------------------------|--------------------------------|-----|--------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twins or other? <u>Triplet</u> | and | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>March 5 20</u>
(Month) (Day) (Year) |
|--------------------------|--------------------------------|-----|--------------------------------|------------------------|---|

FULL NAME FATHER Irvine R WisnerRESIDENCE GrangevilleCOLOR W AGE AT LAST BIRTHDAY 37
(Years)BIRTHPLACE MichiganOCCUPATION Saw mill prop.FULL MAIDEN NAME MOTHER Ella HansenRESIDENCE GrangevilleCOLOR W AGE AT LAST BIRTHDAY 32
(Years)BIRTHPLACE WashingtonOCCUPATION HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

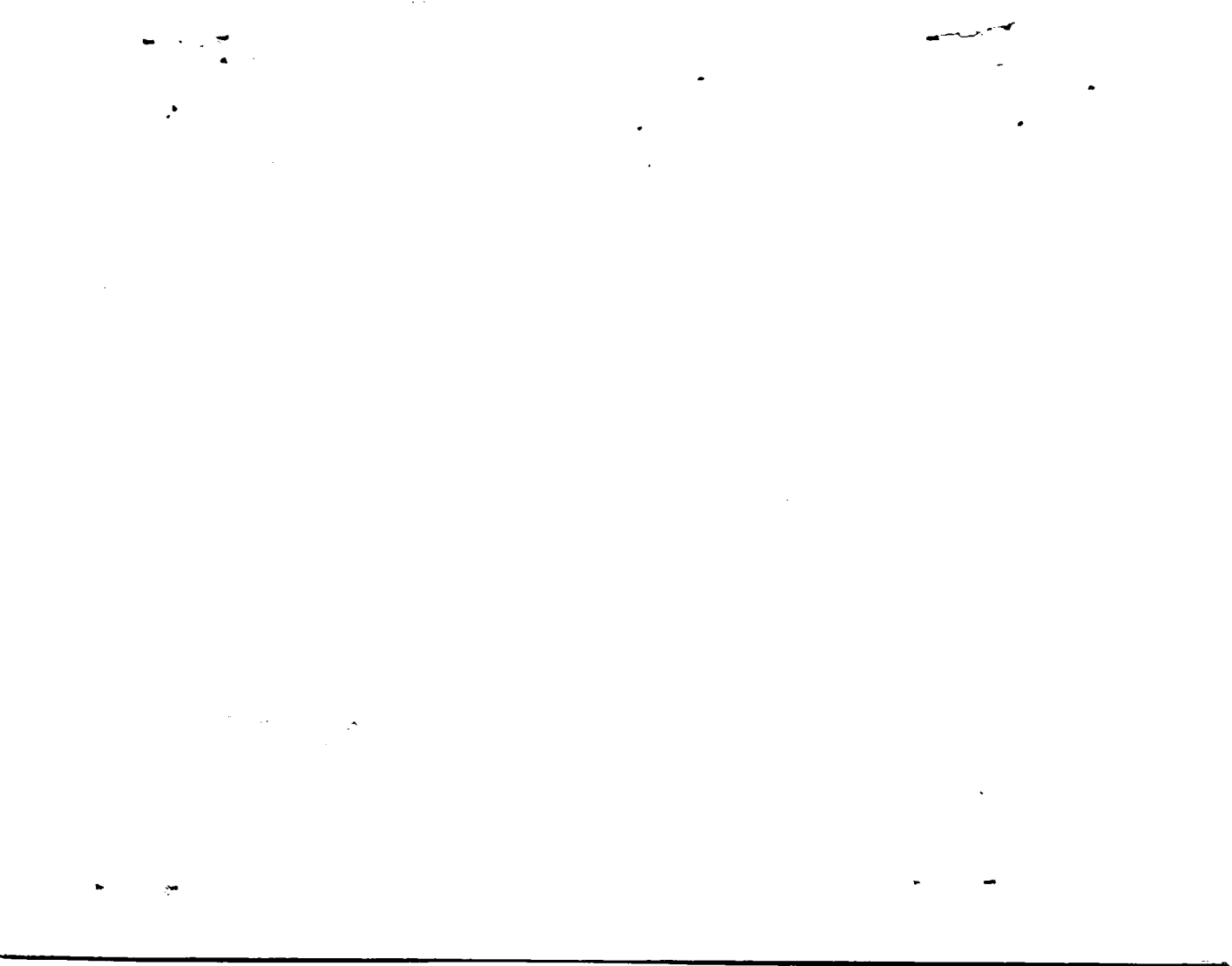
I hereby certify that I attended the birth of this child, who was Born alive, at 3³⁰ A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) G S Stockton
(Physician or midwife)Address Grangeville IdaFiled April 1, 1920 G S Stockton
Registrar

Registrar



125-107-025-115

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of _____

Registration District No. 104File No. 77996

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Dan Ragen AbercrombieSex of Child MaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
BirthApril 71920

(To be answered only in event of plural births)

(Month) (Day)

(Year)

FULL
NAME

FATHER

Wm F. AbercrombieFULL
MAIDEN
NAME

MOTHER

Laura Jones

RESIDENCE

Joseph Plains

RESIDENCE

Joseph Plains

COLOR

White-Bird

AGE AT LAST

47

BIRTHDAY

(Years)

COLOR

White

AGE AT LAST

43

BIRTHDAY

(Years)

BIRTHPLACE

Arkansas

BIRTHPLACE

Missouri

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Wm AbercrombieFather

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Joseph Plains Ida.

Filed

May 1 1920

Registrar

Registrar

W. A. Foskett

JAN 12 1942

JAN 24 1944

DEC 20 1940

PLACE OF BIRTH

DEC 10 1941

981405-025-289

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Idaho

City of _____

Registration District No. 104File No. 77997

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Donald Gordon RYAN

| | | | |
|--------------------------|---|-----------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ and _____ Number in order of birth _____ | Legitmate? <u>Yes</u> | Date of Birth <u>Mar.</u> <u>5</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-----------------------|--|

FATHER
FULL NAME D.E. RyanRESIDENCE White BirdCOLOR White AGE AT LAST BIRTHDAY 38
(Years)BIRTHPLACE IllinoisOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Frankie ShinnRESIDENCE White BirdCOLOR White AGE AT LAST BIRTHDAY 38
(Years)BIRTHPLACE NebraskaOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4.25 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. H.A. ShinnMidwife

(Physician or midwife)

Given names added from a supplemental report.

Address Canfield IdahoFiled Mar. 1920

Registrar

Registrar W.A. FiskettWRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

THIS IS A PERMANENT RECORD

JUN 1 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

253.221-025-766

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of _____

Registration District No. 104

File No. 77998

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Clara Mae Kelley

| | | | | | |
|---|--|-----|--|----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other? <u> </u> | and | Number
in order
of birth <u> </u> | Legiti
mate? <u>Yes</u> | Date of
Birth <u>Mar 31</u> 19 <u>20</u> |
| (To be answered only in event of plural births) | | | | (Month) | (Day) (Year) |

FULL NAME FATHER
Leander Kelley

FULL MAIDEN NAME MOTHER
Lucinda Powell

RESIDENCE Spring Camp

RESIDENCE Spring Camp

COLOR White AGE AT LAST BIRTHDAY 38
(Years)

COLOR White AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE Kentucky

BIRTHPLACE Washington

OCCUPATION Stockman

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6.30 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellia B. Wilson

Nurse
(Physician or midwife)

Given names added from a supplemental report.

Address Spring Camp

Filed March 19 20

Registrar

Registrar

SEP 8 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

386-205-025-995

PLACE OF BIRTH

County of Idaho

City of Lucile

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 104

File No. 77999

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Dorothy Louise Thomas

| | | | |
|----------------------------|---|-----------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ and _____ Number in order of birth _____ | Legitmate? <u>Yes</u> | Date of Birth <u>Feb 5 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----------------------|---|

FATHER
FULL NAME Wm H. Thomas
RESIDENCE Lucile Ida
COLOR White AGE AT LAST BIRTHDAY 39
(Years)
BIRTHPLACE Indiana
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Gertrude Rinehart
RESIDENCE Lucile Ida.
COLOR White AGE AT LAST BIRTHDAY 31
(Years)
BIRTHPLACE Indiana
OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at 9 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Loomis
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Lucile Ida.
Filed Feb. 5 1920 W.A. Foshett
Registrar

NOV 5 1973
SEP 21 2011

OCT 5 1944

962-121-025-319

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida.City of White BirdRegistration District No. 104File No. 78000

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Ralph Robie

| | | | | | |
|---|------------------------------|-----------|--------------------------------|-------------------------|----------------------------------|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legiti mate? <u>Yes</u> | Date of Birth <u>Feb 21 1920</u> |
| (To be answered only in event of plural births) | | | | | (Month) (Day) (Year) |

FULL NAME FATHER Edward V. RobieFULL MAIDEN NAME MOTHER Mamie LargeRESIDENCE White BirdRESIDENCE White BirdCOLOR White AGE AT LAST BIRTHDAY 37 (Years)COLOR White AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE Grangeville IdaBIRTHPLACE WallaWalla WnOCCUPATION StockmanOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.A.FoskettPhysician

(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address White Bird - IdaFiled Feb 20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

133-10-231
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IOWA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Joseph Plains

City of _____

Registration District No. 104

File No. 78001

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Leslie Preston Mc Cune

| | | | | | |
|--------------------------|--|-----|--------------------------|------------------------|--|
| Sex of Child <u>Male</u> | <u>Twins</u>
Triplet or other?
(To be answered only in event of plural births) | and | Number in order of birth | Legitimate? <u>Yes</u> | Date of Birth <u>Jan 26 1930</u>
(Month) (Day) (Year) |
|--------------------------|--|-----|--------------------------|------------------------|--|

| | |
|--------------------------------|---|
| FULL NAME <u>F.S. Mc Cune</u> | FATHER |
| RESIDENCE <u>Joseph Plains</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>52</u>
(Years) |
| BIRTHPLACE <u>Iowa</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Minnie Blanchard</u> | MOTHER |
| RESIDENCE <u>Joseph Plains</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10: P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs D.S. Peters
Nurse
(Physician or midwife)

Given names added from a supplemental report.

Address Joseph Plains
Filed Jan 20 W.A. Fackelto
Registrar

JUL 19 1971



243.225-022-295

PLACE OF BIRTH

County of IdahoCity of Cottonwood

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 105Primary Registration District No. 2183File No. 28

Registered No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-0-1-1

78002

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and (Number
in order
of birth) | Legiti-
mate? <u>yes</u> | Date of Birth <u>Feb. 25</u> 19 <u>29</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|---|

| | |
|--|---|
| FULL NAME
<u>Samuel Ross Butler</u> | FATHER |
| RESIDENCE
<u>Cottonwood Idaho</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>48</u>
(Years) |
| BIRTHPLACE
<u>Kansas</u> | |
| OCCUPATION
<u>Jeweler</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Berdina Butler</u> | MOTHER <u>Ross</u> |
| RESIDENCE
<u>Cottonwood Idaho</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE
<u>Dakota</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

..... Registrar

Filed Feb 24 1929 Registrar

FEB 11 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH ~~OR DEATH~~

State of Idaho }
County of Idaho } ss. Certificate No. _____
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Laura Butler who was born (Birth or Death)
in Cottonwood, Idaho, on February 25, 1920 (Date of Event)
(Name on Original Certificate) (Was Born or Died) (Place of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Name from Laura Butler to Laura Mae Butler.

Subscribed and sworn to before me this 31st
day of March 1945
Harry J. Hanley
Notary Public, residing at Grangeville, Idaho
My commission expires July 1st., 1947.
(Seal)

Signed J. J. Shinnick M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
E. 110 S. Burth, Grangeville, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 129, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. 2nd
Subscribed and sworn to before me this _____
day of April 1945.
W. H. [Signature]
Notary Public, residing at Cottonwood, Idaho.
My commission expires Jan 24-1946
(Seal)

Signed Birdie Bie Butler mother
Samuel Ross Butler father
Parents of Laura Mae Butler. (Signature of Any Credible Person)
Cottonwood, Idaho
(Street Address, City, State)

JUL 21 1961

MAY 3 1945

386-207-025-261

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 1-C—Rev. 4-2-17

78003

County of *Idaho*

City of *Jersey*

Registration District No. *105*

File No. *29*

No. *St.*

Primary Registration District No. *2183*

Registered No.

Hospital

FULL NAME OF CHILD *Rosalie Eloise Thompson*

| | | | | |
|----------------------------|---|------------------------------|------------------------|---|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>No</i>
(To be answered only in event of plural births) | and Number in order of birth | Legitimate? <i>yes</i> | Date of Birth <i>3 7 1920</i>
(Month) (Day) (Year) |
|----------------------------|---|------------------------------|------------------------|---|

FATHER
FULL NAME *Harvey Thompson*
RESIDENCE *Jersey*

MOTHER
FULL MAIDEN NAME *Lydia Swetman*
RESIDENCE *Jersey*

COLOR *white* AGE AT LAST BIRTHDAY *27*
(Years)

COLOR *white* AGE AT LAST BIRTHDAY *23*
(Years)

BIRTHPLACE *Idaho*

BIRTHPLACE *Idaho*

OCCUPATION *Farmer*

OCCUPATION *Housewife*

Number of child of this mother, including present birth *1st* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *above*, at *L. P. M.* on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. D. Shinnick M.D.*
(Physician or midwife)

Given names added from a supplemental report.

Rosalie Eloise Thompson
W. C. Murphy Registrar

Address *Callmorrod Idaho*
Filed *Nov 25 1920*
H. H. Blake Registrar

FEB 26 1954

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

78003

Place of Birth { City Tenn
Street and House No. _____
County Idaho

Registered No. 29
Registration Dist. No. 105

Sex of Child Female
Date of Birth March 7 1920
MONTH DAY YEAR
Father Harvey Thompson
FULL NAME
Mother Sydia Swutman
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Rosalie Eloise Thompson
GIVEN NAME IN FULL SURNAME

as reported by Mother
FATHER OR MOTHER
H B Blake
LOCAL REGISTRAR

MAK 1 Q 1966

315-225-025-359

Amended Aug 23, 1963 (Be sure the information is complete and accurate)

State File No. 78004

Local Reg. No. 105

Reg. Dist. No. 30

Federal Security Agency
United States Public Health ServiceCERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | |
|--|--|---|--|
| 1. PLACE OF BIRTH
a. COUNTY
Idaho | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE
Idaho b. COUNTY
Idaho | |
| b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Cottonwood | | c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Cottonwood | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS
(If rural, give location) | |
| 3. CHILD'S NAME
(Type or print) | | c. (Last) | |
| a. (First)
Charlotte | | b. (Middle)
Philomena | |
| 4. SEX
Female | | 5a. THIS BIRTH
SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | |
| 5b. IF TWIN OR TRIPLET (This child born)
1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | | 6. DATE OF BIRTH
(Month) (Day) (Year)
February 25, 1920 | |
| FATHER OF CHILD | | | |
| 7. FULL NAME
a. (First)
George | | b. (Middle)
Lange | |
| c. (Last)
White | | 8. COLOR OR RACE
White | |
| 9. AGE (At time of this birth)
39 YEARS | | 10. BIRTHPLACE (State or foreign country) (City or Town)
Iowa | |
| 11a. USUAL OCCUPATION
Carpenter | | 11b. KIND OF BUSINESS OR INDUSTRY | |
| MOTHER OF CHILD | | | |
| 12. FULL MAIDEN NAME
a. (First)
Helen | | b. (Middle)
Terhaar | |
| c. (Last)
White | | 13. COLOR OR RACE
White | |
| 14. AGE (At time of this birth)
38 YEARS | | 15. BIRTHPLACE (State or foreign country) (City or Town)
Minnesota | |
| 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
4 | | b. How many OTHER children were born alive but are now dead?
0 | |
| c. How many children were stillborn (born dead after 20 weeks pregnancy)?
0 | | | |
| 17. INFORMANT'S SIGNATURE OR NAME (Relationship) | | | |
| 18a. SIGNATURE
J. D. Shinnick, M.D. | | 18b. ATTENDANT AT BIRTH
M. D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) | |
| 18c. ADDRESS
Cottonwood, Idaho | | 18d. DATE SIGNED | |
| 19. DATE REC'D BY LOCAL REG.
March 25, 1920 | | 20. REGISTRAR'S SIGNATURE
H. B. Blake | |
| 21. DATE ON WHICH GIVEN NAME ADDED
BY
(Registrar) | | | |

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

STATE OF IDAHO
DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this act with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

AFFIDAVIT FOR CORRECTION OF BIRTH CERTIFICATE

STATE OF IDAHO

County of Idaho

Helen Terhaar Lange, being first duly sworn upon oath, deposes and says:

That this affidavit is made to correct the record of birth of Charlotte Philomena Lange (now Mrs. Wallace Jessup), whose birth record, being State File No. 78004, is erroneous in that the subject's given names are in error and the date of her birth is also in error.

Affiant is the natural mother of the said Charlotte Philomena Lange, and has just been advised that the official record of her daughters birth is in error in the respects above indicated.

That the true facts with reference to said daughter and with reference to the errors above mentioned, are as follows:

That Charlotte Philomena Lange, a female child, was born to this affiant and her husband, George Lange, at Cottonwood, Idaho, on February 25, 1920.

That the said Charlotte Philomena Lange was baptised in the Church of Our Lady Help of Christians Church at Cottonwood, Idaho, according to the Rite of the Roman Catholic Church on the 26th day of February, 1920, and such fact recorded in the Baptismal Register of said church, as indicated by a Certificate of the Holy Sacrament of Baptism issued by the present Pastor of said church, a Photo Copy of which certificate is attached hereto and, by reference, made a part of this affidavit.

WHEREFORE, petitioner prays that the record of birth of said child, whose name was registered in State File No. 78004 as Minnie Charlotte Lang, and whose date of birth is recorded as March 7, 1920, be amended and corrected so as to represent true facts concerning said child's name and birth

Notarized copy of Baptismal record gives name as Charlotte Philomena Lange born Feb 25, 1920 at Cottonwood, Idaho to George Lange and Helen Terhaar. Baptized Feb 26, 1920, in the Church of Our Lady Help of Christians Church of Cottonwood, Idaho by Rev. P. Willibrand. Copy issued 4-20-63. viewed by V.S.

Certified copy of marriage certificate issued by Carl T. Reuter, Clerk of the Dist. Court, Idaho County, Idaho July 23, 1963. Wallace C. Jessup and Charlotte Philomena Lange born at Cottonwood, Idaho were married Nov 2, 1952 at Lewiston, Idaho. viewed by V.S.

Notarized statement by Fred Wimer, Editor and Publisher of the Cottonwood Chronicle a weekly newspaper published at Cottonwood, Idaho which has been continuously published since Jan 27, 1893. In Volume 28, No. 9, the issue published Friday February 27, 1920 states: that Mr. and Mrs. George Lange are the proud parents of a baby girl that arrived Wednesday morning. viewed by V.S.

date as hereinbefore indicated.

Dated and signed this 19th day of July, 1963.

Helen Terhaar Lange

Subscribed and sworn to before me, this 19th day of July, 1963.

(SEAL)

J. B. Long
Notary Public for the State of Idaho,
residing at Cottonwood, Idaho.



359-210-025-995

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of IdahoCity of CottonwoodRegistration District No. 105 File No. 31

No. _____ St. _____

Hospital _____ Primary Registration District No. 2183 Registered No. _____FULL NAME OF CHILD Patricia ~~Cotton~~ Terhaar

| | | | | | |
|----------------------------|---|-----|-----------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and | Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Apr 10</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|-----------------------------------|------------------------|--|

FULL NAME FATHER
Anton Edward TerhaarRESIDENCE Cottonwood IdaCOLOR White AGE AT LAST BIRTHDAY 35
(Years)BIRTHPLACE Minn.OCCUPATION FarmingFULL MAIDEN NAME MOTHER
Mary E. RiesRESIDENCE SameCOLOR White AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE Wash.OCCUPATION HousewifeNumber of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 145
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. BlakePhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood, Ida.Filed Apr 14 1920 H. B. Blake
Registrar Registrar

MAY 28 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Marion } ss.

Certificate No. 78005

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for Patricia Alice Terhaar who was Born on April 10, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Cottonwood, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Insurance Record prepared on 1939, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name: Patricia Alice Terhaar Patricia Arline Terhaar

Subscribed and sworn to before me this 6th.
day of November, 19 44.
[Signature]
Notary Public, residing at Mt. Angel, Oregon.
My commission expires Sept. 21, 1946
(Seal)

Signed Patricia Alice Terhaar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mt. Angel, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Marion } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th.
day of November, 19 44.
[Signature]
Notary Public, residing at Mt. Angel, Oregon.

Signed M. J. Terhaar
(Signature of Any Credible Person Other Than Previous Year)
Mt. Angel, Oregon.
(Street Address, City, State)

My commission expires Sept. 21, 1946
(Seal)

NOV 24 1944

765-220-225-279

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78006

County of IdahoCity of KeutervilleRegistration District No. 105 File No. 32

No. _____ St. _____

Primary Registration District No. 2183 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Hildegard Bernardina Goeckner

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?YesDate of
BirthApril 201920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAMEFrank Goeckner

FATHER

RESIDENCE

Keuterville Idaho

COLOR

White

AGE AT LAST

BIRTHDAY

49

(Years)

BIRTHPLACE

Ill.

OCCUPATION

FarmingFULL
MAIDEN
NAMETheresa Mary Sprute

MOTHER

RESIDENCE

Same

COLOR

White

AGE AT LAST

BIRTHDAY

39

(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 114 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 350 M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

H. B. BlakePhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Cottonwood, Idaho.

Filed

Apr 20th 20

19

H. B. Blake

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

AUG 31 1973

694103-025-942

PLACE OF BIRTH

amended Mar. 24, 1978 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-3437

County of Idaho

CERTIFICATE OF BIRTH

78007

City of CottonwoodRegistration District No. 105File No. 33No. 2183 St.Primary Registration District No. 2183Registered No. 2183Hospital 7FULL NAME OF CHILD Louis Bernard Wimer

| | | | |
|--------------------------|---|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other? <u>—</u> and { Number
in order
of birth <u>—</u> | Legiti-
mate? <u>yes</u> | Date of Birth <u>April 3 20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----------------------------|---|

| | | | |
|-----------------------------------|---|---|---|
| FATHER | | MOTHER | |
| FULL NAME <u>Frank Wimer</u> | FULL NAME <u>Natalie Justina Rustemeyer</u> | | |
| RESIDENCE <u>Cottonwood Idaho</u> | RESIDENCE <u>Cottonwood</u> | | |
| COLOR <u>white</u> | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>39</u>
(Years) | AGE AT LAST BIRTHDAY <u>36</u>
(Years) |
| BIRTHPLACE <u>Wash.</u> | BIRTHPLACE <u>Maine</u> | | |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>House wife</u> | | |

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P on the date above stated. (Born alive or stillborn)

| | |
|---|--------------------------------------|
| *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. | (Signature) <u>Dr. Wesley F. Orr</u> |
|---|--------------------------------------|

Given names added from a supplemental report.

| | |
|---|---|
| <u>Louis Bernard Wimer</u> 19 <u>20</u> | Address <u>Cottonwood Idaho</u> |
| <u>W. C. Murphy</u> Registrar | Filed <u>Apr 26 20</u> <u>W. B. Blake</u> Registrar |

MAR 16 1944

BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Cottonwood
Street and House No. _____
County Idaho

Registered No. 33Registration Dist. No. 105

Sex of Child male
Date of Birth April 3 1920
 MONTH DAY YEAR
Father Frank Wimer
 FULL NAME
Mother Anna Rustemeyer
 FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:Louis Bernard Wimer
GIVEN NAME IN FULL SURNAMEas reported by Frank Wimer Father

FATHER OR MOTHER

1888

LOCAL REGISTRAR

JUN 7 4 44

MAR 20 1944

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. EB 28 9 27 AM '73 Certificate No. 78007
County of Idaho } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Louis Barnard Wimer who was born on April 3, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Cottonwood are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by I was present prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
First name of mother Anna Rustemeyer (Natalie Justina Rustemeyer)

Subscribed and sworn to before me this 24th day of
FEBRUARY 1978
Cleo H. Gammann
Notary Public, residing at Cottonwood, ID
My commission expires Lifetime
(Seal)

Signed Beatrice W. Gehring
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Cottonwood, ID
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of
FEBRUARY 1978
Cleo H. Gammann
Notary Public, residing at Cottonwood
My commission expires Lifetime
(Seal)

Signed Regina Leubert
(Signature of Any Credible Person)
Cottonwood, ID
(Street Address, City, State)

Certificate of Baptism for Louis Bernard Wimer lists the name of parents as Francis S. Wimer and Natalie Justina Rustemeyer. Louis was Baptized April 10, 1920 according to the Rite of the Roman Catholic Church at Ferdinand, Idaho.
Viewed by V.S.

Birth certificate for sister Joan Natalie, shows parents names as Frank S. Wimer and Natalie J. Rustemeyer. Joan Born May 25, 1924 in Cottonwood, Idaho, Certificate # 357801 On file with Bureau of Vital Statistics.
Viewed by V.S.

296-117-025-141

PLACE OF BIRTH

County of IdahoCity of Cottonwood

No. St.

Registration District No. 105Primary Registration District No. 2183

Form V. S. No. 11-C-25m-8-8-17

IDAHOWHO
STATISTICS

BIRTH

78008

File No. 34

Hospital

FULL NAME OF CHILD Edgar Shelton BrownSex of
ChildMaleTwin
Triplet
or other?—

and

—Number
in order
of birth—Legiti-
mate?yesDate of
BirthApril 19 20

(Month)

(Day)

(Year)

FULL
NAMEFATHER
Edgar Brown

RESIDENCE

Cottonwood

COLOR

WhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Id.

OCCUPATION

FarmingFULL
MAIDEN
NAMEMOTHER
Martha Adams

RESIDENCE

Cottonwood

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Id.

OCCUPATION

House wifeNumber of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 39 M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Dr. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

Edgar Shelton Brown 19 20

Address

Cottonwood IdahoW. C. Murphy

Filed

April 26 20W. B. Blake

Registrar

Registrar

APR 27 1946



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Cottonwood
Street and House No. _____
County Idaho

Registered No. 34Registration Dist. No. 105

Sex of Child male
Date of Birth April 14 1920
 MONTH DAY YEAR
Father Edgar Brown
 FULL NAME
Mother Martha Adams
 FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

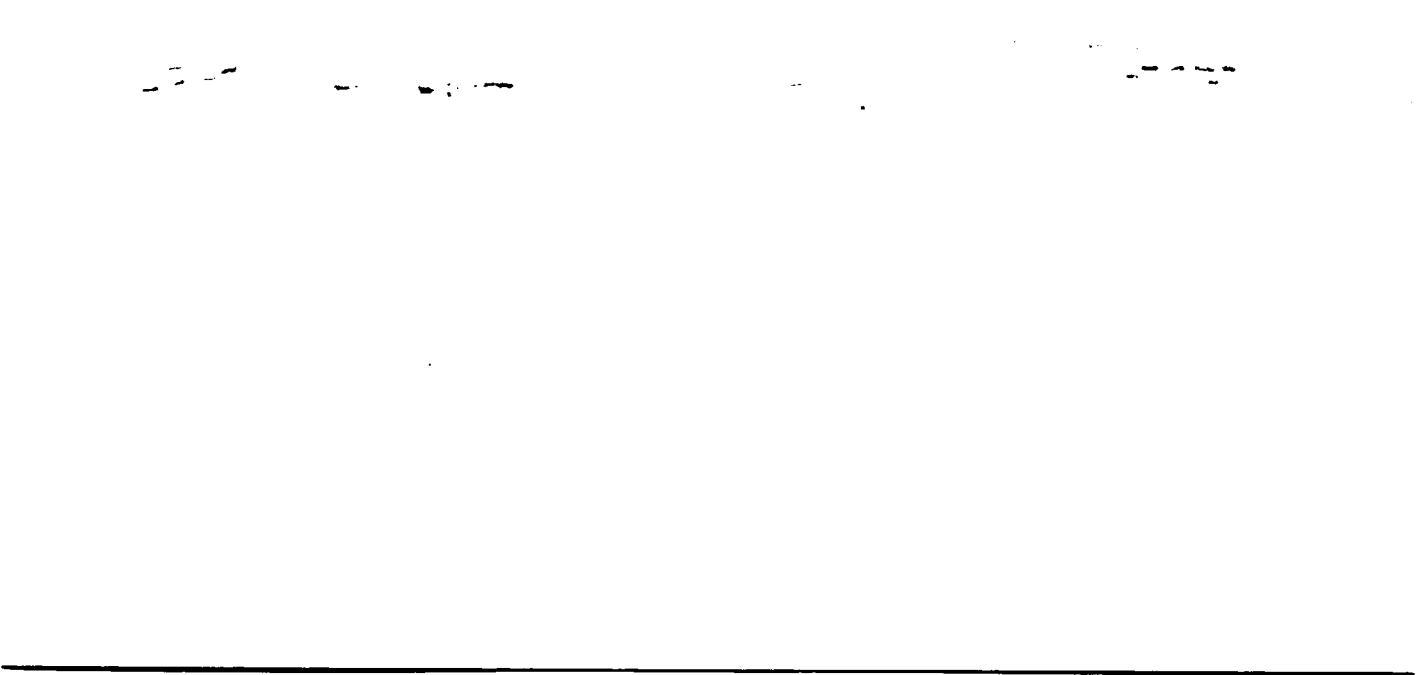
Edgar Shelton Brown
 GIVEN NAME IN FULL SURNAME

as reported by Father

FATHER OR MOTHER

W. Blake

LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

137-220-025-238

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-17

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 78009

No. — St. —

Primary Registration District No. 2183

Registered No. —

Hospital —

FULL NAME OF CHILD Ismael LORETTA CHARLOTTE ALTMAN

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u> | Legitimate? <u>yes</u> | Date of Birth <u>April 30 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

| | |
|---|--|
| FATHER
FULL NAME <u>Joseph Altman</u> | MOTHER
FULL MAIDEN NAME <u>Theresa Schwartz</u> |
| RESIDENCE <u>Cottonwood</u> | RESIDENCE <u>Cottonwood</u> |
| COLOR <u>white</u> | COLOR <u>white</u> |
| AGE AT LAST BIRTHDAY <u>39</u>
(Years) | AGE AT LAST BIRTHDAY <u>39</u>
(Years) |
| BIRTHPLACE <u>Germany</u> | BIRTHPLACE <u>Germany</u> |
| OCCUPATION <u>Farming</u> | OCCUPATION <u>House wife</u> |

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley J. Orr

Given names added from a supplemental report.

(Physician or midwife)

Loretta Schallert Altman Address Cottonwood Idaho
W. C. Murphy Registrar Filed Apr 26 1920 H. B. B. B. Registrar

APR 17 1942

STATE OF IDAHO
BOARD OF HEALTH—BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Cottonwood
Street and House No. _____
County Idaho

Registered No. 35Registration Dist. No. 105

Sex of Child Female
Date of Birth April 20 1920
 MONTH DAY YEAR
Father Joseph Altman
 FULL NAME
Mother Theresa Schwartz
 FULL MAIDEN NAME

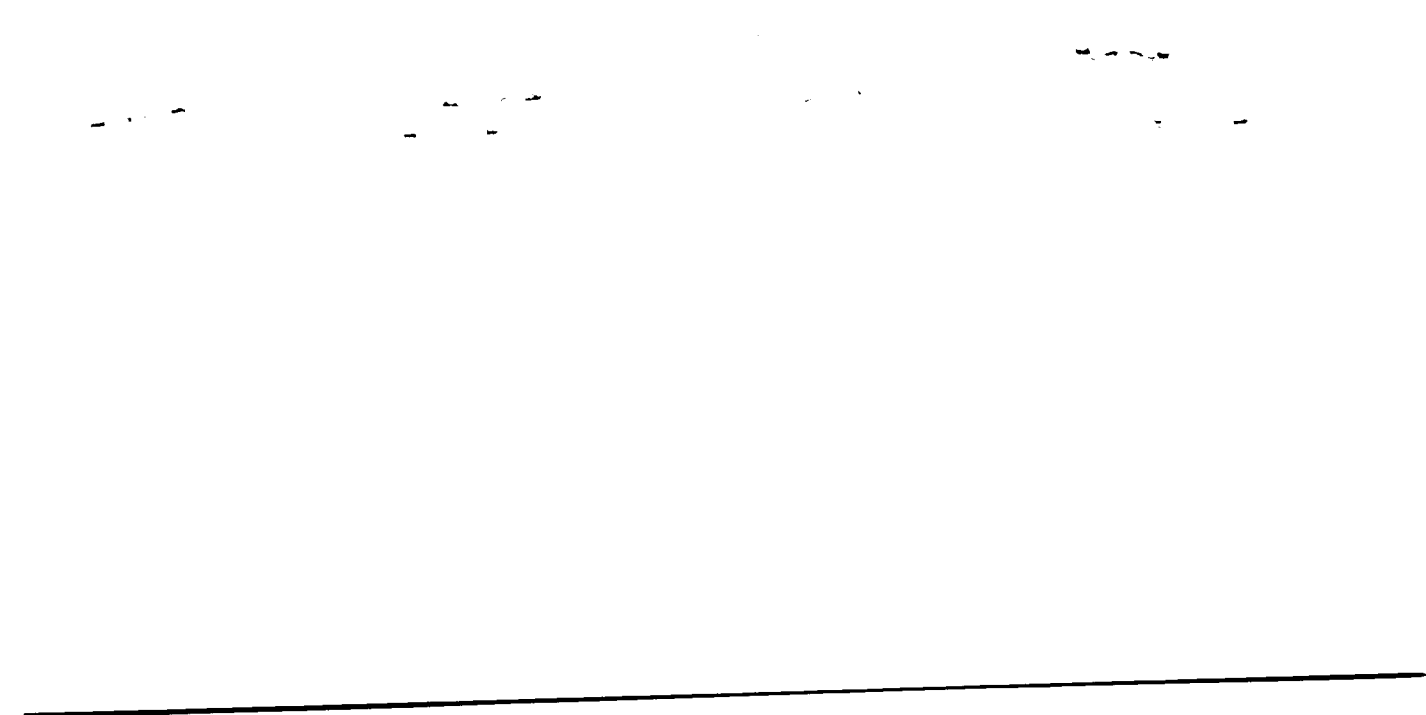
I Hereby Certify that the child described herein
has been named:

Loretta Schallottie Altman
GIVEN NAME IN FULL SURNAME

as reported by Dr. H. B. Blake

FATHER OR MOTHER

LOCAL REGISTRAR



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-215-225-217

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County of... Idaho.....

City of... Cottonwood.....

Registration District No. 105

File No. 78010 36

No. -

Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD Regina Anna Durman

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>-</u> and Number in order of birth <u>-</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar 15</u> 19 <u>20</u> |
| | (To be answered only in event of plural births) | | (Month) (Day) (Year) |

FATHER

FULL NAME Vincent Durman

RESIDENCE Cottonwood Idaho

COLOR white AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Germany

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna Bagli

RESIDENCE Cottonwood

COLOR white AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Switzerland

OCCUPATION House wife

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:00 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley L. Owen
..... Physician
..... (Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Idaho
..... 105
Filed Apr 26 1920
..... W. B. Blake
Registrar Registrar

MAY 30 1972

155-223-075-693

PLACE OF BIRTH

County of IdahoCity of Ferdinand

No. St.

Registration District No. 105Primary Registration District No. 2183

Hospital

FULL NAME OF CHILD

~~XXXXXXXXXXXX~~ Valeria Philomena Jentges

VALERIA PHILOMENA JENTGES

Sex of Child

FemaleTwin
Triplet
or other?

- } and {

Number
in order
of birthLegiti-
mate?yesDate of
BirthMar 23 1920
(Month) (Day) (Year)FULL
NAMEJohn

FATHER

~~XXXXXXXXXX~~

JENTGES

RESIDENCE

Ferdinand

COLOR

whiteAGE AT LAST
BIRTHDAY29

(Years)

BIRTHPLACE

Ill Iowa

OCCUPATION

FarmingFULL
MAIDEN
NAME

MOTHER

Anna Wellenborg

RESIDENCE

Ferdinand

COLOR

whiteAGE AT LAST
BIRTHDAY25

(Years)

BIRTHPLACE

Ill.

OCCUPATION

House wifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Wesley Orr

(Physician or midwife)

Given names added from a supplemental report.

Address

Cottonwood Idaho

Filed

Apr 26 1920

Registrar

Registrar

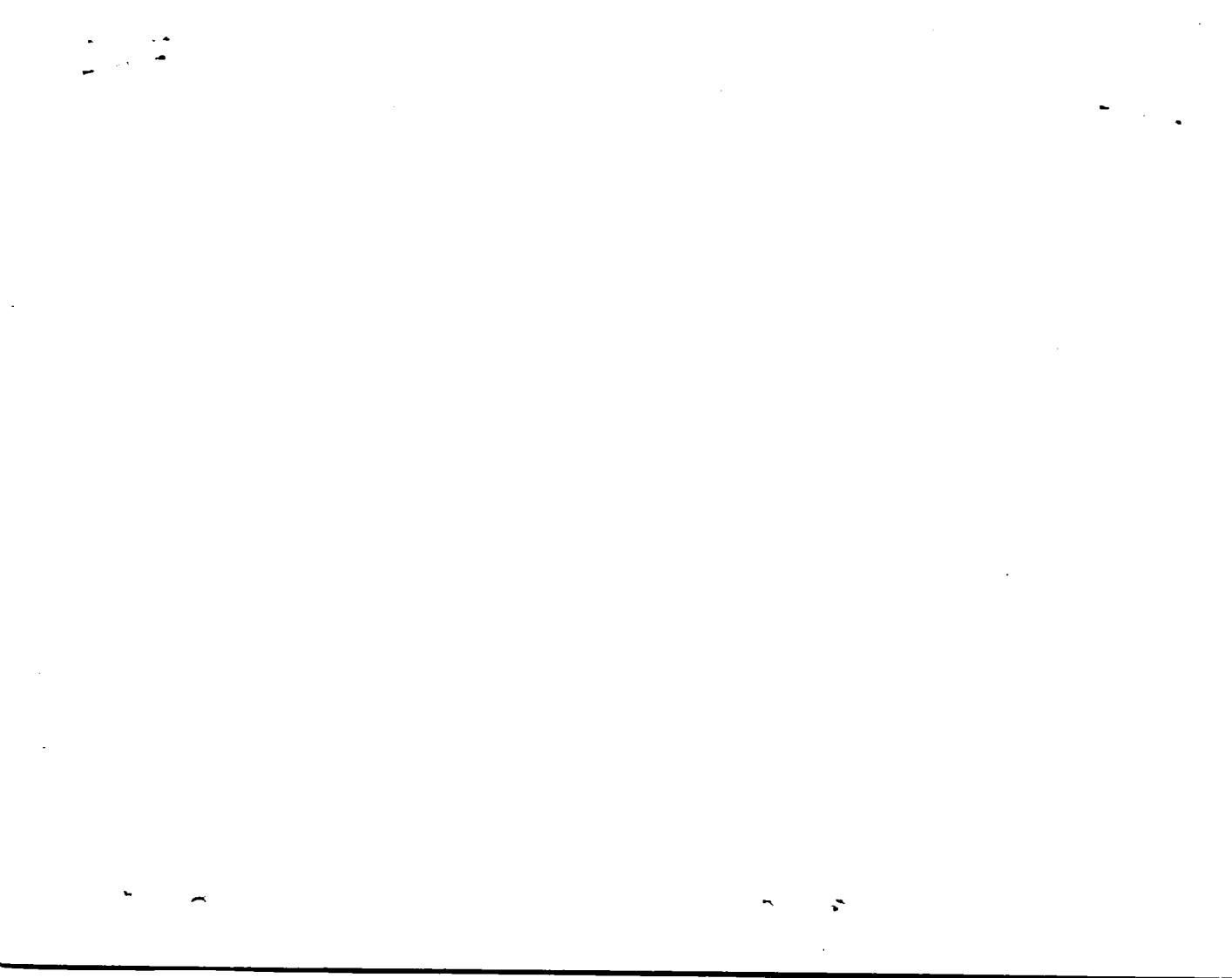
Form V. S. No. 11-C-25m-9-8-17
STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
78011File No. 34

Registered No.

MARGIN RESERVED FOR BIRTH

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

JAN 6 1946

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Idaho } ss.

Certificate No. 78011Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of

(Birth or Death)

for Valeria Philomenia Jentges who born on _____
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)
 true facts are shown by _____ prepared on March 23 1920, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name", "Birth Date", "Cause of Death", Etc.)FROM
 (As on Original)TO
 (The Correct Facts)

Name

Philemina JentgesValeria Philomenia Jentges

Fathers Name

JentgesJohn Jentges

Subscribed and sworn to before me this 3rd January
 day of January, 19 44

Signed Valeria Philomenia Jentges
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Cottonwood Idaho

My commission expires Jan. 24 1946
 (Seal)

Cottonwood, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
 County of Idaho } ss.

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
 day of January, 19 44

Signed John J. Jentges
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Cottonwood, Idaho

My commission expires Jan 24 1946
 (Seal)

Cottonwood, Idaho

(Street Address, City, State)

JAN 7 1944
JAN 1 1944

238-216.025-414

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-34-37

78012

County of Idaho

City of Heatersville

Registration District No. 105

File No. 38

No. St.

Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD CATHERINE Leona Katherine Schmidt

| | | | | |
|----------------------------|---|---|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
{ Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>April 16 20</u>
(Month) (Day) (Year) |
|----------------------------|---|---|-----------------------------|--|

FATHER
FULL NAME Bernard H. Schmidt

RESIDENCE Heatersville

COLOR white AGE AT LAST BIRTHDAY 26
(Years)

BIRTHPLACE Cottonwood

OCCUPATION Farming

MOTHER
FULL MAIDEN NAME Mary Anna Mader

RESIDENCE Heatersville

COLOR white AGE AT LAST BIRTHDAY 23
(Years)

BIRTHPLACE Idaho

OCCUPATION House wife

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Oral
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Idaho

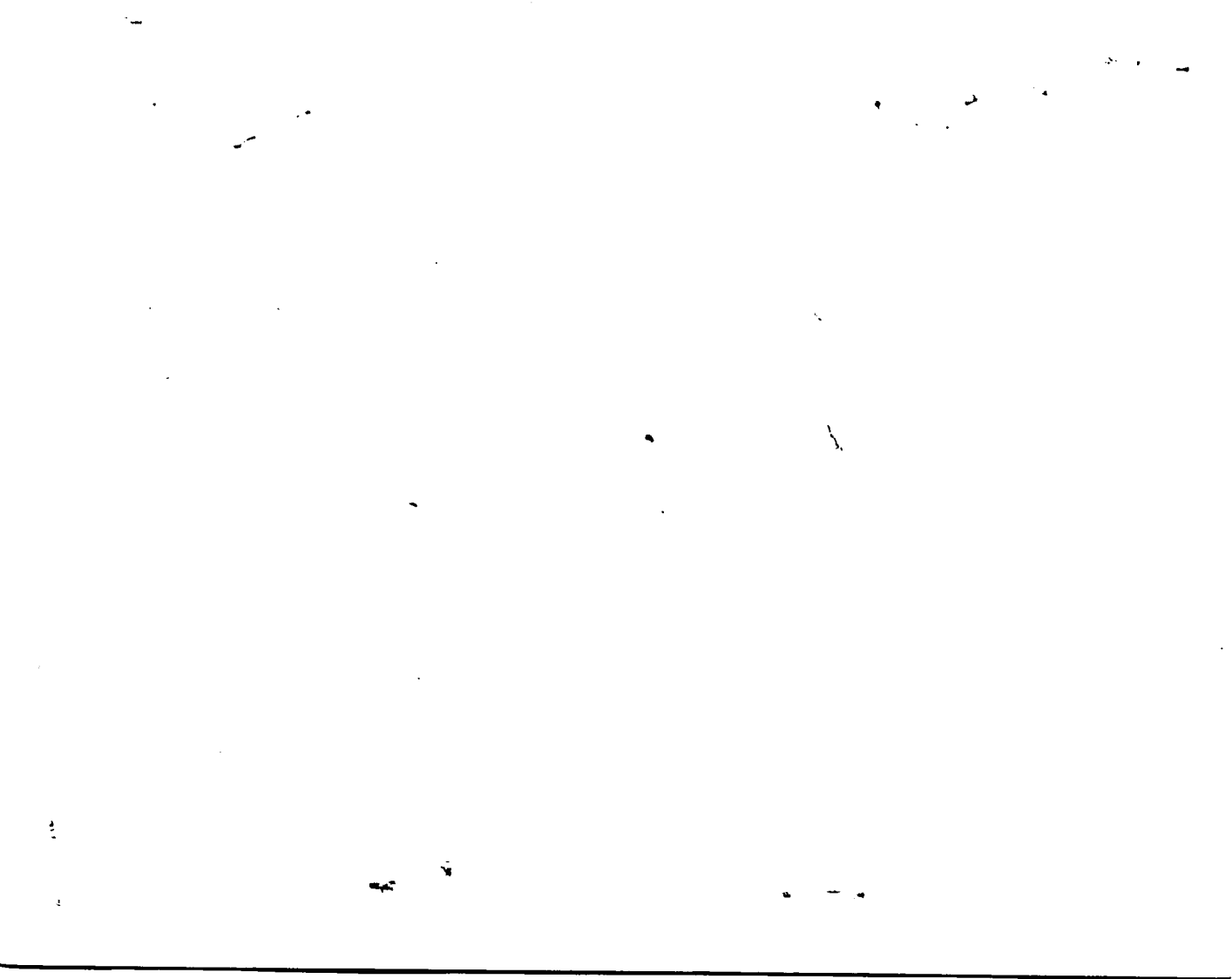
Filed Apr 26 1924

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 78012
 County of Multnomah }

The undersigned does solemnly swear that certain facts on the certificate of birth
 for Leona Katherine Schmidt who was born on April 16, 1920 (Birth or Death)
 in Keatonville, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
 are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts are shown by Baptismal Cert. prepared on April 18, 1920, are:
 (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name Leona Katherine Schmidt Leona Catherine Schmidt

Subscribed and sworn to before me this 26
 day of May 19 42
John H. Schmidt
 Notary Public, residing at Keatonville, Idaho
 My commission expires 12-14-1945
 (Seal) Signed Bernard H. Schmidt
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Keatonville, Idaho
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
 County of Multnomah }

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
 day of Feb. 19 42
O. R. Deagle
 Notary Public, residing at Portland
 My commission expires Notary Public for Oregon
 (Seal) My commission expires Jan. 8, 1944

Signed Wallace J. Connell
 (Signature of Any Credible Person Other Than Previous Year)
2344 N.W. Johnson, Portland, Oregon
 (Street Address, City, State)

AUG 1 1942

145-115-025-356

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

County of Idaho

CERTIFICATE OF BIRTH

78013

City of Cottonwood

Registration District No. 105

File No. 39

No. St.

Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD

Phillip Jungert

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>-</u> and (Number in order of birth) <u>-</u> | Legitimate? <u>yes</u> | Date of Birth <u>April 15 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

| | |
|--------------------------------|---|
| FULL NAME <u>Geo. Jungert</u> | FATHER |
| RESIDENCE <u>Casper, Wash.</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) |
| BIRTHPLACE <u>Wis.</u> | |
| OCCUPATION <u>Farming</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Prudy Leonard</u> | MOTHER |
| RESIDENCE <u>Casper, Wash.</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Ark.</u> | |
| OCCUPATION <u>House wife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley J. Orr

Given names added from a supplemental report.

(Physician or midwife)

Address Cottonwood, Ida.

Filed Apr 26 1920

Registrar

Registrar

NOV 23 1970

115-225-025-8386
 PLACE OF BIRTH name added 6-21-82

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25a-3-3-17

County of IdahoCity of HarpsterRegistration District No. 106File No. 78014No. St.Primary Registration District No. 2184Registered No. 20

Hospital

FULL NAME OF CHILD Martha Mae Manring

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>35</u>
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 25 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

| | | | |
|-------------------------------------|---|---|---|
| FULL NAME <u>Malcolm Aa Manring</u> | FATHER | FULL MAIDEN NAME <u>Hellie Elderman</u> | MOTHER |
| RESIDENCE <u>Harpster</u> | | RESIDENCE <u>Harpster</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE <u>Washington</u> | | BIRTHPLACE <u>Iowa</u> | |
| OCCUPATION <u>Rancher</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 230 on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Wentworth M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address States IdahoFiled April 1 1920 Jm Verberkmoes

Registrar

Registrar

Dup of 1920-336026

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____

ss.

JUN 9 12 28 PM '82

Certificate No. 78014

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Manning who was born on Mar 25, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Harpster (Idaho) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| | | |
|--------------------|----------------|---------------------------|
| <u>childs name</u> | <u>Unnamed</u> | <u>Martha Mae Manning</u> |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this 1 day of

JUNE 1982

Notary Public, Alan Clahl

Residing at EVERETT

My commission expires MAY 5 1985

(Seal)

Martha Mae Manning (Nitz)
Signature of Applicant
8008 Grace Lane
Street Address, City, State
Everett, Wash. 98205

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON
County of SNOHOMISH ss.

(Must be completed)(Is not necessary)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of

JUNE 1982

Notary Public, Alan Clahl

Residing at EVERETT

My commission expires MAY 5 1985

(Seal)

Supporting Signature

Street Address, City, State

Certificate of Birth for Dea Conrad Nitz born 10-16-51 in Spokane
gives mothers name as Martha Mae Manring. Registered # 4332.
Viewed by V.S.

JUN 21 1982

Grangeville High School graduation gives Martha M Manring graduated
from High School on 5-17-39. Viewed by V.S.

432-223025-331

PLACE OF BIRTH

County of Idaho

City of Clearwater

No. St.

Registration District No. 106

Primary Registration District No. 2184

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25a-8-5-17

File No. 78015

Registered No. 19

Hospital
FULL NAME OF CHILD Ellie Viola McKenzie

Sex of Child Female Twin Triplet or other? No and (Number in order of birth) 1 Legitimate? Yes Date of Birth Mar 23 1924
(Month) (Day) (Year)

FATHER
FULL NAME Kenneth McKenzie
RESIDENCE Clearwater
COLOR White AGE AT LAST BIRTHDAY 42
(Years)
BIRTHPLACE Idaho
OCCUPATION Blacksmith

MOTHER
FULL MAIDEN NAME Grace Clark
RESIDENCE Clearwater
COLOR White AGE AT LAST BIRTHDAY 30
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:50 M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

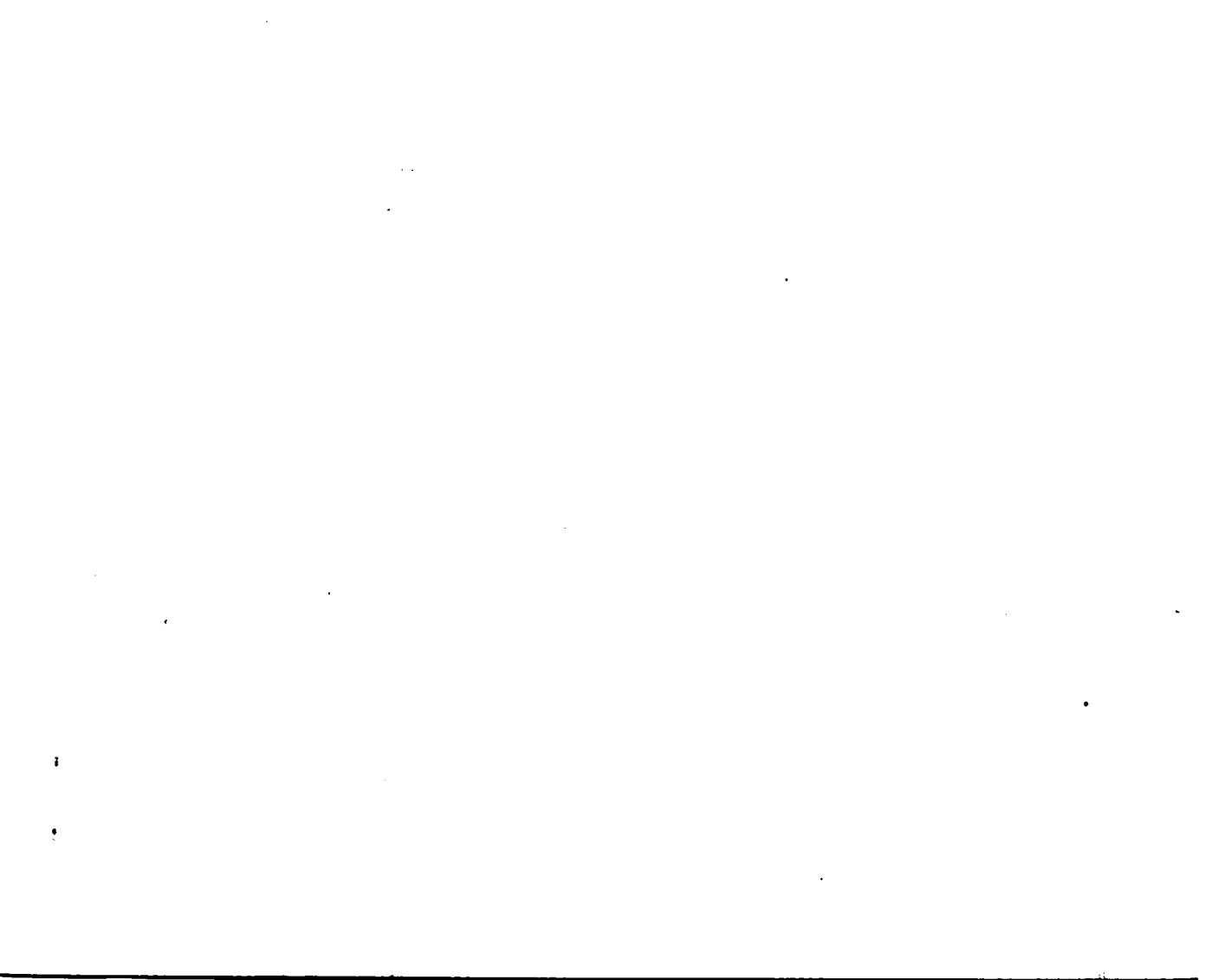
(Signature) H. W. Wentworth M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Stites Idaho

Filed April 1 1924 J. M. Weber
Registrar Registrar



854.223.025-363
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-9-8-17

County of Idaho.....

City of Kootenai.....

Registration District No. 106.....

File No. 78016

No. St.

Primary Registration District No. 2184.....

Registered No. 18

Hospital

FULL NAME OF CHILD Lillian Willis Humphill

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>March 23, 1926</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|---|

| | |
|--------------------------------------|---|
| FULL NAME
<u>Jesse Humphill</u> | FATHER |
| RESIDENCE
<u>Kootenai - Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE
<u>Illinois</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--------------------------------------|---|
| FULL MAIDEN NAME
<u>Ada Toll</u> | MOTHER |
| RESIDENCE
<u>Kootenai - Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE
<u>Illinois</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 9..... Number of children of this mother now living, including present birth 9.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

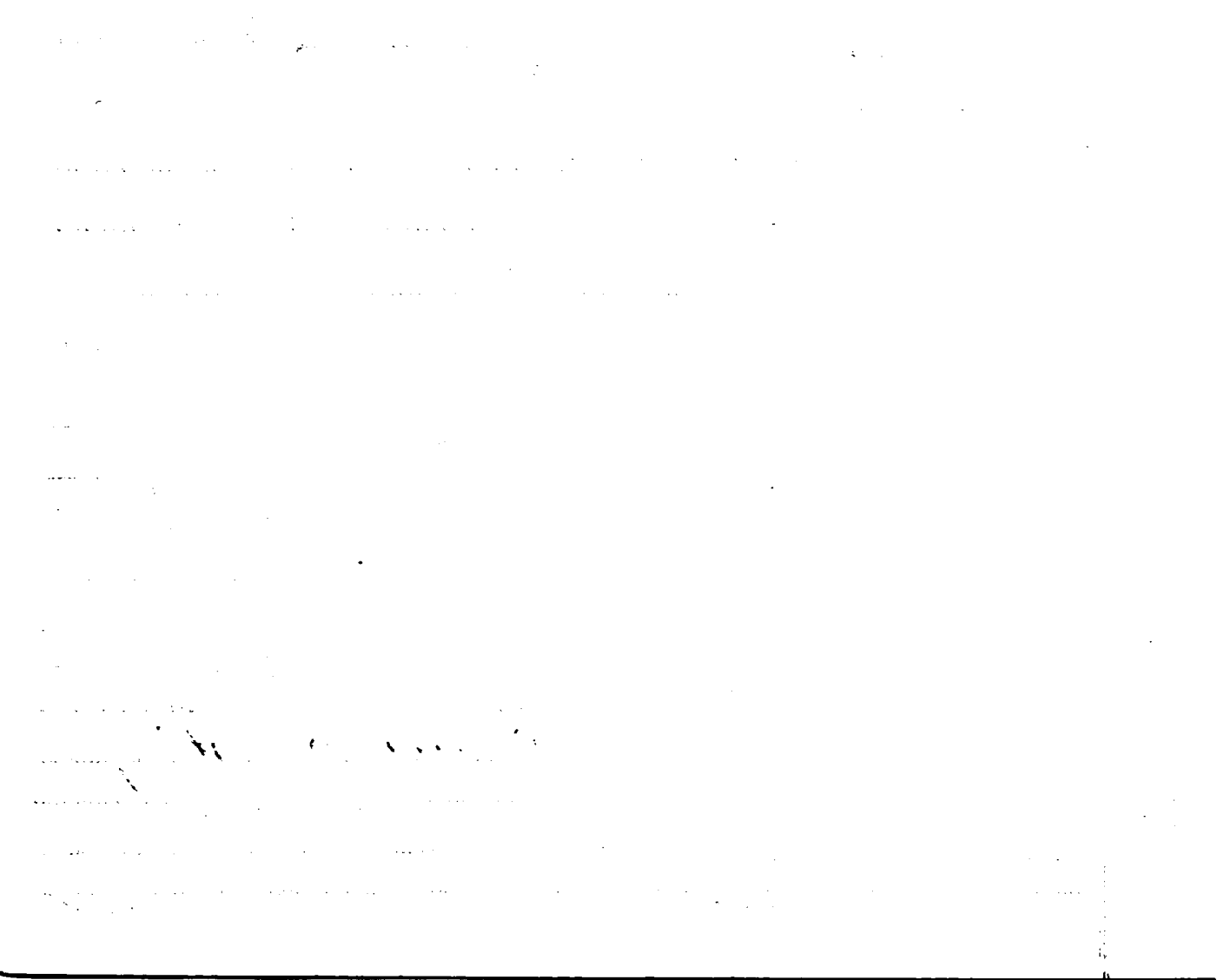
I hereby certify that I attended the birth of this child, who was born alive at 9 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Dubukowski
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Kootenai
Filed Jul 1 1926
Registrar J. M. Dubukowski



WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-220-025-316
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-5-17

County of IdahoCity of KaackiaRegistration District No. 106File No. 78017

No. St.

Primary Registration District No. 2184Registered No. 17

Hospital

FULL NAME OF CHILD

Florence Lawrence

| | | | | |
|----------------------------|---|--------------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>No</u> | Date of
Birth <u>March 20, 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|----------------------------|--|

| | | | |
|------------------------------------|---|--|---|
| FULL NAME
<u>Owen Gould</u> | FATHER | FULL MAIDEN NAME
<u>Ella Lawrence</u> | MOTHER |
| RESIDENCE
<u>Kamiah - Idaho</u> | | RESIDENCE
<u>Kaackia - Idaho</u> | |
| COLOR
<u>Indian</u> | AGE AT LAST BIRTHDAY <u>about 28</u>
(Years) | COLOR
<u>Indian</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | | BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Farmer</u> | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8²⁵ P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Phoebe Lawrence

(Born alive or stillborn)

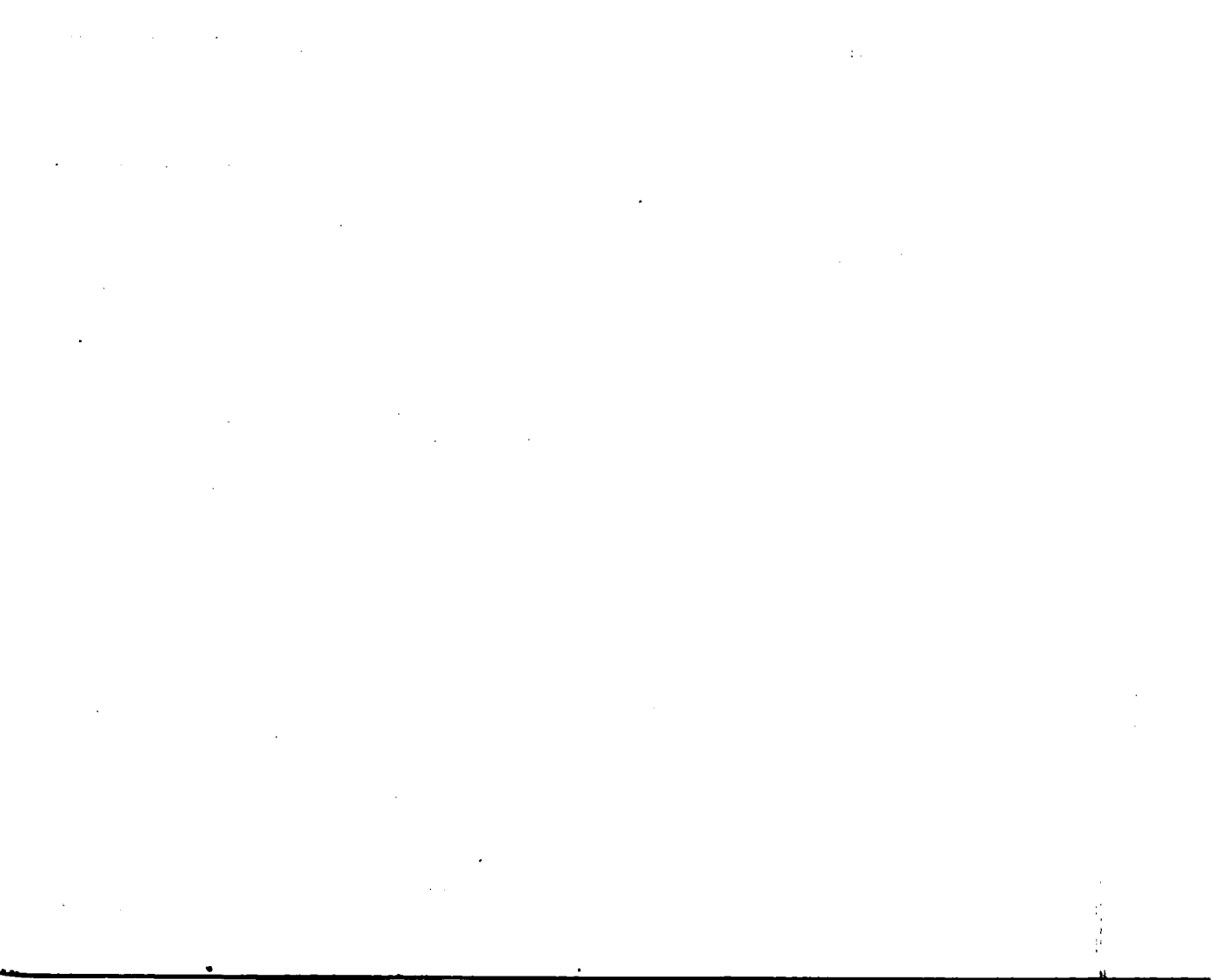
(Physician or midwife)

Given names added from a supplemental report.

Address Kaackia - IdahoFiled April 1, 1920 J. M. Lawrence

Registrar

Registrar



MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-110-025-368

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-3-3-17

CERTIFICATE OF BIRTH

County of Idaho

City of State

No. St.

Registration District No. 106

File No. 78019

Primary Registration District No. 2184

Registered No. 14

Hospital

FULL NAME OF CHILD VERLE Mahlon Swinehart

| | | | |
|---|--|---|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) } | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 10 1924</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Rory Swinehart</u>
RESIDENCE <u>Near State</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Indiana</u>
OCCUPATION <u>Rancher</u> | | MOTHER
FULL MAIDEN NAME <u>Hazel Lorey</u>
RESIDENCE <u>Near State</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Wisconsin</u>
OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at State on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address State Idaho

File April 1 1924

Registrar

Registrar

SEP 5 1973

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of IDAHO }
Certificate No. 78019
Date Filed 4 55 PM NOV 13 1973

The undersigned does solemnly swear that certain facts on the certificate of birth
for Mahlon Swinehart who was born on Mar. 10, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Stites, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Child's name Mahlon Swinehart Verle Mahlon Swinehart

Subscribed and sworn to before me this 15th day of

Nov, 1973
[Signature]
Notary Public, residing at GLADSVILLE
My commission expires 11-18-74
(Seal)

Signed Le Roy Swinehart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
KAMIAH, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of IDAHO }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of

Nov, 1973
[Signature]
Notary Public, residing at GLADSVILLE
My commission expires 11-18-74
(Seal)

Signed Hazel F Swinehart
(Signature of Any Credible Person)
KAMIAH, IDAHO
(Street Address, City, State)

War Ration Book Two issued September 15, 1945 gives name as Verle Mahlon Swinehart.
Card issued by the Office of Price Administration.
Viewed by V.S.

MAY 2 1974

Notice of Classification Order # S-1456 gives name as Verle Mahlon Swinehart and
Classified as 2-C on February 14, 1946.
Viewed by V.S.

Grange Mutual Ins. Co. givesName of insured as Verle M. Swinehart. Policy # X1234
Issued July 10, 1945.
Viewed by V.S.

291-110-025-291
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-22a-4-17

County of IdahoCity of KooskiaRegistration District No. 106File No. 78020

No.

Primary Registration District No. 2184Registered No. 16

Hospital

FULL NAME OF CHILD Emil Edswarth Braxling

| | | | |
|--------------------------|--|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other? <u>and</u> { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>Mar. 10</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|--|-----------------------------|---|

| | |
|-------------------------------------|---|
| FULL NAME <u>Emil Braxling</u> | FATHER |
| RESIDENCE <u>Kooskia, Ida</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>51</u>
(Years) |
| BIRTHPLACE <u>Norköping, Sweden</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Julia Braxling</u> | MOTHER |
| RESIDENCE <u>Kooskia, Ida</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>42</u>
(Years) |
| BIRTHPLACE <u>Illinois</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:59 A.M.
on the date above stated. (Born alive or stillborn)

| | |
|---|----------------------------------|
| *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. | (Signature) <u>Emil Braxling</u> |
|---|----------------------------------|

Given names added from a supplemental report.

Address Kooskia - IdahoFiled April 1 1920 J. M. Kure

Registrar

Registrar

AUG 21 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

713-230-227-719

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

County of Jerome

City of Jerome Registration District No. 23 File No. 78021

No. _____ St. _____

Primary Registration District No. 1917-2017 Registered No. _____

Hospital _____

FULL NAME OF CHILD Ardith Mae Pearl Patterson

| | | | | | |
|-----------------------|---|-----|---|-----------------|--|
| Sex of Child <u>♀</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? | Date of Birth <u>Mar 30 1920</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|---|-----------------|--|

| | |
|--|--|
| <p>FULL NAME <u>James H. Patterson</u></p> <p>RESIDENCE <u>Jerome</u></p> <p>COLOR <u>w.</u> AGE AT LAST BIRTHDAY <u>31</u>
(Years)</p> <p>BIRTHPLACE <u>Idaho</u></p> <p>OCCUPATION <u>Farmer</u></p> | <p>FULL MAIDEN NAME <u>Alice Waitha Gardner</u></p> <p>RESIDENCE <u>Jerome</u></p> <p>COLOR <u>w.</u> AGE AT LAST BIRTHDAY <u>28</u>
(Years)</p> <p>BIRTHPLACE <u>Idaho</u></p> <p>OCCUPATION <u>Housewife</u></p> |
|--|--|

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 1⁵⁵ M.
on the date above stated. (Born alive or stillborn)

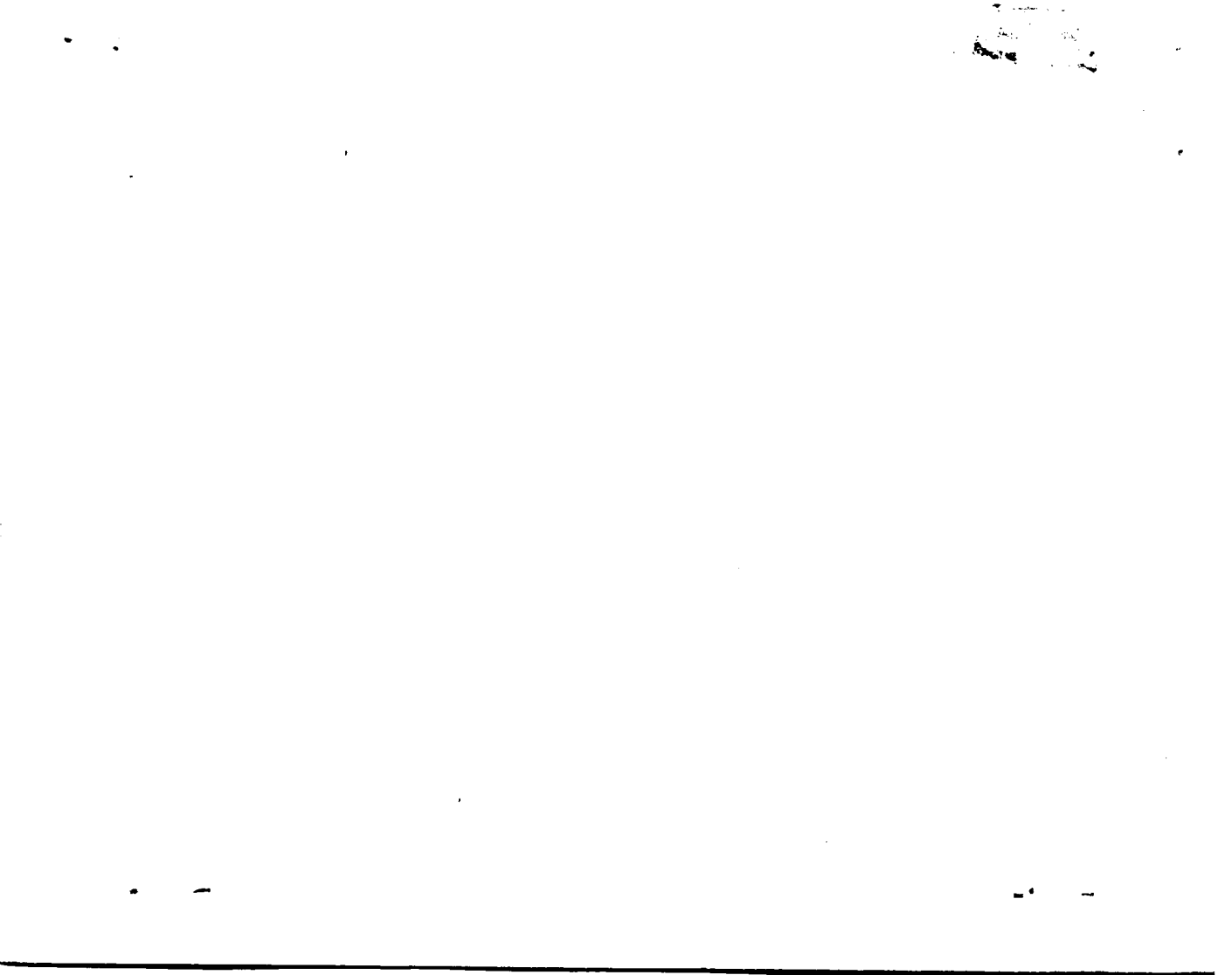
(Signature) Dr. C. F. Zeller
Jerome, Ida
(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19____

Address Jerome, Idaho

Filed April 1 1920 E. L. Piper
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 78021
Date Filed MAY 1 1942

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Paterson who was born on Mar. 30, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Jerome, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on in year 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) TO
Name Unnamed Ardith Mae Pearl Patterson
(The Correct Facts)

Subscribed and sworn to before me this 8th
day of May, 1942

[Signature]
Notary Public, residing at Filer, Idaho

My commission expires April 16, 1945
(Seal)

Signed Alice Martha Paterson (mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Filer, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 8th
day of May, 1942

[Signature]
Notary Public, residing at Filer, Idaho

My commission expires April 16, 1945
(Seal)

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Margie Musser
(Signature of Any Credible Person Other Than Previous Year)

Filer, Idaho
(Street Address, City, State)

MAY 14 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

265-129-027-884

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

78022

County of Jerome

City of Jerome

No. _____ St. _____

Hospital Home

Registration District No. 23

File No. _____

Primary Registration District No. 1017-2067 Registered No. _____

FULL NAME OF CHILD Eugene Lynn Sweet

| | | | | | |
|------------------------|---|-----|--|-------------------------|--|
| Sex of Child <u>M.</u> | <u>Twin</u>
Triplet or other?
(To be answered only in event of plural births) | and | Number in order of birth <u>1st</u>
(To be answered only in event of plural births) | Legiti mate? <u>Yes</u> | Date of Birth <u>Mar 29 20</u>
(Month) (Day) (Year) |
|------------------------|---|-----|--|-------------------------|--|

FULL NAME Urchie Sweet FATHER
RESIDENCE Jerome
COLOR white AGE AT LAST BIRTHDAY 21
(Years)
BIRTHPLACE Idaho
OCCUPATION Farming

FULL MAIDEN NAME Isiglena Hegmas MOTHER
RESIDENCE Jerome
COLOR w. AGE AT LAST BIRTHDAY 20
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

Born alive; at 5 a.m.
(Born alive or stillborn)

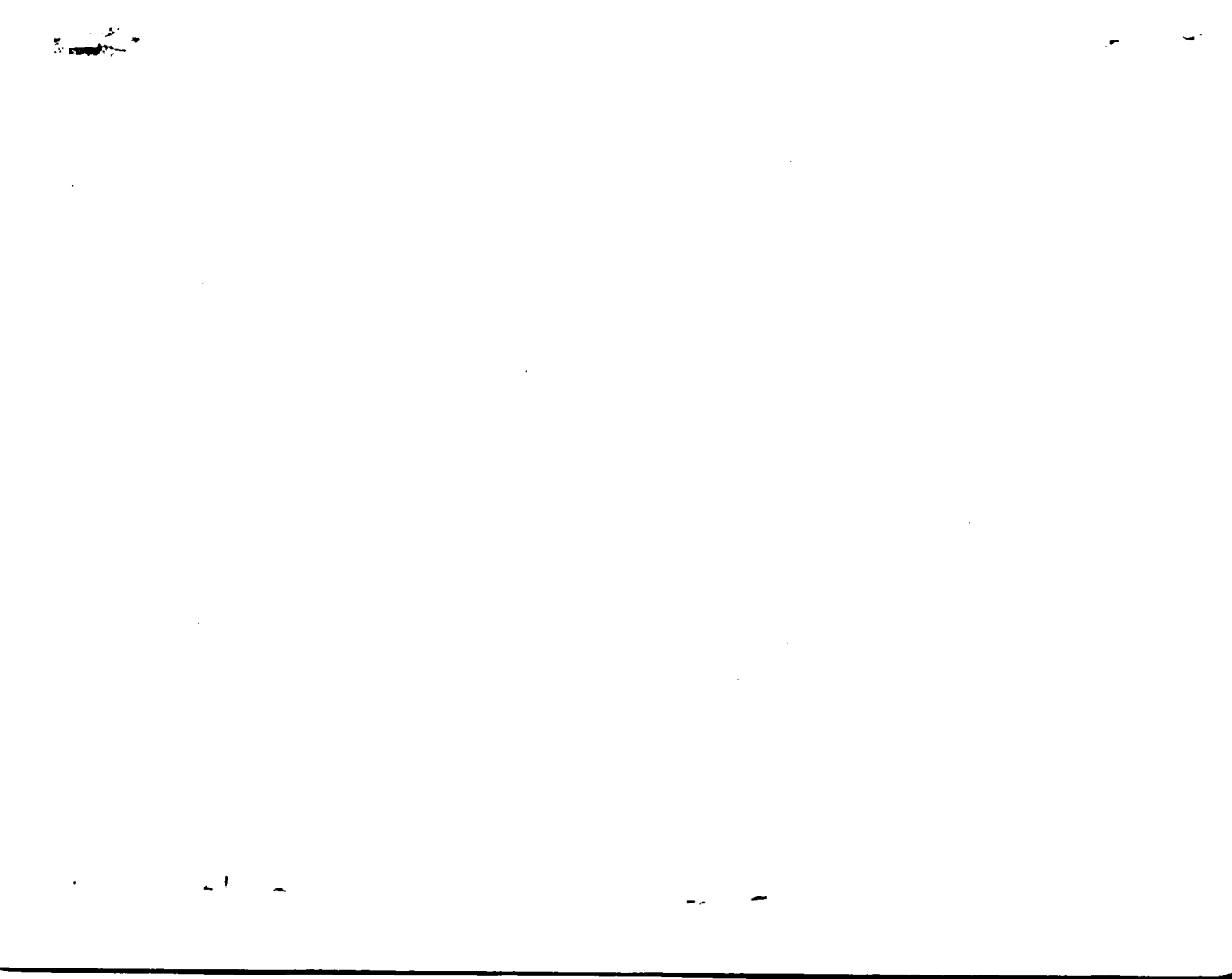
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. F. Zeller
Jerome, Ida.
(Physician or midwife)

Given names added from a supplemental report.

Address Jerome Idaho
Filed April 1 1920 E. A. Ppe.
Registrar

Registrar



4/11/77

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of..... }
County of..... } ss. Certificate No. 78022
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... birth
for..... Baby Sweat..... who was born..... on Mar. 29, 1920;
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in..... Jerome, Idaho..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by..... prepared on..... are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name..... Unnamed Sweat..... Eugene Lynn Sweat.....
.....
.....

Subscribed and sworn to before me this 11 day of April, 1977
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of....., 19.....

Signed.....
(Signature of Any Credible Person)

(Street Address, City, State)

Notary Public, residing at.....
My commission expires.....
(Seal)

Certificate of Baptism and Confirmation issued by F.L. Manwill, Bishop on
August 4, 1928 gives name as Eugene Lynn Sweat born 3/29/20. viewed by V.S.

APR 11 1977

Idaho Department of Health Medical Identification card issued on 7/1968 gives
name as Eugene Sweat. viewed by V.S.

781-120-022-141

PLACE OF BIRTH

County of JeromeCity of Jerome

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

John Coleman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 23File No. 78023Primary Registration District No. 1017Registered No. 1027

| | | | | | |
|-----------------------|---|-------------|---|----------------------------|--|
| Sex of Child <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | — { and } — | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of
Birth <u>Mar 29</u>
(Month) (Day) (Year) <u>20</u> |
|-----------------------|---|-------------|---|----------------------------|--|

FULL NAME FATHER
Guy PharrisRESIDENCE JeromeCOLOR White AGE AT LAST
BIRTHDAY 29
(Years)BIRTHPLACE MissouriOCCUPATION FarmerFULL MAIDEN NAME MOTHER
Margaret AdamsRESIDENCE JeromeCOLOR White AGE AT LAST
BIRTHDAY 29
(Years)BIRTHPLACE KansasOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M.
on the date above stated. (Born alive or stillborn)

(Signature)

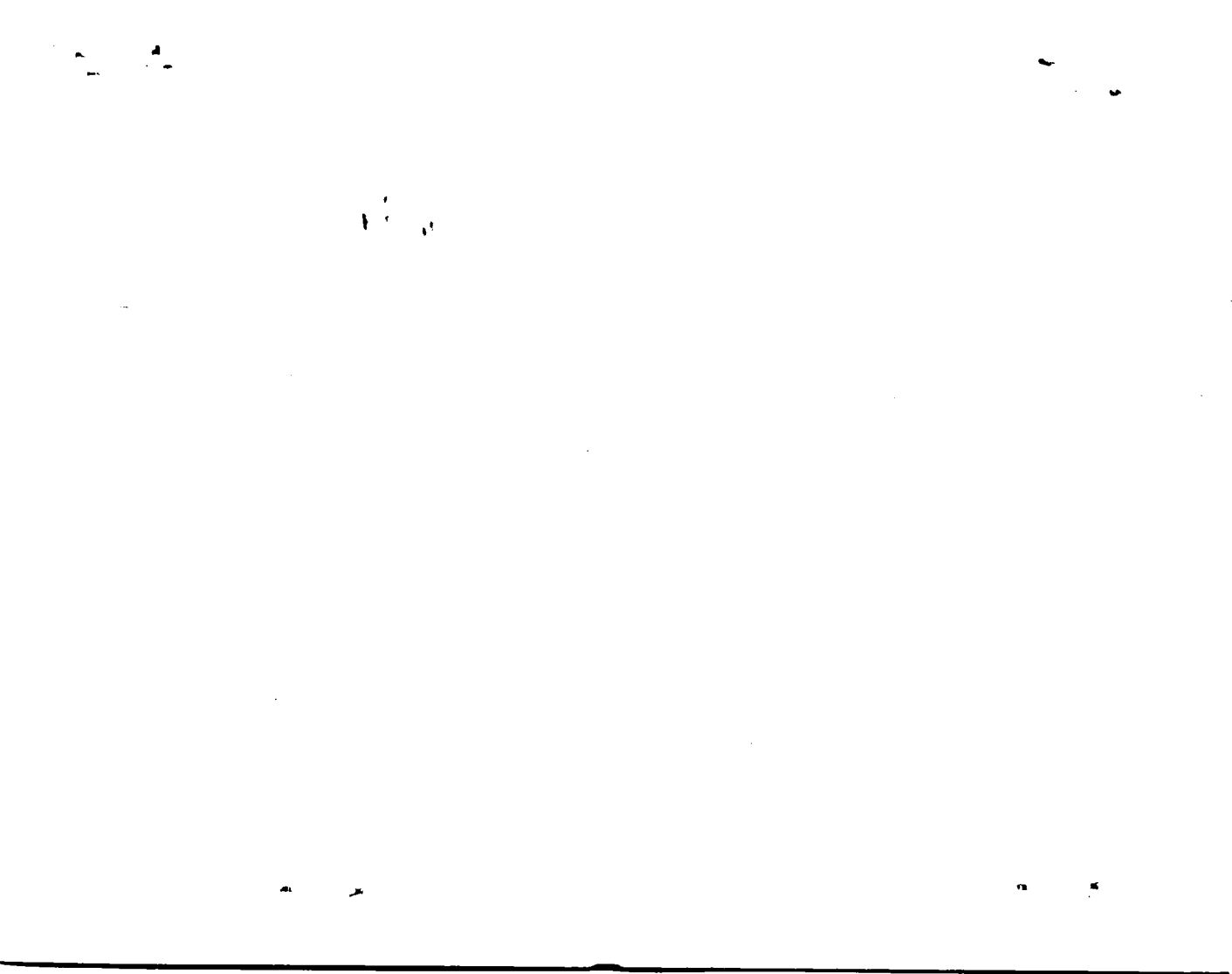
E. D. Piper M.D.

(Physician or midwife)

Address JeromeFiled Mar 23 19 20

Registrar

Registrar



SEP 24 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.Certificate No. 78023Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for who was born on March 20 1920 (Was Born or Died) (Date of Event) in Jerome County Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Jerome County Idaho (Place of Event) prepared on _____, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)FROM
(As on Original)
UnnamedTO
(The Correct Facts)
John Coleman PharrisNameMarch 22, 1920March 20, 1920DateSubscribed and sworn to before me this 23rdday of September, 1942William E. TomstockNotary Public, residing atMy commission expires 1-13-43
(Seal) Probate Judge & ex-Officio ClerkSigned Anna L. Parkinson Parks

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerome Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19____

Signed _____

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

SEP 28 1942

962-219-027-345

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of JeromeCity of JeromeRegistration District No. 23

File No.

78024

No. _____ St. _____

Primary Registration District No. 107-2017

Registered No. _____

Hospital HomeFULL NAME OF CHILD Myrtle Maxine Ross

Sex of Child

FTwin
Triplet
or other?
(To be answered only in
event of plural births)

and

Number
in order
of birth
2Legiti
mate?yesDate of
BirthMar 19
(Month) (Day)1920
(Year)FULL
NAMEJohn Wesley Ross

FATHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Kansas

OCCUPATION

FarmerFULL
MAIDEN
NAMEMrs. E. Cunningham

MOTHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8¹⁵ P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. C. A. Zeller
Jerome, Ida.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Jerome, IdahoFiled April 1 1920

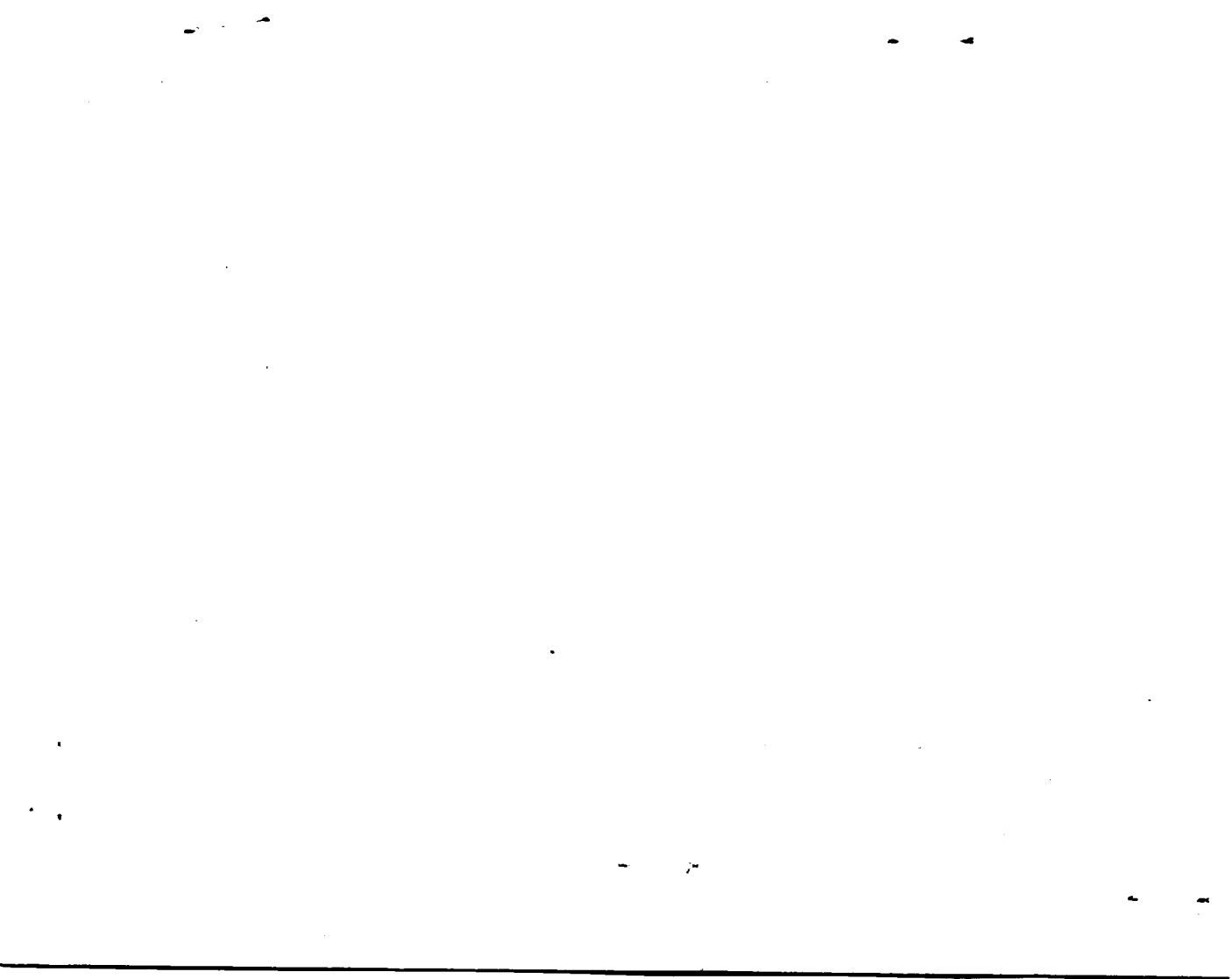
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78024
County of Jerome

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Myrtle Maxyne Ross who Born on March 19, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Jerome, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on March 19, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Myrtle Maxyne Ross

Subscribed and sworn to before me this 17th
day of MARCH, 1943.
D. H. Sealey
Notary Public, residing at Jerome Idaho
My commission expires JAN. 11, 1947.
(Seal)

Signed Mrs J. W. Ross.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. [This Affidavit **MUST** Also be Executed.
County of _____ (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19____.

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Notary Public, residing at _____
My commission expires _____
(Seal)

MAR 22 1949

165-216-027-763

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

78025

County of JeromeCity of JeromeRegistration District No. 23

File No. _____

No. _____ St. _____

Primary Registration District No. 1-2-17 Registered No. _____

Hospital _____

FULL NAME OF CHILD

EDNA LENA JONES

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate
BirthMar 16, 20
(Month) (Day) (Year)FULL
NAMEFATHER Frederick E. JonesFULL
MAIDEN
NAMEMOTHER Ida Gatterker

RESIDENCE

Jerome

RESIDENCE

Jerome

COLOR

W.AGE AT LAST
BIRTHDAY39
(Years)

COLOR

W.AGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

New York

BIRTHPLACE

Texas

OCCUPATION

Farmer

OCCUPATION

HurfNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born born alive or stillborn at 4 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. C. F. Zeller
Jerome, Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Jerome

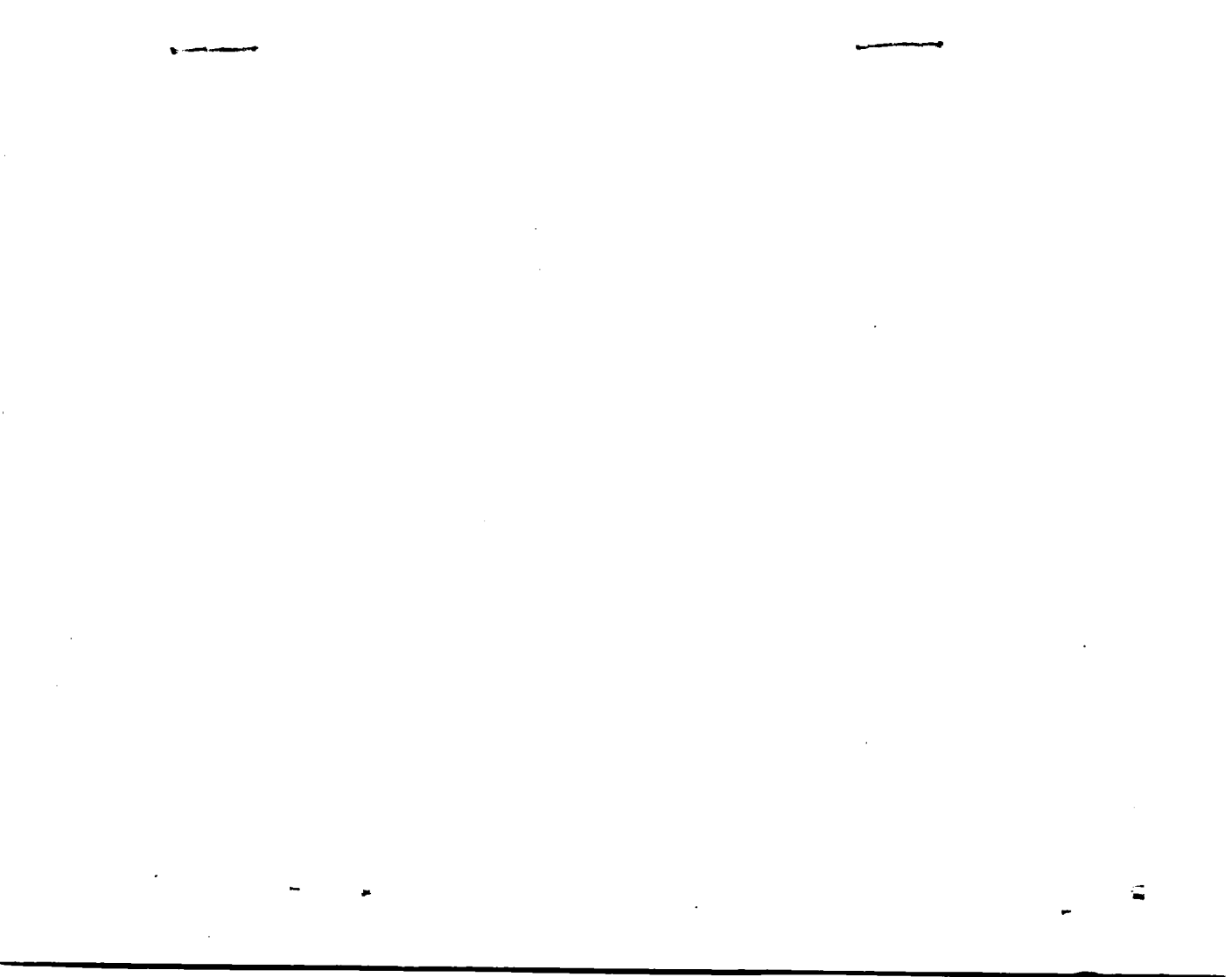
Filed

April 1 1920E. D. Piper
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss. Certificate No. 78025
County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for _____ who _____ on Mar. 16, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name none given Edna Lena Jones

Subscribed and sworn to before me this 22nd
day of October, 19 42
Clarence T. Stanton
Notary Public, residing at Justice of the Peace Jerome Idaho
My commission expires _____
(Seal)

Signed Fred E. Power
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.
County of Jerome } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of October, 19 42
Clarence T. Stanton
Notary Public, residing at Justice of the Peace Jerome Idaho
My commission expires _____
(Seal)

Signed Myrtle Bishop
(Signature of Any Credible Person Other Than Previous Year)
Jerome, Idaho
(Street Address, City, State)

DOT 27 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

366-112-027-452
 PLACE OF BIRTH

name added 9-4-84 dl
 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of JeromeCity of JeromeRegistration District No. 25

File No.

78026

No. _____ St.

Primary Registration District No. 17-20-17

Registered No.

Hospital _____

FULL NAME OF CHILD

Carvel Jean Cook

Sex of
Child 7

Twin
Triplet
or other?
(To be answered only in event of plural births)

and } Number
in order
of birth

Legiti
mate? yesDate of
Birth

Mar 12 1920
 (Month) (Day) (Year)

FULL
NAMEFATHER Robert M. CookFULL
MAIDEN
NAMEMOTHER Winnie Bell DeBoord

RESIDENCE

Jerome

RESIDENCE

Jerome

COLOR

whiteAGE AT LAST
BIRTHDAY28
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

N. Carolina

BIRTHPLACE

N. Carolina

OCCUPATION

Farming

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
 on the date above stated.

*When there was no attending physician or
 midwife then the father, householder, etc.,
 should make this return. A stillborn child is
 one that neither breathes nor shows other evi-
 dence of life after birth.

(Signature)

Born alive, at 942 M.
Dr. C. F. Zeller
Jerome, Ida

(Physician or midwife)

Given names added from a supplemental report.

19

Address

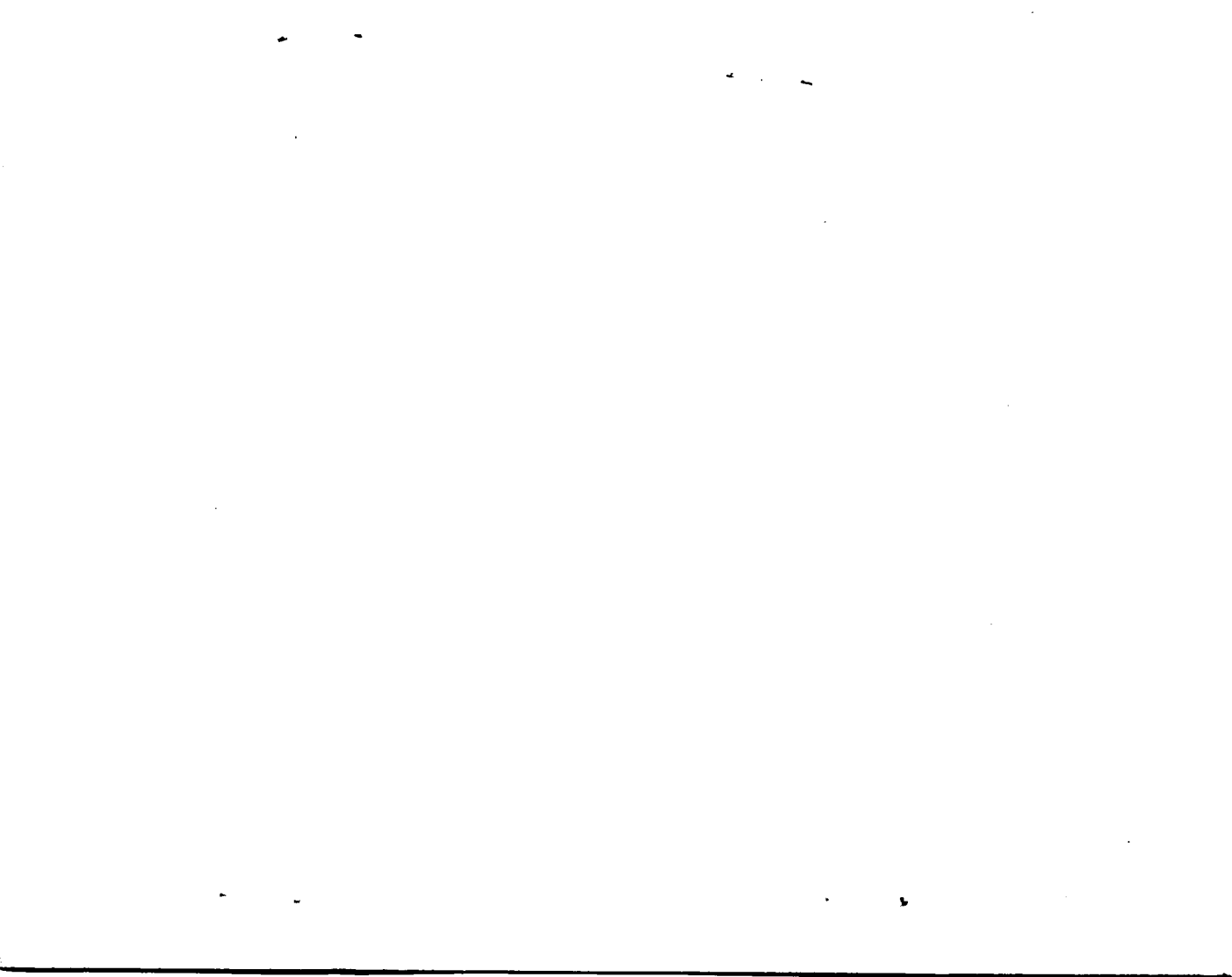
Jerome Idaho

Filed

April 1 1920E. D. Piper

Registrar

Registrar



7-27-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of NC
County of Caldwell } ss.

Certificate No. 78026
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of Unnamed Cook was born March 12, 1920
for (Name on Original Certificate) who (Was Born, Died, etc.) on (Date of Event)
in Jerome (Jerome) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs name

Unnamed

Carvel Jean Cook

Subscribed and sworn to before me this 21 day of

Aug. 1984
Notary Public, Lois Irene

Residing at Lenoir, N.C. 28645

My commission expires 9-21-88

(Seal)

x Carvel Jean Cook Eller
Signature of Applicant
340 Maple St. C-2-45
Street Address, City, State
Hudson, NC 28638

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NORTH CAROLINA
County of Caldwell } ss.

(Must be completed)

(Is not necessary)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of

August 1984
Notary Public, Lois Irene

Residing at Lenoir, N.C. 28645

My commission expires 9-21-88

(Seal)

William Cook Eller
Supporting Signature
340 Maple St C-2-45
Street Address, City, State
Hudson, N.C. 28638

3cc

Certificate of Birth from North Carolina lists Judy Kay Eller born May 14, 1947 to Willie Zack Eller and Carvel Jean Cook. Viewed by V.S.

Family Bible lists Carvel Jean Cook was born March 12, 1920. Obviously old record. Viewed by V.S.

SEP 4 1994

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

791-111-027-275

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Jerome

City of Jerome

Registration District No. 23

File No.

78027

No. _____ St.

Primary Registration District No. 1817-2017

Registered No.

Hospital _____

FULL NAME OF CHILD

Dale G. Gray

Sex of Child

M.

Twin
Triplet
or other?
(To be answered only in event of plural births)

and } Number
in order
of birth

Legiti
mate

yes

Date of
Birth

Mar 11
(Month) (Day)

1920
(Year)

FULL
NAME

FATHER
Harold Gillespie Gray

RESIDENCE

Jerome

COLOR

white

AGE AT LAST
BIRTHDAY

29
(Years)

BIRTHPLACE

Colorado

OCCUPATION

Farmer

FULL
MAIDEN
NAME

MOTHER
Thel Marie Spitzer

RESIDENCE

Jerome

COLOR

white

AGE AT LAST
BIRTHDAY

22
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 658

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

19

(Signature)

Dr. C. G. Zeller

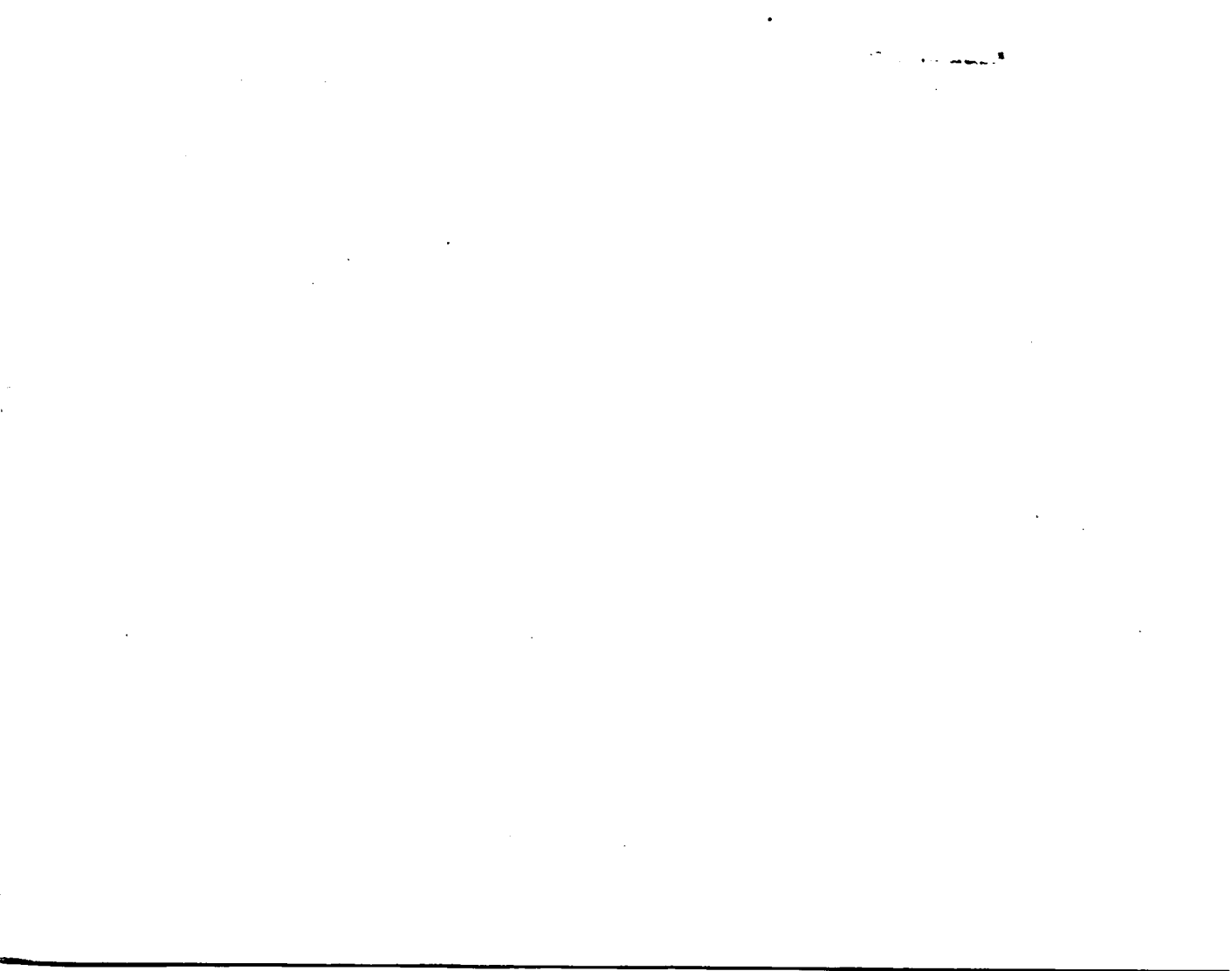
(Physician or midwife)

Address

Jerome Idaho

Filed

April 1 1920 E. D. Piper
Registrar



1. PLACE OF BIRTH ARMED JULY 21, 1948

County of Lincoln
City of Jerome
No. 763-105-032-354 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 State File No. 78028

(If born in hospital or institution give name.) Prim. Registration District No. 1017 Local Registrar's No. _____

2. FULL NAME OF CHILD Theron Keith Goldsmith

| | | | | | |
|--------------------|--------------------|------------------------------------|--------------------|---------------------------|--|
| 3. Sex <u>Male</u> | If plural births { | 4. Twin, triplet, or other _____ | 6. Premature _____ | 7. Legitimate? <u>Yes</u> | 8. Date of birth <u>Mar 5</u> , 19 <u>40</u> |
| | | 5. Number, in order of birth _____ | Full term _____ | mate? _____ | (Month, Day, Year) |

| | |
|--|---|
| 9. Full name <u>FATHER</u>
<u>Everett Goldsmith</u> | 13. Full maiden name <u>MOTHER</u>
<u>Catherine Templeton</u> |
| 10. Residence (usual place of abode)
(If non-resident, give place and State) <u>Jerome</u> | 19. Residence (usual place of abode)
(If non-resident, give place and State) <u>Jerome</u> |
| 11. Color or race <u>white</u> 12. Age at last birthday <u>37</u> (years) | 20. Color or race <u>white</u> 21. Age at last birthday <u>34</u> (years) |
| 13. Birthplace (city or place) <u>Kansas</u>
(State or Country) | 22. Birthplace (city or place) <u>Colorado</u>
(State or Country) |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ |
| 16. Date (month and year) last engaged in this work _____ | 25. Date (month and year) last engaged in this work _____ |
| 17. Total time (years) spent in this work _____ | 26. Total time (years) spent in this work _____ |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____

| | | | |
|---|-------------------|-------------------------------|----------------------|
| 29. If stillborn, period of gestation _____ | { months or weeks | 30. Cause of Stillbirth _____ | { Before labor _____ |
| | | | { During labor _____ |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) E. D. Piper M. D., M. D.

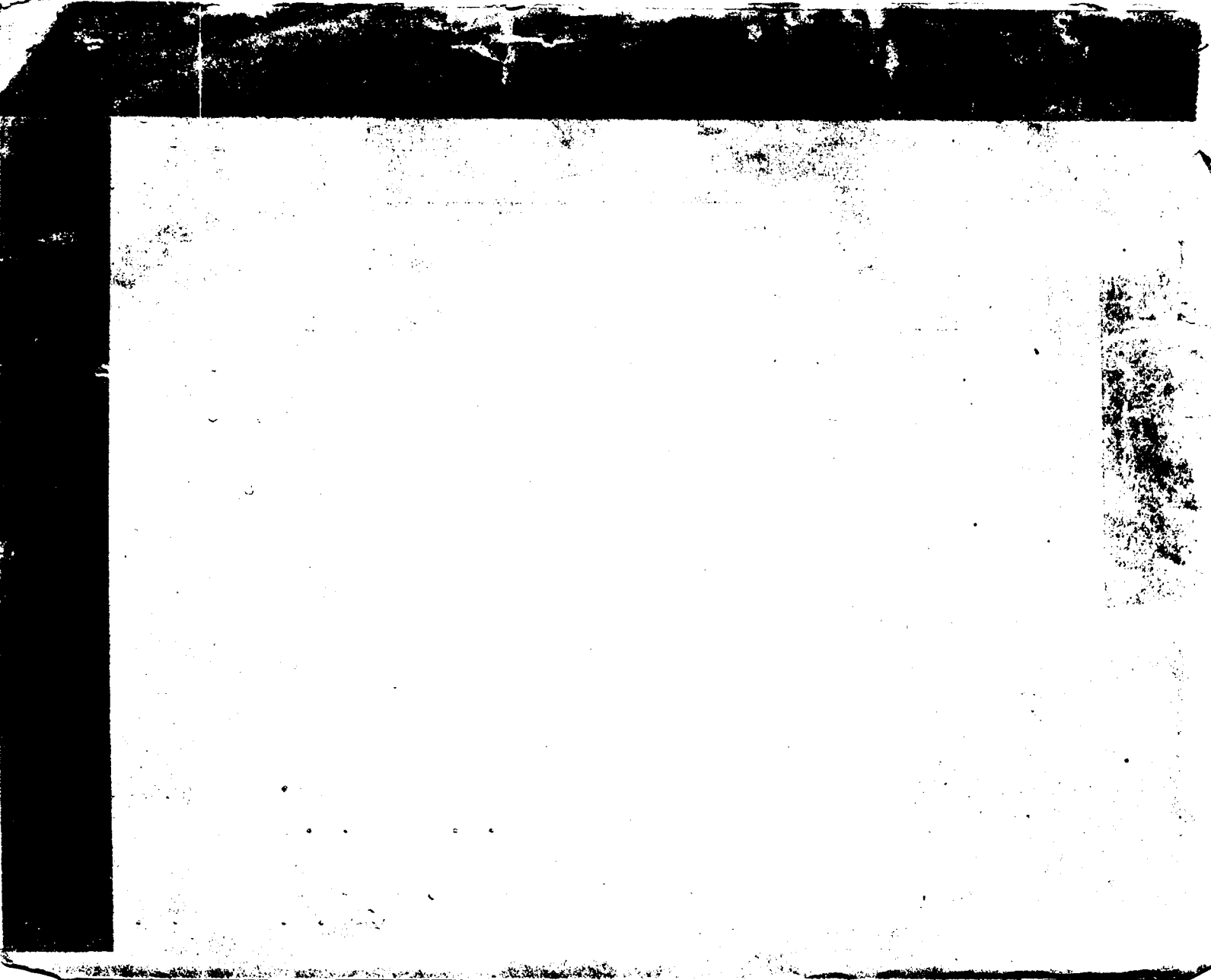
or _____, Midwife

Address Jerome, Idaho

Filed March 8, 1940 E. D. Piper M. D.

Registrar.

Registrar.



JUL 19 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wash } ss. Certificate No. 78028
County of King } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Theron Keith Goldsmith who was born (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on March 4, 1920
(Date of Event)
in Jerome Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|---------------------------------|----------------------------------|
| FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
| Father's name | Edward | Everett Goldsmith |
| <u>she was stated</u> | <u>female</u> | <u>as male</u> |

Subscribed and sworn to before me this 15th day of July 1948

Wesley E. Fisher
Notary Public, residing at Seattle Wash.
My commission expires July 18, 1948
(Seal)

Signed Bethenise Goldsmith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1802-19th Ave Seattle 2, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of July 1948

Wesley E. Fisher
Notary Public, residing at Seattle Wash.
My commission expires July 18, 1948
(Seal)

Signed Arline E. Yorkmough
(Signature of Any Credible Person)
1632-53rd Ave
(Street Address, City, State)
Seattle, Wash.

APR 14 1949

68-203-

Form V. S. No. 11-C-25a-7-31-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of *Jerome*

City of *Jerome*Registration District No. *23*

File No.

78029

No. _____

St. _____

Primary Registration District No. *1047-2017*

Registered No. _____

Hospital _____

FULL NAME OF CHILD *Lenore Mary Johns*Sex of Child *F.*Twin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate? *yes*Date of
Birth *Mar 3 20*

(Month)

(Day)

(Year)

FULL
NAME *Earnest Johns*

FATHER

RESIDENCE *Jerome*COLOR *W*AGE AT LAST
BIRTHDAY *25*

(Years)

BIRTHPLACE *Okeahoma*OCCUPATION *Farmer*FULL
MAIDEN
NAME *Marie C. Kanner*

MOTHER

RESIDENCE *Jerome*COLOR *W*AGE AT LAST
BIRTHDAY *25*

(Years)

BIRTHPLACE *Ohio*OCCUPATION *Housewife*

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive*, at *11 1/2* P. M.
on the date above stated.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) *Dr. C. F. Zeller*(Physician or midwife) *Jerome, Ida.*

Given names added from a supplemental report.

19 _____

Address *Jerome Idaho*Filed *April 7, 1920*Registrar *E. D. Piper*

Registrar _____

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

STATE OF IOWA
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

FILE

DATE OF BIRTH

DATE OF DEATH

DEC 5 1944

243-202-077-87

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78030

County of JeromeCity of JeromeRegistration District No. 23

File No. _____

No. _____ St. _____

Primary Registration District No. 1018
2017 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Sadie Iona ButtnerSex of
Child7Twin
Triplet
or other?
(To be answered only in event of plural births)+ andNumber
in order
of birthLegiti
mate?yesDate of
BirthMar 2
(Month) (Day)1920
(Year)FULL
NAMEFrank D. Buttner

FATHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST
BIRTHDAY39
(Years)

BIRTHPLACE

Missouri

OCCUPATION

Manager, Penny StoreFULL
MAIDEN
NAMEMaudie Iona Hill

MOTHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born aliveat 11 P. M.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Jerome Idaho

Filed

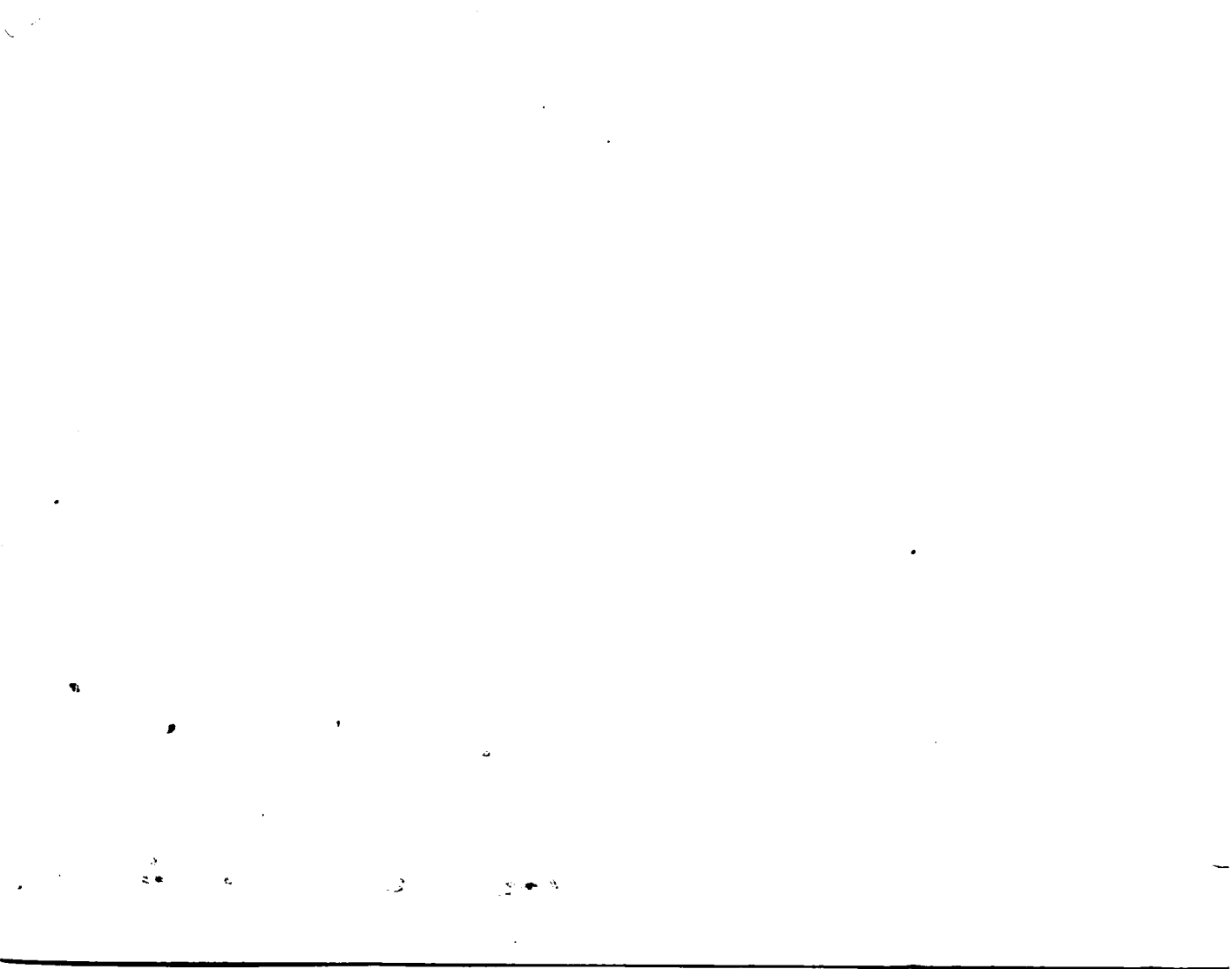
Mar 6 1930E. D. Piper M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-105-08-993
PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

9-8-15

CERTIFICATE OF BIRTH

78032

County of Rockland

City of Harrison

Registration District No. 126

File No. 4

No. _____ St. _____

Primary Registration District No. 2204

Registered No. 29

Hospital _____

FULL NAME OF CHILD Servy Richard Sheldon

| | | | | |
|---|---|--|--|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>Feb 5 1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Leuel J. Sheldon</u> | | | MOTHER
FULL MAIDEN NAME <u>Pearl Rickel</u> | |
| RESIDENCE <u>Harrison</u> | | | RESIDENCE <u>Harrison</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) | COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>31</u>
(Years) | | |
| BIRTHPLACE <u>S. D.</u> | | | BIRTHPLACE <u>S. D.</u> | |
| OCCUPATION <u>Farmer</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth, 6 Number of children of this mother now living, including present birth, 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:45 P. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison
Filed April 1 1920 [Signature]
Registrar

5-6-41

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number in order of birth stated.

738-223-228-419 Amended 6/12/79
PLACE OF BIRTH
STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—Rev. 4-9-15

County of Kootenai
City of Rose Lake
Registration District No. 126 File No. 78033
No. 4 St. 4
Primary Registration District No. 2264 Registered No. 40
Hospital _____
FULL NAME OF CHILD Evelyn Lorraine Glynn

| | | | | |
|--|---|---|------------------------|--|
| Sex of Child <u>female</u> | Twin, Triplet or other? <u>_____</u>
(To be answered only in event of plural births) | and { <u>_____</u> }
Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>Feb 23 1910</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Jackson L. Glynn</u>
RESIDENCE <u>Dudley</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>40</u>
(Years)
BIRTHPLACE <u>Cadott, Wisconsin</u>
OCCUPATION <u>Farmer</u> | | MOTHER
FULL MAIDEN NAME <u>Lydia E. Marlett</u>
RESIDENCE <u>Dudley</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>30</u>
(Years)
BIRTHPLACE <u>Toledo, Oregon</u>
OCCUPATION <u>Housewife</u> | | |

Number of child of this mother, including present birth five Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:35 P.M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) L. J. Stauffer

Physician or midwife

Address Rose Lake, Idaho

Filed 4-1 20

DEC 15 1955

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss. JUN 5 12 04 PM '79
County of _____ }
Certificate No. **78033**
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Evelyn Doraine Glynn who was born on Feb 23, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Rose Lake, Idaho (Kootenai) is erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| | | |
|----------------------------|----------------|-----------------|
| <u>Child's middle name</u> | <u>Doraine</u> | <u>Lorraine</u> |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this 29 day of
May, 1979.
Notary Public, William J. Ford
Residing at Medford, Oregon
My commission expires 4-8-80
(Seal)

X Evelyn Lorraine Riskey
Signature of Applicant
748 Diamond Medford, Oregon 97501
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson }

(Must be completed)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of
May, 1979.
Notary Public, William J. Ford
Residing at Medford, Oregon
My commission expires 4-8-80
(Seal)

Maedred J. Rouse
Supporting Signature
18634 Wiedwald Ln - Crescent City, Ca
Street Address, City, State

Family Bible record gives name as Evelyn Lorraine born Feb 23, 1920.
viewed by V. S.

JUN 12 1979

Certif of Baptism and Conrification from the LD^S Church gives name as Evelyn Lorraine
Risley daughter of Jackson Lockwood @lynn and Lydia Etta Marlett. born
Feb 23, 1920 at Didley, Idaho. Baptized March 22 28, 1953. viewed by V. S.

215-2051028-466
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

78034

County of Kootenai

City of Hammon

Registration District No. 126

File No. 4

No. _____ St. _____

Primary Registration District No. 2203

Registered No. 63

Hospital Sokewin

FULL NAME OF CHILD Bonnie Evelyn Sanders

| | | | | |
|----------------------------|---|------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>Mar 5 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------------|------------------------|---|

FULL NAME Am a Sanders FATHER

FULL MAIDEN NAME Ruby Love MOTHER

RESIDENCE Hammon Ida

RESIDENCE Hammon

COLOR White AGE AT LAST BIRTHDAY 33
(Years)

COLOR White AGE AT LAST BIRTHDAY 25
(Years)

BIRTHPLACE Canada

BIRTHPLACE Medanville Ida

OCCUPATION Corn labor

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Mar 5-20 at 1230 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. D. J.
(Physician or midwife)

Given names added from a supplemental report.

Address Hammon Ida

Filed Apr 1 1920 J. M. Timney Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1966

236-107-028-369

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

78035

County of KootenaiCity of HarrisonRegistration District No. 126File No. 4

No. _____ St. _____

Primary Registration District No. 2204Registered No. 63Hospital Sageview

FULL NAME OF CHILD

Thomas Herbert SlotterSex of Child MaleTwin
Triplet
or other?{ and } Number
in order
of birthLegiti-
mate? YesDate of Birth Mar 7 1920
(Month) (Day) (Year)FULL
NAMETorvald Slotter

FATHER

FULL
MAIDEN
NAMEMary Rose Corbin

MOTHER

RESIDENCE

Springston

RESIDENCE

Springston

COLOR

WhiteAGE AT LAST
BIRTHDAY 40
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY 31
(Years)

BIRTHPLACE

Norway

BIRTHPLACE

Irin

OCCUPATION

Comm labor

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive Mar -7-20
(Born alive or stillborn)7:40 P. M.{ *When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth. }

(Signature)

Indy

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Harrison

Filed

Apr 1 1920

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number
of each, in order of birth stated.

458-216-028-852
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai

City of Arden

Registration District No. 123

File No. 78036

No. _____ St. _____

Primary Registration District No. 2224

Registered No. 65

Hospital _____

FULL NAME OF CHILD

Ruth Margherita Meyer

| | | | | |
|----------------------------|---|--------------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and { Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 16 20</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|------------------------|--|

FULL NAME FATHER E. F. Meyer

FULL MAIDEN NAME MOTHER Lucie May Heelof

RESIDENCE Arden

RESIDENCE Arden

COLOR White AGE AT LAST BIRTHDAY 26
(Years)

COLOR White AGE AT LAST BIRTHDAY 34
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Pa

OCCUPATION Minister

OCCUPATION Housewife

Number of child of this mother, including present birth. 1

Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

Born alive Mar 16-20 at Arden Idaho U.S.A.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Arden

Filed April 19 20 [Signature]

MAY 7 1962

266-326-028-319
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Latah

City of Harrison

No. _____ St. _____

Registration District No. 126

File No. 78037

Primary Registration District No. 2204

Registered No. 66

Hospital _____

FULL NAME OF CHILD LEOTA SHIRLEY BOWLER

| | | | | |
|--|---|--|--|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Jun 26 1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>Mattie Bowler</u>
FATHER | | | FULL MAIDEN NAME <u>Helma Cardwell</u>
MOTHER | |
| RESIDENCE <u>Harrison, Ida</u> | | | RESIDENCE <u>Harrison</u> | |
| COLOR <u>Blue</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) | COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u>
(Years) | | |
| BIRTHPLACE <u>Mo</u> | | | BIRTHPLACE <u>Mo</u> | |
| OCCUPATION <u>Corn labor</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

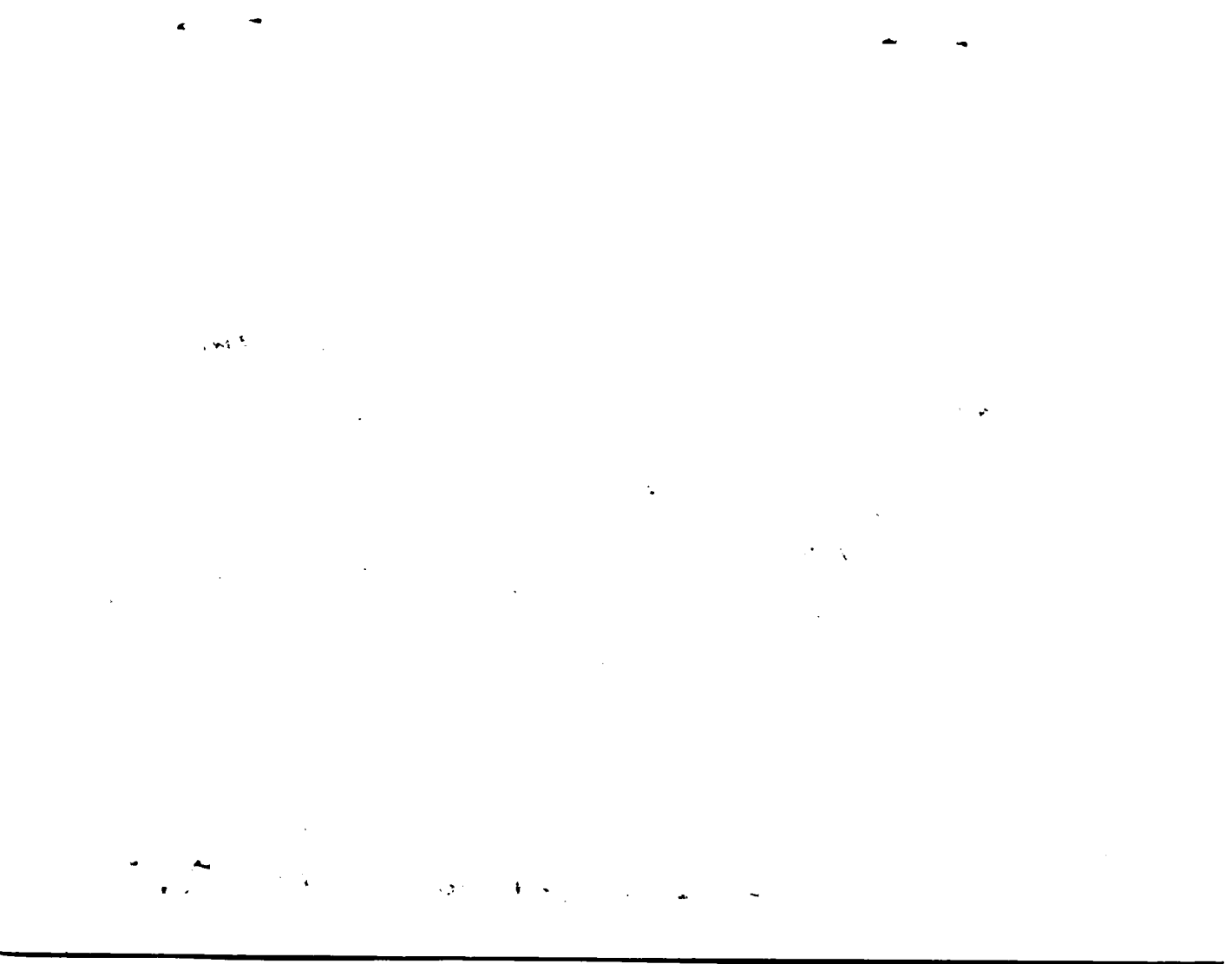
I hereby certify that I attended the birth of this child, who was born alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. H. R. R.
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison, Ida
Filed April 20 19 20
Dr. R. H. R. R.
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 23 1947 Certificate No. 78037
County of Kootenai }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Bowler who was born March 26, 1920
(NAME ON ORIGINAL CERTIFICATE) (BIRTH OR DEATH)
in Harrison, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT) (DATE OF EVENT)
true facts as shown by _____ prepared on _____, are:

| | | |
|--|-------------|-----------------------------|
| (BIBLE RECORD, INSURANCE POLICY, ETC.) | (GIVE DATE) | TO |
| FACTS TO BE CORRECTED | | FROM |
| ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) | | (AS ON ORIGINAL) |
| Name <u>Unnamed Bowler</u> | | <u>Leota Shirley Bowler</u> |
| | | <u>Leota Shirley Bowler</u> |

Subscribed and sworn to before me this 21st
day of January, 19 42
W. M. Cantony
Notary Public, residing at Coeur d Alene
My commission expires Nov 15, 1945
(SEAL)

Signed Leota Shirley Bowler Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rte 2, Coeur d Alene, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.
Subscribed and sworn to before me this 21st
day of January, 19 42
W. M. Cantony
Notary Public, residing at Coeur d Alene, Idaho
My commission expires Nov 15, 1945
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

Signed M. C. Bowler Father
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rte 2, Coeur d Alene, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1947 By _____
(REGISTRAR'S SIGNATURE)

1942

434-206-08-152
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form M.S. No. U-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai

City of Spangula

Registration District No. 126

File No. 78039

No. _____ St. _____

Primary Registration District No. 224

Registered No. 68

Hospital _____

FULL NAME OF CHILD

BERYL KATHRYN McDOWELL

| | | | | |
|----------------------------|---|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u>
(To be answered only in event of plural births) | and { Number in order of birth <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 26 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--|------------------------|--|

| | |
|---------------------------------|---|
| FULL NAME <u>Elmer McDowell</u> | FATHER |
| RESIDENCE <u>Spangula Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) |
| BIRTHPLACE <u>Ida</u> | |
| OCCUPATION <u>Iron labor</u> | |

| | |
|-------------------------------------|---|
| FULL MAIDEN NAME <u>Ruth Archer</u> | MOTHER |
| RESIDENCE <u>Spangula</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |
| BIRTHPLACE <u>Ida</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 a. M. on the date above stated.
(Born alive or stillborn)

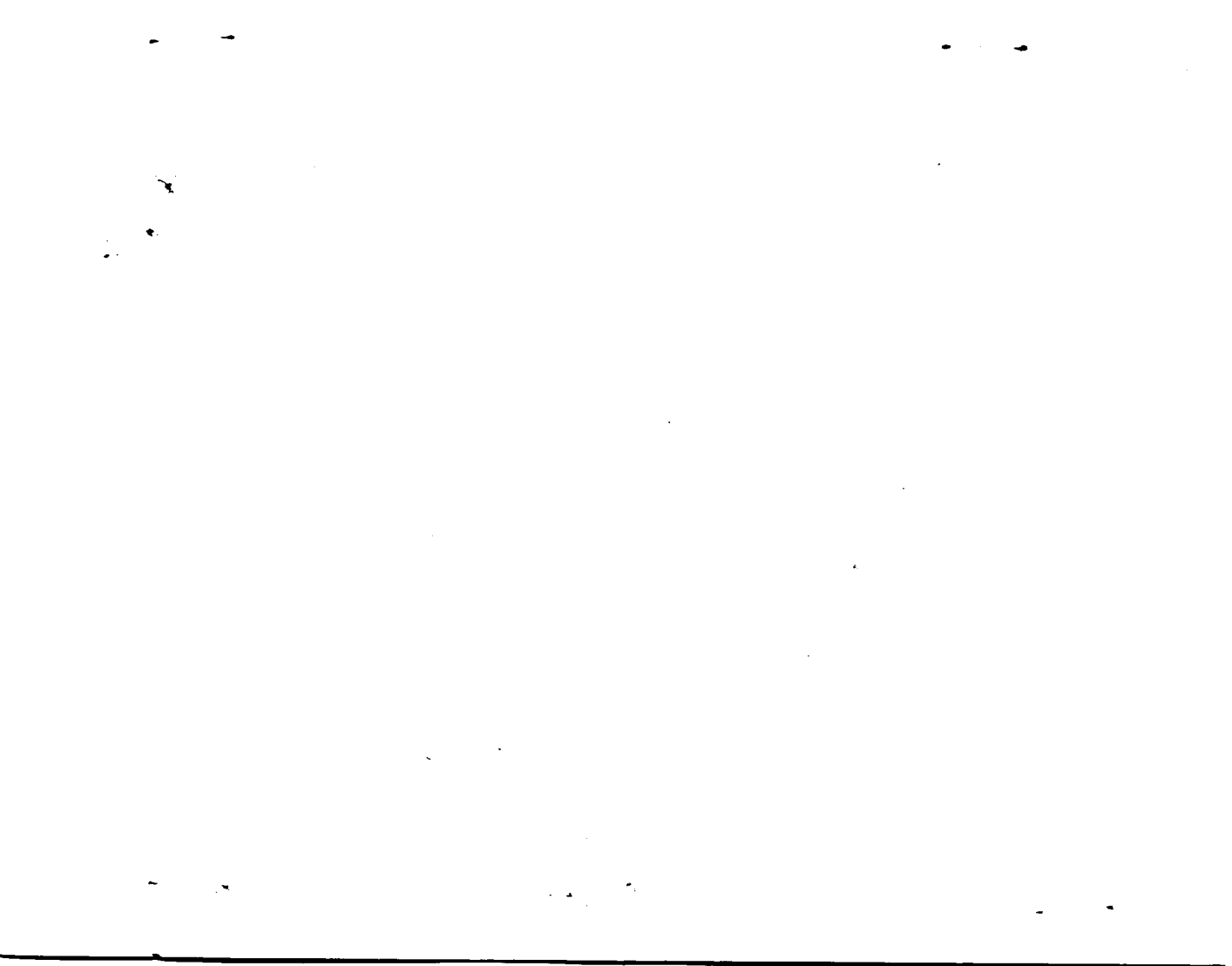
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gering
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Harmon Ida

Filed April 1 1920 Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss. Certificate No. 78039
Date Filed Mar 26 1942

The undersigned does solemnly swear that certain facts on the certificate of _____
for _____ who was born on Mar. 26, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name unnamed Beryl Kathryn McDowell

Subscribed and sworn to before me this 24
day of March, 1942
M. A. Rieger
Notary Public, residing at Harrison
My commission expires 11/4/42
(Seal)

Signed Ruth Purdy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Springston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 24
day of March, 1942
M. A. Rieger
Notary Public, residing at Harrison
My commission expires 11/4/42
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
Signed Walter S. Archer
(Signature of Any Credible Person Other Than Previous Year)
Springston, Idaho
(Street Address, City, State)

100

100

100

345-229-028-863
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Mortimer

CERTIFICATE OF BIRTH

City of Harrison

Registration District No. 26

File No. 78040

No. _____ St. _____

Primary Registration District No. 2204

Registered No. 69

Hospital _____

FULL NAME OF CHILD Marjorie Dorothy Cunningham

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>Jan 28 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|--------------------------------------|---|
| FULL NAME <u>Joseph P Cunningham</u> | FATHER |
| RESIDENCE <u>Harrison</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE <u>Mo</u> | |
| OCCUPATION <u>Rancher</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Artie Holsten</u> | MOTHER |
| RESIDENCE <u>Harrison Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE <u>Ida</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

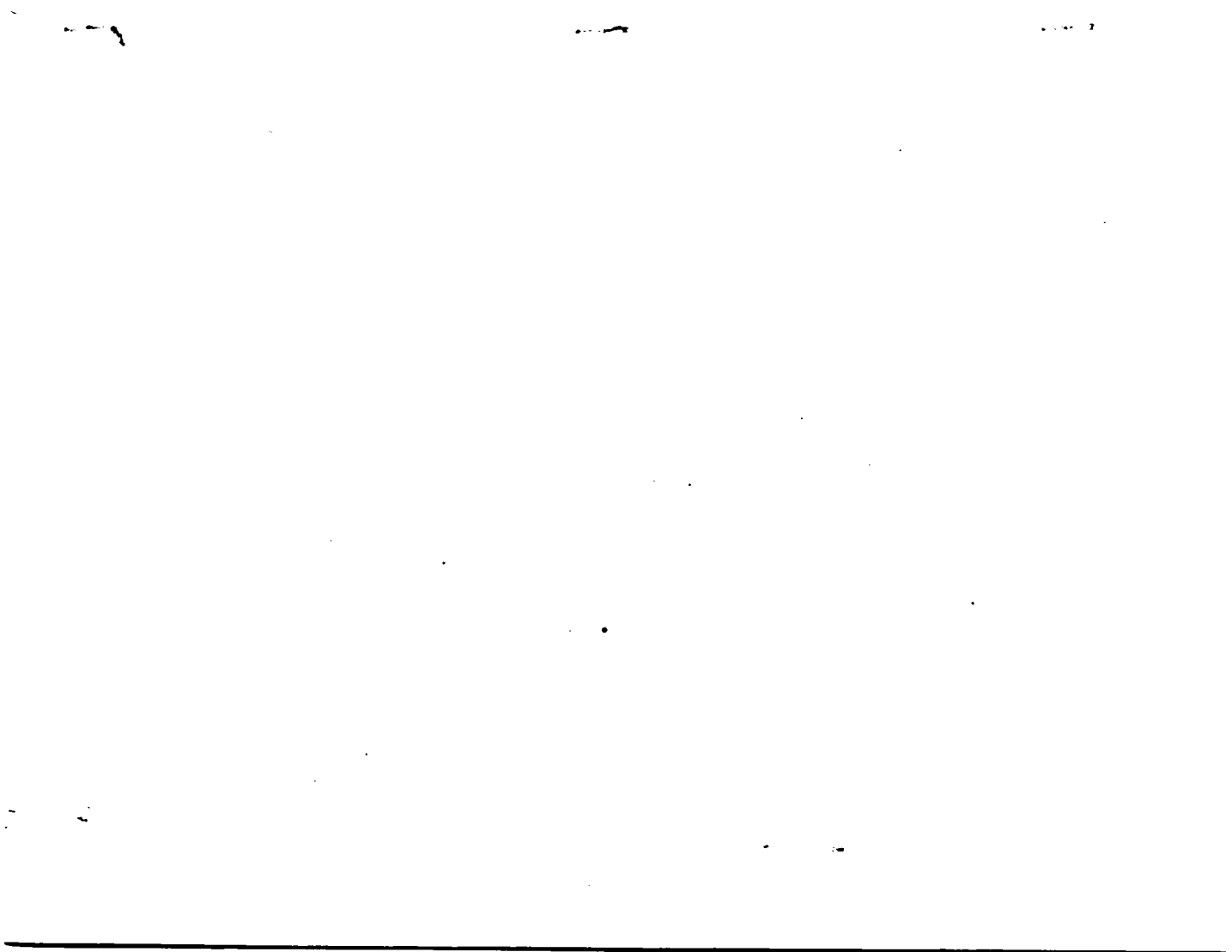
I hereby certify that I attended the birth of this child, who was Born alive at 2309 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Henry Reid
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida
Filed Apr 1 1921
Registrar



Certificate of Baptism, signed by Fred Schuaible, pastor, baptized May 22, 1956
gives full name as *This is correct from my records*
Marjorie Dorothy Morasch (Morasch is married name)
daughter of Josiah Philip
Cunningham and Artie Micia *Does not need naturalization*
Holstine, born March 29, 1920 at Harrison, Idaho - viewed by V.S. *1947*

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Cert. Copy of Own Child's Birth Cert., State of Wash Certificate No. 78040
#139, child born March 15, 1947 at Colfax, Washington - gives full maiden name of
County of mother as Marjorie Dorothy Cunningham, born in Harrison, Idaho - age 26 - view-
ed by V.S.

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Cunningham (female child) who was born on March 29, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Harrison, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
|---|--------------------------|-----------------------------|
| Full Name of Child | Unnamed | Marjorie Dorothy Cunningham |
| | | |
| | | |

Subscribed and sworn to before me this 19 day of July
1962
Notary Public, residing at Harrison, Idaho
My commission expires Nov 5, 1962
(Seal)

Signed J. M. Kennedy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2946 Grandview, Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Boatmen } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of July
1962
Freda Cunningham Rose
Notary Public, residing at Harrison, Idaho
My commission expires Nov 5, 1962
(Seal)

Signed Freda Cunningham Rose
(Signature of Any Credible Person)
Harrison Idaho
(Street Address, City, State)

SEP 8 1961

154.231028-291
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Kootenai

CERTIFICATE OF BIRTH

City of Harrison

Registration District No. 126

File No.

78042

No. _____ St.

Primary Registration District No. 2204

Registered No.

21

Hospital Sakeride

FULL NAME OF CHILD Jonelle Pearl Andrews

| | | | | | |
|---------------------------------------|---|-----|--|---|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>Mar 31 1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>FATHER Alden Andrews</u> | | | FULL MAIDEN NAME <u>MOTHER Fidelia Bradley</u> | | |
| RESIDENCE <u>Harrison</u> | | | RESIDENCE <u>Harrison Ida</u> | | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) | | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) | |
| BIRTHPLACE <u>Idaho</u> | | | BIRTHPLACE <u>Idaho</u> | | |
| OCCUPATION <u>Corn laborer</u> | | | OCCUPATION <u>Housewife</u> | | |

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 9 P M.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Tenny

(Physician or midwife)

Given names added from a supplemental report.

Address

Harrison Ida

Filed

April 1 1920

Registrar

Registrar

JUN 16 1945

JUN 9 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693.206.028-133

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78043

County of *Notenai*

City of *Coeur d'Alene*

Registration District No. *29*

File No.

No. St.

Primary Registration District No. *1050*

Registered No. *33*

Hospital

FULL NAME OF CHILD

Margery Wilson

| | | | | |
|----------------------------|----------------------------------|--|------------------------|---|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>No</i> | Number in order of birth (To be answered only in event of plural births) | Legitimate? <i>yes</i> | Date of Birth <i>April 6-1920</i>
(Month) (Day) (Year) |
|----------------------------|----------------------------------|--|------------------------|---|

| |
|--|
| FULL NAME <i>FATHER</i>
<i>Harold Victor Wilson</i> |
| RESIDENCE <i>Coeur d'Alene, Idaho</i> |
| COLOR <i>White</i> |
| BIRTHPLACE <i>Missouri</i> |
| OCCUPATION <i>Broker</i> |

| |
|---|
| FULL MAIDEN NAME <i>MOTHER</i>
<i>Clerna May Acton</i> |
| RESIDENCE <i>Coeur d'Alene, Idaho</i> |
| COLOR <i>White</i> |
| BIRTHPLACE <i>Missouri</i> |
| OCCUPATION <i>Wife</i> |

Number of child of this mother, including present birth. *2* ... Number of children of this mother now living, including present birth. *2* ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *330 a* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Louis H. Mead*
Physician (Physician or midwife)

Given names added from a supplemental report.

Address *Coeur d'Alene, Idaho*
Filed *April 8 1920* *Hus Nelson*
Registrar

K

FEB 22 1943

316-201-028-357

PLACE OF BIRTH

County of KootenaiCity of Coeur d'Alene

Registration District No.

No. St.

Primary Registration District No.

Hospital

FULL NAME OF CHILD Marie La Fontaine

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25a-9-37

CERTIFICATE OF BIRTH

29th 6 1/2 months fetus **78044**

File No.

Registered No. 32

| | | | | |
|----------------------------|---|--|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u>
(To be answered only in event of plural births) | and Number in order of birth <u> </u> | Legitimate? <u>yes</u> | Date of Birth <u>April 1st 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--|------------------------|---|

| | |
|---------------------------------------|---|
| FULL NAME <u>James A. La Fontaine</u> | FATHER |
| RESIDENCE <u>Coeur d'Alene Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) |
| BIRTHPLACE <u>Michigan</u> | |
| OCCUPATION <u>Saw-mill hand</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Laurai Le Gault</u> | MOTHER |
| RESIDENCE <u>Coeur d'Alene Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE <u>Montreal</u> | |
| OCCUPATION <u>wife</u> | |

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis H. Mack

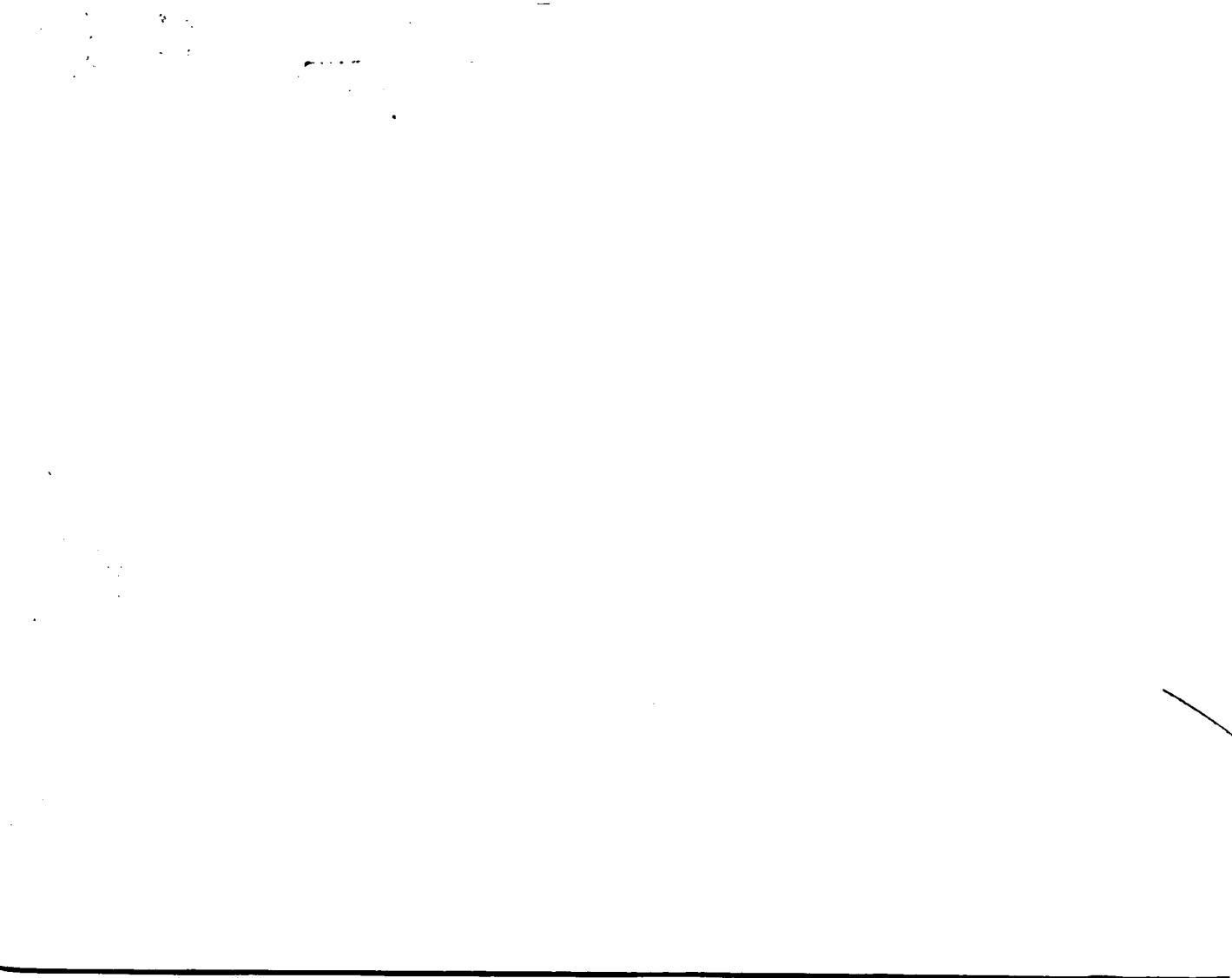
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene IdahoFiled April 8, 1920 Gus Nelson

Registrar

Registrar



466-229-028-493

PLACE OF BIRTH

County of *Rootenai*

City of *Coeur D'Alene*

No. _____ St. _____

Registration District No. *29*

Primary Registration District No. *1050*

Hospital _____

Full Name of Child *Georgia Geo. Dofelmier*

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. *78045*

Registered No. *31*

| | | | | | |
|--|---|-----|---|---|--|
| SEX OF CHILD <i>Female</i> | Twin Triplet or other? <i>one</i> | and | Number in order of birth <i>one</i> | Legitimate? <i>yes</i> | DATE OF BIRTH <i>29 Mch 1920</i>
(Month) (Day) (Year) |
| FATHER | | | MOTHER | | |
| FULL NAME <i>George Arthur Dofelmier</i> | | | FULL MAIDEN NAME <i>Virginia Elona Miller</i> | | |
| RESIDENCE <i>Coeur d'Alene</i> | | | RESIDENCE <i>Coeur d'Alene Idaho</i> | | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>40</i>
(Years) | | COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>17</i>
(Years) | |
| BIRTHPLACE <i>Montana</i> | | | BIRTHPLACE <i>Washington</i> | | |
| OCCUPATION <i>Logging</i> | | | OCCUPATION <i>Housewife</i> | | |

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *7:20 A* M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. H. Kae*

Given names added from a supplemental report.

Address *Physician*
Coeur D'Alene Ida.
(Physician or midwife)

Filed *Apr 8 1920* *Gus Nelson*
Registrar

MAR 13 1944

269-121-028-465

PLACE OF BIRTH

County of KootenaiCity of Coeur D'Alene

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 29Primary Registration District No. 1050

Form V. S. No. 11-25m-6-16-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 78047Registered No. 29

| | | | |
|--------------------------|---|-----------------------------|---|
| SEX OF CHILD <u>Male</u> | Twin
Triplet
or other? <u>one</u> {and} Number
in order of birth <u>one</u>
(To be answered only in event of plural births) | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>March 21</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----------------------------|---|

| | |
|---|--------|
| FULL
NAME <u>Soren M Sornsen</u> | FATHER |
| RESIDENCE <u>Coeur d Alene</u> | |
| COLOR <u>white</u> - AGE AT LAST
BIRTHDAY <u>42</u>
(Years) | |
| BIRTHPLACE <u>Minnesota</u> | |
| OCCUPATION <u>Bank & Real Estate</u> | |

| | |
|---|--------|
| FULL
MAIDEN
NAME <u>May Anna Mooring</u> | MOTHER |
| RESIDENCE <u>Coeur d Alene</u> | |
| COLOR <u>white</u> - AGE AT LAST
BIRTHDAY <u>30</u>
(Years) | |
| BIRTHPLACE <u>South Dakota</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive

(Born alive or stillborn)

at 1:45 P.M.

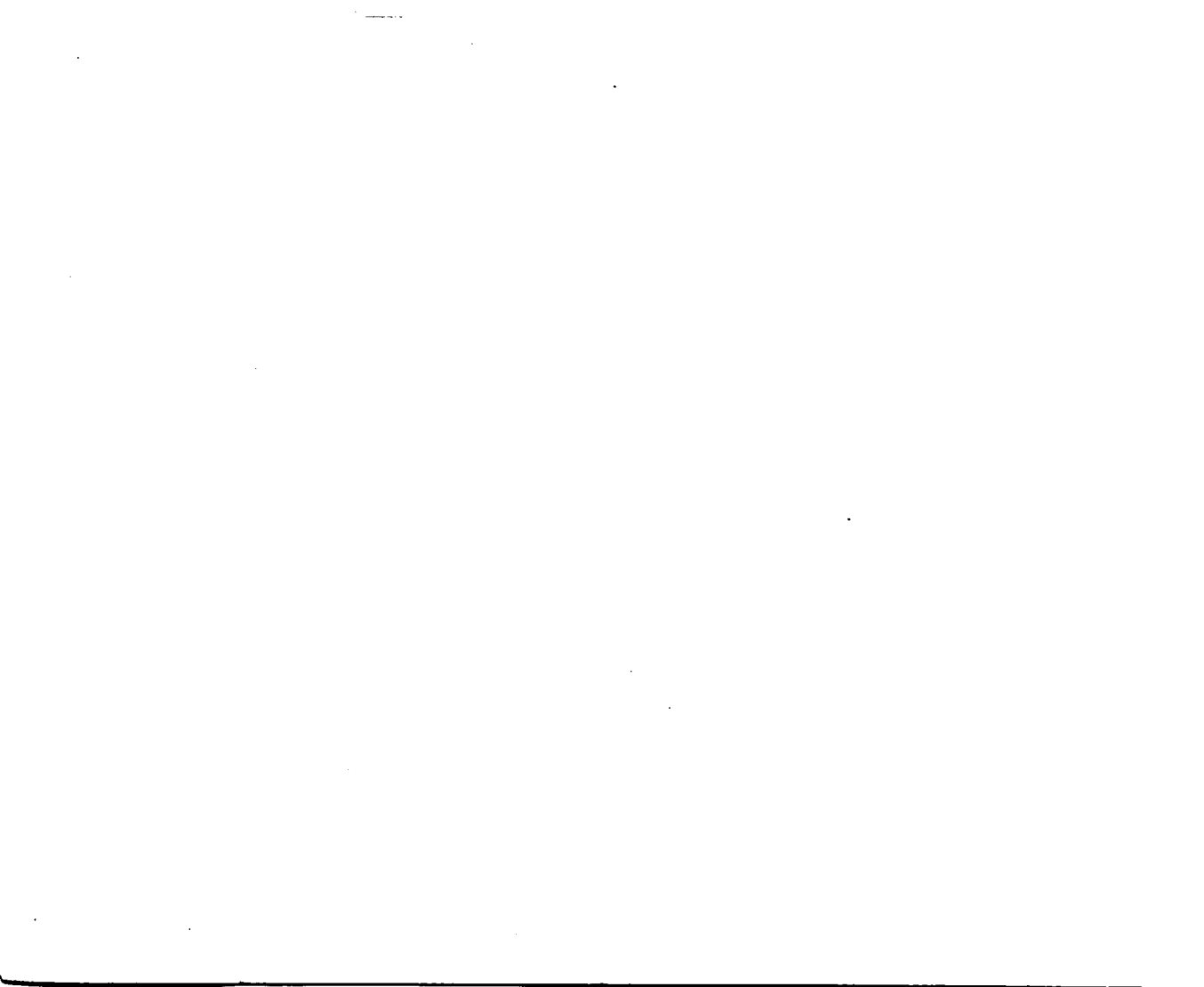
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. H. KaedunPhysician
(Physician or midwife)Address Coeur D'Alene, Ida.Filed April 8, 1920

Registrar

Registrar H. H. Nelson



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

453-216-078-851
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of KootenaiCity of Coeur d'AleneRegistration District No. 29

File No.

78048No. St. Primary Registration District No. 1000Registered No. 28Hospital

FULL NAME OF CHILD

Elizabeth Jane Delavan

Sex of Child

FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)and
Number
in order
of birthLegiti
mate?yesDate of
BirthMarch 14
(Month) (Day)1920
(Year)FULL
NAMECarlyn C. Delavan

FATHER

RESIDENCE

Coeur d'Alene

COLOR

whiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Mich.

OCCUPATION

foresterFULL
MAIDEN
NAMEEtta C. Hearn

MOTHER

RESIDENCE

Coeur d'Alene

COLOR

whiteAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Mich.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:20 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. C. Dwyer
Phys.
(Physician or midwife)

Given names added from a supplemental report.

Address

Coeur d'Alene Idaho

Filed

April 20 1920Gus Nelson

Registrar

Registrar



753.107.028-256

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of KootenaiCity of Coeur d'AleneRegistration District No. 29File No. 78049

No. _____ St. _____

Primary Registration District No. 1032Registered No. 27

Hospital _____

FULL NAME OF CHILD Walter Clarence Peterson

| | | | |
|--------------------------|---|------------------------|---|
| Sex of Child <u>Male</u> | Twins Triplet or other? <u>and</u> Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Mich. 7 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|---|

FATHER
FULL NAME Perry Clarence PetersonRESIDENCE Coeur d'AleneCOLOR white AGE AT LAST BIRTHDAY 27
(Years)BIRTHPLACE WisconsinOCCUPATION LaborerMOTHER
FULL MAIDEN NAME Edith Elizabeth KroughRESIDENCE Coeur d'AleneCOLOR white AGE AT LAST BIRTHDAY 24
(Years)BIRTHPLACE IrelandOCCUPATION housewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer
P. H. P.
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene, Idaho
Filed April 8 1920 Gus Nelson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 1944

DECLASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-205-028-243

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Kootenai
City of Coeur d'Alene Registration District No. 29 File No. 78050
No. _____ St. _____
Primary Registration District No. 1150 Registered No. 26
Hospital _____
FULL NAME OF CHILD Caroline Amanda Gray

Sex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes Date of Birth Mar 5 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Frank E. Gray
RESIDENCE Coeur d'Alene
COLOR white AGE AT LAST BIRTHDAY 38
(Years)
BIRTHPLACE Kansas
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Pessa M. Bullough
RESIDENCE Coeur d'Alene
COLOR white AGE AT LAST BIRTHDAY 30
(Years)
BIRTHPLACE Kansas
OCCUPATION housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer
Phys
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene, Idaho
Filed April 8, 1920 Gus Nelson
Registrar

K

100-2-100

MAY 21 1942

Dup of 1920-80032

619.201-028-955

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of KootenaiCity of Coeur d'AleneRegistration District No. 29File No. 78051

No. _____ St. _____

Primary Registration District No. 1050Registered No. 25

Hospital _____

FULL NAME OF CHILD Dorothy Katherine Ward

| | | | | | |
|----------------------------|--|-----|--------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin <u>Triple</u> or other? <u>no</u> | and | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>March 1</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|--|-----|--------------------------------|------------------------|---|

| | |
|----------------------------------|---|
| FULL NAME <u>Michael J. Ward</u> | FATHER |
| RESIDENCE <u>Coeur d'Alene</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>58</u>
(Years) |
| BIRTHPLACE <u>Canada</u> | |
| OCCUPATION <u>Laborer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Emma Katherine Henry</u> | MOTHER |
| RESIDENCE <u>Coeur d'Alene</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>42</u>
(Years) |
| BIRTHPLACE <u>Minnesota</u> | |
| OCCUPATION <u>housewife</u> | |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Dwyer
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Coeur d'Alene, Idaho

Filed

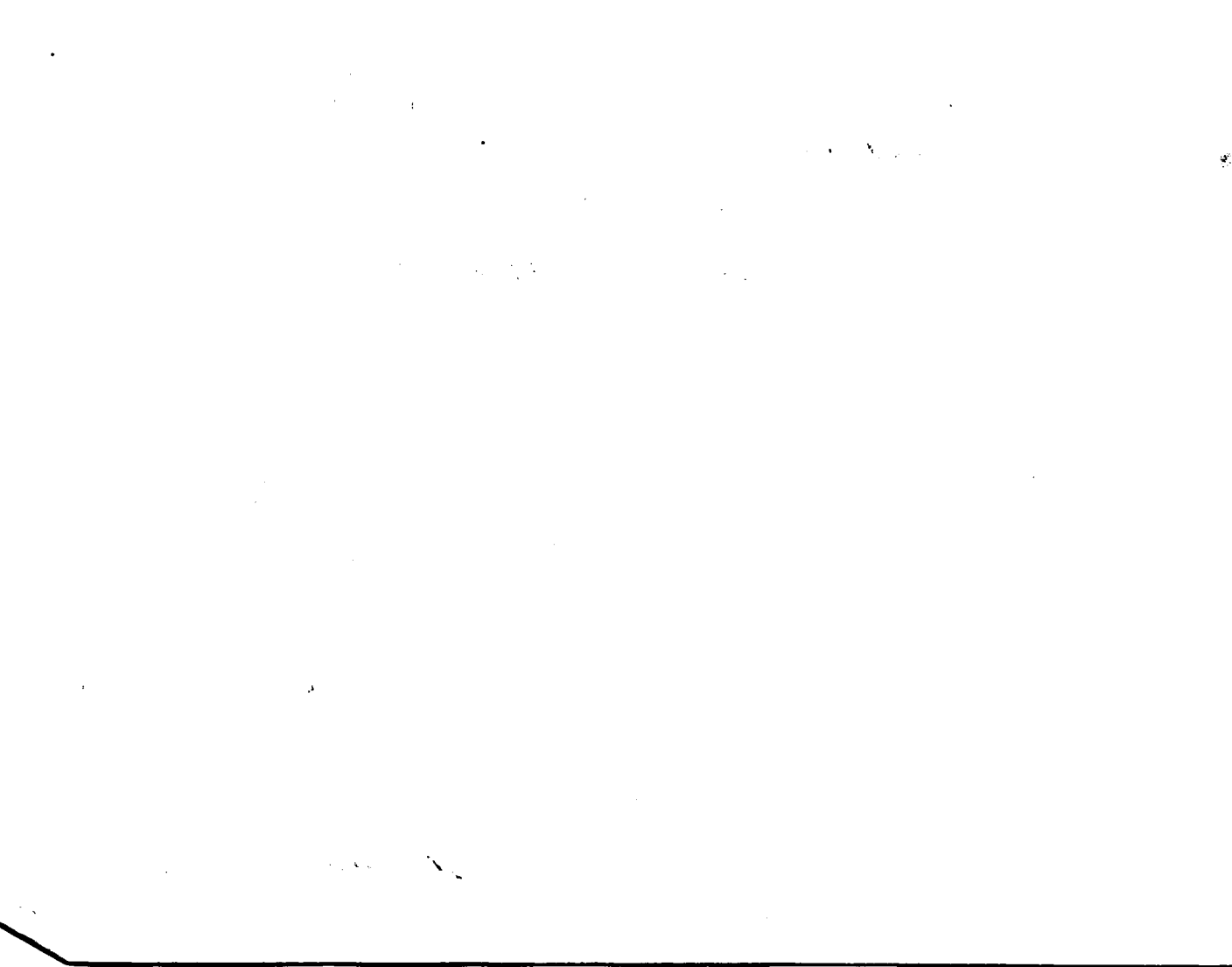
April 8 19 20Gus Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

154,125,028-545
 PLACE OF BIRTH

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of KootenaiCity of Coeur d'AleneRegistration District No. 29File No. 78052

No. _____ St. _____

Primary Registration District No. 1050Registered No. 24

Hospital _____

FULL NAME OF CHILD Clarence Robert Russell Anderson

| | | | | | |
|--------------------------|--|-----|---|---------------------------|--|
| Sex of Child <u>Male</u> | Twins
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legitimate?
<u>yes</u> | Date of Birth <u>March 25</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|--|-----|---|---------------------------|--|

FATHER
 FULL NAME Chas. Anderson
 RESIDENCE Coeur d'Alene
 COLOR white AGE AT LAST BIRTHDAY 43
 (Years)
 BIRTHPLACE Sweden
 OCCUPATION millwright

MOTHER
 FULL MAIDEN NAME Annie Emery
 RESIDENCE Coeur d'Alene
 COLOR white AGE AT LAST BIRTHDAY 41
 (Years)
 BIRTHPLACE England
 OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:15 A.M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed _____

Registrar _____

Registrar _____

JAN 18 1957

NOV 18 1956

DECEASED

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-217028-318
PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin Triplet or other?

and (Number in order of birth)

Legitimate?

Date of Birth

FULL NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

(Physician or midwife)

Address

Filed

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-02a-1-1-1

File No.

Registered No.

78053

23

Primary Registration District No. 1030

Feb 17 1920
(Month) (Day) (Year)

FATHER
Henry Mathias Kageles
Coeur d'Alene, Idaho

White 22 (Years)

Washington

Laborer

MOTHER
Julia Kageles
Coeur d'Alene, Idaho

White 21 (Years)

Idaho

Housewife

Born alive 4:45 PM

Dr. John T. Wolf

Coeur d'Alene, Idaho

April 20 1920 Gus Nelson



556-222-028-395

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78054

County of KootenaiCity of Coeur d'AleneRegistration District No. 29

File No. _____

No. _____ St. _____

Primary Registration District No. 1050Registered No. 22

Hospital _____

FULL NAME OF CHILD Hester Adell Neff

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

Legitimate?

yes

Date of Birth

Feb.221920

(Month)

(Day)

(Year)

FULL NAME

Phillip Neff

FATHER

RESIDENCE

Coeur d'Alene

COLOR

white

AGE AT LAST BIRTHDAY

3 1/2
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Lumberman

FULL MAIDEN NAME

Grace E. Livermore

MOTHER

RESIDENCE

Coeur d'Alene

COLOR

white

AGE AT LAST BIRTHDAY

34
(Years)

BIRTHPLACE

Wisc.

OCCUPATION

housewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Dwyer
J. P. Phys.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Coeur d'Alene, Idaho.

Filed

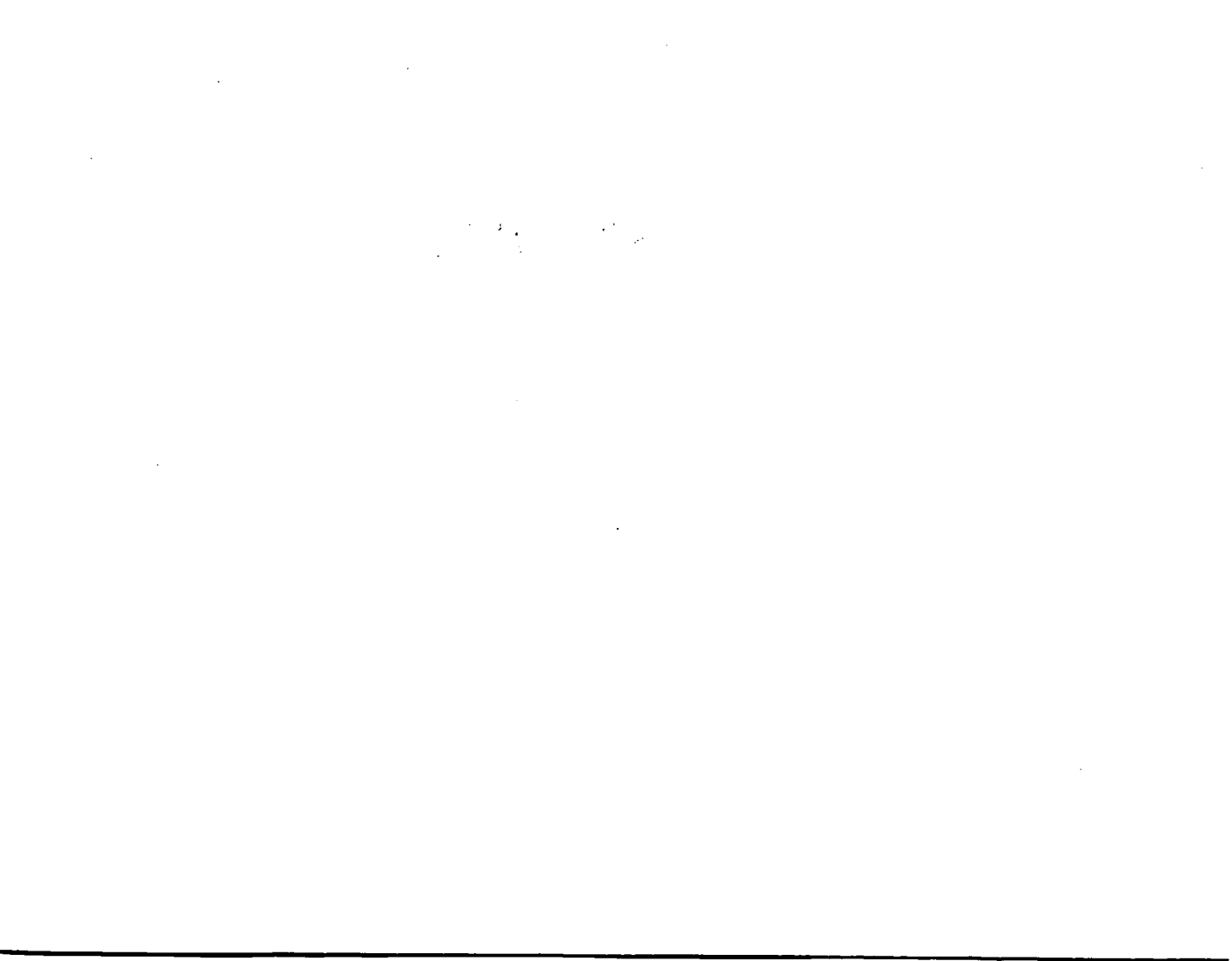
April 28 1920Edw. Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



864-107-028-319

PLACE OF BIRTH

County of KootenaiCity of Coeur d'Alene

No. _____ St. _____

Hospital _____

Full Name of Child Bruce HodgeSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 29File No. 78055Primary Registration District No. 1050Registered No. 21

| | | | |
|--------------------------------------|---|--------------------------------------|---|
| SEX OF CHILD <u>Male</u> | Twin Triplet or other? <u>one</u> { and } Number in order of birth <u>one</u> | Legitimate? <u>yes</u> | DATE OF BIRTH <u>Feb 7</u> (Month) (Day) (Year) <u>1920</u> |
| FULL NAME <u>Melton Hodge</u> | FATHER | FULL MAIDEN NAME <u>Marie Larson</u> | MOTHER |
| RESIDENCE <u>Coeur d'Alene Idaho</u> | | RESIDENCE <u>Coeur d'Alene</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>28</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>18</u> (Years) |
| BIRTHPLACE <u>Tennessee</u> | | BIRTHPLACE <u>Coeur d'Alene Ida</u> | |
| OCCUPATION <u>Lumberman</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 A M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Hoaden

Given names added from a supplemental report.

Address Coeur d'Alene IdaFiled Apr 8 19 20Registrar Gus Nelson

Registrar

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

100 BIDDING

DEC 30 1943

942.130-028-215

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 110-2-2-2

CERTIFICATE OF BIRTH

78059

County of Kootenai

City of Bayview

Registration District No. 30

File No.

No. St.

Primary Registration District No. 1051-2051

Registered No. 13

Hospital

FULL NAME OF CHILD

Melvin Russell

Sex of Child male

Twin
Triplet
or other?

and { Number
in order
of birth
(To be answered only in event of plural births)

Legiti-
mate? yes

Date of Birth March 30, 1920
(Month) (Day) (Year)

FULL NAME FATHER Clarence E. Russell

RESIDENCE Bayview, Ida

COLOR white AGE AT LAST BIRTHDAY 19
(Years)

BIRTHPLACE Wash.

OCCUPATION laborer

FULL MAIDEN - NAME MOTHER E. Kaesinger

RESIDENCE Bayview

COLOR white AGE AT LAST BIRTHDAY 18
(Years)

BIRTHPLACE Wash.

OCCUPATION housewife

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis W. [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Patrolman, Idaho

Filed 4/11 19 20 Registrar Francis W. [Signature]

Registrar

Registrar

JUN 5 1974

4118-122-028215

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25a-1-1-43

CERTIFICATE OF BIRTH

County of KootenaiCity of bonanzaRegistration District No. 30File No. 78060No. 709 Garden anPrimary Registration District No. 1051Registered No. 752Hospital Mr. Reed

FULL NAME OF CHILD

Melvin Henry DahlgrenSex of
ChildmaleTwin
Triplet
or other?Single

and

Number
in order
of birth1stLegiti-
mate?yesDate of
BirthMar 2219120

(Month)

(Day)

(Year)

FULL
NAMEEdwin C Dahlgren

FATHER

RESIDENCE

Driftwood Bay

COLOR

WhiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer LoggerFULL
MAIDEN
NAMEImmie Sandanger

MOTHER

RESIDENCE

Driftwood Bay

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Rockford Wash

OCCUPATION

Housewife

Number of child of this mother, including present birth

One

Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive

(Born alive or stillborn)

3:30 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. E. Worthington

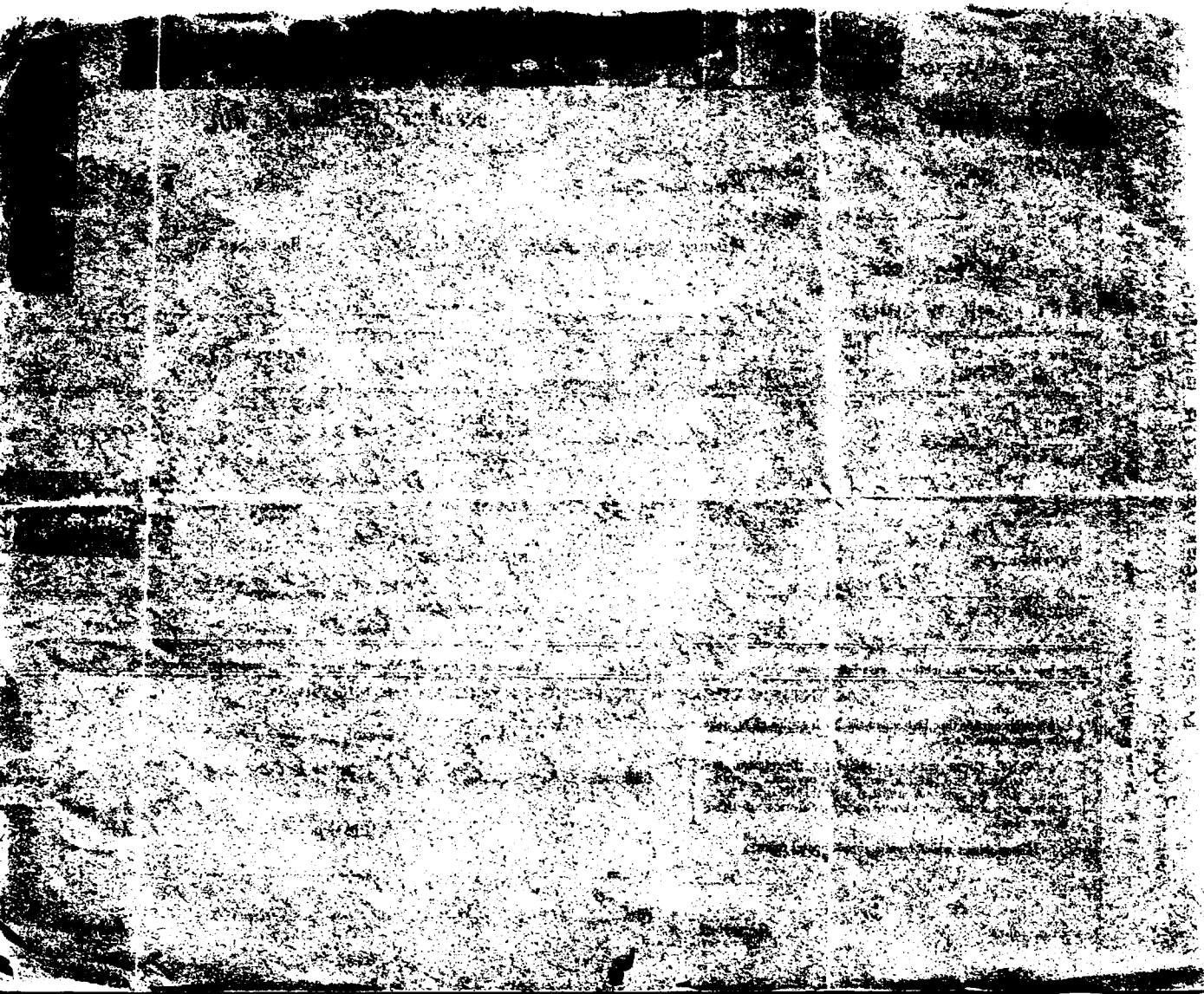
(Physician or midwife)

Given names added from a supplemental report.

Address

4/21920D. D. Brennan

Registrar



349.214.028-736

PLACE OF BIRTH amend 12-2-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-9-8-17

County of KootenaiCity of Coeur d'AleneRegistration District No. 30File No. 78062No. St.Primary Registration District No. 1051Registered No. 760HospitalFULL NAME OF CHILD Mary Eileen Turner

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>.....</u> } and { Number in order of birth <u>.....</u> | Legitimate? <u>yes</u> | Date of Birth <u>3 14 1922</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

| | |
|---------------------------------------|---|
| FULL NAME <u>Clyde Everett Turner</u> | FATHER |
| RESIDENCE <u>Coeur d'Alene R.F.D.</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) |
| BIRTHPLACE <u>Arlington Ore.</u> | |
| OCCUPATION <u>Rancher</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Mary Elizabeth Bloyer</u> | MOTHER |
| RESIDENCE <u>Coeur d'Alene R.F.D.</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE <u>Montana</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:45 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Physician or midwife

Given names added from a supplemental report.

Address Coeur d'AleneFiled March 1922

Registrar

Registrar

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RECEIVED

4-14-81

NOV 30 1981

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

Bureau of Vital Statistics

Calif.

State of _____
County of SiskiyouOFFICIAL SEAL
EARLENE MCMAHON
NOTARY PUBLIC - CALIFORNIA
SISKIYOU COUNTY
My comm. expires NOV 12, 1982Certificate No. 78062

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birthfor Elva Turner who was born on 3-14-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Coeur d'Alene (Kootenai) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameElva TurnerMary Eileen TurnerSubscribed and sworn to before me this 23 day of
November, 1981.Notary Public, Earlene McMahonResiding at 512 Main, Tulelake, Ca.My commission expires 11/12/82

(Seal)

Mary Eileen Hedington
Signature of Applicant
P.O. Box 254 Tulelake, Ca
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Yakima } ss.

(Must be completed _)

(Is not necessary _)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of
November, 1981.Notary Public, Michelle P. LawrenceResiding at White SwanMy commission expires May 15, 1984

(Seal)

Robert M. Turner
Supporting Signature
P.O. Box 393 White Swan Wash
Street Address, City, State 98952

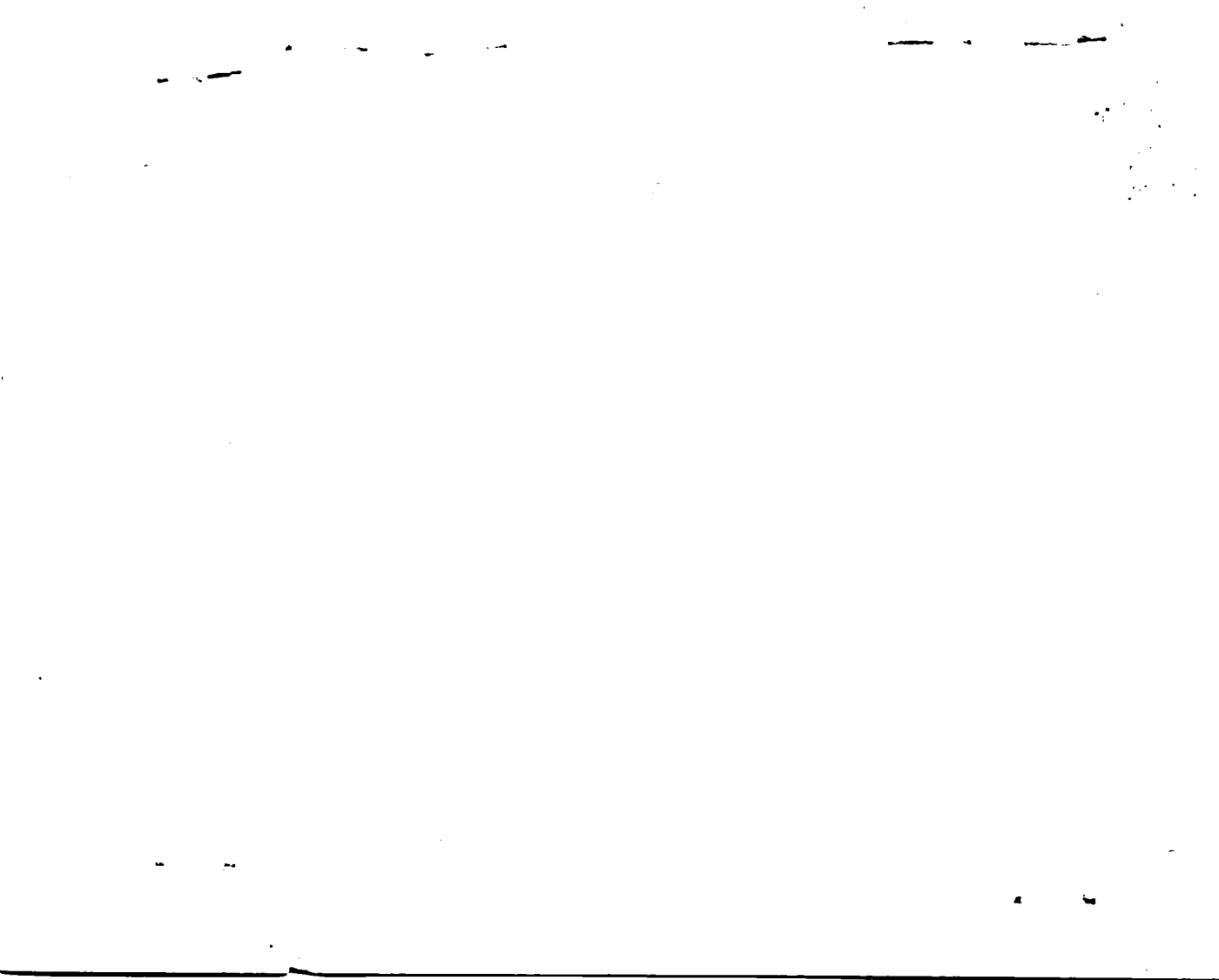
DEC 2 1981

Birth Certificate of Vicki Eileen Hedington at Klamath Falls, OR
on 10-26-48 to victor Hedington and MARY EILEEN TURNER MOTHERborn
at Coeur d'Alene, Idaho on 3-14-20. Viewed by V.S.

Cert of Baptism from Reorganized Church of Jesus Christ of LDS
gives Mary Elva Eileen Turner born 3-14-20 at Coeur d'Alene was
baptised 10-18-31. Viewed by V.S.

River View High School at Hover, WA gives Mary Eileen Turner as
graduating on 5-27-37. Viewed by V.S.

Registrant



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 78063
County of Stevens } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Eliger Hills who was born on March 3th 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Spirit Lake, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by school record prepared on 1927, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) TO
(The Correct Facts)
Name James Eliger Raymond Eliger Hills

Subscribed and sworn to before me this 28th
day of August, 1942
[Signature]

Notary Public, residing at Colville, Wash.
My commission expires Feb. 6th 1942
(Seal)

Signed Mrs. William E. Hill
(Signature of parent or attendant in correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Tiger Route Colville, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss. [This Affidavit MUST Also be Executed.
County of Stevens } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of August, 1942
[Signature]

Notary Public, residing at Colville, Washington Tiger Route Colville, Wash.
My commission expires Feb. 6th 1942
(Seal) (Street Address, City, State)

Signed R R Flint
(Signature of Any Credible Person Other Than Previous Year)

DEC 18 1969

SEP 1 1942

623-120-029-554

PLACE OF BIRTH

County of LatahCity of MoscowNo. 720 So. Main St.Hospital The GutmanRegistration District No. 61Primary Registration District No. 10.11

Form V. S. No. 11-C-25m-3-3-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 78066Registered No. 216

FULL NAME OF CHILD

| | | | | |
|--------------------------|---|---------------------------------------|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>Mch. 20</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|---------------------------------------|-----------------------------|---|

FULL NAME FATHER John Edward OslundRESIDENCE Moscow, IdahoCOLOR White AGE AT LAST BIRTHDAY 47
(Years)BIRTHPLACE MinnesotaOCCUPATION Pastor of Swedish ChurchFULL MAIDEN NAME MOTHER Ellie Helen Victoria AndersonRESIDENCE Moscow, IdahoCOLOR White AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE N. DakotaOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.


(Signature) Roscoe K. Clark M.D.

Given names added from a supplemental report.

Address Moscow, IdahoFiled April 3, 1920 N. H. Carothers

Registrar

Registrar



MAR 06 1995

465-225-297-242
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 20-22-242

County of Latah
City of Moscow
No. 770 So Main St.
Hospital The Gutman
Registration District No. 61
Primary Registration District No. 12.11
Registered No. 217
FULL NAME OF CHILD Margorie Mae Monahan

78067

Sex of Child Female
Twin Triplet or other? and Number in order of birth 1
(To be answered only in event of plural births)
Legitimate? yes
Date of Birth March 25 1920
(Month) (Day) (Year)

FULL NAME William Gustine Gustafson
RESIDENCE Moscow, Idaho
COLOR White
AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Bearmouth, Montana
OCCUPATION Civil Engineer

FULL NAME William Gustine Gustafson
RESIDENCE Moscow, Idaho
COLOR White
AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Moscow, Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. E. Gutman M.D.

Given names added from a supplemental report.

(Physician or midwife)
Address Moscow, Idaho
Filed April 24 1920
Registrar W. H. Carothers

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.204.029-857
PLACE OF BIRTH

County of Idaho

City of Moscow

No. 720 So. Main St.

Hospital The Enterprise

FULL NAME OF CHILD

Registration District No. 61

Primary Registration District No. 10.11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-3-27

78068

File No.

Registered No. 209

Marypie Green Smith

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>March 4</u> <u>1912</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

FATHER
FULL NAME Percifer Earl Smith

RESIDENCE Moscow, Idaho

COLOR White AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Idaho

OCCUPATION Farming

MOTHER
FULL MAIDEN NAME Myrtle Hegsted

RESIDENCE Moscow, Idaho

COLOR White AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Washington

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:00 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman

(Physician or midwife)

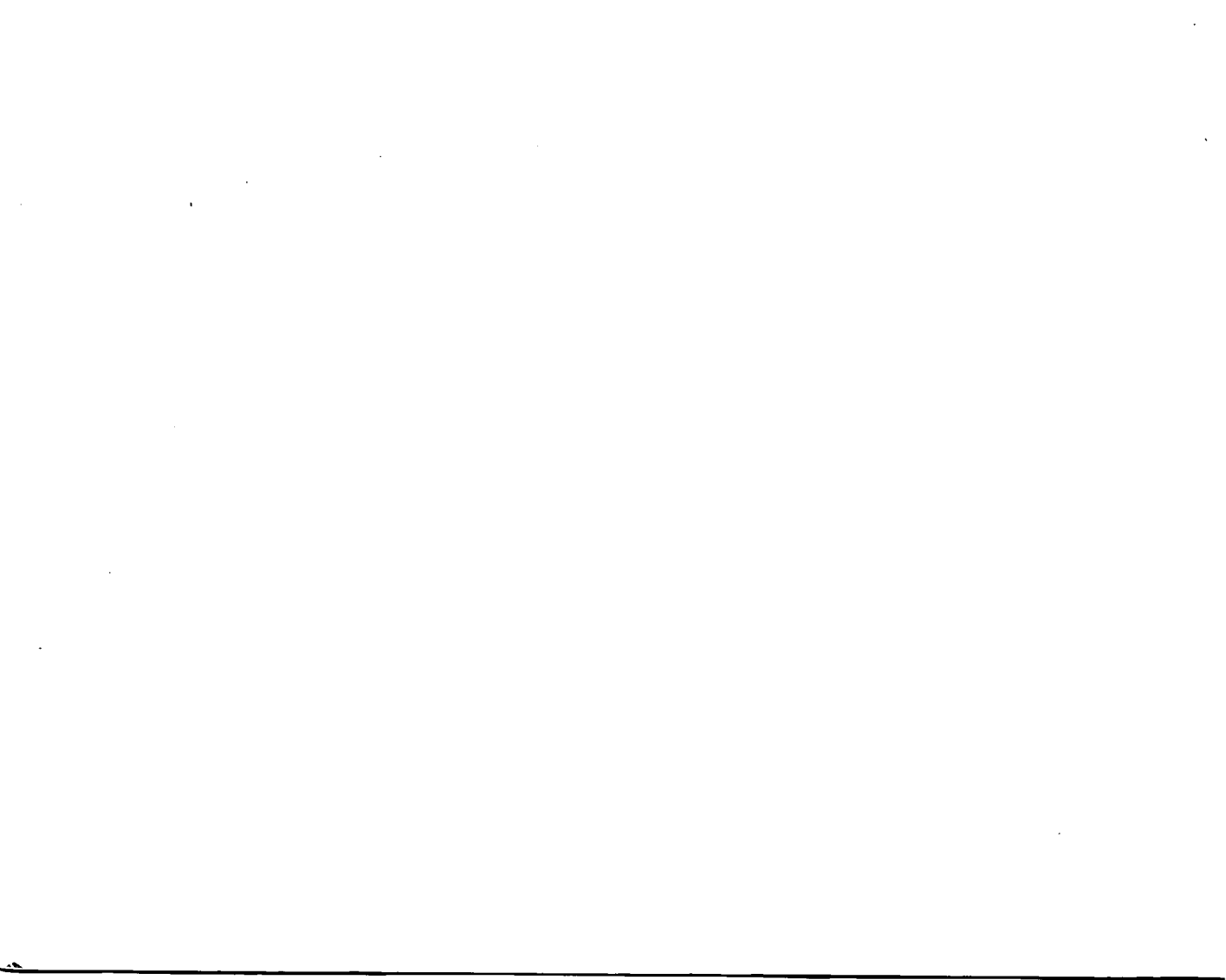
Given names added from a supplemental report.

Address Moscow, Idaho

Filed 3/24 1912 H. H. Caruthers

Registrar

Registrar



MARGIN REQUIRED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-105-229-235
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22m-2-2-17

County of... Idaho

City of... Moscow

Registration District No. 61

File No. 78070

No. St.

Primary Registration District No. 1011

Registered No.

Hospital... Caruthers

FULL NAME OF CHILD... Allen Charles Stover

| | | | | |
|--------------------------|----------------------------------|--------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>No</u> | and { Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>March 5</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|----------------------------------|--------------------------------|------------------------|---|

| | |
|-----------------------------------|--|
| FULL NAME <u>Charles A Stover</u> | FATHER |
| RESIDENCE <u>Moscow Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>25</u> (Years) |
| BIRTHPLACE <u>California</u> | |
| OCCUPATION <u>Mechanic</u> | |

| | |
|---------------------------------------|--|
| FULL MAIDEN NAME <u>Edith Steffen</u> | MOTHER |
| RESIDENCE <u>Moscow Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>19</u> (Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... alive ... at... 4:15 P. ... on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Caruthers
.....
(Physician or midwife)

Given names added from a supplemental report.

.....19.....
Address... Moscow Ida
Filed March 6 1920 N. H. Caruthers
Registrar Registrar

7-18-41

MAY 20 1943

JUN 10 1943

262-210-028-753

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. 220 N. Jefferson St.
Registration District No. 61
Primary Registration District No. 1011
File No. 78071
Registered No. 314
Hospital
FULL NAME OF CHILD Katharine Kostalek

| | | | | |
|---|---|---|--|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
(Number
in order
of birth) | Legiti-
mate? <u>Yes</u> | Date of Birth <u>March 10 20</u>
(Month) (Day) (Year) |
| FULL NAME <u>John A. Kostalek</u> | FATHER | | FULL MAIDEN NAME <u>Helen Pitcairn</u> | MOTHER |
| RESIDENCE <u>Moscow, Idaho</u> | | | RESIDENCE <u>Moscow, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) | | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Bohemia</u> | | | BIRTHPLACE <u>Pennsylvania</u> | |
| OCCUPATION <u>Instructor at U of I.</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:15 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. Roscoe L. Clark

(Physician or midwife)

Address

Moscow, Idaho

Filed

3/24

1920

N. H. Carithers

Registrar

Registrar

APR 3 1942

JUL 22 1968

255-228-029-453

PLACE OF BIRTH

County of LatahCity of Moscow

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.S. No. 11-C-22-03-17

Registration District No. 61File No. 78072Primary Registration District No. 1011Registered No. 208FULL NAME OF CHILD MYRTLE GLADYS BENSON

| | | | | |
|----------------------------|---|----------------------------------|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>Feb 28 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|----------------------------------|-----------------------------|--|

| | |
|-----------------------------------|---|
| FULL NAME
<u>Gustad Benson</u> | FATHER |
| RESIDENCE
<u>Moscow Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Laborer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Martha Mellon</u> | MOTHER |
| RESIDENCE
<u>Moscow Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE
<u>S. Dak</u> | |
| OCCUPATION
<u>House Keeping</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1206 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers
Moscow Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

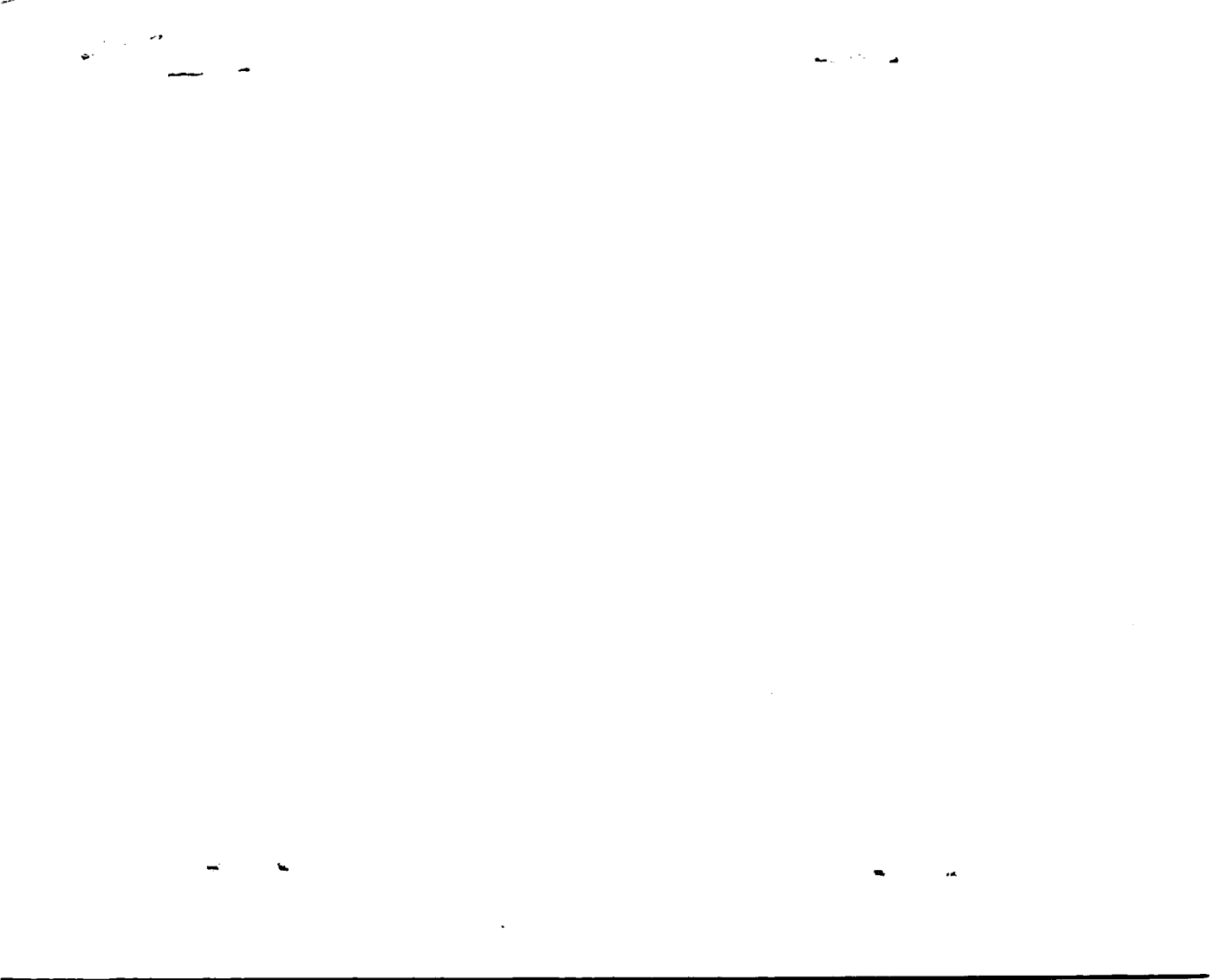
Address

..... 1920.....

Filed 3/24 1920. W. H. Carithers

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah

Certificate No. 78072

Date Filed June 1, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed who was Born (Was Born or Died) on Feb. 28, 1920 (Date of Event) in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Record prepared on May 2 - 1920, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Myrtle Gladys Benson

Subscribed and sworn to before me this 1st day of June 1942
Martin Smuckey

Notary Public, residing at Moscow Idaho
My commission expires Feb 4 - 1944
(Seal)

Signed Mrs Gustar Benson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

422 S. 1st St. Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of LATAH

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June 1942
Martin Smuckey

Notary Public, residing at Moscow Idaho
My commission expires Feb 4 - 1944
(Seal)

Signed Dorthea Dahl
(Signature of Any Credible Person Other Than Previous Year)

3247. Howard, Moscow Idaho
(Street Address, City, State)

JUN 16 1942

JUN 18 1942

PLACE OF BIRTH

County of IdahoCity of Moscow

No. St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-3-22-3-3-3

Registration District No. 61

File No. 78073

Primary Registration District No. 1011

Registered No. 205

Hospital

FULL NAME OF CHILD Rosemary May Hunt

| | | | | |
|----------------------------|----------------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u> | and (Number in order of birth) <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>Feb 25 1924</u>
(Month) (Day) (Year) |
|----------------------------|----------------------------------|--|------------------------|--|

| | |
|-----------------------------|---|
| FULL NAME <u>L. P. Hunt</u> | FATHER |
| RESIDENCE <u>Moscow</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Labourer</u> | |

| | |
|--------------------------------------|---|
| FULL MAIDEN NAME <u>Rae Townsend</u> | MOTHER |
| RESIDENCE <u>Moscow Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Oreg.</u> | |
| OCCUPATION <u>House Keeping</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:15 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. AdamsMoscow Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 3/24 1924 W. H. Carithers
Registrar Registrar

Registrar

Registrar

MAY 2 3 1944

675.228'029-133

PLACE OF BIRTH

County of Idaho.....

City of

No.St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25a-8-17

Registration District No. 61.....File No. 78074.....Primary Registration District No. 2141.....Registered No. 207.....

FULL NAME OF CHILD

Vivian Fleiger

Sex of Child

FemaleTwin
Triplet
or other?and (Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?Date of
BirthFeb. 28 1912
(Month) (Day) (Year)FULL
NAMEL. C. Fleiger

FATHER

FULL
MAIDEN
NAMEHattie Allen

MOTHER

RESIDENCE

Moreau Idaho

RESIDENCE

Moreau Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY40

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY31

(Years)

BIRTHPLACE

Wis

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

House KeepingNumber of child of this mother, including present birth 4.....Number of children of this mother now living, including present birth 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive..... at H.P......
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature).....

W. H. Caruthers
Moreau Idaho

(Physician or midwife)

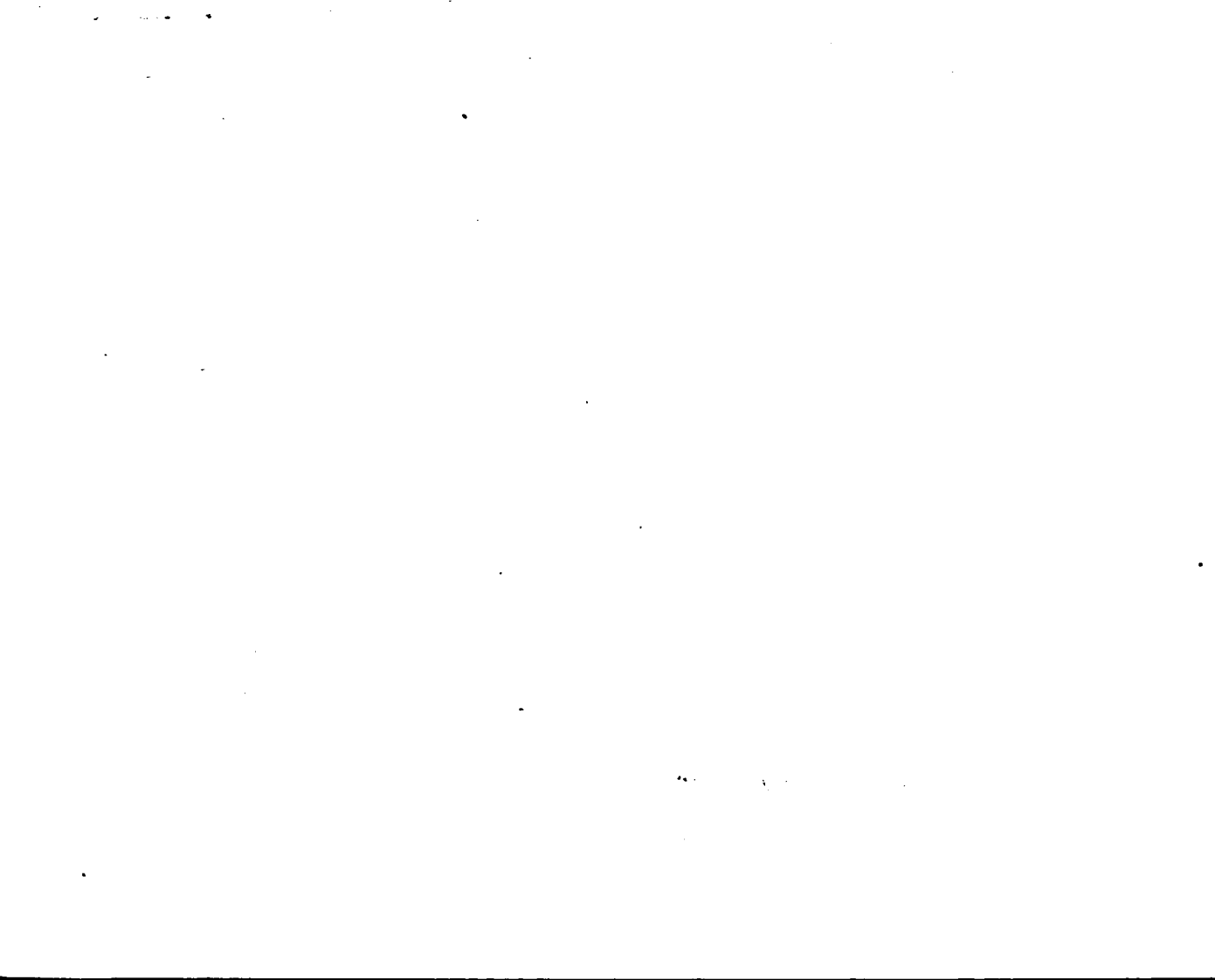
Given names added from a supplemental report.

Address.....

Filed 3/24 1912

Registrar

W. H. Caruthers
Registrar



635-1081029-693

PLACE OF BIRTH

County of Idaho

Moscow
R. D.
No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61

File No. 78075

Primary Registration District No. 2141

Registered No. 210

FULL NAME OF CHILD LEONARD MARVIN FLEIGER

| | | | | |
|--------------------------|---|--|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u> </u>
(To be answered only in event of plural births) | and { Number in order of birth <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>Mar. 5 - 20</u>
(Month) (Day) (Year) |
|--------------------------|---|--|------------------------|--|

FATHER
FULL NAME Amil R. Fleiger
RESIDENCE Moscow, Idaho
COLOR White AGE AT LAST BIRTHDAY 39
(Years)
BIRTHPLACE Wisconsin
OCCUPATION Farming

MOTHER
FULL MAIDEN NAME Sarah May Nelson
RESIDENCE Moscow, Idaho
COLOR White AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE Indiana
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:45 P. M.
on the date above stated. (Born alive or stillborn)

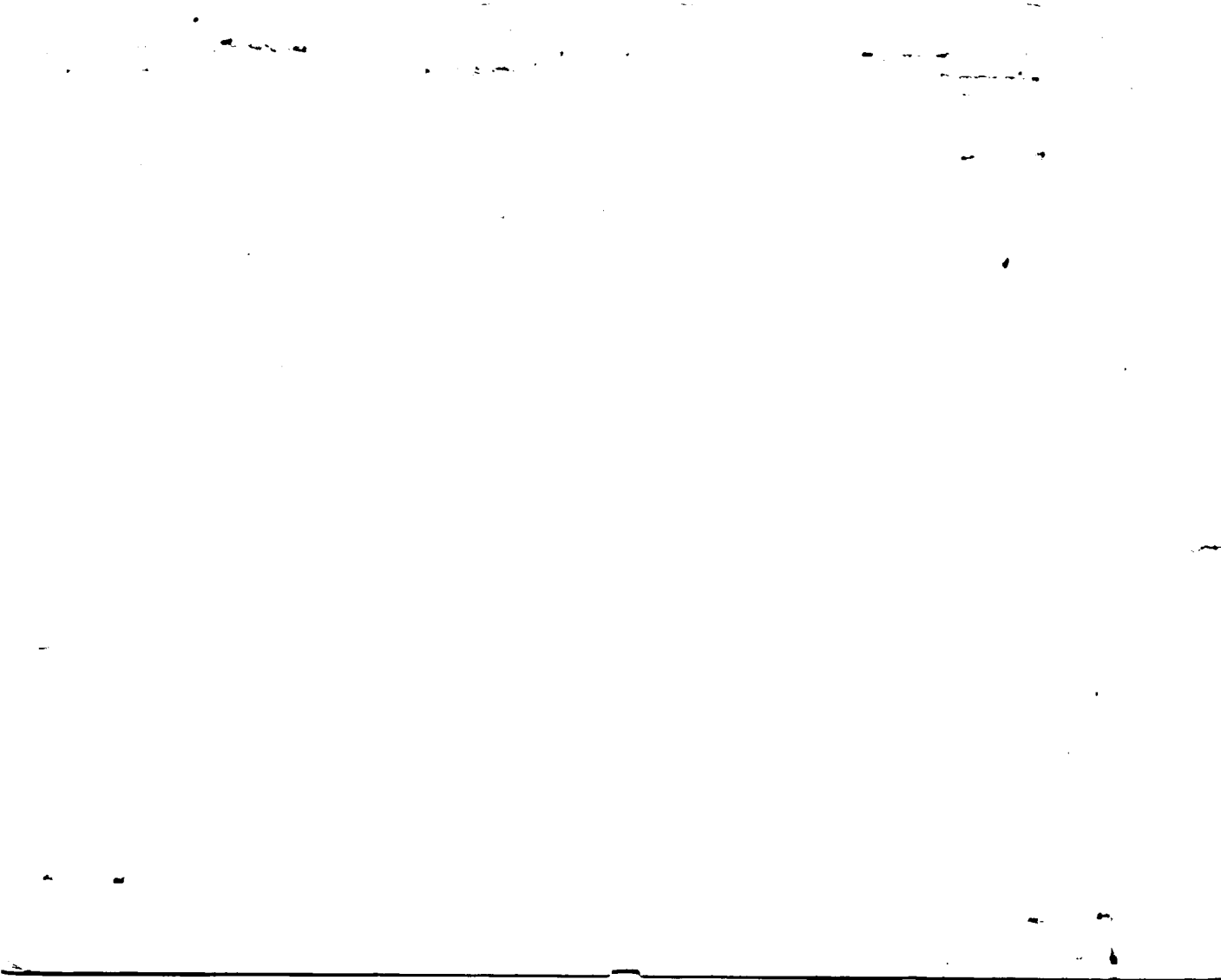
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman

Given names added from a supplemental report.

Leonard Marvin Fleiger
W. C. Humphrey
Registrar

(Physician or midwife)
Moscow, Idaho
Address
Filed 3/24 1930 W. H. Carothers
Registrar



STATE OF IDAHO

78815

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Moscow Registered No. 61
Street and House No. R 7 D
County Latah Registration Dist. No. 2141

Sex of Child male
Date of Birth March 5 1920
MONTH DAY YEAR
Father Amel Rudolph Fleger
FULL NAME
Mother Sarah May Nelson
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Leonard Marvin Fleger
GIVEN NAME IN FULL SURNAME
as reported by A. R. Fleger
FATHER OR MOTHER
N. H. Caruthers
LOCAL REGISTRAR

MAR 9 1946

966-153-029-693

PLACE OF BIRTH

County of LatahCity of MoscowNo. 174 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61File No. 78076Primary Registration District No. 2141Registered No. 215

FULL NAME OF CHILD

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>Mar. 13</u>
Birth.....
(Month) (Day) (Year) <u>1917</u> |
|--------------------------|---|--------------------------------------|-----------------------------|--|

| | | | |
|--------------------------------|---|---------------------------------------|---|
| FULL NAME <u>Charles Root</u> | FATHER | FULL MAIDEN NAME <u>Mary Williams</u> | MOTHER |
| RESIDENCE <u>Moscow, Idaho</u> | | RESIDENCE <u>Moscow, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>34</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Michigan</u> | | BIRTHPLACE <u>Montana</u> | |
| OCCUPATION <u>Farming</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 10 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Proctor L. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, IdahoFiled 3/24 1917M.H. Carey

Registrar

[REDACTED]

[REDACTED]

813.108'029.718

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. H-C-20-98-27

CERTIFICATE OF BIRTH

County of Latah.....City of Moscow.....Registration District No. 61.....File No. 78077.....No. 901 E. 3rd.....St.Primary Registration District No. 2141.....Registered No. 213.....

Hospital.....

FULL NAME OF CHILD Kenneth Edward Halvorson.....

| | | | |
|--|---|---|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>March 8, 1913</u>
(Month) (Day) (Year) |
| FULL NAME FATHER <u>Eddie Clifford Halvorson</u> | | FULL MAIDEN NAME MOTHER <u>Nayva Luella Cay</u> | |
| RESIDENCE <u>Genesee, Idaho</u> | | RESIDENCE <u>Genesee, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE <u>Genesee, Idaho</u> | | BIRTHPLACE <u>Minnesota</u> | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive..... at 11:15 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature].....

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho.....Filed 3/24..... 1913..... N. H. Carothers
Registrar Registrar

9-17-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-220-029-819

PLACE OF BIRTH

County of Idaho

City of Kiala

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Velma Ardelia Shollenberg

Sex of Child female { Twin Triplet or other? } and Legitimate? yes Date of Birth Mar 20 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Lamas Albert Shollenberg

RESIDENCE Kiala

COLOR white AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Farmer

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—Rev. 4-15-18

CERTIFICATE OF BIRTH

Registration District No. 61

File No. 78078

Primary Registration District No. 2141

Registered No. 219-

FULL MAIDEN NAME MOTHER Laura Emma Hart

RESIDENCE Kiala

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth. third

Number of children of this mother now living, including present birth. two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Aline at 5 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Orpha Garvin

Given names added from a supplemental report

(Physician or midwife)

19 _____

Address _____

8-Y CO. 20174

Registrar

Filed 4/16

1920

N. H. Carithers
Registrar

DECEASED

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

242-215-029-242

PLACE OF BIRTH

County of Satah

City of Viola

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Ferol Agnes Buswell

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-20m-3-15-12

Registration _____

File No. 78079

Primary Registration District No. 2141

Registered No. 218

| | | | | |
|--------------------------|------------------------------|---|------------------------|---|
| Sex of Child <u>Girl</u> | Twin Triplet or other? _____ | and (Number in order of birth) <u>3rd</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar. 15</u> 19 <u>24</u>
(Month) (Day) (Year) |
|--------------------------|------------------------------|---|------------------------|---|

FATHER
FULL NAME Earl Hewitt Buswell
RESIDENCE Viola Idaho
COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Conde S. H.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Sarah Fay Buswell
RESIDENCE Viola Idaho
COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Flora, Ind.
OCCUPATION Housewife

Number of child of this mother, including present birth. 3rd Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:55 AM on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. A. C. Harris

(Physician or midwife)

Given names added from a supplemental report

Address Mrs. A. C. Harris Viola Idaho
N. H. Caruthers
Registrar

1 JAN 9 1964

2224 · J. Neurosci., July 26, 2006 · 26(30):2219–2228

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

MAIL OR DELIVER THE
NOT TO THE STATE BOARD OF HEALTH.

REGISTERED

78080

PLACE OF BIRTH

445-127029-557

State Board of Health

Record No.

County of Latah

IDAHO

BUREAU OF VITAL STATISTICS

Registered No. 206

City or
Town of Moscow

CERTIFICATE OF BIRTH

Registration Dist. No. 61(No. OREN ENGEL)

St.; Ward)

FULL NAME OF CHILD

OREN E. MUNGER

If child is not yet named, make supplemental report, as directed.

Sex of Child

MaleMarried
or other?

and

Number
in order
of birth3rd

Legitimate?

yes

Date of Birth

Feb 27, 1920
(Month) (Day) (Year)

Full Name

William R. Munger

FATHER

Residence

Latah Co., Ida.

Color

whiteAge at last
Birthday29
(Years)

Birthplace

(State or Country)

New York

Occupation

MinisterFull
Maiden
Name

MOTHER

Residence

Color

whiteAge at last
Birthday26
(Years)

Birthplace

(State or Country)

Idaho

Occupation

House WifeNumber of child of this mother. 3Number of children, this mother, now living. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive ~~stillborn~~ and that it occurred on Feb 27th, 1920, at 2:20 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature)

W.C. Brandon
Physician & Surgeon
(Physician or Midwife)

Give name added from a supplemental

report

Address

Garfield, Idaho
1920 M.H. Caruthers
Registrar.

Registrar

† Indicate which by drawing line through sup

88087

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Teton } ss. Certificate No. 78080
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Orrin Engel Munger who was born on February 27, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Latah County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by draft registration prepared on July 1, 1941, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Orrin Orrin Engel Munger
Orrin Engel Munger

Subscribed and sworn to before me this 8th
day of June 1942 19 1942

Notary Public, residing at Fairfield
My commission expires December 11 1944
(Seal)

Signed A. R. Munger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Fairfield Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Teton } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 8th
day of June 1942 19 1942

Signed Mrs. Maria Theresa Munger
(Signature of Any Credible Person Other Than Previous Year)
Fairfield Montana.
(Street Address, City, State)

Notary Public, residing at Fairfield
My commission expires December 11 1944
(Seal)

JUL 17 1942

JUL 12 1942

331-121-029-213

PLACE OF BIRTH

County of LatahCity of Genesee

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-2-2-17

Registration District No. 62File No. 78081Primary Registration District No. 2142Registered No. 7

| | | | |
|-----------------------|---|------------------------|--|
| Sex of Child <u>M</u> | Twin
Triplet
or other? <u>-</u> and (Number
in order
of birth
(To be answered only in event of plural births) <u>-</u> | Legitimate? <u>yes</u> | Date of Birth <u>3 21</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|------------------------|--|

| | | | |
|------------------------------|---|---------------------------------------|---|
| FULL NAME <u>M. C. Clark</u> | FATHER | FULL MAIDEN NAME <u>Corie Baldwin</u> | MOTHER |
| RESIDENCE <u>Farm</u> | | RESIDENCE <u>Farm</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) | COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE <u>M. C.</u> | | BIRTHPLACE <u>Ky</u> | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was alive at 10 A. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Ehm

(Physician or midwife)

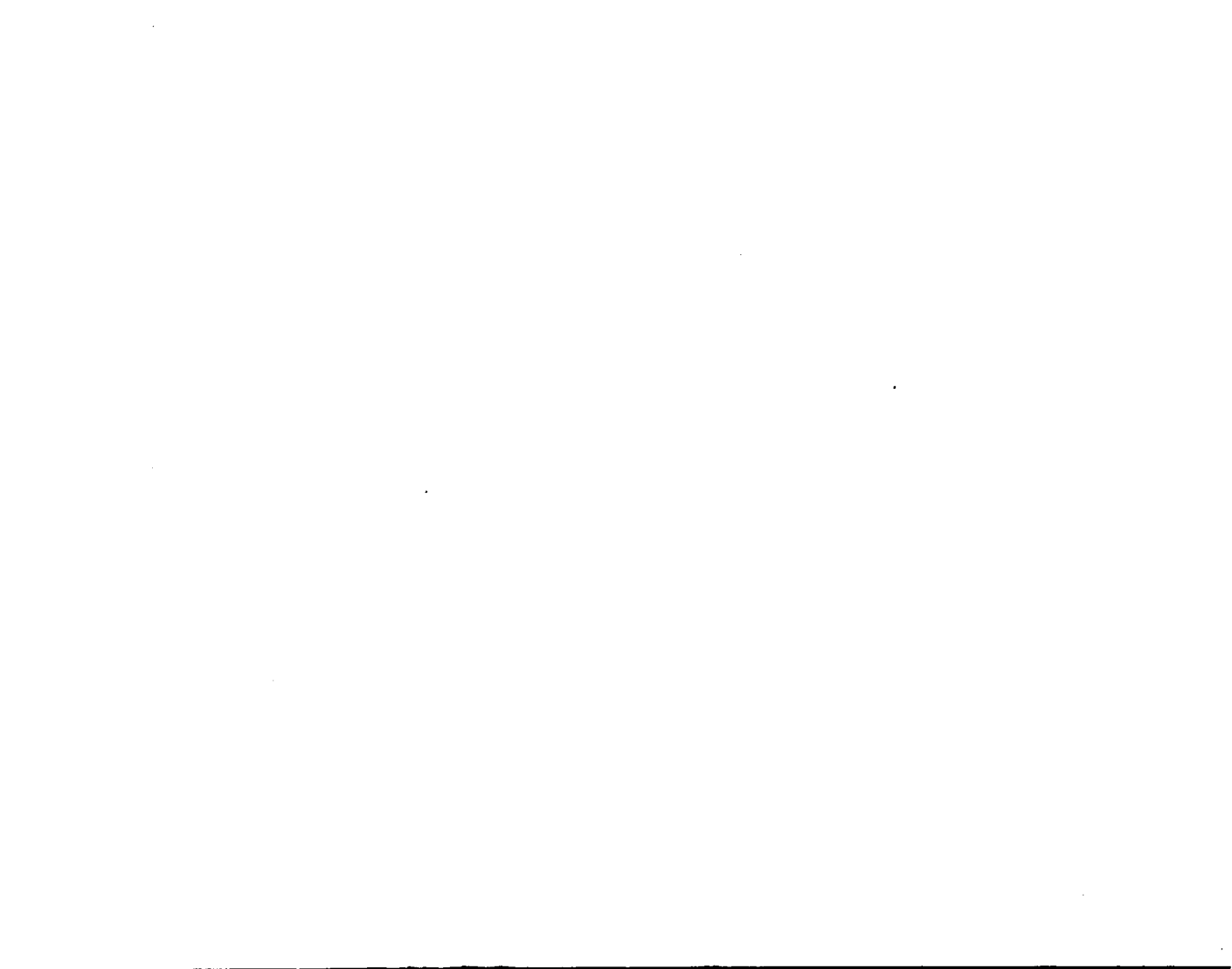
Given names added from a supplemental report.

Address

Filed 3-21-20 W. E. Ehm

Registrar

Registrar



914-111-029-717

PLACE OF BIRTH

County of LatahCity of Genesee

No. St.

Hospital

FULL NAME OF CHILD Floyd Leody RaderSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-0-27

Registration District No. 62File No. 78082Primary Registration District No. 2142Registered No. 6

| | | | | |
|-------------------------|---------------------------------------|--|-----------------------------|--|
| Sex of Child <u>711</u> | Twin
Triplet
or other? <u>—</u> | and (Number
in order
of birth
(To be answered only in event of plural births)) <u>—</u> | Legiti-
mate? <u>710</u> | Date of Birth <u>3 11 1920</u>
(Month) (Day) (Year) |
|-------------------------|---------------------------------------|--|-----------------------------|--|

| | |
|---|---|
| FULL NAME FATHER <u>Oscar Fred Rader</u> | FULL MAIDEN NAME MOTHER <u>Paula Sage</u> |
| RESIDENCE <u>Genesee</u> | RESIDENCE <u>Genesee</u> |
| COLOR <u>711</u> AGE AT LAST BIRTHDAY <u>27</u> (Years) | COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>27</u> (Years) |
| BIRTHPLACE <u>Wash.</u> | BIRTHPLACE <u>Idaho</u> |
| OCCUPATION <u>Butcher</u> | OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Chen

Given names added from a supplemental report.

(Physician or midwife)

Address GeneseeFiled 3-11 1920

Registrar

Registrar

SEP 26 1952

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of San Diego

City of Danvers

No. St.

Hospital.....

FULL NAME OF CHILD ... 10

Registration District No.

File No. 78000

Primary Registration District No. 4172

Registered No.

RONALD

GARI

SNOUT

Sex of Child



Twin Triplet or other?

**} and { Number
in order
of birth**

Legitimate?

Date of Birth

3 2 2011
(Month) (Day) (Year)

**FULL
NAME**

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY.....24
(Years)

BIRTHPLACE**OCCUPATION**

Number of child of this mother, including present birth.....2..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was...
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

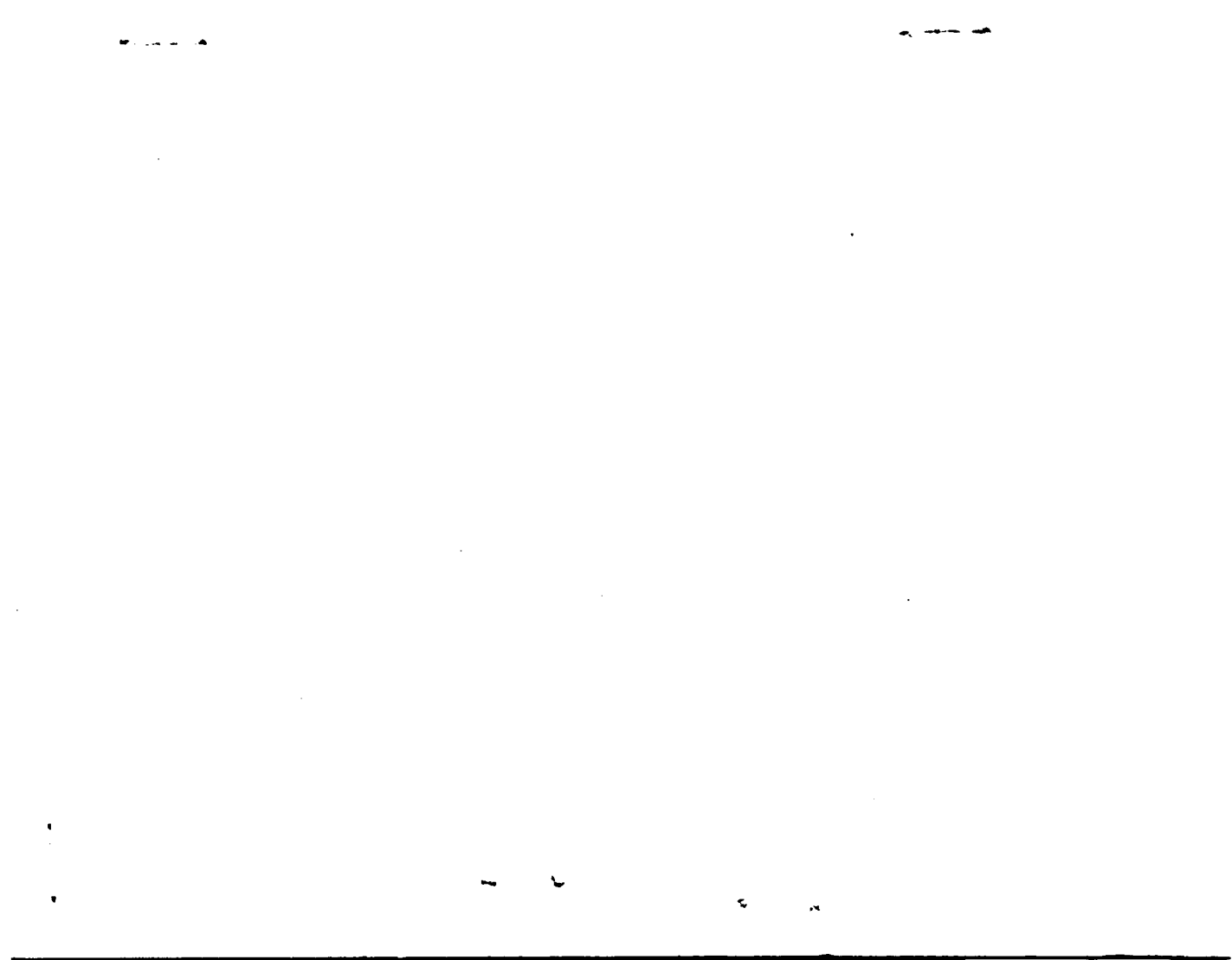
(Physician of ~~interview~~)

Address

Filed *2*

Registrär

Registration



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Clark } SS.

Certificate No. 78083
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....
(BIRTH OR DEATH)

for who on
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by prepared on, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

name

Ronald Clark Snoen

Ronald Carl Snoen

Subscribed and sworn to before me this 13
day of July, 1943

Signed

Albert Snoen

Notary Public, residing at

My commission expires May 4/1945
(SEAL)

SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at.....

My commission expires.....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on JUL 16 1942 By

(REGISTRAR'S SIGNATURE)

FEB 26 1976

JUL 17 1942

268-1021029-652

PLACE OF BIRTH

IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8

CERTIFICATE OF BIRTH

County of LatahCity of TroyRegistration District No. 64File No. 7808No. 2144 St.Primary Registration District No. 2144Registered No. 7808

Hospital

FULL NAME OF CHILD

Clyde Leonard Bohman

Sex of Child

maleTwin
Triplet
or other?and Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?yes

Date of Birth

March 2 1920
(Month) (Day) (Year)

FULL NAME

FATHER

John Bohman

RESIDENCE

Troy Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY39
(Years)

BIRTHPLACE

Sweden

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Hilma Westberg

RESIDENCE

Troy Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Idaho

OCCUPATION

House-wifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

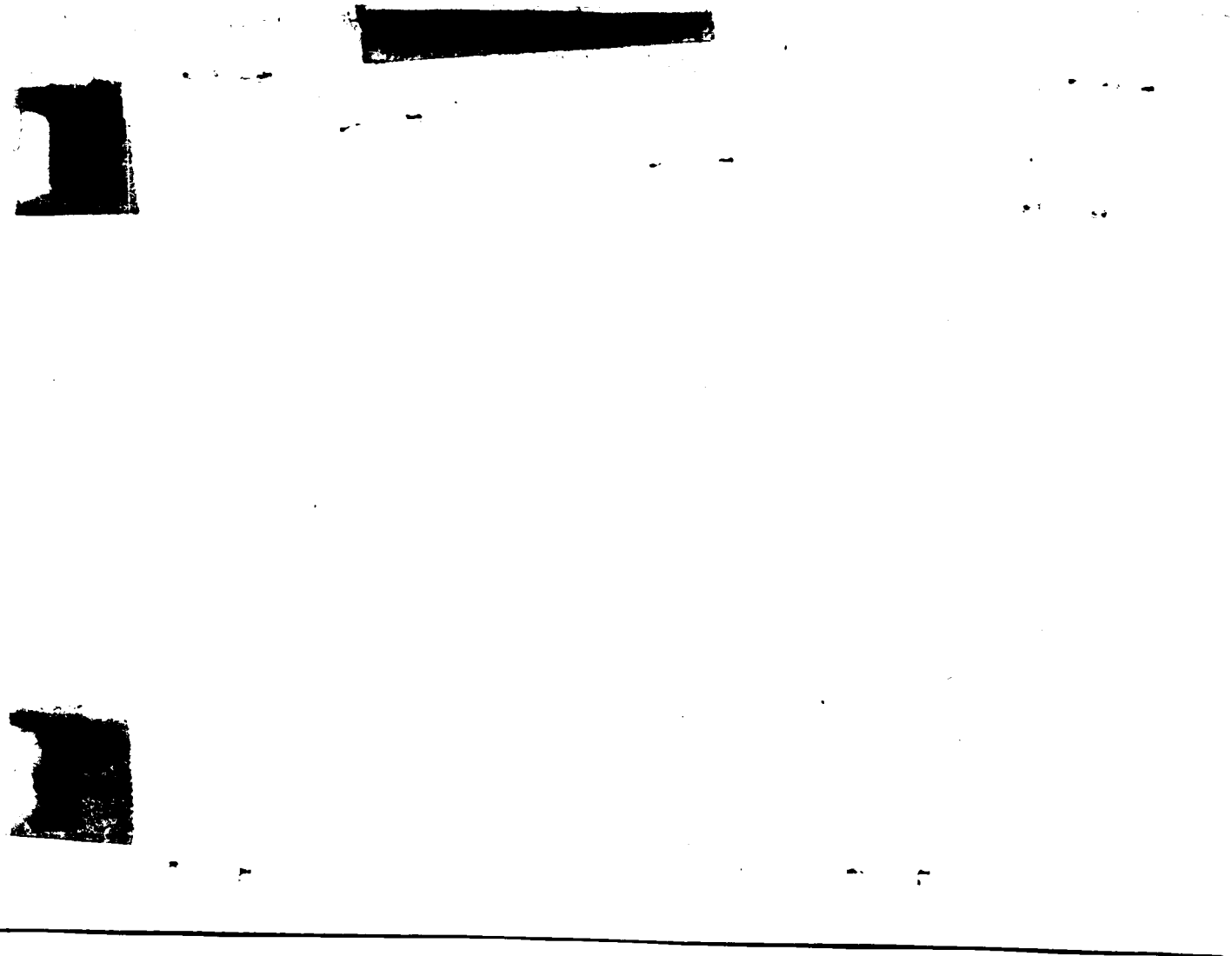
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

James C. Cole
Physician
(Physician or midwife)

Given names added from a supplemental report.

Mar 27 1920
J. E. Pickers
RegistrarAddress Troy Idaho
Filed Mar 27 1920
J. E. Pickers
Registrar



864-117-029-863

PLACE OF BIRTH

County of LatahCity of Pray

No. St.

Registration District No. 64Primary Registration District No. 2144

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No.

78085

Registered No.

Sex of Child Male Twin Triplet or other? -1 and { Number in order of birth 5 Legitimate? yes Date of Birth Mar 17 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Joseph J. Hodson
RESIDENCE Pray Idaho
COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Kansas
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Eva Hollingsworth
RESIDENCE Pray Idaho
COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas
OCCUPATION Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 a M. on the date above stated.

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) C. K. Henkle

(Physician or midwife)

Given names added from a supplemental report.

Mar 20 1920 Address Pray Idaho
J. E. Pickard Registrar Mar 20 Filed J. E. Pickard Registrar

Dup of 1920-326011

not

168-220-029-265

PLACE OF BIRTH

County of SalahCity of PrayRegistration District No. 64

No. St.

Primary Registration District No. 2144File No. 78086

Hospital

FULL NAME OF CHILD Ellen Luciel Johnson

| | | | | |
|----------------------------|--|---|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other? <u>-</u>
(To be answered only in event of plural births) | and { Number
in order
of birth <u>6</u> | Legiti-
mate? <u>yes</u> | Date of
Birth <u>3 30 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|---|-----------------------------|---|

| | | | |
|-----------------------------------|---|--|---|
| FULL NAME <u>Oscar V. Johnson</u> | FATHER | FULL MAIDEN NAME <u>Emmeline Swensen</u> | MOTHER |
| RESIDENCE <u>Pray Idaho</u> | | RESIDENCE <u>Pray Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>40</u>
(Years) |
| BIRTHPLACE <u>Minnesota</u> | | BIRTHPLACE <u>Hanway</u> | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>House Wife</u> | |

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3369 M. on the date above stated. (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Finkbe

(Physician or midwife)

Given names added from a supplemental report.

Mar 20 1920 Address Pray Idaho
J. E. Pickers Registrar Mar 20 1920 J. E. Pickers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-0-22m-3-32

.....
.....
.....
.....
.....

.....
.....
.....
.....
.....

392-20-029-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of LatahCity of PotlatchRegistration District No. 65File No. 78087

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Cecil. i. Libey.

| | | | |
|---|---|--------------------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <input checked="" type="checkbox"/> } and { Number in order of birth <input checked="" type="checkbox"/> | Legitimate? <u>yes</u> | Date of Birth <u>Feb. 22/1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>Clyde Libey (Clyde Orland)</u> | FATHER | FULL MAIDEN NAME <u>Aney Smith</u> | MOTHER <u>Leonard</u> |
| RESIDENCE <u>Potlatch</u> | | RESIDENCE <u>Potlatch</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) | COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE <u>Success, Minnesota</u> | | BIRTHPLACE <u>Success, Minnesota</u> | |
| OCCUPATION <u>Lumberman</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at the date above stated.

Born alive at 11 A. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. J. M. Thompson

(Physician or midwife)

Given names added from a supplemental report.

Address

Potlatch

Filed

March 24, 1920D. J. M. Thompson

Registrar

copy issued 1-7-1941. D.P.

613-119.029-256

PLACE OF BIRTH

County of *Latah*City of *Bozylatch*

No. St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

Form V. S. No. 11-0-22a-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 78088.

Registered No.

Sex of Child *male*Twin
Triplet
or other?and (Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?*yes*Date of
Birth*March 19*

(Month) (Day) (Year)

FULL
NAME*Fay E Walker*

FATHER

RESIDENCE

Latah leo

COLOR

*white*AGE AT LAST
BIRTHDAY*49*

(Years)

BIRTHPLACE

Iowa

OCCUPATION

*Farmer*FULL
MAIDEN
NAME*Engie Scovson*

MOTHER

RESIDENCE

Latah leo

COLOR

*white*AGE AT LAST
BIRTHDAY*39*

(Years)

BIRTHPLACE

Norway

OCCUPATION

Housewife

Number of child of this mother, including present birth

9

Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn)

at *11:20 P.* M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ernest S. Hein

Given names added from a supplemental report.

(Physician or midwife)

Address

Palouse Wash

Filed

*March 29 1920**Dr. J. W. Thompson*

Registrar

Registrar

295-104-029-295

PLACE OF BIRTH
County of LatahCity of P. C. PottlatchRegistration District No. 65File No. 78089

No. _____ St. _____

Primary Registration District No. 2-148

Registered No. _____

Hospital _____

FULL NAME OF CHILD Irvin Raymond BretthauerSex of Child MaleTwin
Triplet
or other?

r { and {

Number
in order
of birthLegiti-
mate?Date of
Birth March 4, 1920

(Month) (Day) (Year)

FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY 21

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY 18

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

(Signature)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address _____

Filed March 10, 1920

DOZENS THREATENED A SUICIDE - THE AMERICAN NEW YORK, N.Y. STATE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND IS ALSO THE ONLY ONE IN THE U.S.
 WHO HAS BEEN IN THE U.S.

STATE OF NEW YORK
DEPARTMENT OF VITAL RECORDS
CERTIFICATE OF MARRIAGE

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-128-029-556

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Latah

City of Booth

Registration District No. 65

File No. 78090

No. _____ St. _____

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Rudolph Julius Hanson

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? <input checked="" type="checkbox"/> { and { Number in order of birth <u>1</u> (To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>March 28</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

FATHER
FULL NAME Goffred Hanson

MOTHER
FULL MAIDEN NAME Wesley Hanson

RESIDENCE Booth

RESIDENCE Booth

COLOR W. AGE AT LAST BIRTHDAY 27 (Years)

COLOR white AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Norway

BIRTHPLACE Wisconsin

OCCUPATION Housewife

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 8 M. on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

D. J. Thompson

(Physician or midwife)

Given names added from a supplemental report.

Address

Booth

Filed April 1 1920

D. J. Thompson

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-128029-366

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Page V. B. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of LatahCity of HarvardRegistration District No. 65File No. 78091

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Henry William HengenSex of Child MaleTwin
Triplet
or other?

{ and {

Number
in order
of birthLegiti-
mate?YesDate of
BirthFeb. 281920FULL NAME FATHER W. H. HengenFULL MAIDEN NAME MOTHER Minnie Coffman

RESIDENCE

Harvard

RESIDENCE

Harvard

COLOR

WhiteAGE AT LAST
BIRTHDAY38

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY35

(Years)

BIRTHPLACE

Millerville, Minn.

BIRTHPLACE

Elkton, Minn.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive at 10 P. M.
(Born alive or stillborn){ * When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth. }

(Signature)

D. J. Thompson

(Physician or midwife)

Given names added from a supplemental report.

Address

Pottlatch

Filed

April 1, 1920

Registrar

D. J. Thompson
Registrar

5/12/41 L. B.

753-278-029-845

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-18

County of Latah

CERTIFICATE OF BIRTH

City of Potlatch

Registration District No. 65

File No. 78092

No. _____ St. _____

Primary Registration District No. 2745

Registered No. _____

Hospital _____

FULL NAME OF CHILD Nellie Petersen

| | | | |
|---------------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <input checked="" type="checkbox"/> and { Number in order of birth <input checked="" type="checkbox"/> (To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>March 28 1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>Frank Petersen</u> | FATHER | | |
| RESIDENCE <u>Harvard</u> | MOTHER <u>Bessie V. Quener</u> | | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | BIRTHPLACE <u>Idaho</u> | | |
| OCCUPATION <u>Labourer</u> | OCCUPATION <u>Housewife</u> | | |

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

born alive at 7 = 4 P. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Thompson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Potlatch
Filed April 1st 1920 D. J. Thompson
Registrar

FEB 20 1943

MAR 4 1943

897 219.029-897

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of LatahCity of OnawayRegistration District No. 65File No. 78093

No. _____ St. _____

Primary Registration District No. 2145

Registered No. _____

Hospital HomeFULL NAME OF CHILD Doris Fay High

| | | | | | |
|--------------------------|---------------------------------------|-----|---|----------------------------|--|
| Sex of Child <u>girl</u> | Twin
Triplet
or other? <u>X</u> | and | Number
in order
of birth <u>✓</u> | Legiti-
mate? <u>No</u> | Date of
Birth <u>Feb 19</u> <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---------------------------------------|-----|---|----------------------------|--|

| | | | |
|-------------------------------|--|--|---|
| FULL NAME
<u>Not Known</u> | FATHER | FULL MAIDEN NAME
<u>Lillian D. High</u> | MOTHER |
| RESIDENCE
<u>Not Known</u> | | RESIDENCE
<u>Onaway</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>✓</u>
(Years) | COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>19</u>
(Years) |
| BIRTHPLACE
<u>✓</u> | | BIRTHPLACE
<u>Missouri</u> | |
| OCCUPATION
<u>✓</u> | | OCCUPATION
<u>Labour in Saw Mill</u> | |

| | |
|--|--|
| Number of child of this mother, including present birth <u>1</u> | Number of children of this mother now living, including present birth <u>One</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. W. Thompson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

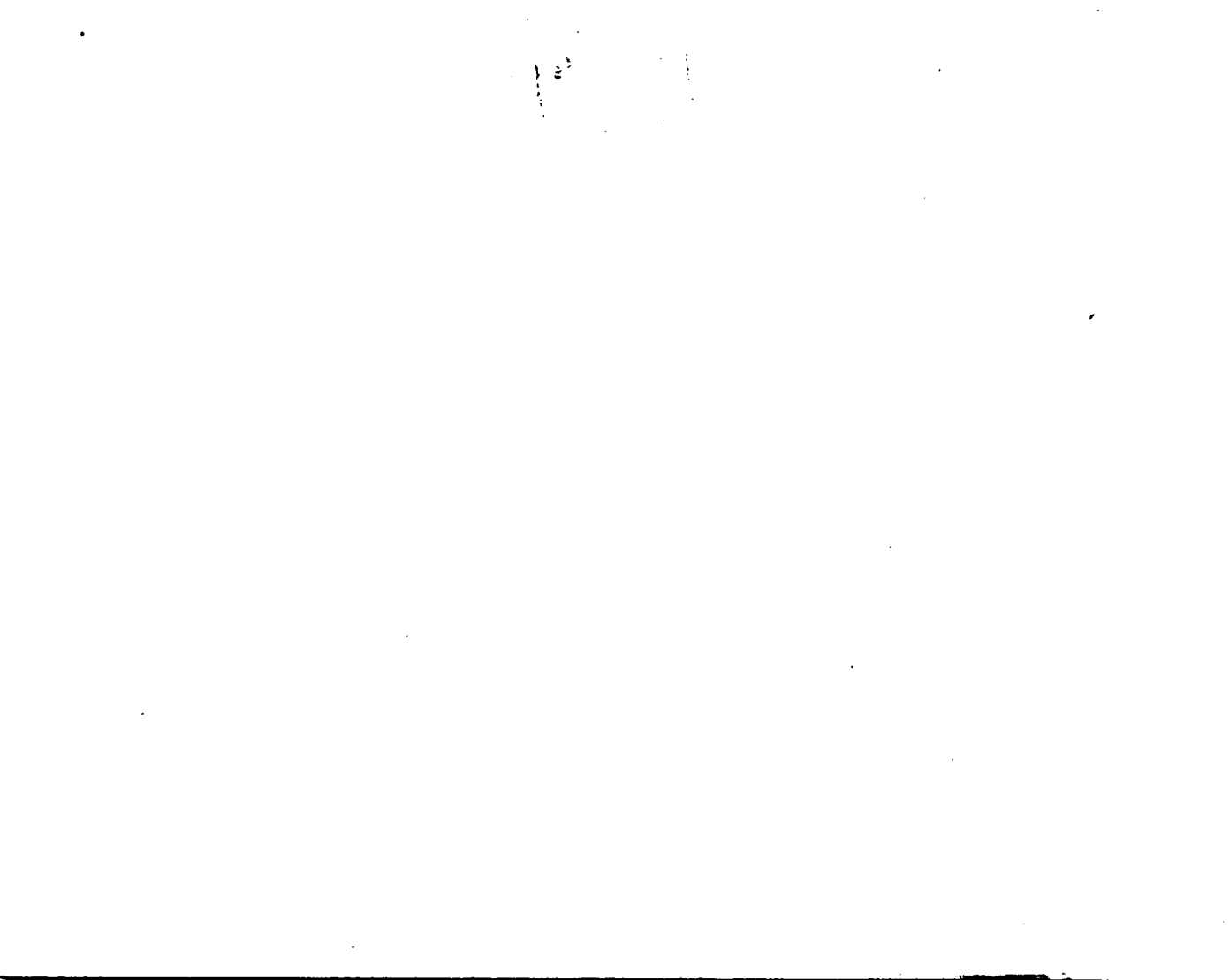
Address

Pottlatch

Filed

April 12 1920Dr. J. W. Thompson

Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-130-029-249
PLACE OF BIRTH

County of Idaho

City of P. O. Pottatch

Registration District No. 65

STATE OF IDAHO
OFFICE OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

File No. 78094

No. _____ St. _____

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD

George Walter Smith Bull

Sex of Child

Male

Twin
Triplet
or other?

r

and
Number
in order
of birth

r

Legiti-
mate?

Yes

Date of Birth

Mar 30 1920
(Month) (Day) (Year)

FULL NAME

Ivan Bull

FATHER

FULL MAIDEN NAME

Mary Smith Bull

MOTHER

RESIDENCE

Near Pottatch

RESIDENCE

Same

COLOR

White

AGE AT LAST BIRTHDAY

14
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

20
(Years)

BIRTHPLACE

Ore.

BIRTHPLACE

Idaho

OCCUPATION

Lumberman

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive

(Born alive or stillborn)

30

7 a M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. K. Wolfe M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address


Palouse Wash

Filed

April 7 1920

D. J. Thompson

Registrar



APR 4 1958

689214009-437
 PLACE OF BIRTH
 STATE OF IOWA
 COUNTY OF IOWA
 S. No. 11-C-25m-9-8-16
 78095

No. _____ St. _____
 Primary Registration District No. 2146 Registered No. _____

Hospital _____
 FULL NAME OF CHILD Dorothy Marie White

Sex of Child Female { and { Number in order of birth { Legiti- mate? Yes Date of Birth 3-14-1920
 (To be answered only in event of plural births) (Month) (Day) (Year)

| FATHER | | MOTHER | |
|----------------------|-----------------------------|----------------------|---------------------|
| FULL NAME | <u>Devitt Clinton White</u> | FULL MAIDEN NAME | <u>Mabel McGee</u> |
| RESIDENCE | <u>Bozill Idaho</u> | RESIDENCE | <u>Bozill Idaho</u> |
| COLOR | <u>White</u> | COLOR | <u>White</u> |
| AGE AT LAST BIRTHDAY | <u>43</u> (Years) | AGE AT LAST BIRTHDAY | <u>34</u> (Years) |
| BIRTHPLACE | <u>Iowa</u> | BIRTHPLACE | <u>Minnesota</u> |
| OCCUPATION | <u>Engineer</u> | OCCUPATION | <u>Housewife</u> |

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive at 4 P. M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson
 (Physician or midwife)

Given names added from a supplemental report.

Address Bozill Idaho
 Filed 3/20 1920 Mrs F. C. Gibson
 Registrar

JAN 31 1942



STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78096

513108-029-1688

County of

City of

Registration District No.

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Triplet or other? (To be answered only in event of plural births)

and (Number in order of birth)

Legitimate?

Date of Birth

(Month)

(Day)

(Year)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

(Signature)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

DECEASED

**STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS**

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 78096
County of Latah } Date Filed Carroll Joy Eacker
JAN 26

The undersigned does solemnly swear that certain facts on the certificate of Carroll Joy Eacker
for Joy Carl Eacker who was born on Mar 18 1920
(Name on original certificate) (Was born or died) (Date of event)
in Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by affidavits of mother prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

| | | | |
|--|------------------------|------------------|---------------------------|
| FACTS TO BE CORRECTED | | FROM | TO |
| ("Name", "birth date", "cause of death", etc.) | | (As on original) | (The correct facts) |
| Name | <u>Joy Carl Eacker</u> | | <u>Carroll Joy Eacker</u> |

Subscribed and sworn to before me this 25
day of Oct, 1941

Notary Public, residing at Troy, Ida
My commission expires 8-1-1945
[SEAL]

Signed Christi Eacker (mother)
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death
record; or other credible person)
Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Latah }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of Oct, 1941

Notary Public, residing at Troy, Ida
My commission expires 8-1-1945
[SEAL]

Signed Chloie Warner
(Signature of any credible person other than the previous affiant)
Idaho
(Street Address, City, State)

Received for filing on JAN 26 1942 by _____
(Registrar's signature)

1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-107-029-791

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other
(To be answered only in event of plural births)

and
(Number
in order
of birth)

Legiti-
mate?

Date of Birth

(Month) (Day) (Year)

FULL NAME

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was, at on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-3-17

CERTIFICATE OF BIRTH

78098

Registration District No.

File No.

Primary Registration District No.

Registered No.

Albert Clayton Peterson

m. 1-7-20

FATHER John S. Peterson

MOTHER Hazel Grant

Beary

Beary

W. 36

W. 36

Sweden

Ida

Prop. garage

H.W.

2

2

alive

Dr. Faust

Beary

3-23-20

Registrar

aug 20 1953

154-228-029-212

PLACE OF BIRTH.

County

City of

No. St.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?Number
in order
of birthLegiti-
mate?Date of
Birth

(Month) (Day) (Year)

FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

78099

Registration District No.

File No.

Primary Registration District No.

Registered No.

Ellen Josephine Anderson

4. Twin Triplet or other? } and in order of birth ✓ Legiti- mate? yes Date of Birth 3/28/30 (Month) (Day) (Year)

Eric J. Anderson

Cassie Baker

Deary P.I.

Deary P.I.

W. AGE AT LAST BIRTHDAY 26 (Years)

W. AGE AT LAST BIRTHDAY 19 (Years)

Sweden

Wis

farmer

H.W.

1

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:20 P.M.
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

MAR 8 1961

863-129.079-758

PLACE OF BIRTH

County of

City of

No. St.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Date of

Birth

(Month) (Day) (Year)

FULL
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Given names added from a supplemental report.

3/31/20
R. B. Faunst
RegistrarAddress
File
R. B. Faunst
RegistrarSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-4-8-17

78100

File No.

Registered No.

Registration District No.

Primary Registration District No.

JUL 16 1949

OBV. MIDDLE NAME ADDED A/P SROB. 04-07/2011 PJR

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City

Street and House No.

County

Registered Number

Registration District No.

Sex of Child

Date of Birth,

(Month)

(Day)

(Year)

Full Name

Father

Full Maiden Name

Mother

I HEREBY CERTIFY that the child described herein has
been named:

as reported by

(Given name in full)

(Surname)

(Father or Mother)

(Local Registrar)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

942-120-029-235-

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Zutah

City of Kendrick

Registration District No. 68

File No. 78101

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Clinton Harrison Russell

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>X</u> and <u><</u> Number in order of birth <u><</u> | Legitimate? <u>Yes</u> | Date of Birth <u>March 20</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

FATHER
FULL NAME E. H. Russell

RESIDENCE Kendrick Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE St. Louis Mo

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Laura B. Blum

RESIDENCE Kendrick Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Johnson Co Mo

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Kelley March 20-1920
Kendrick Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed 4-12 1920 R. F. Pepples
Registrar Julien

301
GEORGE TERRY
BIRTH RECORDS
Department of Health
Bureau of Vital Statistics

PLACE OF BIRTH

County of _____

CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Form 7 (1910-1911)

264-120-029-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

County of LatahCity of Kendrick

No. _____ St. _____

Registration District No. _____

CERTIFICATE OF BIRTH

File No. _____

78102

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Neil Vernon SouthwickSex of
Child maleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate? yesDate of
Birth _____Mar 20 1912
(Month) (Day) (Year)FULL
NAME

FATHER

Howard L. Southwick

RESIDENCE

Leland Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Opal Thornton

RESIDENCE

Leland Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth. _____

Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive6:10 P.M.

(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Kendrick Idaho

Filed _____

4-14 1912R. F. Pepple

Registrar

3249012412

7-10-1964

401-402

RECEIVED - SEP 10 1964

1990

100

418-122-029-243

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

CERTIFICATE OF BIRTH

County of Latoh

City of Kendrick

Registration District No. 68

File No. 78103

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Doran Calvin May

| | | | | |
|--------------------------|---|--------------------------------------|----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legit-
mate? <u>yes</u> | Date of Birth <u>Mar 22</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|----------------------------|--|

| | |
|--|--|
| FATHER | MOTHER |
| FULL NAME <u>William E. May</u> | FULL MAIDEN NAME <u>Ida Butler</u> |
| RESIDENCE <u>Kendrick Idaho</u> | RESIDENCE <u>Kendrick Idaho</u> |
| COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>58</u>
(Years) | COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>39</u>
(Years) |
| BIRTHPLACE <u>Missouri</u> | BIRTHPLACE <u>Missouri</u> |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>Housewife</u> |

| | |
|--|--|
| FATHER | MOTHER |
| FULL NAME <u>William E. May</u> | FULL MAIDEN NAME <u>Ida Butler</u> |
| RESIDENCE <u>Kendrick Idaho</u> | RESIDENCE <u>Kendrick Idaho</u> |
| COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>58</u>
(Years) | COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>39</u>
(Years) |
| BIRTHPLACE <u>Missouri</u> | BIRTHPLACE <u>Missouri</u> |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rathwell MD

(Physician or midwife)

Given names added from a supplemental report.

Address Kendrick Idaho

Filed 4-14 1920

Registrar

Registrar

APR 1951

00

UNITED STATES

OFFICE

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618-225-029-699

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-28

CERTIFICATE OF BIRTH

County of LatahCity of TimberRegistration District No. 68File No. 78104

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

Jean Eleanor Taylor

Sex of Child

FemaleTwin
Triplet
or other?

{

and {

Number
in order
of birth

{

Legiti-
mate?

yes

Date of
BirthMar. 251920

(Month)

(Day)

(Year)

FULL NAME

Herman Allen Taylor

FATHER

FULL MAIDEN NAME

Louise Wright

MOTHER

RESIDENCE

Timber Idaho

RESIDENCE

Timber Idaho

COLOR

White

AGE AT LAST BIRTHDAY

24

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

22

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Mechanical Engineer

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 1 Number of children of this mother now living, including present birth, 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9: P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Kendrick Idaho

Filed

4-14 1920R. P. Papp

Registrar

315-231-229-662

PLACE OF BIRTH

County of LatahCity of Zinden

No. _____ St. _____

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68File No. 78105

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Helen June Langdon

| | | | | | |
|----------------------------|---|-----|--------------------------------|-----------------|---|
| Sex of Child <u>Female</u> | Twin
triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? | Date of
Birth <u>Mar 31</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|-----------------|---|

 FULL NAME Earl A. Langdon
 RESIDENCE Zinden

 COLOR White AGE AT LAST BIRTHDAY 25
 (Years)

 BIRTHPLACE Zinden Idaho

 OCCUPATION Farmer

 FULL MAIDEN NAME MOTHER
Laura May Foster

 RESIDENCE Zinden Idaho

 COLOR White AGE AT LAST BIRTHDAY 23
 (Years)

 BIRTHPLACE Croton N.Y.

 OCCUPATION House wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was above, at 10.30 A.M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
 midwife then the father, householder, etc.,
 should make this return. A stillborn child is
 one that neither breathes nor shows other evi-
 dence of life after birth.

(Signature)

J. H. Kelly
Snodgrass Idaho
 (Physician or midwife)

Given names added from a supplemental report.

19 _____

Registrar

Address _____

Filed 4-12 1920
R. F. Apple
 Registrar

Juleson Id

JUN 4 1954

242-122, 1030-652

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-2-3-17

County of LewisiCity of SuburbanRegistration District No. 41File No. 78106

No. St.

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD

Harry Albert BusterSex of Child Male Twin Triplet or other? and Number in order of birth 1
(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

3-22-20
(Month) (Day) (Year)

FULL NAME

FATHER Bert F. Buster

RESIDENCE

Shoup, Idaho.

COLOR

White

AGE AT LAST BIRTHDAY

30
(Years)

BIRTHPLACE

Missouri

OCCUPATION

Lumber

FULL MAIDEN NAME

MOTHER

Edith Westfall

RESIDENCE

Shoup, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

19
(Years)

BIRTHPLACE

Oregon

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:00 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. S. Stratton, M.D.

Given names added from a supplemental report.

Address

Suburban, Idaho.

Filed

4/101920M. A. Young

Registrar

Registrar

Form 100-1
BUREAU OF VITAL STATISTICS
STATE OF IDAHO
DEATH CERTIFICATE



YS 710 1030-743
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—26m-9-8-15

CERTIFICATE OF BIRTH

County of BlaineCity of SalmonRegistration District No. 41File No. **78107**

No. _____ St.

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Paul Fredrick Segau

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and } Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>March 22</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

FATHER
FULL NAME Louis SegauRESIDENCE SalmonCOLOR white AGE AT LAST BIRTHDAY 40
(Years)BIRTHPLACE IdahoOCCUPATION ContractorMOTHER
FULL MAIDEN NAME Thelma GutmanRESIDENCE SalmonCOLOR wh AGE AT LAST BIRTHDAY 22
(Years)BIRTHPLACE IdahoOCCUPATION St. wifeNumber of child of this mother, including present birth. me Number of children of this mother now living, including present birth. me

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:50 P.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. H. H. - 115

(Physician or midwife)

Given names added from a supplemental report.

Address Salmon IdaFiled 4/1/20 1920M. Hering House
Registrar

12
13

863-126-030-962
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of LewistonCity of 7 Mile E. SalmonRegistration District No. 41File No. 78108

No. _____ St. _____

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Holbrook

| | | | | |
|--------------------------|---|--------------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legitimate? <u>yes</u> | Date of Birth <u>July 26</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|------------------------|---|

| FATHER | | MOTHER | |
|------------------------------------|---|------------------------------------|---|
| FULL NAME
<u>Clyde Holbrook</u> | FULL MAIDEN NAME
<u>Mable Roberson</u> | FULL NAME
<u>Clyde Holbrook</u> | FULL MAIDEN NAME
<u>Mable Roberson</u> |
| RESIDENCE
<u>near Salmon</u> | RESIDENCE
<u>near Salmon</u> | RESIDENCE
<u>near Salmon</u> | RESIDENCE
<u>near Salmon</u> |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) | COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | BIRTHPLACE
<u>Idaho</u> | BIRTHPLACE
<u>Idaho</u> | BIRTHPLACE
<u>Idaho</u> |
| OCCUPATION
<u>Farmer</u> | OCCUPATION
<u>St- wife</u> | OCCUPATION
<u>St- wife</u> | OCCUPATION
<u>St- wife</u> |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 745 a.m.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Salmon IdaFiled 4/10 19 20 M. H. King Greer

Registrar

785-122-030-163
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of LeucihCity of near TuesdayRegistration District No. 41File No. 78109

No. _____ St. _____

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Guy EdwinPyatt

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>Feb 22 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

| |
|---|
| FATHER
FULL NAME <u>Guy E Pyatt</u> |
| RESIDENCE <u>near Tuesday Leucih</u> |
| COLOR <u>wh</u> AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> |
| OCCUPATION <u>Farmer</u> |

| |
|---|
| MOTHER
FULL MAIDEN NAME <u>Minnie Jolly</u> |
| RESIDENCE <u>near Leucih</u> |
| COLOR <u>wh</u> AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> |
| OCCUPATION <u>House wife</u> |

Number of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 5 P M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. S. Wright Jr

(Physician or midwife)

Given names added from a supplemental report.

Address

Salmon Ida

Filed

4/10 1920 M. Hering Greene

Registrar

Registrar

12/27/40 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-103-030-238
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Lewiston

City of near Salmon

Registration District No. 41

File No. 78110

No. _____ St. _____

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Philip Goodell

| | | | | |
|--|------------------------------|--|--|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ | and { Number in order of birth _____ } | Legitimate? <u>yes</u> | Date of Birth <u>Apr 3rd</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Floyd Goodell</u>
RESIDENCE <u>near Salmon</u>
COLOR <u>Wkh</u> AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Farmer</u> | | | MOTHER
FULL MAIDEN NAME <u>Jessie Schultz</u>
RESIDENCE <u>near Salmon</u>
COLOR <u>Wkh</u> AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Kansas</u>
OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at L.P. on the date above stated. (Born alive or stillborn)

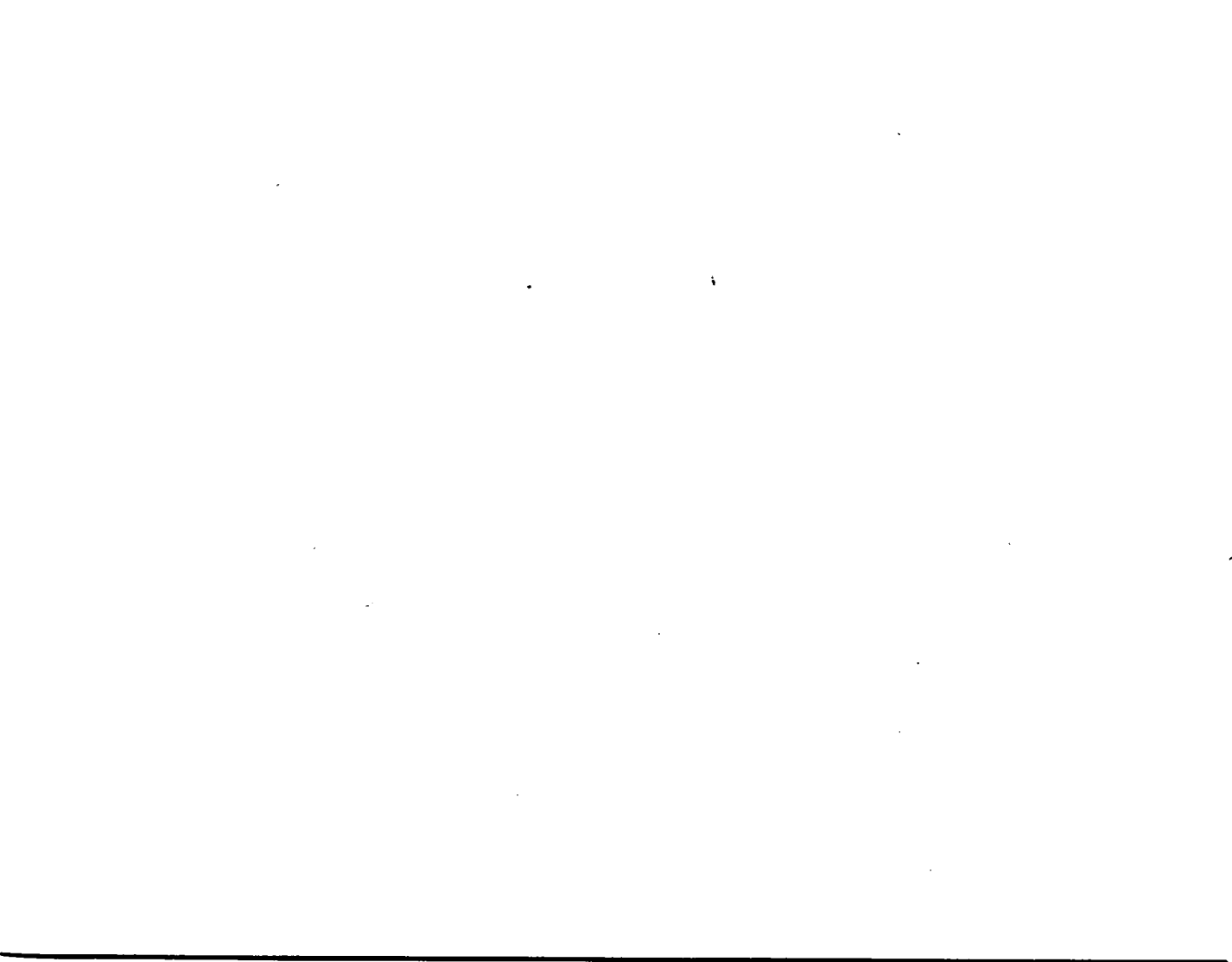
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Wright
(Physician or midwife)

Given names added from a supplemental report.

Address Salmon

Filed 4/10 1920 M. Waring
Salmon



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-223-030-365
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41

File No. 78111

No. _____ St. _____

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD Alice Matilda Taylor

| | | | | |
|--|---|---|--|--|
| Sex of Child <u>female</u> | Twin Triplet or other? _____ | and { Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>March 23</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>FATHER</u>
<u>Jay L Taylor</u> | | | FULL MAIDEN NAME <u>MOTHER</u>
<u>Margaret Conway</u> | |
| RESIDENCE <u>Gibbonsville</u> | | | RESIDENCE <u>Gibbonsville</u> | |
| COLOR <u>wh</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) | COLOR <u>wh</u> AGE AT LAST BIRTHDAY <u>12</u>
(Years) | | |
| BIRTHPLACE <u>Oregon</u> | | | BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | | | OCCUPATION <u>St wife</u> | |

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 a.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Wright - M D

(Physician or midwife)

Given names added from a supplemental report.

Address Salmon

Filed 4/10 1920 M. Fleming Greene
Registrar

APR 11 1942

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-202 030-419
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lemhi

City of near Baker

Registration District No. 41

File No. 78112

No. _____ St. _____

Primary Registration District No. 2116

Registered No. _____

Hospital _____
FULL NAME OF CHILD Nellie Moon

| | | | | |
|---|---|--------------------------------------|--|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and } Number
in order
of birth | Legitimate? <u>Yes</u> | Date of Birth <u>April 2</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Ruben McKay Moon</u> | | | MOTHER
FULL MAIDEN NAME <u>Edua Marsh</u> | |
| RESIDENCE <u>near Baker</u> | | | RESIDENCE <u>near Baker</u> | |
| COLOR <u>wh</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) | | COLOR <u>wh</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | | | BIRTHPLACE <u>Iowa</u> | |
| OCCUPATION <u>Farmer</u> | | | OCCUPATION <u>at wife</u> | |

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. J. Wright M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Idaho

Filed

4/10

19 20

M. Neering Greene

Registrar

DEC 22 1959

843-203-230-636

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-8-17

County of *Blaine*City of *North Tonn*Registration District No. *41*File No. *78113*

No. St.

Primary Registration District No. *1116*

Registered No.

Hospital

FULL NAME OF CHILD

Hull

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <i>Female</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <i>yes</i> | Date of
Birth <i>4-3-20</i>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|-------------------------------------|--|
| FULL NAME
<i>Charles M. Hull</i> | FATHER |
| RESIDENCE
<i>North Tonn, Ida</i> | |
| COLOR
<i>White</i> | AGE AT LAST
BIRTHDAY <i>49</i>
(Years) |
| BIRTHPLACE
<i>Montana</i> | |
| OCCUPATION
<i>Rancher.</i> | |

| | |
|---------------------------------------|--|
| FULL MAIDEN NAME
<i>Clin Flood</i> | MOTHER |
| RESIDENCE
<i>North Tonn, Idaho</i> | |
| COLOR
<i>White</i> | AGE AT LAST
BIRTHDAY <i>40</i>
(Years) |
| BIRTHPLACE
<i>Idaho</i> | |
| OCCUPATION
<i>Housewife</i> | |

Number of child of this mother, including present birth *6* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. *12:30 P.M.*

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *O. Shattuck, M.D.*

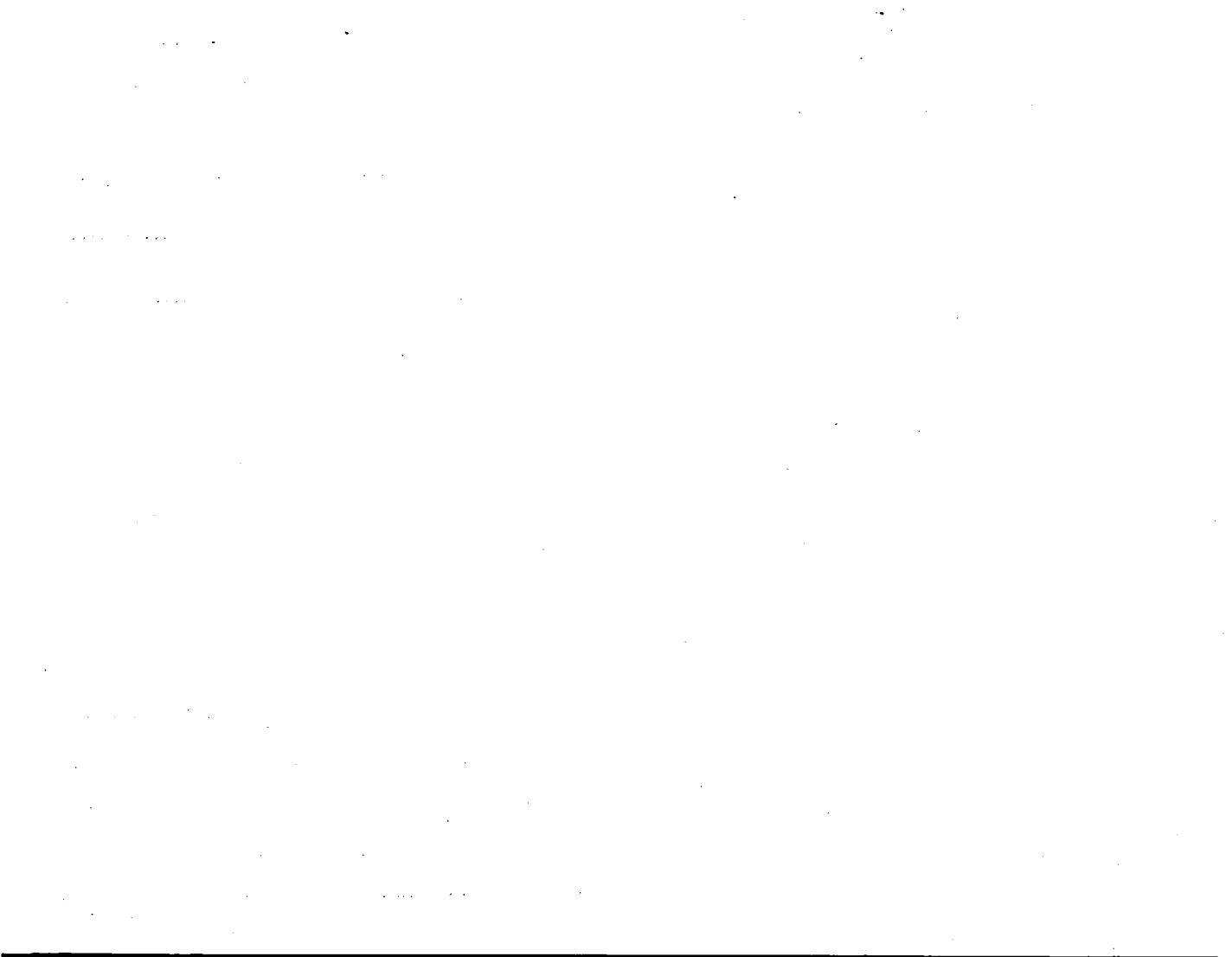
Given names added from a supplemental report.

(Physician or midwife)

Address *Sullivan, Idaho.*Filed *4/10* 19*20* *M. Leroy Green*

Registrar

Registrar



713-101-230-962
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of FranklinCity of BarnesRegistration District No. 41File No. 78114

No. _____ St. _____

Primary Registration District No. 2116

Registered No. _____

Hospital _____

FULL NAME OF CHILD

JAMES CLINTON Palmer

| | | | | | |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>April 14</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|--|

| | | | |
|--|---|---|---|
| FATHER
FULL NAME <u>Tom Palmer Jr</u> | | MOTHER
FULL MAIDEN NAME <u>Hennie Roky</u> | |
| RESIDENCE <u>Barnes</u> | | RESIDENCE <u>Barnes</u> | |
| COLOR <u>wh</u> | AGE AT LAST BIRTHDAY <u>36</u>
(Years) | COLOR <u>wh</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) |
| BIRTHPLACE <u>Bolo</u> | | BIRTHPLACE <u>Ulm</u> | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>Wife</u> | |

| | |
|--|--|
| Number of child of this mother, including present birth <u>Eight</u> | Number of children of this mother now living, including present birth <u>Seven</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 11-40 A.M.
on the date above stated. (Born alive or stillborn)

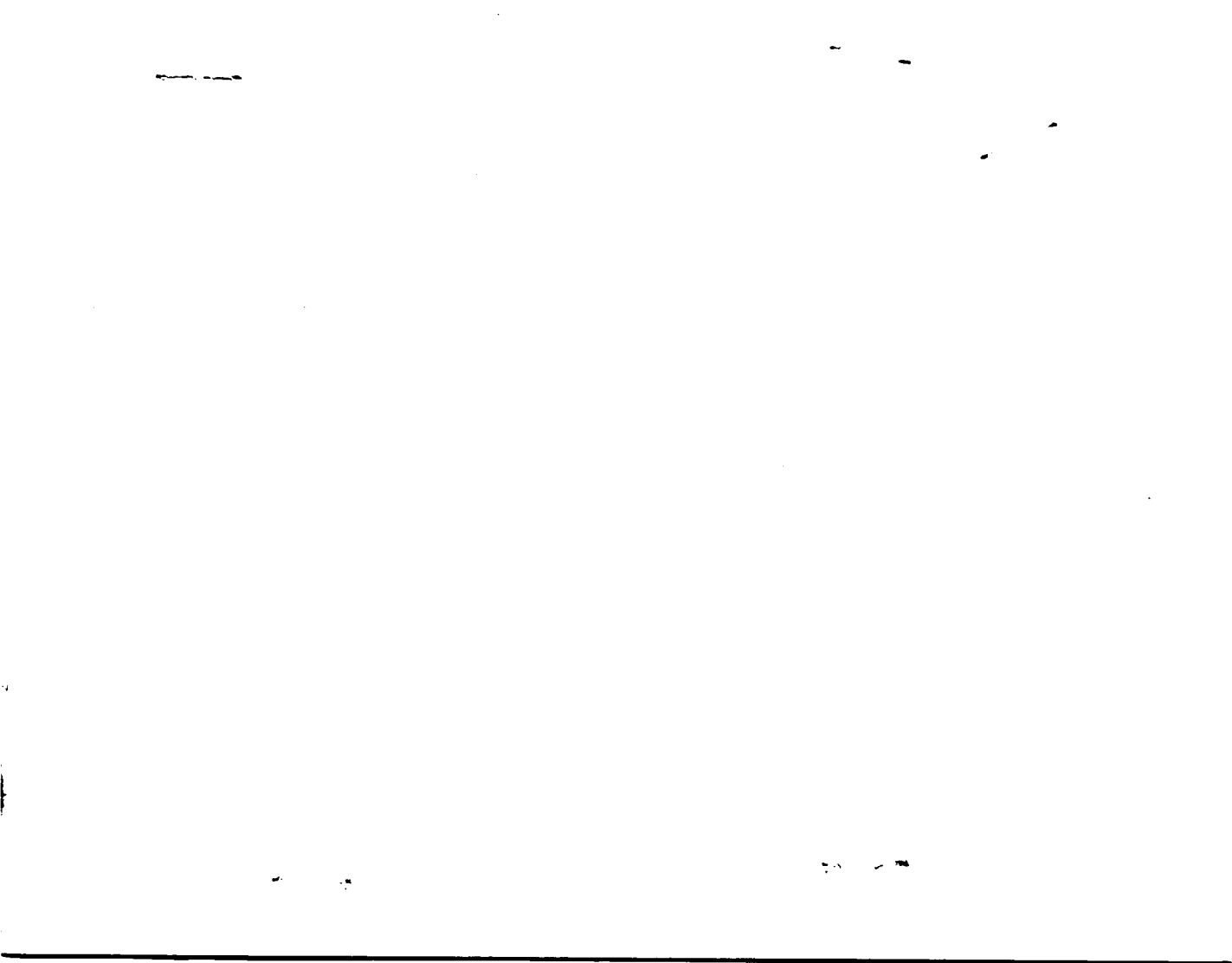
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. H. H. H. H.

(Physician or midwife)

Given names added from a supplemental report.

Address SalmonFiled 4/1619 20M. H. H. H. H.
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lemhi } ss.

Certificate No. 78114

Date Filed MAY 27 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Henry who was born on April 1, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event)
in Carmen, Lemhi County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)
true facts are shown by Bible record prepared on day of , 1925, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)
Name

FROM
(As on Original)
James Henry

TO
(The Correct Facts)
James Clinton Palmer

Subscribed and sworn to before me this 23rd
day of May, 19 42

Charles Herndon
Notary Public, residing at Salmon, Idaho

My commission expires 6-16-45
(Seal)

Signed Minnie A Palmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Lemhi } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of May, 19 42

Charles Herndon
Notary Public, residing at Salmon, Idaho

My commission expires 6-16-45
(Seal)

Signed James C Palmer
(Signature of Any Credible Person Other Than Previous Year)

Salmon, Idaho
(Street Address, City, State)

MAY 27 1942

JUN 1 1942

860227.030533

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of LewishCity of LudlowRegistration District No. 42File No. 78115

No. _____ St. _____

Primary Registration District No. 2153Registered No. 2

Hospital _____

FULL NAME OF CHILD

ELLA MARIE HOFFMAN

| | | | | | |
|---|---|-------|--|---|--|
| Sex of Child <u>female</u> | Twin Triplet or other? <u>-</u> | and { | Number in order of birth <u>-</u> | Legitimate? <u>legitimate</u> | Date of Birth <u>3 27 1920</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | | |
| FATHER
FULL NAME <u>Ellsworth V. Hoffman</u> | | | MOTHER
FULL MAIDEN NAME <u>Beatrice Ellis</u> | | |
| RESIDENCE <u>Menan, Idaho</u> | | | RESIDENCE <u>Menan, Idaho</u> | | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) | | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) | |
| BIRTHPLACE <u>Salt Lake City, Utah</u> | | | BIRTHPLACE <u>Small, Idaho</u> | | |
| OCCUPATION <u>Merchant</u> | | | OCCUPATION <u>Housewife</u> | | |

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 1 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Irvin B. Keller
 Physician
 (Physician or midwife)

Given names added from a supplemental report.

Address Ludlow, IdahoFiled 3/30 19 20

2-1-1

1-1-1

1-1-1

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 28 1943 Certificate No. 78115
County of Bonneville }

The undersigned does solemnly swear that certain facts on the certificate of _____
for _____ who was born on March 27, 1920 ^(BIRTH OR DEATH)
in Leadore, Idaho ^(NAME ON ORIGINAL CERTIFICATE) ^(WAS BORN OR DIED) ^(DATE OF EVENT)
Idaho ^(PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible prepared on April 1920, are:
^(BIBLE RECORD, INSURANCE POLICY, ETC.) ^(GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
^(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) ^(AS ON ORIGINAL) ^(THE CORRECT FACTS)
name no name Ella Marie Hoffman

Subscribed and sworn to before me this 23rd, 1
day of Jan, 19 42
Francis R. Stahl

Signed Ella Marie Hoffman
^(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Idaho Falls, Idaho
My commission expires April 6, 1943 898 Shoupe Ave., Idaho Falls, Idaho
(SEAL) ^(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. JAN 28 1943
County of Bonneville }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of Jan, 19 42
Francis R. Stahl

Signed Sam Christensen
^(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Idaho Falls, Idaho 898 Shoupe Ave., Idaho Falls, Idaho
My commission expires April 6, 1943
(SEAL) ^(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 28 1943 By _____
^(REGISTRAR'S SIGNATURE)

11/11/11

11/11/11



MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-114-030753
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Lemhi

City of Leadore

Registration District No. 42

File No. 78116

No. _____ St. _____

Primary Registration District No. 2153

Registered No. 4

Hospital _____

FULL NAME OF CHILD Dare Robert Anderson

| | | | | |
|---|---------------------------------|---|-------------------------------|------------------------------|
| Sex of Child <u>male</u> | Twin Triplet or other? <u>-</u> | and { Number in order of birth <u>-</u> | Legitimate? <u>legitimate</u> | Date of Birth <u>4/14/20</u> |
| (To be answered only in event of plural births) | | | (Month) | (Day) (Year) |

FATHER
FULL NAME John R. Anderson
RESIDENCE Leadore, Idaho
COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Duluth, Minn.
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Emma C. Peterson
RESIDENCE Leadore, Idaho
COLOR white AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Driggs, Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth. 1

Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Leadore, Idaho

Filed 4/23 20 Irvin B. Keller
Registrar

JAN 19 1976

265-106
PLA
031-852STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Nez PerceCity of Nez PerceRegistration District No. 47File No. 78117

No. _____ St. _____

Primary Registration District No. _____

Registered No. 80

Hospital _____

FULL NAME OF CHILD Alloysius Kaeft, ALOYSUIS

| | | | | |
|---|---|--------------------------------------|--|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and } Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>April 6 1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>George F. Kaeft</u>
RESIDENCE <u>Nez Perce, Ida.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Farmer</u> | | | MOTHER
FULL MAIDEN NAME <u>Amelia Rose Heck</u>
RESIDENCE <u>Nez Perce, Ida.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Kan.</u>
OCCUPATION <u>House Wife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was White, at 3 P.M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gust

(Physician or midwife)

Given names added from a supplemental report.

Address Nez Perce, IdahoFiled 4-22-20 Albert Huff

SEP 18 1941
SEP 26 1941



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
County of Lewis) ss
Certificate No. 78117
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate
of Birth for Alivin Koepf who Born
(birth or death) (Name on original certificate) (was born or died)
on April 6 in Nez Perce Idaho are erroneous or were omitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown
by parent prepared on 6 of April 1920 are:
(Bible record, insurance picy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate, etc.) FROM (As on original) TO (The correct facts)

Name Alivin Koepf Aloiysuis Koepf
.....
.....
.....

Subscribed and sworn to before me this 17 day of Sept 1944
Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public W. M. Henry
Residing at Englewood Rt. 1 Springfield Ore
(Street address, City, State)

My commission expires May 31 1947

(SEAL)

18 1941

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Oregon)
County of Linn) ss

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of Sept 1944
Signed George J. Koepf
(Signature of any credible person other than the previous affiant.)

Notary Public W. M. Henry
Residing at Englewood Rt. 1 Springfield Ore
(Street address, City, State)

My commission expires May 31 1947

(SEAL)

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

274-116-231-249
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lewis

City of Aspen

Registration District No. 44

File No. 78118

No. _____ St. _____

Primary Registration District No. _____

Registered No. 81

Hospital _____

FULL NAME OF CHILD

Joseph Emmett Spauldy

Sex of Child Male Twin, triplet or other? _____ and Number in order of birth _____ Legitimate? yes Date of Birth Feb 16 1912
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME William L. Tate Spauldy
RESIDENCE Aspen

MOTHER
FULL MAIDEN NAME Mary Ada Smith
RESIDENCE Aspen

COLOR White AGE AT LAST BIRTHDAY 16 (Years)

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Ohio

BIRTHPLACE Idaho

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated. Alma (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Eastman

(Physician or midwife)

Given names added from a supplemental report.

Address Aspen, Idaho

Filed 4-22 1914

MAR 20 1942

DECEASED

753-1241031-957
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. H-C-25m-9-8-15

CERTIFICATE OF BIRTH

78119

County of Lewis

City of Nezperce

Registration District No. 47

File No. _____

No. _____ St. _____

Primary Registration District No. _____

Registered No. 82

Hospital _____

FULL NAME OF CHILD William Clayton Peterson

| | | | | |
|-------------------------------------|--|---|------------------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ | and Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>March 24</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FATHER | | | MOTHER | |
| FULL NAME <u>Joe Peter Peterson</u> | | | FULL MAIDEN NAME <u>May Ingram</u> | |
| RESIDENCE <u>Nezperce</u> | | | RESIDENCE <u>Nezperce</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>37</u> (Years) | COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>25</u> (Years) | | |
| BIRTHPLACE <u>Idaho</u> | | | BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Computer</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Alive at 6:30 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John F. Gies Jr.
(Physician or midwife)

Given names added from a supplemental report.

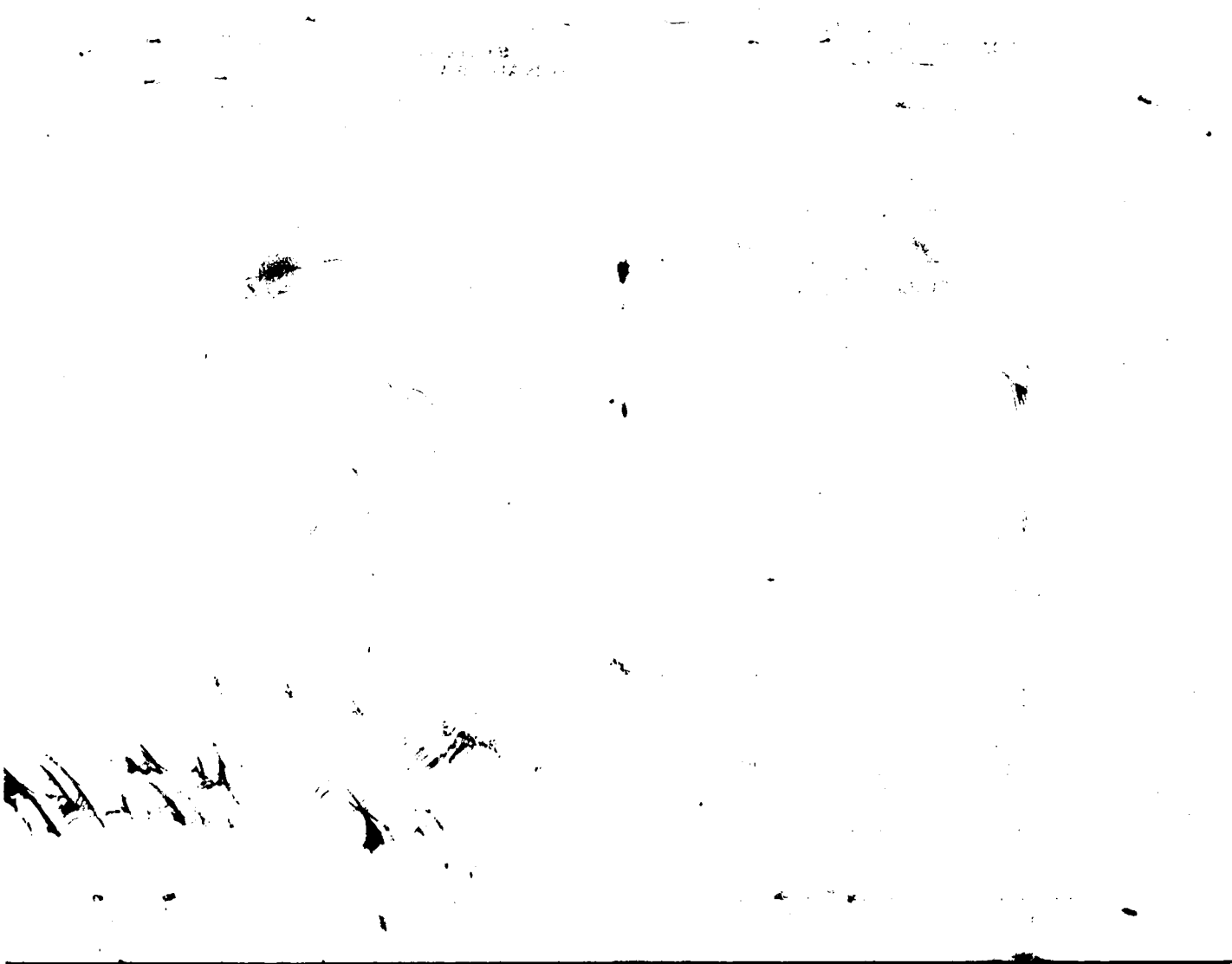
Address

Nezperce Idaho

Filed

4-22 1920

Albert Hoff
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } SS. Certificate No. 78119
County of Myer } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Wm. Clayton Peterson who was born on April 24, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Sevierston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Birth Register prepared on April, 1920, are:
(Bible record, insurance policy, etc.) (Give date)

| FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.) | FROM
(As on original) | TO
(The correct facts) |
|---|--------------------------|---------------------------------|
| Name <u>Wm. Clayton</u> | <u>Wm. Clayton</u> | <u>Clayton William Peterson</u> |
| Date of birth <u>April 24, 1920</u> | <u>April 24, 1920</u> | <u>March 24, 1920</u> |

Subscribed and sworn to before me this 20
day of October, 1941

Notary Public, residing at Phil Merigul
My commission expires SEPTEMBER 1942
[SEAL]

SUPPORTING AFFIDAVIT OF SECOND PERSON
Signed Mrs. Petta Puckett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

645 - Boulevard, Clarkston, Wm.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } SS. [This affidavit MUST also be executed.
County of Myer } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of October, 1941

Notary Public, residing at Phil Merigul
My commission expires SEPTEMBER 1942
[SEAL]

Signed Mrs. Mary Peterson
(Signature of any credible person other than the previous affiant.)

635 Lapwai Road
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

ST

7

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15-231-231-713
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lemhi

City of Hayden

Registration District No. 47

File No. 78121

No. _____ St. _____

Primary Registration District No. _____

Registered No. 83

Hospital _____

FULL NAME OF CHILD MARGARET EVELYN Langer

| | | | | |
|--|---|------------------------------------|---|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and Number in order of birth _____ | Legitimate? _____ | Date of Birth <u>3 31 1922</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Philip Langer</u>
RESIDENCE <u>Hayden</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Wash</u>
OCCUPATION <u>Furnace</u> | | | MOTHER
FULL MAIDEN NAME <u>Isabelle Nancy Gallion</u>
RESIDENCE <u>Lemhi</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Buise Id</u>
OCCUPATION <u>Beam wife</u> | |

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

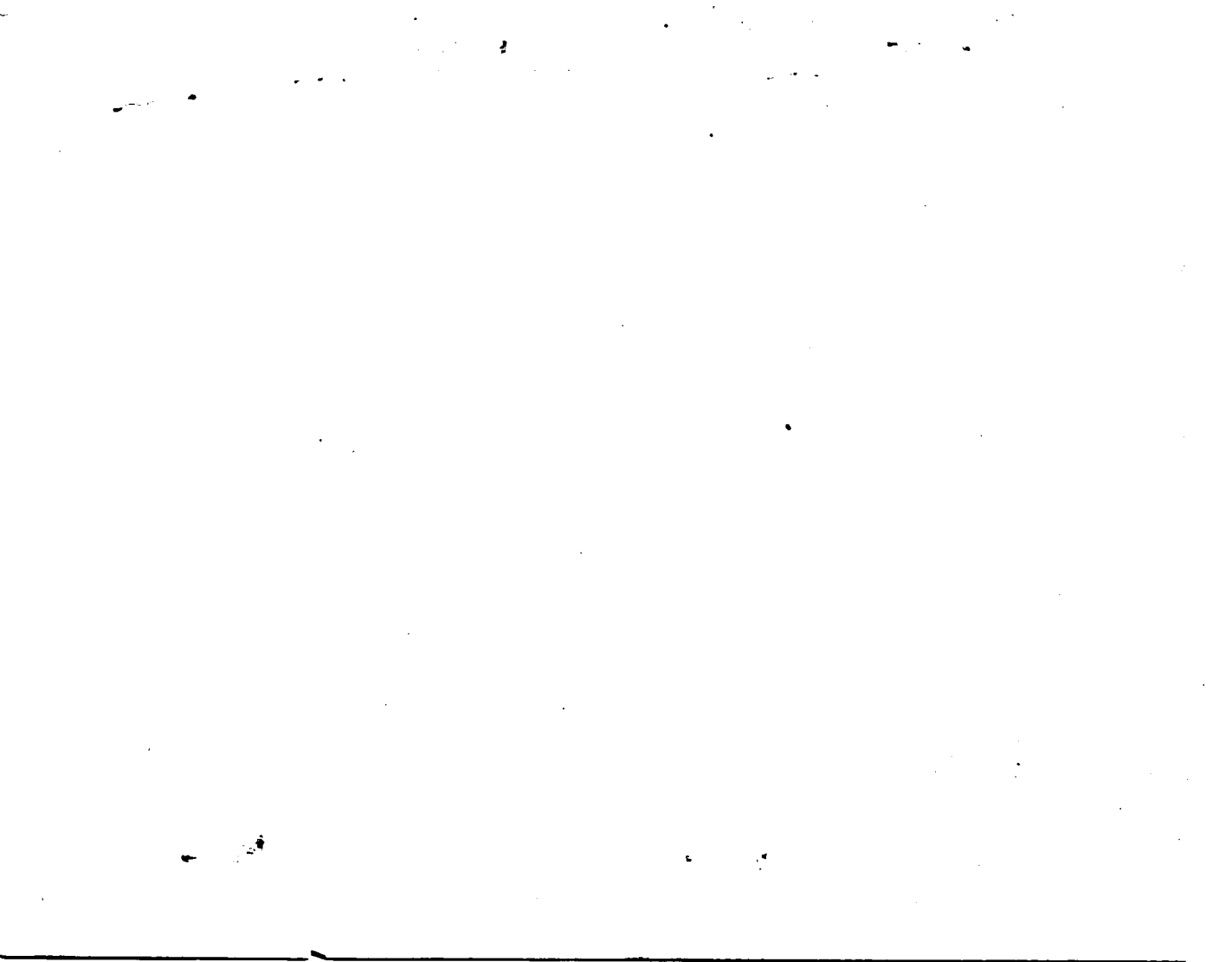
I hereby certify that I attended the birth of this child, who was _____, on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gustafson at 4:39 M.
(Physician or midwife)

Given names added from a supplemental report.

Address Merced Idaho
Filed 4-24 1922
Registrar Albert Huff



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Okanogan } ss.
Certificate No. 78121 78121
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Eveline Langer who was born on March 31, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Nezperce, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
|---|----------------------------|-------------------------------|
| <u>name</u> | <u>Eveline Langer</u> | <u>Margaret Evelyn Langer</u> |
| <u>birthdate</u> | <u>April 2, 1920</u> | <u>March 31, 1920</u> |
| <u>mother's name</u> | <u>Nancey Bell Gallion</u> | <u>Isabelle Nancy Gallion</u> |

Subscribed and sworn to before me this 14th
day of March, 1942.
W. F. Champion
Notary Public, residing at Omak, Washington.
My commission expires January 10, 1945.
(Seal)

Signed Isabelle Nancy Langer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother & father
Omak, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Okanogan } ss.
[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of March, 1942.
W. F. Champion
Notary Public, residing at Omak, Washington.
My commission expires January 10, 1945.
(Seal)

Signed Isabelle Nancy Langer
(Signature of Any Credible Person Other Than Previous Year)

Omak, Washington
(Street Address, City, State)

APR 21 1942

NOV 2 1942

NOV 5 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-203-031-396

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-2-22-0-1-17

County of Lewis

City of Idaho

No. St.

Registration District No. 32

File No. 78122

Primary Registration District No. 2129

Registered No. 8

Hospital

FULL NAME OF CHILD Ruth Elizabeth Sales

| | | | |
|----------------------------|---|------------------------|---|
| Sex of Child <u>female</u> | Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u> | Legitimate? <u>Yes</u> | Date of Birth <u>March 3</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|---|

| | |
|---|---|
| FATHER
FULL NAME <u>Loyde Sales</u> | MOTHER
FULL MAIDEN NAME <u>Cornie Crouse</u> |
| RESIDENCE <u>Ido R 4D</u> | RESIDENCE <u>Ido R 4D</u> |
| COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>37</u> (Years) | COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>24</u> (Years) |
| BIRTHPLACE <u>Idaho Grove Id.</u> | BIRTHPLACE <u>Boise Id.</u> |
| OCCUPATION <u>Rancher</u> | OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 2... Number of children of this mother now living, including present birth 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was live at 7:40 P.M. on the date above stated.

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) P. E. Duncanson

(Physician or midwife)

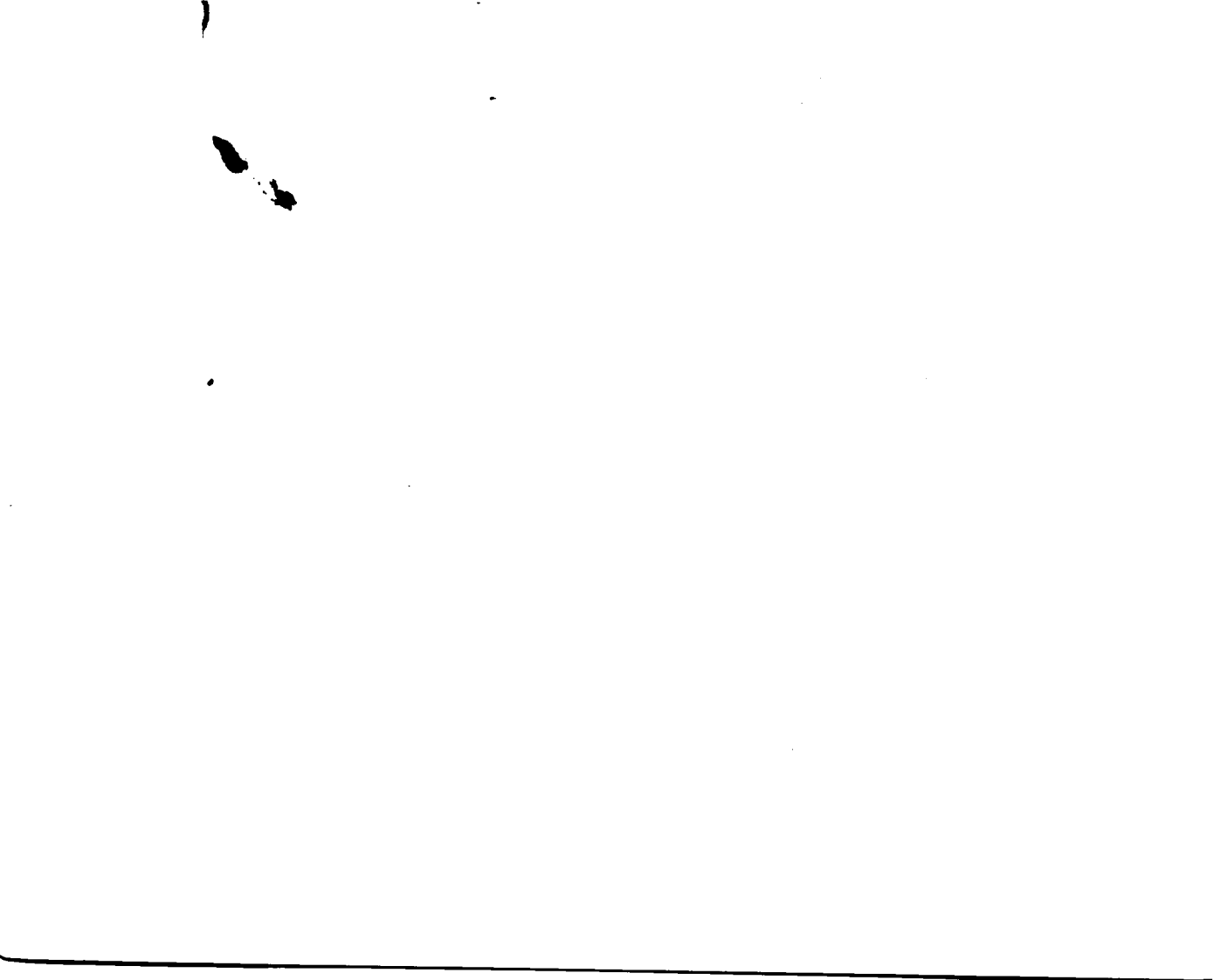
Given names added from a supplemental report.

Address Ido Idaho

Filed 3/4 1920 P. E. Duncanson

Registrar

Registrar



336-20-031214

PLACE OF BIRTH

County of Lewis

City of Idaho

No. St.

Hospital

FULL NAME OF CHILD Glen Clovis

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

Registration District No.

File No. **78123**

Primary Registration District No. 2129

Registered No. 10

Sex of Child male Twin Triplet or other? and Number in order of birth — Legitimate? yes Date of Birth March 20 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Clyde Edward Clovis

FULL MAIDEN NAME MOTHER Christina Kauffman

RESIDENCE Idaho

RESIDENCE Idaho

COLOR white AGE AT LAST BIRTHDAY 33 (Years)

COLOR white AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Kansas

BIRTHPLACE Colfax Wash.

OCCUPATION hardware dealer

OCCUPATION housewife

Number of child of this mother, including present birth... 7 Number of children of this mother now living, including present birth... 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:20 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Duncanson

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho

Filed 3/23/20 1920 R. E. Duncanson
Registrar Registrar

AUG 14 1964

2/4/41 L. B.

619-112-531-367
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Lewis

City of Minneapolis

Registration District No. 48

CERTIFICATE OF BIRTH

78140

No. _____ St. _____

Primary Registration District No. 2127

File No. _____

Registered No. 40

Hospital _____

FULL NAME OF CHILD Noble Harry Warren

| | | | | |
|--------------------------|---|--------------------------------------|----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>Y.</u> | Date of Birth <u>Jan 12</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|----------------------------|--|

FATHER
FULL NAME Noble Harry Warren
RESIDENCE Winchester, Ida
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Troy Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Leona Cox
RESIDENCE Winchester, Ida
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Mayview, Wash.
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 612 8th on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Kelly M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Winchester, Ida

Filed Mar 10 19 20 J. E. McLaughlin

APR 16 1960

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

449-219.0 31-795

PLACE OF BIRTH,

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Lewis
City of Winchester

Registration District No. 48 File No. 78141

No. _____ St. _____

Hospital _____ Primary Registration District No. 212 Registered No. 41

FULL NAME OF CHILD

Ollie May Durst

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of Birth <u>Feb 19 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|---------------------------------------|---|
| FULL NAME <u>Samuel Grover Durst</u> | FATHER |
| RESIDENCE <u>Winchester</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Farm & Mill Lbr</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Willie May Pierce</u> | MOTHER |
| RESIDENCE <u>Winchester</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE <u>Missouri</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:25 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Miss Mayme Hoffmann
G. N.
(Physician or midwife)

Given names added from a supplemental report.

Address Winchester Ida
Filed Mar 10 1920 Hopkins Langhlin
Registrar

SEP 21 1942

593201-031-419

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICSCounty of Lewis

CERTIFICATE OF BIRTH

78142

City of WinchesterRegistration District No. 48File No. 1

No. _____ St. _____

Hospital _____

Primary Registration District No. 2127Registered No. 42

FULL NAME OF CHILD

Josephine Fay Nichols

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
BirthMar 1st
(Month) (Day) (Year) 1920

(To be answered only in event of plural births)

FULL
NAMECarl Orville Nichols

FATHER

RESIDENCE

Winchester

COLOR

WhiteAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Colorado

OCCUPATION

FarmerFULL
MAIDEN
NAMEMary Valita Margaria

MOTHER

RESIDENCE

Winchester

COLOR

WhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive at 3:45 P. M.
(Born alive or stillborn){ *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

John Langhlin
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Winchester, Idaho

Filed

Mar 10 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Dup of 1920-87589

255-115-031-793
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

County of Lewis

City of Kamiah

Registration District No.

CERTIFICATE OF BIRTH

78145

No. St.

Primary Registration District No.

File No.

Registered No.

Hospital

FULL NAME OF CHILD

Albert R. Bennett

Sex of Child

Male

Twin
Triplet
or other?

and

Number
in order
of birth

6

(To be answered only in event of plural births)

Legiti-
mate?

yes

Date of Birth

Mar 15 1920
(Month) (Day) (Year)

FULL NAME

Alonzo B. Bennett

FATHER

FULL MAIDEN NAME

Lula E. Gilmore

MOTHER

RESIDENCE

Kamiah

RESIDENCE

Kamiah

COLOR

White

AGE AT LAST BIRTHDAY

30

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

22

(Years)

BIRTHPLACE

Mexico

BIRTHPLACE

Washington

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother, including present birth

6

Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive

(Born alive or stillborn)

9 a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. Taylor M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Kamiah

Idaho

Filed

4/2/20

19

C. J. Johnson

Registrar

NOV 2 1970

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

156106.031-336

PLACE OF BIRTH

County of Lewin

City of Russell

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 49

File No. 78146

Primary Registration District No. 2128

Registered No. _____

Sex of Child Male Twin Triplet or other? _____ and _____ Number in order of birth _____ Legiti mate? Yes Date of Birth July 6 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Ernest Jewell FATHER
RESIDENCE Russell, Ida
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Manx
OCCUPATION Farmer

FULL MAIDEN NAME Bessie P. Lloyd MOTHER
RESIDENCE Russell, Ida
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 7:00 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

January 11, 1941/ EA

AUG 31 1942

643-131-032-445

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Lincoln

CERTIFICATE OF BIRTH

City of ShoshoneRegistration District No. 16File No. 78148

No. _____ St. _____

Primary Registration District No. 1016Registered No. 13

Hospital _____

FULL NAME OF CHILD

James Oliver FullerSex of
ChildmaleTwin
Triset
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
BirthMar. 31

(Month) (Day)

1920
(Year)

(To be answered only in event of plural births)

FULL
NAME

FATHER

John L. Fuller

RESIDENCE

Shoshone

COLOR

white

AGE AT LAST

24

BIRTHDAY

(Years)

BIRTHPLACE

Idaho

OCCUPATION

R.R. Tel.FULL
MAIDEN
NAME

MOTHER

Bessie Dunn

RESIDENCE

Shoshone

COLOR

white

AGE AT LAST

22

BIRTHDAY

(Years)

BIRTHPLACE

Idaho

OCCUPATION

housewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

(Born alive or stillborn)

at 11-39 A.M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

B. P. Jones M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

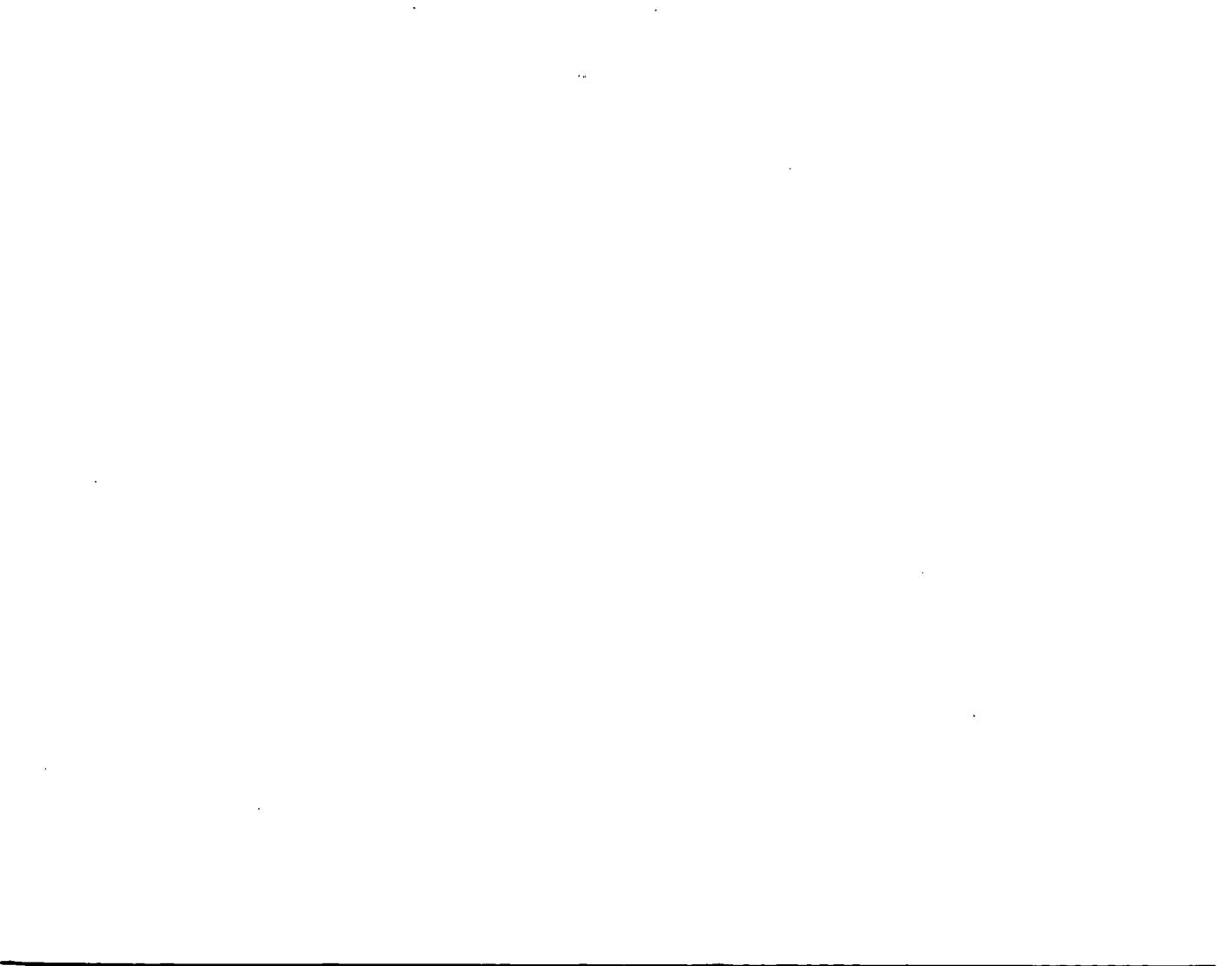
Shoshone

Filed

Feb 81920

Registrar

Registrar



Amended 9-29-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **78149**

Local Reg. No. **12**

Reg. Dist. No. **16**

| | | | |
|--|---|--|---|
| 1. PLACE OF BIRTH | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) | |
| a. COUNTY
Lincoln | | a. STATE
Idaho b. COUNTY
Lincoln | |
| b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Shoshone | | c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Shoshone | |
| c. FULL NAME OF (If NOT in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION | | d. STREET
ADDRESS
(If rural, give location) | |
| 3. CHILD'S NAME | | | |
| a. (First)
Arvilla | | b. (Middle)
Rose | |
| | | c. (Last)
Downing | |
| 4. SEX
F. | 5a. THIS BIRTH
SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____ | 5b. IF TWIN OR TRIPLET (This child born)
1st _____ 2nd _____ 3rd _____ | 6. DATE
OF
BIRTH
(Month) (Day) (Year)
3 - 16 - 1920 |
| FATHER OF CHILD | | | |
| 7. FULL NAME | | | |
| a. (First)
Joseph | | b. (Middle)
C. | |
| | | c. (Last)
Downing | |
| 8. AGE (At time of this birth)
34 YEARS | 9. BIRTHPLACE (State or foreign country)
(City or Town)
Ind. | 10. USUAL OCCUPATION
Farmer | 11. KIND OF BUSINESS OR INDUSTRY |
| MOTHER OF CHILD | | | |
| 12. FULL MAIDEN NAME | | | |
| a. (First)
Lillie | | b. (Middle)
May | |
| | | c. (Last)
Jensen | |
| 13. AGE (At time of this birth)
27 YEARS | 14. BIRTHPLACE (State or foreign country)
(City or Town)
Utah | 15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) | |
| 16. INFORMANT'S SIGNATURE OR NAME (Relationship) | | a. How many OTHER
children are now
living?
3 | b. How many OTHER children were
born alive but are now dead?
0 |
| | | c. How many children
were stillborn (born dead
after 20 wks. pregnancy?)
0 | |
| <i>I hereby certify that
this child was born
alive on the date
stated above.</i> | | 17. SIGNATURE
C. P. Jones, M.D. | |
| 19. ADDRESS
Shoshone, Idaho | | 18. ATTENDANT AT BIRTH
M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER
(Specify) _____ | |
| 21. DATE REC'D BY LOCAL REG.
March 16, 1920 | 22. REGISTRAR'S SIGNATURE
J.L. Fuller | | 20. DATE SIGNED |
| | | 23. DATE ON WHICH GIVEN NAME ADDED
BY _____
Registrar | |

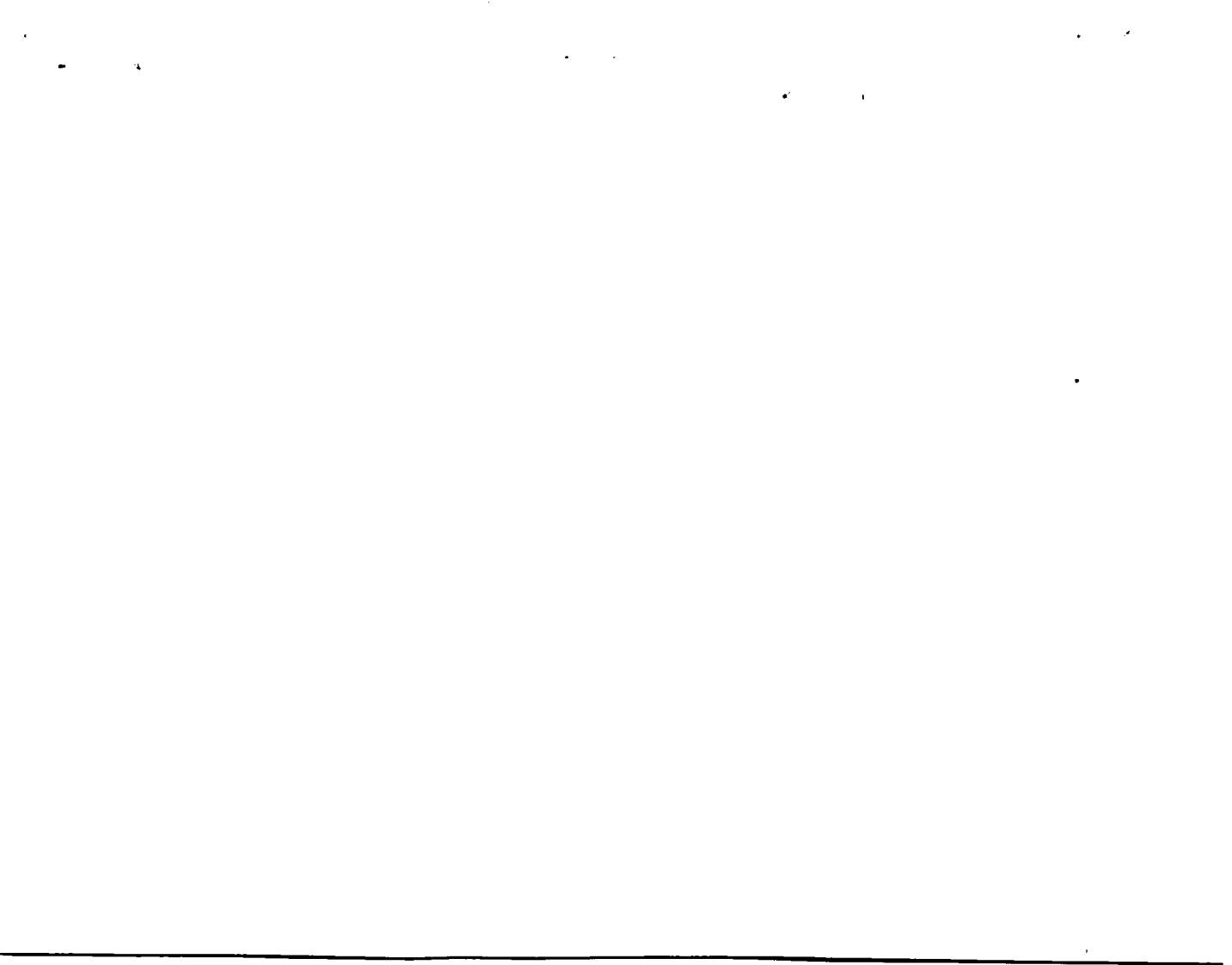
FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?

YES _____

NO _____

DATE _____



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. **AUG 22 1966** Certificate No. **78149**
County of _____ } **Bureau of Vital Statistics**
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for **Unnamed Downing** (female child) who **was born** on **March 16, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **Shoshone, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by **Church Records** prepared on **Nov. 3rd 1929** are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|---------------------------------|----------------------------------|
| FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
| Full Name of Child | Unnamed | Arvilla Rose Downing |
| Full Maiden Name of Mother | May Jensen | Lillie May Jensen |
| Mother's Color | Not Given | White |

Subscribed and sworn to before me this **13th** day of **August** 19 **66**

Notary Public, residing at **Twin Falls, Idaho**
My commission expires **Oct. 30, 1968**
(Seal)

Signed **Arvilla Rose Downing**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
308 Sunnyview Court Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of **IDAHO** } ss.
County of **TWIN FALLS** }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **13th** day of **AUGUST** 19 **66**

Signed **Reginald J. Jensen**
(Signature of Any Credible Person)

Notary Public, residing at **TWIN FALLS, IDAHO**
My commission expires **OCT. 30, 1968**
(Seal)

327-4th Ave. North
(Street Address, City, State)
Twin Falls - Idaho

L.D.S. Church Cert. of Baptism and Confirmation, July 6, 1929 gives full name as Arvilla Rose Downing, daughter of Joseph C. Downing and Lillian Mae Jensen, born March 16, 1920 at Shoshone, Idaho - viewed by V.S.

Notification of Birth Registration, State of California, No. 798, gives full name as Loretta May Young, born Dec. 9, 1947 at Albany Hospital, Richmond, California to Virgil Wesley Young and Arvilla Rose Downing - viewed by V.S.

L.D.S. Church Certificate of Birth, entered on Record Aug. 20, 1925 gives full name as Lillie May Jensen, born May 25, 1893 at Springville, Utah to Chris Jensen and Rosella Palmer - viewed by V.S.

Delayed Certificate of Birth, State of Utah, State File No. 32996 gives full name as Lillie May Jensen, born May 25, 1893 at Springville, Utah to Christian Jensen and Emma Rosella Palmer - delayed filed May 14, 1956 - cert. copy issued May 15, 1956 - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546.126.032-957
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-9-17

County of Lincoln

City of Richfield

No. 4 mi W 3 North St.

Registration District No. 17

File No. 13 **78150**

Primary Registration District No. 22.00

Registered No. 7

Hospital

FULL NAME OF CHILD

William Edwards

Sex of Child

Male

Twin
Triplet
or other?

} and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of
Birth

Feb 26 1920
(Month) (Day) (Year)

FULL
NAME

FATHER
Henry Edwards

FULL
MAIDEN
NAME

MOTHER
Laura Maud Rex

RESIDENCE

Richfield 3 mi North 4 West

RESIDENCE

Richfield 3 mi North - 4 West

COLOR

White

AGE AT LAST
BIRTHDAY

22
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY

24
(Years)

BIRTHPLACE

Cheney Wash

BIRTHPLACE

Cheney Wash

OCCUPATION

Farmer

OCCUPATION

House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:00 M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

P. E. Bloom
M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Richfield, Ida

Filed

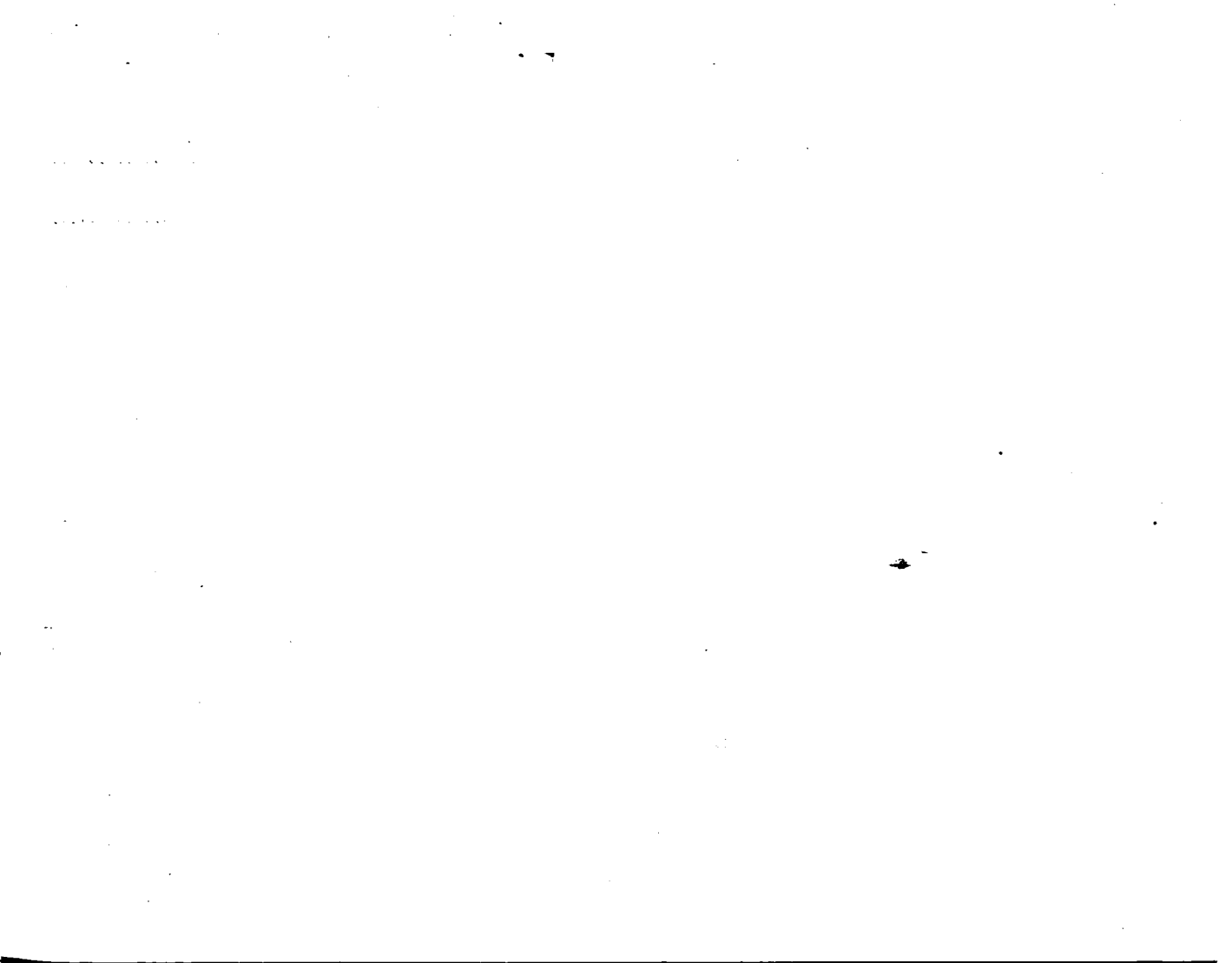
4/10

1920

P. E. Bartlett

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-216-033-236

PLACE OF BIRTH

name added 9/10/79 ST. BUREAU OF

Form V. 9-10-1919

County of Madison

CERTIFICATE OF BIRTH

City of Reynoldsburg

Registration District No. 100

File No. 78153

No. _____ St.

Primary Registration District No. 2178 Registered No. 87

Hospital _____

FULL NAME OF CHILD

Loa Beth Raymond

| | | | | | |
|-----------------------|----------------------------------|-------|-----------------------------------|------------------------|---|
| Sex of Child <u>♀</u> | Twin Triplet or other? <u>No</u> | and { | Number in order of birth <u>1</u> | Legitimacy? <u>Yes</u> | Date of Birth <u>Feb. 16</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|----------------------------------|-------|-----------------------------------|------------------------|---|

FATHER
FULL NAME Vernon L. Raymond

MOTHER
FULL MAIDEN NAME Pearl L. Scott

RESIDENCE Reynoldsburg

RESIDENCE Reynoldsburg

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Utah

BIRTHPLACE Utah

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Cape

(Physician or midwife)

Given names added from a supplemental report.

Address 2/30 20
Filed 2/30 20

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

RECEIVED Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE
VITAL STATISTICS

State of California
County of Sacramento

SEP 4 11 15 AM '79

Certificate No. 78153
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Raymond who was born on 2/16/20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Rexburg, Id. are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Name

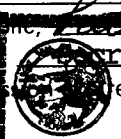
Unnamed Raymond

Loa Beth Raymond

Loa Beth Raymond

Subscribed and sworn to before me this 29th day of
August, 19 79

Notary Public, Patricia Ann Roswald
Residing at Sacramento, California
My commission expires July 14, 1981
(Seal)



My Commission Expires July 14, 1981

Loa Beth Raymond Bonham
Signature of Applicant

1403 - Rowena Way Sacto, Calif
Street Address, City, State

State of California
County of Sacramento

(Must be completed ☐)
(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of
August, 19 79

Notary Public, Patricia Ann Roswald
Residing at Sacramento, California
My commission expires July 14, 1981
(Seal)



My Commission Expires July 14, 1981

Vivian W. Cisneros
Supporting Signature

2642 - 21st Ave. Sac. Ca. 95820
Street Address, City, State

Certif of Blive Birth from California gives name of child as

Tami Lou Wentzel born July 9, 1963. mother's name as Loa Beth Raymond
and father's name as Earl Walter Wentzel. File No. 63-170158.

SEP 10 1979

viewed by V. S.

~Recommen for Baptism and Confirmation from the LDs Church gives name as
Tami Lou Wantzel (dated Jly 25, 1971) gives father's name as Earl Raymond
Wentzel and Loa Beth Raymond Wentzel as mother. Baptized July 31, 1971.
viewed by V. S.

963-217033-577
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MadisonCity of ReynoldsRegistration District No. 100 File No. 78154

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 102

Hospital _____

FULL NAME OF CHILD

Arvilla Rock

| | | | | | |
|----------------------------|---|-----|--------------------------------|---------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legitimate?
<u>Yes</u> | Date of Birth <u>Jan. 17</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|---------------------------|---|

FULL NAME FATHER Albert RockRESIDENCE Reynolds IdahoCOLOR White AGE AT LAST BIRTHDAY 41 (Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Elizabeth EggertRESIDENCE Reynolds IdahoCOLOR White AGE AT LAST BIRTHDAY 33 (Years)BIRTHPLACE UtahOCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:16 Pm M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

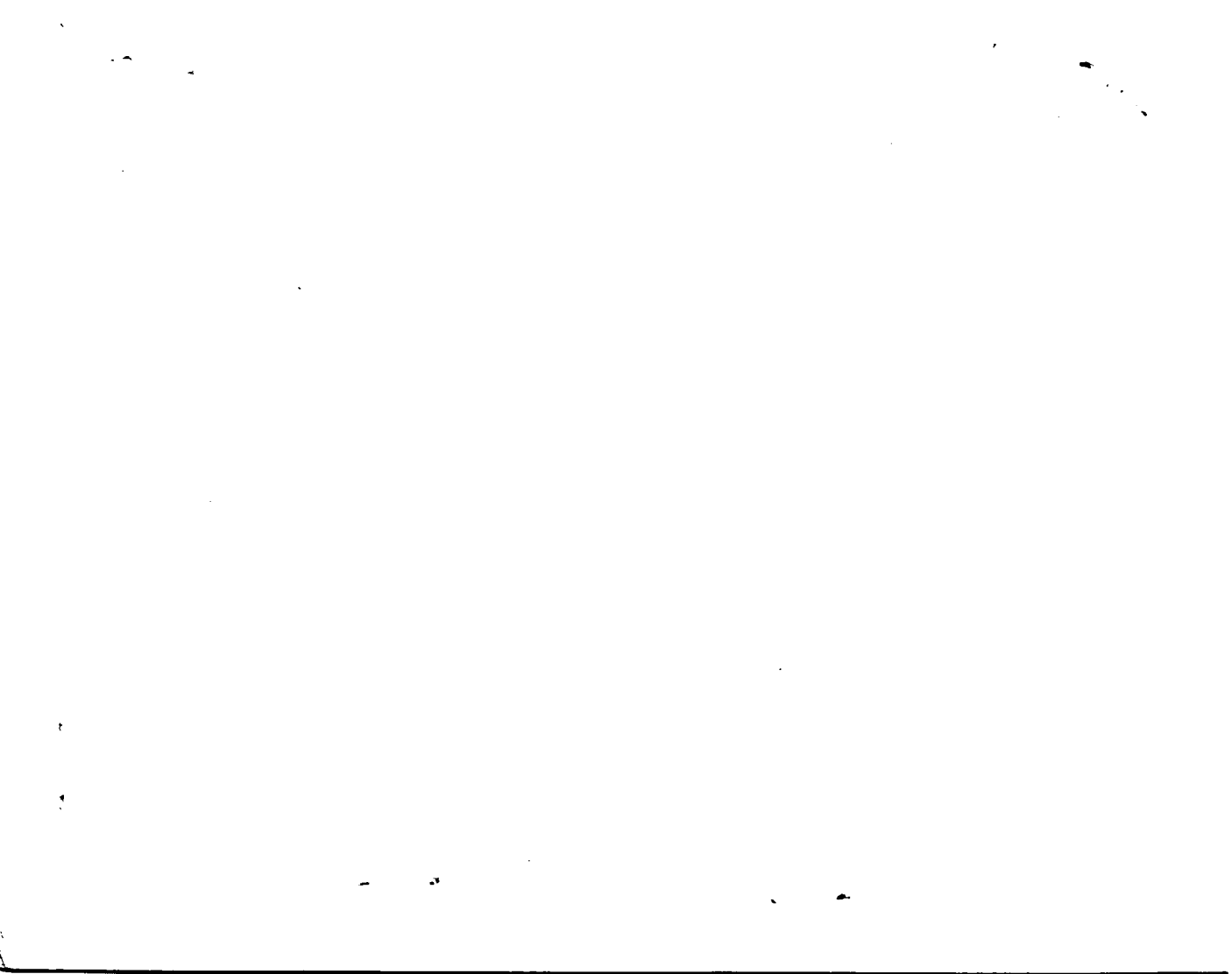
(Signature) Laird F. Rich
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Reynolds Idaho
Filed 1-30-20 J. Wespe
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 78154

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for None given who born on Jan. 17 1920 (Birth or Death)
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Insurance Policy prepared on Mar. 25, 1935, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

name

none given

Arvilla Rock

Subscribed and sworn to before me this 9th

day of May, 1944

Notary Public, residing at Idaho Falls, Ida.

My commission expires Jan 21, 1946
(Seal)

Signed Olizabeth Rock

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

185 Canal ve. Idaho Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th

day of May, 1944

Notary Public, residing at Idaho Falls, Ida.

My commission expires Jan 21, 1946
(Seal)

Signed Arvilla Rock

(Signature of Any Credible Person Other Than Previous Year)

153 Whittier ve. Idaho Falls, Ida.
(Street Address, City, State)

MAY 11 1944

MAY 26 1950

MAY 12 1944

312-112-033 264
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78155

County of MadisonCity of ReuburgRegistration District No. 100

File No. _____

No. _____ St. _____

Primary Registration District No. 2178Registered No. 103

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>Jan 12</u> 19 <u>26</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|-----------------------------------|---|
| FULL NAME
<u>Lyman J Lake</u> | FATHER |
| RESIDENCE
<u>Reuburg Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>56</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Lydia Bodily</u> | MOTHER |
| RESIDENCE
<u>Reuburg Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>34</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:00 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Lorin T. Rich

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

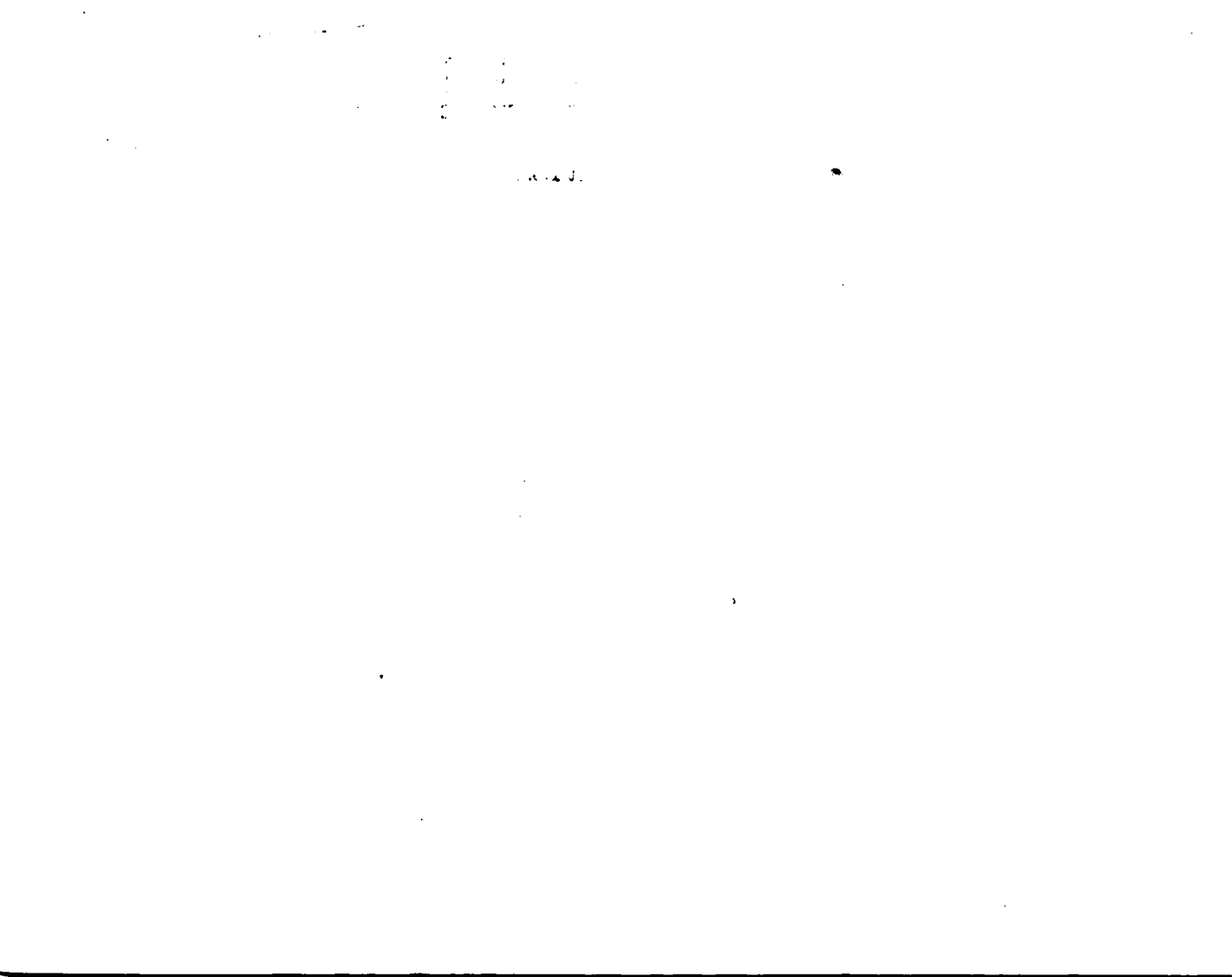
Reuburg, Idaho

Filed _____

4-7 19 20

Registrar _____

Registrar _____



PLACE OF BIRTH

County of MadisonCity of Rexburg

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 100Primary Registration District No. 2178STATE OF IDAHO
OF VITAL STATISTICS
IFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

File No. 78156Registered No. 104

| | | | | |
|--|---|---|-----------------------------|---|
| SEX OF CHILD
<u>Girl</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and Number
in order
of birth | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>2 12 20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Sen Sakaguchi</u> | | MOTHER
FULL MAIDEN NAME <u>Kino Nakamura</u> | | |
| RESIDENCE <u>Rexburg</u> | | RESIDENCE <u>Rexburg</u> | | |
| COLOR <u>Jap.</u> | AGE AT LAST
BIRTHDAY <u>42</u>
(Years) | COLOR <u>Jap.</u> | | AGE AT LAST
BIRTHDAY <u>25</u>
(Years) |
| BIRTHPLACE <u>Japan</u> | | BIRTHPLACE <u>Japan</u> | | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>House wife</u> | | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

on the date above stated. 1 Photostat copy 12/23/41Born alive, at 12-30 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. Mae Nelsonmidwife
(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

2-28-1940

Registrar

Registrar



719-2051033-653

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of BefburgRegistration District No. 100File No. 78157

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 103

Hospital _____

FULL NAME OF CHILD Leatha Parker

| | | | | | |
|-----------------------|---|-----|--------------------------|-------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and | Number in order of birth | Legiti mate? <u>Yes</u> | Date of Birth <u>Mar. 5</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|--------------------------|-------------------------|--|

| | |
|------------------------------|--|
| FULL NAME <u>Vern Parker</u> | FATHER |
| RESIDENCE <u>Befburg</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>20</u> (Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--------------------------------------|--|
| FULL MAIDEN NAME <u>Vera Welding</u> | MOTHER |
| RESIDENCE <u>Befburg</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>23</u> (Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive at 6:30 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife) _____

Given names added from a supplemental report.

19 _____

Address _____

Filed _____

4-7 19 20

Registrar _____

Registrar _____

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 29 1972

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO Certificate No. 78157
County of Madison ss. CS 1117
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Parker (Female)- who was born (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on March 5, 1920 (Date of Event)
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by School & Church prepared on Sept-19 & 1930 - Sept-9-1934 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's name

Unnamed

Leatha Parker

Subscribed and sworn to before me this 13th day of
April, 1972

Notary Public, residing at _____

My commission expires _____

(Seal)

Signed Vera P. O'Nunndork

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT # 2 Box 344 BB Port Orchard
(Street Address, City, State) Washington

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Madison } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of
April, 1972

Notary Public, residing at _____

My commission expires _____

(Seal)

Signed John S. Tether

(Signature of Any Credible Person)

239 Mohawk, Rexburg, Idaho 83440

(Street Address, City, State)

Family group record of Jesse Vernon Parker and Eliza Vera Wilding gives child's name as Leatha Parker. Born March 5, 1920. Baptized Mar. 20, 1928. Viewed by VS

Certif. of Graduatuion from LDS Primary gives child' sname as Leatha Parker.
Dated Sept. 9, 1934. Viewed by V. S.

MAY 5 1972

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

433.106.033-855 child & father's names
amended 10/24/90 EIC
PLACE OF BIRTH STATE OF IDAHO

Form V. S. No. 11-C-25m-7-21-19

BUREAU OF VITAL STATISTICS

County of Madison

CERTIFICATE OF BIRTH

City of Refburg

Registration District No. 100

File No. 78158

No. _____ St. _____

Primary Registration District No. 2178

Registered No. 106

Hospital _____

FULL NAME OF CHILD Lelin Wilbert McCulloch

| | | | | | |
|-----------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>m</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>Mar. 6</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|--------------------------------|----------------------------|---|

FULL NAME Pete McCulloch FATHER

FULL MAIDEN NAME Mable Hendricks MOTHER

RESIDENCE Refburg

RESIDENCE Refburg

COLOR W AGE AT LAST BIRTHDAY 27
(Years)

COLOR W AGE AT LAST BIRTHDAY 29
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Idaho

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive. 4:50 A.M.
(Born alive or stillborn)

{ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature) S. G. Espe

(Physician or midwife)

Given names added from a supplemental report.

19

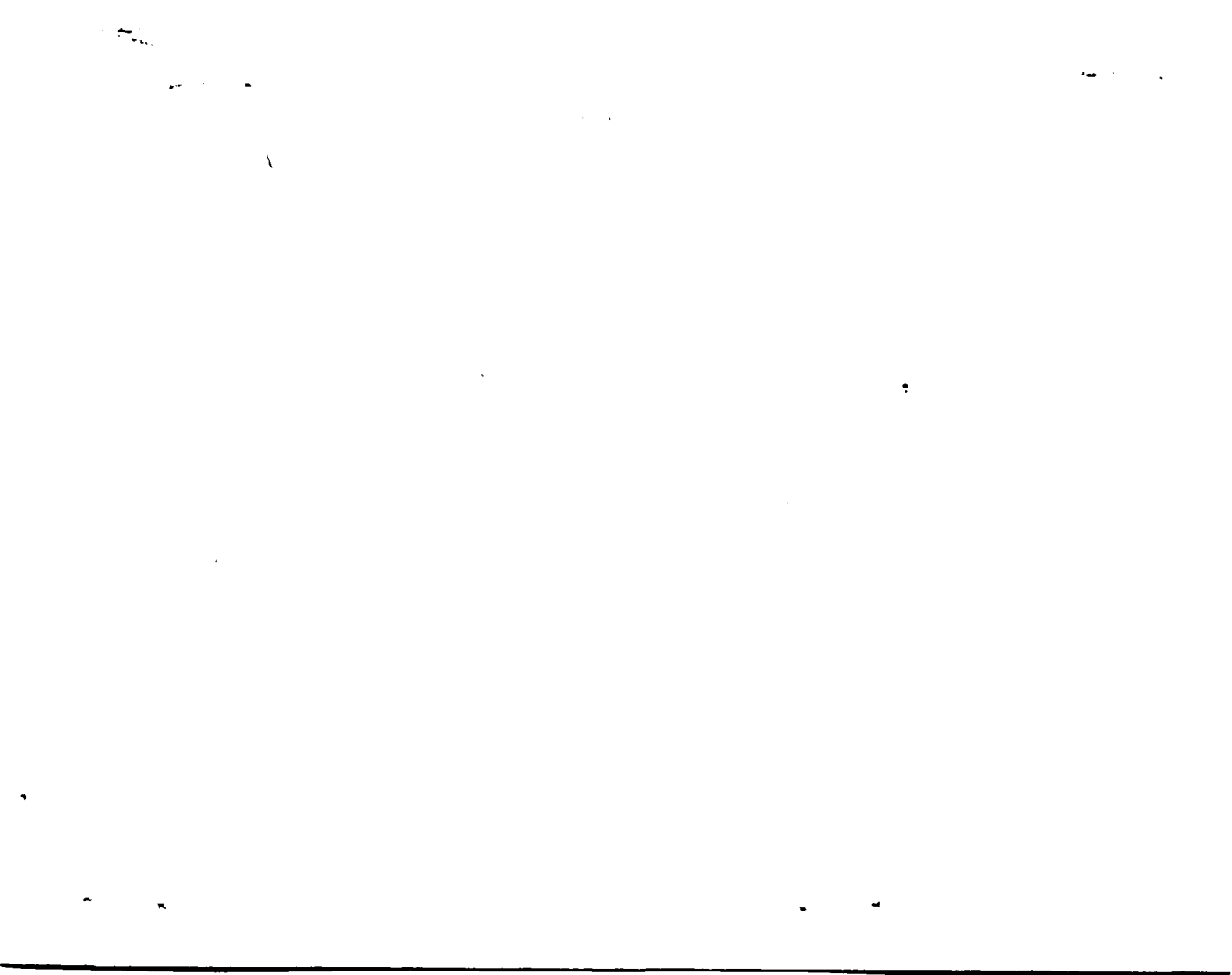
Address

Filed

4-7 1920

Registrar

Registrar



10/24/90

IDAHO DEPARTMENT OF HEALTH AND WELFARE

RECEIVED
Vital Statistics Unit**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**State of Idaho }
County of Adell } ss.

OCT 24 1990

Certificate No. 78158

Date Filed _____

COOPERATIVE CENTER FOR HEALTH STATISTICS

birth

The undersigned does solemnly swear that certain facts ~~of~~ birth of Unnamed McCulloch (Male) who was born on March 6, 1920 for _____ (Name on Original Certificate) (Was Born, Died, etc.) in Rexburg, Idaho (Place of Event) are erroneous or were omitted: (Date of Event)

ITEMS TO BE CORRECTED**FROM****TO**child's nameUnnamed McCullochLelin Wilbert McCullochfather's namePeter McCullochPeter McCullochSubscribed and sworn to before me this 24 day ofOctober, 19 90Notary Public, Teressa L. CleverlyResiding at Boise, IdahoMy commission expires April 3, 1991

(Seal)

Signature of Applicant

Street Address, City, State

80012**SUPPORTING AFFIDAVIT OF A SECOND PERSON**State of _____ }
County of _____ } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 ____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Book published in 1963 on Henry Hendricks Genealogy on page 142 lists name as Lelin Wilbert McCulloch born Mar.6, 1920. mother's name list as Mabel Hendricks and father's name as Peter McCulloch. viewed by VS

SEP 24 1960

Discharge papers from the Air Force gives name as Lelin Wilbert McCulloch born March 6, 1920 in Rexburg, Idaho. date of separation is June 1, 1960. viewed by VS

673208'033-842

PLACE OF BIRTH

Form V. S. No. 11-C-25-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of RexburgRegistration District No. 100 File No. 78159

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 108

Hospital _____

Corine Williams

FULL NAME OF CHILD

| | | | | | |
|----------------------------|---|-------|-----------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>March 8</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-------|-----------------------------------|------------------------|---|

FULL NAME FATHER Arnold WilliamsRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE UtahOCCUPATION Clothing SalesmanFULL MAIDEN NAME MOTHER Mella HuskinsonRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 20 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Lavin St. Rich

(Physician or midwife)

Given names added from a supplemental report.

19

Address Rexburg IdahoFiled Apr. 17 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-1

1-1

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 78159

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Birth or Death)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
(“Name”, “Birth Date”, “Cause of Death”, Etc.) (As on Original) (The Correct Facts)

name none given Corine Williams

Subscribed and sworn to before me this 26

day of May 1942

Notary Public, residing at W. B. Joy, Boise, Ida.

My commission expires 7/17/45
(Seal)

Signed Amos Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

1913 27 1212

695-107-033-819

PLACE OF BIRTH

County of

Madison

City of

Sugar

No.

St.

Registration District No.

100

File No.

78160

Primary Registration District No.

2-178

Registered No.

107

Hospital

Full Name of Child

Roy Hardy Wimmill

SEX OF CHILD

Male

Twin
Triplet
or other?
(To be answered only in event of plural births){and} Number
in order
of birthLegiti-
mate?

Yes

DATE OF
BIRTHMarch 7, 20
(Month) (Day) (Year)FULL
NAME

FATHER

R. William Wimmill

RESIDENCE

Sugar

COLOR

White

AGE AT LAST
BIRTHDAY45
(Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

FULL
MAIDEN
NAME

MOTHER

Fanny Hardy

RESIDENCE

Sugar

COLOR

White

AGE AT LAST
BIRTHDAY42
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth

13

Number of children of this mother now living, including present birth

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

born alive

(Born alive or stillborn)

at 7:40 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. B. Evans

Physician

(Physician or midwife)

Given names added from a supplemental report


19

Address

Filed 4-7-20

Registrar

Registrar


MAY 1 1942

643-109-033-154

PLACE OF BIRTH

County of MadisonCity of Salem

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 100 File No. 78161Primary Registration District No. 2178 Registered No. 109

FULL NAME OF CHILD

OSCAR A. FULLMER

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>3-9-</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|----------------------------|---|

FATHER
FULL NAME Wm Reid FullmerRESIDENCE Salem IdaCOLOR white AGE AT LAST BIRTHDAY 27
(Years)BIRTHPLACE Springville - UtahOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Evaleen AndersonRESIDENCE Salem IdaCOLOR white AGE AT LAST BIRTHDAY 27
(Years)BIRTHPLACE Salem IdaOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7: P. M.
on the date above stated. (Born alive or stillborn)

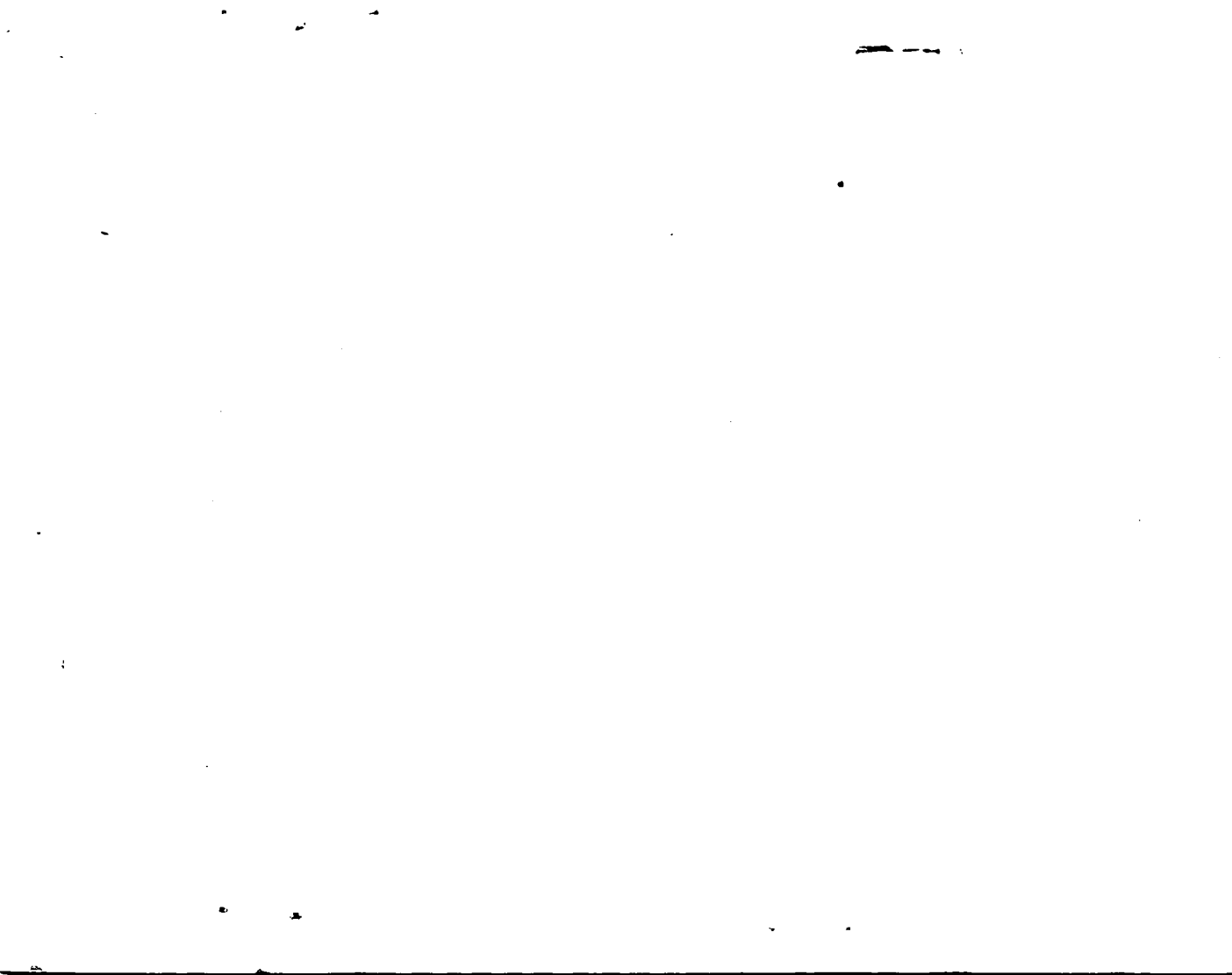
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Reynolds Idaho
Filed 4-7 1920
J. G. Espe
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss. FEB Certificate No. 78161
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Oscar A. Fullmer who was born on March 9th 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Family Record are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Family Record prepared on at time of birth, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

| | | |
|--|---------------------------------|----------------------------------|
| FACTS TO BE CORRECTED
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) | FROM
(AS ON ORIGINAL) | TO
(THE CORRECT FACTS) |
| <u>name</u> | <u>no name</u> | <u>Oscar A. Fullmer</u> |

Subscribed and sworn to before me this 3rd
day of February, 19 42
George M. Russen
Notary Public, residing at Menan
My commission expires Dec. 12, 1943
(SEAL)

Signed Eugene Fullmer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Menan, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION, LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of February, 19 42

Signed George M. Russen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

George M. Russen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943
(SEAL)

Menan Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 8 1942 By _____
(REGISTRAR'S SIGNATURE)

FEB 14 1942

381-111-233-236
PLACE OF BIRTH

Form V, S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of Befburg Registration District No. 180 File No. 78162

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 110

Hospital _____

FULL NAME OF CHILD Daniel Levear Chambers

| | | | | | |
|------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>m.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of
Birth <u>Mar. 11</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|-----------------------------------|---|
| FULL NAME
<u>Dave Chambers</u> | FATHER |
| RESIDENCE
<u>Befburg</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Margaret Stoddard</u> | MOTHER |
| RESIDENCE
<u>Befburg</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Bernadine, at 11:35 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

G. G. Espe. M.D.
Befburg Idaho.
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed 4-7-20 1920

Registrar _____

Registrar G. G. Espe

Doc 1047

318-1141033-658

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Madison

CERTIFICATE OF BIRTH

City of PepburgRegistration District No. 100File No. 78163

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 113

Hospital _____

FULL NAME OF CHILD

REYNOLDS FEHRING CAHOON

| | | | | | |
|------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>m.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of Birth <u>Mar. 14</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|---|-----|--------------------------------|----------------------------|---|

| | |
|--|---|
| FULL NAME
<u>Silver Cahoon</u> | FATHER |
| RESIDENCE
<u>Pepburg Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE
<u>St. Anthony, Ida.</u> | |
| OCCUPATION
<u>Black Hunter</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Emma Fehring</u> | MOTHER |
| RESIDENCE
<u>Pepburg</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE
<u>Germany</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 4 A. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas Martin M. D.Pepburg
(Physician or midwife)

Given names added from a supplemental report.

19

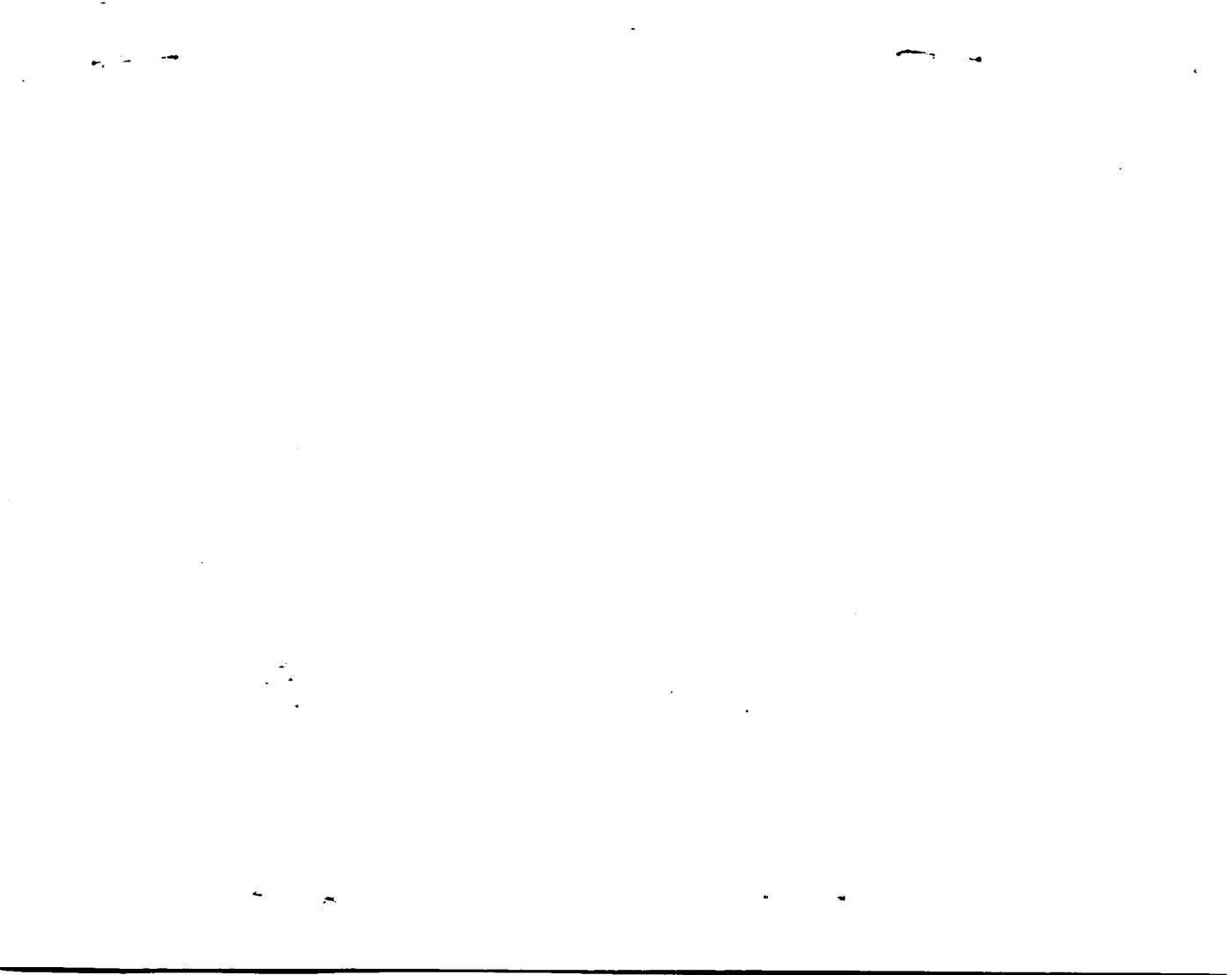
Address

Filed

4-7 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss. Certificate No. 78163
Date Filed APR 7 1942

The undersigned does solemnly swear that certain facts on the certificate of _____
(BIRTH OR DEATH)

for _____ who _____ on _____
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

name _____ unnamed _____ Reynolds Fehring Cahoon _____

Subscribed and sworn to before me this 4th
day of April, 19 42

Signed Emma F. Cahoon

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at St. Anthony, Idaho
My commission expires August 17, 1944
(SEAL)

St. Anthony, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

APR 9 1942

614-211-222-168

PLACE OF BIRTH

County of FreemontCity of Newdale

No. _____ St. _____

Hospital _____

Full Name of Child _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

DATE OF BIRTH

Registration District No. 100File No. 78164Primary Registration District No. 2178Registered No. 117

| | | | | | |
|----------------------------|---|-----|--------------------------------|--|---|
| SEX OF CHILD <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>March 11</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Robert</u> | FATHER <u>Gaddies</u> | | | FULL MAIDEN NAME <u>Jessie Johnson</u> | MOTHER |
| RESIDENCE <u>Newdale</u> | | | | RESIDENCE <u>Newdale</u> | |
| COLOR <u>White</u> | AGE AT LAST
BIRTHDAY <u>30</u>
(Years) | | | COLOR <u>White</u> | AGE AT LAST
BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | | | | BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Laborer</u> | | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 2:55 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) P. B. Evans

(Physician or midwife)

Address _____

Filed 4-7-1920

Registrar

Registrar

U.S. V. 2. No. 11-254-1234

AL. ST. HRS.

ST. HRS.

File No

PLACING WITH

CONFIDENTIAL

10/1/50

413.117.033-693

PLACE OF BIRTH

County of Machison

City of Lugan

No. _____ St.

Hospital _____

Full Name of Child

Registration District No. 100

Primary Registration District No. 2178

File No. 78165

Registered No. 114

Don Quentin Dalley

| | | | | |
|----------------------------------|---|--|---|--|
| SEX OF CHILD <u>Male</u> | Twin Triplet or other? _____ | { and } Number in order of birth _____ | Legitimate? <u>yes</u> | DATE OF BIRTH <u>March 17</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Abram A. Dalley</u> | FATHER | | FULL MAIDEN NAME <u>Hella A. Wilcox</u> | MOTHER |
| RESIDENCE <u>Lugan</u> | | | RESIDENCE <u>Lugan</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) | | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | | | BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farmer</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 44 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. B. Evans

Physician
(Physician or midwife)

Given names added from a supplemental report

Address

Lugan City, Idaho

Filed

4-7 1920

Registrar

Registrar



DEC 5 1944

APR 15 1953

651-111-033-559

PLACE OF BIRTH

County of MadisonCity of Lugan

No. _____ St. _____

Hospital _____

Full Name of Child Forrest W. WeaverSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 100File No. 78166Primary Registration District No. 2178Registered No. 111

| | | | |
|------------------------------------|---|---|---|
| SEX OF CHILD <u>Male</u> | Twin Triplet or other? <u>and</u> Number in order of birth _____
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | DATE OF BIRTH <u>March 11, 1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>William E. Weaver</u> | FATHER | FULL MAIDEN NAME <u>Viadetta Natsun</u> | MOTHER |
| RESIDENCE <u>Lugan</u> | | RESIDENCE <u>Lugan</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>37</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE <u>Texas</u> | | BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Barber</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Evans

(Physician or midwife)

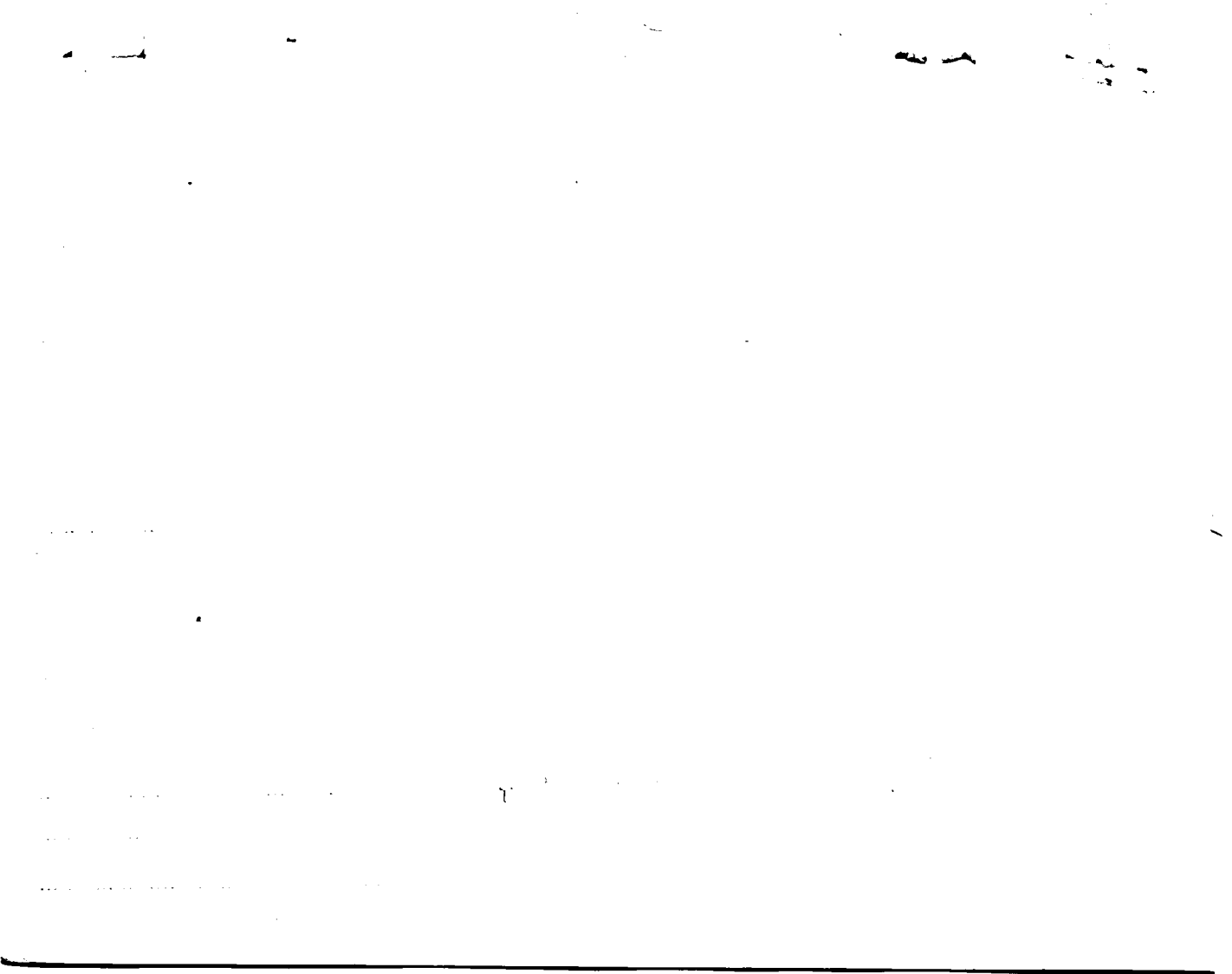
Given names added from a supplemental report

Address _____

Filed 4-7-20

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78166
County of Madison Date Filed May 2 1943

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Forrest W. Weaver who was born on March 11-1940 (Birth or Death)
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Sugar City Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by L. O. S. Church records prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) TO
(The Correct Facts)
name none given Forrest W. Weaver

Subscribed and sworn to before me this 30th
day of Nov. 1943
Ed. Thorsen
Notary Public, residing at Orderville Utah
My commission expires April 27th 1947.
(Seal)

Signed Max V. Letke Trepo: Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
20 Court Street Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 30th
day of Nov. 1943
Ed. Thorsen
Notary Public, residing at Orderville Utah
My commission expires April 27th 1947.
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
Signed Calvin N. Pulsors
(Signature of Any Credible Person Other Than Previous Year)
1045 Denver St Salt Lake City Utah
(Street Address, City, State)

DEC 3 1949

231-218-033-692

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78167

County of Madison
Name added 6-2-81City of RehburgRegistration District No. 100File No. 78167

No. _____ St. _____

Primary Registration District No. 2178Registered No. 115

Hospital _____

FULL NAME OF CHILD

MARY AMELIA BLANCHARD

Sex of Child

F.Twin
Triplet
or other?
(To be answered only in event of plural births){ and { Number
in order
of birthLegiti
mate?Yes

Date of Birth

Mar. 18 1920
(Month) (Day) (Year)

FULL NAME

Alonso D. Blanchard

FATHER

RESIDENCE

Rehburg

COLOR

W.AGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

FULL MAIDEN NAME

Stella Fisher

MOTHER

RESIDENCE

Rehburg

COLOR

W.AGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive, at 9 P. M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

G. E. Espe M.D.
Rehburg Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

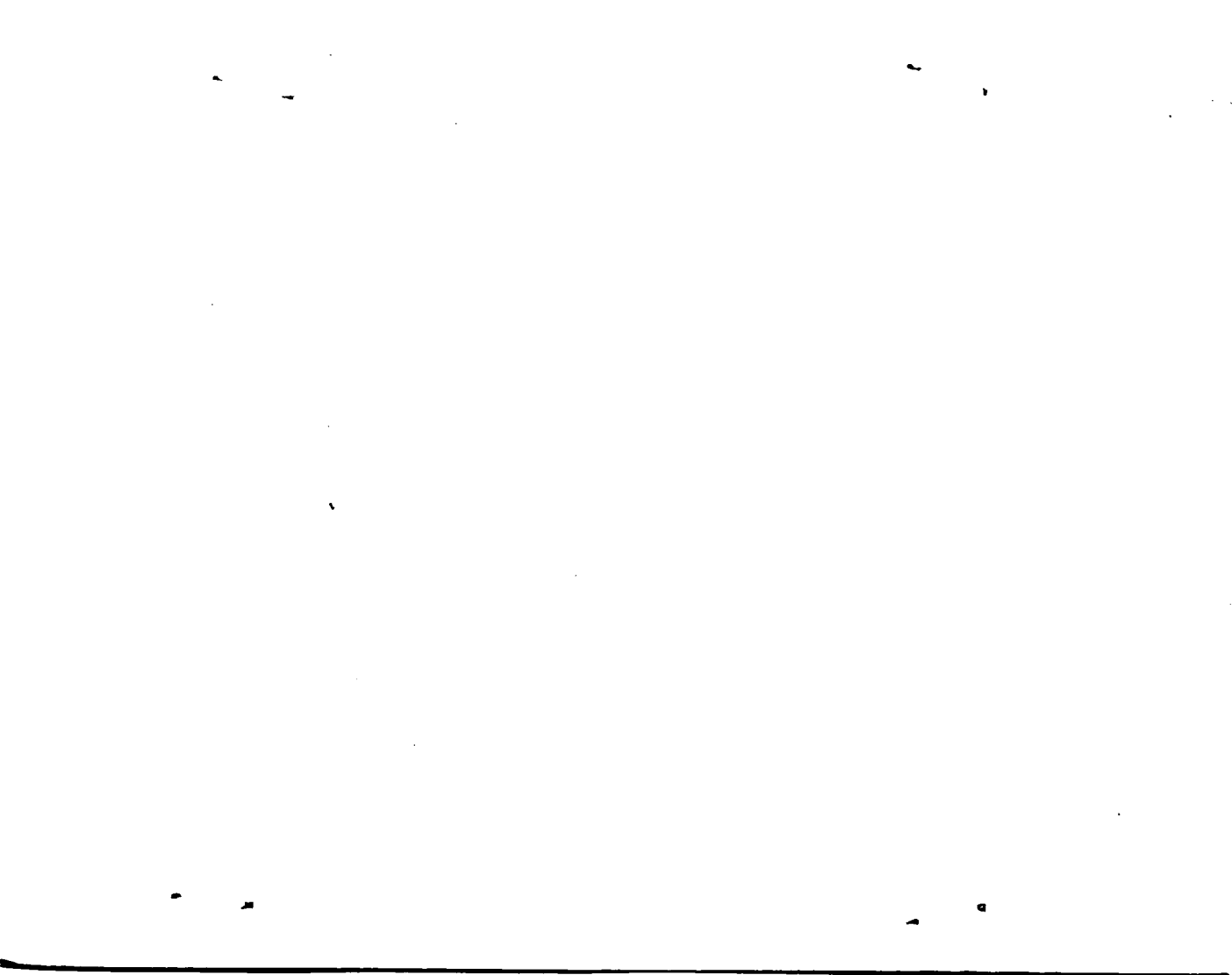
4-71920G. E. Espe

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 78167

Date Filed _____

*Rec'd
4-27-81*

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Blanchard who was born on March 18, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Rexburg are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED FROM TO
child's name omitted Mary Amelia Blanchard

Subscribed and sworn to before me this 16th day of

April, 1981

Notary Public, Horace Cartwright

Residing at Borers

My commission expires Lifetime

(Seal)

Mary B. Jenkins
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)

(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Social Security Card lists name as Mary B. (Blanchard; Jenkins, # 529 62 7389
Card issued by the Social Security Administration Sept. 1951.
Viewed by V.S.

JUN 2 1981

Certificate of Blessing gives name as Mary Amelia Blanchard, daughter of
Alonzo Blanchard and Stella Fisher born March 18, 1920, at Hibbard, Madison Co,
Idaho and Blessed May 2, 1920, in L.D.S.Church.
Viewed by V.S.

144-120-233-968

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH amend 11-16-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of BoiseburgRegistration District No. 100File No. 78168

No. _____ St.

Primary Registration District No. 2178 Registered No. 116

Hospital _____

FULL NAME OF CHILD Don William Judy

| | | | | | |
|------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>m.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>Mar. 20</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|---------------------------------------|--|
| FULL
NAME
<u>Junius V. Judy</u> | FATHER |
| RESIDENCE
<u>Boiseburg</u> | |
| COLOR
<u>W.</u> | AGE AT LAST
BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Mechanic</u> | |

| | |
|---|--|
| FULL
MAIDEN
NAME
<u>Nellie J. Roylance</u> | MOTHER |
| RESIDENCE
<u>Boiseburg</u> | |
| COLOR
<u>W.</u> | AGE AT LAST
BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 11:30 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Espe M.D.
Boiseburg
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____
Filed 4-7 19 20 H. H. Espe
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

FEB 07 2006

9-11-81
resent 11-5-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE

RECEIVED
Bureau of Vital Statistics
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }
County of Madison } ss.

NOV 21 1981

Certificate No. 78168
Date Filed _____

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Judy who was born on 3-20-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Rexburg (Madison) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| | | |
|--------------------|----------------|-------------------------|
| <u>childs name</u> | <u>Unnamed</u> | <u>Don William Judy</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Subscribed and sworn to before me this 7 day of

Nov, 1981
Notary Public, William Housholder
Residing at 400 Catalpa Blvd Rexburg
My commission expires 1-18-82
(Seal)

X Don William Judy
Signature of Applicant
400 Catalpa Blvd Rexburg
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of SR } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of
November, 1981
Notary Public, William Housholder
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Cert. of Ordination to High Priest in LDS Church 12th Ward Murray Stake gives
Don William Judy ordained on 6-25-62. Viewed by V.S.

NOV 16 1981

Marriage Certificate from State of Idaho County of Bannock gives Don William Judy
of Pocatello and Della Frances Hughes of Pocatello were married 12-24-39 in
Pocatello. Viewed by V.S.

214-220-033-253

PLACE OF BIRTH

County of MadisonCity of Independence

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Grace Beck Kauer

Sex of Child FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate?YesDate of
BirthFeb 201920FULL
NAMEIred Kauer

FATHER

FULL
MAIDEN
NAMERosa Beck

MOTHER

RESIDENCE

Independence Ida

RESIDENCE

Independence Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY41

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Switzerland

BIRTHPLACE

Germany

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 1:20 P. M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Louis G. Rich
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rushburg, Md.

Filed

4-7-1920

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHFile No. 78169Registration District No. 100Primary Registration District No. 2178 Registered No. 117

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF ~~RECEIVED~~ VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. JUL 8 11 54 AM '77 Certificate No. 78169
County of Madison } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Kauer (female) who was born on Feb 20, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Independence, Idaho (Madison) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____ are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

(Give Date)
TO
(The Correct Facts)

_____ child's name _____ Unnamed _____ Grace Beck Kauer _____

Subscribed and sworn to before me this 6 day of

July, 1977

Signed F. G. Kauer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Reiburg
My commission expires 9-30-79
(Seal)

Route 1 Reiburg Idaho
(Street Address, City, State) 83440

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of

July, 1977

Signed Ralph W. Kauer
(Signature of Any Credible Person)

Notary Public, residing at Reiburg
My commission expires 9-30-79
(Seal)

Route 1 Box 273 Reiburg Idaho
(Street Address, City, State) 83440

Certif of Baptism and Confirmation from the LDS Church gives name as Grace Beck
Kauer daughter of Fred Kauer and Rosa Beck. born Feb 20, 1920 at Burton, Idaho.
Baptized Mar 2 1928. viewed by V. S. JUNE 1977

Diploma from Public Schools in Madison County, Idaho gives name as Grace B. Kauer. dat
dated April 26, 1934. ~~view~~ Viewed by V. S.

993-221-033-412

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of IndependenceRegistration District No. 100 File No. 78170

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 118

Hospital _____

FULL NAME OF CHILD

| | | | | | |
|----------------------------|------------------------------|-----------|--------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>Feb. 21</u> <u>1920</u>
(Month) (Day) (Year) |
|----------------------------|------------------------------|-----------|--------------------------------|------------------------|--|

FULL NAME Thos. Ed. Ricks FATHERFULL MAIDEN NAME Maud Lebeck MOTHERRESIDENCE IndependenceRESIDENCE IndependenceCOLOR White AGE AT LAST BIRTHDAY 38 (Years)COLOR White AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE UtahBIRTHPLACE UtahOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 a. m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin T. Ricks
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho
Filed Feb 1920 G. Glespe
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



433-121-033-755

Amended 6/13/78

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78171

County of MadisonCity of ReplungRegistration District No. 100

File No. _____

No. _____ St. _____

Primary Registration District No. 2177 Registered No. 119

Hospital _____

John L. McCulloch

FULL NAME OF CHILD _____

| | | | | | |
|------------------------|---|-----------|--------------------------------|-------------------------|---|
| Sex of Child <u>m.</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and _____ | Number in order of birth _____ | Legiti mate? <u>yes</u> | Date of Birth <u>Mar. 21</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|---|-----------|--------------------------------|-------------------------|---|

FULL NAME FATHER Geo. W. McCullochRESIDENCE ReplungCOLOR W. AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Elizabeth A. LeeRESIDENCE ReplungCOLOR W. AGE AT LAST BIRTHDAY 32
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:20 P.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) St. Joseph M.D.Replung
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed 4-7 1920 St. Joseph

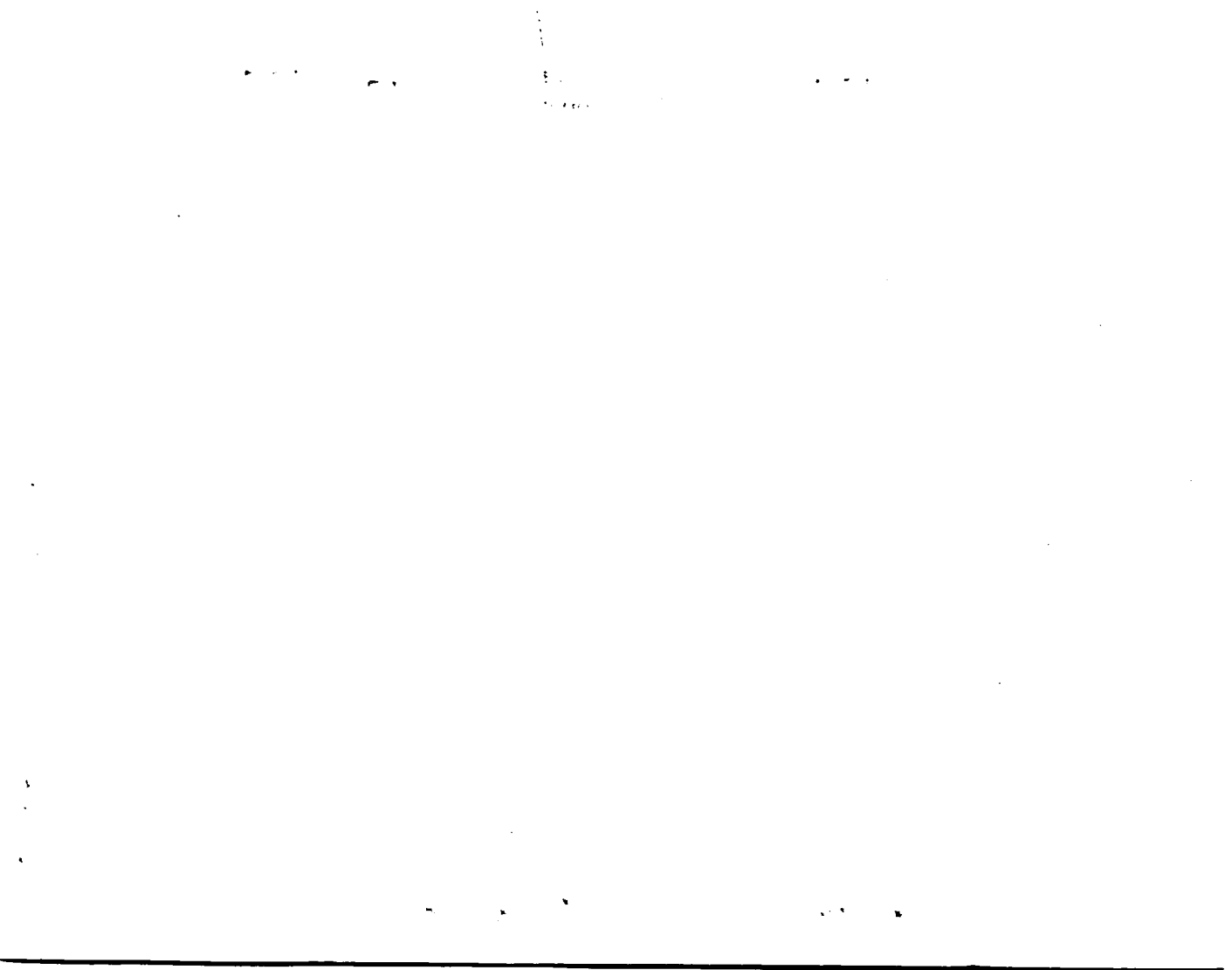
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. **MAY 15 9 20 AM '78**
Certificate No. 78171
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for Unnamed McCulloch (Male) who was born on Mar 21, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Rexburg, Idaho (Madison) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Church record marriage prepared on May 8, 1978, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name _____ Unnamed McCulloch _____ John L. McCulloch
father's last name _____ McCulloch _____ George McCulloch
Subscribed and sworn to before me this 9th day of December, 1977
Notary Public, residing at Ashton
My commission expires 4-1-80
(Seal)

Signed Alton Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rexburg, Rt2, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Blaine } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of May, 1978
Notary Public, residing at _____
My commission expires 5/8/79
(Seal)

Signed Lela Hedrow
(Signature of Any Credible Person)
Ashton, Idaho
(Street Address, City, State)

Certif of Blessing from the LDS Church gives name as John Lee ~~McKee~~ McCulloch .
son of George McCulloch and Elizabeth Lee. born March 21, 1920 at
Hibbard, Idaho. Blessed May 2, 1930. viewed by V. S.

JUN 14 1953

Marriage License and Certif from Montana gives name as John L. McCulloch and Erma
Lou Nedrow. married Nov 16, 1946. viewed by V. S.

SPCL

851-121-273-653

PLACE OF BIRTH

County of MadisonCity of Sugar

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 100File No. 78172Primary Registration District No. 2178Registered No. 120George Albert Heath

| | | | | |
|--------------------------|---|------------------------------------|------------------------------------|---|
| SEX OF CHILD <u>Male</u> | Twin Triplet or other? _____ | and Number in order of birth _____ | Legitimate? <u>yes</u> | DATE OF BIRTH <u>March 21, 1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>Otto</u> | FATHER <u>Heath</u> | | FULL MAIDEN NAME <u>Emma Melby</u> | MOTHER |
| RESIDENCE <u>Sugar</u> | | | RESIDENCE <u>Sugar</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) | | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE <u>Ostale</u> | | | BIRTHPLACE <u>New York</u> | |
| OCCUPATION <u>Clerk</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6,459 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. B. Evans
 Physician
 (Physician or midwife)

Given names added from a supplemental report


Address _____

Filed

3-31-1920

Registrar

Registrar



JAN 30 1984

JUN 26 1984

319.222-073-713

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of RefrburgRegistration District No. 120 File No. 78173

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 122

Hospital _____

FULL NAME OF CHILD

VERA MARIE CARLSON

| | | | | | |
|------------------------|---|---------------|------------------------------------|------------------------|--|
| Sex of Child <u>F.</u> | Twin <u> </u> Triplet <u> </u> or other? <u> </u>
(To be answered only in event of plural births) | and <u> </u> | Number in order of birth <u> </u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar. 22</u> <u>1920</u>
(Month) (Day) (Year) |
|------------------------|---|---------------|------------------------------------|------------------------|--|

FATHER
FULL NAME Carl M. CarlsonRESIDENCE RefrburgCOLOR W. AGE AT LAST BIRTHDAY 4-3
(Years)BIRTHPLACE SwedenOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Katherine PalmerRESIDENCE RefrburgCOLOR W AGE AT LAST BIRTHDAY 20
(Years)BIRTHPLACE WyomingOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:55 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Espe m.d.(Physician or midwife) Refrburg

Given names added from a supplemental report.

19

Address _____

Filed 3-31 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1950

89-033-818

BIRTH

25m-6-15-18

County of MadisonCity of Rexburg

No. _____ St. _____

Registration District No. _____

No. _____

78174

Primary Registration District No. 2178Registered No. 121

Hospital _____

Toego Hikida

Full Name of Child Toego Hikida

| | | | | |
|---------------------------|---|------------------------------------|--|--|
| SEX OF CHILD | Twin
Triplet
or other?
(To be answered only in event of plural births) | and Number
in order
of birth | Legitimate? Yes | DATE OF BIRTH <u>8</u> <u>29</u> <u>1910</u>
(Month) (Day) (Year) |
| FULL NAME | FATHER <u>Toshichi Hikida</u> | | FULL MAIDEN NAME MOTHER <u>Inaki Hayashi</u> | |
| RESIDENCE | <u>Rexburg</u> | | <u>Rexburg</u> | |
| COLOR <u>Jap</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) | COLOR <u>Jap</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) | |
| BIRTHPLACE <u>Japan</u> | | BIRTHPLACE <u>Japan</u> | | |
| OCCUPATION <u>Laborer</u> | | OCCUPATION <u>House wife</u> | | |

Number of child of this mother, including present birth... 4Number of children of this mother now living, including present birth... 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

at 12:10 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. Mae Nelsonmidwife

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

3/25 1920

Registrar

Registrar

DECEASED

First Certified Copy Issued Feb. 19, 1941. W.W.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

BOARD OF PUBLIC WELFARE
FRANK ENSIGN, BOISE
T. S. KERR, MOSCOW
I. E. ROCKWELL, BELLEVUE
L. O. NICHOLS, BOISE
FRANK ATKINS, BUHL

Mrs. Atwood -

Enclosed please find fifty cents for which kindly send a certified copy of the birth of Toegs Hikida - born 3-22-20 to mother, ^{mother} Maki Hayashi, father, Toshishi Hikida & 1 Makie Hayashi, to Toegs Hikida Rybung. R. 2, D # 1.

Dear
We have your request for a copy of the birth certificate of _____ . We have searched our files and are unable to find a record of this birth.

Section 4, Chapter 139, 1937 Idaho Session Laws, provides for delayed registration of births. For your convenience in filing a certificate for the above person at this time, we are enclosing the necessary form.

If the attendant is still living, he or she must sign the certificate.

If the attendant is deceased or cannot be located, the affidavit must be executed in detail.

There is no filing fee. However, if copies of the certificate are desired, the law requires an advance payment of fifty cents for each certified copy. There is no legal provision for "uncertified copies".

We prefer payment be made by MONEY ORDER made payable to the Bureau of Vital Statistics, Boise, Idaho, or by coin.

Very truly yours

BUREAU OF VITAL STATISTICS

Mae G. Atwood
Mae G. Atwood, Director

RECEIVED

FEB 13 1941
5740

P. S. Give ALL information on the form AS OF THE DATE OF THE BIRTH OF THE ABOVE PERSON.

This birth is recorded #121 - locally and sent in, April 1920.

VS

Mrs. Heyman

251-122-033-559

PLACE OF BIRTH

County of MadisonCity of Barton

No. _____ St. _____

Hospital _____

Full Name of Child _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—Rev. 6-15-13

Registration District No. 100File No. 78175Primary Registration District No. 2171Registered No. 123

| | | | | |
|--|---|---|--------------------------------|--|
| SEX OF CHILD
<u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
Number
in order
of birth | Legiti-
mate?
<u>Yes</u> | DATE OF
BIRTH
<u>March 22</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME
<u>William M. Beattie</u> | | FATHER | | |
| RESIDENCE
<u>Barton</u> | | FULL MAIDEN NAME
<u>Mary McNamee</u> | | |
| RESIDENCE
<u>Barton</u> | | MOTHER | | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY
<u>37</u>
(Years) | COLOR
<u>White</u> | | |
| BIRTHPLACE
<u>Arizona</u> | | AGE AT LAST
BIRTHDAY
<u>22</u>
(Years) | | |
| OCCUPATION
<u>Farmer</u> | | BIRTHPLACE
<u>Idaho</u> | | |
| | | OCCUPATION
<u>Housewife</u> | | |

Number of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 6 20 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Evans

(Physician or midwife)

Given names added from a supplemental report

Address _____

Filed 3-31 1920

Registrar _____

Registrar _____

1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

15-1

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1

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

... ..

266-124-033-195

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 2. No. 11-C-25m-7-21-19

County of MadisonCity of ThorntonRegistration District No. 100File No. 78176

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 124

Hospital _____

FULL NAME OF CHILD

LLOYD DALE BOWEN

| | | | | | |
|------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>m.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of Birth <u>Mar. 24</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|---|-----|--------------------------------|----------------------------|---|

| | |
|------------------------------------|---|
| FULL NAME
<u>Carl Bowen</u> | FATHER |
| RESIDENCE
<u>Thornton Idaho</u> | |
| COLOR
<u>W.</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Cora Lucy Arnold</u> | MOTHER |
| RESIDENCE
<u>Thornton Idaho</u> | |
| COLOR
<u>W.</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive, at 7:15 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed _____

3-31 1920

Registrar _____

Registrar _____

5/27/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho }
County of Madison } ss. Certificate No. 78176
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
for Lloyd Dale Bowen who born on march 24 1920
(Name on original certificate) (Was born or died) (Birth or death) (Date of event)
in Lynman, Ida are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by Bible record prepared on During 1920, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO
(“Name”, “birth date”, “cause of death”, etc.) (As on original) (The correct facts)
unnamed Lloyd Dale Bowen

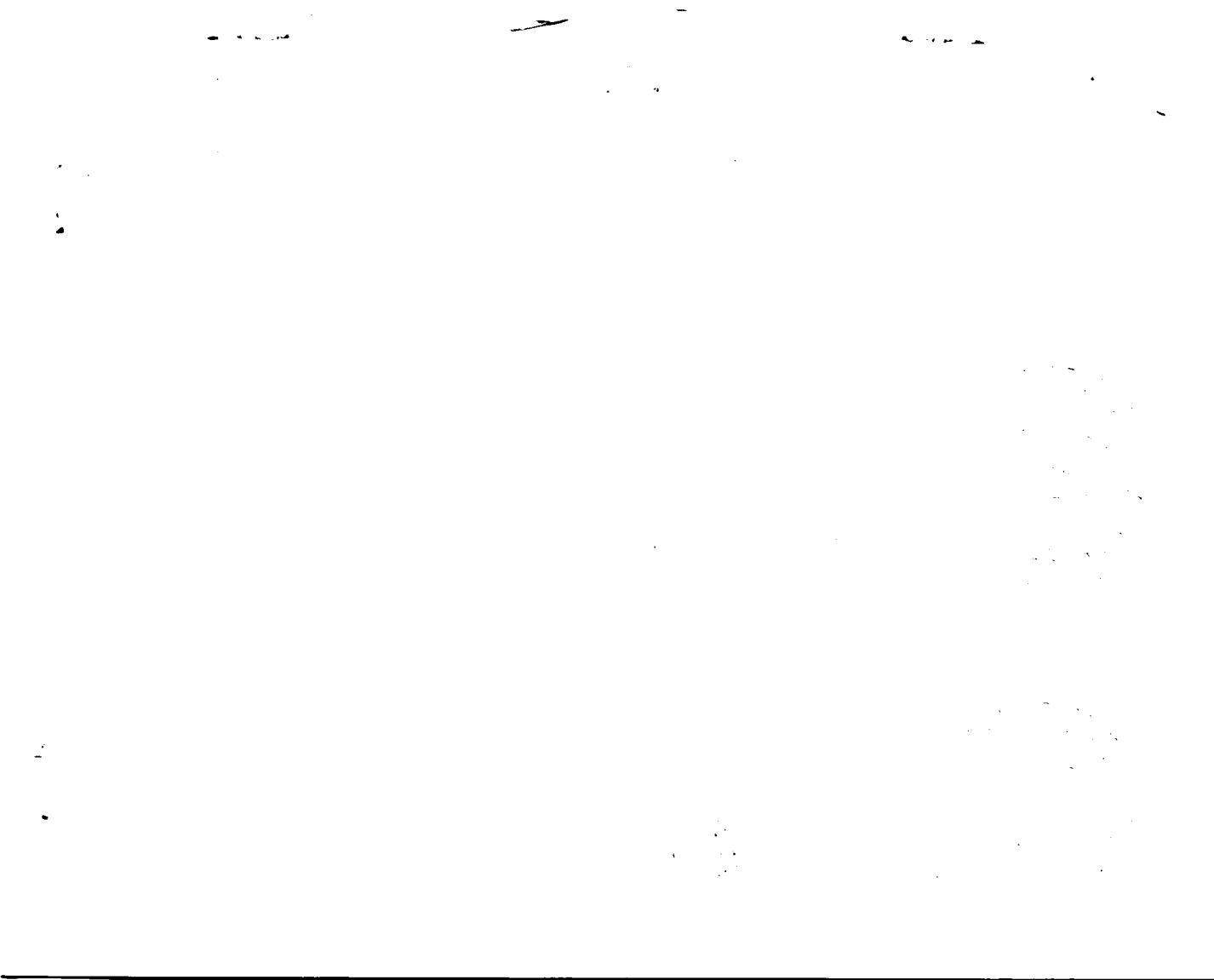
Subscribed and sworn to before me this 20th
day of May 1941
J. W. Smith
Notary Public, residing at Reynolds Idaho
My commission expires 1/24/42
[SEAL]
Signed Cora J. Bowen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Thornston, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho }
County of Madison } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of May 1941
J. W. Smith
Notary Public, residing at Reynolds Idaho
My commission expires 1/24/42
[SEAL]
Signed Helia Hales
(Signature of any credible person other than the previous affiant)
Thornston Idaho
(Street Address, City, State)

Received for filing on.....by.....
(Registrar's signature)



814-124.033-154

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

78177

County of MadisonCity of SugarRegistration District No. 100

File No. _____

No. _____ St. _____

Primary Registration District No. 2179Registered No. 1205

Hospital _____

FULL NAME OF CHILD

| | | | | | |
|--------------------------|---|-----|--|-------------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
<u>3</u> | Legiti
mate?
<u>yes</u> | Date of Birth <u>Mar 24</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--|-------------------------------|--|

FATHER
FULL NAME Charles Aron HamiltonRESIDENCE Sugar CityCOLOR White AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE UtahOCCUPATION StockmanMOTHER
FULL MAIDEN NAME Pearl AndersonRESIDENCE Sugar CityCOLOR White AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 425 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Louis T. Rich
Physician
 (Physician or midwife)

Given names added from a supplemental report.

19

Address

Reynolds Idaho.
4-7 19 20

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.



268-224-033-363

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of SugarRegistration District No. 100 File No. 78178

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 126

Hospital _____

FULL NAME OF CHILD Le Vern Bohi

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of Birth <u>Feb 24 - 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|-----------------------------|---|
| FULL NAME <u>Joseph</u> | FATHER <u>Bohi</u> |
| RESIDENCE <u>Sugar City</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>36</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Stockman</u> | |

| | |
|--------------------------------|---|
| FULL MAIDEN NAME <u>Myrtle</u> | MOTHER <u>Solman</u> |
| RESIDENCE <u>Sugar City</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth, 3 Number of children of this mother now living, including present birth, 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:40 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lavin L. Rich(Physician or midwife) Physician

Given names added from a supplemental report.

19

Address Rueburg IdahoFiled 4-7 19 20

Registrar

Registrar

JUN 3 1944

1269

249.126.033843

Form No. 11-G-55-7-21-19

PLACE OF BIRTH

County of MadisonCity of ReiburgRegistration District No. 100 File No. 78179

No. _____ St. _____

Hospital Eldon Primary Registration District No. 2178 Registered No. 127FULL NAME OF CHILD William Smith

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of
Birth <u>Mar 26-</u>
(Month) (Day) (Year) <u>1926</u> |
|--------------------------|---|-----|--------------------------------|----------------------------|---|

| | |
|--------------------------------------|--|
| FULL
NAME
<u>F. Fred Smith</u> | FATHER |
| RESIDENCE
<u>Reiburg Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>34</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|--|
| FULL
MAIDEN
NAME
<u>Josephine Huskison</u> | MOTHER |
| RESIDENCE
<u>Reiburg Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich
Physician
 (Physician or midwife)

Given names added from a supplemental report.

Address Reiburg Idaho
 Filed 4-7-20 G. H. Espe
 Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



NOV 4 1959

MAR 21 1975

595-226033-714

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of PepburgRegistration District No. 100File No. 78180

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 128

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|-------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Fr.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>Mar. 26</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-------------------------|---|-----|--------------------------------|----------------------------|---|

FATHER
FULL NAME James A. NielsonRESIDENCE PepburgCOLOR W. AGE AT LAST BIRTHDAY 39
(Years)BIRTHPLACE DenmarkOCCUPATION ContractorMOTHER
FULL MAIDEN NAME Ethel PaulRESIDENCE PepburgCOLOR W. AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

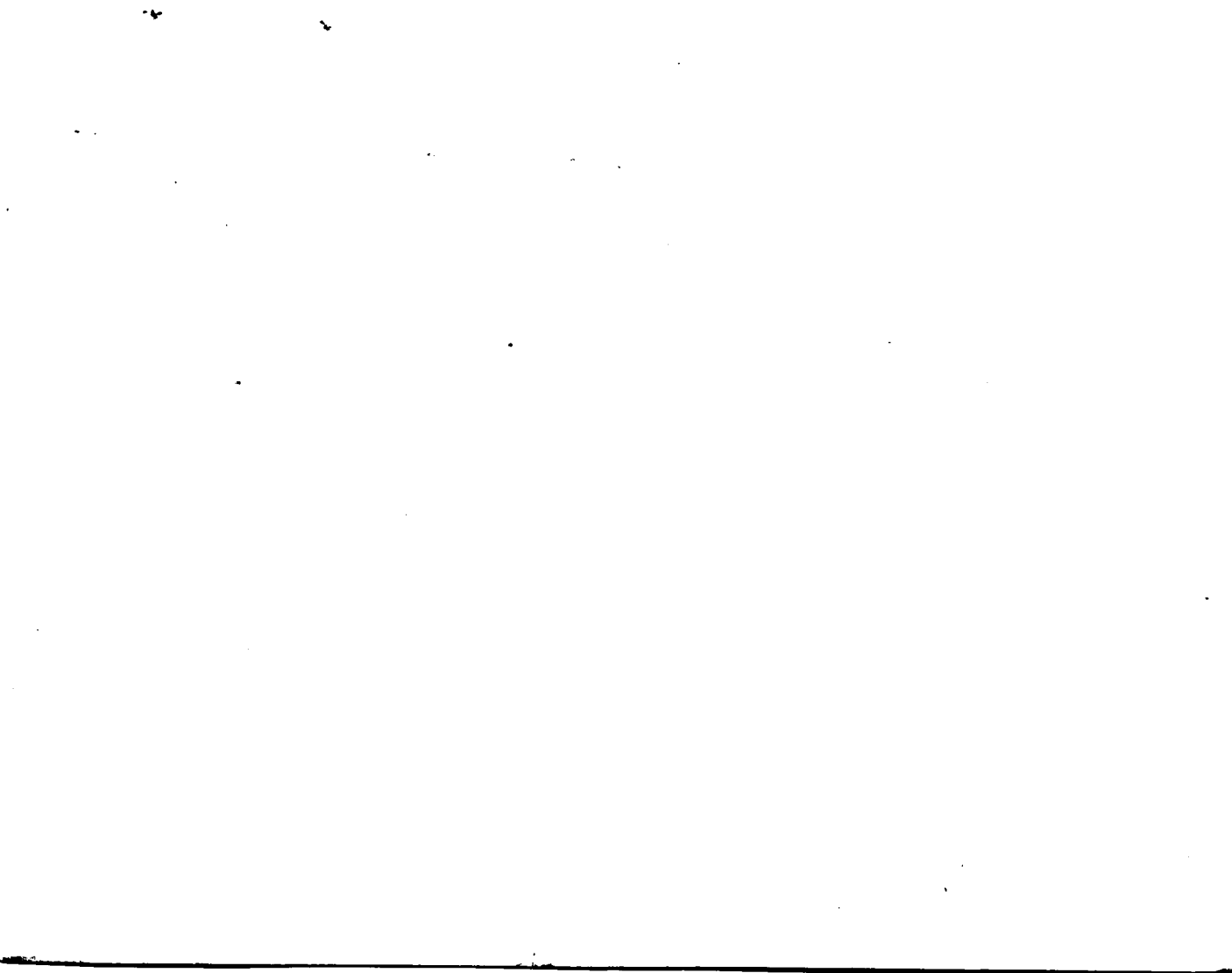
(Signature) [Signature] M.D.
Pepburg
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed 4-7 1920 [Signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



235-127-033-859

PLACE OF BIRTH

STATE OF ILLINOIS
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MadisonCity of ReyburgRegistration District No. 100 File No. 78181

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 129

Hospital _____

FULL NAME OF CHILD

Frank LeRoy Stephenson

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>Mar 27</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|----------------------------|--|

FULL NAME FATHER Benjamin Franklin StephensonRESIDENCE ReyburgCOLOR White AGE AT LAST BIRTHDAY 40 (Years)BIRTHPLACE UtahOCCUPATION Laundry manFULL MAIDEN NAME MOTHER Anna HerizRESIDENCE ReyburgCOLOR White AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE GermanyOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:15 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis F. Rich
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Reyburg, Idaho.
Filed 4-7 1920 G. Skape
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC issued Jan. 29, 1941 Z.J.

493.227.022.113

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

Full Name of Child

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.B. No. 11—25-6-15-28

Registration District No.

File No.

Primary Registration District No.

Registered No.

| | | | | | | | | | | | |
|---|----------------|------------------------------|----------------------|--------------------------------|------------------|-----|------------------|--------------|--------|----------------------|---------|
| SEX OF CHILD | Female | Twin
Triplet
or other? | and | Number
in order
of birth | Legiti-
mate? | yes | DATE OF
BIRTH | March 27 | 19 | 20 | |
| (To be answered only in event of plural births) | | | | | | | (Month) | (Day) | (Year) | | |
| FULL NAME | Chester Muffer | | | | FATHER | | FULL MAIDEN NAME | Lydia Jacobs | | | |
| RESIDENCE | Newdale | | | | | | RESIDENCE | Newdale | | | |
| COLOR | White | | AGE AT LAST BIRTHDAY | 37 | | | COLOR | White | | AGE AT LAST BIRTHDAY | 30 |
| | | | | (Years) | | | | | | | (Years) |
| BIRTHPLACE | Minersota | | | | | | BIRTHPLACE | Idaho | | | |
| OCCUPATION | Farmer | | | | | | OCCUPATION | Housewife | | | |

Number of child of this mother, including present birth.....5..... Number of children of this mother now living, including present birth.....5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5,304, M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report

(Physician or midwife)

Address

Filed

Registrar

Registrar

10-11-55-1018

STATE OF OHIO
BUREAU OF STATISTICS
CERTIFICATE OF DEATH

108

217

PLACE OF BIRTH

Franklin

285-127.073 235

PLACE OF BIRTH

County of MadisonCity of SalemSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHRegistration District No. 100 File No. 78183

No. _____ St. _____

Primary Registration District No. 2178 Registered No. 137

Hospital _____

FULL NAME OF CHILD Ralph Earl Shelton

| | | | | | |
|---|------------------------------------|-------|---|----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other? _____ | and { | Number
in order
of birth
_____ | Legiti
mate? <u>yes</u> | Date of Birth <u>Feb. 23</u> 19 <u>20</u> |
| (To be answered only in event of plural births) | | | | (Month) | (Day) (Year) |

FULL NAME George Raymond Shelton FATHERRESIDENCE SalemCOLOR White AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE IdahoOCCUPATION StockmanFULL MAIDEN NAME Orpha Stephens MOTHERRESIDENCE SalemCOLOR White AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:25 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laird L. Rich
Physician
(Physician or midwife)


Given names added from a supplemental report.

Address Ryburg, Idaho
Filed 4-7 19 20 Registrar G. L. Scope

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



OCT 16 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. **BUREAU OF VITAL STATISTICS** Certificate No. **78183**
 County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of **birth**
 for **Unnamed Shelton (Male)** who **was born** on **Feb. 27, 1920**
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in **Salem, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)

true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
 ("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
 Child's name **Unnamed** **Ralph Earl Shelton**

Shelton Ralph Earl

Subscribed and sworn to before me this **2nd** day of **November**, 19**73**
Vernon C. Mortensen
 Notary Public, residing at **Boysburg, Idaho**
 My commission expires **6-21-1977**
 (Seal)

Signed *Ralph Earl Shelton*
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
279 W-18th Lake Falls, Idaho
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of **Idaho** } ss. [This Affidavit **MUST** Also be Executed.
 County of **Madison** } (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **2** day of **November**, 19**73**
Vernon C. Mortensen
 Notary Public, residing at **Boysburg, Idaho**
 My commission expires **6-21-1977**
 (Seal)

Signed *Joseph F. Bebrud*
 (Signature of Any Credible Person)
Rt. 2, Boysburg, Idaho
 (Street Address, City, State)

Membership record from LDS Church gives name as Earl X Ralph Shelton born on
Feb. 27, 1920. father's name given as George Raymond Shelton and the mother's
name given as Orpha-Gertrude Stephens. Blessed May 2, 1920 and Baptized Aug. 4,
1928. Viewed by V. S.

DEC 14 1973

Family record for George Raymond Shelton and Orpha Gertrude Stephens gives name
of child as Ralph Earl Shelton. born Feb. 27, 1920. Baptized Aug. 4, 1928.
Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

262-230-033-868

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. 16, 11-10-25m-7-1-19

County of Madison

City of Sugar City

Registration District No. 100

File No. 78184

No. _____ St.

Primary Registration District No. 2178 Registered No. 132

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|------------------------|---|-----------|--------------------------------|------------------------|---|
| Sex of Child <u>F.</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Mar. 30</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|---|-----------|--------------------------------|------------------------|---|

| | |
|-------------------------------|--|
| FULL NAME <u>Y. Kobayashi</u> | FATHER |
| RESIDENCE <u>Sugar City</u> | |
| COLOR <u>Yellow</u> | AGE AT LAST BIRTHDAY <u>41</u> (Years) |
| BIRTHPLACE <u>Japan</u> | |
| OCCUPATION <u>Lawyer</u> | |

| | |
|-------------------------------------|--|
| FULL MAIDEN NAME <u>Y. Yokoyama</u> | MOTHER |
| RESIDENCE <u>Sugar City</u> | |
| COLOR <u>Yellow</u> | AGE AT LAST BIRTHDAY <u>26</u> (Years) |
| BIRTHPLACE <u>Japan</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive, at 9 A. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

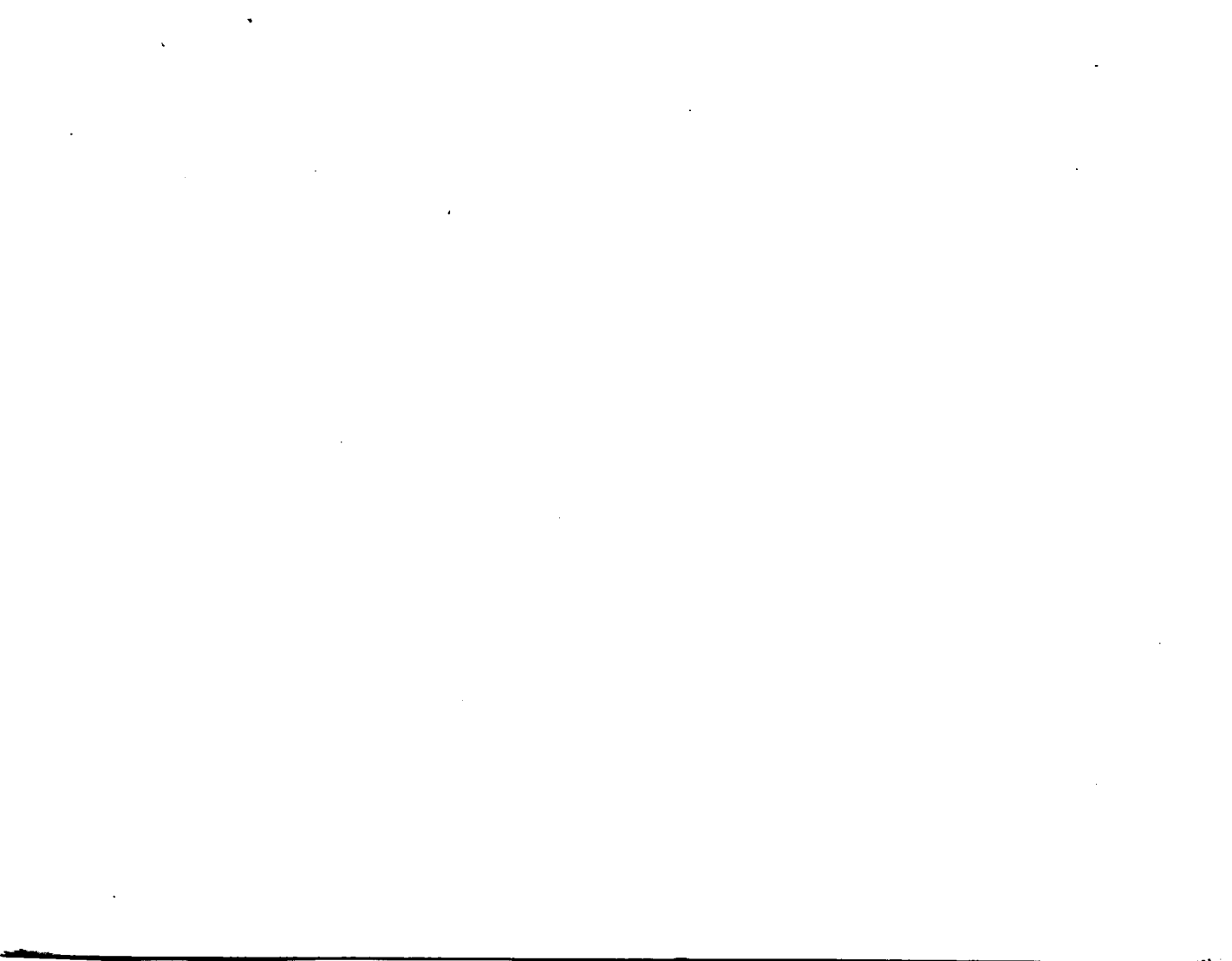
(Signature) P. B. Evans M.D.
Sugar City.
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed 4-7 19 20 G. E. Spe
Registrar

Registrar

Registrar



993-130-033-695
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MadisonCity of Replung

Registration District No. _____

File No. 78185

No. _____ St. _____

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

Ellen Ricks

| | | | | | |
|------------------------|-------------------------------|-----------|--------------------------------|------------------------|---|
| Sex of Child <u>m.</u> | Twins Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>Mar. 30</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|-------------------------------|-----------|--------------------------------|------------------------|---|

| | |
|--------------------------------|---|
| FULL NAME <u>Leo. J. Ricks</u> | FATHER |
| RESIDENCE <u>Replung Idaho</u> | |
| COLOR <u>w.</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Mary Ester Winn</u> | MOTHER |
| RESIDENCE <u>Replung</u> | |
| COLOR <u>w.</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive, at 10:05 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cape M.D.
Replung
(Physician or midwife)

Given names added from a supplemental report.

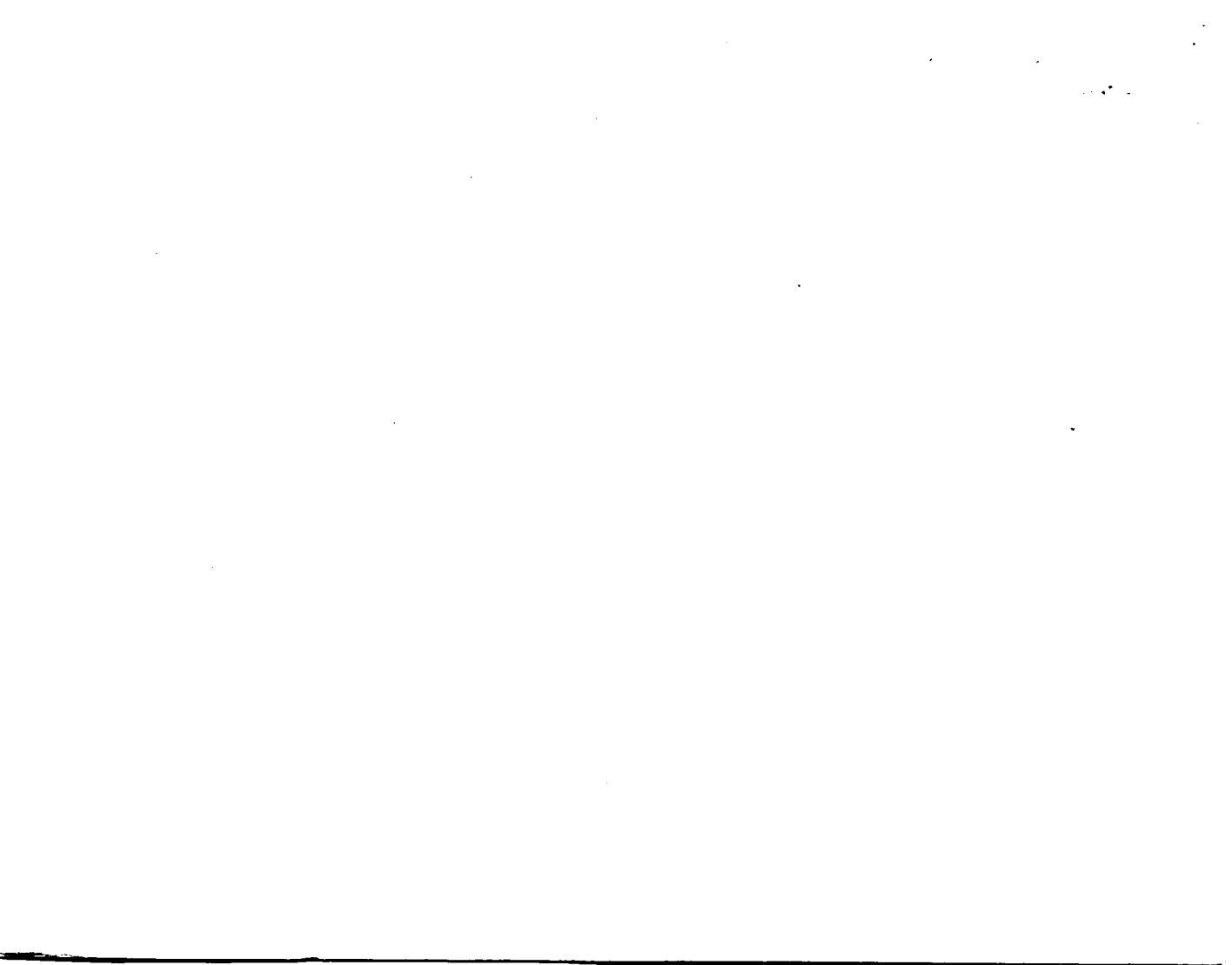
19 _____

Address _____

Filed 4-7 19 20

Registrar

Registrar



Form V. B. No. 14-C-22-4-2-17
 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

County of *Minidoka*
 City of *Peyburn*

Registration District No. *19* File No. *78186*

No. St.
 Primary Registration District No. *2015* Registered No. *77*

Hospital

FULL NAME OF CHILD *Albert Rosa Belle Blair*

Sex of Child *Female* Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth Legitimate? *Yes* Date of Birth *March 28 1920*
 (Month) (Day) (Year)

FULL NAME FATHER *Mr. Albert E. Blair*

RESIDENCE *Peyburn*

COLOR *white* AGE AT LAST BIRTHDAY *53*
 (Years)

BIRTHPLACE *England*

OCCUPATION *Carpenter*

FULL MAIDEN NAME MOTHER *Ruth C. Howard*

RESIDENCE *Peyburn*

COLOR *white* AGE AT LAST BIRTHDAY *31*
 (Years)

BIRTHPLACE *Peyburn Idaho*

OCCUPATION *Housewife*

Number of child of this mother, including present birth. *6* Number of children of this mother now living, including present birth. *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* (Born alive or stillborn) St. *630 P.*
 on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. K. Hunter*

(Physician or midwife)

Given names added from a supplemental report.

Address *Burley*

Filed *Sept. 9 1920* *E. D. Elmore*

Registrar

Registrar

PLACE OF BIRTH



L.D.S. Church Certificate of Blessing, May 2, 1920 gives full name as Rosa Belle Blair, daughter of Albert E. Blair and Ruth C. Howard, born March 28, 1920 at Heyburn, Idaho - viewed by V.S. L.D.S. Church Certificate of Baptism and Confirmation, dated June 3, 1928 gives full name as Rosa Belle Blair, daughter of Albert Edward Blair and Ruth Clarissa Howard, born March 28, 1920 at Heyburn, Idaho - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah }
County of Salt Lake } ss.

Certificate No. 78186

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for Unnamed Blair who was born on March 28, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Heyburn, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Family record prepared on Oct 28 - 1960, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Rosa Belle Blair

Full Name of Child Unnamed

Subscribed and sworn to before me this 31 day of October, 1960

Signed Ruth C. Blair
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Salt Lake City
My commission expires Feb 13, 1963
(Seal) Nikki L. Anderson

325 W. 16th St. Salt Lake, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada }
County of Clark } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of November, 1960

Signed Luth B. Moore
(Signature of Any Credible Person)

Notary Public, residing at Boulder City, Nev.
My commission expires _____
(Seal) Elton M. Garrett
MY COMMISSION EXPIRES
SEPTEMBER 28, 1963

1320 Colorado St. Boulder City, Nev.
(Street Address, City, State)

AUG 3 1962

MAR 16 1964

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

185-1-220-034-386

PLACE OF BIRTH

County of MinnesotaCity of Heyburn

No. St.

Hospital

FULL NAME OF CHILD DOROTHY MAE Heacock

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-0-22m-2-17

Registration District No. 19File No. 78187Primary Registration District No. 2013Registered No. 76

Sex of Child Female Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth Feb 20 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Mr John D. Heacock
RESIDENCE Heyburn
COLOR white AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Iowa
OCCUPATION st coming

MOTHER
FULL MAIDEN NAME Jennie Thompson
RESIDENCE Heyburn
COLOR white AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE
OCCUPATION housewife

Number of child of this mother, including present birth... 14 ... Number of children of this mother now living, including present birth... 13 ..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Born alive ... at... 11-30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ... J. H. Fuller

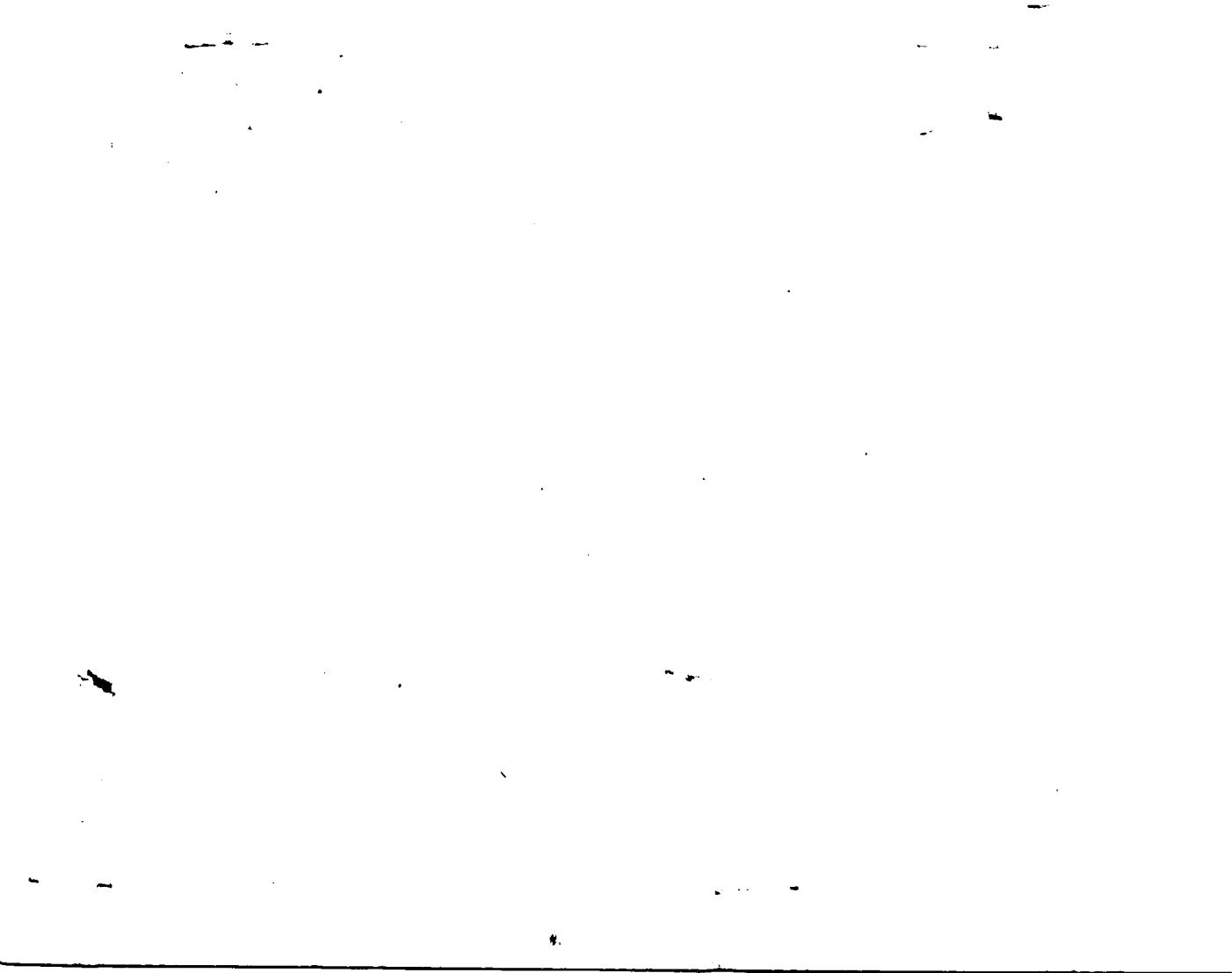
(Physician or midwife)

Given names added from a supplemental report.

Address... BurleyFiled 4-9-20 1920 E. H. Shores

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. SEP 20 1943 Certificate No. 78187
 County of Terrell Date Filed Birth
 The undersigned does solemnly swear that certain facts on the certificate of Dorothy M. Heacock (Birth or Death)
 for Rayburn who Born on Feb 10 - 1940
 in Terrell (Name on Original Certificate) (Was Born or Died) (Date of Event)
 are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth Record prepared on 2/10 - 1940, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)
FACTS TO BE CORRECTED **FROM** **TO**
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Dorothy Mae Heacock

Subscribed and sworn to before me this 17th day of September 1943
A. B. Smith
 Notary Public, residing at Terrell, Idaho
 My commission expires 8-19-46
 (Seal)
 Signed Genie Heacock
 (Signature of parent or attendant if correcting a birth record of attendant, funeral director, informant if correcting a death record, or other credible person.)
Terrell, Idaho - 5-21 Blue Lake Blvd.
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]
 County of Terrell
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
 Subscribed and sworn to before me this 17th day of September 1943
A. B. Smith
 Notary Public, residing at Terrell, Idaho
 My commission expires 8-19-46
 (Seal)
 Signed Sam E. Miles
 (Signature of Any Credible Person Other Than Previous Year)
5-21 Blue Lake Blvd.
 (Street Address, City, State)

SEP 23 1943

0034-123
STATE OF IDAHO
BUREAU OF VITAL STATISTICS
County of Blaine

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Rupert Registration District No. 19 File No. 78188
No. _____ St. _____ Primary Registration District No. 2015 Registered No. 75
Hospital _____
FULL NAME OF CHILD Joseph Astle Bailey

| | | | | | | | | |
|--|--|-----|--------------------------------|--|------------------|---------------------|-------------------|-----------------------|
| Sex of Child <u>male</u> | Twins
Triplet
or other?
(To be answered only in order of plural births) | and | Number
in order
of birth | Legiti
mate? | Date of
Birth | <u>4</u>
(Month) | <u>6</u>
(Day) | <u>1920</u>
(Year) |
| FULL NAME | FATHER <u>Joseph Bailey</u> | | | MOTHER <u>Billie Astle</u> | | | | |
| RESIDENCE | <u>Rupert</u> | | | <u>Rupert</u> | | | | |
| COLOR | <u>white</u> | | | <u>white</u> | | | | |
| BIRTHPLACE | <u>Colorado</u> | | | <u>Wyoming</u> | | | | |
| OCCUPATION | <u>Rancher</u> | | | <u>Housewife</u> | | | | |
| Number of child of this mother, including present birth <u>1st</u> | | | | Number of children of this mother now living, including present birth <u>1</u> | | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1. A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. P. Groom
M. W.
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



L.D.S. Church Certificate of Birth, entered on record, June 3, 1928 gives full name of child as Joseph Astle Bailey, born April 6, 1920 at Rupert, Idaho to Joseph A. Bailey & Lillian Astle - viewed by V.S. IDAHO DEPARTMENT OF HEALTH
State of Utah, Marriage Certificate, June 18, 1951 at Salt Lake City, Utah gives full name of groom as Joseph Astle Bailey and full name of bride as Beverly Hofhine - viewed BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death by V.S.

State of Utah } ss. Certificate No. 78188
County of Davis } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Bailey (male child) who was born on April 6, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Rupert, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)
Full Name of Child _____

FROM
(As on Original)
Unnamed _____

TO
(The Correct Facts)
Joseph Astle Bailey _____

Subscribed and sworn to before me this 13th day of July, 1961

Signed Laura Astle Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
715 W. 7400 So. Beautiful Utah
(Street Address, City, State)

Notary Public, residing at Beautiful Utah
My commission expires June 15, 1963
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

NOV 17 1964

389-225.034-743

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MinidokaCity of RupertRegistration District No. 19File No. 78189

No. _____ St. _____

Primary Registration District No. 2015 Registered No. 74

Hospital _____

FULL NAME OF CHILD Lawn Christensen

| | | | | | |
|----------------------------|----------------------------------|-----|-----------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>No</u> | and | Number in order of birth <u>1</u> | Legit mate? <u>yes</u> | Date of Birth <u>3 25 20</u>
(Month) (Day) (Year) |
|----------------------------|----------------------------------|-----|-----------------------------------|------------------------|--|

FULL NAME FATHER Alton P. ChristensenFULL MAIDEN NAME MOTHER Bertha GullRESIDENCE RupertRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 24
(Years)COLOR white AGE AT LAST BIRTHDAY 22
(Years)BIRTHPLACE UtahBIRTHPLACE UtahOCCUPATION RancherOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive at 12 m. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. GroomM. D.
(Physician or midwife)

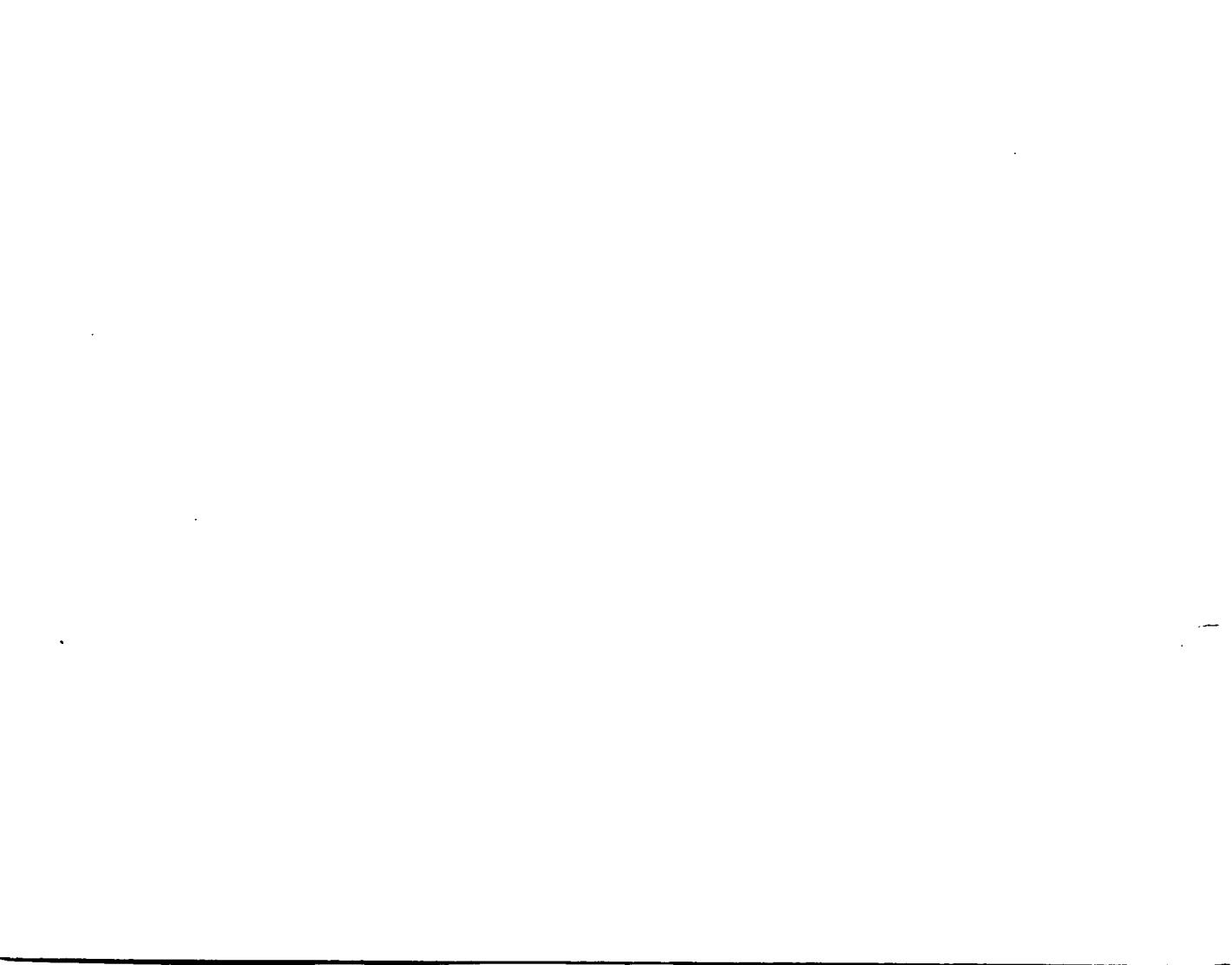
Given names added from a supplemental report.

19

Address Rupert IdaFiled 4-8 1928 E. D. Johnson

Registrar

Registrar



913.114.034369

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of MundeleinCity of PopestRegistration District No. 19File No. 78190

No. _____ St. _____

Hospital _____ Primary Registration District No. 2015 Registered No. 73

FULL NAME OF CHILD

Ernest Ray Kells

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>3-14</u>
(Month) (Day) (Year) <u>1920</u> |
|--------------------------|---|-----|--------------------------------|----------------------------|---|

| | |
|----------------------------------|---|
| FULL NAME
<u>Ernest Kell.</u> | FATHER |
| RESIDENCE
<u>Popest</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE
<u>Missouri</u> | |
| OCCUPATION
<u>Labor</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Carmilla Corgel</u> | MOTHER |
| RESIDENCE
<u>Popest</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 _____

Address _____

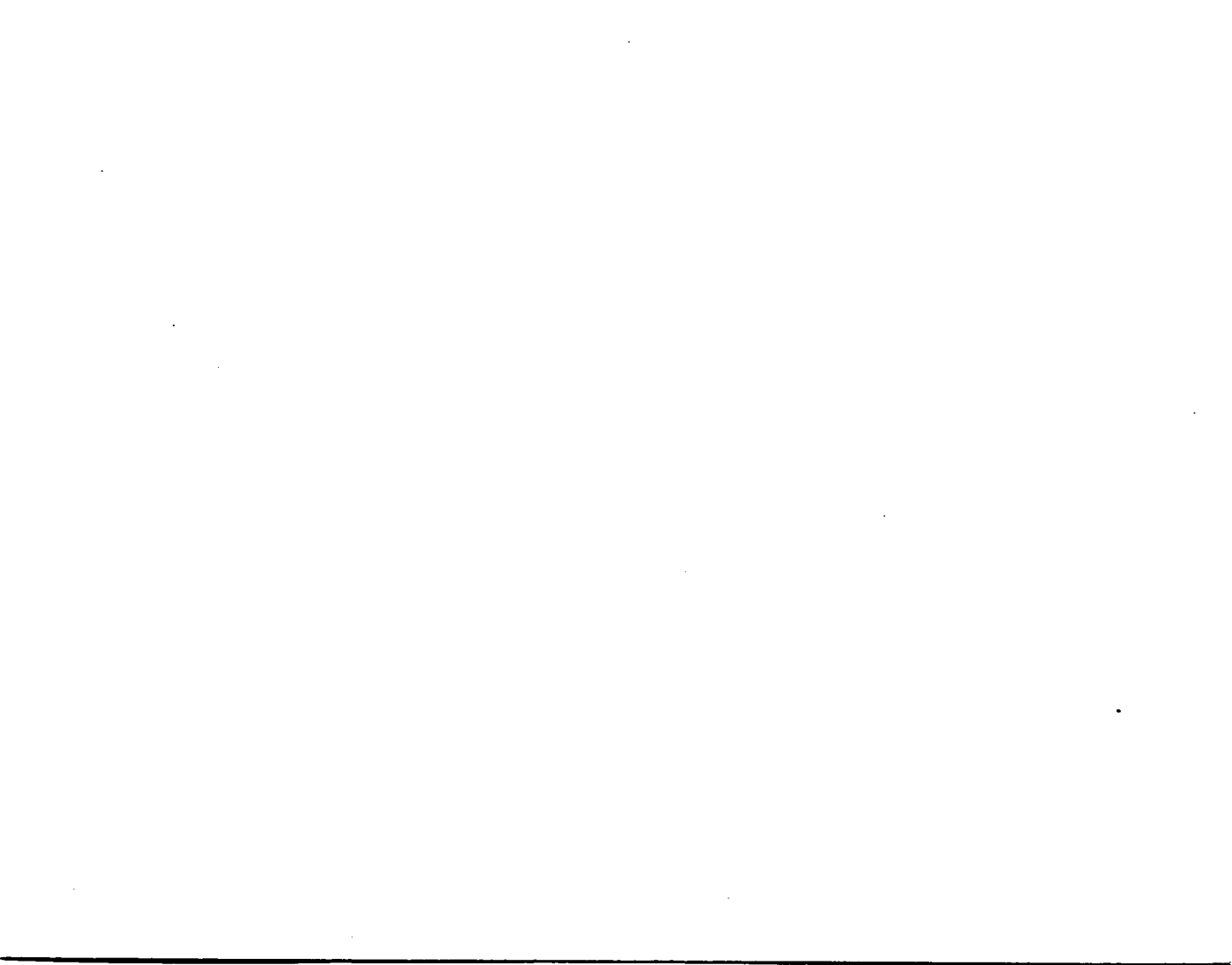
Filed 4-8 1920

Registrar _____

Registrar E. D. Shure

Born alive at 9 P.M.
(Born alive or stillborn)
(Signature) C. P. Groom
M.D.
(Physician or midwife)

Popest Ida



495-109.034-562

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MinidokaCity of RupertRegistration District No. 19File No. 78191

No. _____ St. _____

Primary Registration District No. 2018 Registered No. 72

Hospital _____

FULL NAME OF CHILD

| | | | | | |
|--------------------------|----------------------------------|-----|-----------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>No</u> | and | Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>3</u> <u>9</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|----------------------------------|-----|-----------------------------------|------------------------|---|

FULL NAME Albert L. MinerRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME Lattie NobleRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Barnadine, at 4 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19.

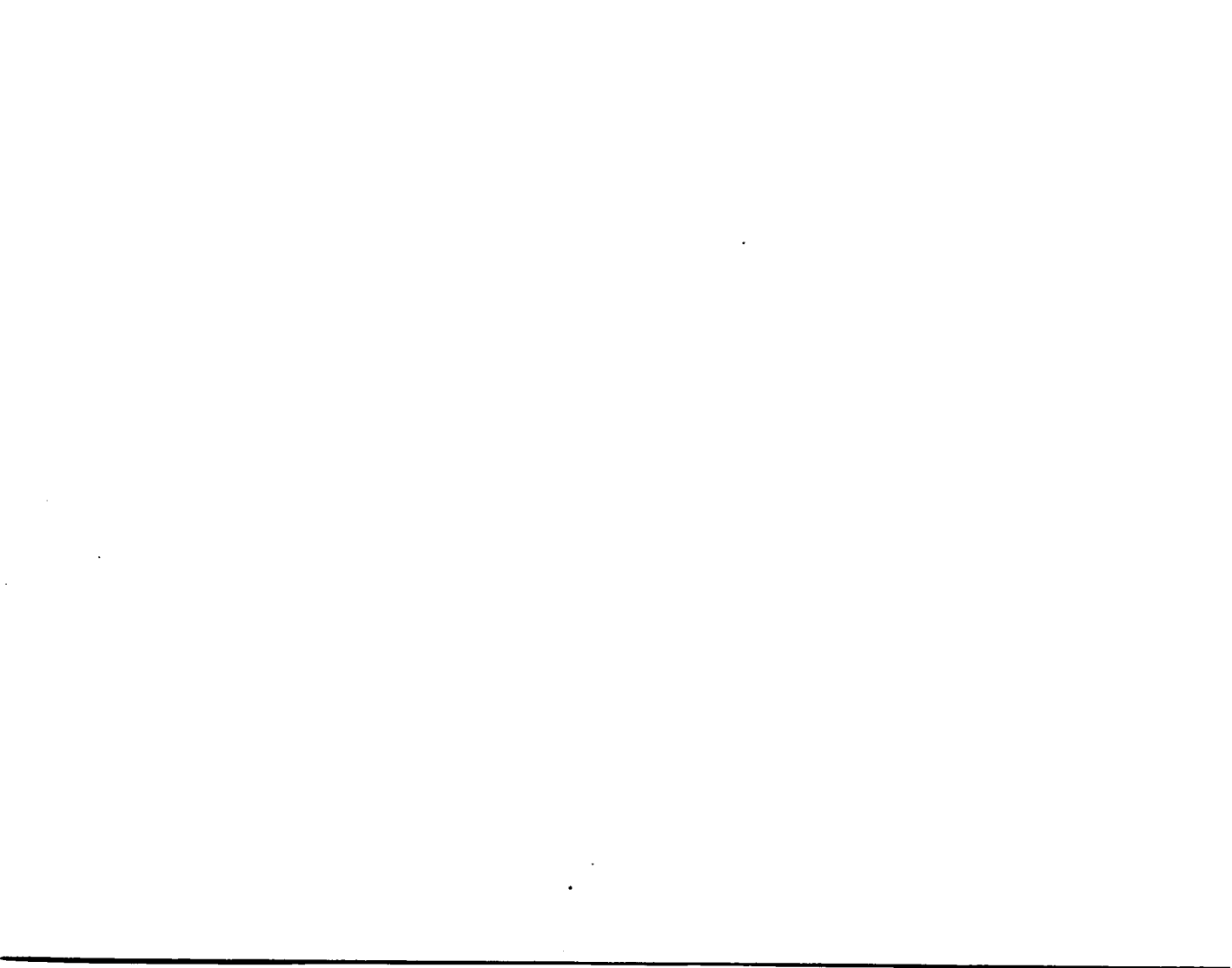
(Signature) B. C. Sproson
(Physician or midwife)Address Rupert IdahoFiled 4-8 1920 E. E. Shumore

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



958204.034275

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MandocqCity of RupertRegistration District No. 19File No. 78192

No. _____

St. _____

Hospital _____

Primary Registration District No. 2015Registered No. 71FULL NAME OF CHILD Laura La Von ZehrSex of
Child FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate? YesDate of
Birth 3 4 20

(Month)

(Day)

(Year)

FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY 31

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY 23

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:00 midnight
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) S. P. Groom

(Physician or midwife)

Given names added from a supplemental report.

19

Address Rupert IdahoFiled 4-8-20Registrar Att. Shure

Registrar

FEB 5 1974

MAR 3 0 1945

659.129.034.296
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka
 City of Reupert Registration District No. 19 File No. 78193
 No. _____ St. _____ Primary Registration District No. 2013 Registered No. 70
 Hospital _____
 FULL NAME OF CHILD Horace Elden Ferrin

Sex of Child male Twins Triplet { and } Number in order of birth 1
 (To be answered only in event of plural births) Legiti mate? yes Date of Birth 3 29 20
 (Month) (Day) (Year)

FATHER
 FULL NAME Jessie Ferrin
 RESIDENCE Reupert
 COLOR white AGE AT LAST BIRTHDAY 51
 (Years)
 BIRTHPLACE Utah
 OCCUPATION Rancher

MOTHER
 FULL MAIDEN NAME Mary Brown
 RESIDENCE Reupert
 COLOR white AGE AT LAST BIRTHDAY 40
 (Years)
 BIRTHPLACE Pennsylvania
 OCCUPATION Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 A. M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. P. Groom.

(Physician or midwife)

M. D.

Given names added from a supplemental report.

19.

Address

Reupert Ida.

Filed

4-8-20 E. Dehnore

Registrar

Registrar

1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

145-118-034294

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of Mundana

City of Rupert

Registration District No. 19

File No. 78194

No. _____ St. _____

Primary Registration District No. 2015

Registered No. 69

Hospital _____

FULL NAME OF CHILD

ERWIN CARTER AMES

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>3 18 20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|----------------------------|---|

FATHER
FULL NAME Clarence C. Ames

RESIDENCE Rupert

COLOR white AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE Ida

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Euphonia Curran

RESIDENCE Rupert

COLOR white AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Moore
M. D.
(Physician or midwife)

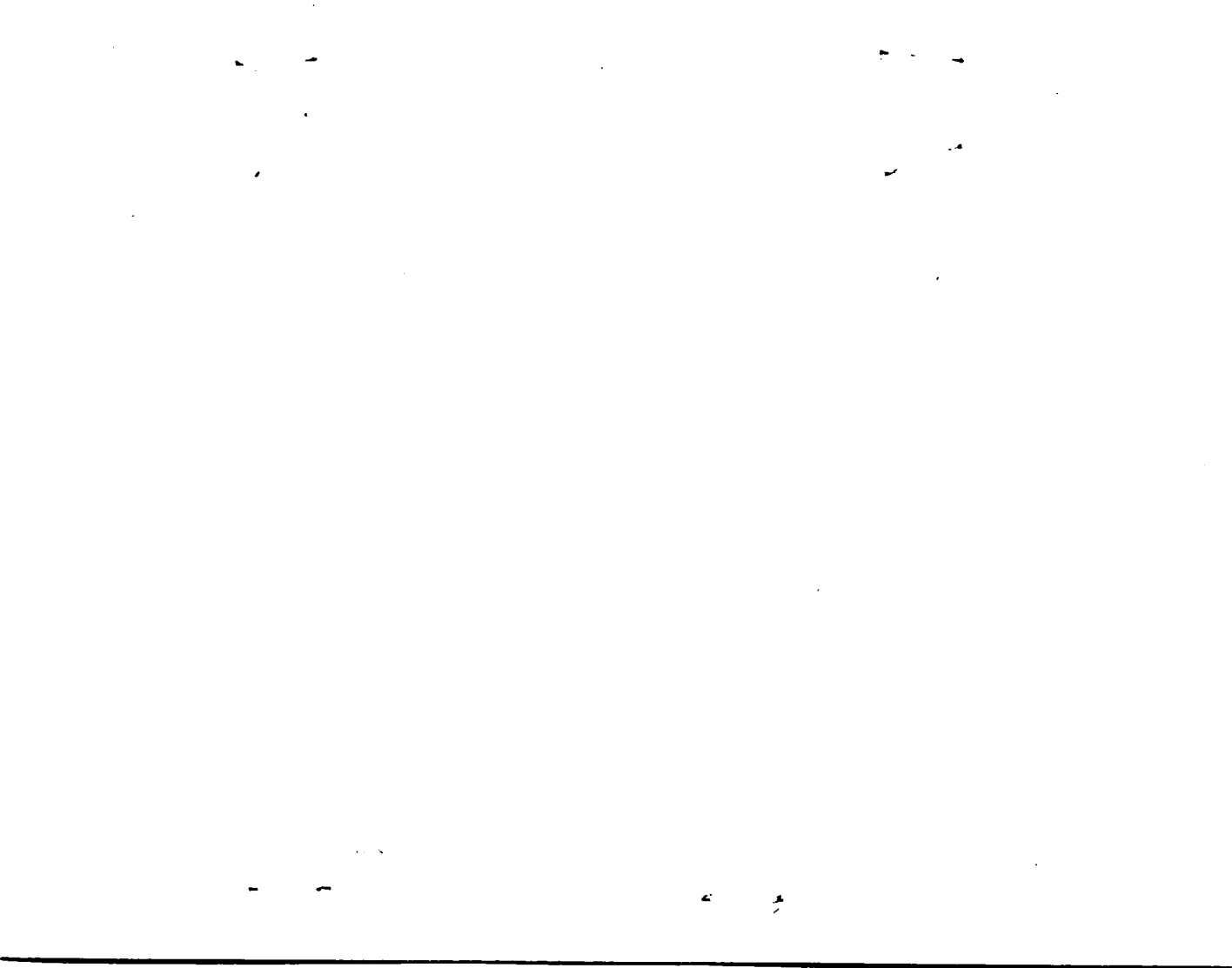
Given names added from a supplemental report.

Address Rupert Ida

Filed 4-8-20 E. P. Moore

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock

Certificate No. 78194

Date Filed MAY 11 1942

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
for ERWIN CARTER AMES who Born on 3-18-20
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Rupert, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Family Record INS. Policy prepared on 3-23-1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Unnamed

Erwin Carter Ames

Subscribed and sworn to before me this 9th

day of May, 1942

Signed Sophrona Ames

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Notary Public, residing at Prattville Idaho

My commission expires July 20, 1942
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19____.

Signed _____

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

MAY 14 1942

APR 29 1951

799-112-034-231

PLACE OF BIRTH

County of MinnesotaCity of Rupert

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

August Joseph GiraudSex of Child MaleTwin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birthLegiti
mate?yesDate of
Birth31220

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Joseph Giraud

RESIDENCE

Rupert

COLOR

whiteAGE AT LAST
BIRTHDAY45
(Years)

BIRTHPLACE

France

OCCUPATION

RancherFULL
MAIDEN
NAME

MOTHER

Rosa Blanchard

RESIDENCE

Rupert

COLOR

whiteAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

France

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 1 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. P. GroomM. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rupert Ida

Filed

Apr. 8 1920E. O. E. Moore

Registrar

Registrar

FEB 8 1965

APR 20 1964

319-112-034-945

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MinidokaCity of PaysonRegistration District No. 17File No. 78196

No. _____ St. _____

Primary Registration District No. 2013 Registered No. 67

Hospital _____

FULL NAME OF CHILD David William Larson

| | | | | | |
|--------------------------|--|-----|--------------------------|------------------------|--|
| Sex of Child <u>Male</u> | <u>Twins</u>
Triplet or other?
(To be answered only in event of plural births) | and | Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>3 12 1920</u>
(Month) (Day) (Year) |
|--------------------------|--|-----|--------------------------|------------------------|--|

FULL NAME FATHER Martin E. LarsonRESIDENCE PaulCOLOR white AGE AT LAST BIRTHDAY 48
(Years)BIRTHPLACE MichiganOCCUPATION RancherFULL MAIDEN NAME MOTHER Hulda RundquistRESIDENCE PaulCOLOR white AGE AT LAST BIRTHDAY 42
(Years)BIRTHPLACE MichiganOCCUPATION HousewifeNumber of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. BrownM. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Payson, Ida.Filed 4-8-20 E. H. Emmons

Registrar

Registrar

Certified Copy issued Feb. 12, 1941. F.W.

291-125034-34

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of Child

Twin
Triplet
or other?
(To be answered only in event of plural births)and
Number
in order
of birth

Legitimate?

Date of Birth

(Month) (Day) (Year)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar

669.126.034-351
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MinidokaCity of RupertRegistration District No. 19File No. 78198

No. _____ St. _____

Primary Registration District No. 2015Registered No. 65

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|--------------------------|---|-----|---|-------------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate?
<u>yes</u> | Date of
Birth
<u>Feb 26</u> "
(Month) (Day) (Year) <u>1920</u> |
|--------------------------|---|-----|---|-------------------------------|---|

| | |
|---|--|
| FULL
NAME
<u>Jacob L. Workman</u> | FATHER |
| RESIDENCE
<u>Rupert, Idaho</u> | |
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>51</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Blacksmith</u> | |

| | |
|---|--|
| FULL
MAIDEN
NAME
<u>Margaret Leavitt</u> | MOTHER |
| RESIDENCE
<u>Rupert, Idaho</u> | |
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>46</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 15 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 145 P. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) Leeland Frasier, M.D.

(Physician or midwife)

Given names added from a supplemental report.

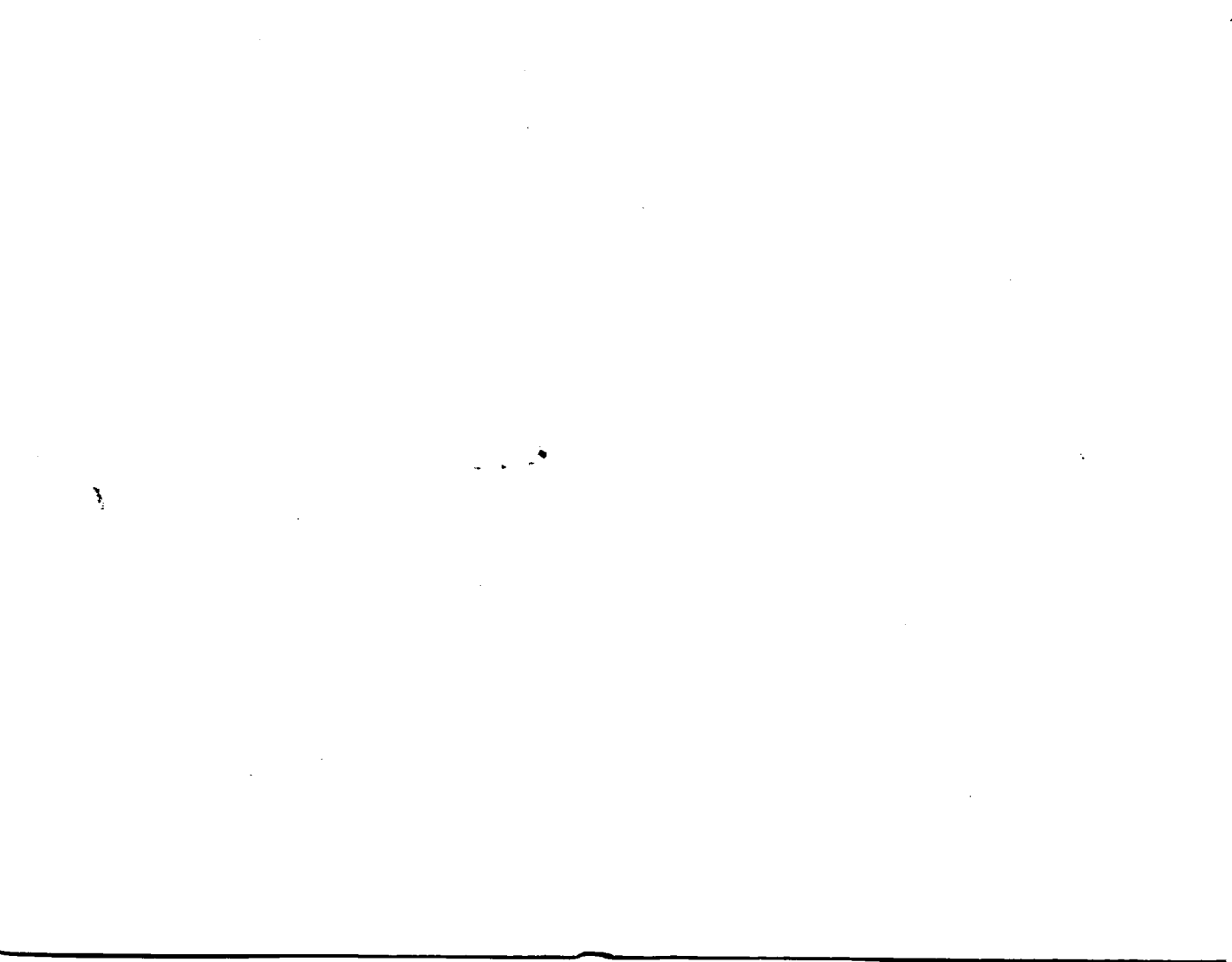
19 _____

Address _____

Filed 4-8 19 20 St. Elmore

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

613.206-034-293

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Minidoka

City of Minidoka

Registration District No. 19

File No. 78199

No. _____ St. _____

Primary Registration District No. 2015

Registered No. 64

Hospital _____

FULL NAME OF CHILD

FRANCES MARION Wall

| | | | | | |
|---|------------------------------|-----------|--------------------------------|-------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legiti mate? <u>yes</u> | Date of Birth <u>April 6th</u> 19 <u>20</u> |
| (To be answered only in event of plural births) | | | | (Month) | (Day) (Year) |

FATHER
FULL NAME Jacob Wall
RESIDENCE Minidoka, Idaho
COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Nebraska
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Martha F. Bill
RESIDENCE Minidoka, Idaho
COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Illinois
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:35 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leon Stagner, M.D.

(Physician or midwife)

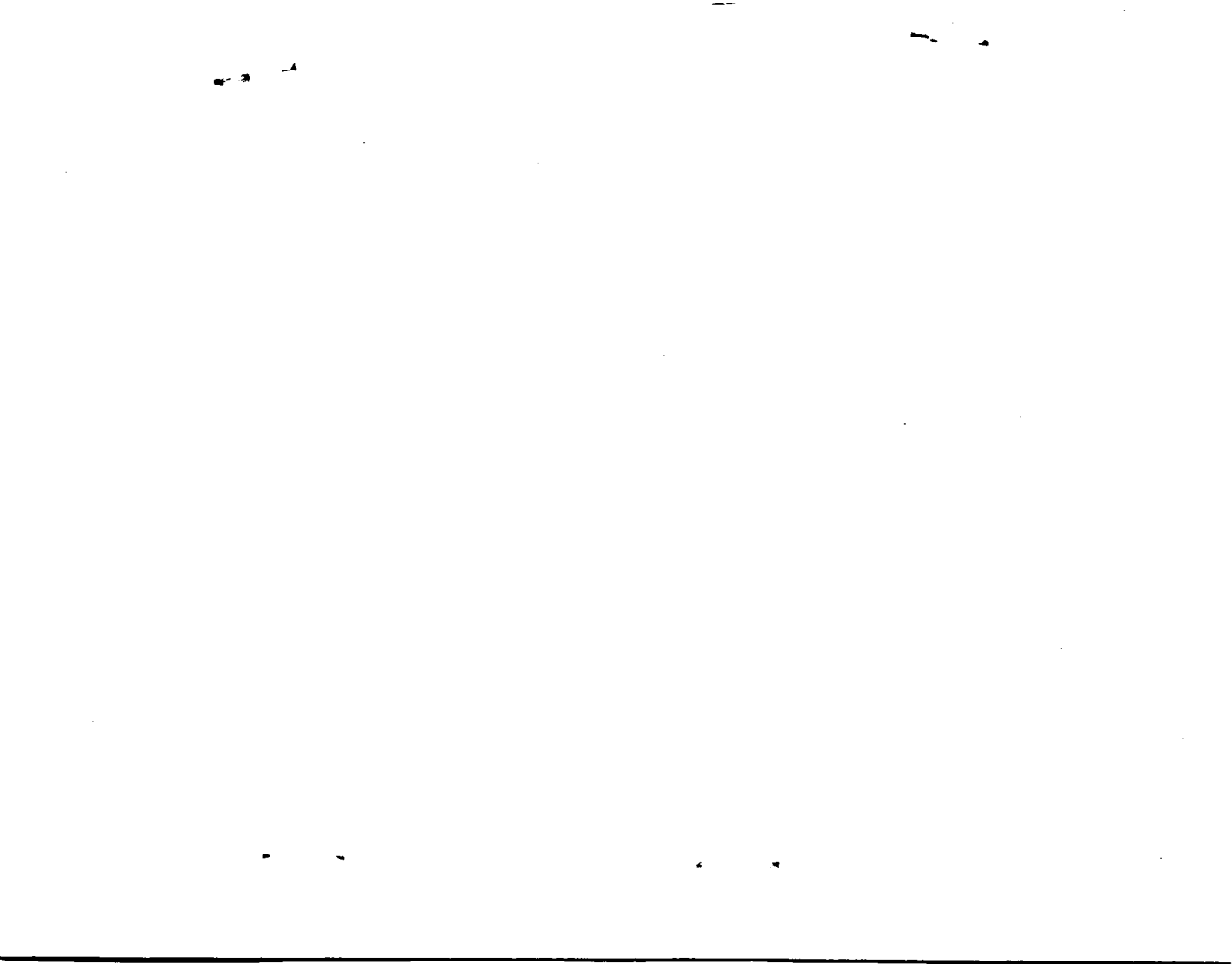
Given names added from a supplemental report.

Address _____

Filed 4-8-20 E. H. Elmore

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. **JAN 14 1942** Certificate No. 78199
County of Minidoka }

The undersigned does solemnly swear that certain facts on the certificate of birth
for Wall who born on Apr. 6, 1920 (BIRTH OR DEATH)
in Minidoka, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (PLACE OF EVENT) prepared on about time of birth, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name No name Frances Marion Wall

Subscribed and sworn to before me this 12
day of Jan., 19 42

Paul A. French
Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1943.

(SEAL)

Signed Martha Wall
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
R.F.D. #2, Rupert, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of Jan., 19 42

Paul A. French
Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1943.
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

Signed Mary Duffney
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
703 E. St. Rupert, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 14 1942 By _____
(REGISTRAR'S SIGNATURE)

JAN 24 1942

JUN 1 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MinidokaCity of RupertRegistration District No. 19File No. 78200

No. _____ St. _____

Primary Registration District No. 2015 Registered No. 63

Hospital _____

FULL NAME OF CHILD Edward Hamilton May, Jr.

| | | | | | |
|--------------------------|---|-------|---|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and { | Number in order of birth _____
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of Birth <u>March 15th 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-------|---|------------------------|---|

| | |
|--------------------------------------|---|
| FATHER | |
| FULL NAME <u>Edward Hamilton May</u> | |
| RESIDENCE <u>Minidoka County</u> | |
| P.O. <u>Rupert, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>48</u>
(Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--|---|
| MOTHER | |
| FULL MAIDEN NAME <u>Minnie M. Gray</u> | |
| RESIDENCE <u>Minidoka County</u> | |
| P.O. <u>Rupert, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>44</u>
(Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Housewife</u> | |

 Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was born alive, at 1:15 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Leland Frazier, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Rupert, Idaho

Filed

4-8 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of more than one child at birth, a SEPARATE REPORT must be made for each and the number of each, in order of birth stated.

813-216-034-652

PLACE OF BIRTH

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MinidokaCity of Rupert

No. _____ St. _____

Registration District No. 19 File No. 78201

Hospital _____

Primary Registration District No. 2015 Registered No. 62

FULL NAME OF CHILD

Avilla Mildred Hall

| | | | | | |
|----------------------------|---|-----|--------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>March 16</u> <u>1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|------------------------|---|

 FATHER
 FULL NAME William S. Hall
 RESIDENCE Rupert

 MOTHER
 FULL MAIDEN NAME Elizabeth Augusta Weber
 RESIDENCE Rupert

 COLOR White AGE AT LAST BIRTHDAY 34
(Years)

 COLOR White AGE AT LAST BIRTHDAY 34
(Years)
BIRTHPLACE MontanaBIRTHPLACE GermanyOCCUPATION Hardware merchantOCCUPATION Housewife
 Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was _____, at _____ M.
 on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

skive, at 9:40 PM
(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rupert
 Filed March 8 1920 ET Ehnore
 Registrar

Registrar

Registrar

20
FEB

1941

1941

238-226-034-765

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MundakaCity of RupertRegistration District No. 19File No. 78202No. St. Primary Registration District No. 2015 Registered No. 61Hospital FULL NAME OF CHILD Frieda Lena Schenk

| | | | | | |
|----------------------------|--|---------|--|-------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u> | { and { | Number in order of birth <u> </u> | Legiti mate? <u>yes</u> | Date of Birth <u>March 26 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|---------|--|-------------------------|--|

| | |
|---------------------------------|---|
| FULL NAME <u>Phillip Schenk</u> | FATHER |
| RESIDENCE <u>Rupert</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE <u>Russia</u> | |
| OCCUPATION <u>Hammer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Rosina Pfeiffer</u> | MOTHER |
| RESIDENCE <u>Rupert</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE <u>Roumania</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 8 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed Elmore(Physician or midwife) M.D.

Given names added from a supplemental report.

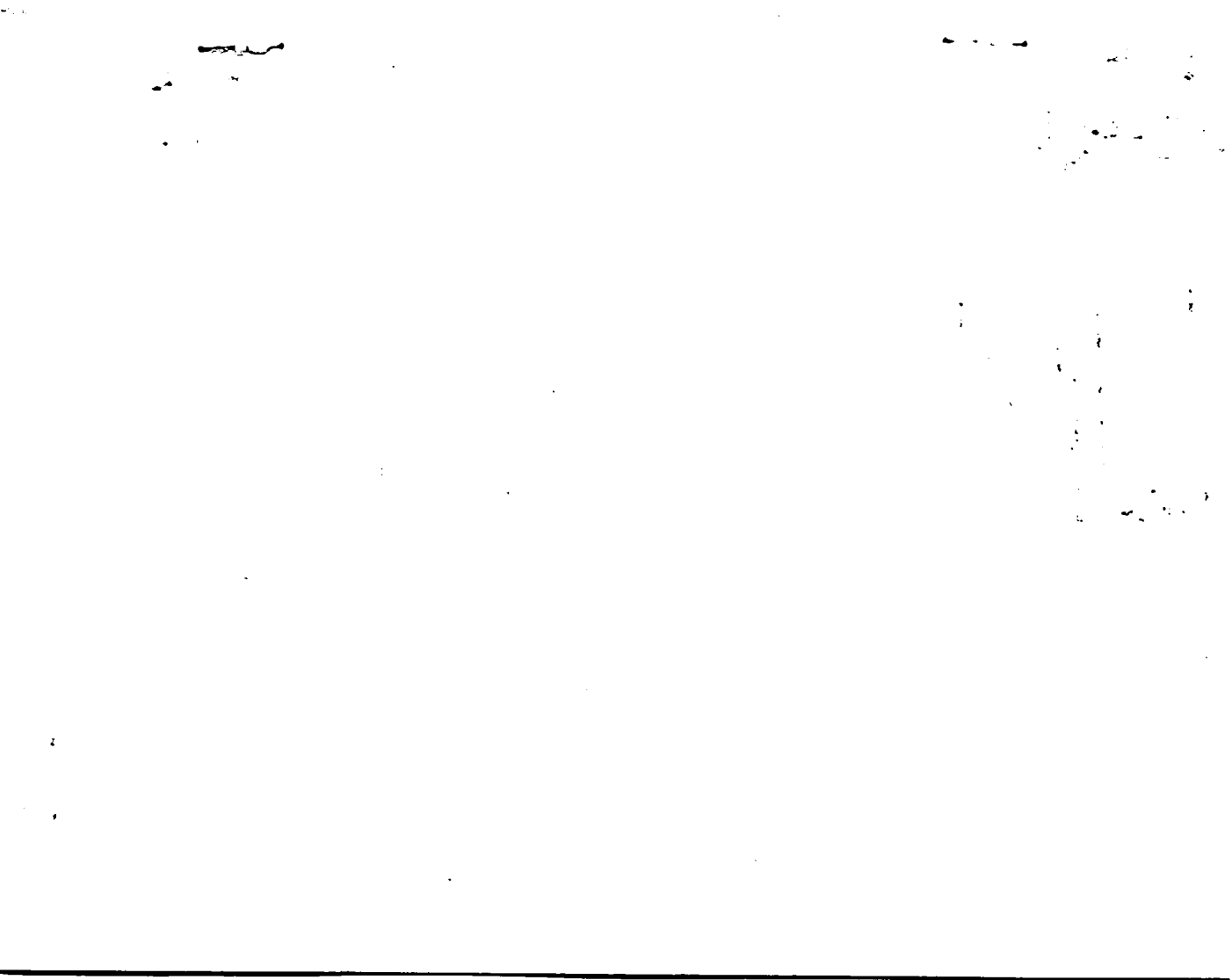
19. Address RupertFiled Mar 28 1920Registrar Ed Elmore

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 78202
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth
for Humana Schenk who born on Mar. 26, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Parents prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
name Omitted Frieda L. Schenk

Subscribed and sworn to before me this 16
day of Feb, 1942.

Notary Public, residing at _____
My commission expires _____
(SEAL)

Signed E. H. Moore
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
529-H St. Rupert Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Notary Public, residing at _____
My commission expires _____
(SEAL)

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

1944

1945

693-218-034-115

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MunichCity of Puffert

No. _____ St. _____

Registration District No. 19 File No. 78203

Hospital _____

Primary Registration District No. 2013 Registered No. 60

FULL NAME OF CHILD

Ella Louise Wilkinson

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>March 18 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|---|

FULL NAME FATHER Abra E. WilkinsonRESIDENCE PuffertCOLOR White AGE AT LAST BIRTHDAY 37
(Years)BIRTHPLACE UtahOCCUPATION HammerFULL MAIDEN NAME MOTHER Elizabeth M. JensenRESIDENCE PuffertCOLOR White AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 20, M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

(Physician or midwife)

Given names added from a supplemental report.

19

Address PuffertFiled Mar 20 1921 E. H. Elmore
Registrar

Registrar

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

677-210-034-238
PLACE OF BIRTH

County of Minidoka

City of Rupert

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 14

Primary Registration District No. 2015

MARY OPPE

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. N. C. 25m-7-21-19

File No. 7820A

Registered No. 59

| | | | | | |
|----------------------------|----------------------------------|-----|-----------------------------------|-----------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>No</u> | and | Number in order of birth <u>1</u> | Legitimate <u>yes</u> | Date of Birth <u>Mar. 18 20</u>
(Month) (Day) (Year) |
|----------------------------|----------------------------------|-----|-----------------------------------|-----------------------|---|

FATHER
FULL NAME Nicholas Oppé
RESIDENCE Rupert
COLOR white
AGE AT LAST BIRTHDAY 31
(Years)
BIRTHPLACE Soraine Germany
OCCUPATION Shoemaker

MOTHER
FULL MAIDEN NAME Anna Katia Schok
RESIDENCE Rupert
COLOR white
AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Russia
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

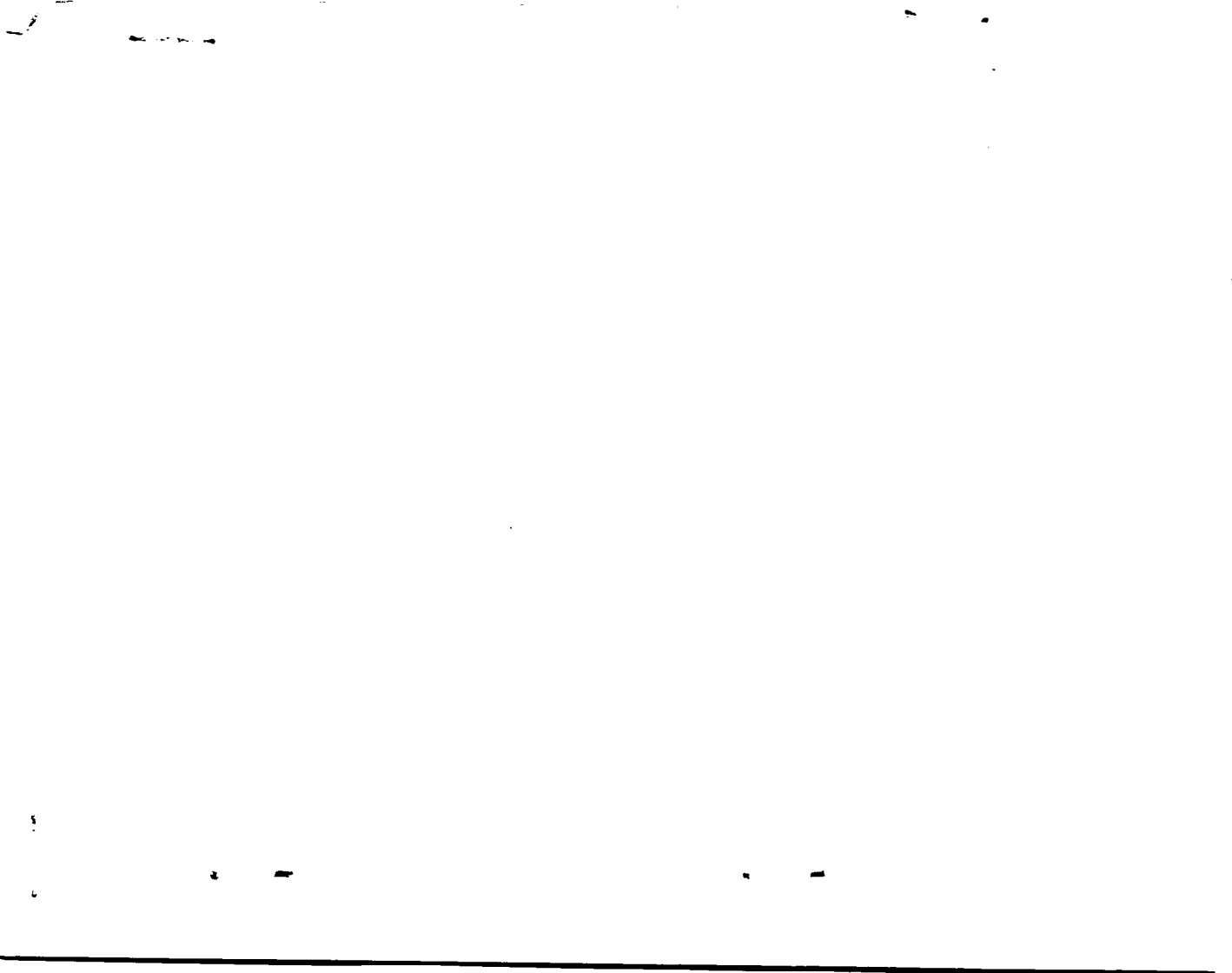
(Signature) E. Helmer
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Rupert
Filed Mar 20 1920
Registrar

Registrar

Registrar



OCT 5 - 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78204
 County of Minidoka }

The undersigned does solemnly swear that certain facts on the certificate of birth
 for Mary Oppe who was born on March 16, 1920
 (NAME ON ORIGINAL CERTIFICATE) (BIRTH OR DEATH) (DATE OF EVENT)
 in Rupert, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (PLACE OF EVENT) (PERSONAL KNOWLEDGE)
 true facts as shown by Bible Record and prepared on April 4, 1920, are:
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Name

Unnamed

Mary Oppe

Subscribed and sworn to before me this 3rd
 day of October 1942

Signed Nicholas Anton Oppe

(SIGNATURE OF PERSON OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

110 - 1st St, Rupert, Idaho

(STREET ADDRESS, CITY, STATE)

Notary Public, residing at Rupert, Idaho
 My commission expires Apr 4, 1946
 (SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
 County of Minidoka }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
 (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. undersigned to meet

Subscribed and sworn to before me this 3rd
 day of October 1942

Signed Anna Mary Oppe

(ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIDANT.)

Notary Public, residing at Rupert, Idaho

110 - 1st St. Rupert, Idaho

(STREET ADDRESS, CITY, STATE)

My commission expires Apr. 4, 1946
 (SEAL)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

OCT 7 1942

493-215-834-693

Form V. S. No. 11-C-26m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of MinidokaCity of Rupert

No. _____ St. _____

Registration District No. 19File No. 78205

Hospital _____

Primary Registration District No. 2015Registered No. 5-8

FULL NAME OF CHILD

Avis Dellphine DicksonSex of
ChildFemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

{ To be answered only in event of plural births }

Legiti
mate?yesDate of
BirthMarch 13 1920

(Month)

(Day)

(Year)

FULL
NAMEFATHER
Walter Edward DicksonFULL
MAIDEN
NAMEMOTHER
Anna Emily Williamson

RESIDENCE

Rupert

RESIDENCE

Rupert

COLOR

whiteAGE AT LAST
BIRTHDAY26
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Wyoming

BIRTHPLACE

Mich.

OCCUPATION

Salvage

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.alive at 8:30 a.m.
(Born alive or stillborn){ *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

E. H. Johnson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

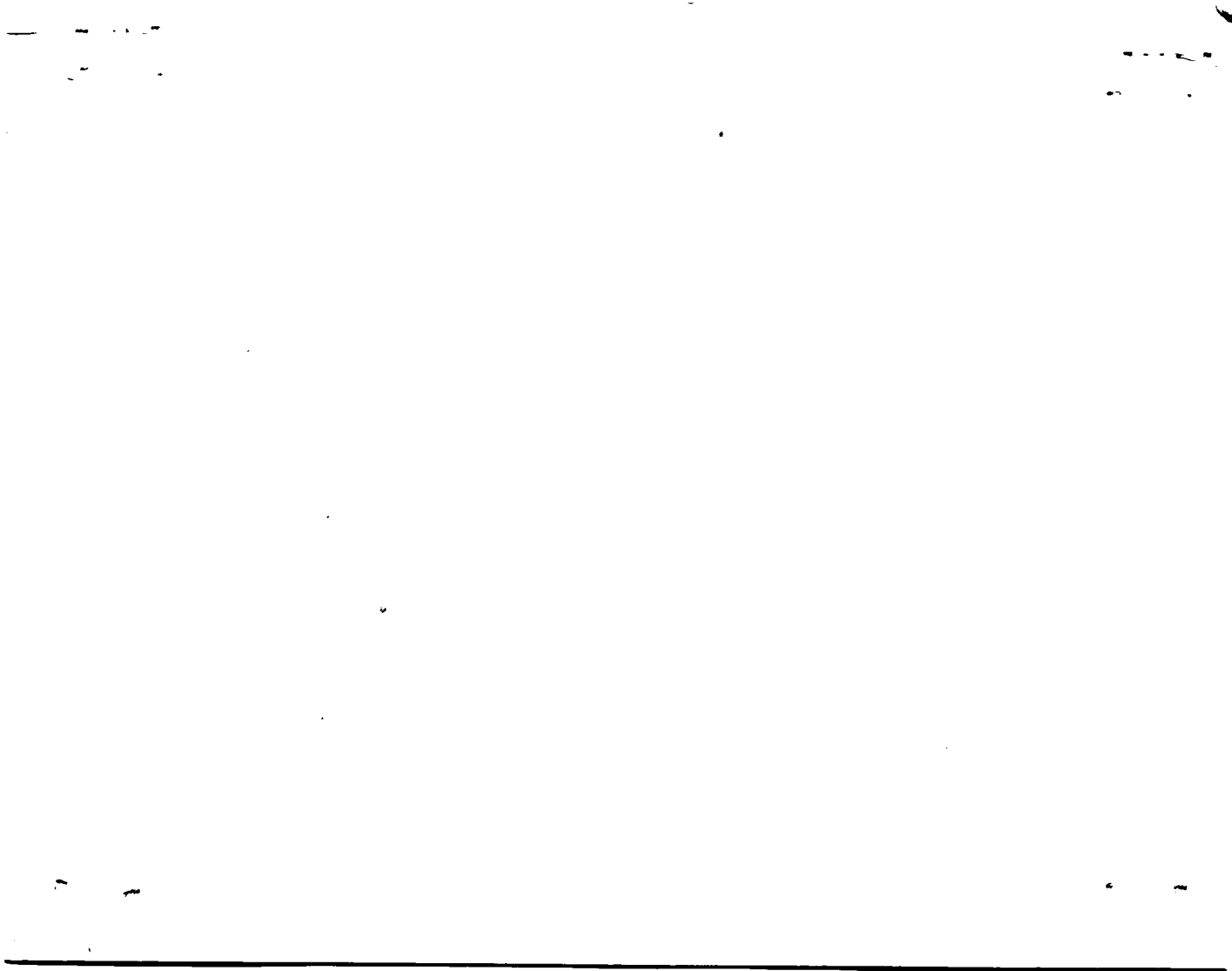
Rupert
Mar. 19 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss. Certificate No. 78205
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

_____ name _____ none given Avis Dellphine Dickson
_____ Dixon _____
_____ Dickson _____

Subscribed and sworn to before me this 4th
day of April, 1943

Notary Public, residing at Boise
My commission expires 11/1/47
(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed Martha J. Williams
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Notary Public, residing at _____
My commission expires _____
(Seal)

1943
OCT 4



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-109-034-499

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-8-17

78206

Registration District No. 19

File No.

Primary Registration District No. 2015

Registered No. 57

Thomas Jackson Pearson Jr.

FULL NAME OF CHILD

| | | | |
|--------------------------|---|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u> } | Legitimate? <u>yes</u> | Date of Birth <u>March 9</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|---|

| | |
|--|---|
| FATHER
FULL NAME <u>Thomas Jackson Pearson</u>
RESIDENCE <u>Rupert</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Farmer</u> | MOTHER
FULL MAIDEN NAME <u>Ellen Louise Drumm</u>
RESIDENCE <u>Rupert</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Tenn</u>
OCCUPATION <u>Housewife</u> |
|--|---|

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:20 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Shreve

Given names added from a supplemental report.

(Physician or midwife)

Address Rupert, Ida

Filed Mar 20 1920

Registrar

Registrar

[REDACTED]

21 1960

693 - 217 - 074 - 815

PLACE OF BIRTH

County of Mundwica

City of Keyburn

No. R-1 St.

Hospital

FULL NAME OF CHILD

Ruth Wilcox

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 9-3-17

Registration District No.

19

File No.

78207

Primary Registration District No.

2015

Registered No.

56

Sex of Child

F

Twin
Triplet
or other?

1

and

Number
in order
of birth

1

Legitimate?

Yes

Date of Birth

Feb 17 1920
(Month) (Day) (Year)

FULL NAME

FATHER Paul W. Wilcox

FULL MAIDEN NAME

MOTHER Sarah Hawks

RESIDENCE

Keyburn RFD 1

RESIDENCE

Idaho

COLOR

W

AGE AT LAST BIRTHDAY

27
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

28
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Utah

OCCUPATION

Farm

OCCUPATION

House

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 9 a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. C. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Barley Idaho

Filed

Apr 8 1920

Registrar

Registrar

APR 28 1971

MAR 22 1944

4321-121-034-766

PLACE OF BIRTH

County of MinidokaCity of HazeltonNo. P.T.D. St.

Hospital

FULL NAME OF CHILD Gerald Edward McBrideSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C—21a-3-3-17

Registration District No. 19File No. 78208Primary Registration District No. 2015Registered No. 55

| | | | |
|-----------------------|--|------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? <u>1</u> and { Number in order of birth <u>1</u> }
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>Feb 21</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|--|------------------------|--|

| | |
|------------------------------------|--|
| FULL NAME <u>Calvin G. McBride</u> | FATHER |
| RESIDENCE <u>Hazelton P.T.D.</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>28</u> (Years) |
| BIRTHPLACE <u>Ido.</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|------------------------------------|--|
| FULL MAIDEN NAME <u>Ruth Poole</u> | MOTHER |
| RESIDENCE <u>same</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>22</u> (Years) |
| BIRTHPLACE <u>Texas</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith M.D.

Given names added from a supplemental report.

Address Burley IdahoFiled Apr. 8 20 E. E. Shuron

Registrar

Registrar

OCT 23 1969

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of.....
County of.....

SS. **DEC 16 1969**

Certificate No. **78208**
Date Filed.....

The undersigned does solemnly swear that certain facts in the certificate of **birth**
for **Baby McBride** who **was born** on **Feb. 21, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **Hazelton, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by..... prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)
Child's name

FROM
(As on Original)
Baby McBride

TO
(The Correct Facts)
Gerald Edward McBride

Subscribed and sworn to before me this **6** day of **Nov**
1969
Louisa Baker

X Signed **C. A. McBride**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Notary Public, residing at **Louisa Baker, Ida**
My commission expires **Jan 1970**
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } SS.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

DEC 29 1969

Cradle Roll Certificate gives name as Gerald Edward McBride born Feb. 21, 1920.
From Baptist Sunday School of Twin Falls, Idaho. Dated Jan. 10, 1923. Signed by
I. H. Masters, Superintendent. Viewed by V. S.

Separation Qualification Record form Army of the United States gives name as
Gerald E. McBride. Date of birth Feb. 21, 1920. Dated Nov. 29, 1945. Viewed by VS

463-206-034-854

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MinidokaCity of RupertRegistration District No. 19File No. 78209

No. _____ St. _____

Primary Registration District No. 2015 Registered No. 54

Hospital _____

FULL NAME OF CHILD Docketader

| | | | | |
|----------------------------|---|--------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and } Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>March 6th 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------|------------------------|--|

| | |
|--------------------------------------|---|
| FULL NAME <u>Oscar E. Docketader</u> | FATHER |
| RESIDENCE <u>Rupert, Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Ethel J. Hess</u> | MOTHER |
| RESIDENCE <u>Rupert, Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Deland Frazier, M.D.

(Physician or midwife)

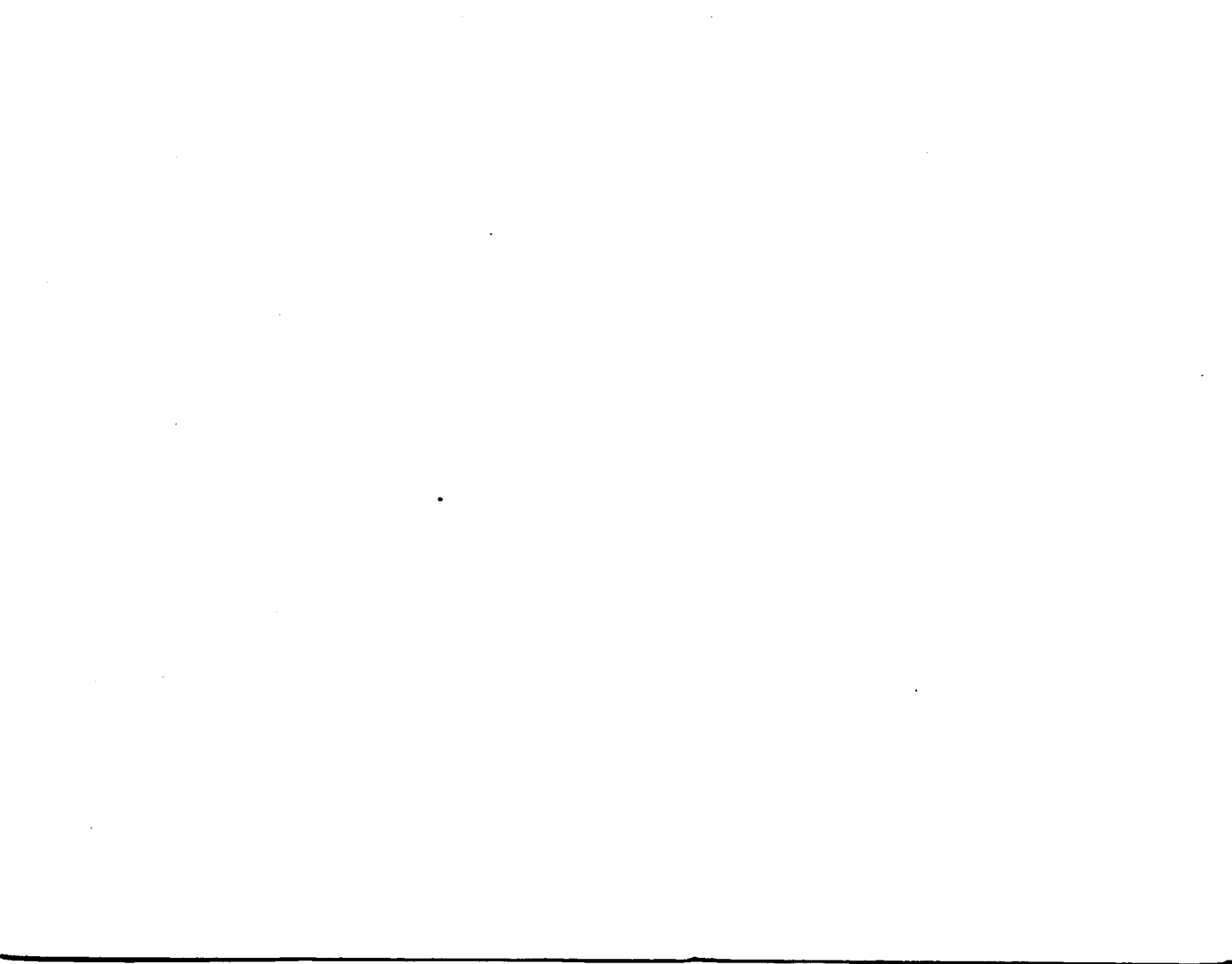
Given names added from a supplemental report.

19

Address Rupert, IdahoFiled Mar 14 1920 E. E. Lunn

Registrar

Registrar



766-122-034-285

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MinidokaCity of RupertRegistration District No. 19File No. 78210

No. _____ St. _____

Primary Registration District No. 2015 Registered No. 53

Hospital _____

FULL NAME OF CHILD Delmont LaVerneSex of Child Male Twin Triplet or other? and Number in order of birth 1
(To be answered only in event of plural births)Legiti-
mate? yesDate of Birth Feb. 22 19 20
(Month) (Day) (Year)

| | | |
|------------|----------------------|----------------------|
| FULL NAME | <u>Frank D. Goff</u> | |
| RESIDENCE | <u>Rupert Idaho</u> | |
| COLOR | AGE AT LAST BIRTHDAY | <u>22</u>
(Years) |
| BIRTHPLACE | <u>Utah</u> | |
| OCCUPATION | <u>Farmer</u> | |

| | | |
|------------------|----------------------------|----------------------|
| FULL MAIDEN NAME | <u>Ola V. Shepherd</u> | |
| RESIDENCE | <u>Rupert, Idaho</u> | |
| COLOR | AGE AT LAST BIRTHDAY | <u>19</u>
(Years) |
| BIRTHPLACE | <u>St. Louis, Missouri</u> | |
| OCCUPATION | <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11⁴⁵ A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Lee and Frazier, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rupert Idaho

Filed

March 6 1920E. D. Elmore

Registrar

Registrar

SEP 25 1947

FEB 25 1947

FEB 09 2012

289-107-035-154

BIRTH

Form V. S. No. 11-C-25m-4-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of *Culdesac*City of *Culdesac*Registration District No. *128*File No. *78211*

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Archie Eugene Shinn

Sex of Child

Male

Twin Triplet or other?

and { Number in order of birth

Legitimate?

yes

Date of Birth

1 7 1920

(Month) (Day) (Year)

FULL NAME

FATHER

Joseph Shinn

FULL MAIDEN NAME

MOTHER

Nora Anderson

RESIDENCE

Culdesac Ida.

RESIDENCE

Culdesac Ida.

COLOR

White

AGE AT LAST BIRTHDAY

44
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

39
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Iowa

OCCUPATION

Common Laborer

OCCUPATION

*Housewife*Number of child of this mother, including present birth *8*Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *7:45 P.* on the date above stated. (Born alive or stillborn) M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

George Gaignard
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Culdesac Idals.

Filed

*Jan 22 1921**George Gaignard M.D.*

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING



219-104-035-958

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-6-6-37

County of Keg. Perce

City of Caldesac

Registration District No. 128

File No. 78212

No. St.

Primary Registration District No. Caldesac & vicinity

Registered No.

Hospital

FULL NAME OF CHILD Eugene Barnes

| | | | |
|--------------------------|--|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>and</u> { Number in order of birth <u>1</u> }
(To be answered only in event of plural births) | Legitimacy? <u>yes</u> | Date of Birth <u>3</u> <u>4</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|---|

FULL NAME D. R. Barnes
FATHER
RESIDENCE Caldesac Ida.
COLOR White AGE AT LAST BIRTHDAY 36
(Years)
BIRTHPLACE Oregon
OCCUPATION Farmer

FULL MAIDEN NAME Marguerita Reynolds
MOTHER
RESIDENCE Caldesac Idaho,
COLOR White AGE AT LAST BIRTHDAY 34
(Years)
BIRTHPLACE Oregon
OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:00 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaumnard
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Caldesac Idaho,
Filed March 20 George Gaumnard M.D.
Registrar

11-2-41

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 4-18-57

PLACE OF BIRTH

757-206-035-236

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Myrtle

No. _____ St. _____

Registration District No. 128

File No. 78213

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD Marcella Evelyn Pearson

(Certificate of no value without full name of child.)

| | | | | |
|----------------------------|---|---|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and {
Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>March 6</u> 192 <u>0</u>
(Month) (Day) (Year) |
|----------------------------|---|---|-----------------------------|---|

What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth... 5 ... Number of children of this mother now living, including present birth... 5 ...

| |
|--|
| FATHER
FULL NAME
<u>Floyd L. Pearson</u> |
| RESIDENCE
<u>Myrtle, Idaho</u> |
| COLOR
<u>White</u> |
| AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE
<u>Washington</u> |
| OCCUPATION
<u>Farmer</u> |

| |
|--|
| MOTHER
FULL MAIDEN NAME
<u>Hattie Storie</u> |
| RESIDENCE
<u>Myrtle, Idaho</u> |
| COLOR
<u>White</u> |
| AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE
<u>Washington</u> |
| OCCUPATION
<u>Housewife</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:45 p. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard, M. D.

(Physician or midwife)

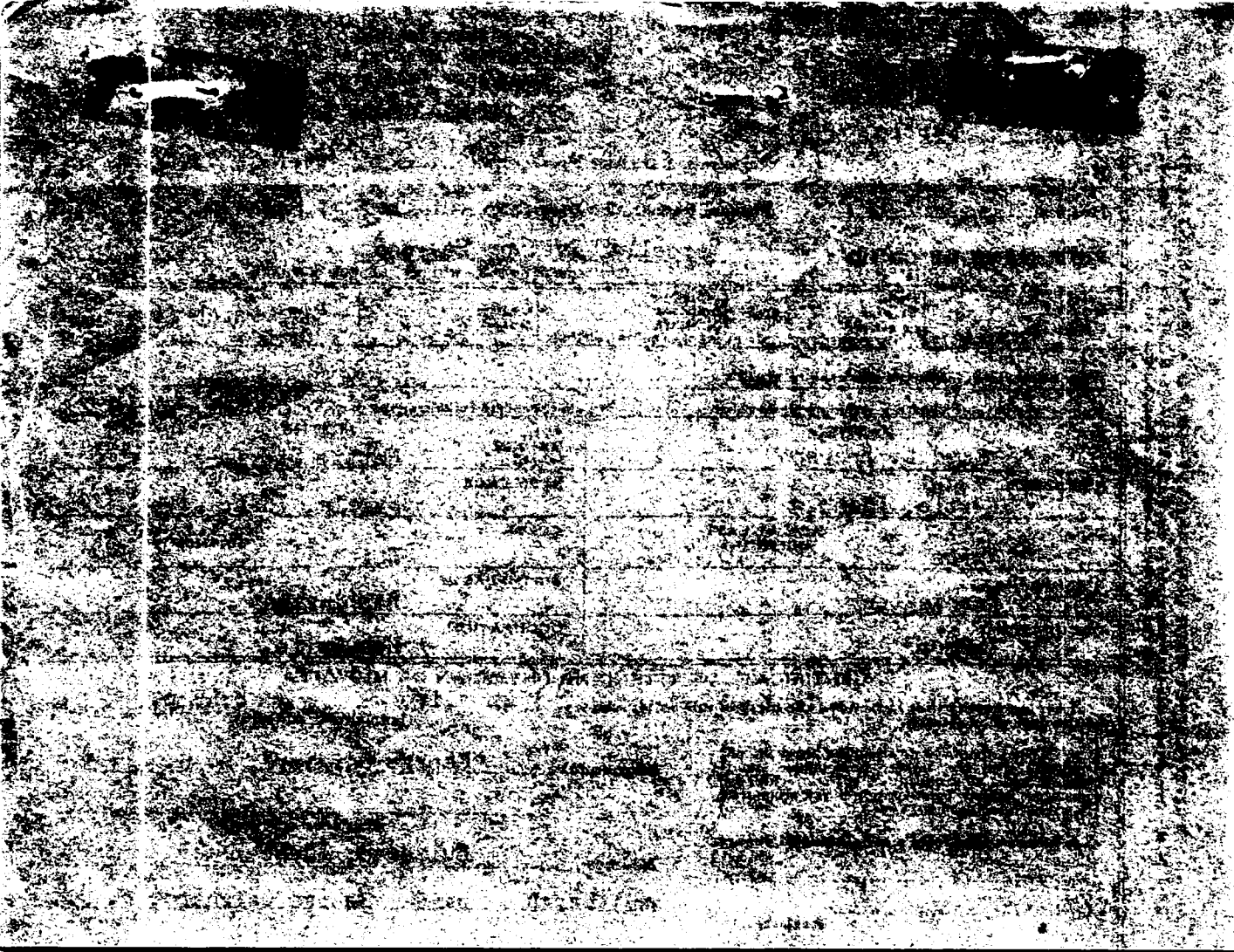
Give names added from a supplemental report.

Address Culdesac, Idaho

Filed March 1920 George Gaignard, M. D.

Registrar.

Registrar.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Multnomah } ss.

Certificate No. 78213

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
for Evelyn Pearson who was born on 3-6-20
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Myrtle are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by [REDACTED] prepared on [REDACTED] are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM 2 Children's birth certs. **TO**
(As on Original) Nov. 15, 1937 (The Correct Facts)
& 12-20-38

Child's Name Evelyn Viewed by V.S. Marcella Evelyn Pearson

Subscribed and sworn to before me this 2 day of

Signed Hattie Pearson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Multnomah County

My commission expires Aug. 18, 1937
(Seal)

1628 S. E. Lake Street, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

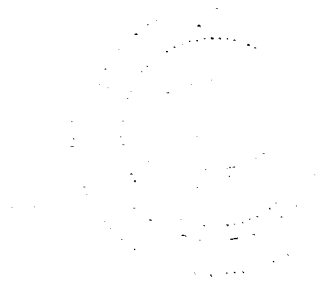
Subscribed and sworn to before me this 25 day of

Signed Virginia A. Johnson
(Signature of Any Credible Person)

Notary Public, residing at Multnomah County

My commission expires Aug. 18, 1937
(Seal)

1610 So. 960 E. Kent, Hood
(Street Address, City, State)



669-108-035-391

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County of My. PerceCity of CaldesacRegistration District No. 128File No. 78214

No. St.

Primary Registration District No. Caldesac & vicinity

Registered No.

Hospital

FULL NAME OF CHILD

Wesley Julian HorboSex of
ChildMaleTwin
Triplet
or other?} and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
Birth3 8 1929
(Month) (Day) (Year)FULL
NAME

FATHER

Hugh HorboFULL
MAIDEN
NAME

MOTHER

Louise Dratz

RESIDENCE

Caldesac Ida.

RESIDENCE

Caldesac Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY28
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Washington

BIRTHPLACE

Wisconsin

OCCUPATION

Merchant

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

George Gaignard
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Caldesac Idaho

Filed

March 19 1929 George Gaignard
Registrar

Registrar

SEP 19 1972

100-100000-100000

413-120-035-747

Form V. S. No. 11-0-25m-6-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Myer PerceCity of CaldwellRegistration District No. 138File No. 78215

No. St.

Primary Registration District No.

Registered No.

Hospital

Caldwell & vicinityFULL NAME OF CHILD Keith Le Claire MaceSex of
ChildMaleTwin
Triplet
or other?{ and { Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?yesDate of
Birth3 20 1920
(Month) (Day) (Year)FULL
NAMEFATHER
Victor Stanley Mace

RESIDENCE

Caldwell Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

Common LaborerFULL
MAIDEN
NAMEMOTHER
Lizzie Pugh

RESIDENCE

Caldwell Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

South Dakota

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:50 P.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

George GaignardPhysicians

(Physician or midwife)

Given names added from a supplemental report.

Address

Caldwell Idaho

Filed

March 20 1920

Registrar

George Gaignard M.D.
RegistrarWRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

AUG 5 1957

395-106-235-814

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78216

County of NezperceCity of JeffordRegistration District No. 92File No. 8

No. _____ St. _____

Primary Registration District No. 2170Registered No. 3

Hospital _____

FULL NAME OF CHILD CARE LOUIS Tiede

| | | | | | |
|--------------------------|--|-----|--------------------------------|---------------------------|--|
| Sex of Child <u>Male</u> | Twins
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legitimate?
<u>yes</u> | Date of Birth
<u>3</u> <u>6</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|--|-----|--------------------------------|---------------------------|--|

FULL NAME FATHER Harman Carl TiedeRESIDENCE Jefford, IdahoCOLOR White AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE NebraskaOCCUPATION RancherFULL MAIDEN NAME MOTHER McCann Jane HarringtonRESIDENCE Jefford, IdahoCOLOR White AGE AT LAST BIRTHDAY 24
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at Jefford,
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Alfred Jones, M.D.

(Physician or midwife)

Given names added from a supplemental report.

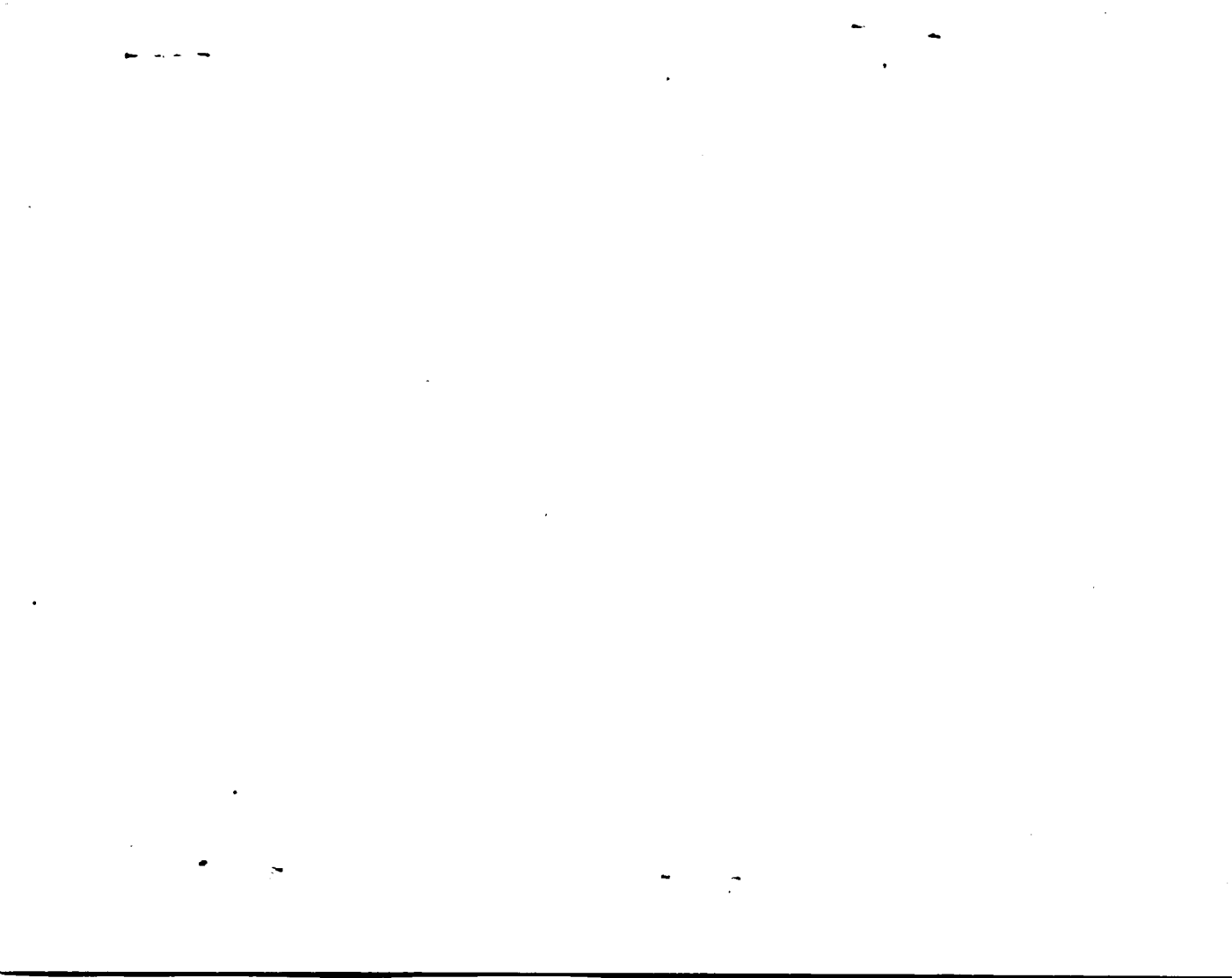
Address Jefford, IdahoFiled 3-8-20 1920 E. E. Watts

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of }
County of } ss.

Certificate No. **78216**
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of
(Birth or death)
for who on
(Name on original certificate) (Was born or died) (Date of event)
in are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by prepared on are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name

Unnamed Tiede

Carl Louis Tiede

Subscribed and sworn to before me this **12th**
day of **Dec**, 19**41**

Signed **Mrs. Helen Jane Tiede**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public residing at **Caldesac Idaho**

My commission expires **Feb 27-1943**
[SEAL]

Caldesac Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19.....

Signed
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at

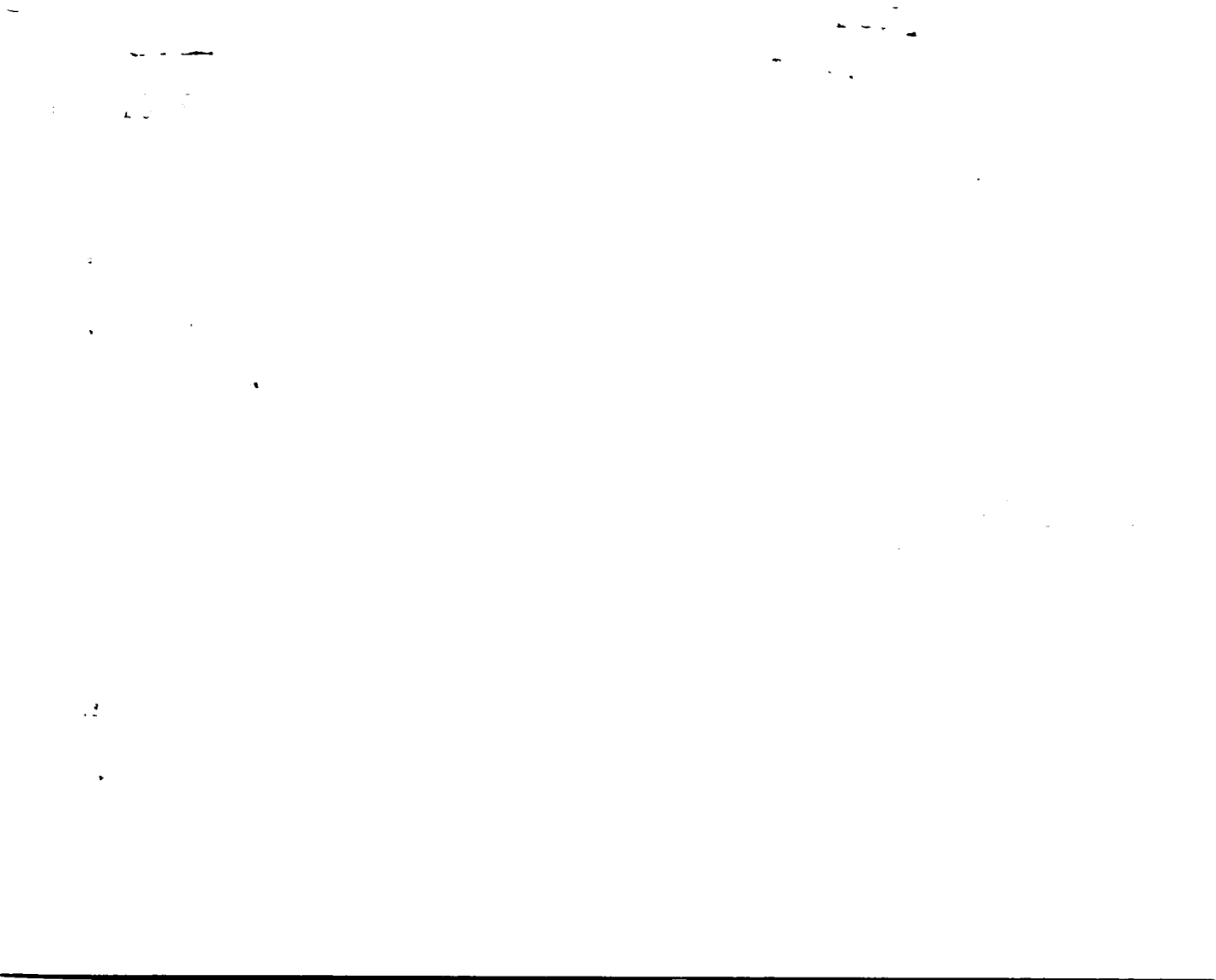
My commission expires
[SEAL]

(Street Address, City, State)

Received for filing on **DEC 15 1941**

By

(Registrar's signature)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-224-035-349
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Nezperce

City of Efford, A. F. D.

Registration District No. 92

File No. 8

78217

No. _____ St. _____

Primary Registration District No. 2170

Registered No. 4

Hospital _____

FULL NAME OF CHILD

Baby Funnell

| | | | | | |
|----------------------------|---|-----|--------------------------------|-------------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate?
<u>yes</u> | Date of
Birth
<u>3</u> <u>24</u> <u>1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|-------------------------------|--|

| | |
|--|--|
| FULL
NAME
<u>John King Funnell</u> | FATHER |
| RESIDENCE
<u>Efford, Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE
<u>Missouri</u> | |
| OCCUPATION
<u>Rancher</u> | |

| | |
|--|--|
| FULL
MAIDEN
NAME
<u>Elizabeth Curry</u> | MOTHER |
| RESIDENCE
<u>Efford, Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>36</u>
(Years) |
| BIRTHPLACE
<u>Kansas</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Th. J. Wood, M. D.
(Physician or midwife)

Given names added from a supplemental report.

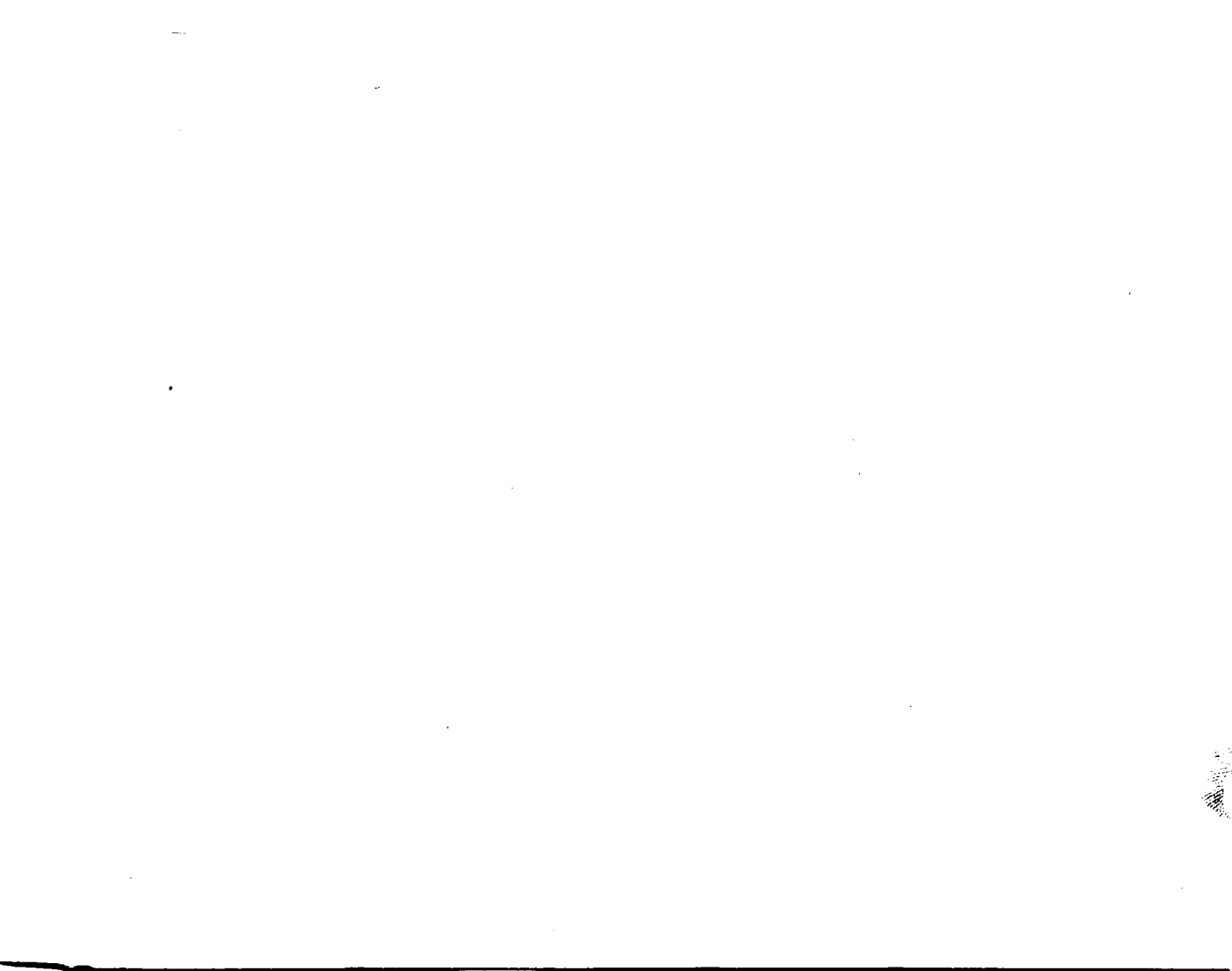
19

Address Reubens, Idaho

Filed 3-26 19 20 E. E. Statts

Registrar

Registrar



244-130-035-466

PLACE OF BIRTH

Name added 7/19/84 1h

Form V. B. No. 11-C-21m-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78218

County of *Key Percus*

City of *Gifford*

Registration District No. *92*

File No. *8*

No. *.....* St. *.....*

Primary Registration District No. *2150*

Registered No. *5*

Hospital *.....*

FULL NAME OF CHILD *Robert Henry Summers*

| | | | |
|-----------------------|---|------------------------|--|
| Sex of Child <i>M</i> | Twin Triplet or other? <i>1</i> } and { Number in order of birth <i>1</i> | Legitimate? <i>yes</i> | Date of Birth <i>3 30 1980</i>
(Month) (Day) (Year) |
|-----------------------|---|------------------------|--|

| | |
|------------------------------|---|
| FULL NAME <i>Lee Summers</i> | FATHER |
| RESIDENCE <i>Gifford</i> | |
| COLOR <i>Wh</i> | AGE AT LAST BIRTHDAY <i>46</i>
(Years) |
| BIRTHPLACE <i>Mo</i> | |
| OCCUPATION <i>farmer</i> | |

| | |
|--|---|
| FULL MAIDEN NAME <i>Elizabeth Dowell</i> | MOTHER |
| RESIDENCE <i>Gifford</i> | |
| COLOR <i>Wh</i> | AGE AT LAST BIRTHDAY <i>36</i>
(Years) |
| BIRTHPLACE <i>Mo</i> | |
| OCCUPATION <i>h wife</i> | |

Number of child of this mother, including present birth *8* Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive*, at *5:30 a* on the date above stated. (Born alive or stillborn)

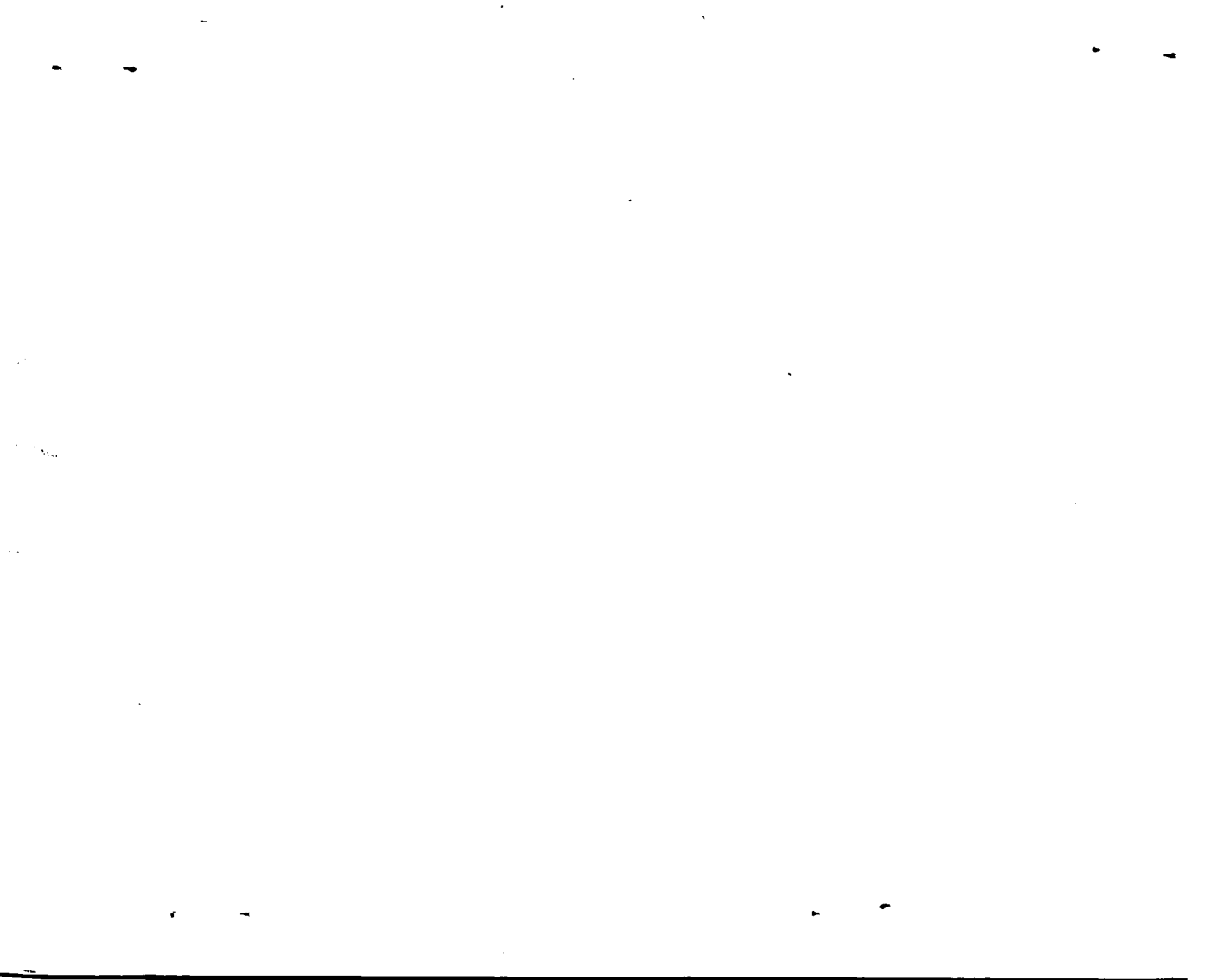
{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. E. Watts*

(Physician or midwife)

Given names added from a supplemental report.

Address *.....*
Filed *3-30* 19*80*
E. E. Watts
Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services
AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATEBUREAU OF
VITAL STATISTICSState of Idaho }
County of Blaine } ss.Certificate No. 78218
Date Filed _____

JUL 19 9 04 AM '84

The undersigned does solemnly swear that certain facts on the certificate of _____ birth

for Henry Summers who was born on March 30, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Gifford, Idaho (Nez Perce) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's nameHenry SummersRobert Henry SummersSubscribed and sworn to before me this 16th day of
July, 1984Notary Public, Patricia KeoughResiding at Leaverton, IdahoMy commission expires appointed for life
(Seal)

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed _____)

(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

JUL 19 1984

Family Record of birth signed by Dr. E. E. Watts gives full name of child as Robert Henry Summers born Mar. 30, 1920 at Gifford, Idaho to Lee Summers and Elisabeth Dowell. Record made at time of birth.
Viewed by V.S.

U.S. Army Separation papers gives name as Robert H. Summers born Mar. 30, 1920.
Date of entry 25 Jun 42; date of separation 6 Nov 45
Viewed by V.S.

415-206-035-249
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-24a-95-17

78219

County of *My. Pexer*City of *Senora*Registration District No. *92*File No. *8*

No. St.

Primary Registration District No. *2170*Registered No. *2*

Hospital

FULL NAME OF CHILD *Shirley Davidson*

| | | | | |
|-----------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <i>5</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <i>yes</i> | Date of Birth <i>3 6 1920</i>
(Month) (Day) (Year) |
|-----------------------|---|--------------------------------------|-----------------------------|---|

| | |
|---------------------------------------|---|
| FULL NAME
<i>Glenn F. Davidson</i> | FATHER |
| RESIDENCE
<i>Senora</i> | |
| COLOR
<i>Wh</i> | AGE AT LAST BIRTHDAY <i>31</i>
(Years) |
| BIRTHPLACE
<i>Mo</i> | |
| OCCUPATION
<i>telegrapher</i> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME
<i>Myra Smith</i> | MOTHER |
| RESIDENCE
<i>Senora</i> | |
| COLOR
<i>Wh</i> | AGE AT LAST BIRTHDAY <i>28</i>
(Years) |
| BIRTHPLACE
<i>It is</i> | |
| OCCUPATION
<i>house</i> | |

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *550 A. M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. E. Watts*

(Physician or midwife)

Given names added from a supplemental report.

Address *19*Filed *3-6-1920* *E. E. Watts*

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-12-41 G. J.

344-106-035-264

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-8-8-17

78220

County of My. PennCity of SouthwickRegistration District No. 92File No. 7

No.St.

Primary Registration District No. 2170Registered No. 49

Hospital

FULL NAME OF CHILD

John Rolland CuddySex of Child maleTwin
Triplet
or other? } and { Number
(To be answered only in event of plural births) in order
of birthLegiti-
mate? yesDate of Birth Feb 6 1920
(Month) (Day) (Year)FULL
NAMECoy A Cuddy

FATHER

RESIDENCE

Southwick Ida

COLOR

whiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL
MAIDEN
NAMEChristina A Southwick

MOTHER

RESIDENCE

Southwick Ida

COLOR

whiteAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 P.M.
on the date above stated. (Born alive or stillborn){ *When there was no attending physician or
midwife then the father, household, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth. }

(Signature)

Russell SmithPhys

(Physician or midwife)

Given names added from a supplemental report.

Address

Southwick Ida

Filed

3-31920E. E. Pratt

Registrar

Registrar

APR 18 1942

249-227-035-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-0-17

County of MyersCity of SouthwickNo. St.Registration District No. 92File No. 7Hospital TERESAPrimary Registration District No. 2170Registered No. 48FULL NAME OF CHILD Jessie Frances Smiley

| | | | | |
|----------------------------|---|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of Birth <u>Jan 27</u> 19 <u>26</u>
(Month) (Day) (Year) |
|----------------------------|---|---|------------------------|--|

| | |
|---------------------------------|--|
| FULL NAME <u>Patrick Smiley</u> | FATHER |
| RESIDENCE <u>Southwick Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>34</u> (Years) |
| BIRTHPLACE <u>Canada</u> | |
| OCCUPATION <u>mill worker</u> | |

| | |
|--|--|
| FULL MAIDEN NAME <u>Mae L Thompson</u> | MOTHER |
| RESIDENCE <u>Southwick Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>25</u> (Years) |
| BIRTHPLACE <u>Mich</u> | |
| OCCUPATION <u>Wife</u> | |

Number of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at (O.P.) M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

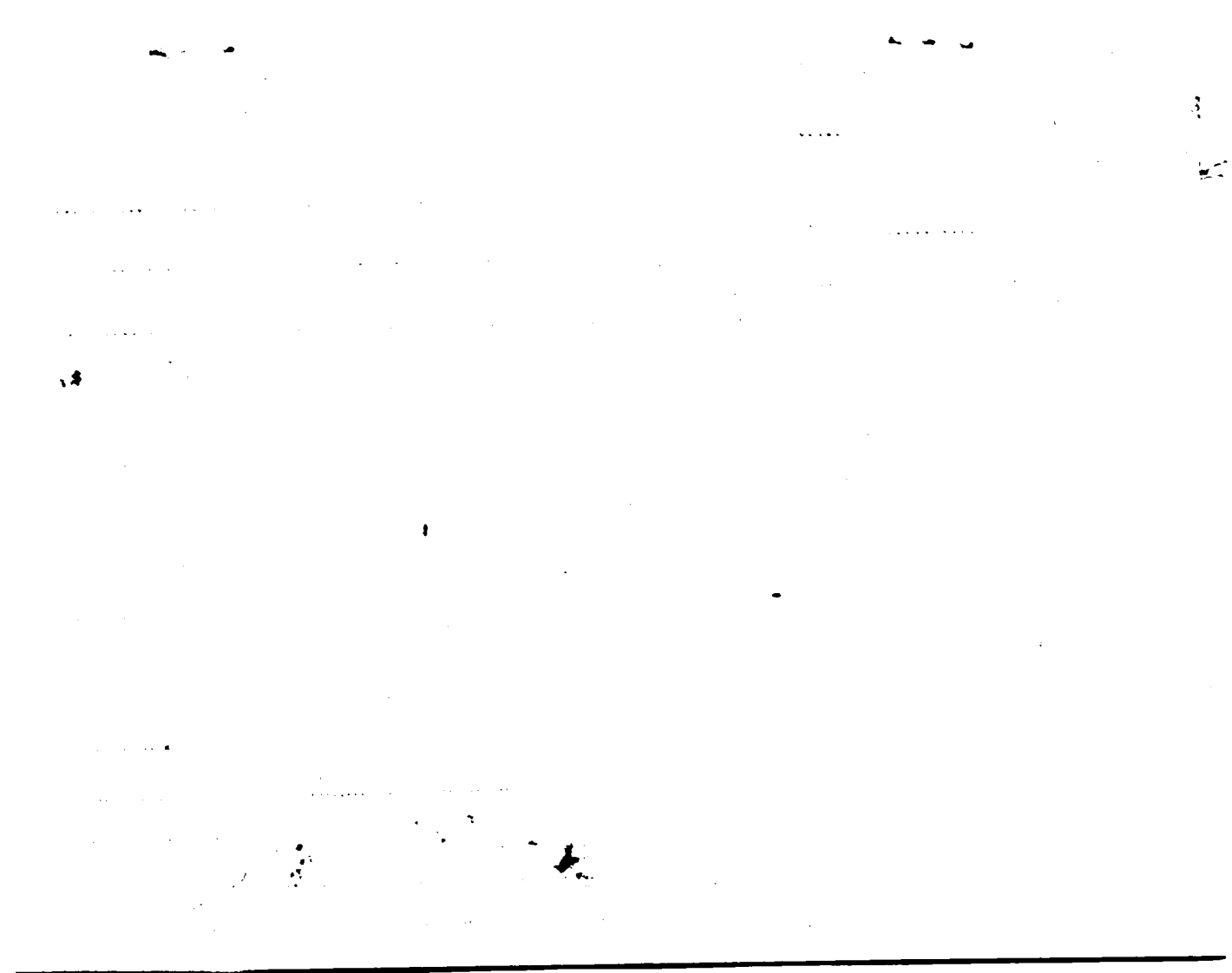
(Signature) Russell Pruitt

Given names added from a supplemental report.

Address Southwick IdahoFiled 3-5-26 E E Watts

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 78221

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for Theresa Frances Smiley who _____ on Jan 27 - 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Southwicks, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
(Name, Birth Date, Cause of Death, Etc.)FROM
(As on Original)TO
(The Correct Facts)

Name

Tessia

Theresa Frances Smiley

Subscribed and sworn to before me this 29th
day of May, 19 42

(Notary Public, residing at Bovill Idaho)

My commission expires July 1st 1942.
(Seal)

Signed Patrick Smiley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bovill Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of May, 19 42

(Notary Public, residing at Bovill Idaho)

My commission expires July 1st 1942.
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed O. F. Renner
(Signature of Any Credible Person Other Than Previous Year)

BOVILL IDAHO.

(Street Address, City, State)

JUN 8 1943

249-120-035-314

PLACE OF BIRTH

County of My PerceCity of Southwick

No. St.

Hospital

FULL NAME OF CHILD

Albert Elias Smith

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

78222

Registration District No. 92File No. 8Primary Registration District No. 2170Registered No. 1

Sex of Child male Twin Triplet or other? 1 } and { Number in order of birth 1 Legitimate? Yes Date of Birth Feb. 20 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Jerome E. Smith
RESIDENCE Southwick Idaho
COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Nebraska
OCCUPATION Mill worker

MOTHER
FULL MAIDEN NAME Bernice H. Leamb
RESIDENCE Southwick Ida
COLOR White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Kansas
OCCUPATION Housewife

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tawitt

Given names added from a supplemental report.

Address Southwick Ida
3-51 1920
Registrar E. E. Watts

Registrar

Registrar

FEB 15 1950

MAR 17 1960

795-103-035-365

PLACE OF BIRTH

County of NevadaCity of LewistonNo. 314 - 3rd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-28m-3-37

Registration District No. 96File No. 78225Primary Registration District No. 1009Registered No. 476FULL NAME OF CHILD Franklin Eugene Pierce

| | | | |
|--------------------------|--|------------------------|---|
| Sex of Child <u>male</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimate? <u>Yes</u> | Date of Birth <u>Mar-3-1920</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|---|

| | |
|------------------------------------|--|
| FULL NAME <u>William N. Pierce</u> | FATHER |
| RESIDENCE <u>Lewiston, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>36</u> (Years) |
| BIRTHPLACE <u>Mass</u> | |
| OCCUPATION <u>Musician</u> | |

| | |
|--------------------------------------|--|
| FULL MAIDEN NAME <u>Mary J. Love</u> | MOTHER |
| RESIDENCE <u>Lewiston, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>34</u> (Years) |
| BIRTHPLACE <u>Wis</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

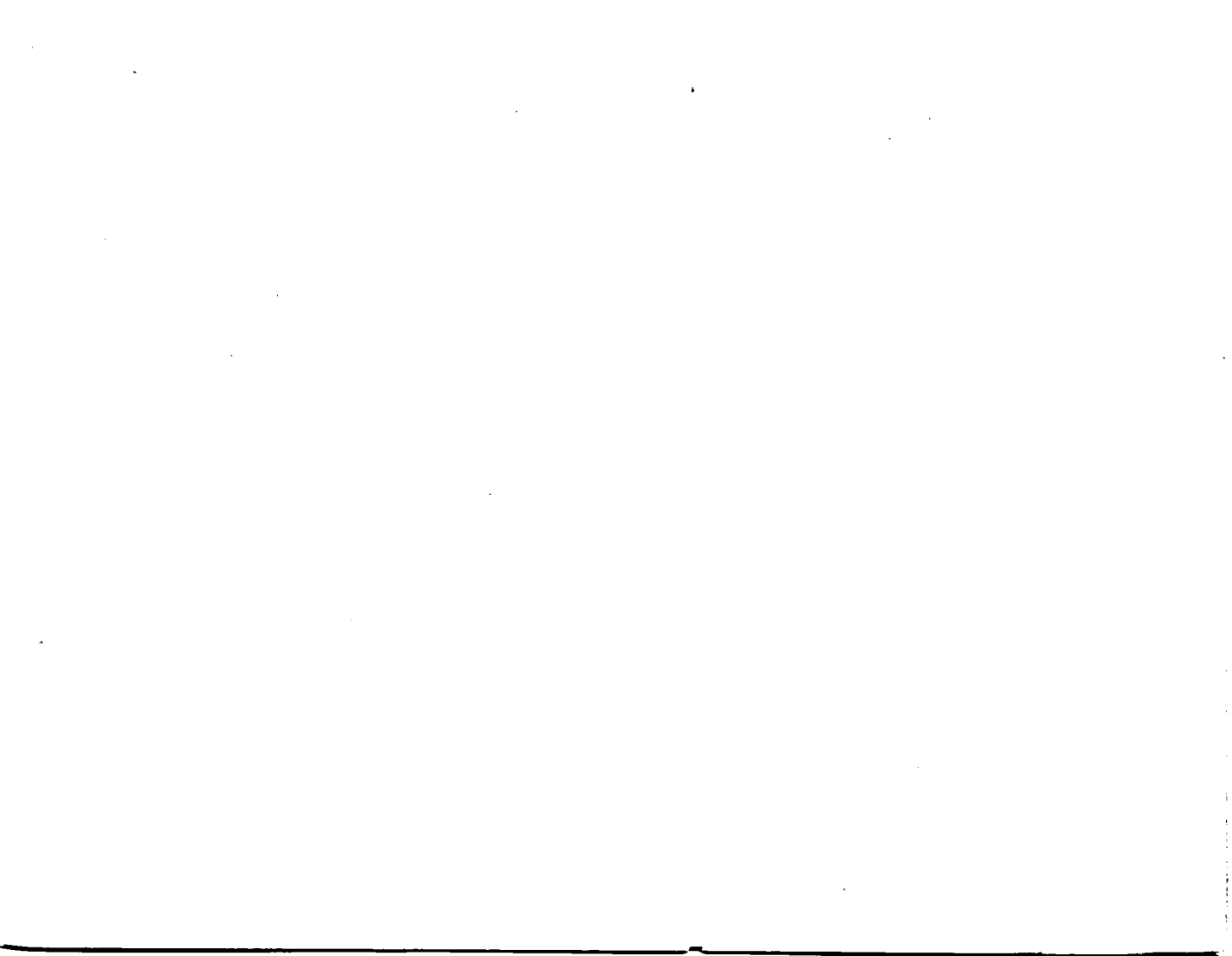
I hereby certify that I attended the birth of this child, who was at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Born alive or stillborn) (Signature) Paul W. Johnson

Given names added from a supplemental report.

Address Lewiston, IdahoFiled April 10 1920 Ernest E. Bruce Registrar



863-104-035-296

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

County of NipperleeCity of LewistonRegistration District No. 96File No. 78.226No. St.Primary Registration District No. 1009Registered No. 422Hospital St. Joseph'sFULL NAME OF CHILD Robert Eugene Holmes

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of
Birth <u>Mar. 4 - 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|---|

| | |
|-----------------------------------|---|
| FULL NAME <u>Ernest E. Holmes</u> | FATHER |
| RESIDENCE <u>Lewiston, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Ohio</u> | |
| OCCUPATION <u>Teacher</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>E. Grace Brown</u> | MOTHER |
| RESIDENCE <u>Lewiston, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) |
| BIRTHPLACE <u>Illinois</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

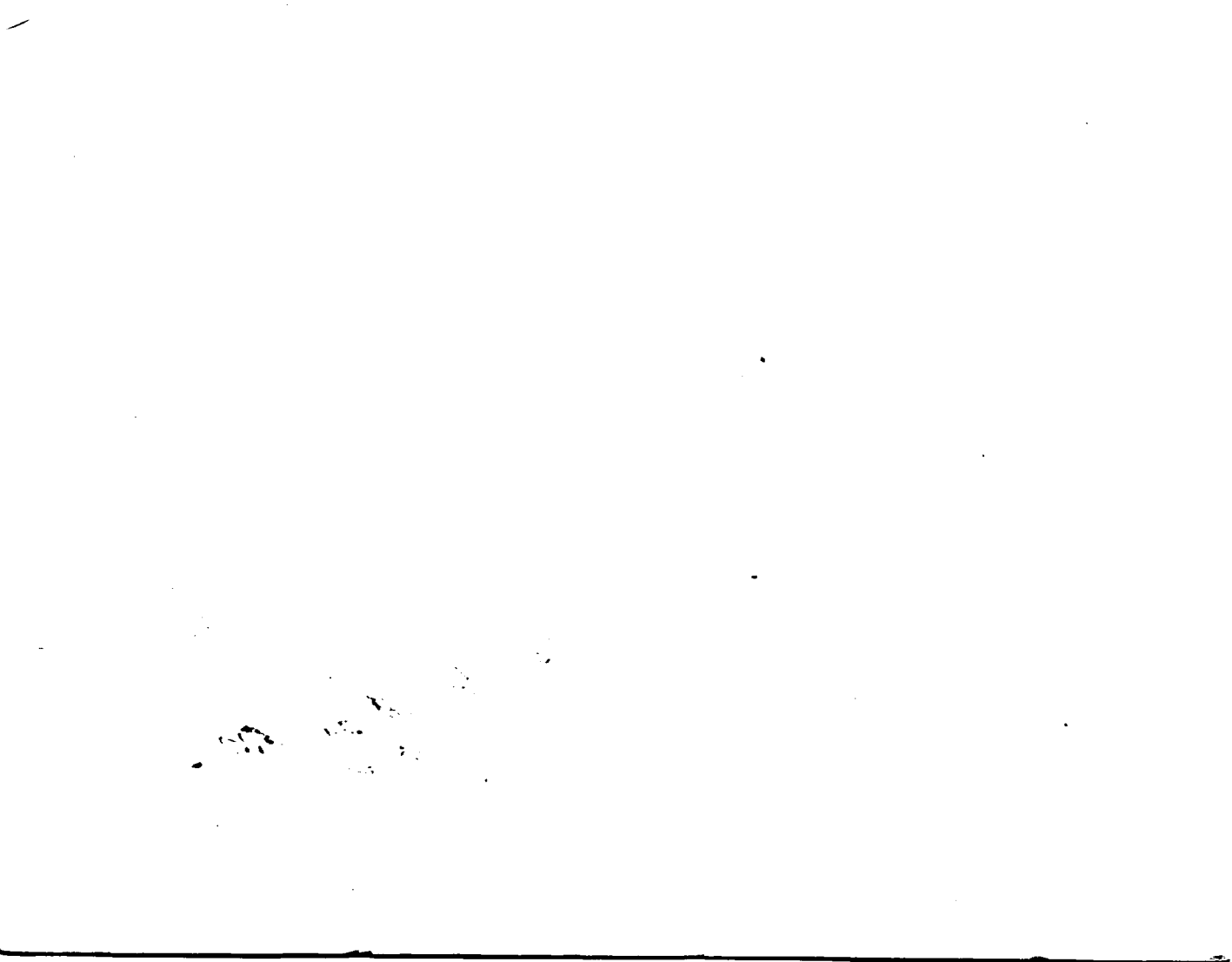
I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson
(Born alive or stillborn) at 7:30 P.M.

Given names added from a supplemental report.

Address Lewiston, IdahoFiled Apr 16 1920 Asa E. Bruce
Registrar



691-105-036-319

PLACE OF BIRTH

County of NimbleCity of LewistonNo. 422-17th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-37

CERTIFICATE OF BIRTH

Registration District No. 96File No. 78227Primary Registration District No. 1029Registered No. 423

FULL NAME OF CHILD

Trager

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>Mar 5-1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|---|

| | |
|----------------------|----------------------|
| FULL NAME | FATHER |
| <u>George Trager</u> | |
| RESIDENCE | |
| <u>Gifford Idaho</u> | |
| COLOR | AGE AT LAST BIRTHDAY |
| <u>white</u> | <u>47</u> (Years) |
| BIRTHPLACE | |
| <u>Idaho</u> | |
| OCCUPATION | |
| <u>Farmer</u> | |

| | |
|----------------------|----------------------|
| FULL MAIDEN NAME | MOTHER |
| <u>Dora Carter</u> | |
| RESIDENCE | |
| <u>Gifford Idaho</u> | |
| COLOR | AGE AT LAST BIRTHDAY |
| <u>white</u> | <u>40</u> (Years) |
| BIRTHPLACE | |
| <u>West Virginia</u> | |
| OCCUPATION | |
| <u>Housewife</u> | |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) E. Y. Broadbent

(Born alive or stillborn)

(Physician or midwife)

Address Lewiston, IdahoFiled Apr 12 1920 Ann E. Bruce

Registrar

Registrar

DUP OF 1920-40593/

218-104-035-553
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-17

County of Nez PerceCity of LewistonRegistration District No. 96File No. 78228No. St. Primary Registration District No. 1009Registered No. 424Hospital

FULL NAME OF CHILD

Wilfred Eugene SayresSex of
ChildMaleTwin
Triplet
or other?

and

Number
in order
of birthXLegiti-
mate?yesDate of
Birth361920

(Month) (Day) (Year)

FULL
NAMEW. E. Sayres

RESIDENCE

Rubens Idaho.

COLOR

White

AGE AT LAST

43
(Years)

BIRTHPLACE

Idaho.

OCCUPATION

ClerkFULL
MAIDEN
NAMEFloa Nelson

RESIDENCE

Rubens Idaho.

COLOR

White

AGE AT LAST

23
(Years)

BIRTHPLACE

Idaho.

OCCUPATION

H. W.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 8 A M.
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Edgar T. White M.D.R. C. Purley, Jr.
(Physician or midwife)

Given names added from a supplemental report.

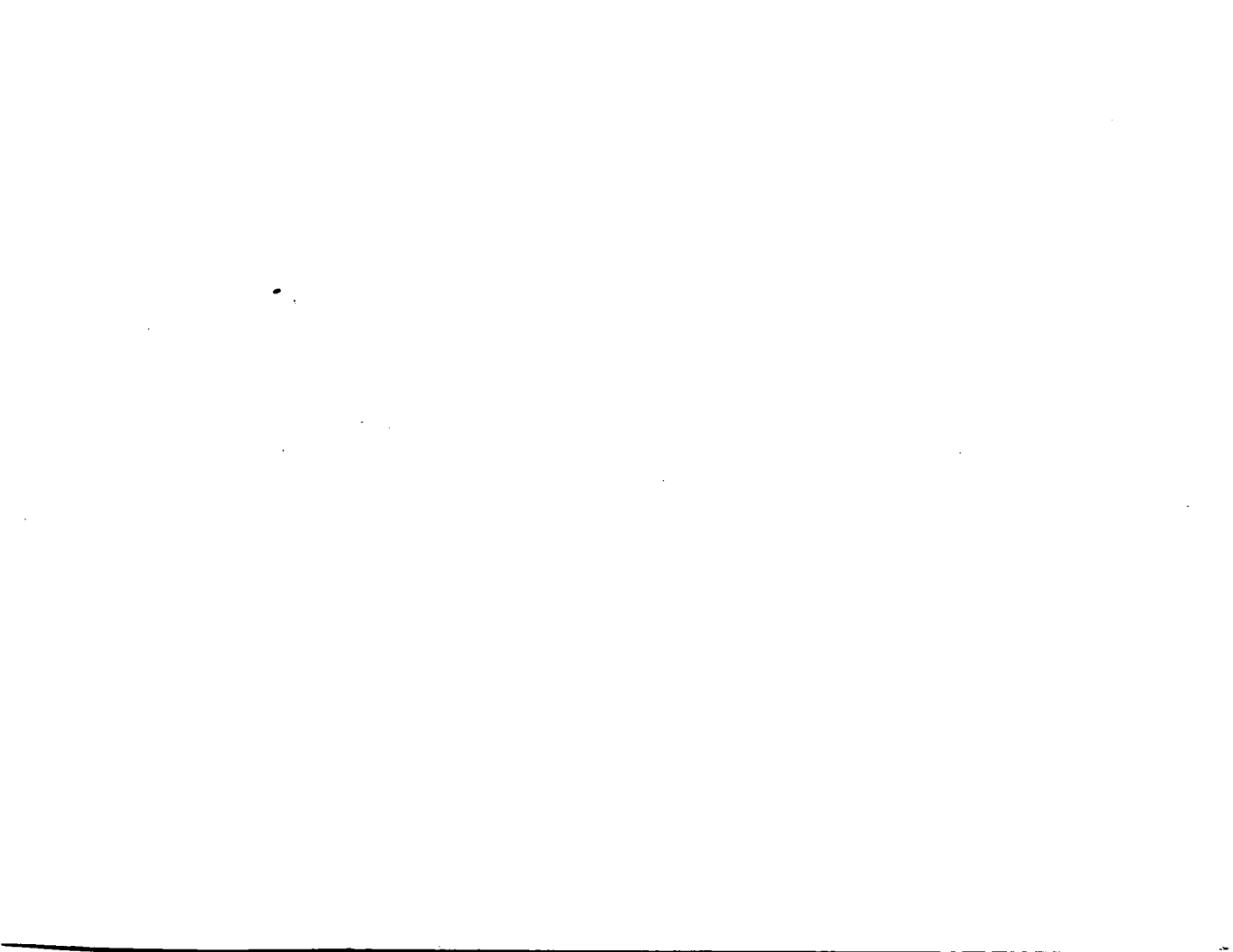
Address

Filed Apr 12 1920Asa E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORDN. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-208-035-719
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Nespeque

City of Lewiston

Registration District No. 96

File No. 78229

No. _____ St.

Primary Registration District No. 1009

Registered No. 425-

Hospital 24th & 8th Ave.

FULL NAME OF CHILD Hallie Evelyn Warren

| | | | | |
|----------------------------|---|--|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>3-8-1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--|-----------------------------|---|

FATHER
FULL NAME A. E. Warren
RESIDENCE Lewiston
COLOR White AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Canada
OCCUPATION Painter

MOTHER
FULL MAIDEN NAME Anna Gardner
RESIDENCE Lewiston
COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Utah
OCCUPATION House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4:40 M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilbur Z. Mc Mahan M. B.

Given names added from a supplemental report.

(Physician or midwife)
Address Lewiston, Ida.

Filed Apr 10 1920 Arnan E Bruce

1000 0 100

五

751-208-035-285
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Nesperce

City of Lewiston

No. 1318-F St.

Registration District No. 96

File No. 78230

Primary Registration District No. 1009

Registered No. 426

Hospital _____

FULL NAME OF CHILD _____

Sylvia Marie Pearsall

| | | | | |
|-----------------------|---|--------------------------------|------------------------|---|
| Sex of Child <u>F</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>3-8-1920</u>
(Month) (Day) (Year) |
|-----------------------|---|--------------------------------|------------------------|---|

FATHER
FULL NAME Fred E. Pearsall
RESIDENCE Lewiston
COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Calo.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Marguerite Belle S. Leato
RESIDENCE Lewiston
COLOR White AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Calo.
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 9 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

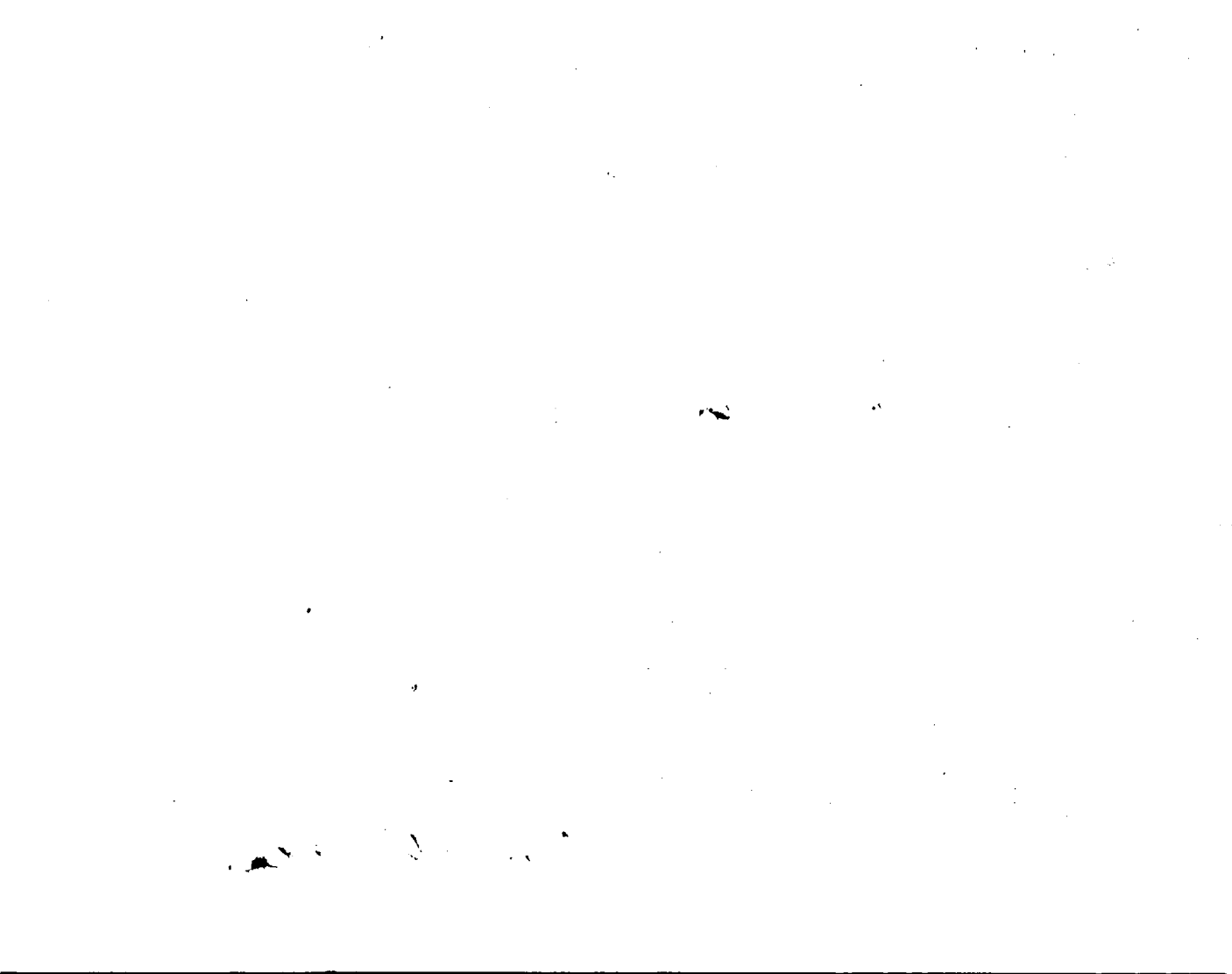
(Signature) Wilber F. Mc Mahan

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston, Ida.

Filed Apr 10 1920 Anna E. Bruce



713-208-035-295
PLACE OF BIRTHCounty of *Key Perce*City of *Lewiston*

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 95

File No. 78231

Primary Registration District No. 1009

Registered No. 427

| | | | | |
|----------------------------|---------------------------------|---|------------------------|---|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>X</i> | and { Number in order of birth <i>1</i> | Legitimate? <i>yes</i> | Date of Birth <i>3-8-20</i>
(Month) (Day) (Year) |
|----------------------------|---------------------------------|---|------------------------|---|

| | |
|----------------------------------|---|
| FULL NAME <i>Hollis Packwood</i> | FATHER |
| RESIDENCE <i>Naha</i> | |
| COLOR <i>W</i> | AGE AT LAST BIRTHDAY <i>42</i>
(Years) |
| BIRTHPLACE <i>Wash</i> | |
| OCCUPATION <i>Rancher</i> | |

| | |
|-------------------------------------|---|
| FULL MAIDEN NAME <i>Bessie King</i> | MOTHER |
| RESIDENCE <i>Naha</i> | |
| COLOR <i>W</i> | AGE AT LAST BIRTHDAY <i>30</i>
(Years) |
| BIRTHPLACE <i>Mo</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth 1
Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at *8 P* M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. E. Brain M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address

Asotin Wash.
(Physician or midwife)

Registrar

Filed *Apr 10 1920*
Susan E. Bruce
Registrar

JUL 12 1954

JUL 24 1975

DECEASED

863-113-035-713

PLACE OF BIRTH

County of Myer PerceCity of Leviston

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 95

File No. 78232

Primary Registration District No. 1009

Registered No. 428

ODIS MAX Halsey

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>and</u> { Number in order of birth }
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>3 13 20</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

| |
|--|
| FULL NAME <u>Walter</u> FATHER <u>Halsey</u> |
| RESIDENCE <u>Waha, Idaho</u> |
| COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>31</u>
(Years) |
| BIRTHPLACE <u>Virginia</u> |
| OCCUPATION <u>Rancher</u> |

| |
|--|
| FULL MAIDEN NAME <u>Ruby</u> MOTHER <u>Packwood</u> |
| RESIDENCE <u>Waha, Idaho</u> |
| COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE <u>Wash</u> |
| OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 130 A M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

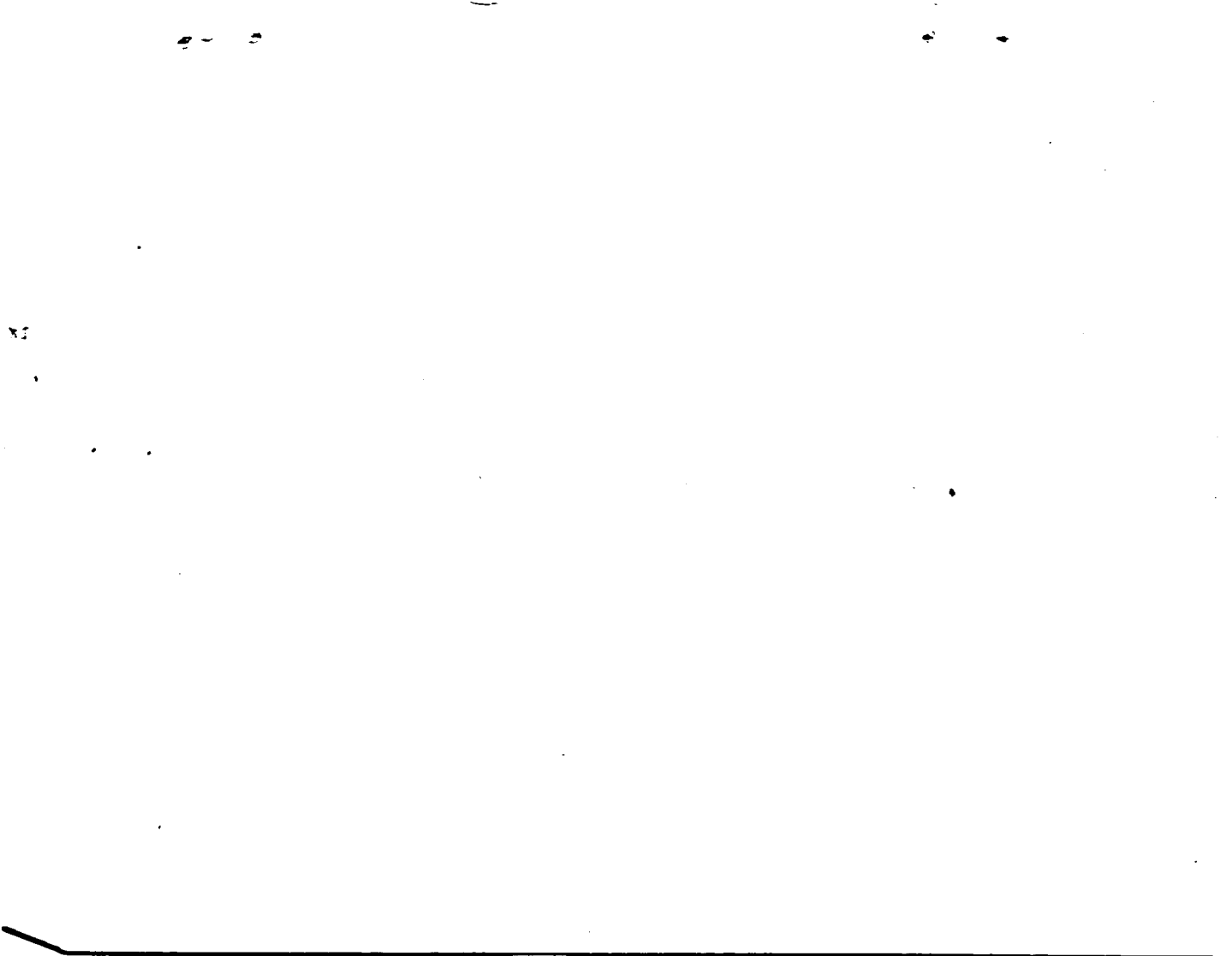
(Signature) J. McElvain M.D.(Physician or midwife) Doctur

Given names added from a supplemental report.

Address WahaFiled Apr 10 1920 Brian E. Bruce

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of NezPerce } ss.

Certificate No. 78232

Date Filed APR 8 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Halsey (unnamed) who Born on 3-13-20
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Father prepared on 4-6-42, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM
(AS ON ORIGINAL)

TO
(THE CORRECT FACTS)

name

unnamed Halsey

Odin Max Halsey

Subscribed and sworn to before me this 6
day of April, 1942.

[Signature]
Notary Public, residing at Culdesac

My commission expires Feb. 27, 1943
(SEAL)

Signed

[Signature: Walter L. Halsey]
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Culdesac, Idaho, Father

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of NezPerce } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of April, 1942.

[Signature]
Notary Public, residing at Culdesac

My commission expires Feb. 27th, 1943
(SEAL)

Signed

[Signature: Carl Ross]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Culdesac, Idaho.

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

APR 9 1942

695-211-035-964
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-4-4-47

CERTIFICATE OF BIRTH

County of... NevadaCity of... LewistonRegistration District No. 96File No. 78233No. St.Primary Registration District No. 1.0.2.9Registered No. 4.2.9Hospital St. Joseph'sFULL NAME OF CHILD Edna Mary FrederickFrederick

| | | | |
|----------------------------|--|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimate? <u>Yes</u> | Date of Birth <u>Mar. 11 - 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|---|

| | |
|-------------------------------------|---|
| FULL NAME <u>Frank P. Frederick</u> | FATHER |
| RESIDENCE <u>Cottonwood, Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--------------------------------------|---|
| FULL MAIDEN NAME <u>Agnes Godrow</u> | MOTHER |
| RESIDENCE <u>Cottonwood, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... 3 P... at... 3 P... M. on the date above stated.

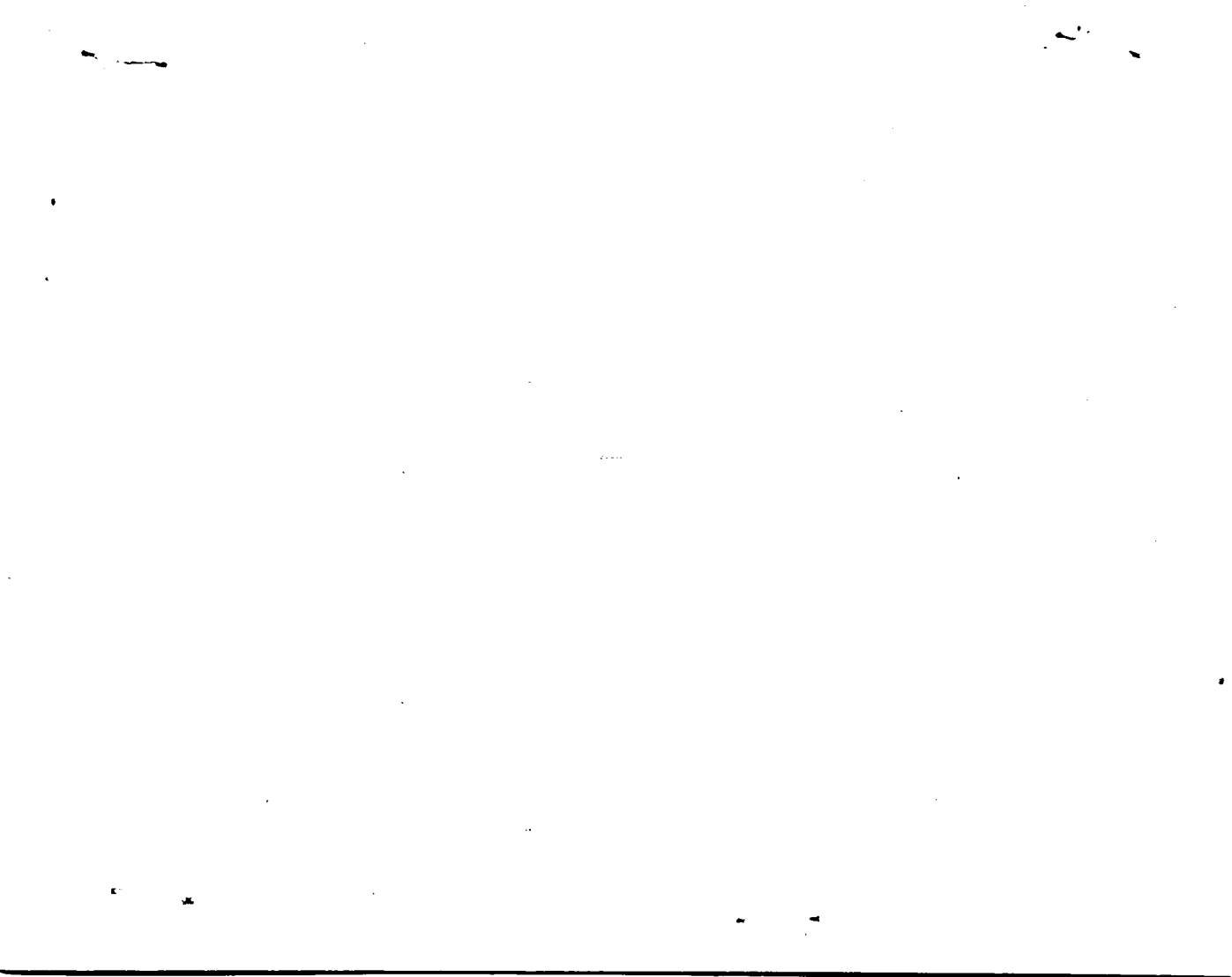
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer Braddock (Born alive or stillborn)

Given names added from a supplemental report.

Address Lewiston, Idaho (Physician or midwife)

Filed Apr 10 1920 Anna E. Brine Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Idaho } SS.

Certificate No. 78233
Date Filed APR 17 1942

The undersigned does solemnly swear that certain facts on the certificate of
for Edna Mary Frederick who was born on March 11-1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Twister Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by file record prepared on March 11-1920, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
name ~~Ignace Godrow~~ unnamed Frederick Edna Mary Frederick
name of father Frank R. Frederick Frank R. Frederick

Subscribed and sworn to before me this 15th
day of April, 1942

Signed Agnes Godrow Frederick

(SIGNATURE OF AGENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at

JUSTICE OF THE PEACE

Ferdinand Idaho

My commission expires (SEAL)

Cottonwood Precinct, Idaho County, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Idaho } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of April, 1942

Signed Frank R. Frederick
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

JUSTICE OF THE PEACE

Ferdinand Idaho

My commission expires (SEAL)

Cottonwood Precinct, Idaho County, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

[APR 20 1942

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

138-116-035-653
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-M-33-17

County of Pres. Pers.

City of Twistars

Registration District No. 96

File No. 78234

No. St.

Primary Registration District No. 1009

Registered No. 430

Hospital

Jackson

FULL NAME OF CHILD

James Rodney Keep

| | | | | |
|---|---------------------------------|---|-----------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>X</u> | and (Number in order of birth) <u>X</u> | Legitimate? <u>ye</u> | Date of Birth <u>3-16-1920</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | |

| | |
|---------------------------------|---|
| FULL NAME <u>FLOYD J. Keep</u> | FATHER |
| RESIDENCE <u>Twistars Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) |
| BIRTHPLACE <u>Ohio</u> | |
| OCCUPATION <u>Mgr. Light Co</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Hymietta Welch</u> | MOTHER |
| RESIDENCE <u>Twistars Ida</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) |
| BIRTHPLACE <u>Ill.</u> | |
| OCCUPATION <u>H.W.</u> | |

Number of child of this mother, including present birth. 4 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at S. P. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Edgar J. White M.D.
R. H. C. Pauley Sec.
(Physician or midwife)

Given names added from a supplemental report.

Address

..... 19

Filed 10 Apr 19 20

Registrar

Wm. E. Bruce
Registrar

JUN 3 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
 City & County of San Francisco } ss.

Certificate No. 98234

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of
 for James Roderick Kess who was Born on 3-15-1920
 (Name on Original Certificate) (Was Born ~~as~~ Birth) (Date of Event)
 in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)
 true facts are shown by Insurance Policy prepared on March 11 - 1941, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
NAME James Roderick Kess James Jackson Kess
Date of Birth March 15 1920 March 16 1920

Subscribed and sworn to before me this 8th
 day of June, 19 43
James B. Townsend
 Notary Public, residing at San Francisco
 My commission expires Dec. 23rd. 1946
 (Seal)

Signed Philip J. Kess (Father)
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
361 Hazelwood Ave, San Francisco, Calif.
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
 City and County of San Francisco } ss.

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
 day of June, 19 43
James B. Townsend
 Notary Public, residing at San Francisco
 My commission expires Dec. 23rd. 1946
 (Seal)

Signed Mrs. Gladys Crocker
 (Signature of Any Credible Person Other Than Previous Year)
64 Monterey Blvd.
 (Street Address, City, State)
San Francisco, Calif.

JUN 10 1943

JUN 6 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of: Idaho } ss. Certificate No. _____
County of: Nez Perce } Date Filed: _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for James Roderick Keys who was born March 15, 1953
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Navy Enlistment papers prepared on 1941, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED | FROM | TO |
|--|----------------------------|---------------------------|
| ("Name," "Birth Date," "Cause of Death," Etc.) | (As on Original) | (The Correct Facts) |
| Name <u>James Roderick Keys</u> | <u>James Roderick Keys</u> | <u>James Jackson Keys</u> |
| Date of birth <u>March 15, 1920</u> | <u>March 15, 1920</u> | <u>March 16, 1920</u> |

Subscribed and sworn to before me this 14th day of July 1953

John J. Thompson
Notary Public, residing at Lewiston, Idaho
My commission expires Oct 21, 1956
(Seal)

Signed Floyd X. Keys
(Signature of parent or attendant correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1139-14 Ave Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of: Idaho } ss.
County of: Nez Perce }

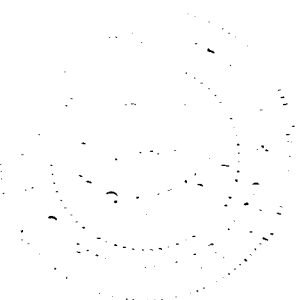
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of July 1953

John J. Thompson
Notary Public, residing at Lewiston, Idaho
My commission expires Oct 21, 1956
(Seal)

Signed Mrs. V. N. Thompson
(Signature of Any Credible Person)
1139-14 Ave Lewiston, Idaho
(Street Address, City, State)

JUL 16 1953



546-116-035-231
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-Mm-2-27

County of NezperceCity of LewistonRegistration District No. 96File No. 78235

No. St.

Primary Registration District No. 1009Registered No. 431

Hospital

FULL NAME OF CHILD Richard Andy Edwards

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? <u>and</u> (Number in order of birth) | Legitimate? <u>Yes</u> | Date of Birth <u>3-16-20</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

| | |
|----------------------------------|---|
| FULL NAME <u>Geo. J. Edwards</u> | FATHER |
| RESIDENCE <u>Lewiston Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE <u>Arkansas</u> | |
| OCCUPATION <u>Auto Salesman</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Myrtle Blackburn</u> | MOTHER |
| RESIDENCE <u>Lewiston Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE <u>Missouri</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated. (Born alive or stillborn) at 1:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Garrett E. Bruce

Given names added from a supplemental report.

Address Lewiston, IdahoFiled Apr. 10 1920 Bruce E. Bruce
Registrar

OCT 8 1974

SEP 21 1974

419-218-035-465

PLACE OF BIRTH

County of NipperCity of LeurstownNo. Cor. P. H. Ave. & 8th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 78236Primary Registration District No. 1009 Registered No. 432FULL NAME OF CHILD HELEN GRACE Darling

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of
Birth <u>3-18-1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|---|

| | | | |
|--------------------------------------|---|---|---|
| FULL NAME
<u>C. O. Darling</u> | FATHER | FULL MAIDEN NAME
<u>Lillian Montgomery</u> | MOTHER |
| RESIDENCE
<u>Leurstown, Idaho</u> | | RESIDENCE
<u>Leurstown, Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) | COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) |
| BIRTHPLACE
<u>Washington</u> | | BIRTHPLACE
<u>Kansas</u> | |
| OCCUPATION
<u>Barber</u> | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 3:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

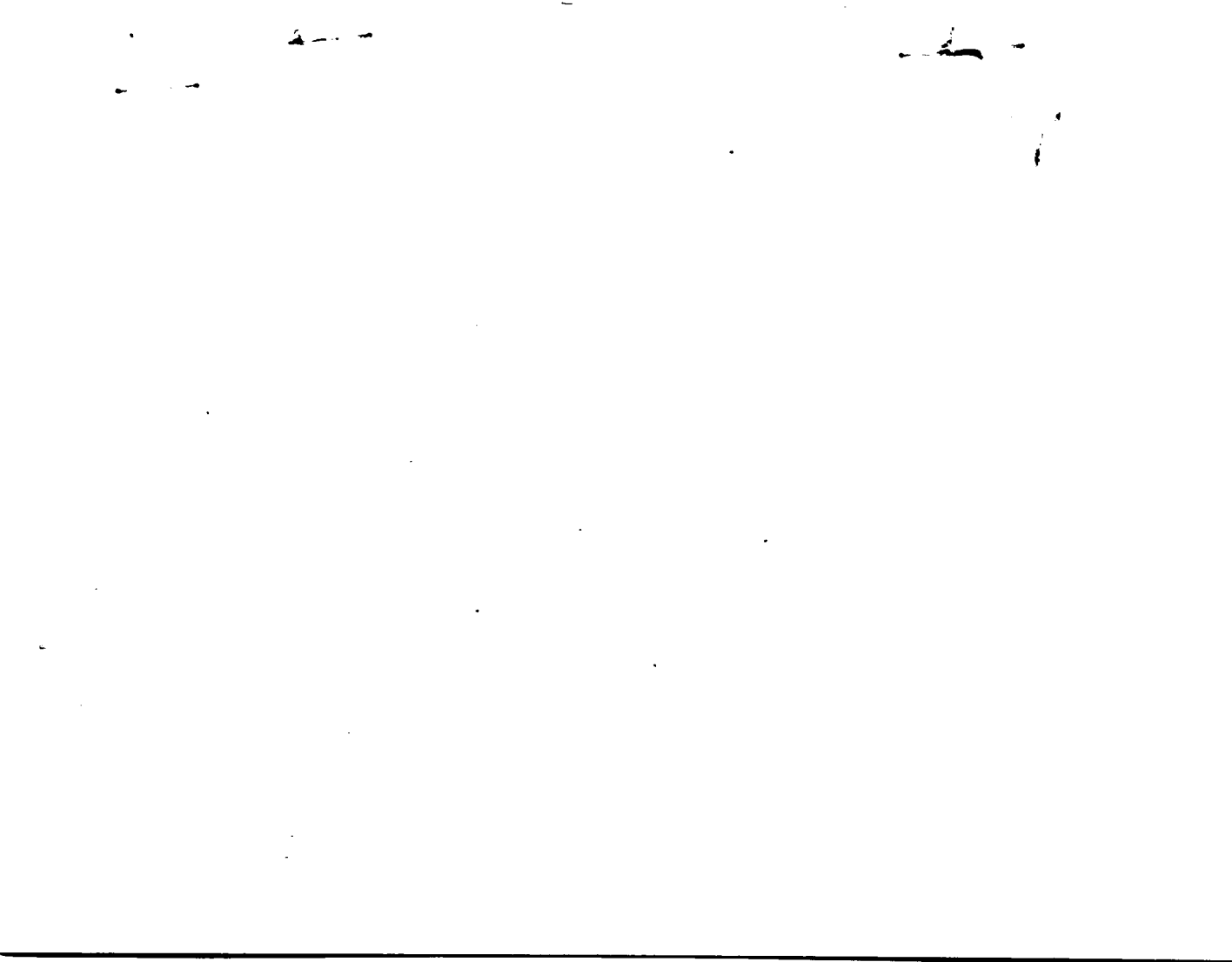
(Signature) John H. Alley
.....
(Physician or midwife)

Given names added from a supplemental report.

Address Leurstown, IdahoFiled Apr 10 1920 Wm E Bane

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whitman } ss.

Certificate No. 78236

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed who was born on March 18, 1920
(Name on Original Certificate) (Birth or Death)
in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) (Was Born or Died) (Date of Event)
true facts are shown by mother prepared on March 18th, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED | | FROM | TO |
|--|--------------------|--------------------|----------------------------|
| ("Name", "Birth Date", "Cause of Death", Etc.) | | (As on Original) | (The Correct Facts) |
| Name | <u>Unnamed</u> | <u>Unnamed</u> | <u>Helen Grace Darling</u> |
| Date | <u>March 117th</u> | <u>March 117th</u> | <u>March 18th, 1920</u> |

Subscribed and sworn to before me this 21st
day of May, 19 42

Notary Public, residing at Palouse

My commission expires May 20 - 1943
(Seal)

Signed Lillian Darling
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

Palouse, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Whitman } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of May, 19 42

Notary Public, residing at Palouse

My commission expires May 20 - 1943
(Seal)

Signed Eugene Belvail
(Signature of Any Credible Person Other Than Previous Year)

Palouse, Wash.
(Street Address, City, State)

OCT 12 1972

MAR 11 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-469-118-035-268

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-18

County of Neg Perce

CERTIFICATE OF BIRTH

City of _____

Registration District No. 95File No. 78237

No. _____ St. _____

Primary Registration District No. 1409Registered No. 433

Hospital _____

FULL NAME OF CHILD Finster Clay Morrison

| | | | | | |
|-----------------------|---------------------------------------|-----|---|-----------------------------|--|
| Sex of Child <u>M</u> | Twin
Triplet
or other? <u>1</u> | and | Number
in order
of birth <u>4</u> | Legiti-
mate? <u>yes</u> | Date of Birth <u>9</u> <u>18</u> <u>1920</u>
(Month) (Day) (Year) |
|-----------------------|---------------------------------------|-----|---|-----------------------------|--|

FATHER
FULL NAME James Clingman MorrisonRESIDENCE Tamany, Ida.COLOR W AGE AT LAST BIRTHDAY 33
(Years)BIRTHPLACE North Carolina.OCCUPATION FarmerMOTHER
FULL MAIDEN NAME Charita Susa BoydRESIDENCE Tamany, Ida.COLOR W AGE AT LAST BIRTHDAY 37
(Years)BIRTHPLACE Virginia.OCCUPATION Housewife.

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Alive
(Born alive or stillborn)7:20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

F. T. Harris
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address _____

LewistownFiled Apr. 10 1920Dwain E Bruce

Registrar

S-Y CO. 24688

Registrar

MAR 24 1975

PLACE OF BIRTH

City of East Lewiston Registration District No. 1009 File No. 1823
 493-123-035-761
 No. St. Primary Registration District No. 1009 Registered No. 434

Hospital
 FULL NAME OF CHILD Robert William Ritz

Sex of Child Male ☒ Twin-
 Single or other? ☒ and ☒ No. one Legiti-
 mate? ☒ Date of Birth March 23
 (To be answered only in event of plural births) (Month) (Day)

FATHER
 FULL NAME Fred Ritz
 RESIDENCE East Lewiston
 COLOR white AGE AT LAST BIRTHDAY 23
 (Years)
 BIRTHPLACE Lewiston Idaho
 OCCUPATION Barkeeper

MOTHER
 FULL MAIDEN NAME Leora Swan
 RESIDENCE East Lewiston
 COLOR white AGE AT LAST BIRTHDAY 20
 (Years)
 BIRTHPLACE Idaho
 OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 P.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. F. Linneman M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Lewiston Idaho

Filed Apr 12 1914 Doris E. Bruce

Registrar

Registrar

PLACE OF BIRTH

MAY 8 1962

1962

1962

12

WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-226-035-966

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of NiziorceCity of LewistonRegistration District No. 96File No. 78239No. St.Primary Registration District No. 10.99Registered No. 435Hospital St. Joseph'sFULL NAME OF CHILD Jean Elizabeth Mounce

Sex of Child

FemaleTwin
Triplet
or other?} and (Number
in order
of birth
(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

Mar - 26 - 1920
(Month) (Day) (Year)

FULL NAME

Lafe C. Mounce

FATHER

RESIDENCE

Lewiston Idaho

COLOR

White

AGE AT LAST BIRTHDAY

24
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

Maryle Rowe

MOTHER

RESIDENCE

Lewiston, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

26
(Years)

BIRTHPLACE

Michigan

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive and healthy, at 2.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. Carson

(Physician or midwife)

Address Lewiston, IdahoFiled Apr 10 1920

Registrar

Registrar

1161 9 8 TNP,
JUL 5 1944

814-127-035-319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-4-4-4

County of... Nipperch.....City of... Lewiston.....Registration District No. 96File No. 78240No. St.Primary Registration District No. 1009Registered No. 486Hospital St. Joseph's.....

FULL NAME OF CHILD

Robert Harrahan, Jr.

| | | | | |
|--------------------------|---|--------------------------------------|------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legitimate? <u>Yes</u> | Date of Birth... <u>2-27-1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|------------------------|---|

FULL NAME Robert E. HarrahanRESIDENCE Lewiston IdahoCOLOR White AGE AT LAST BIRTHDAY... 38BIRTHPLACE WisconsinOCCUPATION Supt. C. P. R. R.FULL MAIDEN NAME Georgia CarterRESIDENCE Lewiston IdahoCOLOR White AGE AT LAST BIRTHDAY... 31BIRTHPLACE WashingtonOCCUPATION HousewifeNumber of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at 12:40 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Braddock

(Physician or midwife)

Given names added from a supplemental report.

Address... Lewiston, IdahoFiled Apr. 10 ... 1920

Registrar

Registrar

MAR 29 1980

FEB 26 1942

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-228-035-446

PLACE OF BIRTH

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-3-37

CERTIFICATE OF BIRTH

County of Myer.....

City of Lewiston.....

Registration District No. 96.....

File No. 78241

No. St......

Primary Registration District No. 1009.....

Registered No. 487.....

Hospital St. Joseph's.....

FULL NAME OF CHILD Margorie Leona Hopkins.....

| | | | |
|----------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { Number in order of birth } { (To be answered only in event of plural births) } | Legitimate? <u>Yes</u> | Date of Birth <u>Mar-28-1920</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|--|

| | |
|----------------------------------|--|
| FULL NAME <u>Otto R. Hopkins</u> | FATHER |
| RESIDENCE <u>Lewiston, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>27</u> (Years) |
| BIRTHPLACE <u>Missouri</u> | |
| OCCUPATION | |

| | |
|---|--|
| FULL MAIDEN NAME <u>Lucille G. Duffus</u> | MOTHER |
| RESIDENCE <u>Lewiston, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>27</u> (Years) |
| BIRTHPLACE <u>Iowa</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was....., at 5.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

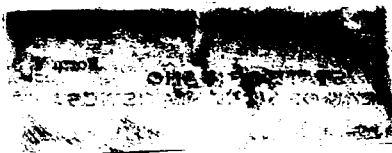
(Signature) O. C. Carson (Born alive or stillborn)

Given names added from a supplemental report.

(Physician or midwife)

Address Lewiston, Idaho

Filed Apr 10 1920 Anna E. Bruce Registrar



MAY 28 1970

MAR 20 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343 - 228-025-537
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form 97-A, No. 11-0-22-2-17

County of Blaine

City of Lewiston

No. 1504 Main St.

Hospital White

Registration District No. 96

File No. 78242

Primary Registration District No. 1009

Registered No. 4138

FULL NAME OF CHILD KATHRYN ANNE Tuttle

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>X</u> and (Number in order of birth <u>X</u>)
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of Birth <u>3 28 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

FATHER
FULL NAME Ray Tuttle
RESIDENCE Asotin Wash
COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Wash
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Edna Nelson
RESIDENCE Asotin Wash
COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Wash
OCCUPATION H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

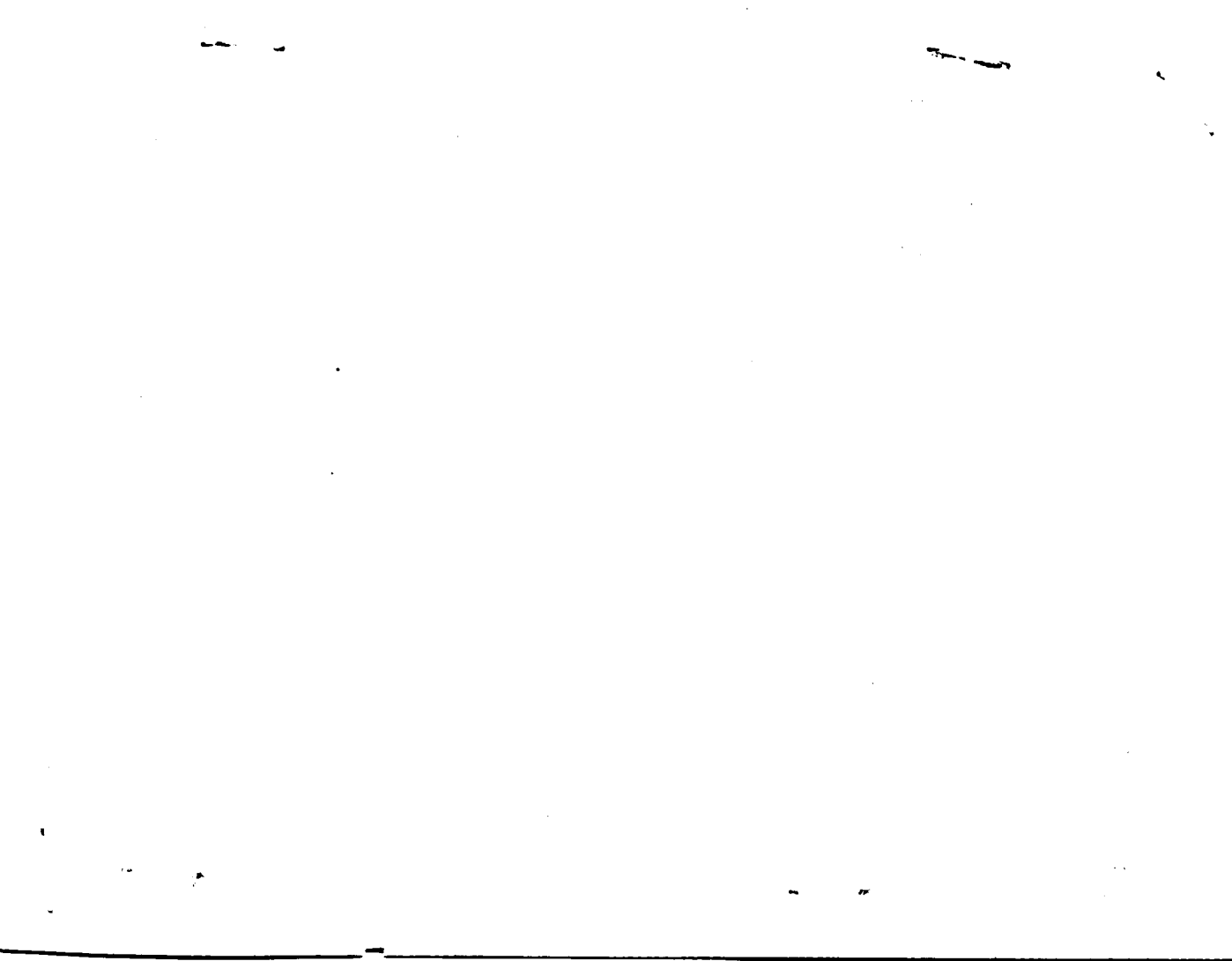
I hereby certify that I attended the birth of this child, who was 34 M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Born alive or stillborn) 34
(Signature) Edgar L. White M.D.
Prof. H. C. Paulsen
(Physician or midwife)

Given names added from a supplemental report.

Address Leawards
Filed Apr 10 1920 Dwain E. Bruce
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Walla Walla } ss.

Certificate No. 78242

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Kathryn Anne Tuttle

Subscribed and sworn to before me this 21st
day of July, 1942.

Notary Public, residing at Walla Walla

My commission expires September 12, 1943
(Seal)

Signed _____

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 101 - Salt Lake City, Utah.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Walla Walla } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

JUL 24 1942

243-231-025-995
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. NO. 11-C-25m-9-37

CERTIFICATE OF BIRTH

County of NezperceCity of LewistonRegistration District No. 96File No. 78243No. St.Primary Registration District No. 1009Registered No. 439Hospital St. Joseph's

FULL NAME OF CHILD

LILYANNE

Kuehl

Sex of Child

Female

Twin
Triplet
or other?Number
in order
of birthLegiti-
mate?

Yes

Date of
Birth9-31-20
(Month) (Day) (Year)FULL
NAME

FATHER

Leslie Kuehl

RESIDENCE

Clarkston Wash.

COLOR

White

AGE AT LAST
BIRTHDAY

25

(Years)

BIRTHPLACE

Wash.

OCCUPATION

Fuel Dealer

FULL
MAIDEN
NAME

MOTHER

Edna Kinard

RESIDENCE

Clarkston Wash.

COLOR

White

AGE AT LAST
BIRTHDAY

29

(Years)

BIRTHPLACE

Iowa

OCCUPATION

Housewife

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was , at 12:30 P.M.
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Paul W. Johnson

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

Address

Lewiston, Idaho

Filed

Apr 10 1920

Ernest E. Brown

Registrar

Registrar

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 78243
County of Asotin }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Lilyanne Kuehl who was born on March 31st, A.D. 1920 (Birth or Death)
in St. Joseph's Hosp, Lewiston, Idaho (Was Born or Died) (Date of Event)
true facts are shown by my own personal knowledge are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) prepared on March 31 - 1920, are:
(Birth Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Lilyanne Kuehl

Subscribed and sworn to before me this Fifth
day of May, A.D., 1943
Paul H. Johnson
Notary Public, residing at Clarkston, Wash.
My commission expires November 4th, A.D. 1944
(Seal)

Signed Paul H. Johnson M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
629 Rvi. Blvd, Clarkston, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss. [This Affidavit **MUST** Also be Executed.
County of Asotin } (See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this Fifth
day of May, A.D., 1943
Leslie Kuehl
Notary Public, residing at Clarkston, Wash.
My commission expires November 4th, A.D. 1944
(Seal)

Signed Leslie Kuehl Father
(Signature of Any Credible Person Other Than Previous Year)
900 Sixth Street, Clarkston, Wash.
(Street Address, City, State)

1948

FEB 6

MAY 10 1948

~~SECRET~~

754-127-075-451

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez PerceCity of Caldesac R.P.D.Registration District No. 97File No. 78246

No. _____ St. _____

Primary Registration District No. 2174Registered No. 6

Hospital _____

FULL NAME OF CHILD Meade PedersonSex of Child maleTwin
Triplet
or other? ☒

and

Number
in order
of birth ☒Legiti
mate? yesDate of
Birth March 27 19 20

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Peder PedersonFULL
MAIDEN
NAME

MOTHER

Jane Meade

RESIDENCE

Caldesac R.P.D.

RESIDENCE

Caldesac R.P.D.

COLOR

whiteAGE AT LAST
BIRTHDAY 28
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY 33
(Years)

BIRTHPLACE

Denmark

BIRTHPLACE

New Turkey

OCCUPATION

farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 9:15 a.m.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) William P. Habel
MD.

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address LapwaiFiled March 28 19 20William P. Habel

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/24/41 Z.J.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-201-0346

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of PayetteCity of Fruitland

Registration District No. _____

File No. _____

78248

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Katie Magdalena Baer Changed to Helen Kathrine Jones by Adoption**

| | | | | |
|---|---|---------------------------------------|---|--|
| Sex of Child <u>female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>Mar 1, 1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Samuel Baer</u>
RESIDENCE <u>Fruitland Ida</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Russia</u>
OCCUPATION <u>Labourer</u> | | | MOTHER
FULL MAIDEN NAME <u>Ottile Mutchall</u>
RESIDENCE <u>Fruitland Ida</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Russia</u>
OCCUPATION <u>housewife</u> | |

Number of child of this mother, including present birth. 5Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 230 M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. C. Paxton M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Fruitland Idaho

**By Order of Adoption, July 6, 22

Probate Court, Washington County, Waiser

Idaho. Certified copy of Order filed

this 23rd day of September, 1920


Registrar

Filed

Mar 1, 1920 L. C. Paxton

Registrar

K 1922 W. B. Elder Director, Bureau of Vital Statistics, Boise



SEP 23 1942

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-102-038-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Payette

City of Near Fruitland

Registration District No. _____

File No. 78249

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Henry Rust Boomer

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>Mar 2, 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

FATHER
FULL NAME Henry R Boomer
RESIDENCE near Fruitland Ida
COLOR white AGE AT LAST BIRTHDAY 47
(Years)
BIRTHPLACE Illinois
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Maie Thomson
RESIDENCE same
COLOR white AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE England
OCCUPATION Housewife

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive, at 4 a. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. C. Paxton MD

Given names added from a supplemental report.

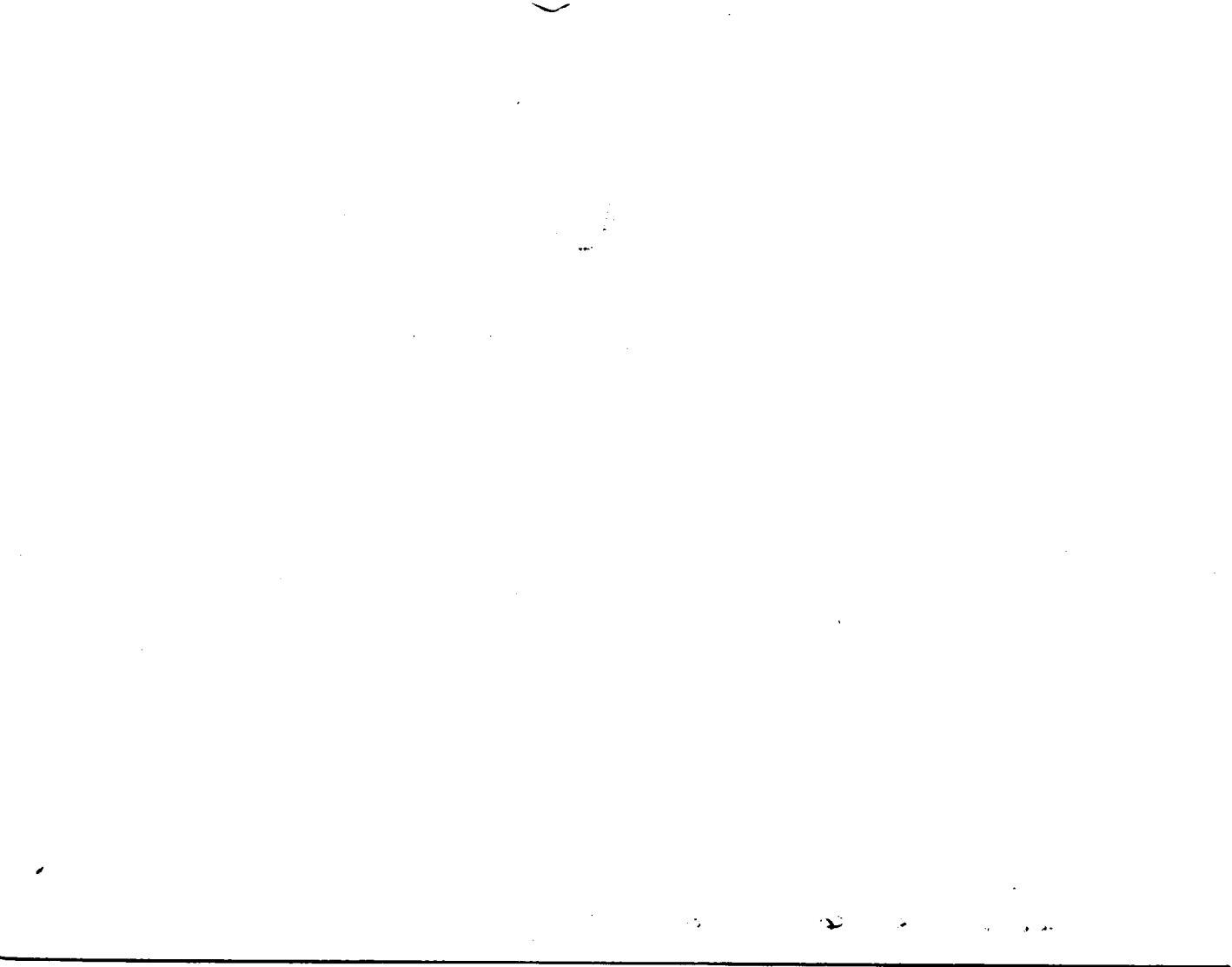
(Physician or midwife)

Address Fruitland Ida

Filed Mar 2 1920 B. C. Paxton

Registrar

Registrar



314-115-038386

PLACE OF BIRTH

County of PayetteCity of Fruitland

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. _____

File No. 78250

Primary Registration District No. _____

Registered No. _____

| | | | | |
|---|---|--|---|--|
| SEX OF CHILD
<u>female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { and } Number
in order
of birth | Legiti-
mate? | DATE OF
BIRTH <u>Jan. 15</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL
NAME
<u>L. Bruce Campbell</u> | FATHER | | FULL
MAIDEN
NAME
<u>Bessie E. Thomas</u> | MOTHER |
| RESIDENCE
<u>Fruitland - 2 mi. S. W.</u> | | | RESIDENCE
<u>same as father</u> | |
| COLOR
<u>w</u> | AGE AT LAST
BIRTHDAY <u>35</u>
(Years) | | COLOR
<u>w</u> | AGE AT LAST
BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE
<u>Illinois</u> | | | BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Rancher</u> | | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 2... Number of children of this mother now living, including present birth 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Neese M.D.

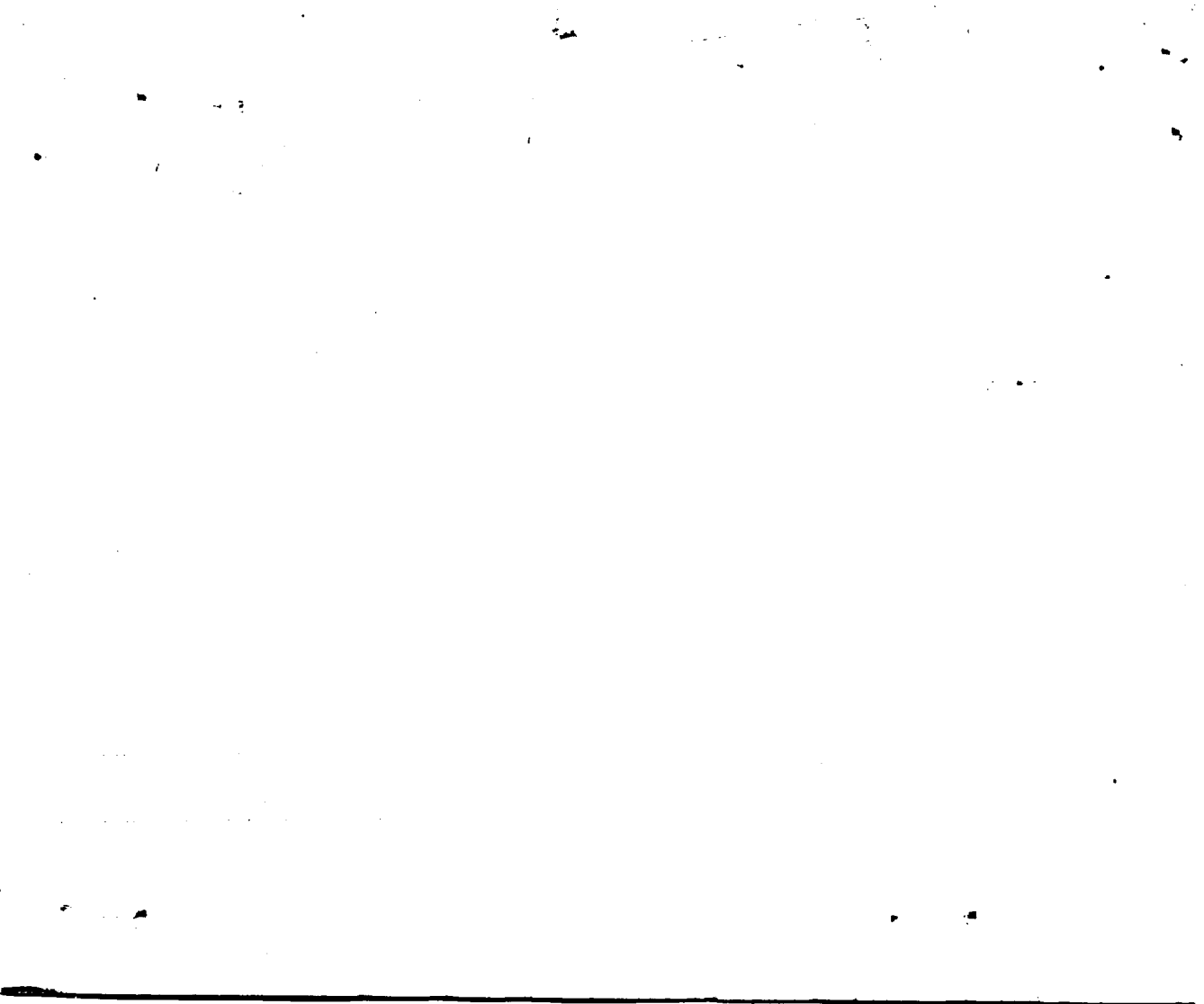
(Physician or midwife)

Given names added from a supplemental report.

Address Ontario - OregonFiled Mar 25 1920 G. B. Payton

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AUG - 5 1940

STATE OF Washington)
COUNTY OF Thurston) SS.

AFFIDAVITS FOR CORRECTION
OF A RECORD
78250

Bessie Thomas Campbell of Rochester, Washington Rt. 1

Being first duly sworn, deposes and says that she is the mother
(if related, specify degree,

David John Campbell of unnamed female Campbell
(if friend or otherwise, so state)

who was born in the city of Fruitland, County of Payette
(was born, died)

on the 15th day of January, 19 20, as stated in a certificate of birth
birth or

death filed by Wm. J. Weese, M.D.
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Fruitland, County of Payette

Idaho, on the 25th day of March 19 20

That the following facts set forth in said certificate are not correctly
stated therein, to wit: Name of Child: unnamed female Campbell

Sex of Child: Female

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows, _____

Name of Child: David John Campbell

Sex of Child: Male

Affiant Bessie Thomas Campbell

Address Rt. 1, Rochester, Wash.

Subscribed and sworn to before me this 31st day of July 19 40

P. P. Padgett
Notary Public

STATE OF Washington)
COUNTY OF Thurston) SS.

SUPPORTING AFFIDAVIT

I. Mae McPeak of Rt. 5, Olympia, Washington
~~Bessie Thomas Campbell~~ ~~Rochester, Washington~~

being first duly sworn, deposes and says that he has knowledge of the facts
hereinbefore alleged and that the said facts as stated are true.

Affiant I. Mae McPeak

Address Rt. 5, Olympia, Wash.
~~Rochester, Washington~~

Subscribed and sworn to before me this 31st day of July 19 40

P. P. Padgett
Notary Public

(Seal)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-103-038-819

PLACE OF BIRTH

County of PayetteCity of Fruitland

No. _____ St. _____

Hospital _____

Full Name of Child

JOSEPH FRANKLIN MillerSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-16-18

CERTIFICATE OF BIRTH

Registration District No. _____

File No. **78251**

Primary Registration District No. _____

Registered No. _____

| | | | | |
|----------------------------------|---|--|---------------------------------------|--|
| SEX OF CHILD <u>male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | { and } Number in order of birth _____ | Legitimate? _____ | DATE OF BIRTH... <u>Febr. 3</u> - 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Clarence Miller</u> | FATHER | | FULL MAIDEN NAME <u>Sarah J. Hart</u> | MOTHER |
| RESIDENCE <u>Fruitland</u> | | | RESIDENCE <u>Fruitland</u> | |
| COLOR <u>w</u> | AGE AT LAST BIRTHDAY... <u>38</u>
(Years) | | COLOR <u>w</u> | AGE AT LAST BIRTHDAY... <u>34</u>
(Years) |
| BIRTHPLACE <u>Oregon</u> | | | BIRTHPLACE <u>Oregon</u> | |
| OCCUPATION <u>Garage man</u> | | | OCCUPATION <u>Housewife</u> | |

 Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was born alive at 8 A. M.
 on the date above stated. (Born alive stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

 (Signature) William J. Kease, M.D.
 (Physician or midwife)

Given names added from a supplemental report.

Address Ontario - OregonFiled Mar 25 1920 to G. G. Paxton

Registrar

Registrar

MAR 6

1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
 County of Malheur } ss.

Certificate No. 78251

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Joseph Franklin Miller
 for _____ who was born on Feb 3, 1920
 in Portland, Ore. (Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts are shown by Record on account book prepared on Feb 3, 1920, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name", "Birth Date", "Cause of Death", Etc.)FROM
 (As on Original)TO
 (The Correct Facts)

name

unnamed Miller

Joseph Franklin Miller

Subscribed and sworn to before me this 9th
 day of March 1942
W. L. Richard
 Notary Public, Oregon
 (Seal)

Signed _____

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ontario, Ore
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
 County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
 day of _____, 19____

Signed _____

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
 (Seal)

 (Street Address, City, State)

11/11/76 442



PLACE OF BIRTH
4644207-075-257
County of Valley

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

City of Cascade

District No. 15

File No. 78252

No. 1 St. 3

Primary Registration District No. 15

Registered No. 232

Hospital

FULL NAME OF CHILD Mary Elizabeth Moore

| | | | | |
|------------------------|--|--|------------------------|---|
| Sex of Child <u>fm</u> | Twin, Triplet, or other? <u> </u> | and Number in order of birth <u> </u> | Legitimate? <u>yes</u> | Date of birth <u>2</u> <u>7</u> <u>1940</u>
(Month) (Day) (Year) |
|------------------------|--|--|------------------------|---|

FATHER
FULL NAME Luke L Moore

MOTHER
FULL MAIDEN NAME Gertie Kerty

RESIDENCE Cascade

RESIDENCE Cascade

COLOR white AGE AT LAST BIRTHDAY 3 1 (Years)

COLOR white AGE AT LAST BIRTHDAY 3 1 (Years)

BIRTHPLACE Iowa

BIRTHPLACE Iowa

OCCUPATION merchant

OCCUPATION Housekeeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Hogg
Physician
(Physician or midwife)

Given name added from a supplemental report

Address Cascade

Filed 4-9 1940 M M Donald
Deft Registrar

JUN 26 1942

612-215

PLACE OF BIRTH

043-419

County of

Valley

City of

Cascade

Registration District No.

STATE OF IDAHO

Form V. S. No. 11-10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No.

78253

No. _____ St.

Primary Registration District No.

Registered No.

231

Hospital _____

FULL NAME OF CHILD

~~not named~~ Dorothy

Sex of Child

Female

Twin,
Triplet,
or other?

}

and

(Number
in order
of birth)Legiti-
mate?

Yes

Date of
birth

1 15 1920

(Month)

(Day)

(Year)

FULL
NAME

Joe Jackson

FATHER

FULL
MAIDEN
NAME

May Martin

MOTHER

RESIDENCE

Cascade

RESIDENCE

Cascade

COLOR

wht

AGE AT LAST
BIRTHDAY

42

(Years)

COLOR

wht

AGE AT LAST
BIRTHDAY

35

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

N.C.

OCCUPATION

Farmer

OCCUPATION

Housekeeper

Number of child of this mother, including present birth

9

Number of children, of this mother, now living, including present birth

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive or stillborn

(Signature)

G. E. Hoggles
Phys

(Physician or Midwife)

Address

Cascade

Filed

4-9

1920

H. M. McDonald

Registrar

JAN 14 1942



RECEIVED JAN 14 1942

711-107-043-419
PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Salt Lake

City of McCall

Registration District No. 16-

File No. 78254

No. _____ St. _____

Primary Registration District No. _____

Registered No. 230

Hospital _____

FULL NAME OF CHILD Veino Paananen

Sex of Child Male

Twin
Triplet
or other?

and Number
in order
of birth

Legiti-
mate?

yes

Date of
Birth 3 - 7 - 20

(Month) (Day) (Year)

FULL
NAME

FATHER

John Paananen

FULL
MAIDEN
NAME

MOTHER

Ida Mary

RESIDENCE

McCall Ida

RESIDENCE

McCall Ida

COLOR

white

AGE AT LAST
BIRTHDAY 47

(Years)

COLOR

white

AGE AT LAST
BIRTHDAY 42

(Years)

BIRTHPLACE

Finland

BIRTHPLACE

Finland

OCCUPATION

Farmer

OCCUPATION

House wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 8 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. Matt Heikola

(Physician or midwife)

Given names added from a supplemental report.

Address

McCall Ida

Filed 4-8 19 20

In McCall

FEB 4 1942

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-227-042-533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Trin Falls

City of Buhl

CERTIFICATE OF BIRTH

Registration District No.

39

File No.

78255

No. _____ St.

Primary Registration District No.

2087

Registered No.

Hospital _____

FULL NAME OF CHILD

Minnie Lucile Williams

| | | | | |
|---|--|---|--|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>—</u> | and { Number in order of birth (To be answered only in event of plural births) <u>—</u> | Legitimate? <u>Jes</u> | Date of Birth <u>Feb 27</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME FATHER <u>Adolph F. Williams</u> | | FULL MAIDEN NAME MOTHER <u>Emma Elliott</u> | | |
| RESIDENCE <u>Buhl Idaho</u> | | RESIDENCE <u>Buhl Idaho</u> | | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>42</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>31</u> (Years) | |
| BIRTHPLACE <u>Wisconsin</u> | | BIRTHPLACE <u>Idaho</u> | | |
| OCCUPATION <u>Chef</u> | | OCCUPATION <u>Housewife</u> | | |
| Number of child of this mother, including present birth. <u>6</u> | | Number of children of this mother now living, including present birth. <u>5</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born February 27-1920 at 5:30 P. M.
on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Irmen M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho

Filed APR 1 1920

Registrar

Registrar



170 304 FEB 13 1963

JAN 19 1970

1

366-381-042-547
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-5-17

County of Twin FallsCity of BuhlRegistration District No. 39File No. 78256No. St.Primary Registration District No. 2087Registered No.HospitalFULL NAME OF CHILD Kathryn Louise Coffey

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>3</u> / <u>1</u> 191 <u>2</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|--|---|
| FULL NAME
<u>Gene Coffey</u> | FATHER |
| RESIDENCE
<u>Buhl Idaho</u> | |
| COLOR
<u>Wht</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE
<u>Century, Mo.</u> | |
| OCCUPATION
<u>Real estate agent</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Verna Edgell</u> | MOTHER |
| RESIDENCE
<u>Buhl, Idaho</u> | |
| COLOR
<u>Wht</u> | AGE AT LAST BIRTHDAY <u>34</u>
(Years) |
| BIRTHPLACE
<u>Greenfield Ind</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mr. Geo. Jennings
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Idaho
APR 1 1920
Filed 19

Registrar

Registrar

OCT 20 1944

289-203-042-859
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-21m-3-37

County of *Twin Falls*

City of *Buhl Idaho*

Registration District No. *39*

File No. *78257*

No. *St*

Primary Registration District No. *2087*

Registered No. *1918*

Hospital

FULL NAME OF CHILD *Thaurine Louise Schroeder*

| | | | |
|-----------------------|--|------------------------|---|
| Sex of Child <i>F</i> | Twin Triplet or other? <i>and</i> (Number of birth) <i>yes</i> | Legitimate? <i>yes</i> | Date of Birth <i>3/3</i> 1918
(Month) (Day) (Year) |
|-----------------------|--|------------------------|---|

FULL NAME *F. O. Schroeder*
RESIDENCE *Buhl Idaho*
COLOR *white* AGE AT LAST BIRTHDAY *36* (Years)
BIRTHPLACE *mo*
OCCUPATION *Farming*

FULL MAIDEN NAME *Louisa Heimath*
RESIDENCE *Buhl Idaho*
COLOR *white* AGE AT LAST BIRTHDAY *33* (Years)
BIRTHPLACE *neb*
OCCUPATION *Housewife*

Number of child of this mother, including present birth *4* Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. *born alive or stillborn*

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. H. C. Murphy*

Given names added from a supplemental report.

Address *Buhl Idaho*

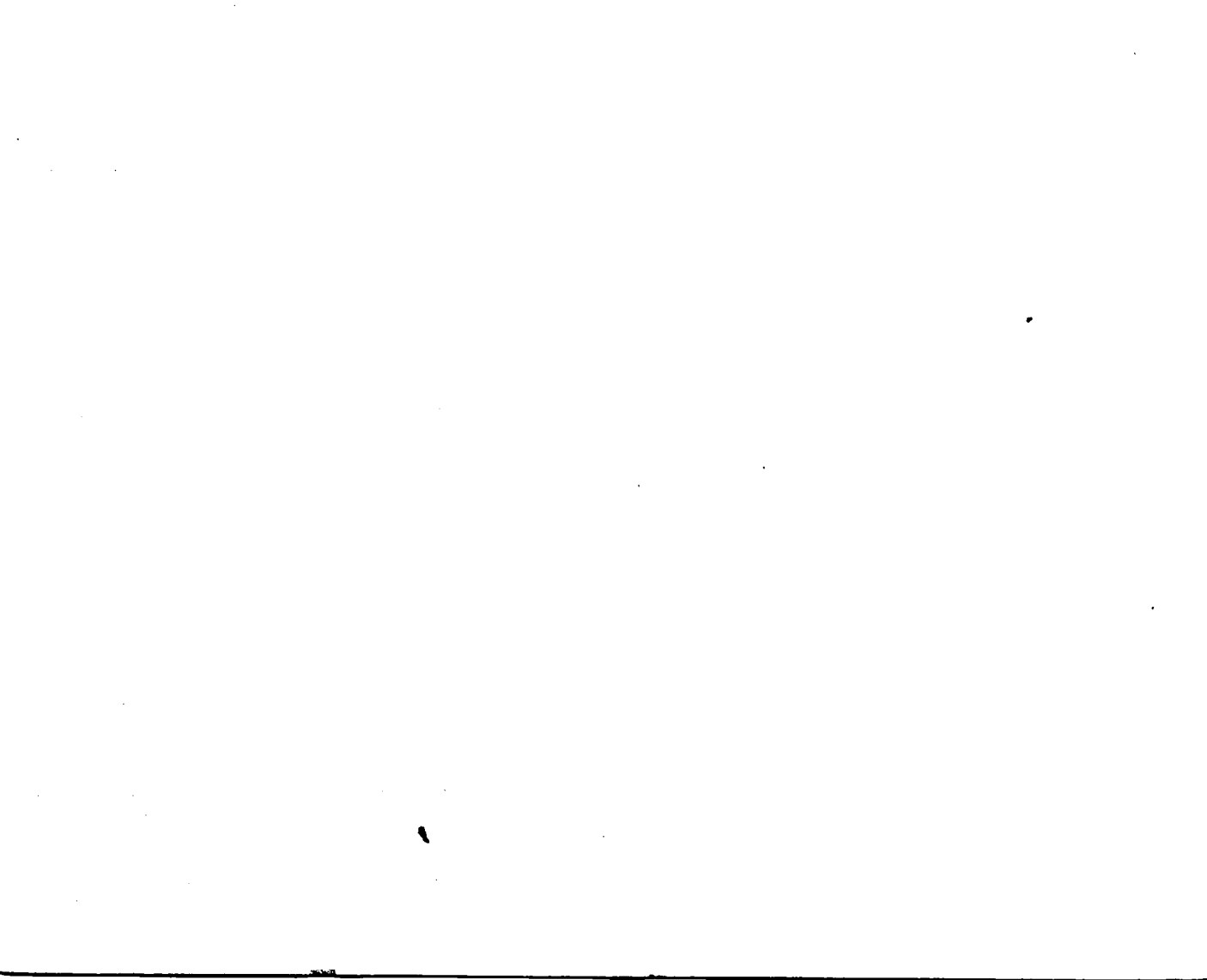
Registrar

APR 1 1920

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



551-204-042-43
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-9-8-37

County of *Twin Falls*City of *Buhl Idaho*Registration District No. *39*File No. *78258*No. *St.*Primary Registration District No. *2087*

Registered No.

Hospital

FULL NAME OF CHILD

Anna Barbara Nealon

| | | | |
|--|---|---|---|
| Sex of Child <i>F</i> | Twin Triplet or other? <i>and</i> { Number in order of birth } <i>yes</i> | Legitimate? <i>yes</i> | Date of Birth <i>3 4 20</i>
(Month) (Day) (Year) |
| FATHER
FULL NAME <i>W.C. Nealon</i> | | MOTHER
FULL MAIDEN NAME <i>Addie M. Neal</i> | |
| RESIDENCE <i>Buhl Idaho</i> | | RESIDENCE <i>Buhl Idaho</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>21</i>
(Years) | COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>21</i>
(Years) |
| BIRTHPLACE <i>Tenn</i> | | BIRTHPLACE <i>Tenn</i> | |
| OCCUPATION <i>Laborer</i> | | OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *1:15 A.M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *[Signature]*

(Physician or midwife)

Given names added from a supplemental report.

..... *19*Address *Buhl Idaho* *19*Filed *19*

Registrar

APR 1 1920

Registrar

1961

8

7

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-104-042-52
PLACE OF BIRTH

County of Twin Falls
City of Buhl Idaho

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

No. St.

Registration District No. 39

File No. 78259

Hospital

Primary Registration District No. 2087

Registered No.

FULL NAME OF CHILD

| | | | |
|-----------------------|---|------------------------|---|
| Sex of Child <u>M</u> | Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u> (To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>3</u> <u>4</u> <u>1920</u>
(Month) (Day) (Year) |
|-----------------------|---|------------------------|---|

FULL NAME K Shiozawa FATHER
RESIDENCE Buhl Idaho
COLOR yellow AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Japan
OCCUPATION Farmer

FULL MAIDEN NAME Tsuru Nakao MOTHER
RESIDENCE Buhl Idaho
COLOR yellow AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Japan
OCCUPATION Housewife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

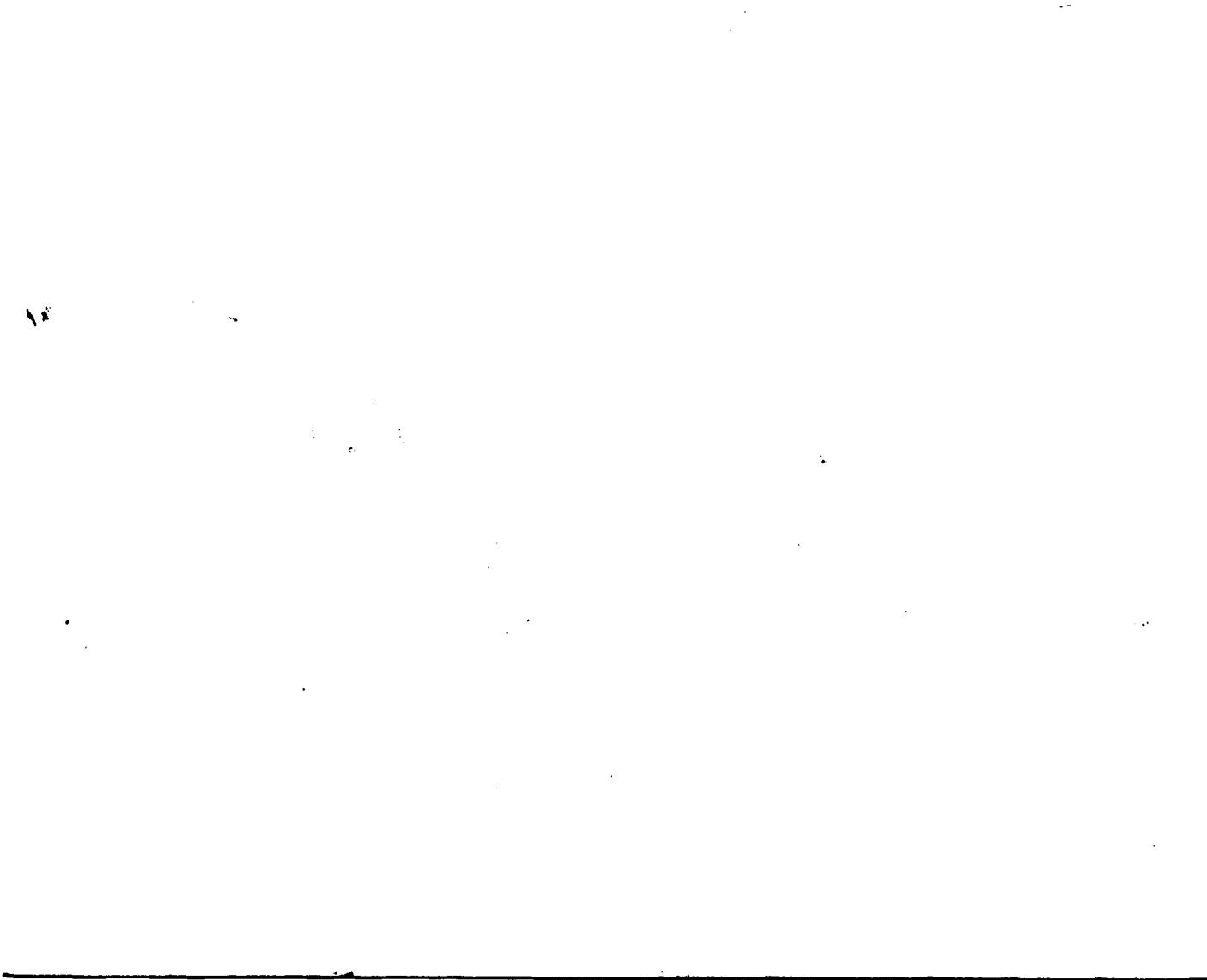
Physician or midwife
Buhl Idaho

Address

Filed APR 1 1920

Registrar

Registrar



395-205-092-595
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-37

County of Twin Falls

City of Buhl Idaho

Registration District No. 37

File No. 78260

No. St.

Primary Registration District No. 2087

Registered No.

Hospital
FULL NAME OF CHILD Leatha Marie Lierman

| | | | |
|-----------------------|--|-----------------------|---|
| Sex of Child <u>F</u> | Twin Triplet or other? <u>.....</u> and Number in order of birth <u>.....</u>
(To be answered only in event of plural births) | Legitimate? <u>No</u> | Date of Birth <u>3 5 90</u>
(Month) (Day) (Year) |
|-----------------------|--|-----------------------|---|

| | |
|--|---|
| FULL NAME FATHER <u>.....</u> | FULL MAIDEN NAME MOTHER <u>Marie Lierman</u> |
| RESIDENCE <u>.....</u> | RESIDENCE <u>Buhl Ida</u> |
| COLOR <u>.....</u> AGE AT LAST BIRTHDAY <u>.....</u> (Years) | COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>20</u> (Years) |
| BIRTHPLACE <u>.....</u> | BIRTHPLACE <u>Nebraska</u> |
| OCCUPATION <u>.....</u> | OCCUPATION <u>House maid</u> |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:15 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
(Signature) C. McChesney
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho

Filed APR 1 1920
Registrar J. H. Murphy

JAN 8 1974

295-206-042-815

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-2-17

County of Sevier Idaho

City of Butte

Registration District No. 34

File No. 78261

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Norma Pearl King

| | | | | |
|----------------------------|--|---|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>.....</u>
(To be answered only in event of plural births) | and { Number in order of birth <u>.....</u> | Legitimate? <u>Yes</u> | Date of Birth <u>3 6 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|---|------------------------|---|

| | |
|--|---|
| FULL NAME <u>Isaac Horner King</u> | FATHER |
| RESIDENCE <u>7 South + 3/4 West of Butte</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>40</u>
(Years) |
| BIRTHPLACE <u>Franklin</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Maude Joanna Daubert</u> | MOTHER |
| RESIDENCE <u>Franklin</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>19</u>
(Years) |
| BIRTHPLACE <u>Franklin</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Phelps
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Butte - Idaho

Filed APR 1 1920

Registrar

J. H. Murphy
Registrar

JUN 16 1947

MARGIN RESERVED WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-110-042-813

PLACE OF BIRTH

County of *Lewis & Clark*

City of *Buhl*

No. *St.*

Hospital

FULL NAME OF CHILD *PAUL HENRY TODD*

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

Registration District No. *39* File No. *78262*

Primary Registration District No. *2087* Registered No.

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <i>Male</i> | Twin Triplet or other? <i>and</i> (Number of birth) <i>yes</i> | Legitimate? <i>yes</i> | Date of Birth <i>Mar 10 1920</i>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

| | | | |
|---|--------|---|--------|
| FULL NAME <i>Lease W. Todd</i> | FATHER | FULL MAIDEN NAME <i>Rosa E. Hall</i> | MOTHER |
| RESIDENCE <i>Buhl</i> | | RESIDENCE <i>Buhl</i> | |
| COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>40</i> (Years) | | COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>35</i> (Years) | |
| BIRTHPLACE <i>Tennessee</i> | | BIRTHPLACE <i>Tennessee</i> | |
| OCCUPATION <i>Farming</i> | | OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *7* Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *4 P* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. A. Marsh M.D.*

Given names added from a supplemental report.

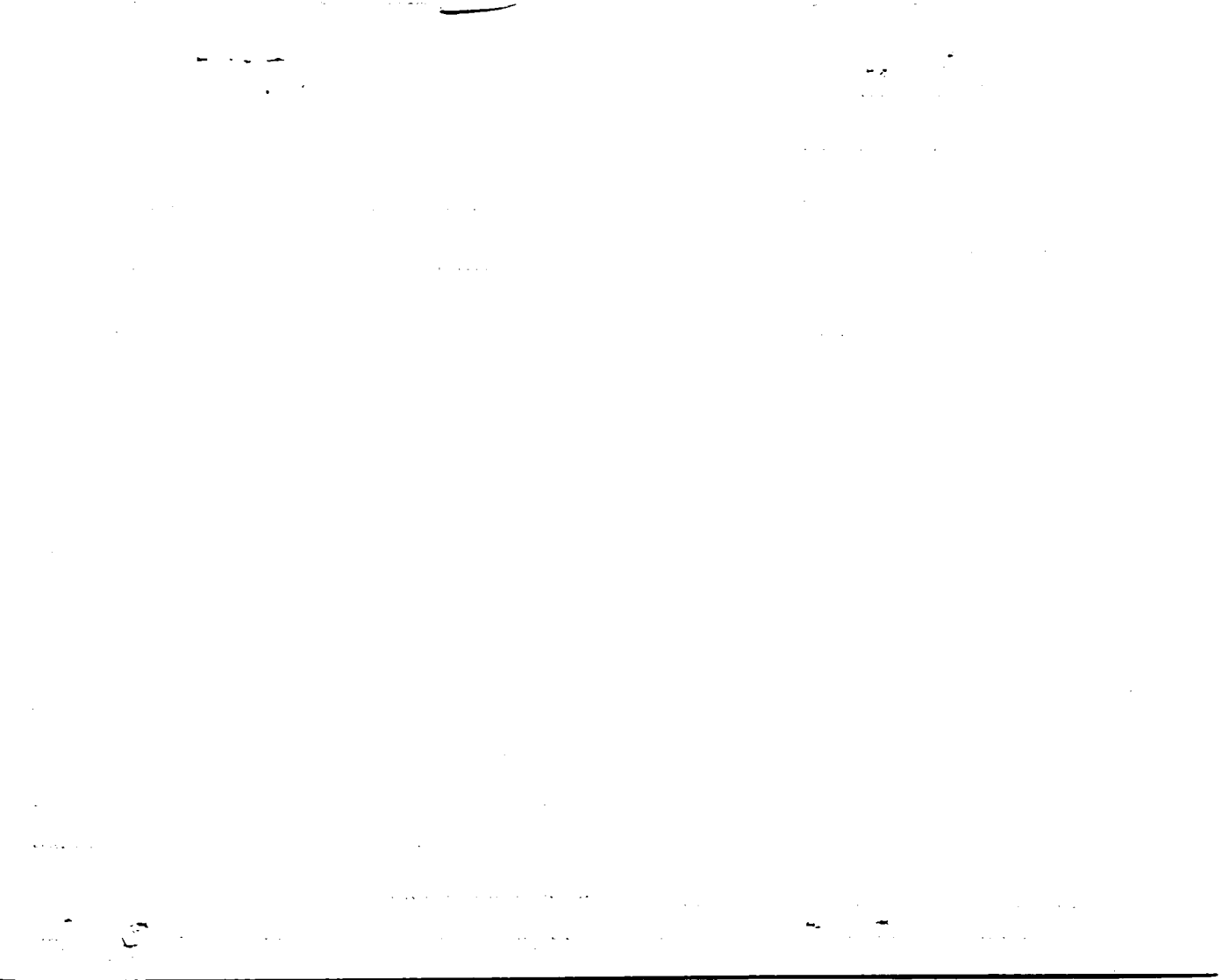
..... *19*

Address *Buhl, Ida*

Filed *APR 1 1920* *J. H. Murphy*

Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Twin Falls } ss.

Certificate No. 78262
 Date Filed Dec. 13, 1941

The undersigned does solemnly swear that certain facts on the certificate of birth
 for Paul Henry Todd who was born on March 10, 1920
 in Castleford, Idaho (Name on original certificate) (Was born or died) (Date of event)
 (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts as shown by Isaac W. Todd prepared on December 13, 1941, are:
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
 ("Name", "birth date", "cause of death", etc.)

FROM
 (As on original)

TO
 (The correct facts)

Name

Unnamed Todd

Paul Henry Todd

Subscribed and sworn to before me this Thirteenth
 day of December, 19 41.

Signed Isaac W. Todd
 (Signature of parent or attendant if correcting a birth record; of
 attendant, funeral director, informant if correcting a death record;
 or other credible person.)

Notary Public, residing at Buhl, Idaho
 My commission expires COMMISSION EXPIRES
MARCH 15, 1945
 [SEAL]

Castleford, Idaho
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
 County of _____ } ss.

[This affidavit MUST also be executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are
 true to the best of his knowledge.

Subscribed and sworn to before me this _____
 day of _____, 19 _____.

Signed _____
 (Signature of any credible person other than the previous affiant.)

Notary Public, residing at _____
 My commission expires _____
 [SEAL]

(Street Address, City, State)

Received for filing on DEC 15 1941 By _____

(Registrar's signature)

11



MARGIN FADING INK. THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-110-042-669
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

County of Lincoln

City of Buhl

No. St.

Hospital

Registration District No. 39

Primary Registration District No. 2087

File No. 78263

Registered No.

FULL NAME OF CHILD ERWIN MILTON

| | | | | |
|--------------------------|---|---|------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of Birth <u>3-10</u>
(Month) (Day) (Year) <u>1920</u> |
|--------------------------|---|---|------------------------|---|

| | |
|---|---|
| FULL NAME
<u>John Dennis Shelton</u> | FATHER |
| RESIDENCE
<u>Buhl, Ida.</u> | |
| COLOR
<u>Wht</u> | AGE AT LAST BIRTHDAY <u>42</u>
(Years) |
| BIRTHPLACE
<u>Strong, Kans.</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Ida Elizabeth Fortney</u> | MOTHER |
| RESIDENCE
<u>Buhl, Ida.</u> | |
| COLOR
<u>Wht</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE
<u>Ellensburg, Wash.</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George E. Jennings M.D.

Given names added from a supplemental report.

Address Buhl, Ida.

Filed APR 1 1920

Registrar

Registrar J. H. Murphy

SEP 22 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ~~WASHINGTON~~ **WASHINGTON** } ss. Certificate No. 78263
County of **GRAYS HARBOR** Date Filed

The undersigned does solemnly swear that certain facts on the certificate of **BIRTH**
for **ERWIN MILTON SHELTON** who **was born** on **March 10, 1920**
(Name on original certificate) (Was born or died) (Date of event)
in **Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by **Bible Record** prepared on **March 10, 1920** are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)
Name **no name given** **Ervin M. Shelton**
ERWIN MILTON SHELTON born **March 10, 1920** at **Idaho**

Subscribed and sworn to before me this **30th**
day of **August**, 19**41**

Notary Public, residing at **Montrose**

My commission expires **see seal**
[SEAL]

Signed **John V. Shelton**
(Signature of parent or attendant if correcting a birth record, or
attendant, funeral director, informant if correcting a death
record, or other credible person)

Leavenworth, Wash
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of **Washington** } ss.
County of **Yakima**

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **6th**
day of **Sept**, 19**41**

Notary Public, residing at **Yakima**

My commission expires **Aug 1, 1945**
[SEAL]

Signed **Lillie Elizabeth Henderson**
(Signature of any credible person other than the previous affiant)

2203 Willow St. Yakima Wash
(Street Address, City, State)

Received for filing on _____ by _____
(Registrar's signature)

4. 1. 1. 1. 1.

4. 1. 1. 1. 1.

4. 1. 1. 1. 1.

4. 1. 1. 1. 1.

4. 1. 1. 1. 1.

759-112-042-799

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-21m-3-3-17

County of Twin FallsCity of BuhlRegistration District No. 29File No. 78264No. St.Primary Registration District No. 2087Registered No.HospitalFULL NAME OF CHILD Ralph Eugene Perkins

Sex of Child

maleTwin
Triplet
or other?

} and {

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
Birth3121920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

George Frank Perkins

RESIDENCE

Buhl

COLOR

wh.

AGE AT LAST

BIRTHDAY

23

(Years)

BIRTHPLACE

Carroll, Neb.

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Effie Lydia Grim

RESIDENCE

Buhl

COLOR

wh.

AGE AT LAST

BIRTHDAY

23

(Years)

BIRTHPLACE

Wiley, Neb.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. H. Jennings

(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Id.Filed APR 1 1920

Registrar

J. H. Murphy
Registrar

2/16/41 1941

This supplemental report is to be pasted upon the original

1 PLACE OF BIRTH

County of Twin Falls California-Department of Public Health
VITAL STATISTICS

District No.* _____

Town of Buhl Idaho SUPPLEMENTAL REPORT OF BIRTHCity of Home (No. Rt 1) St.; _____ Ward)

[If birth occurred in a hospital or institution, give its NAME instead of street and number]

| | | | |
|--------------------------------|---|-----|-----------------------------------|
| 3 SEX OF CHILD*
<u>male</u> | 4 Twin*
triplet
or other

(To be answered only in event of plural births) | and | 5 Number*
in order
of birth |
|--------------------------------|---|-----|-----------------------------------|

6 DATE OF BIRTH* March 12 1920
(Month) (Day) (Year)7 FULL*
NAME George Frank Perkins
FATHER13 FULL*
MAIDEN
NAME Effie Lydia Ginn
MOTHER

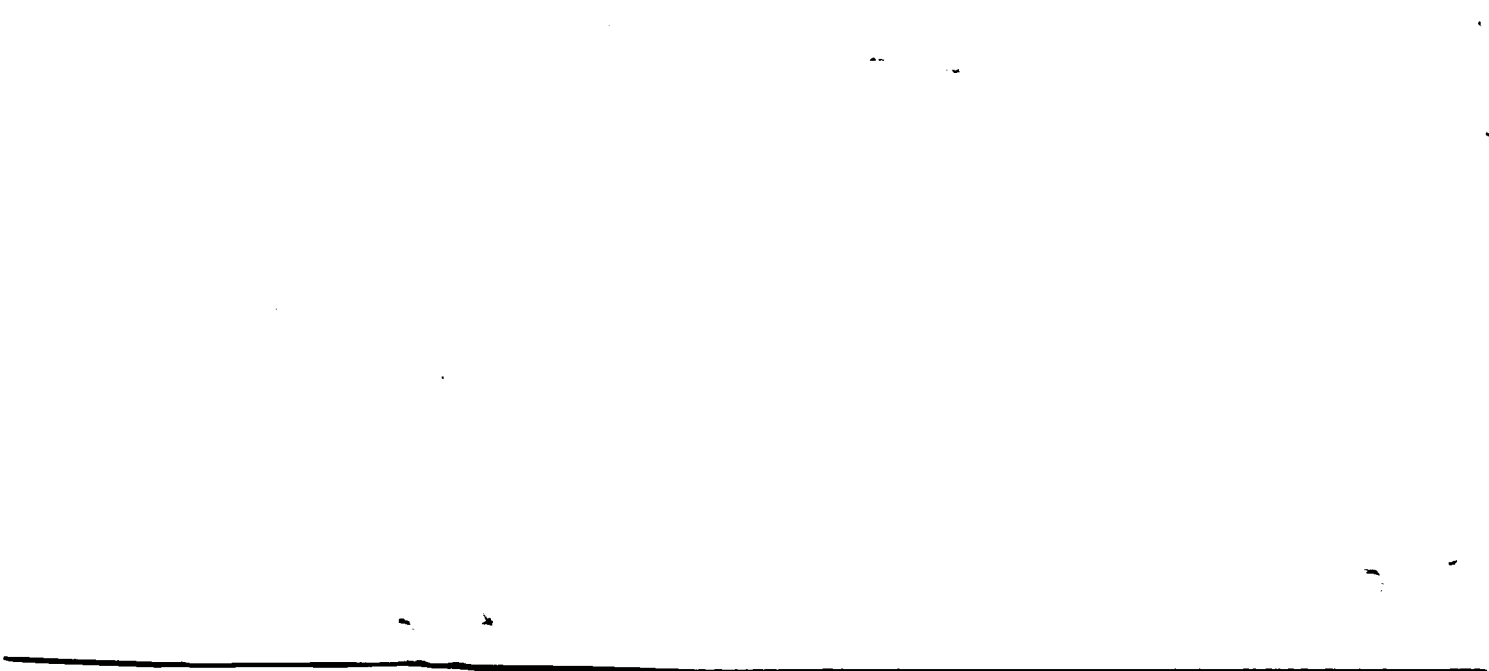
*These items to be filled by the local registrar before giving out this form

1 I HEREBY CERTIFY that the child described herein
has been named:Ralph Eugene Perkins
(Given name in full) (Surname)(Signature) Mr & Mrs George Perkins
Dated Feb 25 1941 George & Effie Perkins
Parent22 Filed _____ 19 _____
Registrar or Deputy

SUPPLEMENTAL REPORT OF BIRTH (for Given Name). "When any certificate of birth of a living child is presented without the statement of the given name, then the local registrar shall make out and deliver to the parents of the child a special blank for the supplemental report of the given name of the child, which shall be filled out as directed, and returned to the local registrar as soon as the child shall have been named." Section 15 of Statutes of California, 1915, Chapter 378, page 575.

Supplemental reports of births must be filed PROMPTLY with (and blanks may be obtained from) the LOCAL REGISTRAR of the Registration District in which the birth occurred.

Local registrars must transmit supplemental reports with the original certificates for each month to the State Registrar at Sacramento, California, on the FIFTH day of the following month.



259-213-042-653

PLACE OF BIRTH

County of Twin FallsCity of Buhl

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. _____

File No. _____

Primary Registration District No. 2097

Registered No. _____

FULL NAME OF CHILD Gertrude Margaret Kerpa

| | | | | |
|---|---|--|---|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>—</u> | and } Number in order of birth <u>—</u> | Legitimate? <u>yes</u> | Date of Birth <u>March 13</u> 191 <u>20</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | |
| FATHER
FULL NAME <u>Edward Kerpa</u> | | MOTHER
FULL MAIDEN NAME <u>Bertha Petting</u> | | |
| RESIDENCE <u>Buhl Idaho</u> | | RESIDENCE <u>Buhl Idaho</u> | | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>40</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) | |
| BIRTHPLACE <u>Germany</u> | | BIRTHPLACE <u>Germany</u> | | |
| OCCUPATION <u>Miller</u> | | OCCUPATION <u>House wife</u> | | |

Number of child of this mother, including present birth. 5Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born March 13-1920 at 11:20 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

F. A. Irmen, M.D.Physician.
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Buhl Idaho

Filed _____

APR 1 1920

Registrar _____

Registrar J. F. Murphy

FEB 25 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Maryland } ss. Anna Crundel
County of Anne Arundel }
Bureau of Vital Statistics
Certificate No. 78265
Date Filed August 12, 1974

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Kerpa (female) who was born on March 13, 1920 (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED FROM
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)
TO
(The Correct Facts)
child's name Unnamed Gertrude Margaret Kerpa

Subscribed and sworn to before me this 7th day of August, 1974
Notary Public, residing at Swan Park, Md.
My commission expires July 1, 1978

Signed Robert D. Leland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4311 Belman Ave., Belman, Md. 21206
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Maryland } ss. Anna Crundel
County of Anne Arundel }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of August, 1974
Notary Public, residing at Swan Park, Md.
My commission expires July 1, 1978

Signed Robert D. Leland
(Signature of Any Credible Person)
170 Rusby Rd., Annapolis, Md. 21012
(Street Address, City, State)

Certificate of Baptism ~~xxxx~~ performed in parents' home gives child;s name as Gertrude Margaret Kerpa -child of Edward Kerpa nd Maria Bertha Fetting. born at Buhl, Idaho on March 13, 1920. Was Baptized May 9, 1920. viewed by V. S.

AUG 14 1974

Certif. of Baptism from St. John's Cathedral, Boise, Idaho gives name as Margaret Gertrude Kerpa child of Edward Kerpa and Bertha Fetting. Was born March 13, 1920. Was ~~xxxx~~ Baptized December 14, 1946. viewedby V. S.

249-219-042-31

PLACE OF BIRTH

County of... *Linn Hall*...

City of... *Buhl*...

No. *St.*

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

Registration District No. *34*

File No. *78266*

Primary Registration District No. *9087*

Registered No.

Sorothy Marie Smith

| | | | | |
|---------------------------------|---|---------------------------------------|---|---|
| Sex of Child
<i>Female</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
Number
in order
of birth | Legitimate?
<i>Yes</i> | Date of Birth
<i>3 19 1920</i>
(Month) (Day) (Year) |
| FULL NAME
<i>Arley Smith</i> | FATHER | | FULL MAIDEN NAME
<i>Isabelle Clark</i> | MOTHER |
| RESIDENCE
<i>Buhl - Ida.</i> | | | RESIDENCE
<i>Buhl - Ida.</i> | |
| COLOR
<i>W.</i> | AGE AT LAST BIRTHDAY
<i>30</i>
(Years) | | COLOR
<i>W.</i> | AGE AT LAST BIRTHDAY
<i>26</i>
(Years) |
| BIRTHPLACE
<i>Missouri</i> | | | BIRTHPLACE
<i>Missouri</i> | |
| OCCUPATION
<i>Mechanic</i> | | | OCCUPATION
<i>Housewife</i> | |

Number of child of this mother, including present birth *4* Number of children of this mother now living including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *1:30 a.m.* on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

George B. Randall
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address *Buhl - Ida.*

Filed *APR 1 1920*

Registrar

J. H. Murphy
Registrar

FEB 9 1942

794-220-042-263
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of *Turner Falls*

City of *Buhl*

Registration District No. *39*

File No. *78267*

No. St.

Primary Registration District No. *2087*

Registered No.

Hospital

FULL NAME OF CHILD *Virginia Prudek*

| | | | | |
|--------------------------|--|--------------------------------------|---------------------------|--|
| Sex of Child <i>Girl</i> | Twins
Triplet
or other?
(To be answered only in event of plural births) | and (Number
in order
of birth) | Legitimate?
<i>yes</i> | Date of Birth <i>3 20 1920</i>
(Month) (Day) (Year) |
|--------------------------|--|--------------------------------------|---------------------------|--|

| | |
|----------------------------------|---|
| FULL NAME
<i>Jacob Prudek</i> | FATHER |
| RESIDENCE
<i>Buhl</i> | |
| COLOR
<i>white</i> | AGE AT LAST BIRTHDAY <i>27</i>
(Years) |
| BIRTHPLACE
<i>Bohemia</i> | |
| OCCUPATION
<i>Farmer</i> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME
<i>Rose Kocka</i> | MOTHER |
| RESIDENCE
<i>Buhl</i> | |
| COLOR
<i>white</i> | AGE AT LAST BIRTHDAY <i>28</i>
(Years) |
| BIRTHPLACE
<i>Illinois</i> | |
| OCCUPATION
<i>Housework</i> | |

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) *1 9* A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. J. H. Murphy*

Buhl
(Physician or midwife)

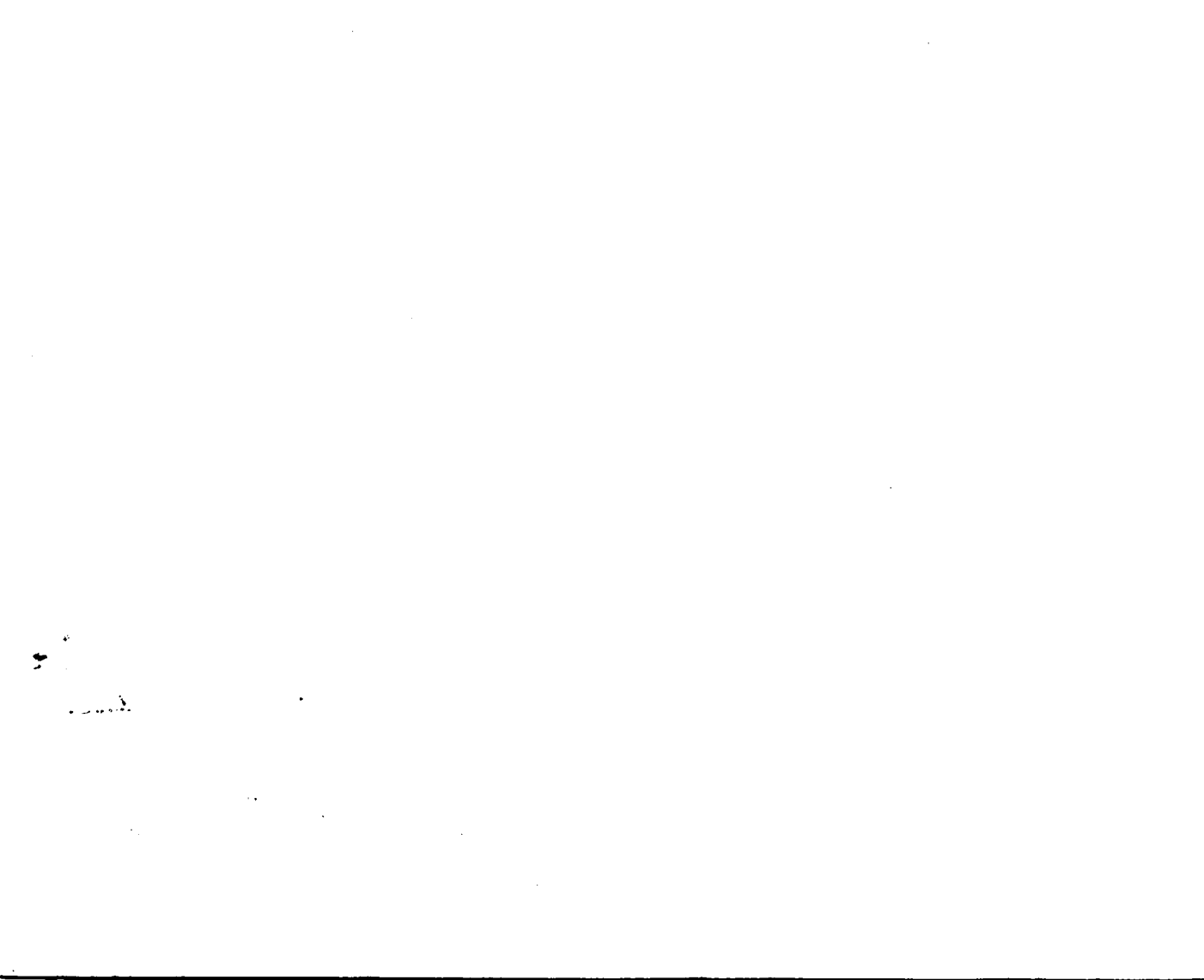
Given names added from a supplemental report.

Address *Buhl*

Filed *APR 1 1920*

Registrar

Registrar



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-221-092-791
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-8-17

CERTIFICATE OF BIRTH

County of Timber Falls

City of Buhl

Registration District No. 39

File No. 78268

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Oleta Jessie Shiner

| | | | | |
|----------------------------|--|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u> | Number in order of birth <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>3 21 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|--|------------------------|--|

| | |
|-------------------------------------|---|
| FULL NAME
<u>Ralph W. Shiner</u> | FATHER |
| RESIDENCE
<u>Buhl, Ida.</u> | |
| COLOR
<u>Wht.</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE
<u>Winfield Kans</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Mildred Christina Grant</u> | MOTHER |
| RESIDENCE
<u>Buhl, Ida.</u> | |
| COLOR
<u>Wht.</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE
<u>Uverton Nev.</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth. 2..... Number of children of this mother now living, including present birth 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jennings
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida.
Filed 1920
Registrar J. H. Murphy

Registrar

APR 1 1920

FEB 6 1962

189-121-042-343
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-8-8-17

County of Twin FallsCity of BuhlRegistration District No. 37File No. 78269

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD VERNON WILLIAM AHRENS

| | | | |
|-------------------------|---|------------------------|--|
| Sex of Child <u>Boy</u> | Twin Triplet or other? <u> </u> and (Number in order of birth) <u> </u> | Legitimate? <u>yes</u> | Date of Birth <u>3 21 1920</u>
(Month) (Day) (Year) |
|-------------------------|---|------------------------|--|

| | |
|------------------------------|--------|
| FULL NAME <u>John Ahrens</u> | FATHER |
| RESIDENCE <u>Buhl Id.</u> | |

| | |
|----------------------------------|--------|
| FULL MAIDEN NAME <u>Ida Lutz</u> | MOTHER |
| RESIDENCE <u>Buhl Id.</u> | |

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
|--------------------|---|

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
|--------------------|---|

| | |
|----------------------------|--|
| BIRTHPLACE <u>Nebraska</u> | |
|----------------------------|--|

| | |
|----------------------------|--|
| BIRTHPLACE <u>Nebraska</u> | |
|----------------------------|--|

| | |
|---------------------------|--|
| OCCUPATION <u>Farming</u> | |
|---------------------------|--|

| | |
|-----------------------------|--|
| OCCUPATION <u>Housework</u> | |
|-----------------------------|--|

| | |
|--|--|
| Number of child of this mother, including present birth <u>3</u> | Number of children of this mother now living, including present birth <u>3</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (For alive or stillborn) U. P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Id.

..... 19.....

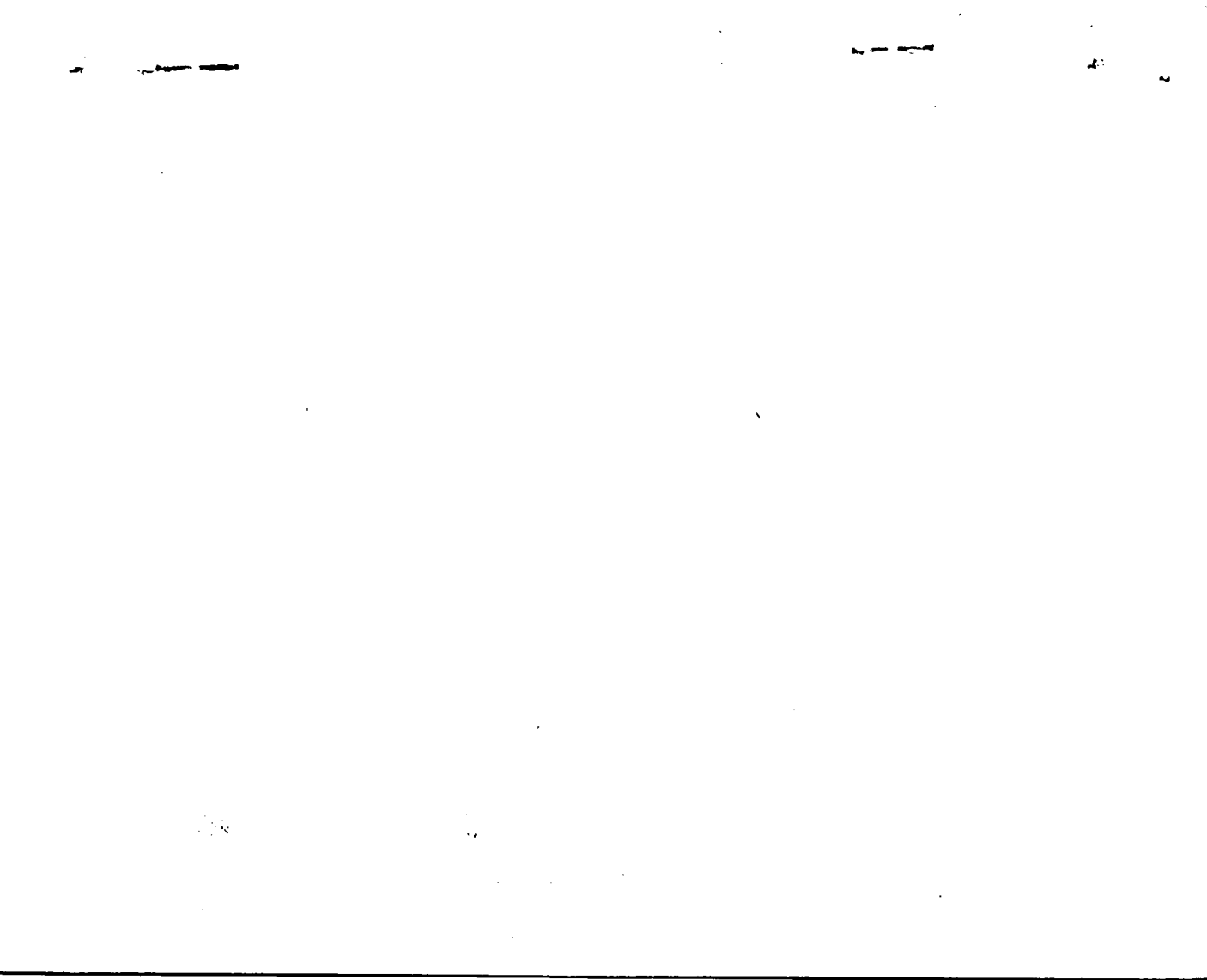
Registrar

Filed APR 1 1920

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss. 10 1941 Certificate No. 78269
County of Jerome } Date Filed.....
The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or death)
for Vernon William Ahrens who was born on March 21, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Family Bible record prepared on March 23, 1920, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name Unnamed Ahrens Vernon William Ahrens

Subscribed and sworn to before me this 8th
day of October, 1941

Signed John W. Ahrens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Jerome, Idaho

My commission expires 10-20-1941
[SEAL]

R. F. D. Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss. [This affidavit MUST also be executed.
County of Jerome } (See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of October, 1941

Signed John W. Ahrens
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Jerome, Idaho

My commission expires 10-20-41
[SEAL]

R. F. D. Jerome, Idaho
(Street Address, City, State)

Received for filing on..... By.....
(Registrar's signature)

OCT 14 1941

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-222-042-769
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G-25m-9-5-17

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 78270

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Blanche Hazel Brehe

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>3 22 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|---|

| | |
|-----------------------------------|--|
| FULL NAME
<u>Geo. Brehe</u> | FATHER |
| RESIDENCE
<u>Buhl, Ida.</u> | |
| COLOR
<u>whit.</u> | AGE AT LAST
BIRTHDAY <u>40</u>
(Years) |
| BIRTHPLACE
<u>Eureka, Nev.</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--|--|
| FULL MAIDEN NAME
<u>Bernice Alice Porch</u> | MOTHER |
| RESIDENCE
<u>Buhl, Ida.</u> | |
| COLOR
<u>whit</u> | AGE AT LAST
BIRTHDAY <u>31</u>
(Years) |
| BIRTHPLACE
<u>Huntington, Nev.</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings Mill

(Physician or midwife)

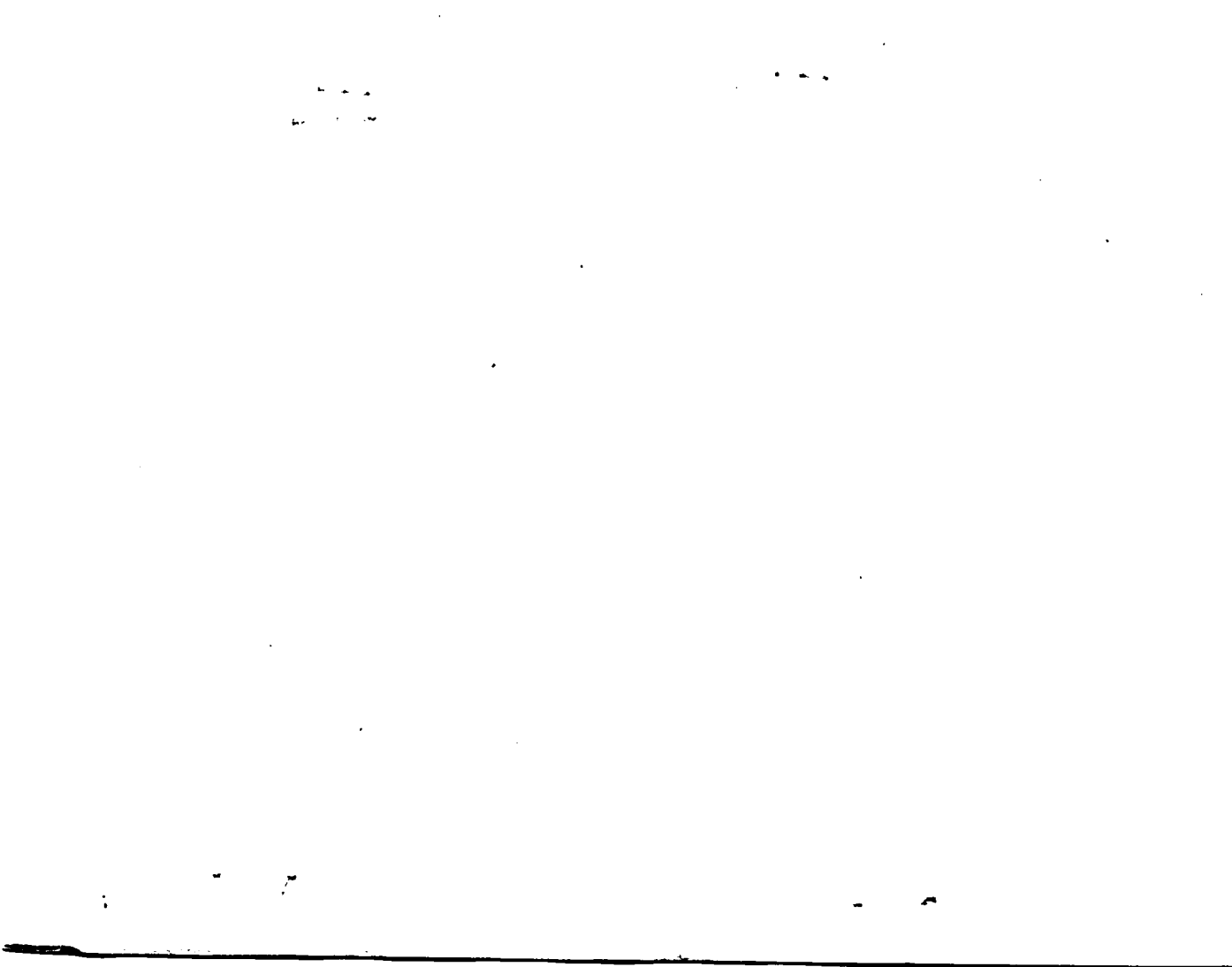
Given names added from a supplemental report.

Address Buhl, Ida.

Filed APR 1 1920

Registrar

J. H. Murphy
Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of NEVADA } SS.
County of ELKO }
Certificate No. 78270
Date Filed MAR 28 12 50 PM '74

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Brehe (female) who was born on March 22, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown see see other side prepared on see other side, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name

Unnamed

Blanche Hazel Brehe

Subscribed and sworn to before me this 15th day of March

Signed Etta Taher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Post Office Box 632, Elko, Nevada 89801
(Street Address, City, State)

Notary Public, residing at Elko, Nevada
My commission expires August 16, 1976
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } SS.
County of Elko }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March

Signed E. L. Smith
(Signature of Any Credible Person)

Notary Public, residing at Elko, Nevada
My commission expires August 2, 1976
(Seal)

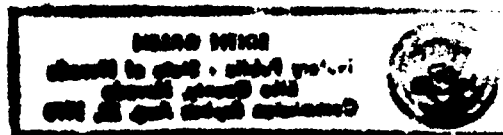
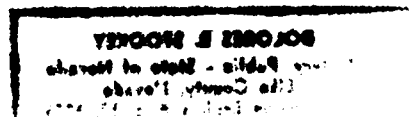
113 W. Fir St. Elko Nevada
(Street Address, City, State)

JUN 11 1974

Son's Birth Certificate dated 6/1/59
Nevada School Registration dated Sept. 6. 1927
Nevada Voting Registration Feb. 19, 1954

Own son's birth certificate from Nevada gives name as Michael Kevin Pohlbel sorn 5-23-59. father's names Harry Anthony Pohlbel and the mother's maiden name as Blanche Hazel Brehe. file n0. 59-002496. Viewed by V. S.

Indenture made Sept. 11, 1967 between Fay F. Strange and Edith F. Strange, Harry A. Pohlbel and Blanche Hazel Pohlbel. viewed by V. S.



155-123-042-993

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-37

CERTIFICATE OF BIRTH

County of.....

City of..... name added 3-25-85 d1

Registration District No.....

File No..... 78271

No.....St.

Primary Registration District No. 2087

Registered No.....

Hospital.....

Harold Robert Rees

FULL NAME OF CHILD

| | | | | | | | | |
|---|------|------------------------------|-----|--------------------------------|------------------|---------------|--------|--------|
| Sex of Child | male | Twin
Triplet
or other? | and | Number
in order
of birth | Legiti-
mate? | Date of Birth | Mar 23 | 1985 |
| (To be answered only in event of plural births) | | | | | yes | (Month) | (Day) | (Year) |

| | |
|----------------------|--------|
| FULL NAME | FATHER |
| Chas Luther Rees | |
| RESIDENCE | Buhl |
| COLOR | W |
| AGE AT LAST BIRTHDAY | 48 |
| BIRTHPLACE | Kansas |
| OCCUPATION | Farmer |

| | |
|----------------------|-----------|
| FULL MAIDEN NAME | MOTHER |
| Beal Rockway | |
| RESIDENCE | Buhl |
| COLOR | W |
| AGE AT LAST BIRTHDAY | 19 |
| BIRTHPLACE | Kansas |
| OCCUPATION | housewife |

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... Born alive or stillborn..... at 9 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

Physician
(Physician or midwife)

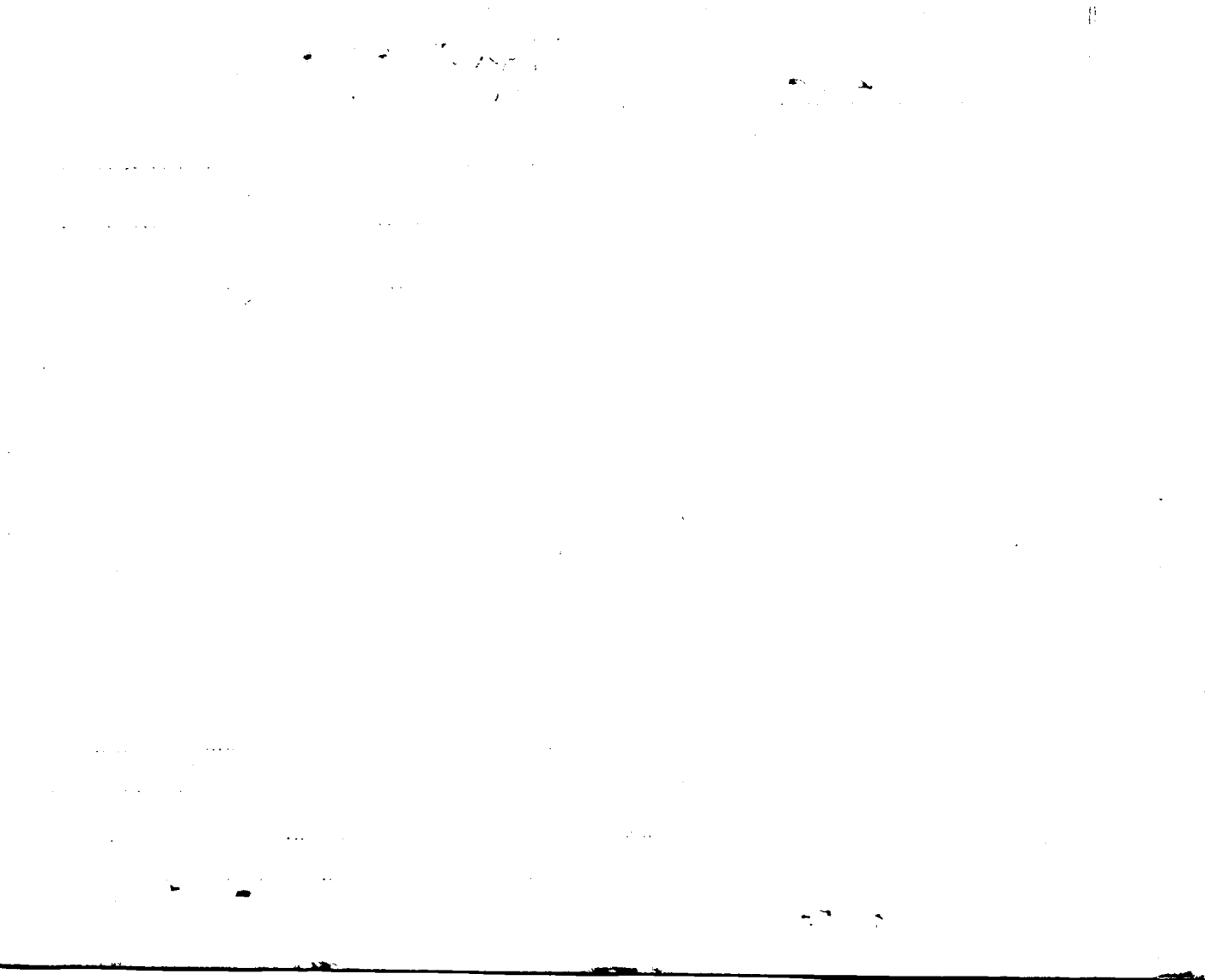
Given names added from a supplemental report.

Address.....

Filed.....

Registrar

Registrar



2-28-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS

State of _____ }
County of _____ } ss.

MAR 21 9 16 AM '85

Certificate No. 78271

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Rees who was born on Mar 23, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Buhl are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED**FROM****TO**

| ITEMS TO BE CORRECTED | FROM | TO |
|-----------------------|----------------|---------------------------|
| <u>childs name</u> | <u>Unnamed</u> | <u>Harold Robert Rees</u> |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this 4th day of March, 1985.

Notary Public, [Signature]

Residing at Circle, Mt.

My commission expires 12/13/85

(Seal)

[Signature]
Signature of Applicant

So. St. 1300 S. 1st
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

see credit

Honorable Discharge from U.S. Army lists Harold R. Rees born 3-23-20
was discharged May 23, 1945. Viewed by V.S.

Certificate of Baptism lists Harold Robert Rees child of Charles L Rees
and Pearl W. Brockway born March 23, 1920 in Buhl was baptised Nov 20, 1959.
Viewed by V.S.

MAR 25 1985

413-126-042-735
PLACE OF BIRTH

County of Linn, Ill.

City of Buhl

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-0-17

Registration District No. 39

File No. 78272

Primary Registration District No. 2087

Registered No.

Paul Charles Malone

| | | | | |
|--------------------------|---|---|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
or other?
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of
Birth <u>Mar. 26</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|---|-----------------------------|--|

| | |
|---------------------------------|---|
| FULL NAME <u>Geo. L. Malone</u> | FATHER |
| RESIDENCE <u>Buhl, Ida.</u> | |
| COLOR <u>Wht</u> | AGE AT LAST BIRTHDAY <u>49</u>
(Years) |
| BIRTHPLACE <u>Illinois</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Christina Glenn</u> | MOTHER |
| RESIDENCE <u>Buhl Ida</u> | |
| COLOR <u>Wht</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE <u>Arkansas</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 12 noon on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George J. Grunings M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address. Buhl, Ida.

Filed APR 1 1920 J. F. Murphy
Registrar

K

NOV 17 1949

256-127-042-794

PLACE OF BIRTH

County of Linn FallsCity of Buhl

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-2-27

CERTIFICATE OF BIRTH

Registration District No. 39File No. 78273Primary Registration District No. 2.0.87

Registered No.

Date Jan.

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>3 24 10</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

| | |
|---|---|
| FULL NAME <u>FATHER</u>
<u>Charles Herbert Linn</u> | FULL MAIDEN NAME <u>MOTHER</u>
<u>Orpha Linn</u> |
| RESIDENCE <u>Buhl - Ida.</u> | RESIDENCE <u>Buhl - Ida.</u> |
| COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>21</u>
(Years) | COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE <u>Arkansas</u> | BIRTHPLACE <u>Missouri</u> |
| OCCUPATION <u>Labster</u> | OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) George B. Linn
Physician
(Physician or midwife)

Address Buhl - Ida.Filed APR 1 1920 J. H. Murphy
Registrar

JUN 12 1973

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Twin Falls

BUREAU OF
VITAL STATISTICS

Certificate No. 78273

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Snow (Male) who was born on March 27, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by.....prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's name

Unnamed

Date 15 Snow

Subscribed and sworn to before me this 12th day of June, 1973

Notary Public, residing at Twin Falls, Idaho
My commission expires June 14, 1975
(Seal)

Signed Edythe M. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

533 Sparks St. Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

Honorable Discharge from the Army gives name as Dale Snow, born March 27, 1920.
Sept. 19, 1945 date of Separation. Viewed by V. S.

JUN 19 1973

Insurance Policy from Ohio National Life Ins. Co. gives name as Dale Snow. Policy
No. 561426 dated March 26, 1956. Viewed by V. S.

762-128-042-866
PLACE OF BIRTH

County of Twin Falls

City of

Registration District No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

78274

File No.

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD William Donald Postlewaite

| | | | | |
|-------------------------|------------------------------------|----------------------------------|------------------------|--|
| Sex of Child <u>Boy</u> | Twin Triplet or other? <u> </u> | and { Number in order of birth } | Legitimate? <u>yes</u> | Date of Birth <u>3 28 1920</u>
(Month) (Day) (Year) |
|-------------------------|------------------------------------|----------------------------------|------------------------|--|

FULL NAME S. G. Postlewaite FATHER
RESIDENCE Buhl Idaho
COLOR white AGE AT LAST BIRTHDAY 33
(Years)
BIRTHPLACE Illinois
OCCUPATION Farming

FULL MAIDEN NAME Velma Hoover MOTHER
RESIDENCE Buhl Idaho
COLOR white AGE AT LAST BIRTHDAY 39
(Years)
BIRTHPLACE Nebraska
OCCUPATION Housework

Number of child of this mother, including present birth.

Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

alive at 9:15 a.m.
(born alive or stillborn)
Dr. C. H. Murphy
Physician or midwife

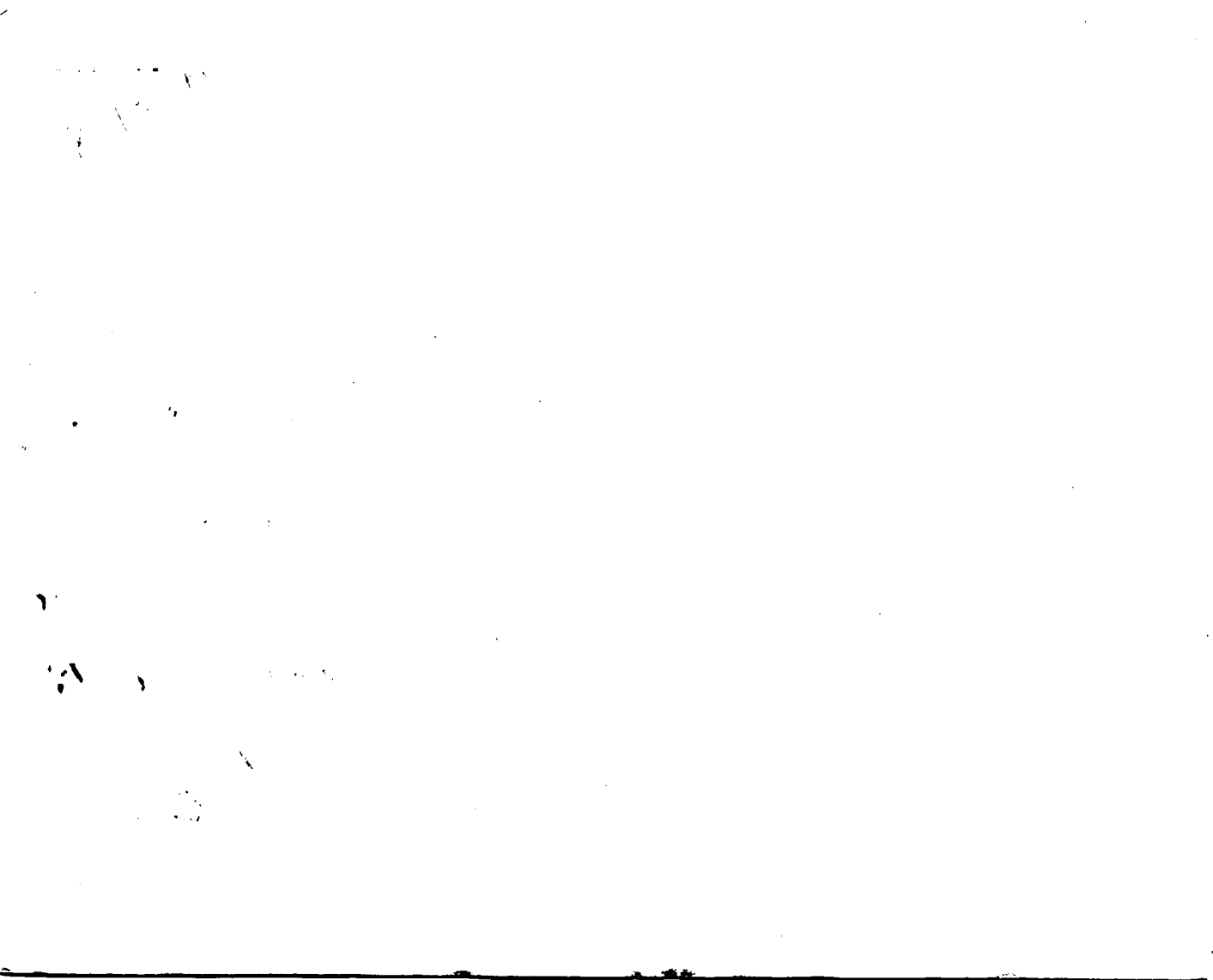
Given names added from a supplemental report.

Address

Filed APR 1 1920

Registrar

Registrar



212-628-042-929

PLACE OF BIRTH

County of *Twin Falls*City of *Buhl*

No. St.

Hospital

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

Donald Everett

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

File No.

Registered No.

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <i>Male</i> | Twin Triplet or other? <i>and</i> { Number in order of birth | Legitimate? <i>Yes</i> | Date of Birth <i>3-78-1920</i>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

| | |
|----------------------------------|---|
| FULL NAME <i>Everett Babcock</i> | FATHER |
| RESIDENCE <i>Buhl, Ida.</i> | |
| COLOR <i>wh</i> | AGE AT LAST BIRTHDAY <i>27</i>
(Years) |
| BIRTHPLACE <i>Downs, Kans</i> | |
| OCCUPATION <i>Barber</i> | |

| | |
|---|---|
| FULL MAIDEN NAME <i>Anna A. Zbinden</i> | MOTHER |
| RESIDENCE <i>Buhl, Ida.</i> | |
| COLOR <i>wh</i> | AGE AT LAST BIRTHDAY <i>23</i>
(Years) |
| BIRTHPLACE <i>Gillham, Mo.</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth... *1* Number of children of this mother now living, including present birth... *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *2 P. M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Geo. Jennings M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address *Buhl, Ida.*Filed *APR 1 1920*

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78275
County of Twin Falls }
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Donald Everett Babcock who was born on March 28, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Donald Everett Babcock

Subscribed and sworn to before me this 23rd
day of June, 1942
[Signature]
Notary Public, residing at Buhl, Idaho
My commission expires November 14, 1942
(Seal)

Signed Donald Everett Babcock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1006 Main St., Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 23rd
day of June, 1942
[Signature]
Notary Public, residing at Buhl, Idaho
My commission expires 11/14/42
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed C. D. Boring
(Signature of Any Credible Person Other Than Previous Year)
425-11 Ave North
(Street Address, City, State)
Buhl, Idaho

JUN 24 1942

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-138-04-773
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 10-0-22a-0-0-17

County of *Twin Falls*

Amended 3/22/77

CERTIFICATE OF BIRTH

City of *Buhl*

Registration District No. *39*

File No. *78276*

No. *St*

Primary Registration District No. *2087*

Registered No.

Hospital

FULL NAME OF CHILD *Ralph Glendon Larsen*

| | | | | |
|---|---|--------------------------------------|---|--|
| Sex of Child
<i>Boy</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <i>yes</i> | Date of Birth
<i>3/30</i>
(Month) (Day) (Year) <i>1920</i> |
| FULL NAME FATHER
<i>Ralph Larsen</i> | | | FULL MAIDEN NAME MOTHER
<i>Carolyn Patrick</i> | |
| RESIDENCE
<i>Buhl</i> | | | RESIDENCE
<i>Buhl Idaho</i> | |
| COLOR
<i>white</i> | AGE AT LAST BIRTHDAY <i>28</i>
(Years) | | COLOR
<i>white</i> | AGE AT LAST BIRTHDAY <i>25</i>
(Years) |
| BIRTHPLACE
<i>Utah</i> | | | BIRTHPLACE
<i>Idaho</i> | |
| OCCUPATION
<i>mechanic</i> | | | OCCUPATION
<i>House work</i> | |

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *6 P.* M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Arthur Chucky*

Given names added from a supplemental report.

(Physician or midwife)

.....18.....

Address *Buhl Idaho*

.....19.....

Filed *APR 1 1920*

Registrar

Registrar

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Gooding

ss.

MAR 11 11 43 AM '77

Certificate No. 78276

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed Larson (male) who was born on March 30, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Buhl, Idaho (Twin Falls) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Personal Knowledge prepared on March 10, 1977 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's name Unnamed Larson
father's name Larson

Ralph Glendon Larson
Larsen

Subscribed and sworn to before me this 2nd day of
March, 1977.

Signed Anna M. [Signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Bliss, Idaho
My commission expires Dec. 22, 1980
(Seal)

178 Cleveland St. Bliss, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding

ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of
March, 1977.

Signed [Signature]
(Signature of Any Credible Person)

Notary Public, residing at Bliss, Idaho
My commission expires Dec. 22, 1980
(Seal)

Box 89 Rt 1 Bliss, Idaho
(Street Address, City, State)

Notification of birth registration from Idaho gives child s name as Glenda Joan Larsen ~~xx~~ born Jan 16, 1942 at Boise, Idaho file No. 337054. father's name as Ralph Glendon Larsen and mother's name as Hazel Irene Lawrence. viewed by V. S.

MAR 22 1977

Marriage certifi and license from Idaho gives name as Ralph Glendon Larsen as the groom and bride's name as Hazel Irene Lawrence. dated May 18, 1939. viewed by V. S.

695-127-042-243
PLACE OF BIRTHCounty of LincolnCity of Filer

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 38

Primary Registration District No. 2086

File No. 78277

Registered No.

| | | | | |
|--------------------------|---|--------------------------------------|------------------------------|--|
| Sex of Child <u>Mal.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes.</u> | Date of Birth <u>March 27</u> 1920
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|------------------------------|--|

| | |
|----------------------------|---|
| FULL NAME <u>Clara</u> | FATHER <u>Harry Winkle</u> |
| RESIDENCE <u>Filer</u> | |
| COLOR | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE <u>Missouri</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Willa Bullock</u> | MOTHER |
| RESIDENCE <u>Filer</u> | |
| COLOR | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Missouri</u> | |
| OCCUPATION <u>Housewife</u> | |

| | |
|--|--|
| Number of child of this mother, including present birth <u>One</u> | Number of children of this mother now living, including present birth <u>One</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 2:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Wright M.D.(Physician or midwife) Filer, Idaho

Given names added from a supplemental report.

Address 49 NewberryFiled 4-2 1920

Registrar

Registrar

FEB 10 1943

JUN 19 1941

154-208-042-219
PLACE OF BIRTH name added 3/5/81STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Linn FallsCity of FilevRegistration District No. 38File No. 78278

No. _____ St.

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Lillian Louise Andrews

| | | | | |
|---------------------------------------|---|--------------------------------------|--|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and } Number
in order
of birth | Legitimate? <u>Yes</u> | Date of Birth <u>3-8-20</u>
(Month) (Day) (Year) |
| FULL NAME <u>E. J. Andrews</u> FATHER | | | FULL MAIDEN NAME <u>Pessie Barnes</u> MOTHER | |
| RESIDENCE <u>Filev, Idaho.</u> | | | RESIDENCE <u>Filev, Idaho.</u> | |
| COLOR <u>N.</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) | | COLOR <u>N.</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE <u>Mo.</u> | | | BIRTHPLACE <u>Mo.</u> | |
| OCCUPATION <u>Farmer</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.(Born alive or otherwise) 3-8-20 at 9³⁵ P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry(Physician or midwife) Filev, Idaho

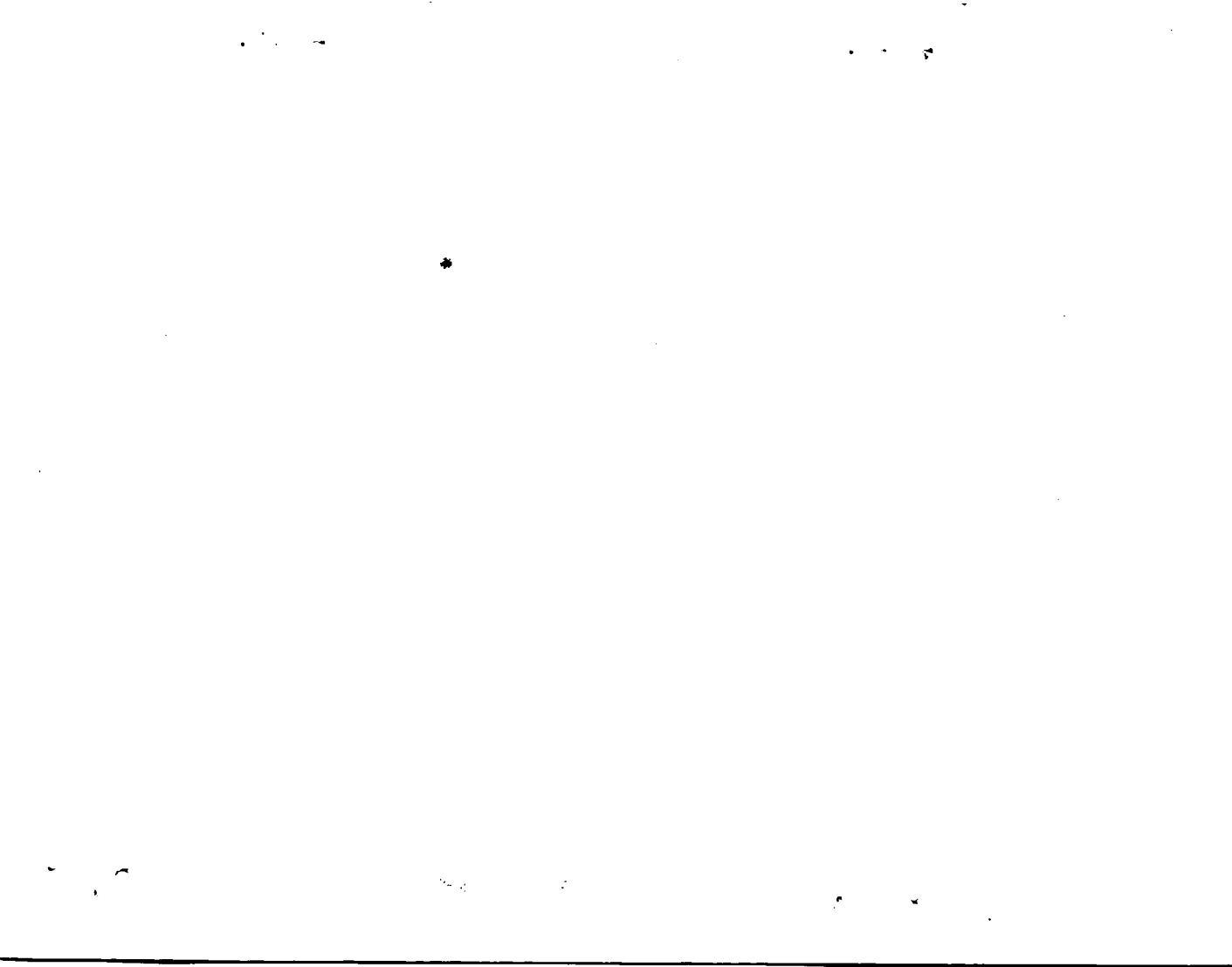
Given names added from a supplemental report.

Address _____

Filed 3-8-20

Registrar

Registrar Dr. A. A. Newberry



8-9-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

OCT 16 1980

State of _____ } ss.
County of _____ }Certificate No. 78278

Date Filed _____

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Andrews who was born on March 8, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Filer (Twin Falls) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameomittedLillian Louise AndrewsSubscribed and sworn to before me this 30 day ofSeptember, 1980Notary Public, Leon K. EllerResiding at 1440 W Shaw, FresnoMy commission expires May 4 1984

(Seal)

Lillian Louise Andrews
Signature of Applicant1240 March 8, 1920
Street Address, City, StateFiler, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif } ss.
County of Fresno }

(Must be completed _____)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day ofSeptember, 1980Notary Public, Leon K. EllerResiding at 1440 W Shaw, FresnoMy commission expires May 4 1984

(Seal)

Ressie L. Andrews (MOTHER)
Supporting Signature4613 N. EMERSON #2 FRESNO CAL
Street Address, City, State

Marriage record from California gives names as Jesse Dee Kent and Lillian Louise Andrews. dated May 5, 1938 viewed by V. S.

Own child's birth certificate gives name of mother as Lillian Louise Andrews.
Child born August 4, 1941 in Tulare county, California. #5451.
viewed by V.S.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

811-108-002-285
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-8-15

CERTIFICATE OF BIRTH

County of Lin. Falls

City of Filer

Registration District No. 38

File No. 78279

No. _____ St. _____

Primary Registration District No. 2084

Registered No. _____

Hospital Bayd at Lin. Falls

FULL NAME OF CHILD not named Elmer Ezra Haag, Jr.

| | | | | | |
|--------------------------|---|-----|--------------------------------|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>3-8-20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|-----------------------------|---|

| | |
|-----------------------------|---|
| FULL NAME <u>E. E. Haag</u> | FATHER |
| RESIDENCE <u>Filer, Ida</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) |
| BIRTHPLACE <u>Id.</u> | |
| OCCUPATION <u>Banker</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Ethel Shearer</u> | MOTHER |
| RESIDENCE <u>Filer, Ida</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Id.</u> | |
| OCCUPATION <u>House</u> | |

Number of child of this mother, including present birth. 3

Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

3-8-20 at 7¹⁵ A. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

Filer, Ida

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 3-8-20

Dr. A. A. Newberry
Registrar

OCT 30 1944

. Dep of 1920-316778

895-226-042-653

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-15

County of Lincoln

CERTIFICATE OF BIRTH

City of FileRegistration District No. 38File No. 78280

No. _____ St. _____

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Alice Grace Heiter

| | | | | |
|----------------------------|---|------------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and Number
in order
of birth | Legitimate? <u>yes</u> | Date of Birth <u>3-26-20</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------------------|------------------------|--|

| | | | |
|---------------------------------|---|---------------------------------|---|
| FATHER | | MOTHER | |
| FULL NAME <u>Oscar A Heiter</u> | FULL MAIDEN NAME <u>Elva L Wellman</u> | FULL NAME <u>Oscar A Heiter</u> | FULL MAIDEN NAME <u>Elva L Wellman</u> |
| RESIDENCE <u>File, Ida.</u> | RESIDENCE <u>File, Ida.</u> | RESIDENCE <u>File, Ida.</u> | RESIDENCE <u>File, Ida.</u> |
| COLOR <u>H.</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) | COLOR <u>H.</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE <u>Ida.</u> | BIRTHPLACE <u>Kan.</u> | BIRTHPLACE <u>Ida.</u> | BIRTHPLACE <u>Kan.</u> |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>Wife</u> | OCCUPATION <u>Farmer</u> | OCCUPATION <u>Wife</u> |

| | |
|---|---|
| Number of child of this mother, including present birth. <u>2</u> | Number of children of this mother now living, including present birth. <u>2</u> |
|---|---|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.(Born alive or ~~stillborn~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. A. Newberry
File, Ida.
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 3-26-20

D. A. Newberry
Registrar

AUG 8 1961

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-042-042-269

PLACE OF BIRTH

County of Lin. FallsCity of Filer

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 38Primary Registration District No. 2086

File No.

78281

Registered No. _____

| | | | | |
|----------------------------|---|-------------------------------------|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth
{ | Legiti-
mate? <u>yes</u> | Date of Birth <u>3-18</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-------------------------------------|-----------------------------|--|

FULL NAME FATHER Joseph ShanceRESIDENCE Filer, Ida.COLOR H AGE AT LAST BIRTHDAY 37
(Years)BIRTHPLACE Mo.OCCUPATION FarmerFULL MAIDEN NAME MOTHER Mabel SwiftRESIDENCE Filer, Ida.COLOR H AGE AT LAST BIRTHDAY 22
(Years)BIRTHPLACE Colo.OCCUPATION WifeNumber of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. A. A. Newberry
Filer, Ida.
(Physician or midwife)

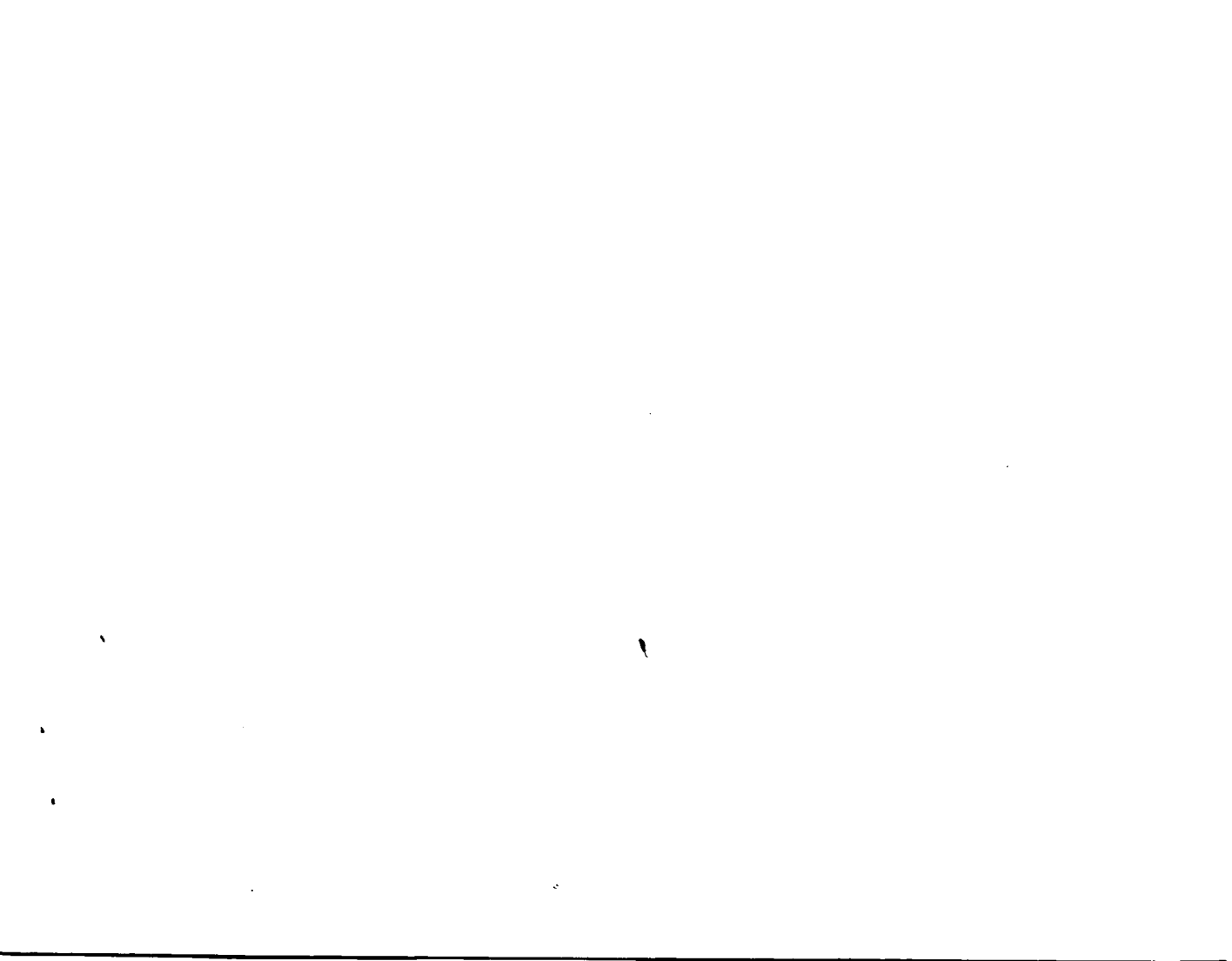
Given names added from a supplemental report.

Address _____

Filed 3-18 1920

Registrar

Registrar



295-121-042-714
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Linn FallsCity of FillerRegistration District No. 38File No. 78282

No. _____ St. _____

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Charles August Bremers

| | | | |
|--|---|---|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ and _____ Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>3-21-20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>August Bremers</u>
RESIDENCE <u>Filler, Ida.</u>
COLOR <u>H.</u> AGE AT LAST BIRTHDAY <u>23</u>
(Years)
BIRTHPLACE <u>Nebr.</u>
OCCUPATION <u>Farmer</u> | | MOTHER
FULL MAIDEN NAME <u>Sarah Gambrel</u>
RESIDENCE <u>Filler, Ida.</u>
COLOR <u>H.</u> AGE AT LAST BIRTHDAY <u>19</u>
(Years)
BIRTHPLACE <u>Nebr.</u>
OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. A. A. Newberry
Filler, Ida.
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 3-21-2019 20Dr. A. A. Newberry
Registrar

SEP 18 1974

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-213-042-287

PLACE OF BIRTH

County of *Twin Falls*

City of *11 11*

No. *St.*

Hospital

FULL NAME OF CHILD

Registration District No. *37*

Primary Registration District No. *1085*

File No. *78283*

Registered No.

Maribel Jane Tinker Ethel Lucile

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <i>female</i> | Twin Triplet or other? <i>and</i> (To be answered only in event of plural births) | Legitimate? <i>yes</i> | Date of Birth <i>March 13 1920</i>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

| | |
|---|---|
| FULL NAME <i>Edmund Milo Tinker</i> | FATHER |
| RESIDENCE <i>244 8th Ave. N - Twin Falls - Ida</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>27</i>
(Years) |
| BIRTHPLACE <i>Kansas</i> | |
| OCCUPATION <i>Contractor</i> | |

| | |
|---|---|
| FULL MAIDEN NAME <i>Lillian Thacker</i> | MOTHER |
| RESIDENCE <i>244 8th Ave. N - Twin Falls - Ida</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>25</i>
(Years) |
| BIRTHPLACE <i>Kansas</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth... *1*..... Number of children of this mother now living, including present birth... *1*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at *8³⁰ a.m.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Har. P. Scott M.D.*

Given names added from a supplemental report.

Address *Twin Falls - Ida*

Filed *Mar 10 1920*

Registrar *Marion H. Campbell*

JUL 6 1972

MAR 11 1971

239 - 114 - 042 - 433

PLACE OF BIRTH

County of *Twin Falls*

City of

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-22a-2-27

Registration District No. *37*File No. *78284*Primary Registration District No. *0827*

Registered No.

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <i>male</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <i>yes</i> | Date of Birth <i>March 14</i>
(Month) (Day) (Year) <i>1912</i> |
|--------------------------|---|--------------------------------------|-----------------------------|---|

| | |
|-------------------------------------|---|
| FULL NAME <i>Martin V Stierwalt</i> | FATHER |
| RESIDENCE <i>Twin Falls, Idaho</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>39</i>
(Years) |
| BIRTHPLACE <i>Kans.</i> | |
| OCCUPATION <i>farmer</i> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <i>Denna McGinty</i> | MOTHER |
| RESIDENCE <i>Twin Falls, Idaho</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>34</i>
(Years) |
| BIRTHPLACE <i>Mo.</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at M.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) *Geo. Glendeb*

(Physician or midwife)

Address *Twin Falls, Idaho*Filed *Apr 8 1912*

Registrar

Registrar

AUG 17 1954

235-106-042-366

PLACE OF BIRTH

County of *Twin Falls*City of *Twin Falls*No. *733-5 E Ave*Registration District No. *27*Primary Registration District No. *1082*

Hospital

FULL NAME OF CHILD

Stevens

| | | | | |
|--------------------------|---|--------------------------------|------------------------|---|
| Sex of Child <i>male</i> | Twin Triplet or other? <i>(To be answered only in event of plural births)</i> | and { Number in order of birth | Legitimate? <i>yes</i> | Date of Birth <i>March 6 20</i>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------|------------------------|---|

| | |
|----------------------------------|---|
| FULL NAME <i>Chas F. Stevens</i> | FATHER |
| RESIDENCE <i>Twin Falls, Ida</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>42</i>
(Years) |
| BIRTHPLACE <i>mo</i> | |
| OCCUPATION <i>laborer</i> | |

| | |
|-------------------------------------|---|
| FULL MAIDEN NAME <i>Rosa Coffey</i> | MOTHER |
| RESIDENCE <i>Twin Falls, Ida</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>43</i>
(Years) |
| BIRTHPLACE <i>mo</i> | |
| OCCUPATION <i>housewife</i> | |

| | |
|---|---|
| Number of child of this mother, including present birth..... <i>6</i> | Number of children of this mother now living, including present birth..... <i>6</i> |
|---|---|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....*Born alive*..... at.....*39*..... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*How Shovel*.....

Given names added from a supplemental report.

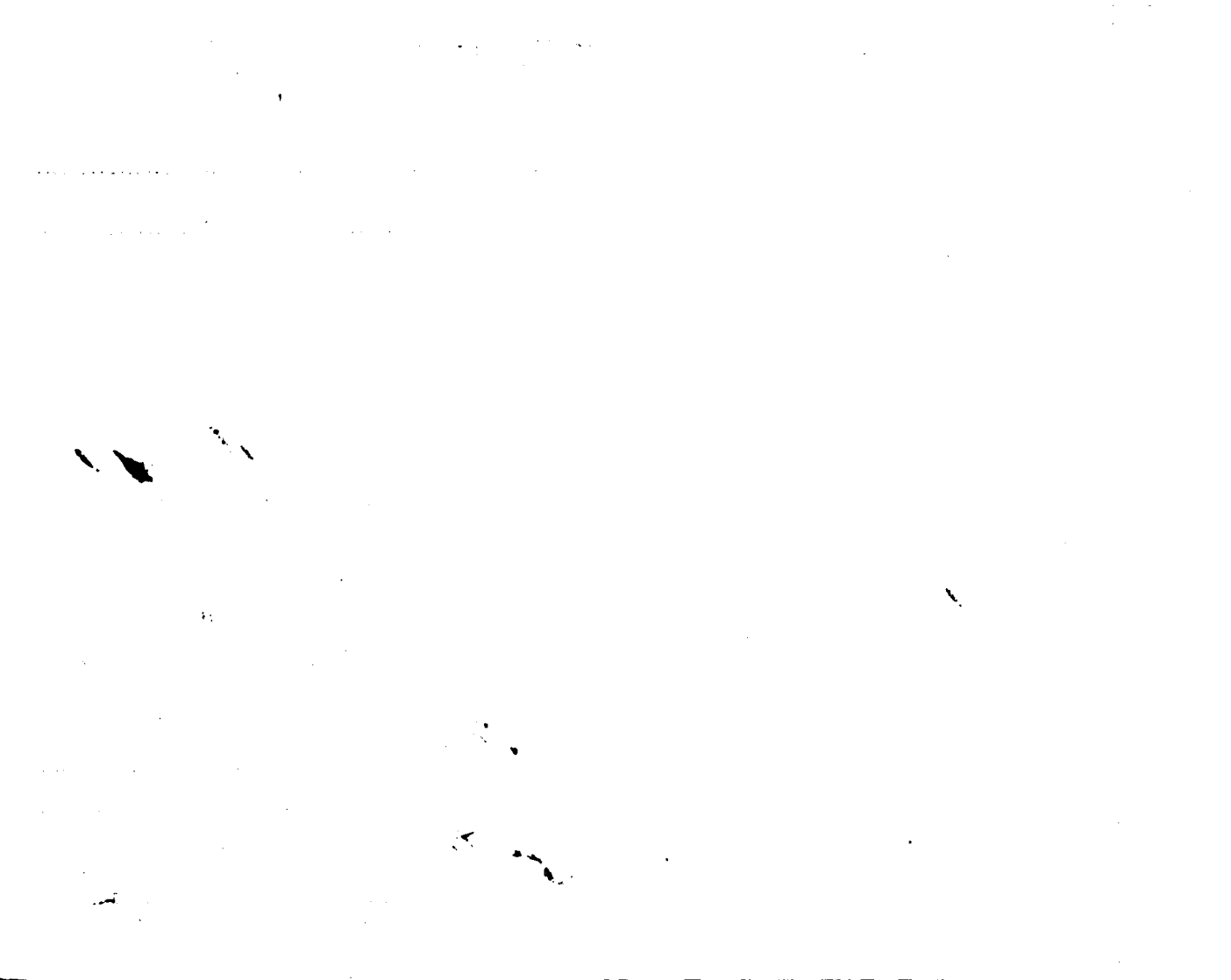
.....*Physician or midwife*.....
Address.....*Twin Falls, Idaho*.....
Filed.....*Apr 8 1920*.....
Registrar.....*John T. Campbell*.....
Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-2-27

File No.*78285*....

Registered No.



386-219-027-155

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-9-3-37

County of Eden JeromeCity of EdenRegistration District No. 36File No. 78286

No. St.

Primary Registration District No. 10.8.5

Registered No.

Hospital

FULL NAME OF CHILD Wm. A. Thompson

| | | | | | |
|----------------------------|------|---------|---|------------------------|---|
| Sex of Child <u>female</u> | Twin | } and { | Number
Triplet
or other?
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>March 19</u> 191 <u>20</u>
(Month) (Day) (Year) |
| | | | | | |

FATHER
FULL NAME Wm A ThompsonRESIDENCE Eden, IdnCOLOR white AGE AT LAST BIRTHDAY 32
(Years)BIRTHPLACE UtahOCCUPATION Mgr. grain elevatorMOTHER
FULL MAIDEN NAME Phaed CressettRESIDENCE Eden, IdahoCOLOR white AGE AT LAST BIRTHDAY 22
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Lundberg
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, IdahoFiled Mar 19 20

Registrar

Registrar

2
- RELASTIO
- HETEC. TO JATT



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.....

|

653-223-042-295

PLACE OF BIRTH

Form V. S. No. 11-C-20m-2-15-12

BUREAU OF VITAL STATISTICS

County of Twin FallsCity of Twin FallsRegistration District No. 37File No. 78287

No. _____ St. _____

Primary Registration District No. 1085

Registered No. _____

Hospital HomeFULL NAME OF CHILD Jessie Lorraine Fellebaum

| | | | | |
|---|------------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ | and (Number in order of birth) <u>4</u> | Legitimate? <u>Yes</u> | Date of Birth <u>1/25</u> 19 <u>20</u> |
| (To be answered only in event of plural births) | | | (Month) | (Day) (Year) |

FULL NAME FATHER Fred N. FellebaumRESIDENCE Twin Falls, IdahoCOLOR White AGE AT LAST BIRTHDAY 32 (Years)BIRTHPLACE OhioOCCUPATION FarmerFULL MAIDEN NAME MOTHER Jessie KendallRESIDENCE Twin Falls, Ida.COLOR White AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE WashingtonOCCUPATION HousewifeNumber of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 11 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John R. Morgan

(Physician or midwife)

Given names added from a supplemental report

Address

Twin Falls, Ida.

Filed

Mar 12 1920 John F. Coughlin

Registrar

City Pharmacy

Mr. J. T. Doughlin

City

New City Pharmacy

Mr. John T. Doughlin,
City

248-107-642-443

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St. _____

Hospital Home

FULL NAME OF CHILD Sowell Dwight Kuykendall

Sex of Child Male ☒ Male ☐ Female ☐ Other ☐ and (Number in order of birth) 7 Legitimate? Yes Date of Birth 2/7/20 (Month) (Day) (Year)

FATHER
FULL NAME Oscar Kuykendall
RESIDENCE Twin Falls
COLOR White AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Kansas
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Minnie Mue
RESIDENCE Twin Falls
COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Missouri
OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

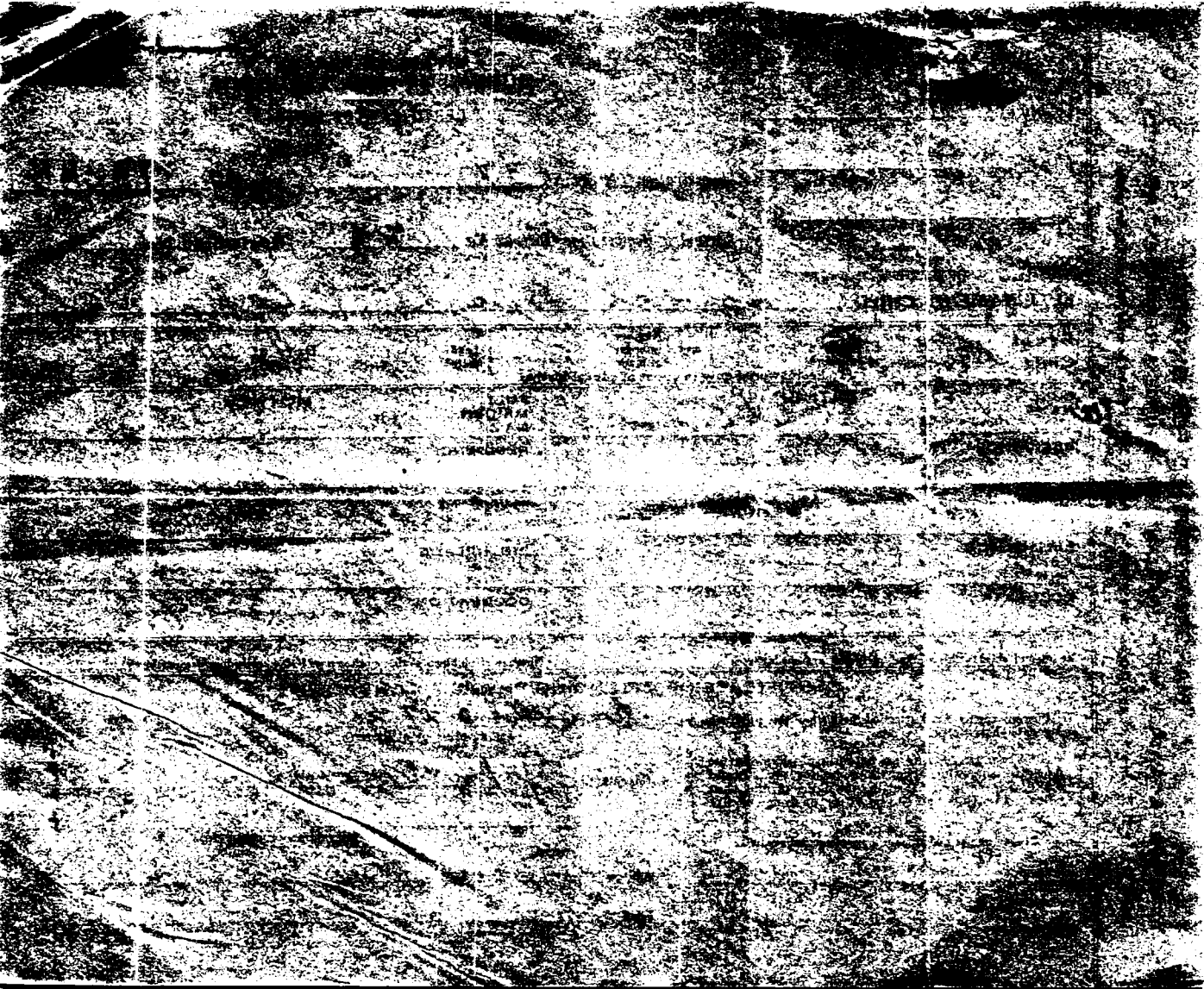
I hereby certify that I attended the birth of this child, who was Born Alive 2-27-20 at 4 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John R. Morgan
(Physician or midwife)

Given names added from a supplemental report

Address Twin Falls, Idaho
Filed Mar 2 1920 John F. Coughlin
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } SS. Certificate No. 28288
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed who was born on Feb. 7, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Social Security Card prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name unnamed Sowell Dwight
Knykendall

Subscribed and sworn to before me this 6th
day of January, 19 42.

Mary B. Edwards
Notary Public, residing at Boise, Idaho.
My commission expires November 6, 1944.
(SEAL)

Signed [Signature]
(SIGNATURE OF PARANT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)
1044 7th Ave. East, Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Ada } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of January, 19 42.

Mary B. Edwards
Notary Public, residing at Boise, Idaho.
My commission expires November 6, 1944.
(SEAL)

Signed [Signature]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1701 Jefferson, Boise, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

11-11

11-11

11-11

11-11

11-11

419-209-042-992

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 2-15-12

CERTIFICATE OF BIRTH

County of Twin FallsCity of Twin FallsNo. 520-3rd Ave E. St.Registration District No. 37File No. 78290Primary Registration District No. 1085

Registered No. _____

Hospital Home

FULL NAME OF CHILD

Baby M. Marsh Betty Jean MarshSex of
ChildFemaleSingle
or other?

(To be answered only in event of plural births)

and Number
in order
of birth1Legiti-
mate?YesDate of
Birth1-9-20

(Month) (Day) (Year)

FULL
NAMEBert Marsh

FATHER

RESIDENCE

Twin Falls

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Holden Mo

OCCUPATION

Hardware MerchantFULL
MAIDEN
NAMEEvelyn Marie Zibell

MOTHER

RESIDENCE

Twin Falls, Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Holton Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born Alive 1-9-20

(Born alive or stillborn)

6 A. M.*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

John R. Morgan

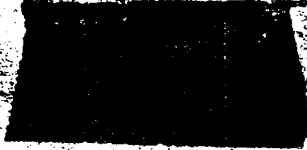
(Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls, IdaFiled Mar 15 20 John H. Campbell
Registrar

UNITED STATES
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535



NOV 7 1963
L.B.

133-222-042-249

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital Home

FULL NAME OF CHILD

Margaret Yvonne Allen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20a-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 27

File No. 78292

Primary Registration District No. 1082

Registered No.

| | | | | |
|---|--------------------------------------|--|------------------------|----------------------------------|
| Sex of Child <u>Girl</u> | Twin Triplet or other? <u> </u> | and Number in order of birth <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>Feb 22-1928</u> |
| (To be answered only in event of plural births) | | | | (Month) (Day) (Year) |

FATHER
FULL NAME Louis L. Allen
RESIDENCE Twin Falls
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Utah
OCCUPATION Collection

MOTHER
FULL MAIDEN NAME Margaret Smith
RESIDENCE Twin Falls, Ida
COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE England
OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive on the date above stated.

(Born alive or stillborn)

at 10³⁰ P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John R. Morgan

(Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls, Ida

Filed Mar 15 1928

John F. Coughlin
Registrar

ONE 1/10
STATE OF NEW YORK
JAN 10 1911

IN SENATE
JAN 10 1911
REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
JAN 10 1911

ALBANY
JAN 10 1911
PUBLISHED BY THE
STATE OF NEW YORK
JAN 10 1911

STATE OF NEW YORK
JAN 10 1911
PUBLISHED BY THE
STATE OF NEW YORK
JAN 10 1911

331-205-042-355

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin FallsCity of " "Registration District No. 37File No. 78293

No. _____ St. _____

Primary Registration District No. 1085 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Georgia Clark

| | | | | |
|----------------------------|-----------------------------------|-----------------------------------|------------------------|---|
| Sex of Child <u>female</u> | Twin Triplet or other? <u>and</u> | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar 5 1920</u>
(Month) (Day) (Year) |
|----------------------------|-----------------------------------|-----------------------------------|------------------------|---|

| | |
|----------------------------------|---|
| FULL NAME <u>Will E. Clark</u> | FATHER |
| RESIDENCE <u>Twin Falls, Ida</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>37</u>
(Years) |
| BIRTHPLACE <u>Missouri</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|------------------------------------|---|
| FULL MAIDEN NAME <u>Clasie Lee</u> | MOTHER |
| RESIDENCE <u>Twin Falls</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE <u>Missouri</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:00 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Caughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida
Filed Mar 17 1920 John F. Caughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



655-103-2423-239

Form 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Registration District No. 27File No. 78294No. St. Primary Registration District No. 1085 Registered No. Hospital FULL NAME OF CHILD Fender HERBERT WAYNE FENDER

| | | | | | |
|--------------------------|---|-----|--------------------------|------------------------|---|
| Sex of Child <u>male</u> | <u>Twin</u>
Triplet or other?
(To be answered only in event of plural births) | and | Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>Mar 3</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------|------------------------|---|

FATHER
FULL NAME R. Lester Fender
RESIDENCE Twin Falls, Ida.
COLOR white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE N. C.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Anna Strode
RESIDENCE Twin Falls, Ida.
COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Missouri
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 45 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

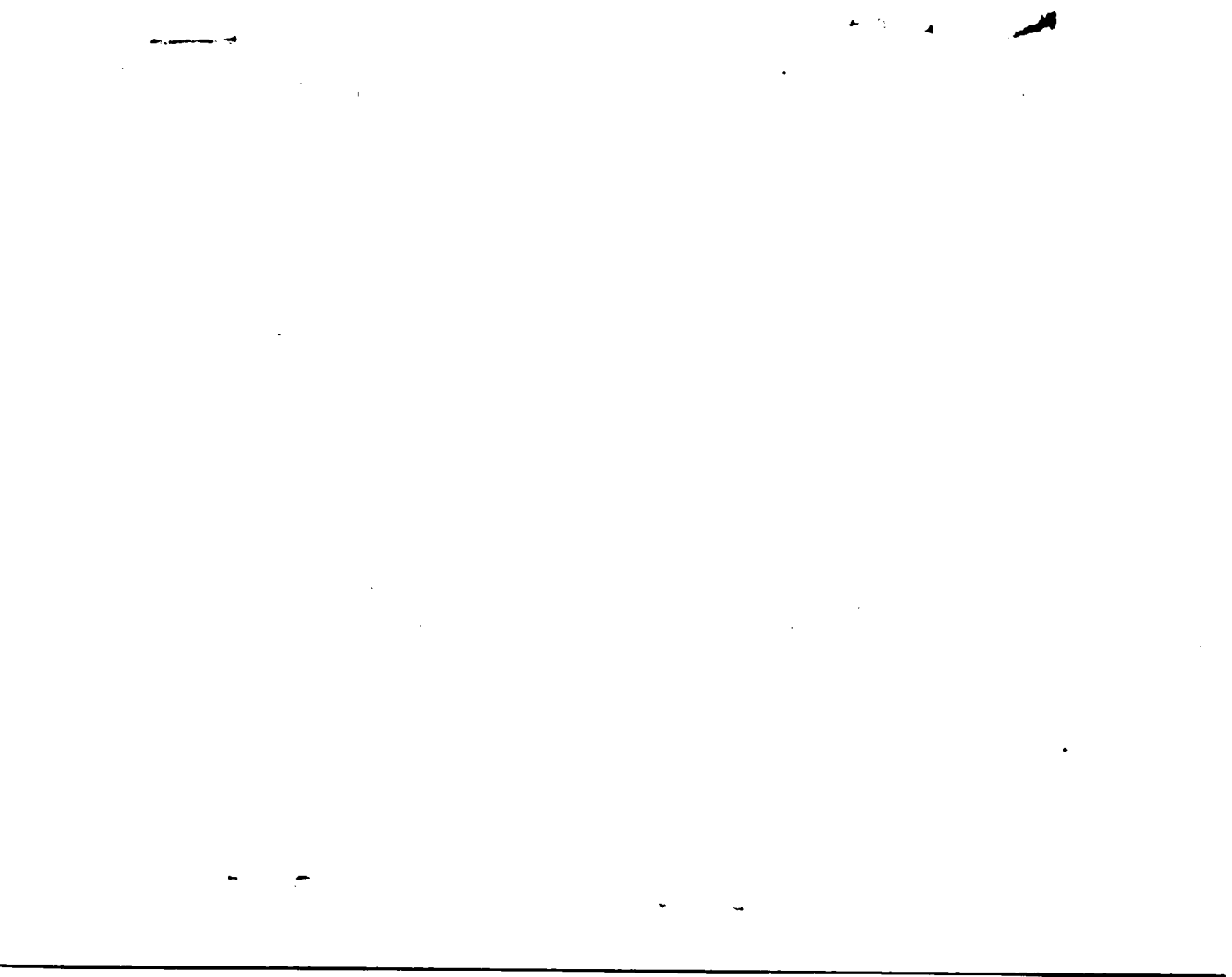
(Signature) John F. Caughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida.
Filed Mar 5 1920 John F. Caughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } SS.
Certificate No. 78294
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Fender who Born on March 3 1920
in Twin Falls are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name Unnamed Fender Herbert Wayne Fender

Subscribed and sworn to before me this 13th
day of March, 1942
James E. Hack
Notary Public, residing at Twin Falls, Ida.
My commission expires Jan 20 1945
(SEAL)

Signed Filer Idaho
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Mrs Anna Belle Fender
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } SS.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 13th
day of March, 1942
James E. Hack
Notary Public, residing at Twin Falls, Ida.
My commission expires Jan 20 1945
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

Signed Mrs. R. W. Cochran
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Twin Falls, Ida. 19.1.
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 16 1942 By _____
(REGISTRAR'S SIGNATURE)

MAR 24 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

866-208-042-895

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 37

File No. 78295

Primary Registration District No. 1085

Registered No. _____

Katherine May Hoover

| | | | | | |
|----------------------------|---|-----|--------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Mar 8</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|------------------------|---|

FATHER
FULL NAME Macey S. Hoover
RESIDENCE Twin Falls, Ida
COLOR white AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Penn
OCCUPATION Mgr. Bus. College

MOTHER
FULL MAIDEN NAME Nellie Hinchliff
RESIDENCE Twin Falls
COLOR white AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Nebraska
OCCUPATION H. sup.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated. (Born alive or stillborn)

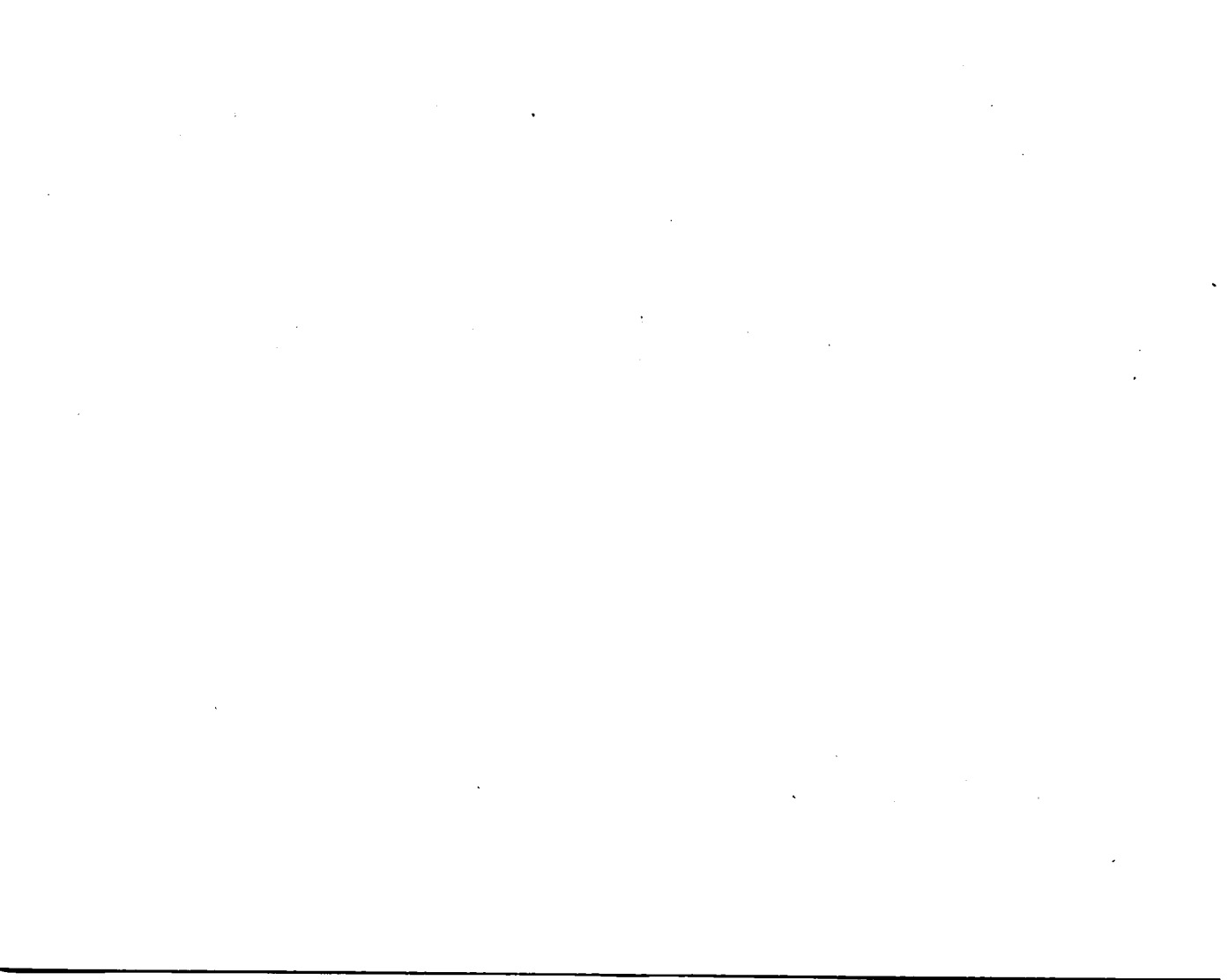
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Caughlin
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida
Filed Apr 10 1920 John F. Caughlin
Registrar

Registrar



533-217-042-253

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-37

County of Twin Falls,.....City of Twin Falls.....Registration District No. 37.....File No. 78296.....No. St.....Primary Registration District No. 1085.....

Registered No.

Hospital

FULL NAME OF CHILD Ellsworth Margaret Louise Ellsworth

| | | | | |
|-------------------------------|---|----------------------------------|---------------------------|--|
| Sex of Child
<u>Female</u> | Twin Triplet or other?
(To be answered only in event of plural births) | and { Number in order of birth } | Legitimate?
<u>Yes</u> | Date of Birth <u>March-17-1920</u>
(Month) (Day) (Year) |
|-------------------------------|---|----------------------------------|---------------------------|--|

| | |
|--|---|
| FULL NAME
<u>Walter Scott Ellsworth</u> | FATHER |
| RESIDENCE
<u>Twin Falls, Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY ... <u>24</u> ...
(Years) |
| BIRTHPLACE
<u>Washington</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Marion Beveridge</u> | MOTHER |
| RESIDENCE
<u>Twin Falls, Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY ... <u>23</u> ...
(Years) |
| BIRTHPLACE
<u>Chicago</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 A
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. D. Weaver
.....
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho
Filed Apr 6 1920
Registrar John H. Coughlin
Registrar

MARGIN RESERVED FOR BIDDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1968

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of California }
County of Contra Costa } ss.

Certificate No. 78296

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Ellsworth (female child) who was born on March 17, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Report cards prepared on 1928 and 1930, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Margaret Louise Ellsworth

Full Name of Child _____

Subscribed and sworn to before me this 20th day of
September, 1967.

Signed _____

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at El Cerrito, California

My commission expires September 13, 1969.

(Seal)

1628 Ocean View Berkeley Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Contra Costa } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of
September, 1967.

Signed _____

(Signature of Any Credible Person)

Notary Public, residing at El Cerrito, California

My commission expires Sept. 13, 1969.

(Seal)

1620 Norwood St, El Cerrito, Calif
(Street Address, City, State)

Marriage License, gives name of Bride as Margaret Louise Ellsworth, age 22 and Groom as Edward Carhart Budd, Age 22, issued 29 Jan. 1943, by State of Calif. Alameda County - viewed by V.S.

Own child's birth certificate, born Oregon, gives child's name as Paul Arthur Budd, born Nov. 27, 1951, at Eugene, gives father as Edward Carhart Budd and mother as Margaret Louise Ellsworth - viewed by V.S.

792-214-042-619

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-4-37

CERTIFICATE OF BIRTH

County of Twin Falls,....City of Twin Falls,...Registration District No. 37.....File No. 78297.....No. St.Primary Registration District No. 1085....

Registered No.

Hospital County GeneralFULL NAME OF CHILD EDITH FRANCES Gibbs.....

| | | | | | |
|--------------|---------------|----------------------------------|--|------------------------|--|
| Sex of Child | <u>Female</u> | Twin Triplet or other? <u> </u> | and { Number in order of birth } <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>March 16 1915</u>
(Month) (Day) (Year) |
|--------------|---------------|----------------------------------|--|------------------------|--|

| | | | |
|--|---|--|---|
| FATHER
FULL NAME <u>Howard P Gibbs.</u> | | MOTHER
FULL MAIDEN NAME <u>Carrie Belle Paris</u> | |
| RESIDENCE <u>Rogerson, Idaho.</u> | | RESIDENCE <u>Rogerson, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE <u>Illinois.</u> | | BIRTHPLACE <u>Illinois.</u> | |
| OCCUPATION <u>Mail Carrier.</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2... Number of children of this mother now living, including present birth 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:15 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. McArthur.....

Physician

(Physician or midwife)

Given names added from a supplemental report.

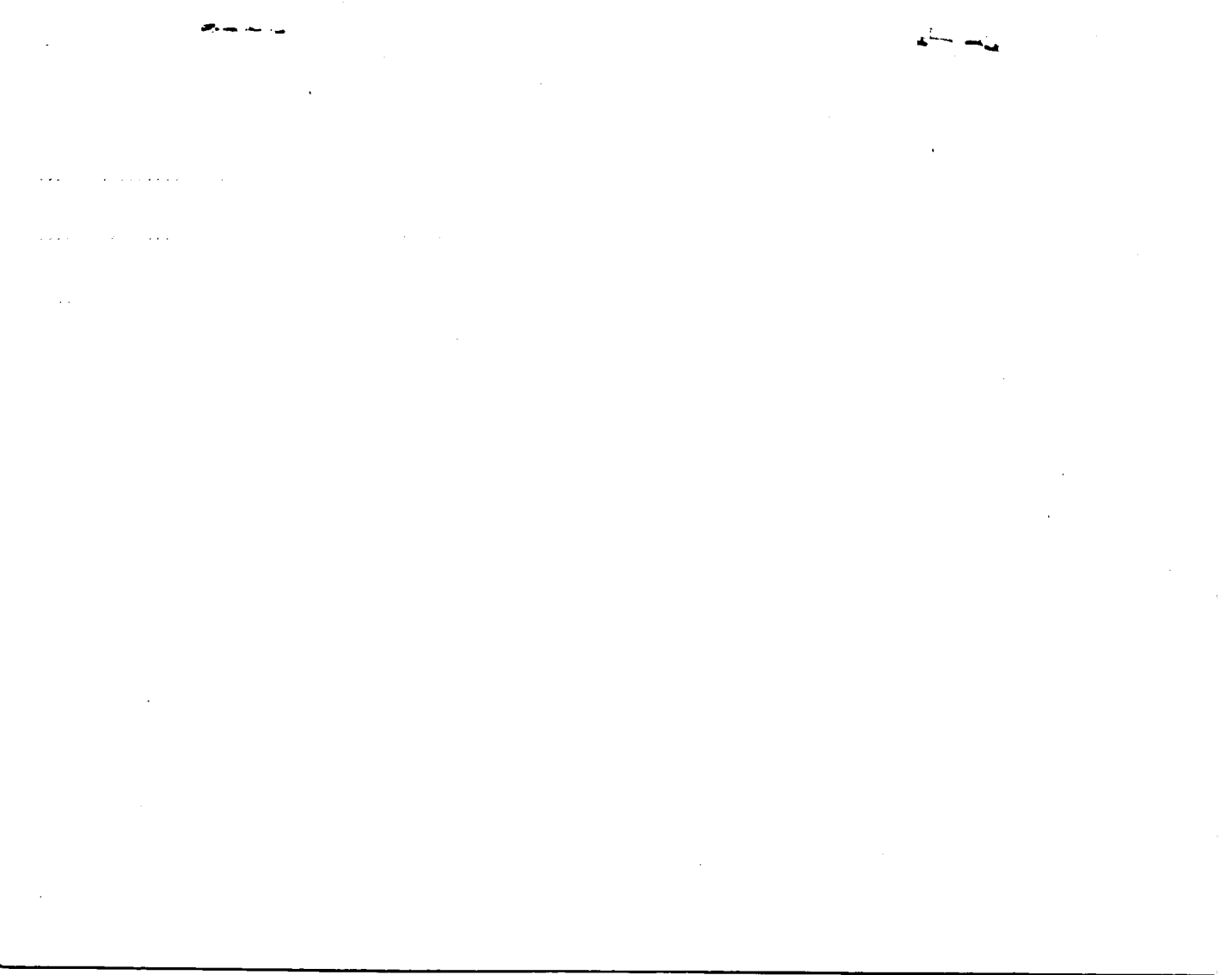
Address Twin Falls, IdahoFiled Apr 1 1915 John T. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
 County of Ada } ss.

Certificate No. 78297Date Filed with

The undersigned does solemnly swear that certain facts on the certificate of
 for Unmarried who born on 3-16-20
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
 in Quinn Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
 true facts as shown by Parents prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

name No name given Edith Frances-
Gibbs

Subscribed and sworn to before me this 6th
 day of February, 1942

Notary Public, residing at Bainbridge, Idaho

My commission expires Oct 26, 1943
 (SEAL)

Signed

Carrie B. Gibbs
 (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

312 - 6 ave. So.
 (STREET ADDRESS, CITY, STATE) Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
 County of Ada } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
 (SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
 day of February, 1942

Notary Public, residing at Bainbridge, Idaho

My commission expires Oct. 26, 1943
 (SEAL)

Signed

Howard P. Lobb
 (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

312-6th Ave So. Mayan
 (STREET ADDRESS, CITY, STATE) Idaho

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

FEB 6 1942

AUG 1 1955

693-207-042-242

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

County of Twin Falls.....

City of

Registration District No.37.....

File No.

78298

No.St.

Primary Registration District No.1085.....

Registered No.

Hospital

FULL NAME OF CHILD

Willis.

| | | | | | | | | | |
|---|--------|------------------------|-----|--------------------------|-------------|-----|---------------|---------|--------|
| Sex of Child | Female | Twin Triplet or other? | and | Number in order of birth | Legitimate? | Yes | Date of Birth | March-7 | 1920 |
| (To be answered only in event of plural births) | | | | | | | (Month) | (Day) | (Year) |

FULL NAME FATHER
Charles WillisFULL MAIDEN NAME MOTHER
Sadie Bush.

RESIDENCE

Twin Falls, Idaho

RESIDENCE

Twin Falls, Ida.

COLOR

White

AGE AT LAST BIRTHDAY ...25.....
(Years)

COLOR

White

AGE AT LAST BIRTHDAY ...25.....
(Years)

BIRTHPLACE

Arizona

BIRTHPLACE

Utah.

OCCUPATION

Farmer.

OCCUPATION

Housewife

Number of child of this mother, including present birth...2.... Number of children of this mother now living, including present birth...1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....Born alive.....at 7:45 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. D. Weaver

Physician

(Physician or midwife)

Given names added from a supplemental report.

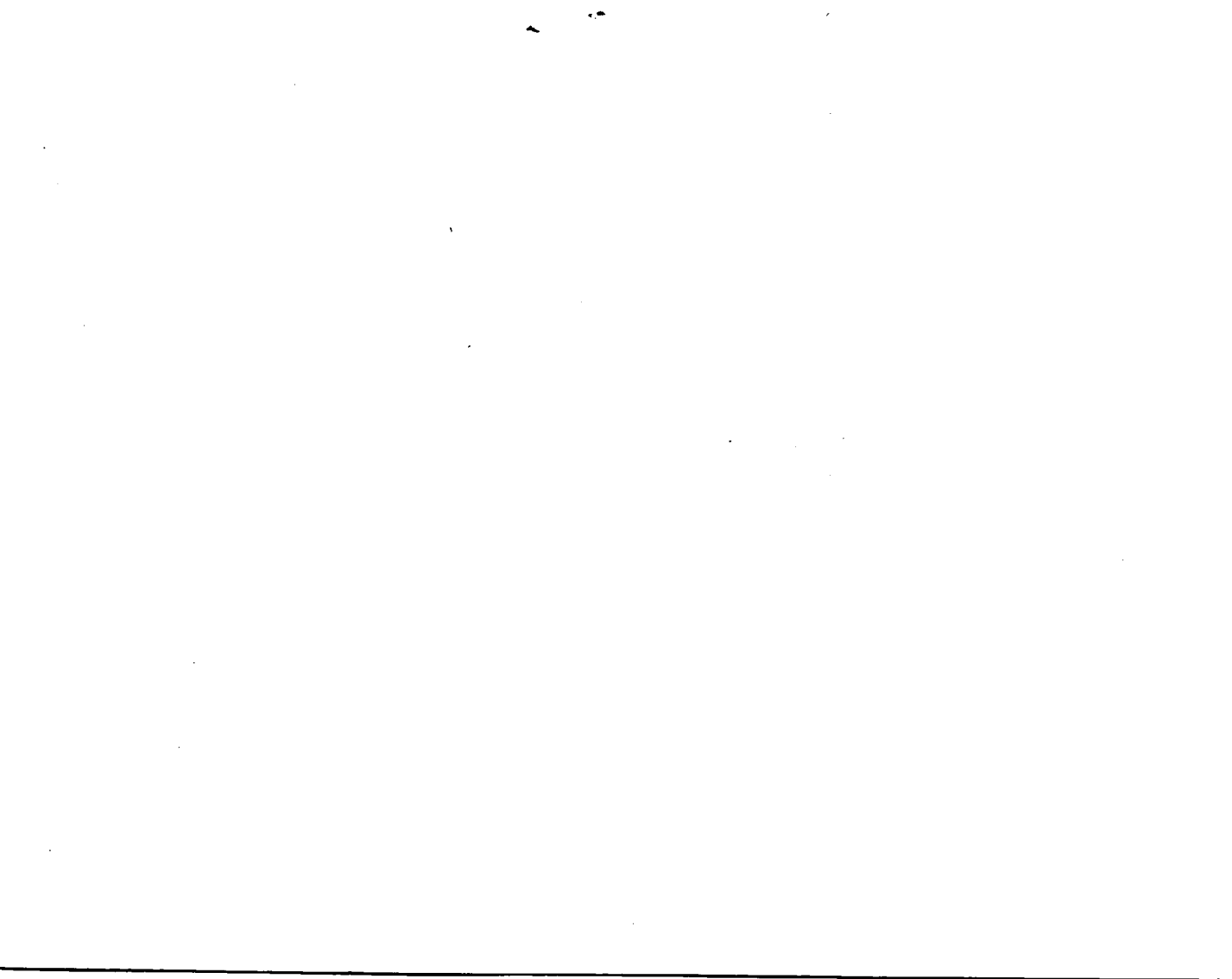
Address Twin Falls, Idaho

Filed

Apr 6 1920 John Coughlin

Registrar

Registrar



252-209-042-897

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County Twin FallsCity of Twin Falls.Registration District No. 37File No. 78299No. St.Primary Registration District No. P085

Registered No.

Hospital

FULL NAME OF CHILD Kesterson

| | | | | | |
|---|---------------|------------------------------------|--|------------------------|--|
| Sex of Child | <u>Female</u> | Twin Triplet or other? <u> </u> | and { Number in order of birth <u> </u> } | Legitimate? <u>Yes</u> | Date of Birth <u>March 9-20</u> 191...
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | | |

| | | |
|------------|--|--|
| FULL NAME | <u>FATHER</u>
<u>John Thomas Kesterson.</u> | |
| RESIDENCE | <u>Twin Falls, Idaho.</u> | |
| COLOR | <u>White</u> | AGE AT LAST BIRTHDAY ... <u>36</u> (Years) |
| BIRTHPLACE | <u>Nebraska.</u> | |
| OCCUPATION | <u>Farmer.</u> | |

| | | |
|------------------|--|--|
| FULL MAIDEN NAME | <u>MOTHER</u>
<u>Jane P. Hight.</u> | |
| RESIDENCE | <u>Twin Falls, Idaho</u> | |
| COLOR | <u>White</u> | AGE AT LAST BIRTHDAY ... <u>23</u> (Years) |
| BIRTHPLACE | <u>Nebraska.</u> | |
| OCCUPATION | <u>Housewife</u> | |

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:10 A
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Weaver Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19 Address Twin Falls, Idaho Apr 6 1911 Filed John F. Caughlin

Registrar

Registrar

MAR 2 1951

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

666-129-042-393

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-4-37

County of Twin Falls.....City of ".....

No. St.

Registration District No. 37.....File No. 78300Primary Registration District No. 1085.....

Registered No.

Hospital

FULL NAME OF CHILD Edwin Charles Woods

| | | | | |
|-----------------------------|---|--|-----------------------------|---|
| Sex of Child
<u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
{
Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>March-29</u> <u>19</u>
(Month) (Day) (Year) |
|-----------------------------|---|--|-----------------------------|---|

FATHER
FULL NAME Wm. E. Woods
RESIDENCE Twin Falls, Idaho
COLOR White AGE AT LAST BIRTHDAY 39
(Years)
BIRTHPLACE Nebraska.
OCCUPATION Caroenter

MOTHER
FULL MAIDEN NAME Anna Agnes Little
RESIDENCE Twin Falls, Idaho
COLOR White AGE AT LAST BIRTHDAY 37
(Years)
BIRTHPLACE Mo.
OCCUPATION Housewife

Number of child of this mother, including present birth... 5..... Number of children of this mother now living, including present birth... 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... Born alive..... at 3:A.M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Weaver

Physician.

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, IdahoFiled Apr 6 1911 John H. Laughlin

Registrar

Registrar

8-11-11

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form 7, 8, No. 11-C-25m-9-37

CERTIFICATE OF BIRTH

78301

City of Twin Falls,Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Lorna Imogene Westfall

| | | | |
|----------------------------|--|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) } | Legitimate? <u>Yes</u> | Date of Birth <u>March - 3</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|---|

| | |
|------------------------------------|--|
| FULL NAME <u>Ira. B. Westfall</u> | FATHER |
| RESIDENCE <u>Twin Falls, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>42</u> (Years) |
| BIRTHPLACE <u>Iowa</u> | |
| OCCUPATION <u>Farmer.</u> | |

| | |
|-------------------------------------|--|
| FULL MAIDEN NAME <u>Olive Ellen</u> | MOTHER |
| RESIDENCE <u>Twin Falls, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>36</u> (Years) |
| BIRTHPLACE <u>Kansas.</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, IdahoFiled Apr 6 1920 John F. Cartright Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CENTIMETER OF MATH

BUREAU OF MATH

10000

NAME

Registered No

Registration District No

Primary Registration District No

IN 10112

No

CEP N
10112

Address

10

File

Register

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles,
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Westfall born Mar. 3, 1920
in Twin Falls, Twin Falls Co. are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ prepared on _____, are:

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name

Unnamed Westfall

Lorna Imogene Westfall

Subscribed and sworn to before me this 8th
day of December, 19 41

Signed Oliver E. Westfall, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 801 E. Compton Blvd
My commission expires Aug. 24, 1944
[SEAL]

433 Banning Ave Compton Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of December, 19 41

Signed Layne M. Newman, sister
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at 801 E. Compton Blvd.
My commission expires Aug. 24, 1944
[SEAL]

433 Banning Ave Compton
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

100-15-41

389-204-042-269

PLACE OF BIRTH

County of Twin Falls,.....City of Twin Falls,.....

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-37

78302

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Clada Dee Christensen

| | | | | |
|-------------------------------|---|--------------------------------------|---------------------------|---|
| Sex of Child
<u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legitimate?
<u>Yes</u> | Date of Birth <u>March 4</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-------------------------------|---|--------------------------------------|---------------------------|---|

FATHER
FULL NAME Peter Loyal ChristensenRESIDENCE
Twin Falls, IdahoCOLOR White AGE AT LAST BIRTHDAY 21
(Years)BIRTHPLACE
Richfield, UtahOCCUPATION
Laborer.MOTHER
FULL MAIDEN NAME Marie SorensenRESIDENCE
Twin Falls, IdahoCOLOR White AGE AT LAST BIRTHDAY 22
(Years)BIRTHPLACE
Denmark.OCCUPATION
Housewife.

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... Born alive..... at..... 7:15 A.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed. McCarverPhysician
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Twin Falls, IdahoFiled Apr 20 1920

Registrar

Registrar

MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]

JUN 10 1968

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of CALIFORNIA
County of SAN BERNARDINO } ss.

Certificate No. 78302

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Christensen (female child) who was born on March 4, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by.....prepared on....., are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child.....

Unnamed.....

~~XXXX~~ Dee Christensen
Cleda.....

Subscribed and sworn to before me this 26th day of

AUGUST 1968



Notary Public, residing COSSARD

My Commission Expires CALIFORNIA

PRINCIPAL OFFICE IN

SAN BERNARDINO COUNTY

My Commission Expires November 5, 1971

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

Signed Marie C. Lynch (MOTHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

150 N. Main, Salt Lake City, Utah
(Street Address, City, State)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....

(Seal)

(Street Address, City, State)

Photo copy of Patricarchtical Blessing from LDS Church Patricarch, March 17, 1939, given by Patricarch Wilford W. Emery, gives name as Cleda Dee Christensen, daughter of L. Loyal Christensen and Marie Sorensen, born March 4, 1920 at Twin Falls, Idaho - viewed by VS. OCT 11 1968

Photo copy of Marriage Certificate, State of Utah, County of Salt Lake, gives name of groom as Louis William Emmertson and name of bride as Cleda Dee Christensen, married August 12, 1939 - viewed by VS.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-129-042-459

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-21m-4-27

County of Twin Falls.....

City of Twin Falls.....

Registration District No. 37.....

File No. 78303.....

No. 51.....

Primary Registration District No. P085.....

Registered No.

Hospital

FULL NAME OF CHILD Clara Leroy Day.....

| | | | | |
|-----------------------------|---|------------------------------|---------------------------|---|
| Sex of Child
Male | Twin Triplet or other?
(To be answered only in event of plural births) | and Number in order of birth | Legitimate?
Yes | Date of Birth <u>March 29</u> - <u>1920</u>
(Month) (Day) (Year) |
|-----------------------------|---|------------------------------|---------------------------|---|

FATHER
FULL NAME Ray Edward Day
RESIDENCE Twin Falls, Idaho
COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Washington
OCCUPATION Mechanic

MOTHER
FULL MAIDEN NAME Celesta Merrill
RESIDENCE Twin Falls, Idaho
COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Mich.
OCCUPATION Housewife

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:58 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver.....
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho
File Apr 6 1920 John H. Coughlin
Registrar

SEP 18 1941

MAY 14 1956

MAR 25 1976

366-103-042-393

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-23m-3-3-27

County of Twin Falls,

CERTIFICATE OF BIRTH

City of Twin FallsRegistration District No. 37File No. 78304

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Max Wendell Lower

| | | | | |
|--------------------------|---|---|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u> </u>
(To be answered only in event of plural births) | and { Number in order of birth <u> </u>
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of Birth <u>March 3 20</u>
(Month) (Day) (Year) |
|--------------------------|---|---|------------------------|---|

| | | | |
|--|---|---|---|
| FATHER
FULL NAME <u>Samual Steven Lower</u> | | MOTHER
FULL MAIDEN NAME <u>Mary Oka Litz</u> | |
| RESIDENCE <u>Twin Falls, Idaho</u> | | RESIDENCE <u>Twin Falls, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | | BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:15
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

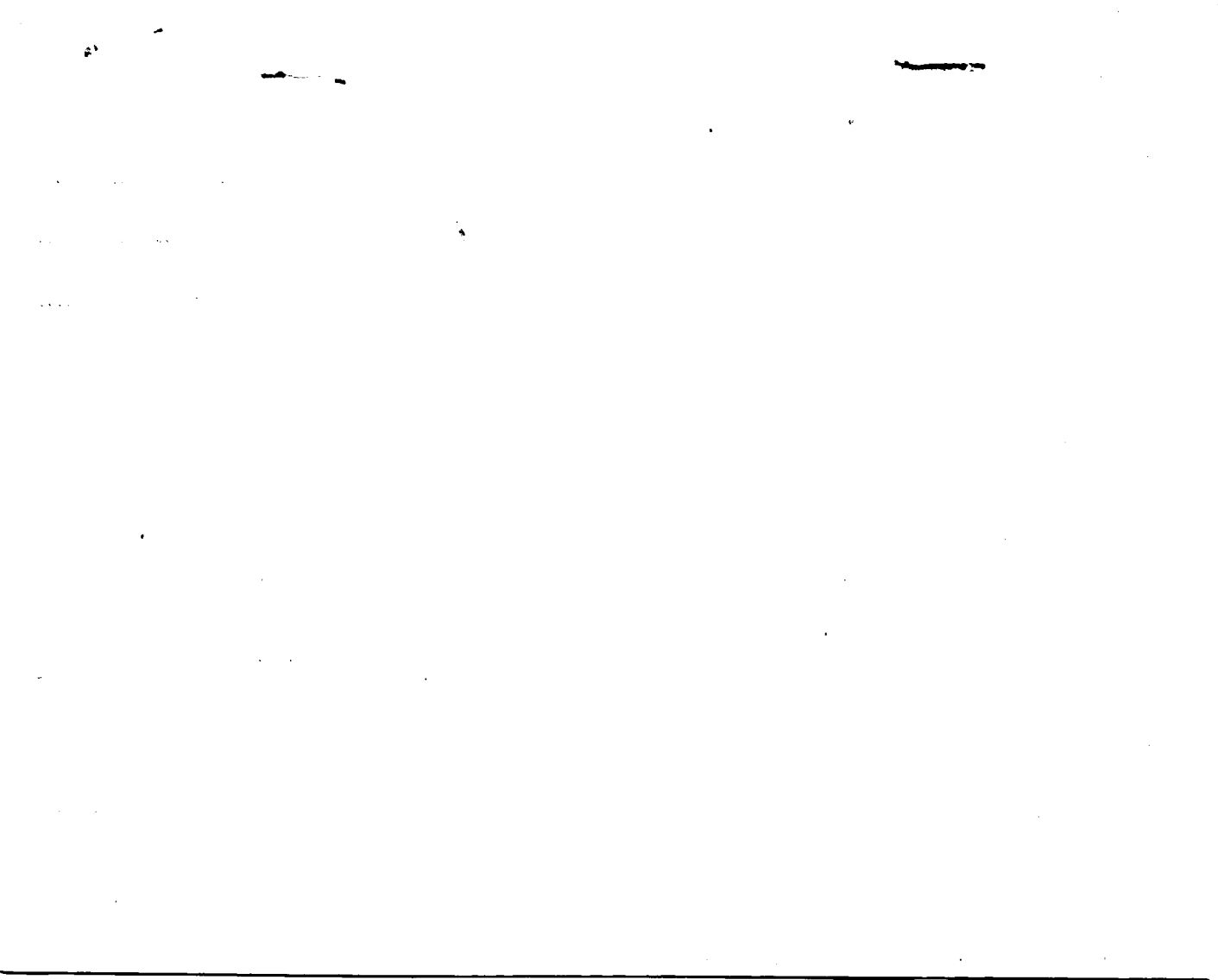
(Signature) Ed. D. Weaver Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19 Address Twin Falls, Idaho April 10 1920 Filed John F. Coughlin

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 78304
County of Cache } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth
for Max Wendell Lower who born on 3 March 1920
in Twin Falls (Name on original certificate) (Was born or died) (Date of event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by L. D. S. Church prepared on 2 May 1920 (blessing), are:
(Bible record, insurance policy, etc.) (Give date)

| | | |
|--|---------------------------------|----------------------------------|
| FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.) | FROM
(As on original) | TO
(The correct facts) |
| Name <u>Max Wendell Lower</u> | Unnamed Lower | <u>Max Wendell Lower</u> |
| Mother's maiden name <u>Mary Oka Litz</u> | | <u>Mary Oka Litz</u> |

Subscribed and sworn to before me this 6
day of Dec, 1941.

Signed Samuel Stevens Lower father
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)
Leoviston Utah
(Street Address, City, State)

Notary Public, residing at Leoviston
My commission expires July - 19 - 1942
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss. [This affidavit MUST also be executed.
County of Cache } (See Chapter 139, 1937 Idaho Session Laws.))

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

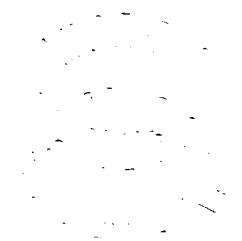
Subscribed and sworn to before me this 6
day of Dec, 1941.

Signed Mary Oka Litz Lower
(Signature of any credible person other than the previous affiant.)
Leoviston Utah
(Street Address, City, State)

Notary Public, residing at Leoviston
My commission expires July - 19 - 1942
[SEAL]

Received for filing on _____ By _____
(Registrar's signature)

FEB 3 1981



12-15-41

319-228-042-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 12-23m-3-2-7

CERTIFICATE OF BIRTH

County of Twin Falls,.....City of Twin Falls.....Registration District No. 37.....File No. 78305.....No. 1..... St.Primary Registration District No. 1085.....

Registered No.

Hospital

FULL NAME OF CHILD Cleo Loretta Tarr.....

| | | | | | |
|--------------|---------------|---|----------------------------------|------------------------|--|
| Sex of Child | <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { Number in order of birth } | Legitimate? <u>Yes</u> | Date of Birth <u>Mar. 28</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------|---------------|---|----------------------------------|------------------------|--|

| | | |
|------------|---------------------------------------|---|
| FULL NAME | <u>FATHER</u>
<u>Geo. Wm. Tarr</u> | |
| RESIDENCE | <u>Twin Falls, Idaho</u> | |
| COLOR | <u>White</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE | <u>Soda Springs, Idaho</u> | |
| OCCUPATION | <u>Machinist</u> | |

| | | |
|------------------|--|---|
| FULL MAIDEN NAME | <u>MOTHER</u>
<u>Mary Katherin Cavender</u> | |
| RESIDENCE | <u>Twin Falls, Idaho</u> | |
| COLOR | <u>White</u> | AGE AT LAST BIRTHDAY <u>19</u>
(Years) |
| BIRTHPLACE | <u>Illinois</u> | |
| OCCUPATION | <u>Housewife</u> | |

Number of child of this mother, including present birth..... 1..... Number of children of this mother now living, including present birth..... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2: P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. D. Weaver.......... Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....Address Twin Falls, Idaho.......... 1920.....Filed April 20 John A. Coughlin.....

Registrar

Registrar

STATE OF ILLINOIS
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FIELD OF BIRTH

.....

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 78305
 County of Los Angeles

The undersigned does solemnly swear that certain facts on the certificate of Birth
 for Unnamed who born on March 28 th 1920
 in Twin Falls, Idaho. (Name on Original Certificate) (Was Born or Died) (Date of Event)
 are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts are shown by Life Insurance prepared on Nov. 26 th 1928, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Cleo Loretta Tarr

Subscribed and sworn to before me this 12th
 day of March 19 43.

Notary Public, residing at Los Angeles, Calif.
 My commission expires Aug. 30 th, 1945
 (Seal)

Signed Kathryn Tarr Rhoades
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1116 Clela Ave Los Angeles
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
 County of Los Angeles

[This Affidavit MUST Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 th
 day of March 19 43.

Notary Public, residing at Los Angeles, Calif.
 My commission expires Aug. 30 th 1945;
 (Seal)

Signed Cecil G Rhoades
 (Signature of Any Credible Person Other Than Previous Year)

1116 Clela Ave Los Angeles
 (Street Address, City, State)

NOV 16 1962

DEC 6 1962

MAY 20 1973

MAR 16 1943

966 -104-042-895

PLACE OF BIRTH

County of Twin Falls,City of Twin Falls,

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-25m-2-27

CERTIFICATE OF BIRTH

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Rowe

| | | | | |
|-----------------------------|---|--------------------------------|------------------------|--|
| Sex of Child
<u>Male</u> | Twin Triplet or other?
(To be answered only in event of plural births) | and { Number in order of birth | Legitimate? <u>Yes</u> | Date of Birth <u>March 4</u> <u>1920</u>
(Month) (Day) (Year) |
|-----------------------------|---|--------------------------------|------------------------|--|

| | | | |
|--|---|--|---|
| FATHER
FULL NAME <u>Troy Alexander Rowe</u> | | MOTHER
FULL MAIDEN NAME <u>Mary Esther Hieter</u> | |
| RESIDENCE <u>Twin Falls, Ida.</u> | | RESIDENCE <u>Twin Falls, Idaho.</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |
| BIRTHPLACE <u>Idaho.</u> | | BIRTHPLACE <u>Utah.</u> | |
| OCCUPATION <u>Carpenter.</u> | | OCCUPATION <u>Housewife.</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

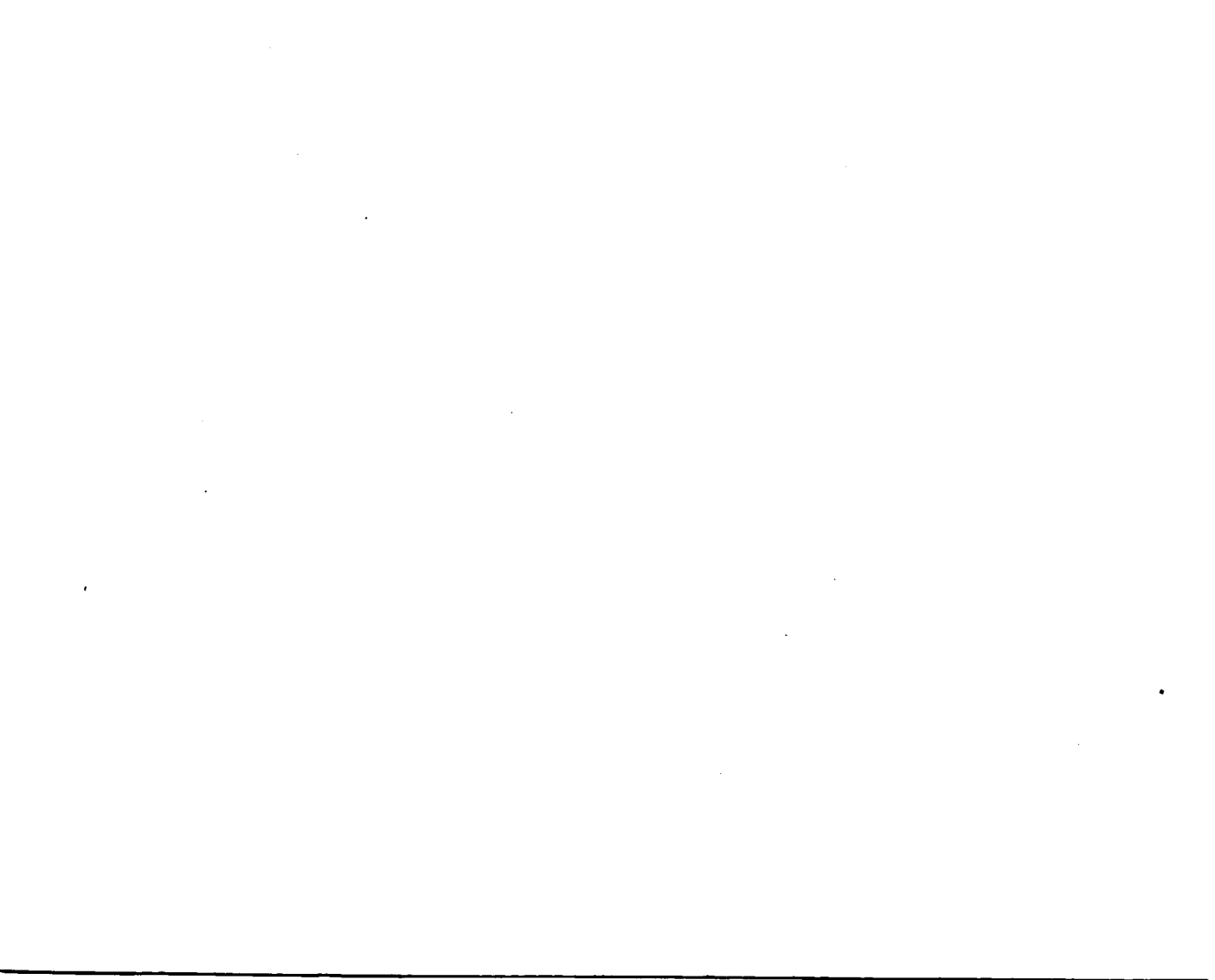
I hereby certify that I attended the birth of this child, who was Born alive at 10:45 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. WeaverPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.Filed Apr 6 1920 John F. Coughlin
Registrar



255-208-042-394

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Timber LakeCity of Timber LakeRegistration District No. 27File No. 78307

No. _____ St. _____

Hospital Bryd Hosp.Primary Registration District No. 1085

Registered No. _____

FULL NAME OF CHILD Barbara Helen Beem

| | | | | | |
|---|------------------------------|-----------|--------------------------------|------------------------|------------------------------------|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimacy? <u>Yes</u> | Date of Birth <u>March 8, 1920</u> |
| (To be answered only in event of plural births) | | | | | (Month) (Day) (Year) |

FATHER
FULL NAME Edwin Arthur Beem
RESIDENCE Filer
COLOR White
AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Rapid City, S. Dakota
OCCUPATION Merchant

MOTHER
FULL MAIDEN NAME Helen Beem
RESIDENCE Filer
COLOR White
AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Alma City, Minn.
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William T. Passer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Rex Arms Apts, Timber LakeFiled Mar 6 1920Registrar John F. Campbell

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

693-111-042-384

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin Falls

City of _____

Registration District No. 37File No. 78308

No. _____ St. _____

Primary Registration District No. 1082 Registered No. _____

Hospital _____

FULL NAME OF CHILD

| | | | | |
|-----------------------|---|----------------------------------|------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { Number in order of birth } | Legitimate? <u>yes</u> | Date of Birth <u>3 11 20</u>
(Month) (Day) (Year) |
|-----------------------|---|----------------------------------|------------------------|--|

FULL NAME FATHER Chas. J. WilliamsRESIDENCE Twin FallsCOLOR M AGE AT LAST BIRTHDAY 42
(Years)BIRTHPLACE Minn.OCCUPATION MechanicFULL MAIDEN NAME MOTHER Maud ThurmanRESIDENCE Twin FallsCOLOR M AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE MoOCCUPATION Prof.Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 10 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Watson

(Physician or midwife)

Given names added from a supplemental report.

19

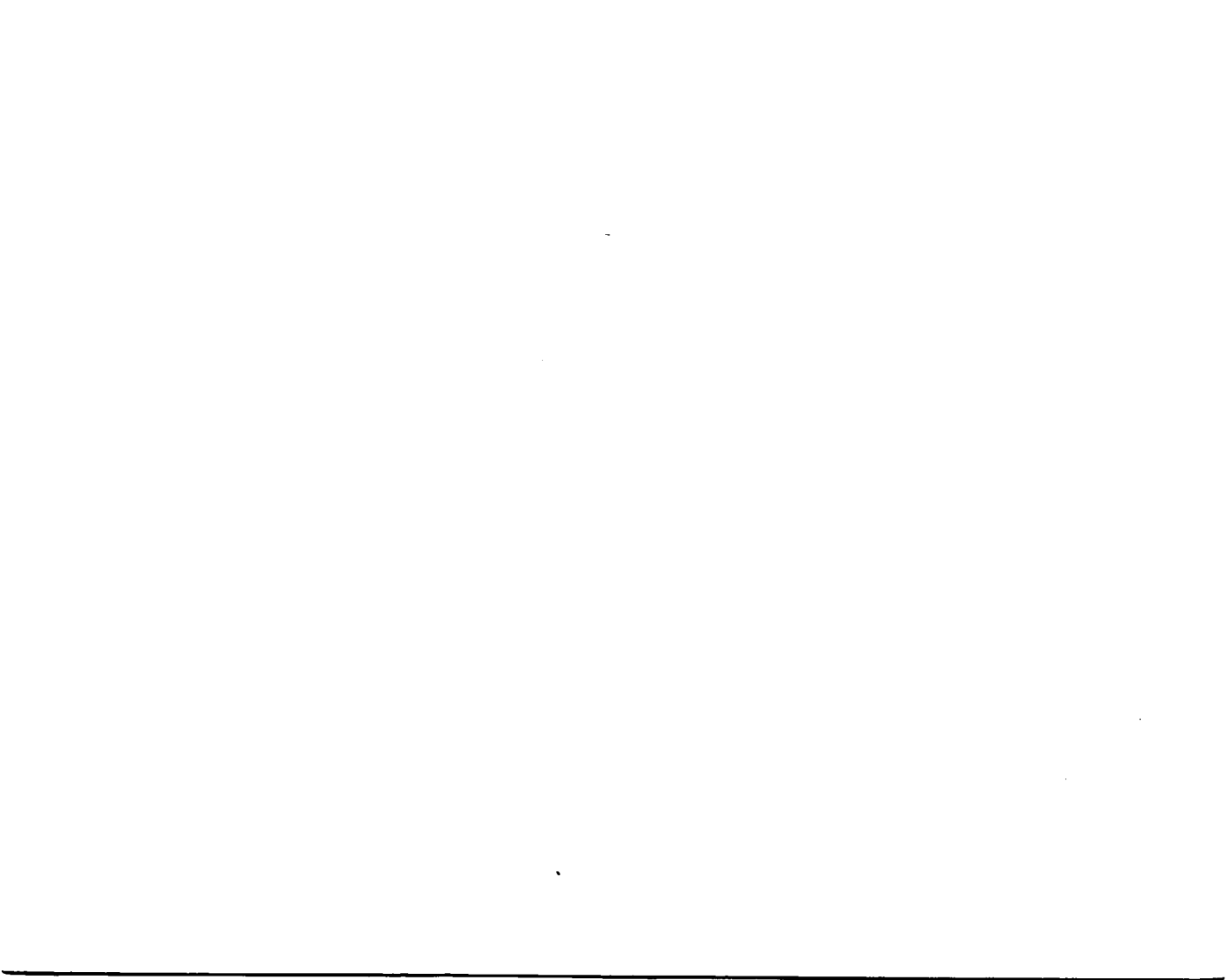
Address Twin FallsFiled April 10 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



713-231-042-415

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin FallsCity of N. C.Registration District No. 27File No. 78309

No. _____ St. _____

Primary Registration District No. 1083 Registered No. _____

Hospital _____

FULL NAME OF CHILD

| | | | | | |
|-----------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>3 31 20</u>
(Month) (Day) (Year) |
|-----------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|------------------------------------|---|
| FULL NAME
<u>James A Patton</u> | FATHER |
| RESIDENCE
<u>Twin Falls</u> | |
| COLOR
<u>W</u> | AGE AT LAST BIRTHDAY <u>45</u>
(Years) |
| BIRTHPLACE
<u>N.C.</u> | |
| OCCUPATION
<u>Teacher</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Gertrude Davis</u> | MOTHER |
| RESIDENCE
<u>Twin Falls</u> | |
| COLOR
<u>W</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |
| BIRTHPLACE
<u>N.C.</u> | |
| OCCUPATION
<u>Shop</u> | |

Number of child of this mother, including present birth. 4 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 4-30 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Maccorm

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Twin FallsFiled April 14 1922

Registrar

Registrar John Loughlin

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-220-042-114

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin Falls

City of _____

Registration District No. 37 File No. 78310

No. _____ St. _____

Primary Registration District No. 1082 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Marguerite Theresa Harvey

Sex of Child

FTwin
Triplet
or other?
(To be answered only in event of plural births)and } Number
in order
of birthLegiti
mate?yesDate of
Birth3 20 20
(Month) (Day) (Year)FULL
NAMEH. Darwin Harvey

FATHER

RESIDENCE

Twin FallsFULL
MAIDEN
NAMEBlanche Jamison

MOTHER

RESIDENCE

Twin Falls

COLOR

WAGE AT LAST
BIRTHDAY23
(Years)

COLOR

WAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Ind.

BIRTHPLACE

La

OCCUPATION

clerk

OCCUPATION

Shop.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 7 91 M.
on the date above stated. (Born alive or stillborn)

(Signature)

T. Jamison

(Physician or midwife)

Address

Twin Falls

Filed

Apr 10 1920John F. Coughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

19

JAN 26 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

314-217-042-258

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 37

File No. 78311

No. _____ St. _____

Primary Registration District No. 1082 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Marjorie Laubenheim

| | | | |
|-----------------------|---|------------------------|--|
| Sex of Child <u>F</u> | Twin Triplet or other? _____ } and { Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>3</u> <u>17</u> <u>1920</u>
(Month) (Day) (Year) |
|-----------------------|---|------------------------|--|

FATHER
FULL NAME James M. Laubenheim
RESIDENCE Twin Falls
COLOR W AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Id.
OCCUPATION Real estate dealer

MOTHER
FULL MAIDEN NAME Lillian B. Laub Kender
RESIDENCE Twin Falls
COLOR W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Mo
OCCUPATION Shop

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 5 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Mason

(Physician or midwife)

Given names added from a supplemental report.

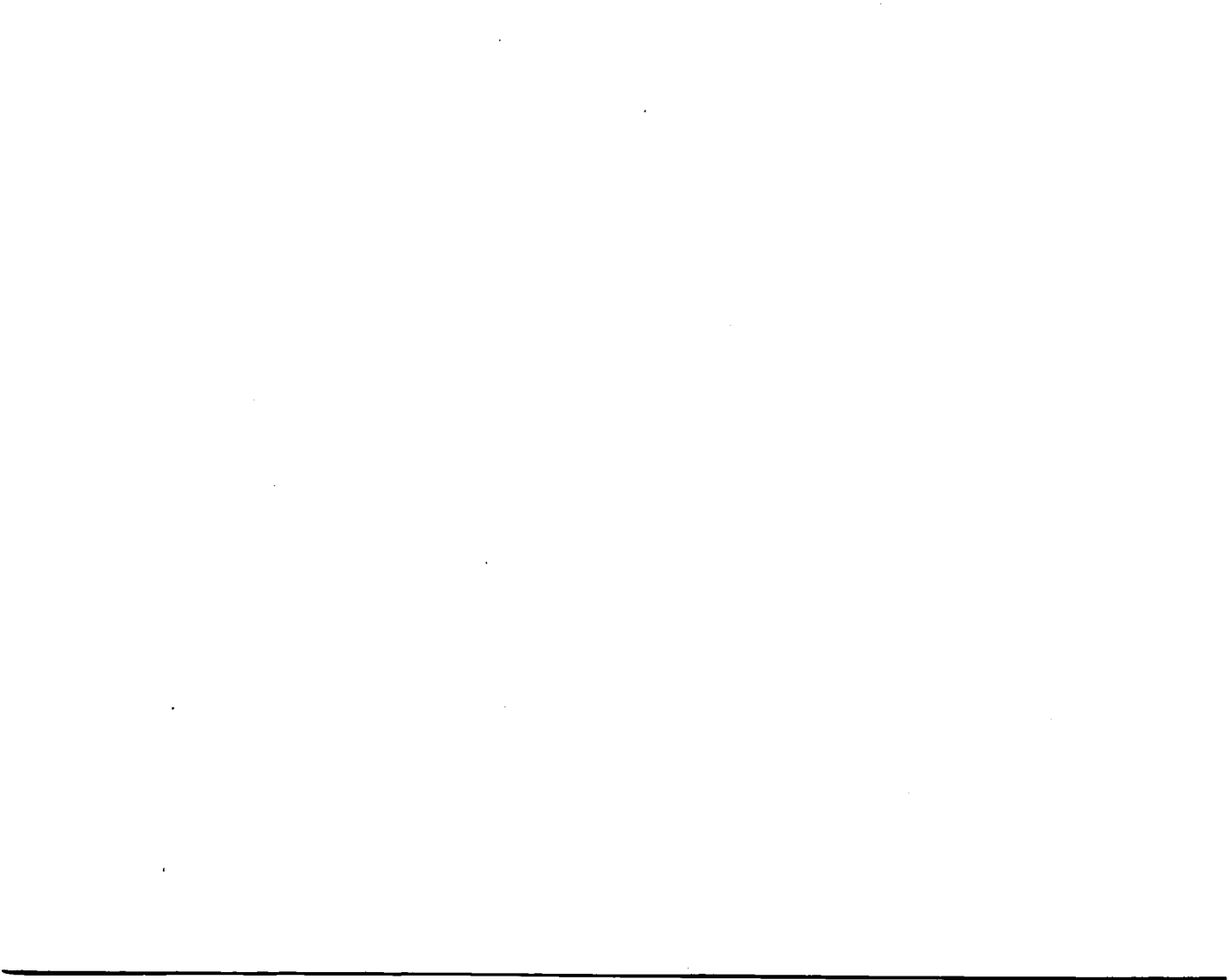
19

Address Twin Falls

Filed Apr 10 20 John F. Caughlin

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-118-042-133

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-9-3-17

County of Twin Falls

City of

Registration District No. 37

File No. 78312

No. St.

Primary Registration District No. 1.8.5

Registered No.

Hospital

FULL NAME OF CHILD Willis Lamont Spurgeon

| | | | | |
|--------------------------|---|--------------------------------------|------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legitimate? <u>yes</u> | Date of Birth <u>Mar 18 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|------------------------|--|

FULL NAME Louie Spurgeon Spurgeon
FATHER
RESIDENCE Twin Falls Ida
COLOR white
AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Nebraska
OCCUPATION Teamster

FULL MAIDEN NAME Mal Allen
MOTHER
RESIDENCE Twin Falls - Ida
COLOR white
AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Nebraska
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls - Ida

Filed Mar 18 1920 John F. Coughlin
Registrar

8-4-71

DEC 8 1961

662-114-042-595
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-27

CERTIFICATE OF BIRTH

County of *Twin Falls*City of *" "*Registration District No. *37*File No. *78313*No. *St.*Primary Registration District No. *1085*

Registered No.

Hospital

FULL NAME OF CHILD *Edwin Wesley Fossum*

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <i>male</i> | Twin Triplet or other? <i>and</i> { Number in order of birth } <i>yes</i> | Legitimate? <i>yes</i> | Date of Birth <i>Mar 14 1920</i>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

| | |
|---|---|
| FULL NAME <i>Edwin Bernard Fossum</i> | FATHER |
| RESIDENCE <i>636-3rd Ave. West Twin Falls - Ida.</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>29</i>
(Years) |
| BIRTHPLACE <i>Minnesota</i> | |
| OCCUPATION <i>Laborer</i> | |

| | |
|---|---|
| FULL MAIDEN NAME <i>Cecilia Vinson</i> | MOTHER |
| RESIDENCE <i>636-3rd Ave. West - Twin Falls - Ida.</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>21</i>
(Years) |
| BIRTHPLACE <i>Kansas</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *2*..... Number of children of this mother now living, including present birth *2*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at *Ida.* M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Chas. R. Scott M.D.*
(Physician or midwife)

Given names added from a supplemental report.

Address *Twin Falls - Ida.*Filed *Mar 18 20* *John F. Coughlin*
Registrar

DEC 27 1945

494-128-042-165
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2-2-33

County of Twin FallsCity ofRegistration District No. 37File No. 78314No. St.Primary Registration District No. 108.2Registered No.Hospital

FULL NAME OF CHILD

David Eugene Middleton

Sex of Child

maleTwin
Triplet
or other?{ and {
Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthFeb 28 1920
(Month) (Day) (Year)FULL
NAMEMr Franklin Middleton

FATHER

FULL
MAIDEN
NAMERose Jones

MOTHER

RESIDENCE

Adams St. Twin Falls Ida

RESIDENCE

Adams St. Twin Falls Ida

COLOR

whiteAGE AT LAST
BIRTHDAY46
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY43
(Years)

BIRTHPLACE

Indiana

BIRTHPLACE

Iowa

OCCUPATION

Watchman

OCCUPATION

HousewifeNumber of child of this mother, including present birth 11Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 10 29 M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Chas. R. Scott M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Twin Falls Ida

Filed

Mar 18 1920

Registrar

Filed

John F. Coughlin

Registrar

NOV 18 1948

434-229-042-259
PLACE OF BIRTH

County of *Iron Falls*

City of *Iron Falls*

No. *448-Main Smith*

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-2-29

Registration District No. *97*

File No. *78315*

Primary Registration District No. *1085*

Registered No.

Baby Mc Mann

| | | | | |
|----------------------------|---------------------------------|---|-----------------------|--|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>—</i> | and { Number in order of birth <i>—</i> } | Legitimate? <i>no</i> | Date of Birth <i>3-29-20</i>
(Month) (Day) (Year) |
|----------------------------|---------------------------------|---|-----------------------|--|

| FATHER | | MOTHER | |
|---|---|---|---|
| FULL NAME <i>Lloyd Ryan</i> | FULL MAIDEN NAME <i>Flora Bergstrom</i> | FULL NAME <i>Lloyd Ryan</i> | FULL MAIDEN NAME <i>Flora Bergstrom</i> |
| RESIDENCE <i>Iron Falls</i> | RESIDENCE <i>Iron Falls Id</i> | RESIDENCE <i>Iron Falls</i> | RESIDENCE <i>Iron Falls Id</i> |
| COLOR <i>white</i> | COLOR <i>white</i> | COLOR <i>white</i> | COLOR <i>white</i> |
| AGE AT LAST BIRTHDAY <i>20</i>
(Years) | AGE AT LAST BIRTHDAY <i>26</i>
(Years) | AGE AT LAST BIRTHDAY <i>20</i>
(Years) | AGE AT LAST BIRTHDAY <i>26</i>
(Years) |
| BIRTHPLACE <i>Kansas</i> | BIRTHPLACE <i>Utah</i> | BIRTHPLACE <i>Kansas</i> | BIRTHPLACE <i>Utah</i> |
| OCCUPATION <i>Labors</i> | OCCUPATION <i>House wife</i> | OCCUPATION <i>Labors</i> | OCCUPATION <i>House wife</i> |

Number of child of this mother, including present birth....*5*..... Number of children of this mother now living, including present birth....*3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

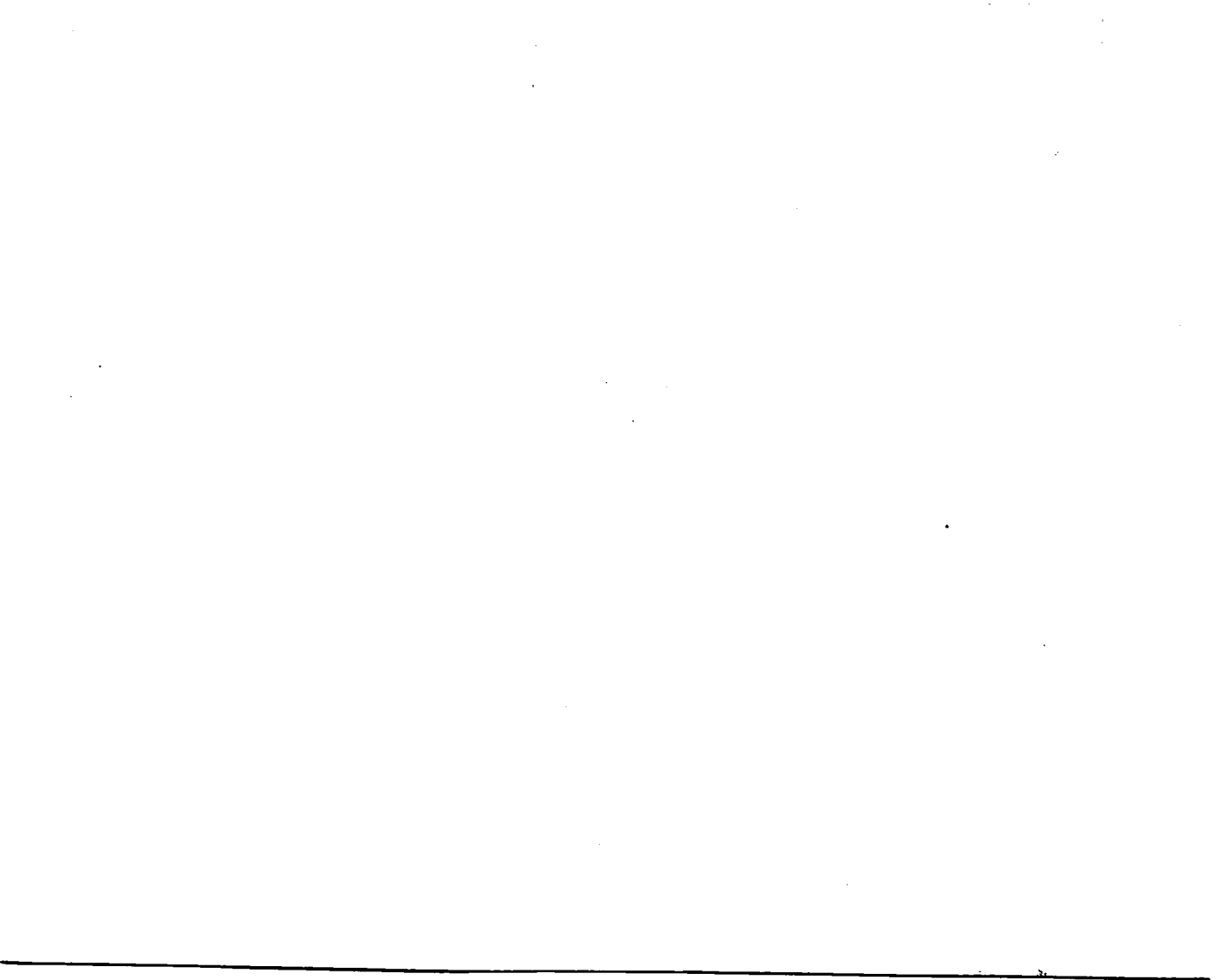
I hereby certify that I attended the birth of this child, who was *Born alive* at *5:30 A.M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. L. Leste*
Iron Falls Id
(Physician or midwife)

Given names added from a supplemental report.

Address.....
Filed *Apr 8 1920* *John H. Laughlin*
Registrar



924-207-042-215
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-27

County of *Iron Falls*City of *Iron Falls*Registration District No. *37*File No. *78316*

No. St.

Primary Registration District No. *1083*

Registered No.

Hospital

FULL NAME OF CHILD

*Kikajo Tsugiyama*Sex of
Child*Female*Twin
Triplet
or other?

- }

and {

Number
in order
of birth

-

Legiti-
mate?*yes*Date of
Birth*3-7-20*

(Month) (Day) (Year)

FULL
NAME*Hiroichi Tsugiyama*

FATHER

RESIDENCE

Iron Falls Id

COLOR

*Yellow*AGE AT LAST
BIRTHDAY*38*
(Years)

BIRTHPLACE

Japan

OCCUPATION

*Farmer*FULL
MAIDEN
NAME*Shimay Kameo*

MOTHER

RESIDENCE

Iron Falls Id

COLOR

*Yellow*AGE AT LAST
BIRTHDAY*20*
(Years)

BIRTHPLACE

Japan

OCCUPATION

*Housewife*Number of child of this mother, including present birth *2*Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. *1* Photostat copy *12/31/41* (Born alive or stillborn) at *9 P*

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

*H. L. Lette**Iron Falls Id*

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Apr 8 1921 John F. Caughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10

553 - 208-042-533

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C-22a-44-7

CERTIFICATE OF BIRTH

County of *Twin Falls*City of *File*Registration District No. *37*File No. *78317*No. *St.*Primary Registration District No. *2083*

Registered No.

Hospital

FULL NAME OF CHILD

Baby Nelson

Sex of Child

*Female*Twin
Triplet
or other?

-

and

Number
in order
of birth

-

Legiti-
mate?*yes*Date of
Birth*3-8*

(Month)

(Day)

(Year)

FULL
NAME*F. Ralph Nelson*

RESIDENCE

File

COLOR

*white*AGE AT LAST
BIRTHDAY*35*
(Years)

BIRTHPLACE

Utah

OCCUPATION

*Farmer*FULL
MAIDEN
NAME*Emmus Elliott*

RESIDENCE

File

COLOR

*white*AGE AT LAST
BIRTHDAY*34*
(Years)

BIRTHPLACE

Utah

OCCUPATION

*House wife*Number of child of this mother, including present birth.....*6*Number of children of this mother now living, including present birth.....*6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

B. M. Nelson at *7:15 a.m.*
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*H. M. Leete**Twin Falls, Ida.*
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed *Apr 8 1925*

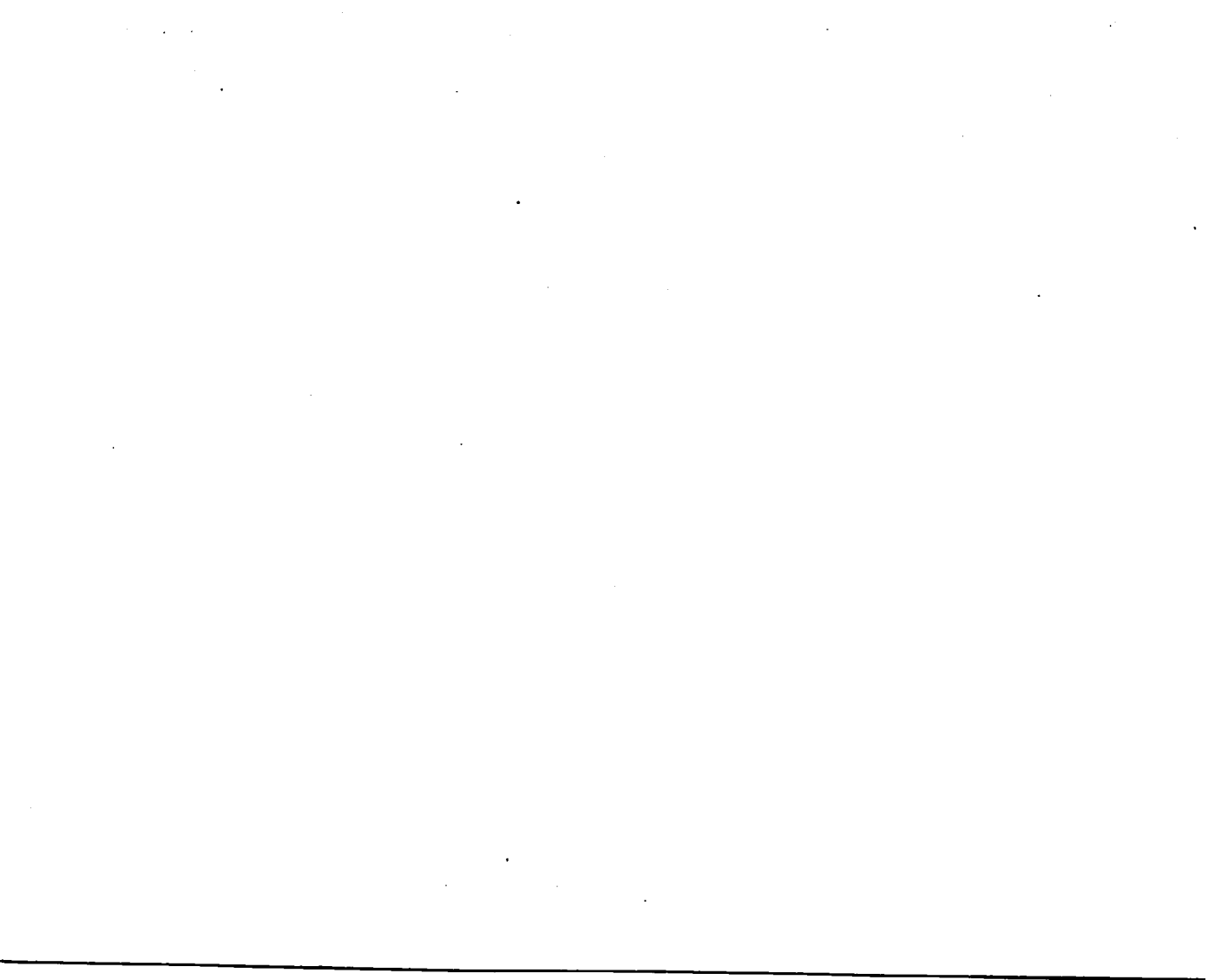
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

766 - 110-042-796

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Twin Falls

City of Twin Falls

No. 829 Ash St.

Registration District No. 37

File No. 78318

Hospital _____

Primary Registration District No. 1084 Registered No. _____

FULL NAME OF CHILD ROBERT GRONEMAN GOOLD

| | | | | | |
|--------------------------|---|-----|--------------------------------|-----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>3 10 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|-----------------------------|---|

FULL NAME FATHER Robert Franklin Goold

RESIDENCE Twin Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 30
(Years)

BIRTHPLACE Mono, Utah

OCCUPATION Civil Engineer

FULL MAIDEN NAME MOTHER Anna Melina Groneman

RESIDENCE Twin Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 30
(Years)

BIRTHPLACE Pecos, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 5:20 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. H. Sawyer, D.O.
Twin Falls, Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed Mar 29 1920 John F. Coughlin
Registrar



OFFICE OF THE DIRECTOR

MEMORANDUM

TO: THE DIRECTOR

FROM: [illegible]

SUBJECT: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

19. [illegible]

20. [illegible]

21. [illegible]

22. [illegible]

23. [illegible]

24. [illegible]

25. [illegible]

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/10/2001 BY 60322 UCBAW/STP

2. [illegible]

3. [illegible]

4. [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of UTAH }
County of UTAH } ss. Certificate No. 78318
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth
for Robert Groneman Goold who was born on March 10, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by his mother prepared on April 21, 1942, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

name

unnamed

Robert Groneman Goold

Subscribed and sworn to before me this 21st
day of April, 1942

[Signature]
Notary Public, residing at Provo, Utah.

My commission expires March 22, 1943.
(SEAL)

Signed

Anna Melvina Groneman Goold
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

968 W. 10 St. Provo Utah.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH }
County of UTAH } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of April, 1942

[Signature]
Notary Public, residing at Provo, Utah.

My commission expires March 22, 1943.
(SEAL)

Signed

Robert Franklin Goold
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

968 West 10th St Provo Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 22 1942 By _____

(RECORDING SIGNATURE)

JAN 17 1963

APR 24 1942

MAY 1 1942

395-201-042-635-
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 8. No. 11-C-25m-9-8-17

County of *Twin Falls*

City of *Twin Falls*

Registration District No. *37*

File No. *78319*

No. *109-551-E*

Primary Registration District No. *1085*

Registered No.

Hospital

FULL NAME OF CHILD *Louise Greel*

| | | | | |
|----------------------------|----------------------------------|---|------------------------|---|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>No</i> | and (Number in order of birth) <i>1</i> | Legitimate? <i>Yes</i> | Date of Birth <i>3-1-20</i>
(Month) (Day) (Year) |
|----------------------------|----------------------------------|---|------------------------|---|

FATHER
FULL NAME *Roy W. Greel*

RESIDENCE *Twin Falls*

COLOR *Wt* AGE AT LAST BIRTHDAY *24*
(Years)

BIRTHPLACE *Illinois*

OCCUPATION *Cream Optr.*

MOTHER
FULL MAIDEN NAME *Grace Flammang*

RESIDENCE *Twin Falls*

COLOR *Wt* AGE AT LAST BIRTHDAY *18*
(Years)

BIRTHPLACE *Oklahoma*

OCCUPATION *Housewife*

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *10 P* M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. H. [Signature]*

(Physician or midwife)

Given names added from a supplemental report.

Address *Twin Falls*

Filed *Mar 17 1920* *John F. Coughlin*

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1943

165-207-042-852
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 78320

No. St.

Primary Registration District No. 1082

Registered No.

Hospital

FULL NAME OF CHILD Laura Jones

| | | | | |
|----------------------------|----------------------------------|---------------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>No</u> | and Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>3 7 20</u>
(Month) (Day) (Year) |
|----------------------------|----------------------------------|---------------------------------------|------------------------|---|

FATHER
FULL NAME Wm Roy Jones
RESIDENCE Twin Falls Co
COLOR Wt AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Kansas
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Martha Laura Heston
RESIDENCE 77 Co
COLOR Wt AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Oregon
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:35 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Anderson
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls
Filed Mar 17 1920 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CONFIDENTIAL

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695-110-042-863

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-4-17

CERTIFICATE OF BIRTH

County of Twin Falls

City of

Registration District No. 37File No. 78321

No. St.

Primary Registration District No. 1085-

Registered No.

Hospital 77. CountyFULL NAME OF CHILD Norman Bertram Winslow

| | | | | |
|--------------------------|--|--|---------------------------|--|
| Sex of Child <u>Male</u> | Twins
Triplet
or other?
(To be answered only in event of plural births) | and
{
Number
in order
of birth | Legitimate?
<u>Yes</u> | Date of Birth <u>3-10-20</u>
(Month) (Day) (Year) |
|--------------------------|--|--|---------------------------|--|

FULL NAME FATHER Arthur J. WinslowRESIDENCE Ketchum IdCOLOR WT AGE AT LAST BIRTHDAY 46
(Years)BIRTHPLACE IndianaOCCUPATION FarmerFULL MAIDEN NAME MOTHER Anna HollandRESIDENCE Ketchum IdCOLOR WT AGE AT LAST BIRTHDAY 35
(Years)BIRTHPLACE Miss.OCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Van Cort

(Physician or midwife)

Given names added from a supplemental report.

Address Twin FallsFile Mar 20 John F. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

21

366-209-042-489

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin Falls,City of HansenRegistration District No. 36File No. 78323

No. _____ St.

Primary Registration District No. _____

Registered No. 18Hospital home

ANNA MARIE

FULL NAME OF CHILD

Sex of
ChildFemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

yes

Date of
BirthFebr. 91920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Guy L. Cowan

RESIDENCE

Hansen, Ida.

COLOR

AGE AT LAST
BIRTHDAY40

(Years)

BIRTHPLACE

Ill

OCCUPATION

farmerFULL
MAIDEN
NAME

MOTHER

Grace White

RESIDENCE

Hansen, Ida

COLOR

AGE AT LAST
BIRTHDAY32

(Years)

BIRTHPLACE

Ariz.

OCCUPATION

Hw.Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born-alive, at 8:15 A. M.
on the date above stated. (Born alive or stillborn)

(Signature)

J. M. Davisphysician

(Physician or midwife)

Kimberly, Ida.

Address

Filed

Mar 11 1920

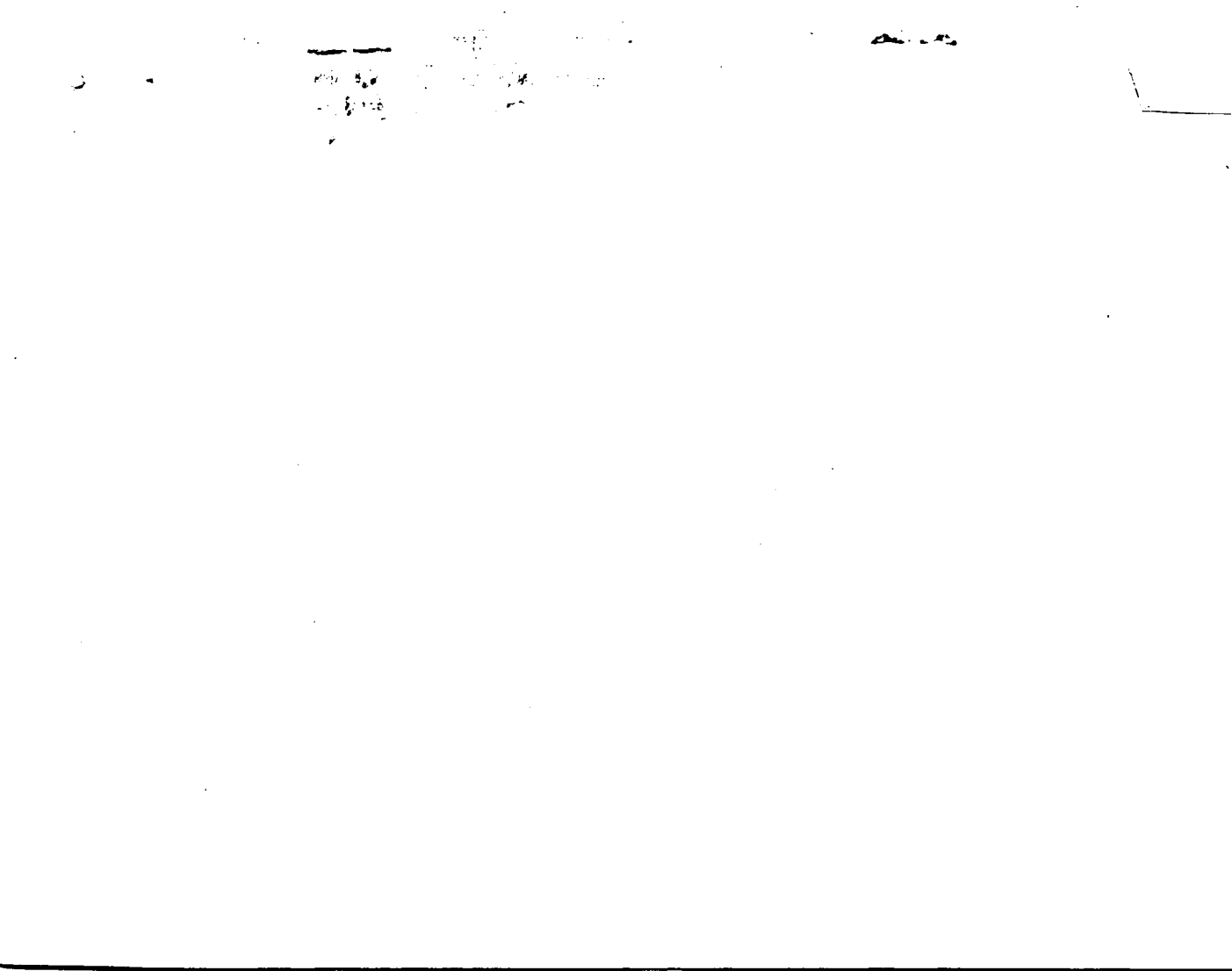
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 78323
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)

for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|------------------|-------------------------|
| FACTS TO BE CORRECTED | FROM | TO |
| ("Name", "Birth Date", "Cause of Death", Etc.) | (As on Original) | (The Correct Facts) |
| <u>Name</u> | <u>Jessie</u> | <u>Anna Marie Cowan</u> |

Subscribed and sworn to before me this 19th
day of February, 1943.

Signed Grace J Cowan (Mother.)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Twin Falls, Idaho

My commission expires Jan. 13, 1947.
(Seal)

Hansen, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19_____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

MAR 4 1943

JUL 24 1945

392-106-042-266

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin Falls.City of Twin Falls.Registration District No. 36 File No. 78324

No. _____ St. _____

Hospital home Primary Registration District No. _____ Registered No. 19

FULL NAME OF CHILD

Thomas Grady Lish

| | | | | | |
|---|-------------------------------------|---------|--------------------------------|----------------------------|--|
| Sex of Child <u>male</u> | <u>Twin</u>
Triplet
or other? | { and } | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>Mar. 6,</u>
(Month) (Day) (Year) <u>19 20</u> |
| (To be answered only in event of plural births) | | | | | |

| | |
|---------------------------------------|--|
| FULL
NAME
<u>Ray Elmer Lish</u> | FATHER |
| RESIDENCE
<u>Rexburg, Idaho</u> | |
| COLOR
<u>W</u> | AGE AT LAST
BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE
<u>Montana</u> | |
| OCCUPATION
<u>Day Laborer</u> | |

| | |
|---|--|
| FULL
MAIDEN
NAME
<u>Flo Bowers</u> | MOTHER |
| RESIDENCE
<u>Rexburg, Idaho</u> | |
| COLOR
<u>W</u> | AGE AT LAST
BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE
<u>Georgia</u> | |
| OCCUPATION
<u>Hw.</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8:45 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. N. Davis
physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Kimberly, IdahoFiled Mar. 16, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF HEALTH-BUREAU OF VITAL STATISTICS
PERMANENT REPORT OF DEATH

NAME OF DECEASED
DATE OF DEATH
PLACE OF DEATH

BOARD OF HEALTH-BUREAU SUPPLEMENTAL REPORT

 STATISTICS
 BIRTH

78324

 Place
 of Birth
City Twin Falls

Street and House No. _____

County Twin FallsRegistered No. 19Registration Dist. No. 36

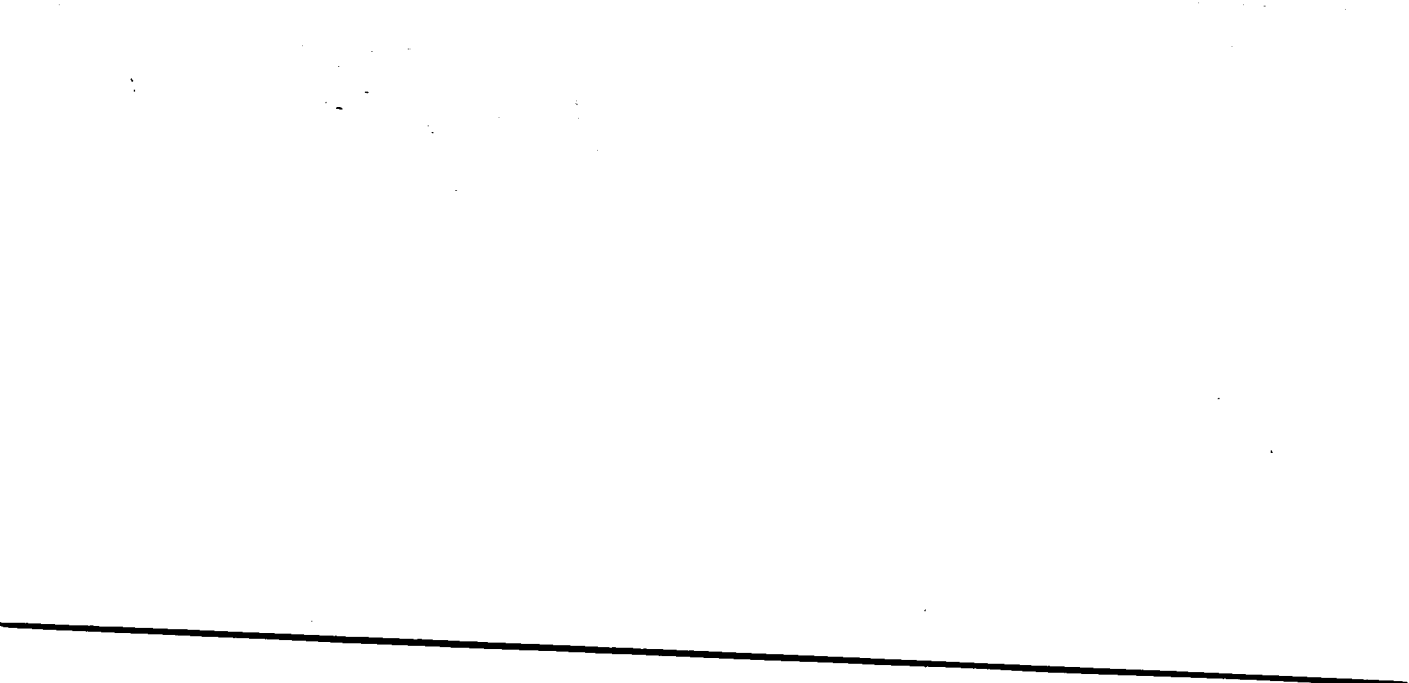
Sex of Child Male
 Date of Birth March 6 1920
MONTH DAY YEAR
 Father Ray Elmer Leish
FULL NAME
 Mother Flo Bowers
FULL MAIDEN NAME

I Hereby Certify that the child described here
 has been named:

Thomas Grady Leish
GIVEN NAME IN FULL SURNAME

as reported by R. E. Leish
FATHER OR MOTHER

LOCAL REGISTRAR
 District No. 10



168-206-042-855

C-25m-7-21-19

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin FallsCity of MurtaughRegistration District No. 36File No. 78325

No. _____ St. _____

Primary Registration District No. _____

Registered No. 120Hospital HomeFULL NAME OF CHILD Frances Idetta Johnston

| | | | | | |
|---|-------------------------------------|---------|--------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | <u>Twin</u>
Triplet
or other? | { and } | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>Mar</u> <u>6</u> <u>19</u> <u>20</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | | |

FULL NAME Nickolas JohnstonRESIDENCE Murtaugh, Ida.COLOR W AGE AT LAST BIRTHDAY 35
(Years)BIRTHPLACE KansasOCCUPATION FarmerFULL MAIDEN NAME MOTHER
Carroll HenryRESIDENCE Murtaugh, Ida.COLOR W AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE KansasOCCUPATION Hw.Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:15 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davisphysician
(Physician or midwife)

Given names added from a supplemental report.

19


Address Kimberly, IdahoFiled Mar. 16 19 20

Registrar

Registrar J. N. Davis

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



NOV 3 1959

795-108-042-296

Form V. S. No. 11-C-25m-7-21-10

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin FallsCity of KimberlyRegistration District No. 36File No. 78326

No. _____ St. _____

Hospital home

Primary Registration District No. _____

Registered No. 21

FULL NAME OF CHILD

Jessie Lloyd GivensSex of Child maleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthMar. 81920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAME

FATHER

Henry C. GivensFULL
MAIDEN
NAME

MOTHER

Rachel Anne Brown

RESIDENCE

Kimberly, Idaho

RESIDENCE

Kimberly, Idaho

COLOR

W

AGE AT LAST

BIRTHDAY

29

(Years)

COLOR

W

AGE AT LAST

BIRTHDAY

28

(Years)

BIRTHPLACE

Tenn.

BIRTHPLACE

Tenn

OCCUPATION

Mill hand

OCCUPATION

Hv.Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:40 P. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. D. DavisPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Kimberly, IdahoFiled Mar. 18, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Det. [illegible]

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

78326

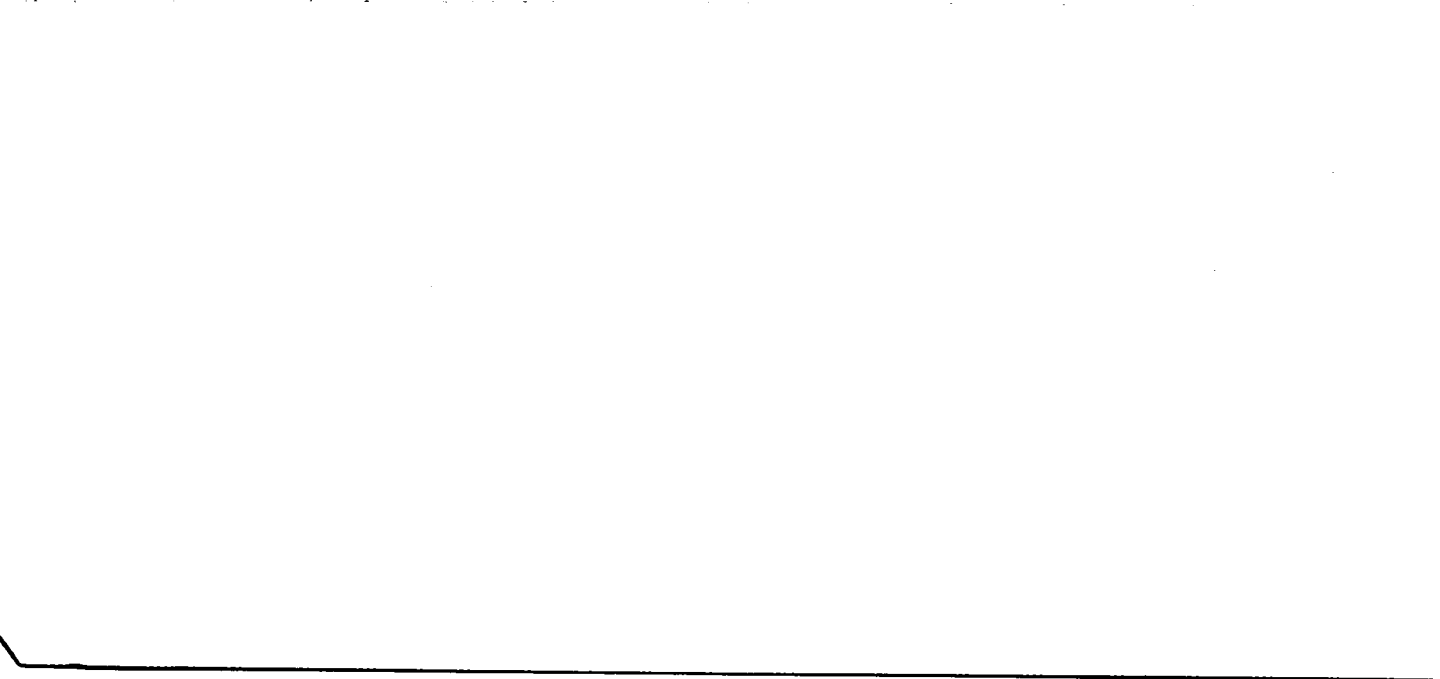
Place of Birth { City Kimberly Registered No. 21
Street and House No. _____
County Twin Falls Registration Dist. No. 36

Sex of Child Male
Date of Birth March 8 1944
MONTH DAY YEAR
Father Henry C. Givens FULL NAME
Mother Rachel Ann Brown FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Jessie Lloyd Givens GIVEN NAME IN FULL
as reported by Rachel Givens SURNAME
FATHER OR MOTHER

LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

818-218-042-239

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Rock Creek

Registration District No. 36

File No. 78327

No. _____ St.

Primary Registration District No. _____

Registered No. 22

Hospital home

FULL NAME OF CHILD Lucile Haynes

| | | | | | |
|----------------------------|---|-------|--|-------------------------|---|
| Sex of Child <u>female</u> | Twin Triplet or other? <u> </u>
(To be answered only in event of plural births) | and { | Number in order of birth <u> </u> | Legiti mate? <u>yes</u> | Date of Birth <u>Mar. 18</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-------|--|-------------------------|---|

FULL NAME FATHER
William Anthony Haynes

RESIDENCE Rock Creek, Ida

COLOR W AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE Utah

OCCUPATION farmer

FULL MAIDEN NAME MOTHER
Blythe Stricker

RESIDENCE Kimberly- Rock Creek, Ida.

COLOR W AGE AT LAST BIRTHDAY 23
(Years)

BIRTHPLACE Idaho

OCCUPATION Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

physician

(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly, Idaho

Filed Mar. 28 19 20

Registrar

Registrar

MAR 17 1971

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

397-226-042-395

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH
County of Twin FallsCity of Rock CreekRegistration District No. 36

File No.

78328

No. _____ St.

Primary Registration District No. _____

Registered No.

Hospital homeFULL NAME OF CHILD Adeline Fay Craighead

| | | | |
|----------------------------|---|------------------------|---|
| Sex of Child <u>female</u> | Twin Triplet or other? <u>and</u> { } Number in order of birth <u>1</u> | Legitimacy? <u>yes</u> | Date of Birth <u>Mar. 26</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|---|

 FATHER
 FULL NAME John W. Craighead

 RESIDENCE Rock Creek, Ida

 COLOR W AGE AT LAST BIRTHDAY 36
 (Years)

 BIRTHPLACE Missouri

 OCCUPATION Farm laborer

 MOTHER
 FULL MAIDEN NAME Susie B. Trelow

 RESIDENCE Rock Creek, Ida.

 COLOR W AGE AT LAST BIRTHDAY 23
 (Years)

 BIRTHPLACE Missouri

 OCCUPATION Hw.

 Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was born alive, at 4:30 A. M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

physician
 (Physician or midwife)

Given names added from a supplemental report.

19.

Address Kimberly, IdahoFiled Mar. 30 19 20

Registrar

Registrar

JUN 18 1942

469-127-042-292

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Twin FallsCity of EdenRegistration District No. 36File No. 78329

No. _____ St.

Primary Registration District No. _____

Registered No. 24Hospital EdenFULL NAME OF CHILD Dawson Bishop Morse,Sex of
Child maleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate? yesDate of
Birth Mar. 27, 1920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL
NAME

FATHER

Dawson Shepard Morse

RESIDENCE

Eden, Idaho

COLOR

WAGE AT LAST
BIRTHDAY23

(Years)

BIRTHPLACE

Illinois

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Lucile Bishop

RESIDENCE

Eden, Idaho

COLOR

WAGE AT LAST
BIRTHDAY22

(Years)

BIRTHPLACE

Okla.

OCCUPATION

Hw.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:15 A. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

physician

(Physician or midwife)

Given names added from a supplemental report.

19____

Address

Kimberly, Idaho

Filed

Mar. 31 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

NOV 13 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

231-131-042-863

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
County of Twin FallsCity of KimberlyRegistration District No. 36 File No. 78330

No. _____ St. _____

Primary Registration District No. _____ Registered No. 25Hospital home

FULL NAME OF CHILD

| | | | | | |
|--------------------------|--|---------|--------------------------------|----------------------------|--|
| Sex of Child <u>male</u> | <u>Twin</u>
Triplet
or other?
(To be answered only in event of plural births) | { and } | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>Mar. 31</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|--|---------|--------------------------------|----------------------------|--|

 FATHER
FULL NAME Roy W. Standlee

 RESIDENCE Kimberly, Idaho

 COLOR W AGE AT LAST BIRTHDAY 22
(Years)
BIRTHPLACE Ark.OCCUPATION Farm laborer
 MOTHER
FULL MAIDEN NAME Stella Lydia Holmes

 RESIDENCE Kimberly, Idaho

 COLOR W AGE AT LAST BIRTHDAY 16
(Years)
BIRTHPLACE Colo.OCCUPATION Hw.
 Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was born alive, at 7:40 A M.
on the date above stated. (Born alive or stillborn)

 *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.
(Signature) [Signature]physician

(Physician or midwife)

Given names added from a supplemental report.

19. _____Address Kimberly, IdahoFiled Mar. 31 19 20

Registrar

[Signature]
Registrar

Dup of 1920-D69-215

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

249-119-041-449

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78331

PLACE OF BIRTH
County Leton
City of Darby
No. _____ St. _____
Hospital home
FULL NAME OF CHILD

Registration District No. 77 File No. 47
Primary Registration District No. 3176 Registered No. _____

Nephi Walter Burgener

Sex of Child boy { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes Date of Birth 3 19 20
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER Burgener
FULL NAME John J. Burgener
RESIDENCE Darby
COLOR white AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Midway, Utah
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Blara Durtshi
RESIDENCE Darby
COLOR white AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Switzerland
OCCUPATION Mother

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alise, at 9-30 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Buesley
Midwife
(Physician or midwife)

Given names added from a supplemental report. _____
19 _____

Address Driggs, Ida.

Filed Apr 7th 19 20 Martha Marker

Registrar

Registrar

APR 2 1 1944



142-231-041-769

PLACE OF BIRTH
 Country of Seton
 City of Driggs
 No. _____ St. _____

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

78332
 48
 File No. _____

Hospital home Primary Registration District No. 2176 Registered No. _____
 FULL NAME OF CHILD Thelma Gertrude Austin

Sex of Child girl { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes Date of Birth 3 8 1920
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
 FULL NAME Francis M. Austin
 RESIDENCE Driggs Idaho
 COLOR white AGE AT LAST BIRTHDAY 34
 (Years)
 BIRTHPLACE Lehi Utah
 OCCUPATION Rancher

MOTHER
 FULL MAIDEN NAME Beatrice Going
 RESIDENCE Driggs Idaho
 COLOR white AGE AT LAST BIRTHDAY 26
 (Years)
 BIRTHPLACE New Zealand
 OCCUPATION mother

Number of child of this mother, including present birth. / Number of children of this mother now living, including present birth. /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5-40 PM.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beasley
Midwife
 (Physician or midwife)

Given names added from a supplemental report.

19

Address Driggs Ida
 Filed April 7th 1920 Martha Marker
 Registrar

Registrar

JUN 26 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. RECEIVED
County of SALT LAKE } BUREAU OF
VITAL STATISTICS

Certificate No. 78332

Date Filed March 31, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Austin (female) who was born on March 31, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Driggs, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's name Unnamed Thelma Gertrude Austin

Subscribed and sworn to before me this 31st day of March, 1920

Signed Mrs. Beatrice Austin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Salt Lake City, Utah
My commission expires Jan. 12, 1922
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of SALT LAKE

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 1920

Signed Charles Bonfiglio
(Signature of Any Credible Person)
1201 So. Ohio St.
(Street Address, City, State)
Kentfield, Ca. 94904

Notary Public, residing at Salt Lake City, Utah
My commission expires Jan. 12, 1922
(Seal)

APR 6 1977

Own child's birth certif on file in Utah gives child's name as Unnamed Ryneearson born Aug 24, 1957 (male) gives father's name as Harvey David Ryneearson and mother's name as Thelma Gertrude Austin. viewed by V. S.

Warranty of Completion of Construction in Substantial Conformity with approved plans and Sepcifications, Lot 5 Terra Linda #16 gives names as Harvey D. Ryneearson and Thelma G. Ryneearson. Dated Oct 10, 1962. viewed by V. S.

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

134-219-041-434

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-37

CERTIFICATE OF BIRTH

County of TetonCity of TetonRegistration District No. 77File No. 41 **78333**

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD Ida Fern Alderman

| | | | | |
|-----------------------|---|--------------------------------|------------------------|---|
| Sex of Child <u>F</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth | Legitimate? <u>yes</u> | Date of Birth <u>March 18</u>
(Month) (Day) (Year) |
|-----------------------|---|--------------------------------|------------------------|---|

| | | | |
|-------------------------------|---|-------------------------------|---|
| FATHER | | MOTHER | |
| FULL NAME <u>J M Alderman</u> | FULL MAIDEN NAME <u>Norma Mc Daniels</u> | FULL NAME <u>J M Alderman</u> | FULL MAIDEN NAME <u>Norma Mc Daniels</u> |
| RESIDENCE <u>Teton</u> | RESIDENCE <u>Teton</u> | RESIDENCE <u>Teton</u> | RESIDENCE <u>Teton</u> |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE <u>Kansas</u> | BIRTHPLACE <u>Utah</u> | BIRTHPLACE <u>Utah</u> | BIRTHPLACE <u>Utah</u> |
| OCCUPATION <u>Ranchman</u> | OCCUPATION <u>Housewife</u> | OCCUPATION <u>Ranchman</u> | OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 3 Number of children of this mother now living including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

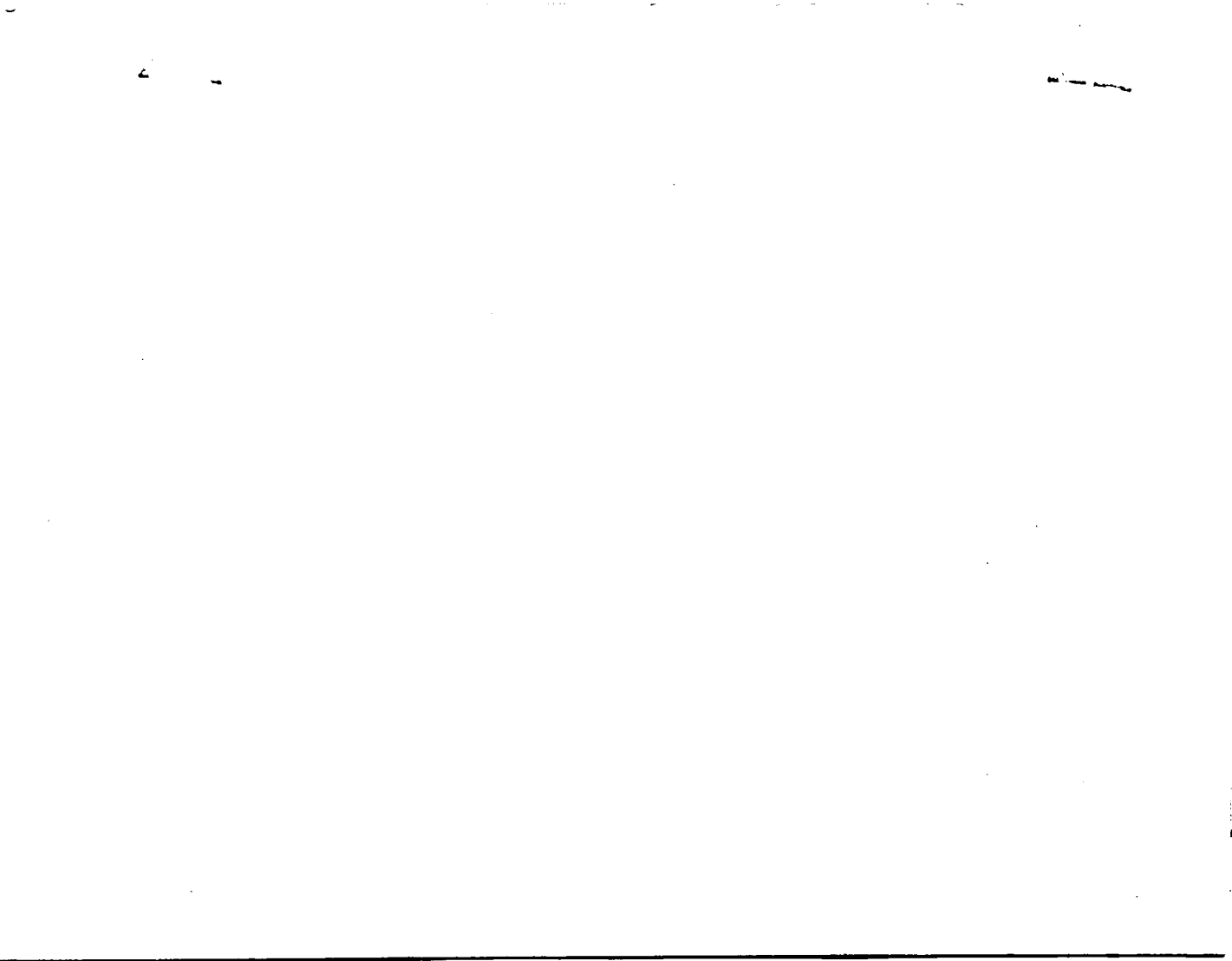
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs IdahoFiled Apr 7th 1929 Martha Marker

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Teton } ss.

Certificate No. 78333
Date Filed Birth
(BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Ida Fern Alderman who was born on March, 19-1920
in Tetonia, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy prepared on 10-26-1940, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

name unnamed Ida Fern Alderman
.....
.....
.....

Subscribed and sworn to before me this 12
day of April 1942
W. W. Maser

Notary Public, residing at Tetonia

My commission expires Jan. 6, 1942
(SEAL)

Signed George Monroe Alderman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of 19

Notary Public, residing at

My commission expires
(SEAL)

Signed Lettie J. Rammell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Tetonia, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

APR 18 1942



238-120-041-968

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.

CERTIFICATE OF BIRTH

County of TetonCity of DriggsRegistration District No. 77File No. 42

No. St.

Primary Registration District No. 2.176

Registered No.

Hospital

FULL NAME OF CHILD Samuel David Schiers

| | | | |
|-----------------------|--|------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? <u> </u> and <u> </u> Number in order of birth <u> </u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>March - 20</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|--|------------------------|--|

FULL NAME FATHER David F. SchiersFULL MAIDEN NAME MOTHER Lydia Gahner

RESIDENCE

RESIDENCE

COLOR W.AGE AT LAST BIRTHDAY 22
(Years)COLOR W.AGE AT LAST BIRTHDAY 19
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION RanchmanOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

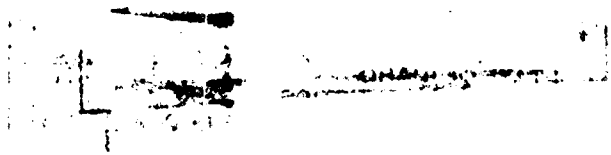
(Signature) Dr. C. L. CulbertsonPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs IdahoFiled Apr 27 1920 Martha Markes

Registrar

Registrar



...

...

...

...

855-221-041-855

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78335

County of TetonCity of FeltRegistration District No. 77File No. 43

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD Hendrickson, Helen Louise

Sex of Child

FTwin
Triplet
or other?} and (Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?yesDate of
BirthMarch - 21 - 1902
(Month) (Day) (Year)FULL
NAMEFather
Geo Hendrickson

RESIDENCE

Felt

COLOR

WAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Wyoming
Ranchman

OCCUPATION

FULL
MAIDEN
NAMEMother
Vida Jane Hendrickson

RESIDENCE

Felt

COLOR

WAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:00 A. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

H. H. CulbertsonPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address

Idaho

Filed

Apr 7 - 1902Martha Marker

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1942

247-121-041-414

PLACE OF BIRTH

County of... TetonCity of... Teton

No. St.

Hospital

FULL NAME OF CHILD JOSEPH. THERON BUXTON

STATE OF IDAHO

Form V. S. No. 11-C-25m-3-37

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78336

Registration District No. 77 File No. 44Primary Registration District No. 2176 Registered No.

| | | | |
|-----------------------|---|------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? <u> </u> } and { Number in order of birth <u> </u> } | Legitimate? <u>yes</u> | Date of Birth <u>March 21 1920</u>
(Month) (Day) (Year) |
|-----------------------|---|------------------------|--|

| | | | |
|--|---|---|---|
| FATHER
FULL NAME <u>Joseph Caswell Buxton</u> | | MOTHER
FULL MAIDEN NAME <u>Emma M. Maughan</u> | |
| RESIDENCE <u>Brigge</u> | | RESIDENCE <u>Brigge</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) | COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | | BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Ranchman</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth..... 2 Number of children of this mother now living, including present birth..... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

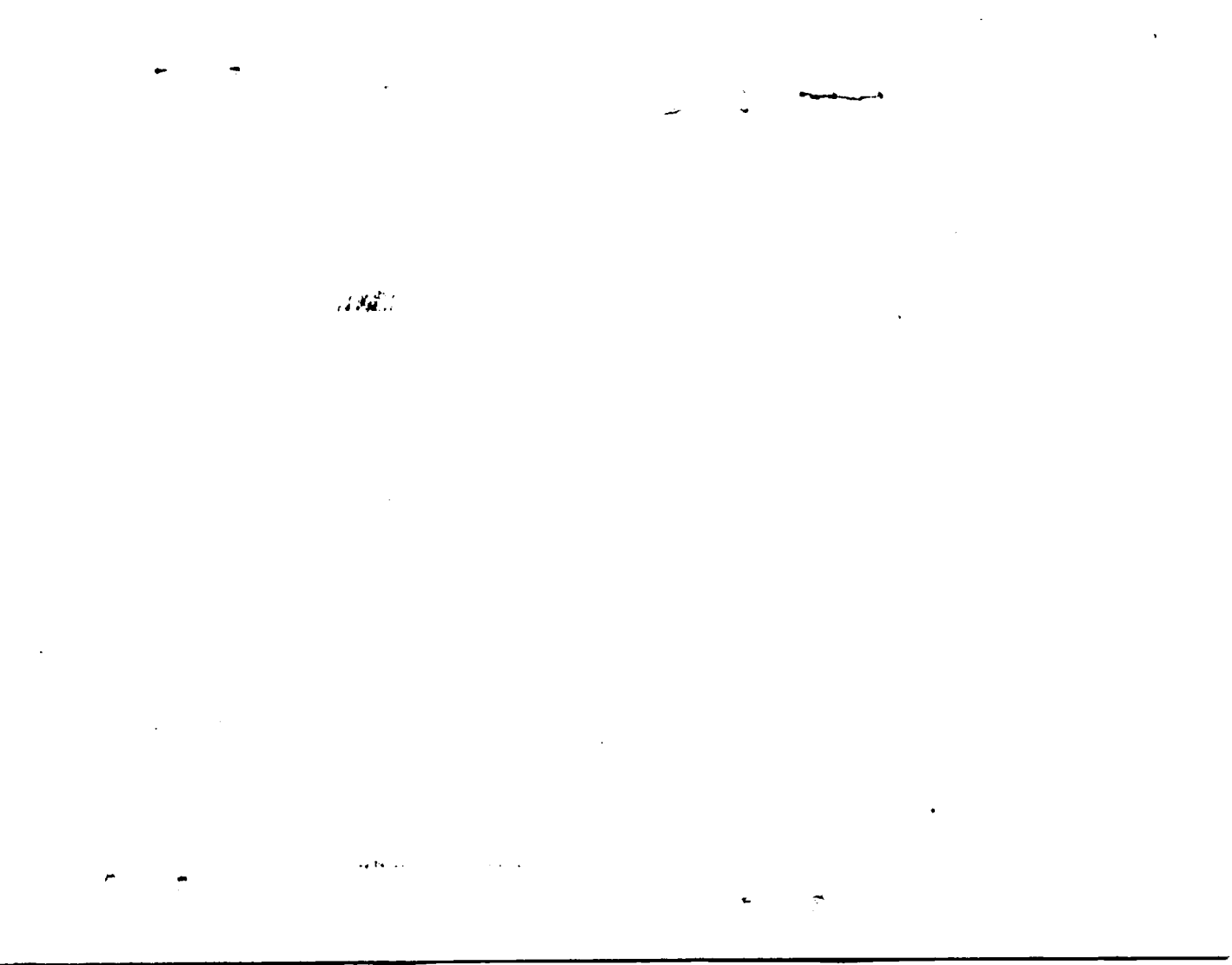
I hereby certify that I attended the birth of this child, who was..... alive at..... 11 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Culbertson
..... Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19 Address..... Brigge Idaho
..... 7 Filed Apr 7 1920 Martha Marker
Registrar Registrar



. STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 78336

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____

(Birth or Death)

for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name _____

Unnamed _____

Joseph Theron Buxton

Subscribed and sworn to before me this 13
day of June, 1942

Notary Public, residing at Buxton 2nd

My commission expires May 1 - 1942
(Seal)

Signed Annie A Buxton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (mother)

Cornish Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of June, 1942

Notary Public, residing at Buxton 2nd

My commission expires May 1 - 1942
(Seal)

Signed Annie Buxton
(Signature of Any Credible Person Other Than Previous Year)

Cornish Utah
(Street Address, City, State)

JUN 15 1942

JUN 24 1942

Corrected 6/22/42 Z.JI

794-123-041-235

PLACE OF BIRTH

County of TetonCity of DriggsNo. St.HospitalSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-3-3-37

CERTIFICATE OF BIRTH

78337

Registration District No. 77File No. 45Primary Registration District No. 2176Registered No.

FULL NAME OF CHILD

Charles Forest Juan

| | | | |
|-----------------------|---|------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? <u>.....</u> and Number in order of birth <u>.....</u> (To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>March 23 1920</u>
(Month) (Day) (Year) |
|-----------------------|---|------------------------|--|

| | |
|----------------------------------|---|
| FULL NAME <u>Charles E. Juan</u> | FATHER |
| RESIDENCE <u>Driggs Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>98</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Ranchman</u> | |

| | |
|------------------------------------|---|
| FULL MAIDEN NAME <u>Hazel Juan</u> | MOTHER |
| RESIDENCE <u>Driggs Idaho</u> | |
| COLOR <u>U</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10¹⁵ A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

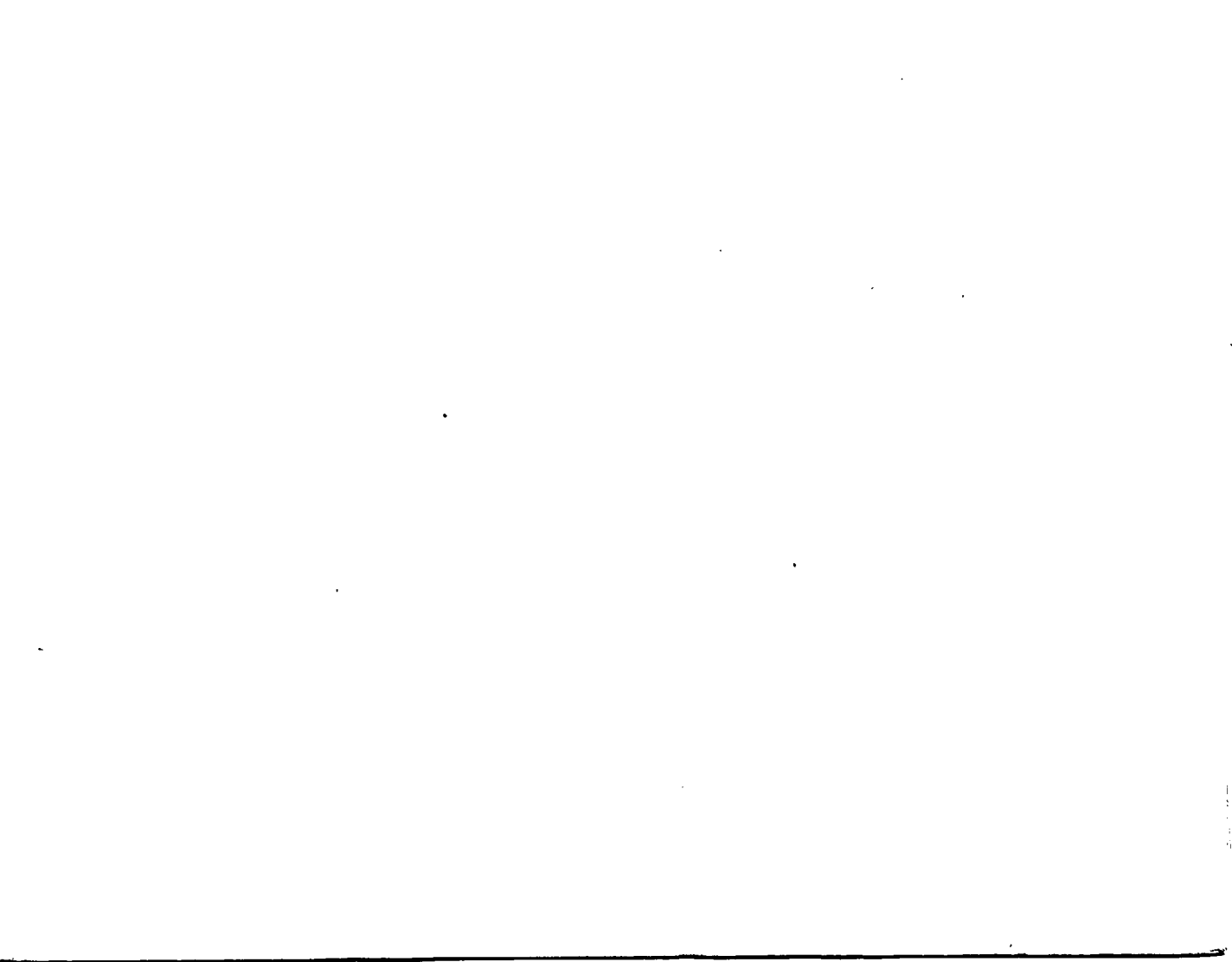
(Signature) H. H. GalvestonPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs IdahoFiled Apr 7 1920 Martha Marker

Registrar

Registrar



314 - 228-041-316

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22-4-37

County of Teton

CERTIFICATE OF BIRTH

78338

City of Felt DriggsRegistration District No. 77File No. 546

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD

Emma Lou LaughlinSex of
ChildFTwin
Triplet
or other?} and { Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?yesDate of
BirthMarch - 25 - 1924
(Month) (Day) (Year)FULL
NAMEJOSEPH EMMA LAUGHLIN
FELT Ida

RESIDENCE

COLOR

whiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Kansas

OCCUPATION

RanchmanFULL
MAIDEN
NAMENADA MOTHER

RESIDENCE

COLOR

W.AGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Oklahoma

OCCUPATION

House wife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....
on the date above stated. (Born alive or stillborn) at..... M.*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature).....

H. H. CulbertsonPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address.....Driggs, IdahoFiled Apr 7 20 Martha Marker

Registrar

Registrar

FEB 16 1943

10/20/20

PLACE OF BIRTH 893-128-041-513

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-6-37

CERTIFICATE OF BIRTH

78339

County of Teton

City of Drury

Registration District No. 27

File No. 49

No. St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD

| | | | | |
|--------------------------|---|-----------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twin, Triplet, or other <u>Quadruplets</u>
(To be answered only in event of plural births) | Number in order of birth <u>4</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 28 1930</u>
(Month) (Day) (Year) |
|--------------------------|---|-----------------------------------|------------------------|--|

| | |
|---------------------------------|---|
| FULL NAME <u>Ray L. Hillman</u> | FATHER |
| RESIDENCE <u>Drury, Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Ira Valentine</u> | MOTHER |
| RESIDENCE <u>Drury, Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE <u>Ida</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 39 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Martin
Physician or midwife

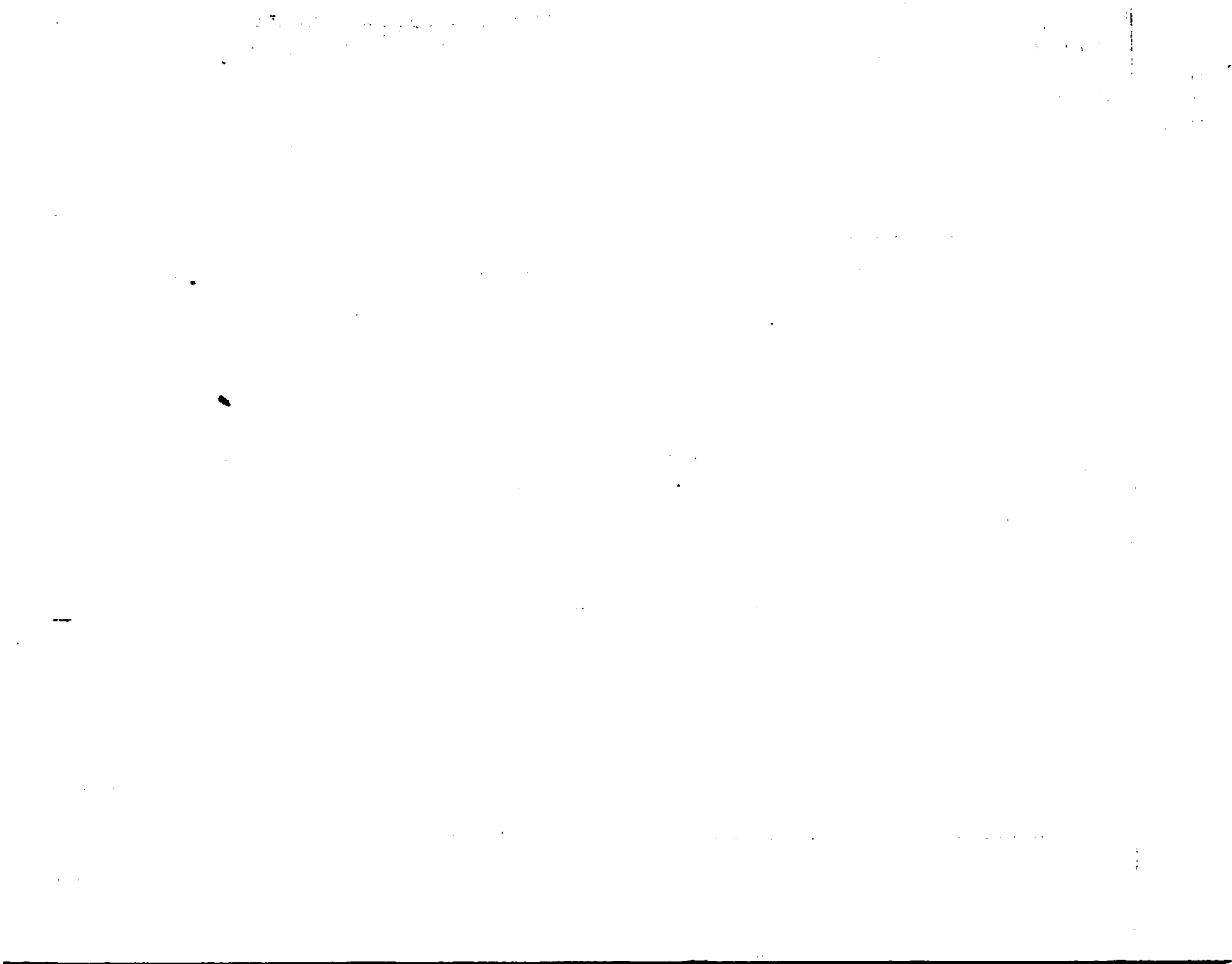
Given names added from a supplemental report.

Address Drury, Ida
Filed April 7 1930 Mrs. Martha Marker
Registrar

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



148 PLACE OF BIRTH 319

County of TetonCity of Driggs

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-27

CERTIFICATE OF BIRTH

Registration District No. 77File No. 59

78340

Primary Registration District No. 2176

Registered No.

FULL NAME OF CHILD John Carruth Johnson

| | | | | |
|----------------------------------|--|--|---------------------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplets or other (To be answered only in event of plural births) | and (Number in order of birth) <u>5</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 13 27</u>
(Month) (Day) (Year) |
| FULL NAME <u>John J. Johnson</u> | | | FULL MAIDEN NAME <u>Edith Carruth</u> | |
| RESIDENCE <u>Driggs Id</u> | | | RESIDENCE <u>Driggs Id</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>46</u>
(Years) | COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>38</u>
(Years) | | |
| BIRTHPLACE <u>England</u> | | | BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Tailor</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. MartinPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs IdFiled April 7 1920 Martha Marker

Registrar

Registrar

3/7/41 L. B.

266-112-041-247

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

U. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

78341

County of TarrantCity of BatesRegistration District No. 77File No. 51

No.St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD Lowell David Bowen

| | | | | |
|--------------------------|---|-----------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twin <u>Single</u> or Triple <u>and</u> (To be answered only in event of plural births) | Number in order of birth <u>4</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Jan 13 1920</u>
Month (Day) (Year) |
|--------------------------|---|-----------------------------------|------------------------|--|

| | |
|------------------------------|--------|
| FULL NAME <u>David Bowen</u> | FATHER |
|------------------------------|--------|

| | |
|-----------------------------|--------|
| RESIDENCE <u>Bates, Tex</u> | MOTHER |
|-----------------------------|--------|

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
|--------------------|---|

| | |
|------------------------|--|
| BIRTHPLACE <u>Wata</u> | |
|------------------------|--|

| | |
|--------------------------|--|
| OCCUPATION <u>Farmer</u> | |
|--------------------------|--|

| | |
|---|--------|
| FULL MAIDEN NAME <u>Florance Burton</u> | MOTHER |
|---|--------|

| | |
|-----------------------------|--|
| RESIDENCE <u>Bates, Tex</u> | |
|-----------------------------|--|

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
|--------------------|---|

| | |
|------------------------|--|
| BIRTHPLACE <u>Wata</u> | |
|------------------------|--|

| | |
|-----------------------------|--|
| OCCUPATION <u>Housewife</u> | |
|-----------------------------|--|

Number of child of this mother, including present birth 5... Number of children of this mother now living, including present birth 5...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chris Martin

(Physician or midwife)

Given names added from a supplemental report.

Address Bates, TexFiled Apr 7 1920 Martha Marker

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

C.C. 5/7/41. Wm.

PLA

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—22nd Ed. 1918

CERTIFICATE OF BIRTH

78344

County of ShoshoneCity of Kellogg632-209-040-591
No. _____ St.Registration District No. 123File No. 7Hospital noPrimary Registration District No. 2701

Registered No. _____

Full Name of Child Helen Elizabeth Olson

| | | | | |
|---|--|---|--|--|
| SEX OF CHILD
<u>Girl</u> | Twin
Triplet
or other? <u>1</u>
(To be answered only in event of plural births) | Number
in order
of birth
{and} _____ | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>1 9 1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Edward Olson</u> | | | MOTHER
FULL MAIDEN NAME <u>Edna B. Nelson</u> | |
| RESIDENCE <u>Kellogg</u> | | | RESIDENCE <u>Kellogg</u> | |
| COLOR <u>White</u> | AGE AT LAST
BIRTHDAY <u>33</u>
(Years) | COLOR <u>White</u> | | |
| BIRTHPLACE <u>Norway</u> | | BIRTHPLACE <u>Utah</u> | | |
| OCCUPATION <u>Saw mill</u> | | OCCUPATION <u>House wife</u> | | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Miller

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 3/10 1920

Registrar

Registrar

11.0K 2.7V 1000

JUN 24 1942

RECEIVED



11.0K

799-120-040-238
PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital no

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

78345

Registration District No. 123

File No. 6

Primary Registration District No. 2201

Registered No. _____

Full Name of Child Howard Lewis Gresham

| | | | | |
|--|---|---|---|--|
| SEX OF CHILD
<u>boy</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
Number
in order
of birth
<u>5</u> | Legiti-
mate?
<u>yes</u> | DATE OF
BIRTH
<u>2 20 1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>William Gresham</u> | | MOTHER
FULL MAIDEN NAME <u>Trise Schindler</u> | | |
| RESIDENCE
<u>Kellogg</u> | | RESIDENCE
<u>Kellogg</u> | | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY
<u>40</u>
(Years) | COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY
<u>32</u>
(Years) | |
| BIRTHPLACE
<u>Idaho</u> | | BIRTHPLACE
<u>Idaho</u> | | |
| OCCUPATION
<u>Lumberman</u> | | OCCUPATION
<u>House wife</u> | | |

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:10 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. H. H. H.

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed 3/10 1920 Geo S. L. L.

Registrar

Registrar

DEC 19 1964

PLACE OF BIRTH 251-265-040-859

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-18-18

CERTIFICATE OF BIRTH

78346

County of ShoshoneCity of KelloggRegistration District No. 123File No. 15

No. _____ St. _____

Primary Registration District No. 2201

Registered No. _____

Hospital noFull Name of Child Elizabeth Junita Beatty

SEX OF CHILD

GirlTwin
Triplet
or other?and Number
in order
of birth3Legiti-
mate?yesDATE OF
BIRTHMay 5 1920
(Month) (Day) (Year)FULL
NAMEFATHER
Jesse Charles Beatty

RESIDENCE

KelloggFULL
MAIDEN
NAME

MOTHER

Edith East, Heiser

RESIDENCE

Kellogg

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Ired

BIRTHPLACE

Ired

OCCUPATION

Insurance

OCCUPATION

House wif.Number of child of this mother, including present birth... 3Number of children of this mother now living, including present birth... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.

(Born alive or stillborn)

at 9:30 P M*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. R. Mason

Given names added from a supplemental report.

(Physician or midwife)

19

Address

Filed

3/10 1921

Registrar

Geo. J. Leshu

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128-117-040-894

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

CERTIFICATE OF BIRTH

78347

Registration District No. 123

File No. 14

Primary Registration District No. 2201

Registered No. _____

Full Name of Child

Boy died 30 hrs.

SEX OF CHILD

boy

Twin
Triplet
or other?

(and) Number
in order
of birth
(To be answered only in event of plural births)

Legiti-
mate?

yes

DATE OF
BIRTH

2 17 1920
(Month) (Day) (Year)

FULL
NAME

FATHER
Charles Henry Ashby

RESIDENCE

Kellogg

COLOR

White

AGE AT LAST
BIRTHDAY

23d
(Years)

BIRTHPLACE

England

OCCUPATION

Machinist

FULL
MAIDEN
NAME

MOTHER
Martha A. Hinkle

RESIDENCE

Kellogg

COLOR

White

AGE AT LAST
BIRTHDAY

21
(Years)

BIRTHPLACE

Idaho

OCCUPATION

House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.

(Born alive or stillborn)

at P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hinkle

(Physician or midwife)

Given names added from a supplemental report.

19

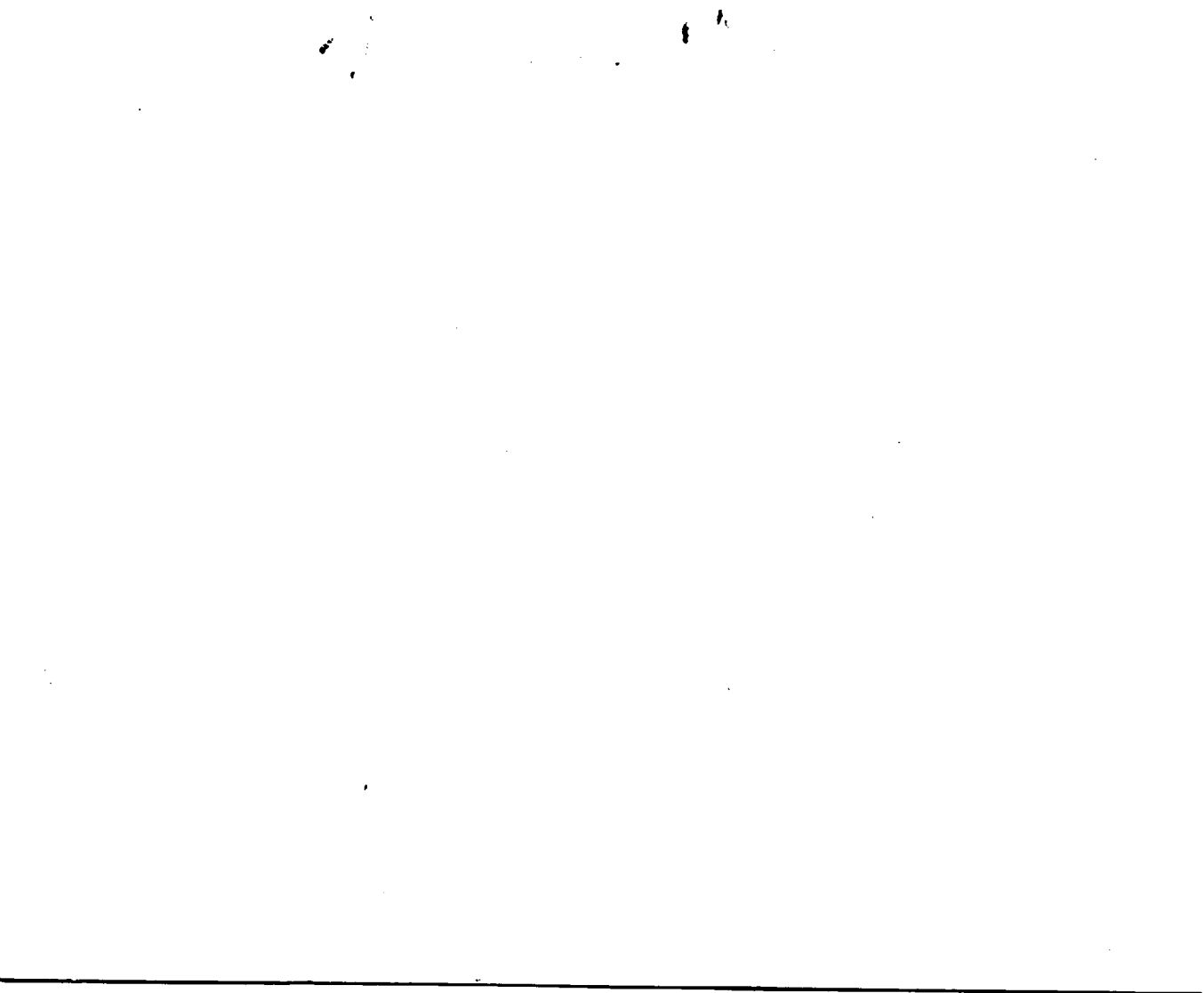
Address

Filed

19

Registrar

Registrar



N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the name of each, in order of birth stated.

City of

Kellogg

Registration District No. 143

File No. 13

No. St.

Primary Registration District No. 4401

Registered No.

Hospital

Full Name of Child Edward Pat. Morine, Jr.

SEX OF CHILD

boy

Twin Triplet or other?

(To be answered only in event of plural births)

and Number in order of birth

Legitimate?

DATE OF BIRTH

Jan 15-20
(Month) (Day) (Year)

FULL NAME

FATHER Edward Pat. Morine

FULL MAIDEN NAME

MOTHER Mattie Ethel Irwin

RESIDENCE

Kellogg

RESIDENCE

Kellogg

COLOR

White

AGE AT LAST BIRTHDAY

32
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Miss

BIRTHPLACE

Arkansas

OCCUPATION

Lumberman

OCCUPATION

House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive

(Born alive or stillborn)

at 3:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. P. Morine

Given names added from a supplemental report

After at Kellogg

APR 12 1949

JUL 20 1966

847-202-040-546

PLACE OF BIRTH

Form V. S. No. 14-2001-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

78352

CERTIFICATE OF BIRTH

County of ShoshoneCity of Kello 79

No. _____ St. _____

Registration District No. 123File No. 9Hospital YesPrimary Registration District No. 2201

Registered No. _____

Full Name of Child Emily Beatrice Hughes

SEX OF CHILD

GirlTwin
Triplet
or other?

(To be answered only in event of plural births)

{ and } Number
in order
of birth2Legiti-
mate?YesDATE OF
BIRTH

(Month)

(Day)

(Year)

FULL
NAMEHugh R. Hughes

FATHER

RESIDENCE

Wardner

COLOR

WhiteAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Colorado

OCCUPATION

MinerFULL
MAIDEN
NAMEBessie Edwards

MOTHER

RESIDENCE

Wardner

COLOR

WhiteAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

England

OCCUPATION

House wifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.

(Born alive or stillborn)

at 10:30 M*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. R. [illegible]

Given names added from a supplemental report.

(Physician or midwife)

Address

Filed

3/101920Ges. S. [illegible]

Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 9 1960

District No.

No.

LABOR

714 - 215-040 - 754
PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78353

County of Shoshone

City of Wardner

No. _____ St.

Registration District No. 123

File No. 8

Hospital no

Primary Registration District No. 2701

Registered No. _____

Full Name of Child Sityl Alvina Paulson

| | | | | |
|---|---|---|---|--|
| SEX OF CHILD
<u>Girl</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { and }
Number
in order
of birth
<u>1</u> | Legiti-
mate?
<u>yes</u> | DATE OF
BIRTH... <u>2</u> / <u>15</u> / <u>1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Ives Valentine Paulson</u> | | MOTHER
FULL MAIDEN NAME <u>Lena Gundersson</u> | | |
| RESIDENCE <u>Wardner</u> | | RESIDENCE <u>Wardner</u> | | |
| COLOR <u>White</u> | AGE AT LAST
BIRTHDAY... <u>25</u>
(Years) | COLOR <u>White</u> | AGE AT LAST
BIRTHDAY... <u>22</u>
(Years) | |
| BIRTHPLACE <u>Sweden</u> | | BIRTHPLACE <u>N. D.</u> | | |
| OCCUPATION <u>miner</u> | | OCCUPATION <u>House wife</u> | | |

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 930 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. [illegible]

Given names added from a supplemental report.

(Physician or midwife)

19...

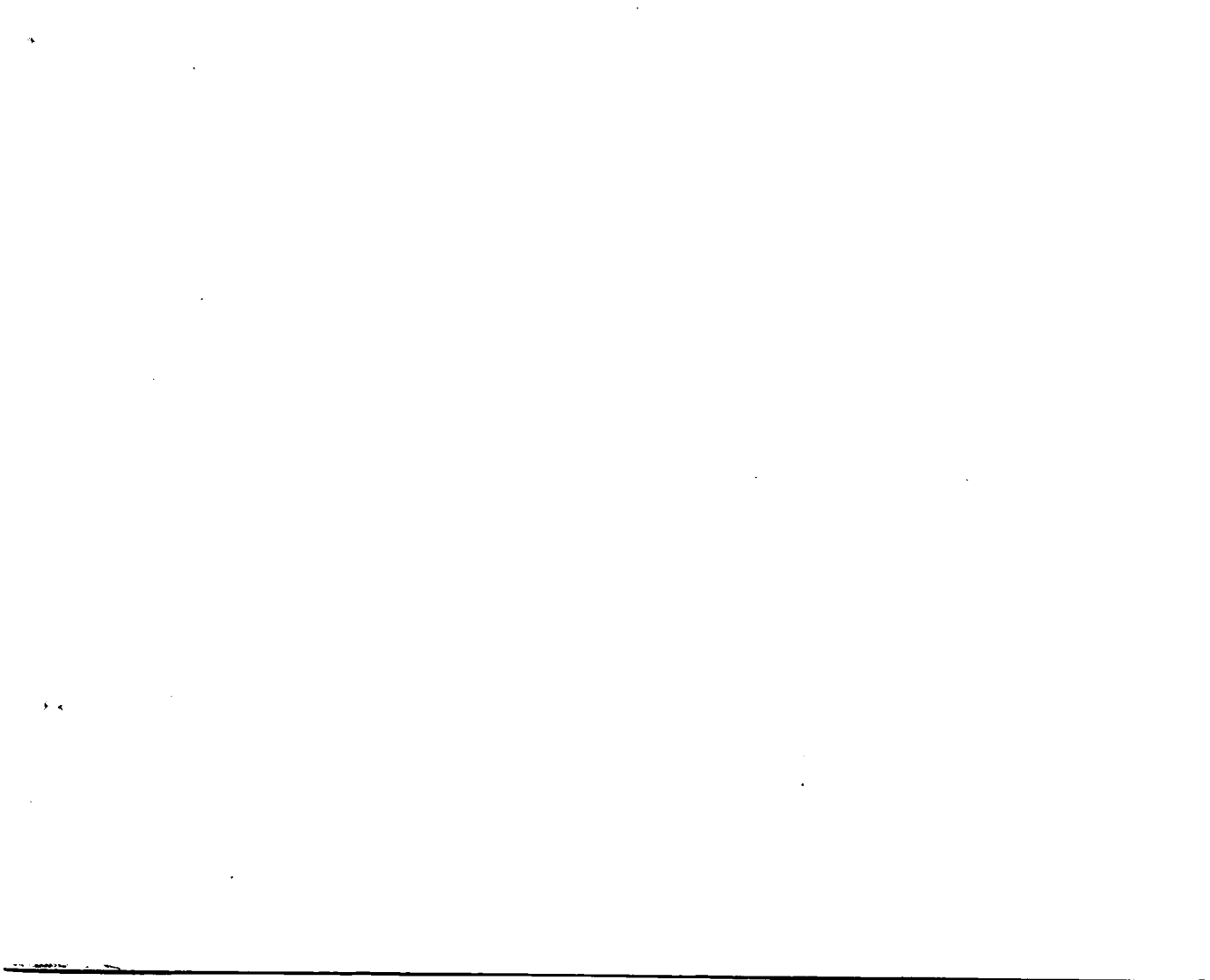
Address...

Registrar

Filed 3/10/20 19... Geo. S. Lusher
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-205-040-315
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-16

County of Shoshone

City of Burke

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

Registration District No. _____

Primary Registration District No. _____

Leo Mae Stone

CERTIFICATE OF BIRTH

File No. _____

Registered No. _____

78354

173

| | | | | |
|---------------------------------|--|---|---|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>X</u> | and { Number in order of birth <u>X</u> | Legitimate? <u>yes</u> | Date of Birth <u>May 5</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Frank M. Stone</u> | | | FULL MAIDEN NAME <u>Beatrice Emma Ranchus</u> | |
| RESIDENCE <u>Burke Ida</u> | | | RESIDENCE <u>Burke Ida</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>38</u> (Years) | | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>35</u> (Years) |
| BIRTHPLACE <u>Mo</u> | | | BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>miner</u> | | | OCCUPATION <u>housewife</u> | |

Number of child of this mother, including present birth. 4

Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

(Born alive or stillborn)

at 2:30 1 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

L. B. Stokely M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed _____

1920

H. C. Moore
Registrar

MAY 29 1944

DECEASED

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

794-108-040-365
PLACE OF BIRTH

County of Shoshone

City of Malheur

No. 210 Cypress St.

Hospital By

FULL NAME OF CHILD

Otto Frank Grunzel

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 122

File No. 78355

Primary Registration District No. 2200

Registered No. 174

| | | | |
|------------------------|---|--------------------------|---|
| Sex of Child <u>m.</u> | Twin Triplet or other? <u>x</u> { and { Number in order of birth <u>x</u> | Legiti-mates? <u>yes</u> | Date of Birth <u>Mar 8</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|---|--------------------------|---|

| | |
|--|--|
| FULL NAME <u>Otto Grunzel</u> | FATHER |
| RESIDENCE <u>Malheur Ida</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>39</u> (Years) |
| BIRTHPLACE <u>Battis Chonnet, Europe</u> | |
| OCCUPATION <u>Butcher</u> | |

| | |
|-------------------------------------|--|
| FULL MAIDEN NAME <u>Olga Conrad</u> | MOTHER |
| RESIDENCE <u>Malheur Ida</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>36</u> (Years) |
| BIRTHPLACE <u>Battis Chonnet</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born at 10 30 a.m. on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) A. Stochelger MD (Physician or midwife)

Given names added from a supplemental report.

Address 3/15 1920 H.E. Mooney
Filed 3/15 1920
Registrar H.E. Mooney

OCT 11 1967

466 -114-040-719

PLACE OF BIRTH

County of ShoshoneCity of Banker

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 122Primary Registration District No. 2200STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

File No. 78356Registered No. 175

| | | | | | |
|-------------------------------------|---|-----|---|---|---|
| Sex of Child <u>male</u> | Twin Triplet or other? <u>X</u> | and | Number in order of birth <u>X</u> | Legitimate? <u>yes</u> | Date of Birth <u>March 12, 1920</u>
(Month) (Day) (Year) |
| FULL NAME FATHER <u>Piley Moore</u> | | | FULL MAIDEN NAME MOTHER <u>Texie Parker</u> | | |
| RESIDENCE <u>Banker Ida</u> | | | RESIDENCE <u>Banker</u> | | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) | | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) | |
| BIRTHPLACE <u>North Carolina</u> | | | BIRTHPLACE <u>North Carolina</u> | | |
| OCCUPATION <u>mines</u> | | | OCCUPATION <u>housewife</u> | | |

Number of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. B. Stokely, M.D.

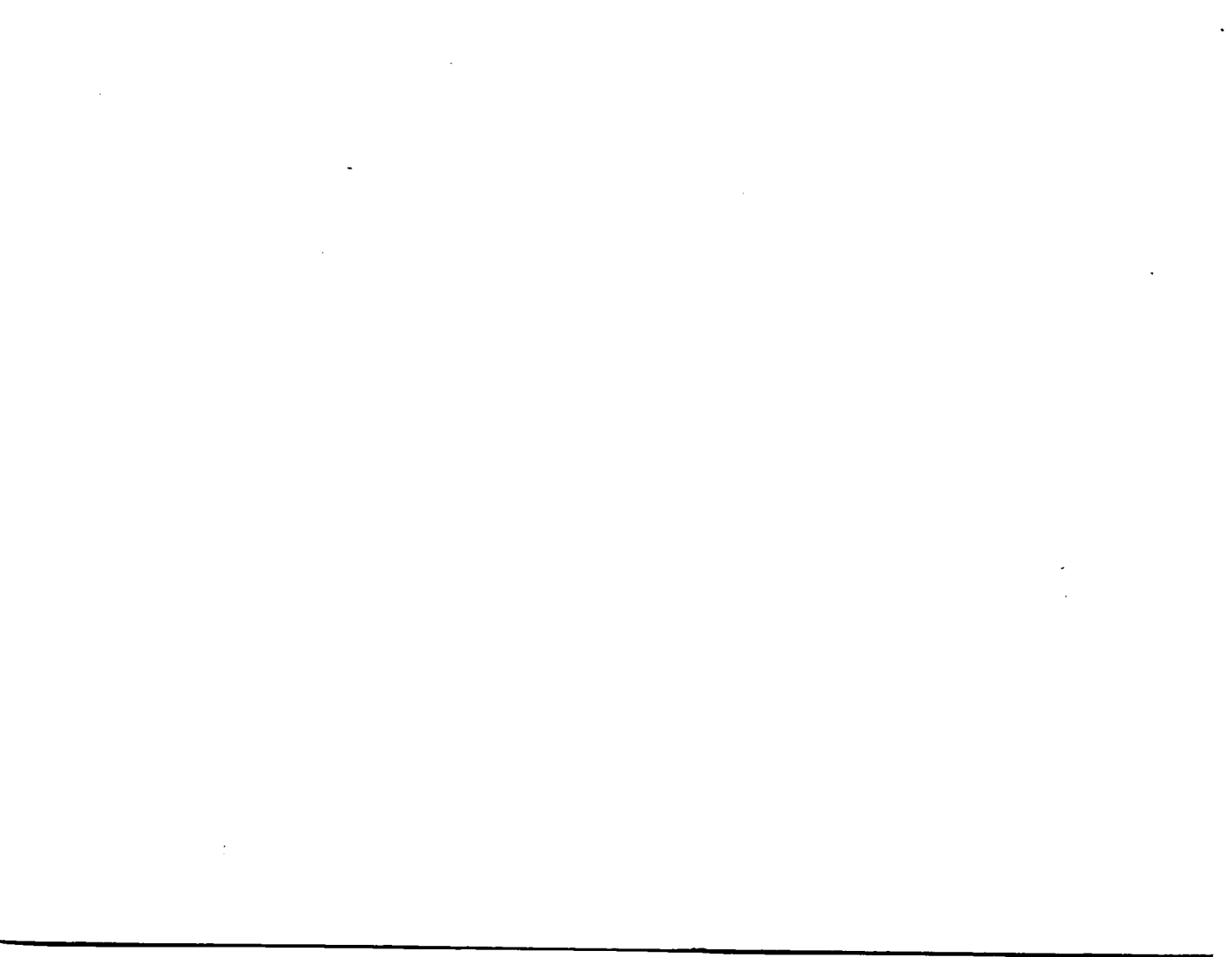
(Physician or midwife)

Given names added from a supplemental report.

Address Shoshone IdaFiled 3/20 1920

Registrar

Registrar



693-115-040-636

PLACE OF BIRTH

County of BlushawCity of Thallace

No. _____ St. _____

Registration District No. 122Primary Registration District No. 2200

Hospital _____

FULL NAME OF CHILD

James A. ThilsonSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-16

CERTIFICATE OF BIRTH

File No. _____

78357

Registered No. _____

176

Sex of Child

MaleTwin
Triplet
or other?X

and

Number
in order
of birthXLegiti-
mate?YesDate of
BirthMar 15 1920
(Month) (Day) (Year)FULL
NAMEEdward Thilson

FATHER

RESIDENCE

Thallace Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Cal.

OCCUPATION

MinerFULL
MAIDEN
NAMEEvel Margaret O'Connor

MOTHER

RESIDENCE

Thallace

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. B. Stoussley MD

(Physician or midwife)

Given names added from a supplemental report.

Address

Thallace Ida

Filed

3/25 1920H. C. Mowery

Registrar

FEB 18 1945

301 25 1973

PLACE OF BIRTH

659-120

039-415

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-8-3-17

County of PowerCity of American FallsRegistration District No. 21

CERTIFICATE OF BIRTH

78360

File No. 4

No. St.

Primary Registration District No. 2072 Registered No. 168

Hospital

FULL NAME OF CHILD

Jack Ferguson

Sex of Child

MaleTwin
Triplet
or other?and { Number
in order
of birthLegiti-
mate?yes

Date of Birth

Mar 20 1920
(Month) (Day) (Year)

FULL NAME

Edwin Ferguson

FATHER

FULL MAIDEN NAME

Helen Davis

MOTHER

RESIDENCE

Idaho Falls

RESIDENCE

Idaho Falls

COLOR

White

AGE AT LAST BIRTHDAY

23
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

24
(Years)

BIRTHPLACE

Washington (state)

BIRTHPLACE

Colorado

OCCUPATION

Farmhand

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Idaho Falls on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.


(Signature) Richard F. North

(Physician or Midwife)

Given names added from a supplemental report.

Address American FallsFiled 3/22 1920Richard F. North
Registrar

Registrar



NOV 16 1951

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

685-215-079-869
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

County of Power

City of American Falls

Registration District No. 25

File No. 4

No. 2072 St.

Primary Registration District No. 16.7

Registered No. 16.7

Hospital Genevieve Wheeler

FULL NAME OF CHILD Genevieve Wheeler

| | | | |
|----------------------------|--|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimacy? <u>yrs</u> | Date of Birth <u>Feb. 19 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|---|

| | |
|-----------------------------------|---|
| FULL NAME <u>Burns J. Wheeler</u> | FATHER |
| RESIDENCE <u>American Falls</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>36</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Trapper</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Edith Workman</u> | MOTHER |
| RESIDENCE <u>American Falls, Id.</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>19</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. on the date above stated.
(Born alive or stillborn)

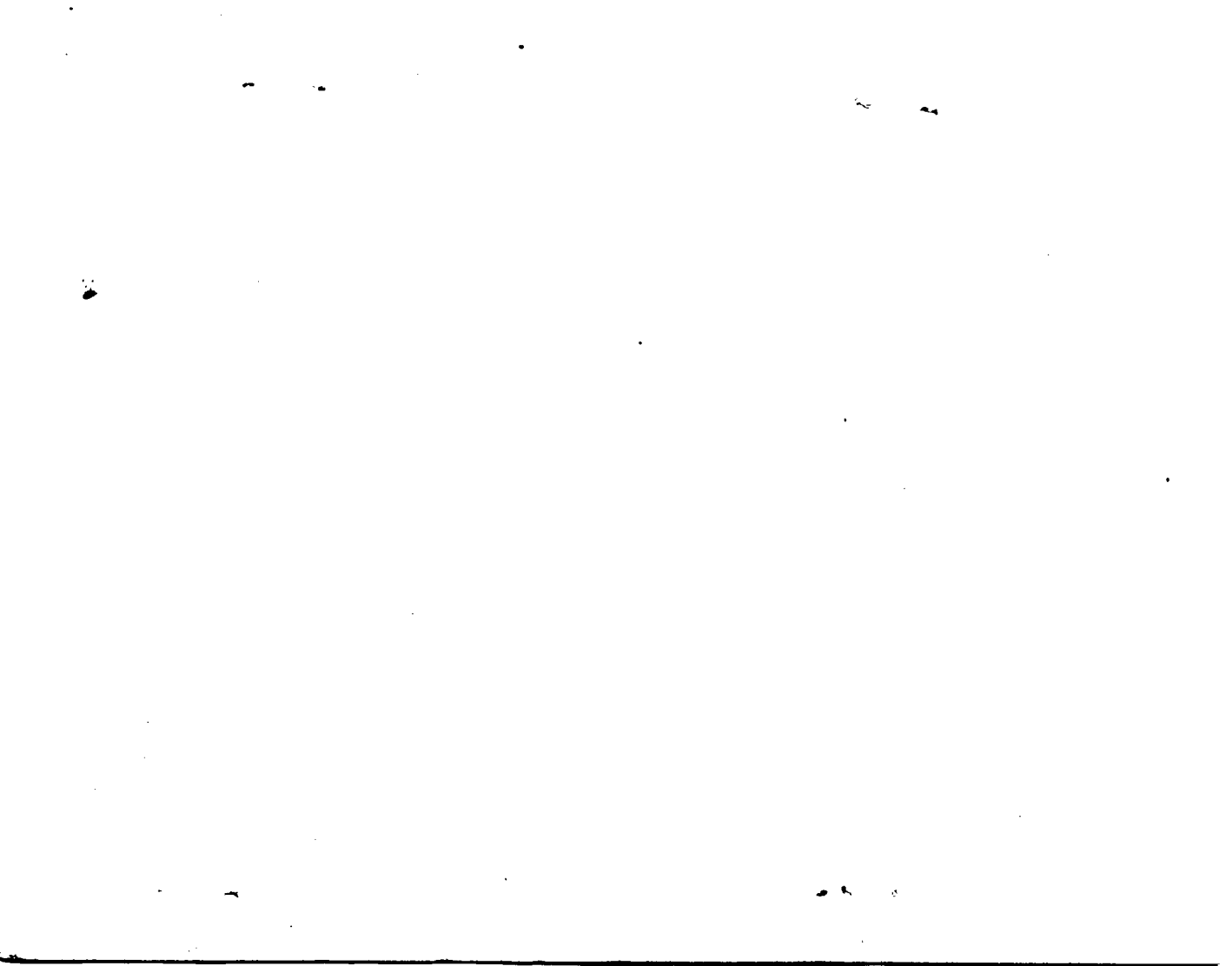
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. North
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address American Falls, Id.

Filed 3-22-20 Richard F. North
Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. Certificate No. 78361
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Wheeler (Name on Original Certificate) who was born (Birth or Death)
on March 19, 1920 (Date of Event)
in American Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
|---|--------------------------|---------------------------|
| Childs name | omitted | Genevieve Wheeler |

Subscribed and sworn to before me this 18th day of August, 1978
August Horncel Curtright
Notary Public, residing at Boise
My commission expires 4-20-78
(Seal)

Signed Francis H. Lee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

Marriage License Instrument # 54943 issued December 3, 1943 gives name of bride as Genevieve Wheeler Married to Frank H. Lee. Issued by the Clerk Dist Court Power County.

Viewed by V.S.

AUG 18 1975

Escrow Title & Trust Co. gives name as Genevieve Wheeler Lee and Francis H. Lee as purchasers of Lot 14 Bar D Ranch in Phoenix, Arizona Escrow # 3437 awl May 16, 1953.

Viewed by V.S.

259-121-039-314
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

County of Power

CERTIFICATE OF BIRTH

78362

City of Boranga BarRegistration District No. 25File No. 4

No. St.

Primary Registration District No. 2072Registered No. 166

Hospital

FULL NAME OF CHILD

Raphael Kniffin

| | | | | |
|--------------------------|-----------------------------------|-----------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>and</u> | Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Nov 21 1920</u>
(Month) (Day) (Year) |
|--------------------------|-----------------------------------|-----------------------------------|------------------------|--|

| | |
|------------------------------------|---|
| FULL NAME <u>Raphael Kniffin</u> | FATHER |
| RESIDENCE <u>Boranga Bar</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Pocatello, Idaho</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Florence Campbell</u> | MOTHER |
| RESIDENCE <u>Boranga Bar</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE <u>Dayton, Wash.</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1540 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. North

(Physician or midwife)

Given names added from a supplemental report.

Address American Falls, IdaFiled 3/22 1920 Richard F. North

Registrar

Registrar

SEP 20 1971

243-110-039-249
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

County of Power

CERTIFICATE OF BIRTH

78363

City of American FallsRegistration District No. 25File No. 4No. 2072 St.Primary Registration District No. 165Registered No. 165Hospital Bethany

FULL NAME OF CHILD

Sex of Child

MaleTwin
Triplet
or other?

}

and

Number
in order
of birth

}

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
BirthMarch 10, 1920

(Month) (Day) (Year)

FULL
NAMEJ. C. Kuhn

FATHER

RESIDENCE

American Falls

COLOR

WhiteAGE AT LAST
BIRTHDAY42
(Years)

BIRTHPLACE

Russia

OCCUPATION

FarmerFULL
MAIDEN
NAMEChristina Kurtz

MOTHER

RESIDENCE

American Falls

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Russia

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Richard F. Noth

(Physician or midwife)

Given names added from a supplemental report.

Address

American Falls, Id.

Filed

3/10 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1975

238 - 208-039-617
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

78364

County of PowerCity of American FallsRegistration District No. 25File No. 4No. St.Primary Registration District No. 2072Registered No. 164

Hospital

FULL NAME OF CHILD

Mary Louise Schwarz

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthMarch 8, 20
(Month) (Day) (Year)FULL
NAMELeonard R. Schwarz

FATHER

RESIDENCE

American Falls

COLOR

WhiteAGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

BarberFULL
MAIDEN
NAMEElsie Wagner

MOTHER

RESIDENCE

American Falls

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 430 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Richard F. Moch

(Physician or midwife)

Given names added from a supplemental report.

Address

American Falls, Ida

Filed

3-8-1920 Richard F. Moch

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1971

847-162-039-415
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-27

CERTIFICATE OF BIRTH

78365

County of PowerCity of American FallsRegistration District No. 21File No. 4

No. St.

Primary Registration District No. 2072Registered No. 163

Hospital

FULL NAME OF CHILD

Billy Dean Davis HughesSex of
ChildMaleTwin
Triplet
or other?and Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthMar 9 1922

(Month) (Day) (Year)

FULL
NAMEFATHER Bland Ralph HughesFULL
MAIDEN
NAMEMOTHER Gladys Davis

RESIDENCE

Jerome Idaho

RESIDENCE

Jerome Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Mo

BIRTHPLACE

Colorado

OCCUPATION

Grocery Merchant

OCCUPATION

Housewife

Number of child of this mother, including present birth.../..... Number of children of this mother now living, including present birth.../.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:45 P. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Richard T. Noth

(Physician or midwife)

Given names added from a supplemental report.

Address

American Falls

Filed

2/22/22

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORDN. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

7-1-41

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-202-039-268
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

78366

County of Power

City of American Falls

Registration District No. 25

File No. 4

No. St.

Primary Registration District No. 2072

Registered No. 162

Hospital Bethany

FULL NAME OF CHILD Bethy Reed

Bethy Reed

| | | | |
|----------------------------|--|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 2 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|---|

| | |
|---------------------------------|---|
| FULL NAME <u>Floyd R. Reed</u> | FATHER |
| RESIDENCE <u>American Falls</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) |
| BIRTHPLACE <u>Nebraska</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Marteline Bohm</u> | MOTHER |
| RESIDENCE <u>American Falls</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE <u>Wisconsin</u> | |
| OCCUPATION <u>House wife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 320 P on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician or midwife)

Given names added from a supplemental report.

Address American Falls, Idaho

Filed 2/2 1920 Richard F. Noth

Registrar

Registrar

NOV 22 1956

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette
141-119-038-959

City of _____

Registration District No. 4File No. 78367

No. _____ St. _____

Primary Registration District No. 1008Registered No. 11

Hospital _____

FULL NAME OF CHILD REIMERS SHARKLEY ADAMS

| | | | | |
|-----------------------|--|--|------------------------|--|
| Sex of Child <u>M</u> | Twin, Triplet or other? _____
(To be answered only in event of plural births) | and { Number in order of birth _____ } | Legitimate? <u>yes</u> | Date of Birth <u>2</u> <u>19</u> <u>20</u>
(Month) (Day) (Year) |
|-----------------------|--|--|------------------------|--|

FULL NAME FATHER
ALBERT ADAMSFULL MAIDEN NAME MOTHER
OLGA REIMERSRESIDENCE PAYETTE IDAHORESIDENCE PAYETTE IDAHOCOLOR WHITE AGE AT LAST BIRTHDAY 35
(Years)COLOR WHITE AGE AT LAST BIRTHDAY 29
(Years)BIRTHPLACE OKLAHAMABIRTHPLACE IOWAOCCUPATION FARMEROCCUPATION HOUSEWIFENumber of child of this mother, including present birth twoNumber of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2.15 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

J. L. McDonald M.D.
(Physician or midwife)

Given names added from a supplemental report

Address PAYETTE IDAHOFile March 24/1920 J. C. Woodward
Registrar

HTSIS 70 STA.

413.

MAR 22 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Sevier

name added 1/21/81

CERTIFICATE OF BIRTH

City of Payette
942-113-038-713
 No. _____ St. _____

Registration District No. 4

File No. _____

78368

Primary Registration District No. 1008

Registered No. 12

Hospital _____

FULL NAME OF CHILD _____

Dallas Edward Rush

Sex of Child M-

Twin
Triplet
or other?

and { Number
in order
of birth

Legiti-
mate? no

Date of Birth 3 12 1920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL NAME

FATHER

J. M. Rush

FULL MAIDEN NAME

MOTHER

Lizzie Patterson

RESIDENCE

Council, Idaho

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE

Arkansas

COLOR

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

born alive
 (Born alive or stillborn)

9-30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Patterson
 (Physician or midwife)

Given names added from a supplemental report

Address _____

Payette 3da

Filed _____

Mar 24 / 1920
J. C. Woodward
 Registrar

18588

JUL 28 1970

1-19-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Canyonss. JAN 21 1 04 PM '81Certificate No. 78368

Date Filed _____

birth

The undersigned does solemnly swear that certain facts on the certificate of _____
 for Unnamed Rush who was born on 3-13-20
 in Payette (Payette) are erroneous or were omitted:
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 (Place of Event)

ITEMS TO BE CORRECTED

FROM

TO
Edwardchilds nameUnnamedDallas RushSubscribed and sworn to before me this 20th day of January 1981

Notary Public, for Idaho Miss Evelyn
 Residing at Nampa, Idaho
 My commission expires 1/23/84

(Seal)

Dallas Edward Rush
 4120 East Ustick Applicant
 Caldwell, Idaho 83605

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon

ss.

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge. That I have been married to Dallas Edward Rush since 1938.

Subscribed and sworn to before me this 20th day of January 1981

Notary Public, for Idaho Miss Evelyn
 Residing at Nampa, Idaho
 My commission expires 1/23/84

(Seal)

Esther Rush
 4120 East Ustick Signature
 Caldwell, Idaho 83605
 Street Address, City, State

1 cc credit

Daughter's birth certifi on file in Idaho #373335 gives name as Donna Lee Ruch
born 5-13-43. father's name as Dallas Edward Rush. viewed by VS

Insurance Policy Transfer From dated 10-25-70 gives name as Dallas E. Rush. born
March 13, 1920 in Caldwell, Idaho. Policy No. 2-31-22967F policy dated 8-31-44.
viewed by V. S.

945 - 231 - 038 - 859

PLACE OF BIRTH

County of PayetteCity of PayetteNo. 1030 Centre Ave.Registration District No. 4Primary Registration District No. 1008

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

78369

Registered No.

13

Hospital

FULL NAME OF CHILD

Ruth Ellen Ruggenberg

Sex of Child

FemaleTwin
Triplet
or other?{ and {
Number
in order
of birthLegiti-
mate?yes

Date of Birth

Mar 31 1920

FULL NAME

Fred C Ruggenberg

FATHER

FULL MAIDEN NAME

Belma Heimann

MOTHER

RESIDENCE

Payette Id

RESIDENCE

Payette Id

COLOR

W

AGE AT LAST BIRTHDAY

24
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

23
(Years)

BIRTHPLACE

Germany

BIRTHPLACE

Columbus Ohio

OCCUPATION

Minister

OCCUPATION

Wife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive, at 11:25 A.M. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Woodward

(Physician or midwife)

Given names added from a supplemental report.

Address

Payette Id

Filed

Mar 31 1920

Registrar

Registrar

JUN 18 1967

213-210-038-959
PLACE OF BIRTH

Form V. B. No. 11-C-26m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78370

County of Payette

City of _____

Registration District No. 4

File No. _____

No. _____ St. _____

Primary Registration District No. 1008Registered No. 14

Hospital _____

FULL NAME OF CHILD Martha Marie LattigSex of Child FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate? yesDate of
Birth Jan 10

(Month),

(Day)

1920
(Year)FULL
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive, at 11:50 P. M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) D. H. AveryPhysician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

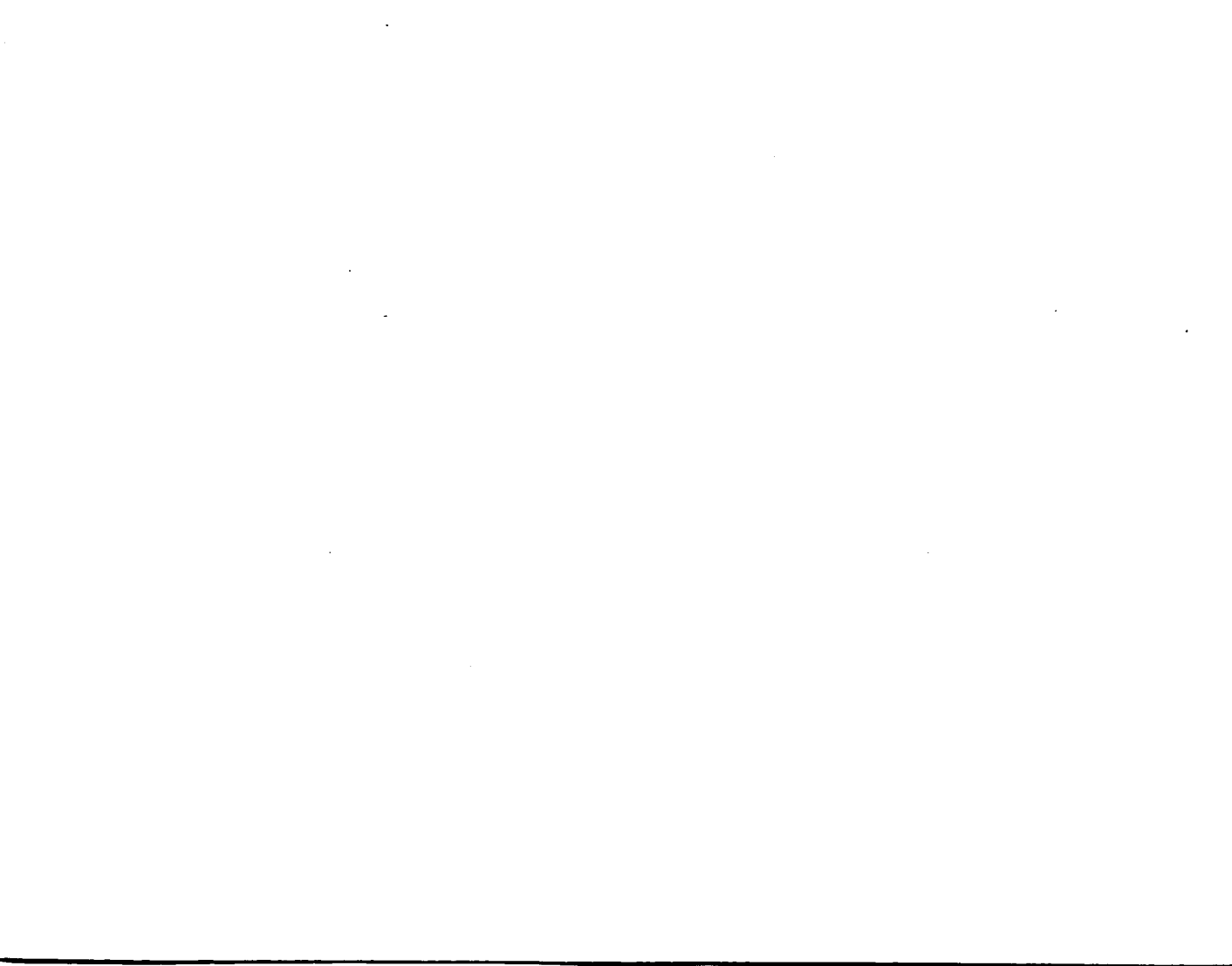
Address Payette IdaFiled Mar 31 1920

Registrar

Registrar J. Q. Woodward

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



799-110-038-415
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of PayetteCity of PayetteRegistration District No. 4File No. 78374No. 1010 2nd Ave. So. St.Primary Registration District No. 1008 Registered No. 15

Hospital _____

FULL NAME OF CHILD Charles Davis BriggsSex of Child MaleTwin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthFeb 10

(Month)

(Day)

1920
(Year)FULL NAME FATHER Will Briggs

RESIDENCE

1010 2nd Ave. So. Payette, Ida

COLOR

whiteAGE AT LAST
BIRTHDAY40

(Years)

BIRTHPLACE

Kansas

OCCUPATION

ButcherFULL MAIDEN NAME MOTHER Elva Davis

RESIDENCE

1010 Record Ave. So. Payette, Ida

COLOR

whiteAGE AT LAST
BIRTHDAY36

(Years)

BIRTHPLACE

Minnesota

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive
(Born alive or stillborn)at P.O. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. H. AveryPhysician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed

Mar 31 1920

Registrar

Registrar

J. Q. Woodward

4/16/41 L. B.

FEB 22 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

819-115-038-613

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Payette

City of Payette

No. 353 River St.

Registration District No. 4

File No. 78372

Hospital _____ Primary Registration District No. 1008 Registered No. 16

FULL NAME OF CHILD Charles Edward Harland

| | | | | | |
|--------------------------|--|-----|-----------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twin <u>Single</u> or other? <u>no</u> | and | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>Feb. 15</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|--|-----|-----------------------------------|------------------------|--|

FATHER
FULL NAME Albert Harland
RESIDENCE Near Payette Ida
COLOR white AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Minnesota
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Elizabeth Watts
RESIDENCE Near Payette Ida
COLOR white AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Kansas
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Born alive, at 4³⁰ A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Payette
Filed Mar 31 1920 J. C. Woodward
Registrar

JAN 28 1975

692-102-038-623

PLACE OF BIRTH

County of *Payette*City of *Near N. Plymouth*

No. St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-37

CERTIFICATE OF BIRTH

Registration District No. *5*File No. *78374*Primary Registration District No. *2009*Registered No. *14*

Hospital

FULL NAME OF CHILD *George Harold Fisher*

| | | | | |
|-----------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <i>m</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <i>yes</i> | Date of Birth <i>Mich 2</i>
(Month) (Day) (Year) <i>1922</i> |
|-----------------------|---|--------------------------------------|-----------------------------|---|

| | |
|-------------------------------------|---|
| FULL NAME <i>William Fisher</i> | FATHER |
| RESIDENCE <i>Near Plymouth R7D1</i> | |
| COLOR <i>r</i> | AGE AT LAST BIRTHDAY <i>26</i>
(Years) |
| BIRTHPLACE <i>Nbr.</i> | |
| OCCUPATION <i>Farmer</i> | |

| | |
|--|---|
| FULL MAIDEN NAME <i>Adelaide Oster</i> | MOTHER |
| RESIDENCE <i>with husband</i> | |
| COLOR <i>r</i> | AGE AT LAST BIRTHDAY <i>32</i>
(Years) |
| BIRTHPLACE <i>Idaho</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth... *2* Number of children of this mother now living, including present birth... *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *4:30 P.M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Wm J. Drysdale M.D.*

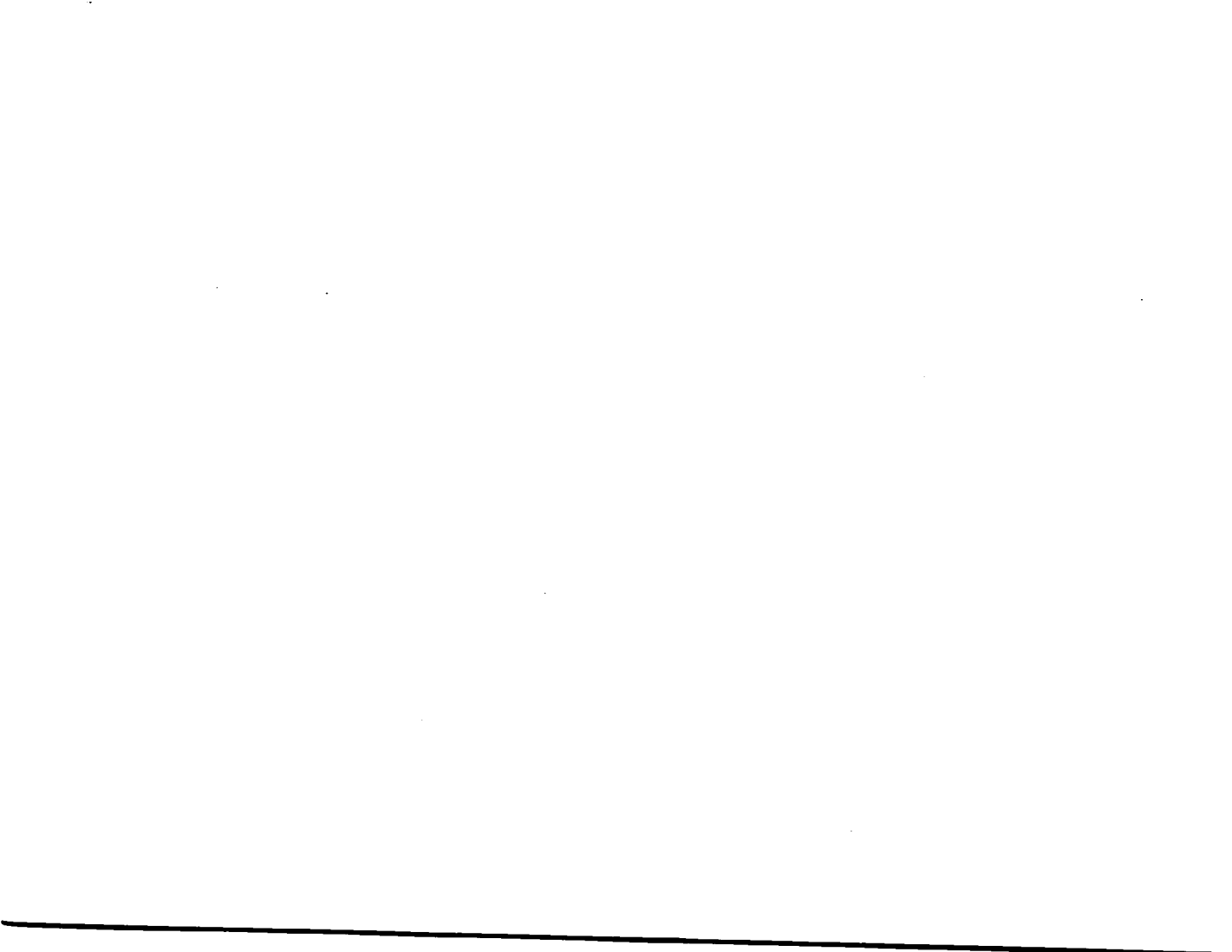
(Physician or midwife)

Given names added from a supplemental report.

Address *Near Plymouth Idaho*Filed *Mich 20* *Wm J. Drysdale*

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-206-038-632

PLACE OF BIRTH

County of PayetteCity of Mrs Plymouth

No. _____ St. _____

Hospital _____

Primary Registration District No. 1009 Registered No. 15FULL NAME OF CHILD Bernice Evelyn Meng

| | | | | | |
|-----------------------|---|-------|-----------------------------------|-------------------------|--|
| Sex of Child <u>1</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { | Number in order of birth <u>1</u> | Legiti mate? <u>Yes</u> | Date of Birth <u>Mich 6</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|-------|-----------------------------------|-------------------------|--|

FULL NAME FATHER Wm Claude MengRESIDENCE Mrs Plymouth IdaCOLOR W AGE AT LAST BIRTHDAY 38 (Years)BIRTHPLACE So. CarolinaOCCUPATION BarberFULL MAIDEN NAME MOTHER Lillie Delilah OlsenRESIDENCE with husbandCOLOR W AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

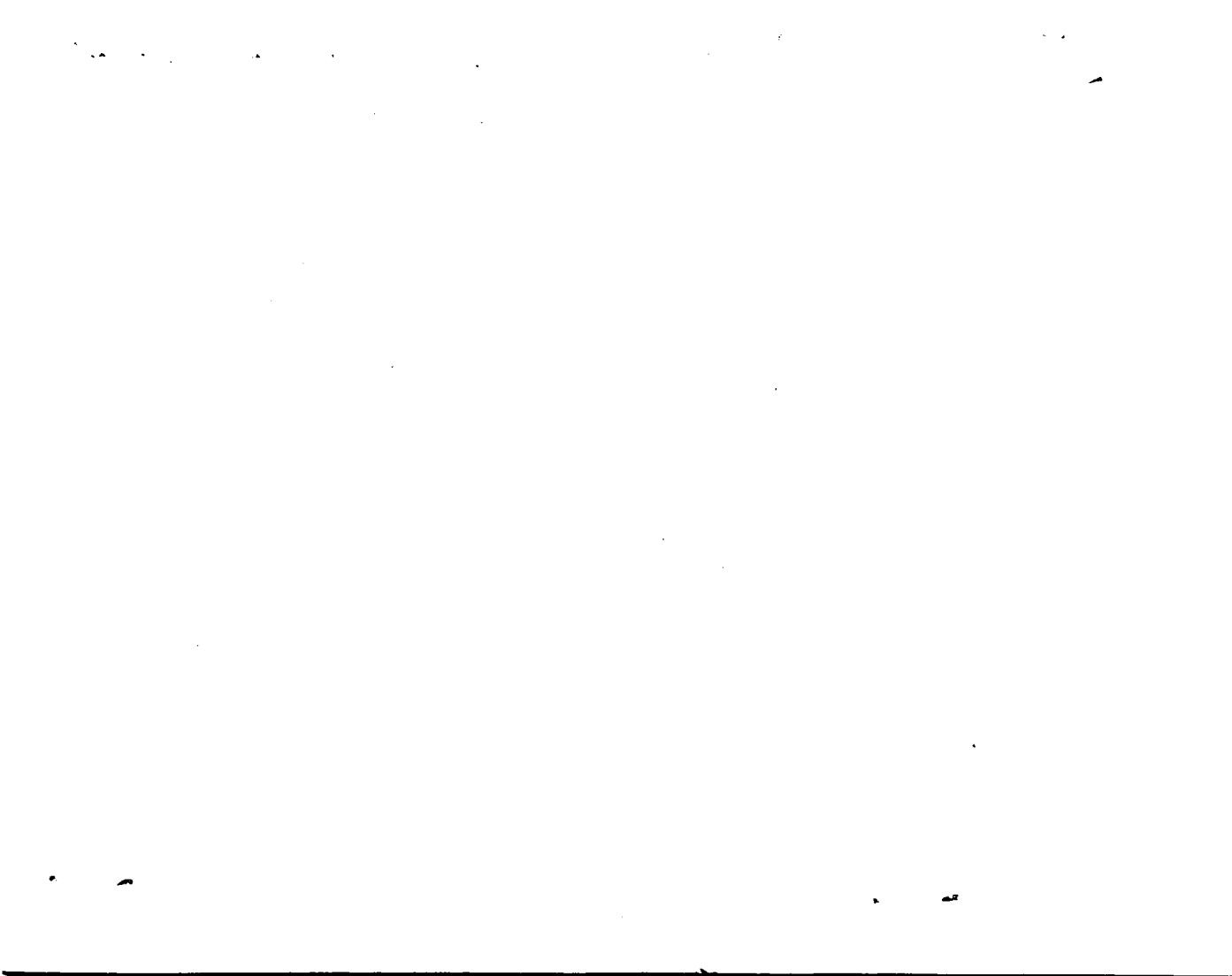
Given names added from a supplemental report.

19

Address Mrs Plymouth IdaFiled Mich 1920

Registrar

Registrar



IN THE DEPARTMENT OF PUBLIC WELFARE OF THE STATE
OF IDAHO

In the Matter of

CORRECTION OF CERTIFICATE

OF BIRTH OF Bernice

Evelyn Meng

AFFIDAVIT

Lily Delilah Meng, being first duly sworn, deposes and says:

I.

Certificate of Birth, File # 78375 of the Bureau of Vital Statistics of the State of Idaho, recording the birth of a child named therein as Bernice Evelyn Mems does not correctly state the facts relative to the child born as evidenced by the said certificate, in this:

a. The name of the father of said child is shown as William Claude Mems, whereas in truth and in fact the true and correct name of the said father of said child is Ernest Clyde Meng, the said name of "William Claude Mems" being an alias.

b. The true and correct name of the child described in said birth certificate is Bernice Evelyn Meng and not Bernice Evelyn Mems, the said name "Mems" being an alias and not the true surname of the father of the said child.

WHEREFORE, affiant prays that the said certificate of birth # 78375 be amended to show the true name of the child therein described as Bernice Evelyn Meng, and the true name of the father of said child as Ernest Clyde Meng.

SUBSCRIBED AND sworn to before me this 25th day of October, 1937.

Lily Delilah Meng
Mary Louise Meng
Notary Public
Residing at Boise, Idaho

IN THE DEPARTMENT OF PUBLIC WELFARE OF THE STATE
OF IDAHO

ADMINISTRATIVE

In the Matter of
CORRECTION OF CERTIFICATE
OF BIRTH OF Bernice
Ernest

Lily Delilah Meng, being first duly sworn, deposes and says:

I.

Certificate of Birth, File # 78372 of the Bureau
of Vital Statistics of the State of Idaho, recording the birth
of a child named therein as Bernice Ernest Meng
does not correctly state the facts relative to the child born as

evidenced by the said certificate, in this:

a. The name of the father of said child is shown as William Claude Meng, whereas in truth and in fact the true and correct name of the said father of said child is Ernest Clyde Meng, the said name of "William Claude Meng" being an alias.

b. The true and correct name of the child described in said birth certificate is Bernice Ernest Meng and not Bernice Ernest Meng the said name "Mema" being an alias and not the true surname of the father of the said child.

WHEREFORE, affiant prays that the said certificate of birth # 78372 be amended to show the true name of the child therein described as Bernice Ernest Meng, and

the true name of the father of said child as Ernest Clyde Meng.

SUBSCRIBED AND sworn to before me this 25th day of
October, 1937.

Notary Public
Residing at Boise, Idaho

STATE OF IDAHO,)
County of ADA.) ss.

Evelyn Olsen being first duly sworn, deposes and says:

That she is a citizen and resident of the State of Idaho, and a sister of Lily Delilah Meng; that she has knowledge of the facts relative to the child described in certificate of birth, File # 78375, and is personally well acquainted with the deponent in the foregoing affidavit; the said Lily Delilah Meng is the mother of the child described in said birth certificate; the father of said child is Ernest Clyde Meng, who is otherwise known by the alias of William Claude Mems; the facts stated in the foregoing affidavit are true of this affiant's own knowledge.

Evelyn Olsen

SUBSCRIBED and sworn to before me this 25th day of October, 1937.

James L. Lutz
Notary Public -
Residing at Boise, Idaho

FEB 20 1970

STATE OF IDAHO,
County of ADA.
ss.

Twelve Olsen being first duly sworn, deposes and says:
That she is a citizen and resident of the State of Idaho,
and a sister of Lily Delilah Meng; that she has knowledge of the
facts relative to the child described in certificate of birth,
File # 78372, and is personally well acquainted with
the deponent in the foregoing affidavit; the said Lily Delilah
Meng is the mother of the child described in said birth certi-
ficate; the father of said child is Ernest Clyde Meng, who is
otherwise known by the alias of William Claude Meng; the facts
stated in the foregoing affidavit are true of this affiant's
own knowledge.

Evelyn Olsen

SUBSCRIBED and sworn to before me this 25th day of

October, 1937.

Notary Public -
Residing at Boise, Idaho

OCT 25 1937

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-111-0382-269
PLACE OF BIRTH

County of Payette
City of New Plymouth
No. R 7 D 1 St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25 (7-21-13)

Registration District No. 5 File No. 78376

Hospital _____ Primary Registration District No. 2009 Registered No. 16

FULL NAME OF CHILD Era Floyd Braymer Jr.

| | | | | |
|-----------------------|---|---|------------------------|---|
| Sex of Child <u>m</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and { Number in order of birth _____
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>March 11</u>
(Month) (Day) 19 <u>20</u>
(Year) |
|-----------------------|---|---|------------------------|---|

FULL NAME Era Floyd Braymer
RESIDENCE near New Plymouth Ida
COLOR w AGE AT LAST BIRTHDAY 40
(Years)
BIRTHPLACE Nich-
OCCUPATION Farmer

FULL MAIDEN NAME Maudie Corbin
RESIDENCE with husband
COLOR w AGE AT LAST BIRTHDAY 37
(Years)
BIRTHPLACE Ind-
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale MD
(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth Ida
Filed March 19 20 Wm J. Drysdale
Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

AGE OF BIRTH

7887 1942

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

657-225
806-245

CERTIFICATE OF BIRTH

City of Boise

Registration District No. 2

File No. 78378

No. 1218 E State St.

Primary Registration District No. 1004

Registered No. 95

Hospital St. Lukes

FULL NAME OF CHILD Thirial Alice Wegman

| | | | |
|------------------------|--|------------------------|--|
| Sex of Child <u>7.</u> | Twin Triplet or other? <u>1</u> and Number in order of birth <u>2</u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>Jan 29</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|--|------------------------|--|

FATHER
FULL NAME David Wegman
RESIDENCE 1218 E State St.
COLOR white
AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE St. Louis Mo.
OCCUPATION Auto

MOTHER
FULL MAIDEN NAME Thirial King
RESIDENCE 1218 E State St.
COLOR white
AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kingston Mich.
OCCUPATION Housekeeper

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:45 A.M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Willis Almond, M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Overland Bldg

Filed 3/16 1920 L. Wegman

SEP 10 1943

JAN 15 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH

County of BennettCity of Beatrice

No. _____ St.

Hospital Beatrice Genl.

FULL NAME OF CHILD

Registration District No. 84File No. 58Primary Registration District No. 2161Registered No. 3073

GERALDINE MAGDALENE

Bennett Fisher

| | | | | | |
|---|--------------------------------|-----|-----------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other <u>1</u> | and | Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>March 15</u> 19 <u>20</u> |
| (To be answered only in event of plural births) | | | | | (Month) (Day) (Year) |

FATHER
FULL NAME Harry A. Fisher
RESIDENCE 605 West Benton St.
COLOR Wk AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Nebraska
OCCUPATION Minister

MOTHER
FULL MAIDEN NAME Maries Stohlman
RESIDENCE 605 West Benton St.
COLOR Wk AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Nebraska
OCCUPATION Wif.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6⁴⁵ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Charles H. Hargrave
MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Kane BldgFiled Mar 24 1920

Registrar

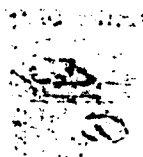
Registrar J. P. Stealy

IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 1-C-25m-7-21-19

78379

THE CHURCH OF ENGLAND



State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Henry A Fisher being first duly sworn, say that I am Related
Eraldine Magdalene Fisher (Name of person on certificate above) Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the fact contained therein are true to the best of my knowledge. I further state that Dr H Sprague (Name of attendant at birth) who attended said birth cannot locate (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

✓ Harry A Fisher Nam
5838 Berrita Ave P. O. Address

Subscribed and sworn to before me on this 24 day of July 1942 Long Beach
(SEAL) Harry J Kealey Notary Public, residing at Long Beach Calif



JUL 30 1942



285-111-001-814
County of... ADABUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of... BOISE

Registration District No. 2

File No. 78381

No. St.

Primary Registration District No. 1004

Registered No. 139

Hospital St. Alphonsus

FULL NAME OF CHILD

Rodney George Sheeran

Sex of Child

male

Twin
Triplet
or other?

(To be answered only in event of plural births)

Number
in order
of birthLegiti-
mate?

yes

Date of Birth

Feb. 11, 1920
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

J. K. Sheeran
710 N. 20th
Boise, Idaho

COLOR

white

AGE AT LAST

BIRTHDAY 30
(Years)

BIRTHPLACE

Burlington, Vermont

OCCUPATION

mechanic

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

Nellie Hammond
Boise, Idaho

COLOR

white

AGE AT LAST

BIRTHDAY 30
(Years)

BIRTHPLACE

Boise, Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7:09 M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. P. McCalla, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Boise, Idaho
4/14/20 L. P. McCalla
Registrar

C

CERTIFICATE OF BIRTH

City of Bureau
 753-119-001-986
 No. _____ St.

Registration District No. 2

File No. 7

Hospital St. Alphonsus Primary Registration District No. 1004

Registered No. _____

Full Name of Child RALPH DOUGLAS PETERS

| | | | | |
|--|---|--------------------------------|---|-----------------------------------|
| SEX OF CHILD <u>Male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | Number in order of birth _____ | Legitimate? <u>yes</u> | DATE OF BIRTH <u>3</u>
(Month) |
| FATHER | | | MOTHER | |
| FULL NAME <u>Paul N. Peters</u> | | | FULL MAIDEN NAME <u>Gertrude B. Peters</u> | |
| RESIDENCE <u>1607 Bessie</u> | | | RESIDENCE <u>1607 Bessie</u> | |
| COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>30</u>
(Years) | | | COLOR <u>White</u> AGE AT LAST BIRTHDAY _____ | |
| BIRTHPLACE <u>Ill.</u> | | | BIRTHPLACE <u>Iowa</u> | |
| OCCUPATION <u>P. O. Clerk</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the _____ date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Lee Hill

 (Physician or midwife)

Given names added from a supplemental report.

19____ Address _____
 4/12 1920
 Registrar _____ Filed _____

100-443-817

State of Idaho }
County of Ada } ss.

Certificate No. 78382

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Unmarried Peter who born on Mar. 19, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Boise Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Father prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Omitted Ralph Douglas Peters

Subscribed and sworn to before me this 19th
day of March, 1942
Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(Seal)

Signed Ralph D. Peters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19____.

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/11/01 BY 60322 UCBAW/STW



168-213-001-319
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

County of AdaCity of BoiseNo. 1516 1/2 Main St.Registration District No. 2File No. 78383

Hospital

Primary Registration District No. 1004Registered No. 141

Full Name of Child

Lois Katharine Johnson

SEX OF CHILD

FemaleTwin
Triplet
or other?{and} Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDATE OF
BIRTHMarch 13(Month) (Day) (Year) 1920FULL
NAMEFATHER James A JohnsonFULL
MAIDEN
NAMEMOTHER Gertrude Carson

RESIDENCE

1516 1/2 Main St. Boise Ida.

RESIDENCE

1516 1/2 Main St. Boise Idaho

COLOR

BlackAGE AT LAST
BIRTHDAY34

(Years)

COLOR

BlackAGE AT LAST
BIRTHDAY34

(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Tennessee

OCCUPATION

Rug. Specialist

OCCUPATION

HouseworkNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.at 12:30 A.M.
(Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

P. P. French M.D.

Given names added from a supplemental report

19

Address

417 Overland Blvd. Boise Ida.

Filed

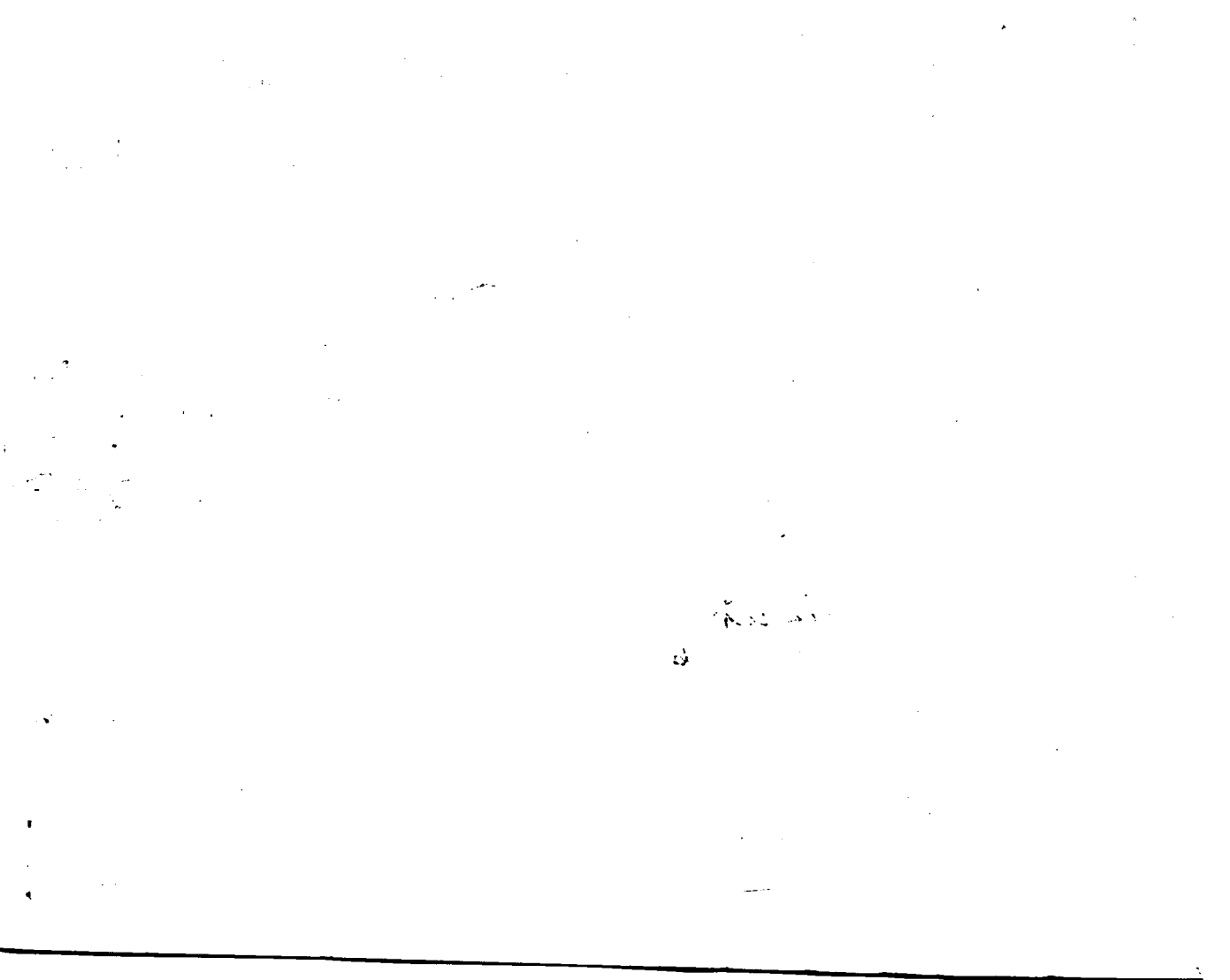
4/5 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



YEAR: 1920

FILE # 78384

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-78384 A & B TWINS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

354-220-001-342
County of Ada

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A+B

City of Boise

Registration District No. 2

File No. 78384

No. _____ St. _____

Primary Registration District No. 1204

Registered No. 142

Hospital St. Luke's

Full Name of Child Edna Louise Leona Marie Lemp

SEX OF CHILD

Female

Twin
Triplet
or other?

Twins

Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

yes

DATE OF BIRTH

3 20 1920
(Month) (Day) (Year)

FULL NAME

Bernard Louis Lemp

RESIDENCE

1001 - N. 17.

COLOR

White

AGE AT LAST BIRTHDAY

33

(Years)

BIRTHPLACE

Boise

OCCUPATION

Live Stock

FULL MAIDEN NAME

Leona Caroline Tucker

RESIDENCE

1001 - N. 17

COLOR

White

AGE AT LAST BIRTHDAY

33

(Years)

BIRTHPLACE

Placerville

OCCUPATION

House wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated.

Alive

(Born alive or stillborn)

at 12 P. M.

(Signature)

Dr. H. F. Smith
M. N.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Registrar

Filed

4/12 20
L. J. Spence
Registrar

OFFICE OF THE ATTORNEY GENERAL
STATE OF ALABAMA

841

Z-TWINS A-

Z-Names-

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho }
County of Ada } ss.
Certificate No. 78384
Date Filed April 12 1920
The undersigned does solemnly swear that certain facts on the certificate of birth
Edna Louise Lemp (Birth or death)
for Leona Marie Lemp who were born on April 20, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as ~~now known~~ known by undersigned, father of the twins, prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

| | |
|---|---|
| FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)
<u>Names of children</u> _____
<u>Name of parent</u> _____
Subscribed and sworn to before me this _____
day of <u>June</u> , 19 <u>41</u> | FROM
(As on original)
<u>omitted</u> _____
<u>Benard Lewis Lemp</u> _____
<u>25th</u> _____
Signed <u>Benard Lewis Lemp</u>
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death
record; or other credible person) |
|---|---|

Notary Public, residing at Boise, Idaho
My commission expires July 23, 1943 1001 No 17th St Boise Idaho
[SEAL] (Street Address, City, State)

Supporting Affidavit of a Second Person

State of _____ }
County of _____ } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19_____
Notary Public, residing at _____
My commission expires _____
[SEAL] (Street Address, City, State)

Received for filing on _____ by _____
(Registrar's signature)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

354-220-001-342
County of Ada

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A+B

City of Boise

Registration District No. 2

File No. 78384

No. _____ St. _____

Primary Registration District No. 1204

Registered No. 142

Hospital St. Luke's

Full Name of Child Edna Louise Leona Marie Lemp

SEX OF CHILD

Female

Twin
Triplet
or other?

Twins

Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

yes

DATE OF BIRTH

3 20 1920
(Month) (Day) (Year)

FULL NAME

Bernard Louis Lemp

RESIDENCE

1001 - N. 17.

COLOR

White

AGE AT LAST BIRTHDAY

33

(Years)

BIRTHPLACE

Boise

OCCUPATION

Live Stock

FULL MAIDEN NAME

Leona Caroline Tucker

RESIDENCE

1001 - N. 17

COLOR

White

AGE AT LAST BIRTHDAY

33

(Years)

BIRTHPLACE

Placerville

OCCUPATION

House wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated.

Alive

(Born alive or stillborn)

at 12 P. M.

(Signature)

Dr. H. F. Smith
M. N.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Registrar

Filed

4/12 20
L. J. Spence
Registrar

OFFICE OF THE
DIRECTOR

841

Z-TWINS A-

Z-Names-

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho }
County of Ada } ss.
Certificate No. 78384
Date Filed April 12 1920
The undersigned does solemnly swear that certain facts on the certificate of birth
Edna Louise Lemp (Birth or death)
for Leona Marie Lemp who were born on April 20, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as ~~now known~~ known by undersigned, father of the twins, prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

| | |
|---|---|
| FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)
<u>Names of children</u> _____
<u>Name of parent</u> _____
Subscribed and sworn to before me this _____
day of <u>June</u> , 19 <u>41</u> | FROM
(As on original)
<u>omitted</u> _____
<u>Benard Lewis Lemp</u> _____
<u>25th</u> _____
Signed <u>Benard Lewis Lemp</u>
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death
record; or other credible person) |
|---|---|

Notary Public, residing at Boise, Idaho
My commission expires July 23, 1943 1001 No 17th St Boise Idaho
[SEAL] (Street Address, City, State)

Supporting Affidavit of a Second Person

State of _____ }
County of _____ } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.
Subscribed and sworn to before me this _____
day of _____, 19_____
Notary Public, residing at _____
My commission expires _____
[SEAL] (Street Address, City, State)

Received for filing on _____ by _____
(Registrar's signature)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-15-18

CERTIFICATE OF BIRTH

City of BoiseRegistration District No. 2File No. 78386

No. _____ St. _____

Hospital St. AlphonsusPrimary Registration District No. 1004Registered No. 144

Full Name of Child

Betty Carolyn Nixon

SEX OF CHILD

FemaleTwin
Triplet
or other?

(To be answered only in event of plural births)

{and} Number
in order
of birthLegiti-
mate?yesDATE OF
BIRTHMarch 22, 1920
(Month) (Day) (Year)FULL
NAMECarey H. Nixon

FATHER

FULL
MAIDEN
NAMEKatharina Johnson

MOTHER

RESIDENCE

521 W. Idaho St. Boise Ida

RESIDENCE

521 W. Idaho St. Boise Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY30
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Boise Idaho

OCCUPATION

Law Student

OCCUPATION

House workNumber of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

P. P. French M.D.

Given names added from a supplemental report

(Physician or midwife)

Address

4170 Overland Blvd. Boise Ida

Filed

4/5 20

Registrar

L. J. Herman

Registrar

BIRTH

SEP 21 1942

NOV 19 1942

MAY 7 1958

281-225-001-343

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of AdaCity of BoiseNo. 2017 7. 13th St.Registration District No. 2File No. 78387

Hospital _____

Primary Registration District No. 1004Registered No. 145

FULL NAME OF CHILD

Florence May Shaul

| | | | | | |
|----------------------------|---|-----------|---|-------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and _____ | Number in order of birth _____
(To be answered only in event of plural births) | Legiti mate? <u>Yes</u> | Date of Birth <u>Mar. 25</u> <u>1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----------|---|-------------------------|--|

| | |
|---|---|
| FULL NAME <u>E. A. Shaul</u> | FATHER |
| RESIDENCE <u>2017 7. 13th St., Boise</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE <u>Oklahoma</u> | |
| OCCUPATION <u>Teamster</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Iona V. Culver</u> | MOTHER |
| RESIDENCE <u>2017 7. 13th St., Boise</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>18</u>
(Years) |
| BIRTHPLACE <u>Washington</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8⁰⁰ a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Taylor

(Physician or midwife)

Given names added from a supplemental report.

19

Address

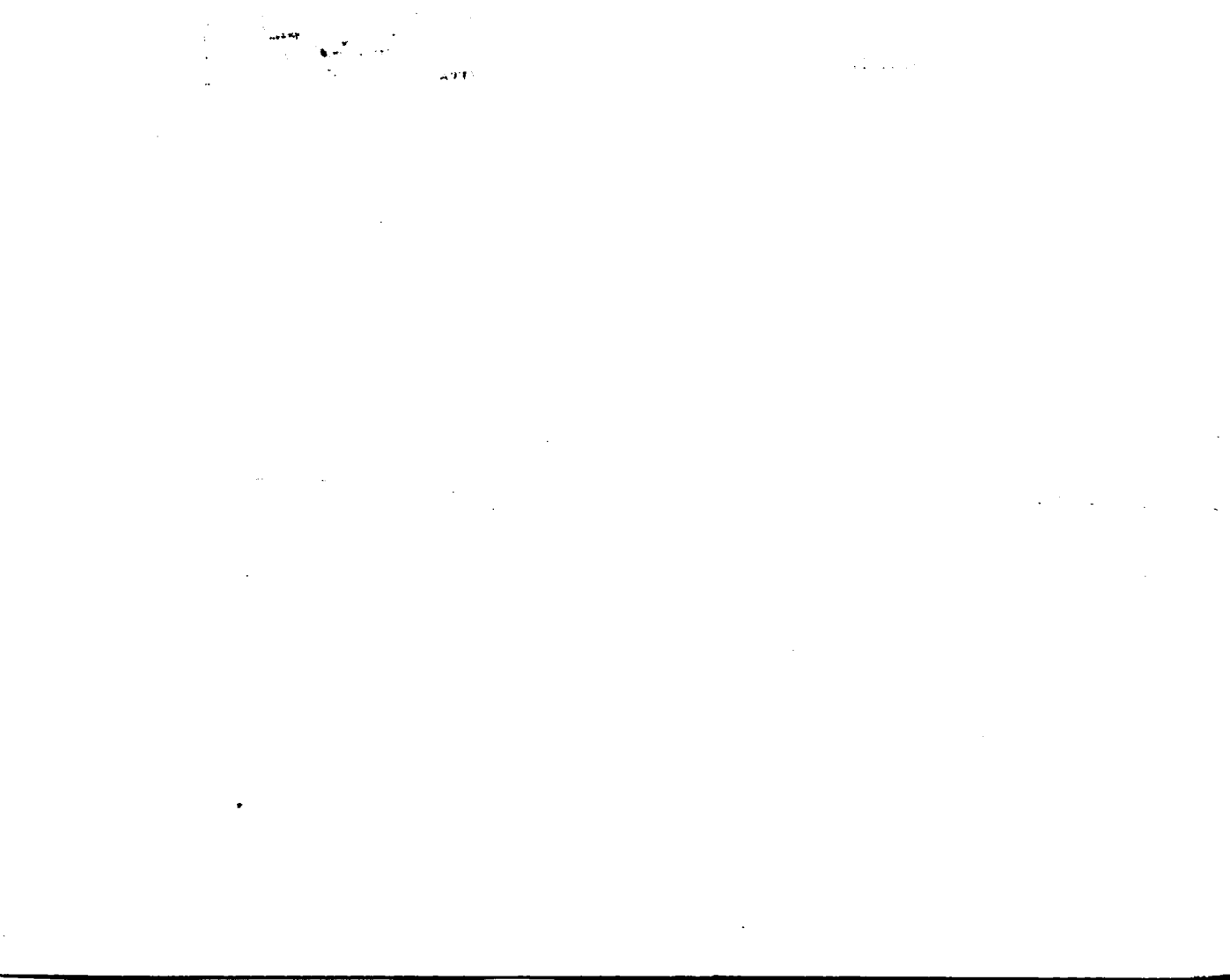
Boise, Idaho

Filed

4/6 20

Registrar

Registrar



236 - 129-007-627

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICSCounty of Ada

CERTIFICATE OF BIRTH

City of BoiseRegistration District No. 2File No. 78389

No. _____ St.

Hospital St. Luke'sPrimary Registration District No. 1004Registered No. 148

FULL NAME OF CHILD

Rex Louis BlodgettSex of
ChildmaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
Birth3-29-1920

(Month)

(Day)

(Year)

FULL
NAMEC. E. Blodgett

FATHER

RESIDENCE

Grandview, Idaho

COLOR

White

AGE AT LAST

BIRTHDAY

48

(Years)

BIRTHPLACE

Iowa

OCCUPATION

FarmerFULL
MAIDEN
NAMEIrene R. Osgood

MOTHER

RESIDENCE

Grandview, Idaho

COLOR

White

AGE AT LAST

BIRTHDAY

44

(Years)

BIRTHPLACE

Iowa

OCCUPATION

Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:00 a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. D. [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

4/6

19

20L. J. [Signature]

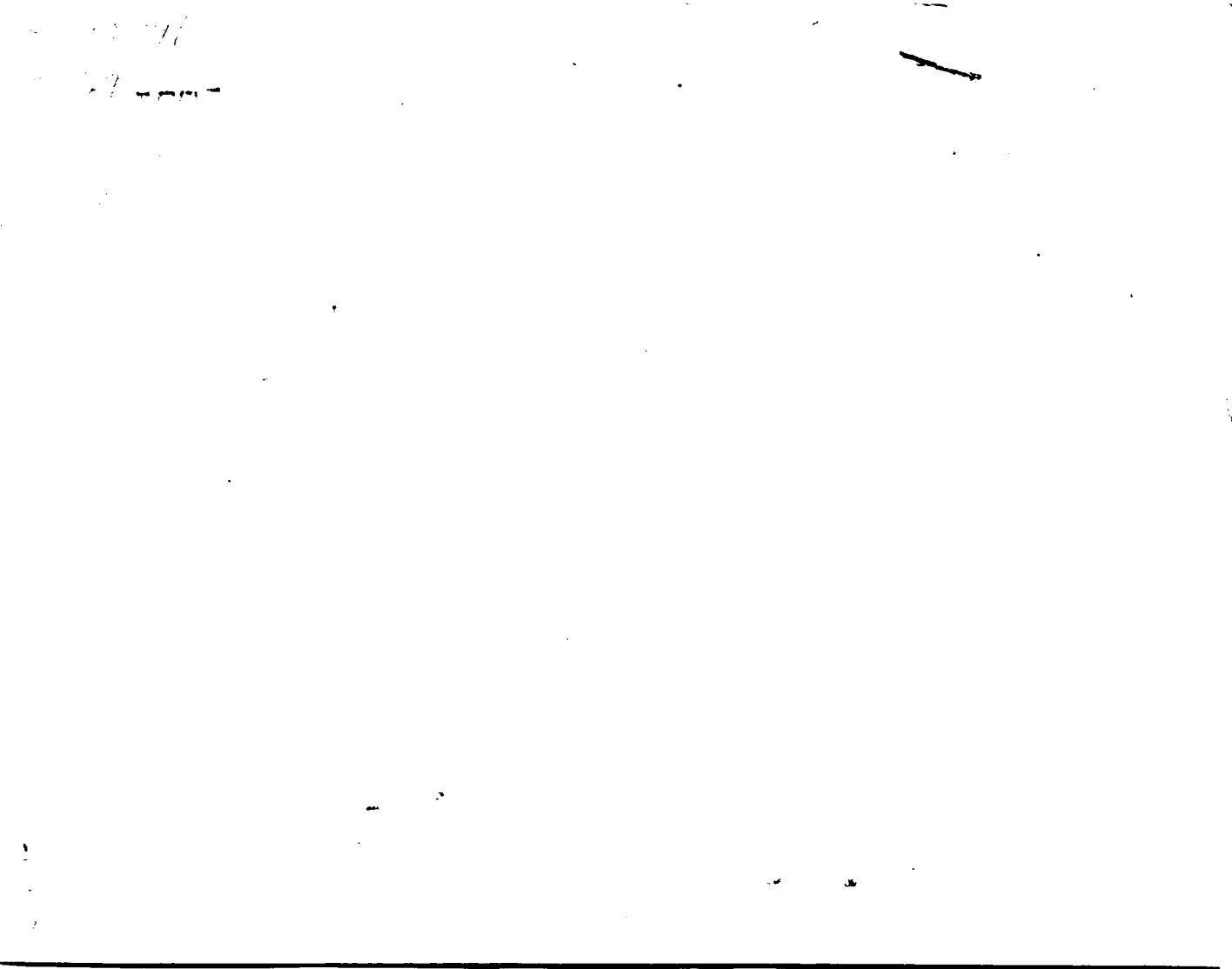
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

K



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Luis Obispo
The undersigned does solemnly swear that certain facts on the certificate of Pey Louis Blodgett
for Pey Louis Blodgett who Born on March 29, 1920
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by J. M. Taylor Physician prepared on 4/6/1920, are:
(Name on original certificate) (Was born or died) (Date of event)
(Bible record, insurance policy, etc.) (Give date)

| | | |
|---|--------------------------|---------------------------|
| FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.) | FROM
(As on original) | TO
(The correct facts) |
| Sex | Female | Male |

Subscribed and sworn to before me this 19th
day of Nov, 1941

Milton C. Rohrbach
Notary Public, residing at Cambria, Calif.

My commission expires MY COMMISSION EXPIRES OCT. 24, 1943
[SEAL]

Signed O. E. Blodgett
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death record;
or other credible person.)

Cambria, Calif. P.O. Box 61
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Luis Obispo
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are
true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of Nov, 1941

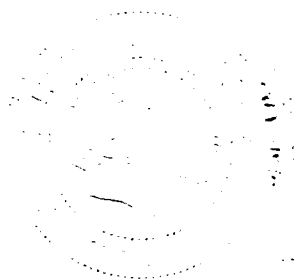
Milton C. Rohrbach
Notary Public, residing at Cambria, Calif.

My commission expires MY COMMISSION EXPIRES OCT. 24, 1943
[SEAL]

Signed Irene B. Blodgett
(Signature of any credible person other than the previous affiant.)

Cambria, Calif. Bx 61
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

814-230-001-345

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Ada

City of Boise

Registration District No. 2

File No. 78390

No. _____ St.

Hospital St. Stephens

Primary Registration District No. 1004

Registered No. 148 1/2

FULL NAME OF CHILD Vivian Denise Hampshire

| | | | |
|-----------------------|---|-------------------------|--|
| Sex of Child <u>F</u> | Twin Triplet or other? <u>and</u> { } Number in order of birth <u>1</u> | Legiti mate? <u>yes</u> | Date of Birth <u>Mar 30</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|-------------------------|--|

FATHER
FULL NAME L. L. Hampshire
RESIDENCE 918 n 28 st
COLOR white
AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Wash.
OCCUPATION butcher

MOTHER
FULL MAIDEN NAME May T. Buep.
RESIDENCE 918 n 28 st
COLOR white
AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ida
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M.
on the date above stated. (Born alive or stillborn)

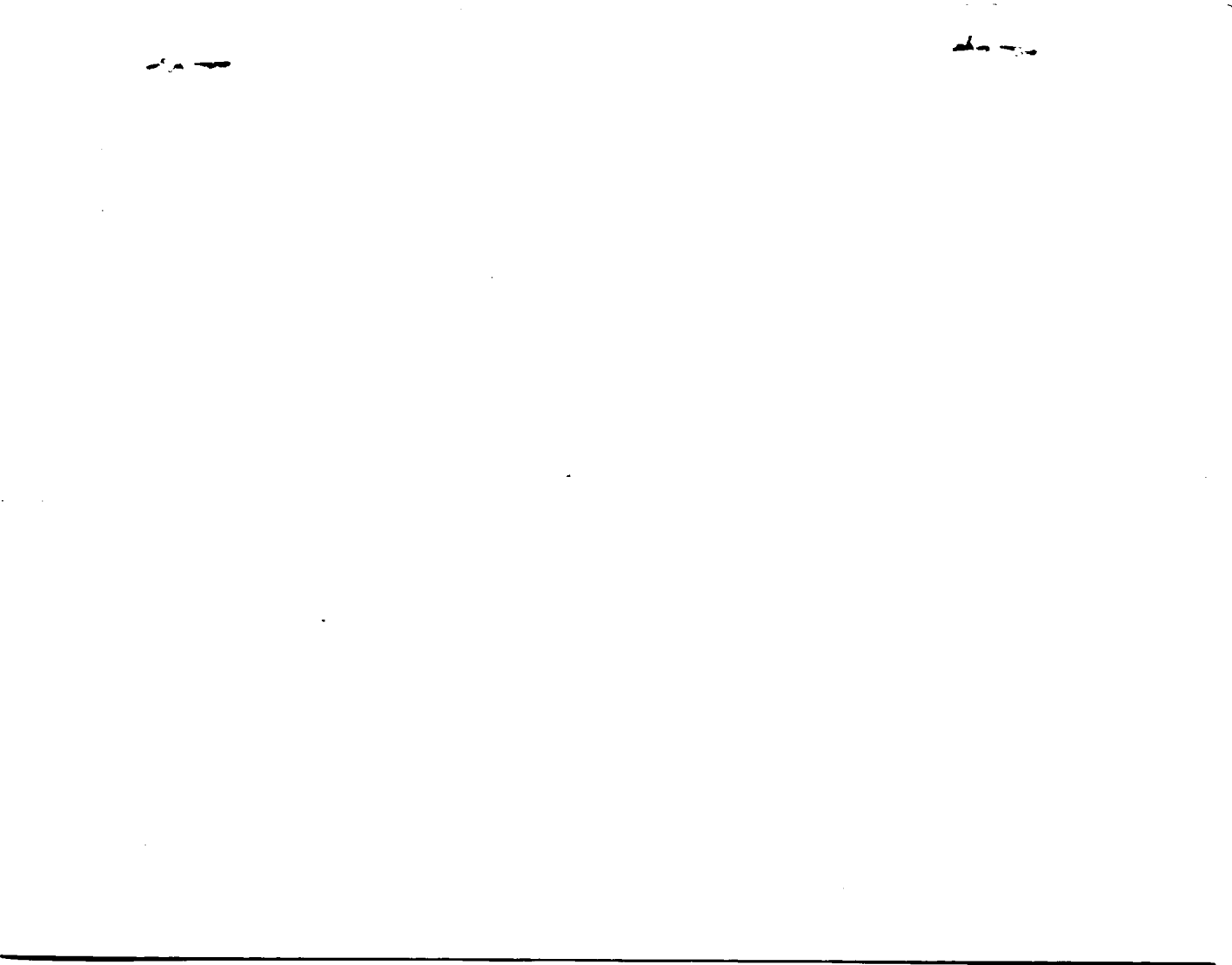
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Ida.
Filed 4/12 19 20 L. J. Jorman
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78390
County of Ada }

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Hampshire who was born on Mar. 30, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Poise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Physician prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED | FROM | TO |
|--|------------------|--------------------------------|
| ("Name", "Birth Date", "Cause of Death", Etc.) | (As on Original) | (The Correct Facts) |
| Name | Omitted | <u>Vivian Denise Hampshire</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed John Boock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. [This Affidavit **MUST** Also be Executed.
County of _____ } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 2 1942

854-231-001-413
PLACE OF BIRTHCounty of AdaCity of Boise

No. _____ St. _____

Hospital St. Alphonsus

Full Name of Child _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 2File No. 78391Primary Registration District No. 1004Registered No. 149

| | | | | |
|---|---|--|---|---|
| SEX OF CHILD
<u>Fe.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { and } Number
in order
of birth | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>3 31 20</u>
(Month) (Day) (Year) |
| FULL
NAME
<u>James P. Fleming</u> | FATHER | | FULL
MAIDEN
NAME
<u>Thea Malmstrom</u> | MOTHER |
| RESIDENCE
<u>Eagle Idaho</u> | | | RESIDENCE
<u>Eagle Id.</u> | |
| COLOR
<u>Bl.</u> | AGE AT LAST
BIRTHDAY <u>42</u>
(Years) | | COLOR
<u>Bl.</u> | AGE AT LAST
BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE
<u>Kas.</u> | | | BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Rancher</u> | | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Tully

(Physician or midwife)

Given names added from a supplemental report

Address _____

Filed 4/1 20

Registrar

Registrar

FLEMING

Dup of 1920-215/23

not

844-231-001-443
PLACE OF BIRTHCounty of AdaCity of Boise

No. _____ St.

Hospital St Lukes

Full Name of Child

Registration District No. 2Primary Registration District No. 1004

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHFile No. 78392Registered No. 150Wilma Virginia Hudson

| | | | | |
|------------------------|---|------------------------------------|-----------------------|--|
| SEX OF CHILD <u>FE</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and Number in order of birth _____ | Legitimate? <u>ye</u> | DATE OF BIRTH <u>3 31 1920</u>
(Month) (Day) (Year) |
|------------------------|---|------------------------------------|-----------------------|--|

| | |
|----------------------------------|---|
| FULL NAME <u>James H. Hudson</u> | FATHER |
| RESIDENCE <u>1413 Washington</u> | |
| COLOR <u>H.</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE <u>Mo</u> | |
| OCCUPATION <u>Accountant</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Estelle Muchemeyer</u> | MOTHER |
| RESIDENCE <u>1413 Washington</u> | |
| COLOR <u>H.</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE <u>Iowa</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

(Born alive or stillborn)

at 11 45

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Fred G. Tuttle
Physician
 (Physician or midwife)

Given names added from a supplemental report

19 _____

Registrar

Address _____

Filed 4/1 19 20

Registrar

DEC 17 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

314-201-001-289
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada AMENDED
City of Boise 3/12/46
No. _____ St. Registration District No. 2 File No. 78395
Hospital _____ Primary Registration District No. 1004 Registered No. 151

FULL NAME OF CHILD Arleen Betty Cannack
(Certificate of no value without full name of child.)

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of
birth. <u>4 - 1 - 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|---|

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

| FATHER | MOTHER |
|--|--|
| FULL NAME
<u>F. Ray Cannack</u> | FULL MAIDEN NAME
<u>Muriel E. Shields</u> |
| RESIDENCE
<u>510 N. 12th St., Boise</u> | RESIDENCE
<u>510 N. 12th St., Boise</u> |
| COLOR
<u>White</u> | COLOR
<u>White</u> |
| AGE AT LAST BIRTHDAY <u>29</u>
(Years) | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE
<u>Kansas</u> | BIRTHPLACE
<u>Colorado</u> |
| OCCUPATION
<u>Dairy Expert</u> | OCCUPATION
<u>Housewife</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton, M. D.

(Physician or midwife)

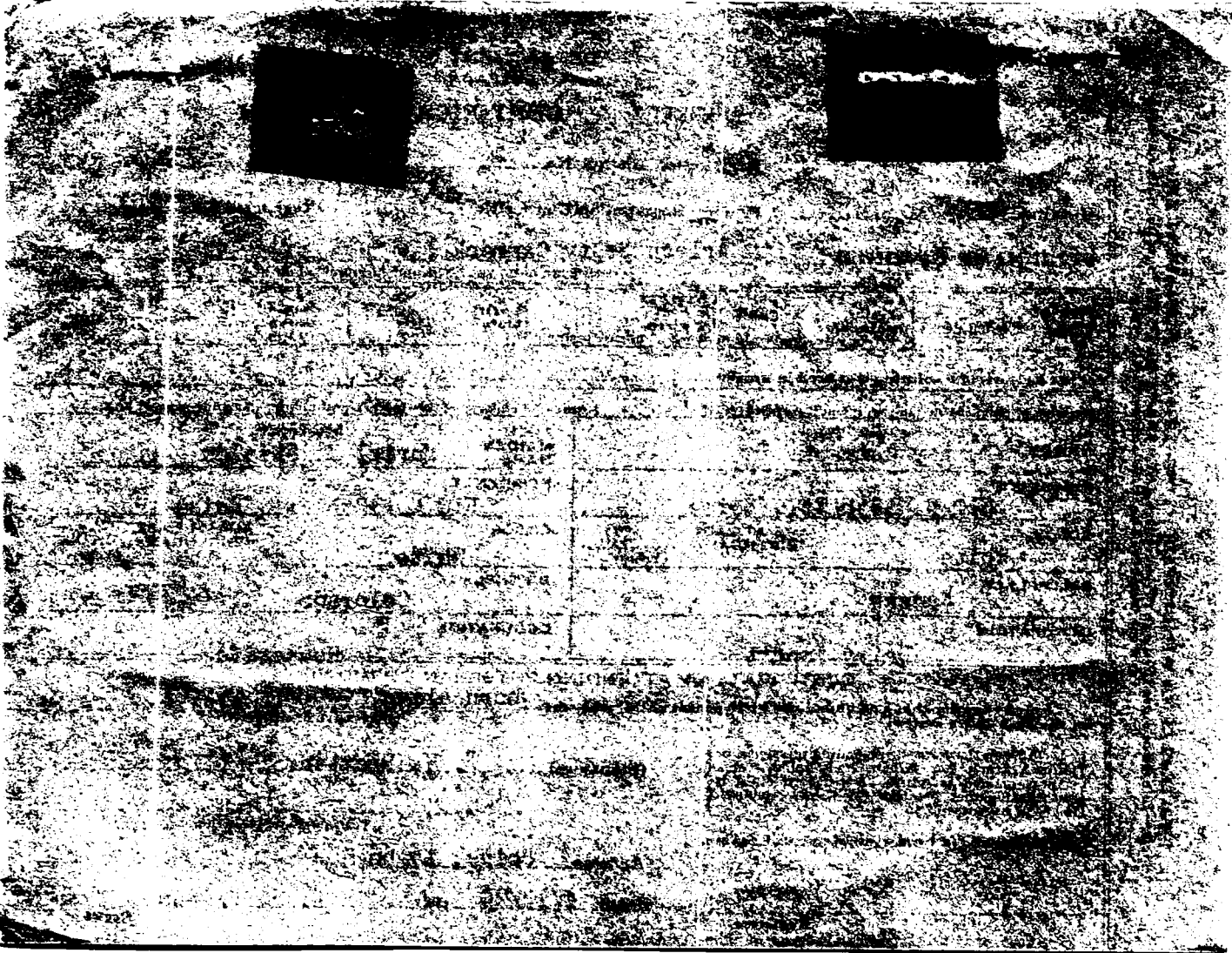
Give names added from a supplemental report.

Address Boise, Idaho

Filed 4/15/20 1920 L. P. Pfoman

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming }
County of Big Horn } ss. Certificate No. 18293
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Arleen Cammack who was born on April 1, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Insurance Policy prepared on September 21, 1928, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Name Arleen Cammack Arleen Betty Cammack

Subscribed and sworn to before me this 27
day of February, 1946.
Notary Public
Notary Public, residing at Basin Wyo.
My commission expires 2-17-49
(Seal)

Signed Mrs. Muriel E. Cammack
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Basin Wyoming.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming }
County of Big Horn } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 27
day of February, 1946.
Notary Public
Notary Public, residing at Basin Wyoming
My commission expires 2-17-49
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Ar Cammack
(Signature of Any Credible Person)
Basin Wyoming
(Street Address, City, State)

JUL 11 1955

JUL 11 1955

JUL 11 1955

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-101-001-249

PLACE OF BIRTH

Name of child and father amended

County of Ada

8/6/85 1h

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

City of Boise

Registration District No. 2

File No. 78394

No. St.

Primary Registration District No. 1004

Registered No. 152

Hospital S. Cephus

Lewis Hedrich

FULL NAME OF CHILD

Albert Lewis Hedrich

Sex of Child

Male

Twin
Triplet
or other?

and Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes

Date of Birth

4 1 1979
(Month) (Day) (Year)

FULL NAME

FATHER

A. F. Hedrich Hedrich

FULL MAIDEN NAME

MOTHER

Myrtle Smith

RESIDENCE

Glenn Ferry, Idaho

RESIDENCE

Glenn Ferry, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

35
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

34
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Rail road

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. P. Hagg

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise, Idaho

Filed

4/3/80

Registrar

Registrar

UNITED STATES
BUREAU OF INDIAN AFFAIRS
WASHINGTON, D. C.

1938 - 1 OCT

8/28/82

LEWIS

IN

ALL
INDIA
ME

RESIDE

COLOR

BIRTH

OCCUP

Number of children
ADJUDICATING PHYS

(10)

12

12

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Kansas }
County of Johnson } ss.

RECEIVED

AUG 1 1 1969

Certificate No. 78394

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Albert Lewis Hedrick Bureau of Vital Statistics who was born on April 1, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by..... prepared on..... are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child Albert Lewis Hedrick Albert Louis Hedrick
Father's Last Name Hedrick Hedrick.

Subscribed and sworn to before me this 2nd day of
August, 1969.

Signed Myrtle G. Hedrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Mother)
8124 Lowell, Apt. C., Overland Park, Ks.
(Street Address, City, State)

Notary Public, residing at Overland Park, Kansas
My commission expires Jan. 21, 1971
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas }
County of Johnson } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of
August, 1969.

Signed Goren H. Hedrick
(Signature of Any Credible Person)

Notary Public, residing at Overland Park, Kansas
My commission expires Jan. 21, 1971
(Seal)

8605 West 80th Terr., Overland Park, Ks.
(Street Address, City, State)

AUG 7 1988

National Service Life Insurance Policy gives name as Albert Louis Hedrich.
Certif. NO. N-1 425 5111 Dated July 7, 1942 Signed by D M Farrell. Viewed by
V. S.

Honorable Discharge from the U. S. Navy dated March 8, 1946 gives name as Albert
Louis Hedrich born April 1, 1920 at Boise, Idaho. Viewed by V.S.

Birth certificate of brother Loren Wesley Hedrich born Dec. 10, 1929 at Nampa, ID
S.F. #246602 gives name of father as Albert Hedrich. Viewed by V.S.

Death Certificate of Father gives name as Albert F. Hedrich. Date of death Jan. 3,
1951 at Pocatello, Idaho S.F.#51-048. Viewed by V.S.

547-202-001-231

PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 78395

No. _____ St.

Primary Registration District No. 1004Registered No. 153

Hospital _____

FULL NAME OF CHILD

Clenor Louise Edgar

| | | | | | | |
|---|---------------------------------|-----|-----------------------------------|------------------------|-----------------------------|---------------|
| Sex of Child <u>7</u> | Twin Triplet or other? <u>S</u> | and | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>4/2/20</u> | 191... (Year) |
| (To be answered only in event of plural births) | | | | | (Month) (Day) | |

| | |
|-------------------------|----------------------|
| FULL NAME | FATHER |
| <u>James Carl Edgar</u> | |
| RESIDENCE | |
| <u>611 So 15 St</u> | |
| COLOR | AGE AT LAST BIRTHDAY |
| <u>W</u> | <u>38</u> |
| | (Years) |
| BIRTHPLACE | |
| <u>Kansas</u> | |
| OCCUPATION | |
| <u>Painter</u> | |

| | |
|----------------------|----------------------|
| FULL MAIDEN NAME | MOTHER |
| <u>Eddie Stanley</u> | |
| RESIDENCE | |
| <u>611 So 15 St</u> | |
| COLOR | AGE AT LAST BIRTHDAY |
| | <u>38</u> |
| | (Years) |
| BIRTHPLACE | |
| <u>Illinois</u> | |
| OCCUPATION | |
| <u>Housekeeper</u> | |

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

Born Alive
(Born alive or stillborn)at 9:05 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Willis Almond
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____

Address Overlook Bldg
4/6 10
Filed 10
L. J. Herman
Registrar

B-Y CO. 24858

Registrar

Registrar

E.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
740 LASH

JUN 8 1955

768 203-001-445
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of AdaCity of BoiseRegistration District No. 2 File No. 78396No. 1310 RidenbaughPrimary Registration District No. 1004 Registered No. 154

Hospital _____

FULL NAME OF CHILD

Ariana Ida Gordy

| | | | | | |
|------------------------|------------------------------|---------|--------------------------------|-------------------------|---|
| Sex of Child <u>F.</u> | Twin Triplet or other? _____ | { and } | Number in order of birth _____ | Legiti mate? <u>yes</u> | Date of Birth <u>Apr 3</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|------------------------------|---------|--------------------------------|-------------------------|---|

| | |
|-------------------------------------|---|
| FULL NAME
<u>Wm M. Gordy</u> | FATHER |
| RESIDENCE
<u>1310 Ridenbaugh</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE
<u>farmer</u> | |
| OCCUPATION
<u>Ida</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Ada J. Ridenbaugh</u> | MOTHER |
| RESIDENCE
<u>1310 Ridenbaugh</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>19</u>
(Years) |
| BIRTHPLACE
<u>Wyo.</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

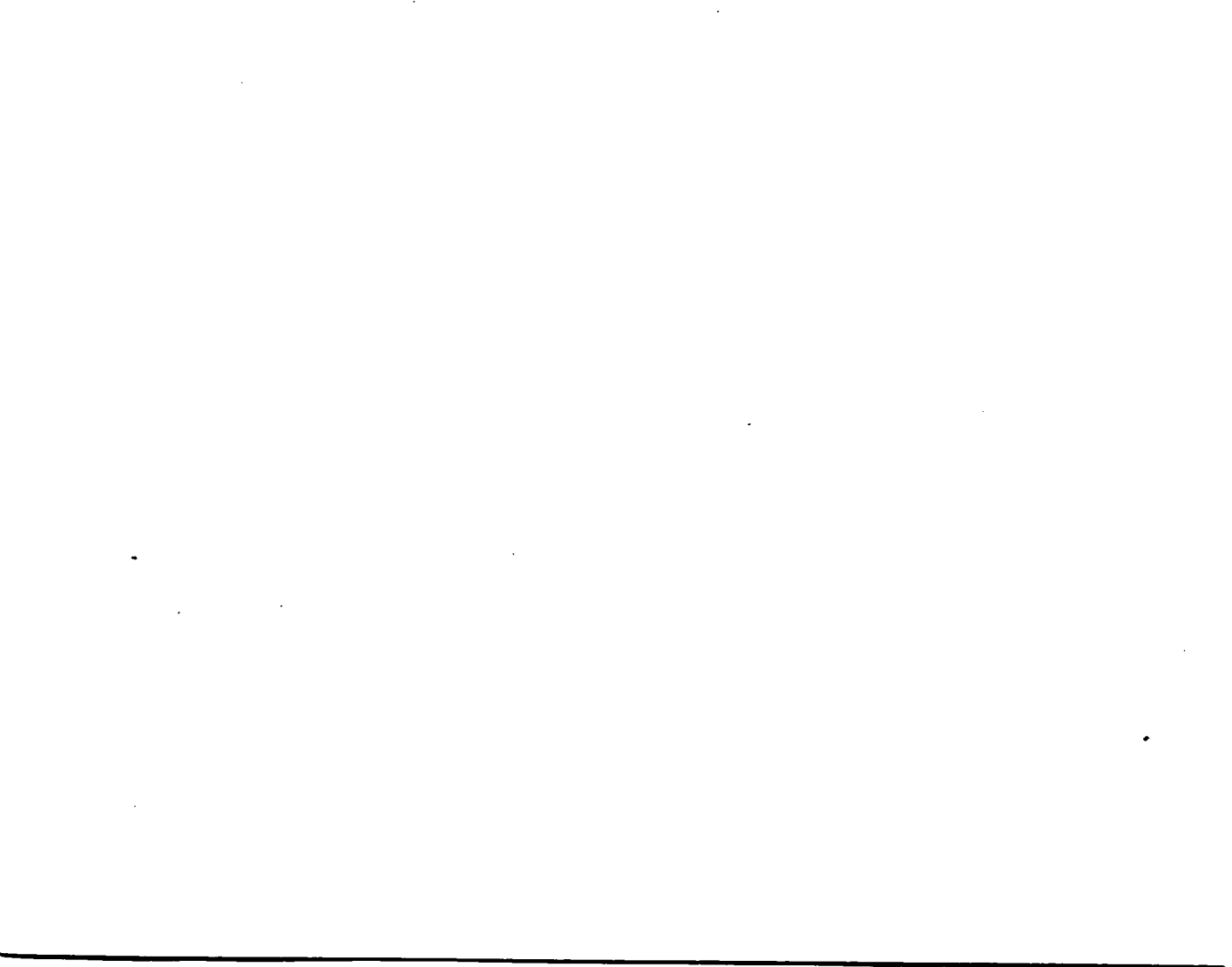
Given names added from a supplemental report.

19

Address Boise IdaFiled 4/12 1920

Registrar

Registrar



675-103-00-265

PLACE OF BIRTH

Form V. S. No. 11-25m-4-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of Bain

No. _____ St. _____

Registration District No. 2File No. 78397Hospital St. AlphonsusPrimary Registration District No. 1004Registered No. 155Full Name of Child Francis Herman

| | | | | |
|--------------------------|---|---|-----------------------------|--|
| SEX OF CHILD <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth
{ and } | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>4</u> <u>3</u> <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|---|-----------------------------|--|

FATHER
FULL NAME Harry WanderRESIDENCE 1200 S. State St.COLOR White AGE AT LAST BIRTHDAY 38 (Years)BIRTHPLACE HollandOCCUPATION SailorMOTHER
FULL MAIDEN NAME Francis KouskoRESIDENCE 1200 S. State St.COLOR White AGE AT LAST BIRTHDAY 32 (Years)BIRTHPLACE Minn.OCCUPATION HousewifeNumber of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill
N.H.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 4/14 1920

Registrar

Registrar

INFLUENZA - INFLUENZA - A PERMANENT RECORD

N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1982

3/20/41 L. B.
5/10/41 L. B.

RECEIVED
FBI
NOV 2 1943

2 1943

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Amended 9/11/79

Form V. S. No. 11-C-2am-6-68
BUREAU OF VITAL STATISTICS
State of Idaho

City of Baie Registration District No. 2 File No. 78398
No. 9 St. Primary Registration District No. 1004 Registered No. 156

Hospital

FULL NAME OF CHILD Doris L. Shepherd

| | | | |
|--|---|--|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>4</u> <u>3</u> <u>1970</u>
(Month) (Day) (Year) |
| FULL NAME <u>O. G. Shepherd</u> FATHER | | FULL MAIDEN NAME <u>Abbie Mathews</u> MOTHER | |
| RESIDENCE <u>Boise, outside city</u> | | RESIDENCE <u>Baie, Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE <u>Id</u> | | BIRTHPLACE <u>Mo</u> | |
| OCCUPATION <u>labour</u> | | OCCUPATION <u>housewife</u> | |

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:10 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Higgs
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address 1627 Wail St Baie Ida
4/5 20
Registrar L. P. Higgs Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of } ss. VITAL STATISTICS Certificate No. 78398
County of } JUL 31 8 06 AM '79 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Sheppard (female child) who on 4-3-20 (Birth or Death)
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Unnamed

Doris L. Shepherd

Father's Last Name

Sheppard

Shepherd

Subscribed and sworn to before me this 16 day of

Signed *Albie L. Shepherd*
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at *Ashears, Aug.*

My commission expires *July 31, 1964*

(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19.....

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires

(Seal)

(Street Address, City, State)

Notification of Birth Registration, State of Orgon, child born
May 13, 1937 at Salem oregon gives full maiden name of mother as
Doris Lavaun Shepherd. viewed by V. S.

SEP 11 1979

Cert. copy of Certificate of marriage No B13474, State of Wash. married
July 20, 1935 at Vancouver, WAS gives full name of groom as Arthur L. Amack and
full maiden name of bride as Doris L. Shepherd. age 15, born in Boise, Idaho.
father' Guy Shepherd and mother's name as Abbie Nathews. viewed by V. S.

559-205-001-843

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Ada

City of Boise

No. 906 M^e Kinley

Registration District No. 2

File No. 78399

Hospital _____

Primary Registration District No. 1004

Registered No. 157

FULL NAME OF CHILD

Miriam Jean Vernon

| | | | | | |
|-----------------------|--------------------------------|-----|-----------------------------------|------------------------|---|
| Sex of Child <u>F</u> | Twins or other? <u>Triplet</u> | and | Number in order of birth <u>1</u> | Legit mate? <u>yes</u> | Date of Birth <u>Apr 5</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|--------------------------------|-----|-----------------------------------|------------------------|---|

| | |
|--|---|
| FULL NAME
<u>W. L. Vernon</u> | FATHER |
| RESIDENCE
<u>906 M^e Kinley</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE
<u>Ida -</u> | |
| OCCUPATION
<u>clerk</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>June Hull</u> | MOTHER |
| RESIDENCE
<u>906 M^e Kinley</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE
<u>Ida</u> | |
| OCCUPATION
<u>housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:45 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Ida
4/12 20
Filed Steffman
Registrar

Registrar

JUN 16 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. _____

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Marian Jean Vernon who was born on Apr. 5, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Boise Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name Marian Jean Vernon MIRIAM JEAN
VERNON

Subscribed and sworn to before me this 19
day of June, 1942
W. H. Vernon

Signed June H. Vernon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Notary Public
My commission expires Residence Boise, Idaho
(Seal) My commission expires Jan. 24 1945

906 McKinley St. Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of June, 1942
W. H. Vernon

Signed W. H. Vernon
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Notary Public
My commission expires Residence Boise, Idaho
(Seal) My commission expires Jan. 24 1945

Colonial Apts, Nampa Idaho
(Street Address, City, State)

JUN 20 1962

144-206-001-981

Form V. S. No. 11-C-25m-7-21-10

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 78400

No. _____ St.

Hospital St. Luke'sPrimary Registration District No. 1004Registered No. 158

FULL NAME OF CHILD

Margaret Jane Addison

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
Birth4 - 6 - 1920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL
NAME

FATHER

M. K. Addison

RESIDENCE

1105 E. State St., Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Kansas

OCCUPATION

PlumberFULL
MAIDEN
NAME

MOTHER

Ruth R. Ryan

RESIDENCE

1105 E. State St., Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Indiana

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 11¹⁵ p. M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. M. Taylor
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

4/10 20

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAY 29 1963

JUL 8 1963

MAY 27 1964

JUL 27 1949

14/40 L.B.

842-206-001-942

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78401

County of AdaCity of BoiseRegistration District No. 2 File No. _____

No. _____ St. _____

Hospital St. Luke'sPrimary Registration District No. 1004 Registered No. 159

FULL NAME OF CHILD

Mary Hazel Hubert

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

4-6-1920
(Month) (Day) (Year)

FULL NAME

E. M. Hubert

FATHER

FULL MAIDEN NAME

Hazel F. Russell

MOTHER

RESIDENCE

3005 Madison St., Boise

RESIDENCE

3005 Madison St., Boise

COLOR

WhiteAGE AT LAST BIRTHDAY 38
(Years)

COLOR

WhiteAGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE

Illinois

BIRTHPLACE

Illinois

OCCUPATION

Mechanic

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 3 Number of children of this mother now living, including present birth, 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive, at noon M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

4/10 1920 L. D. Herman

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

APR 24 1966

695-108-001-315

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 78402

No. _____ St.

Hospital St. Luke'sPrimary Registration District No. 1004Registered No. 160

FULL NAME OF CHILD

Donald Edward FrewSex of Child MaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?YesDate of
Birth4 - 8 - 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Howard T. Frew

RESIDENCE

420 S. 12th St., Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Arkansas

OCCUPATION

R. R. BrakemanFULL
MAIDEN
NAME

MOTHER

Mabel E. Laverly

RESIDENCE

420 S. 12th St., Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive, at 6⁵⁰ p. M.
(Born alive or stillborn)

(Signature)

J. N. Braxton M.D.

(Physician or midwife)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

4/15

19

20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

OCT 1 1946

466-308-997
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of AdaCity of BoiseRegistration District No. 2File No. 78403

No. _____ St. _____

Hospital St. LukesPrimary Registration District No. 1004Registered No. 161

FULL NAME OF CHILD

Eileen Martha Mowbray

| | | | | | |
|-----------------------|----------------------------------|-----|-----------------------------------|--------------------------|--|
| Sex of Child <u>F</u> | Twin Triplet or other? <u>No</u> | and | Number in order of birth <u>1</u> | Legiti mate? <u>yes.</u> | Date of Birth <u>Apr 8</u> <u>1920</u>
(Month) (Day) (Year) |
|-----------------------|----------------------------------|-----|-----------------------------------|--------------------------|--|

| | |
|-------------------------------|---|
| FULL NAME <u>Robt Mowbray</u> | FATHER |
| RESIDENCE <u>1221 Banrock</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>29-</u> (Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>logger</u> | |

| | |
|--|--|
| FULL MAIDEN NAME <u>Luelle A. Rigley</u> | MOTHER |
| RESIDENCE <u>1221 Banrock</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>23</u> (Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 730 A M.
on the date above stated. (Born alive or stillborn)

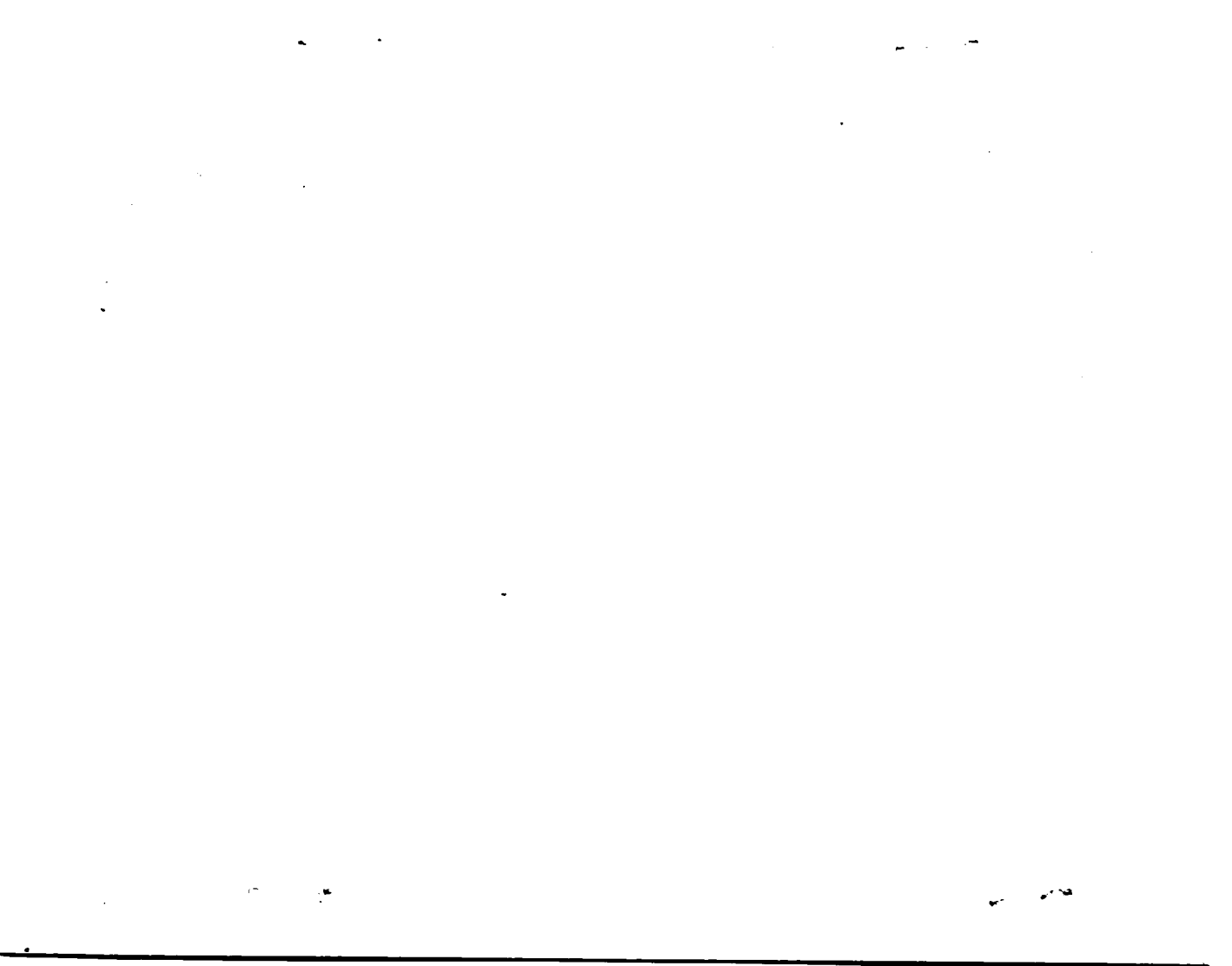
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck
(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho
Filed 4/12 1920 Dr. John Boeck
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of.....
County of..... } ss.

Certificate No. 78403
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....
for..... (Birth or Death)
..... (Name on Original Certificate) who..... on.....
..... (Was Born or Died) (Date of Event)
in..... are erroneous or were omitted; and that, to the best of his knowledge, the
..... (Place of Event)
true facts are shown by..... prepared on....., are:
..... (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Name un named Lillian Martha
Hubbard

Subscribed and sworn to before me this 18
day of May, 1945

Signed Lillian Hubbard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Main St. Elgin
My commission expires May 1 1949
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

MAY 18 1945 -

285 - 205-001-261

PLACE OF BIRTH

Form V. S. No. 11-O-25m-9-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of.....ADA.....

City of.....BOISE.....

Registration District No.....2.....

File No.....78405..

No.....St.

Primary Registration District No.....1004.....

Registered No.....163.....

Hospital.....St. Alphonsus Helen

FULL NAME OF CHILD.....~~Emma Edna Swan~~ Sophia Sherman.....Sex of
Child

Female

Twin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes

Date of
BirthApril 9 1929
(Month) (Day) (Year)FULL
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FATHER

Edolph Sherman
1929 Warm Spgs Ave
Boise IdahoAGE AT LAST
BIRTHDAY

(Years)

Russia

Shoe Repairer

FULL
MAIDEN
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

Emma Edna Swan
Boise IdahoAGE AT LAST
BIRTHDAY

(Years)

Boise Idaho

House wife

Number of children of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....born alive....., at.....59.....M.
on the date above stated.*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

L. P. McCalla M.D.

(Physician or midwife)

Given names added from a supplemental report.

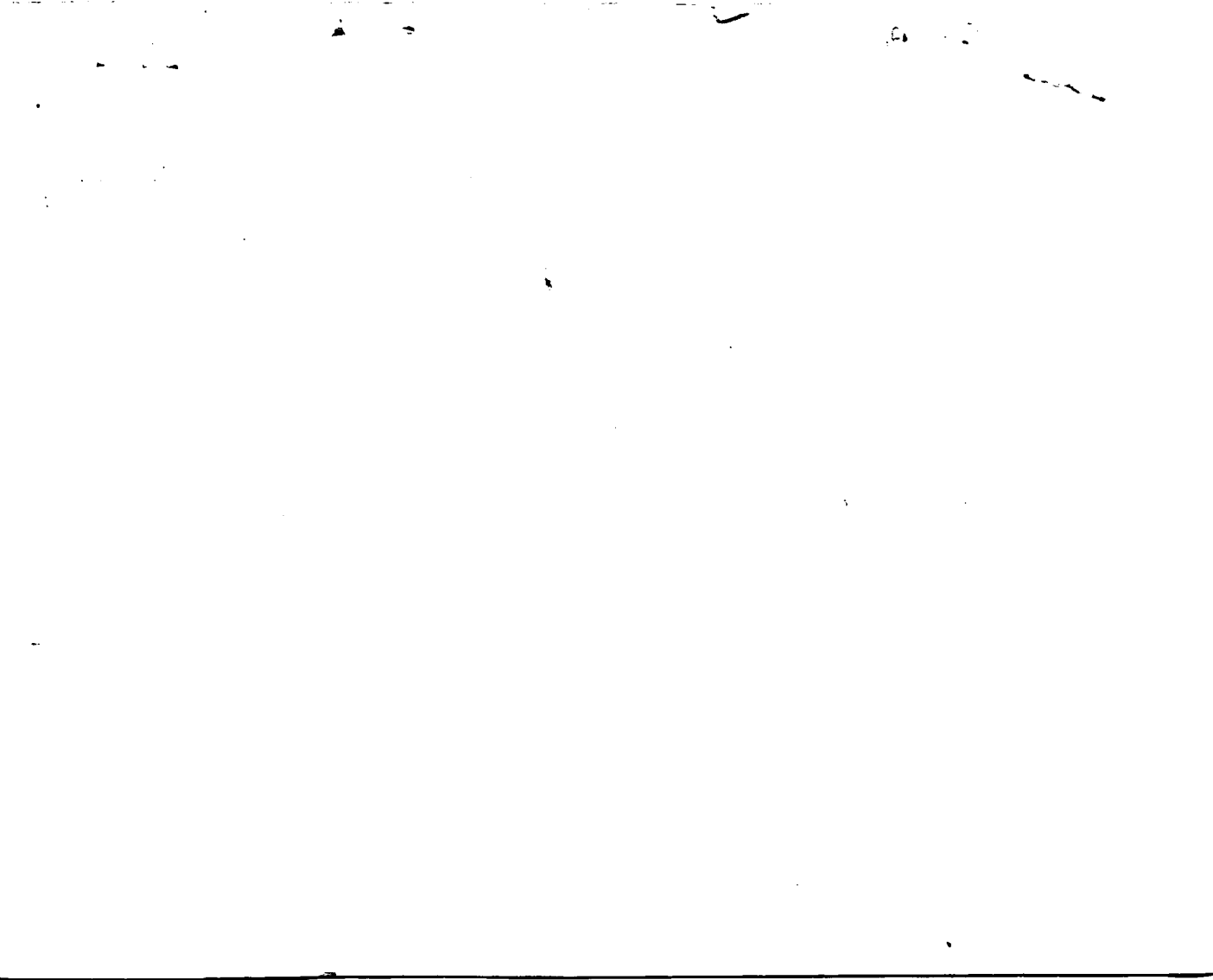
Address

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 78405

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|---------------------------------|----------------------------------|
| FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
| <u>name</u> | <u>Emma Sophia</u> | <u>Helen Sophia Sherman</u> |

Subscribed and sworn to before me this 28th
day of October, 19 45
Marion E. Orr

Notary Public, residing at Boise, Idaho

My commission expires 12-24-45
(Seal)

Signed Emma Edna Sherman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

OCT 28 1942

JAN 16 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of birth of one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

Registration District No. 2

State File No. _____

(If born in hospital or institution give name—)

Prim. Registration District No. 1004

Local Registrar's No. 118

2. FULL NAME OF CHILD

Easter Marie Goddard

| | | | | |
|--|--|---|--|--|
| 3. Sex
<u>Female</u> | If plural births {
4. Twin, triplet, or other _____
5. Number, in order of birth _____ | 6. Premature _____
Full term _____ | 7. Legiti-
mate? _____ | 8. Date of birth
<u>Apr. 9 1920</u>
(Month, Day, Year) |
| 9. Full name
<u>Stuart G. Goddard</u> | FATHER | | 18. Full maiden name
<u>Dorothy M. Pelton</u> | |
| 10. Residence (usual place of abode)
(If non-resident, give place and State) <u>Brierley Lake</u> | | 19. Residence (usual place of abode)
(If non-resident, give place and State) <u>Brierley Lake</u> | | |
| 11. Color or race <u>W</u> | 12. Age at last birthday <u>36</u> (years) | 20. Color or race <u>W</u> | 21. Age at last birthday <u>40</u> (years) | |
| 13. Birthplace (city or place)
(State or Country) <u>Quebec, Canada</u> | | 22. Birthplace (city or place)
(State or Country) <u>Carlton South Dakota</u> | | |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>R.R. Clerk</u> | | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> | | |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ | | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ | | |
| 16. Date (month and year) last engaged in this work _____ | | 17. Total time (years) spent in this work _____ | | 25. Date (month and year) last engaged in this work _____ |
| 19. _____ | | in this work _____ | | 26. Total time (years) spent in this work _____ |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:20 P.M. m. on the date above stated.

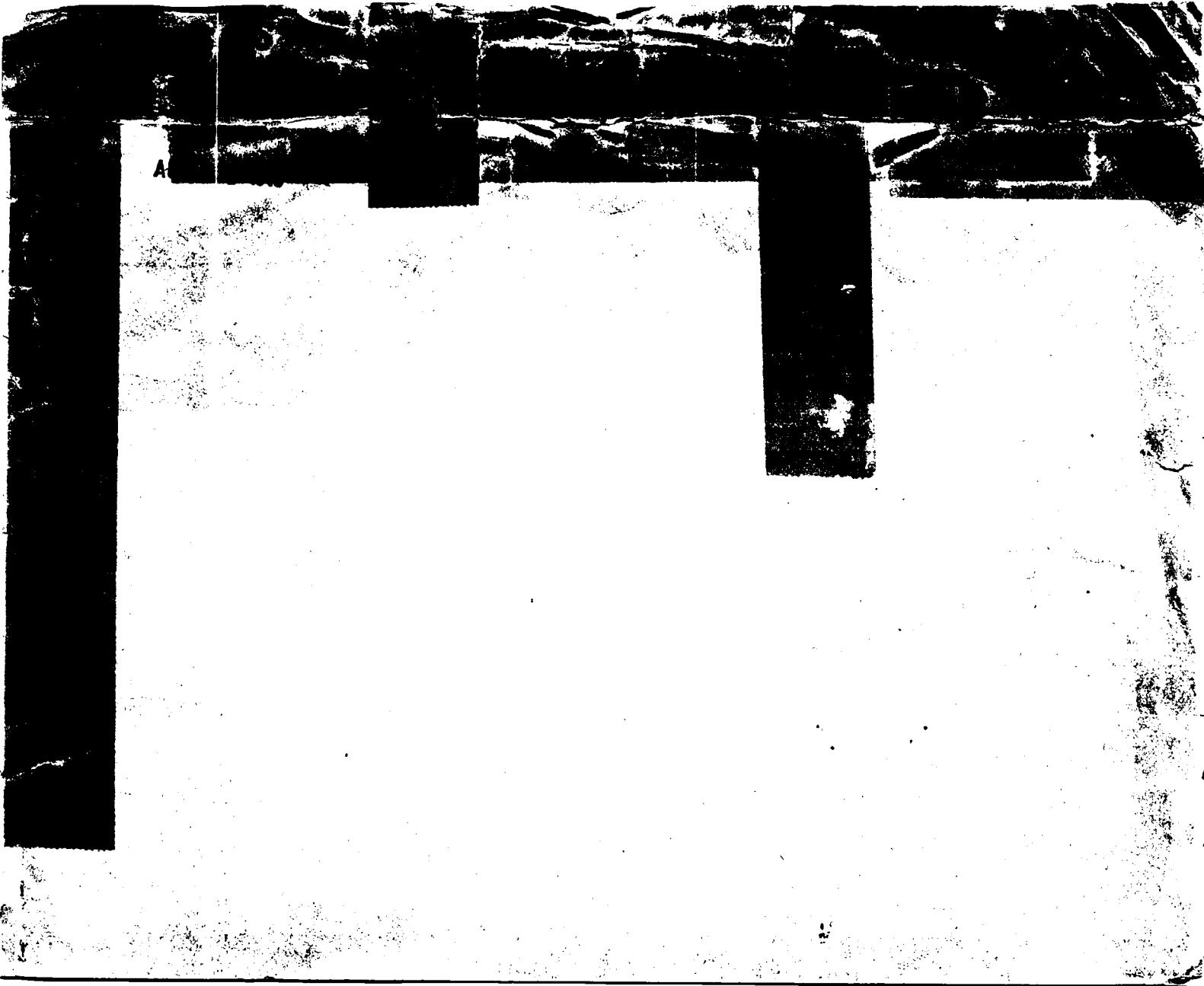
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

D. R. John Boeck M. D.
or _____
Address 303 McCarty Bldg.
Filed Apr. 20 1920 L. P. Pfliman Registrar.



255 - 110 - 001 - 513

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-9-37

County of....ADA.....

City of.....BOISE.....

Registration District No.....2.....

File No.....78407.....

No.....St.....

Primary Registration District No.....1004.....

Registered No.....164.....

Hospital *St. Alphonsus*

FULL NAME OF CHILD

Joseph Raul Bengseechea

Sex of Child

*male*Twin
Triplet
or other?and
Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?*yes*

Date of Birth

April 10 1920
(Month) (Day) (Year)

FULL NAME

Joseph Bengseechea

FATHER

FULL
MAIDEN
NAME

MOTHER

Margarita Pachonzo

RESIDENCE

Mountainhome, Idaho

RESIDENCE

Mountainhome, Idaho

COLOR

*white*AGE AT LAST
BIRTHDAY*6.0*
(Years)

COLOR

*white*AGE AT LAST
BIRTHDAY*2.6*
(Years)

BIRTHPLACE

Spain

BIRTHPLACE

Spain

OCCUPATION

Sheep man

OCCUPATION

House wife

Number of child of this mother, including present birth.....3.....

Number of children of this mother now living, including present birth.....3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....*born alive*..... at.....*3 P.*..... M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*L. P. McCalla M.D.*.....

(Physician or midwife)

Given names added from a supplemental report.

Address.....*Boise, Idaho*.....Filed.....*4/14 1920*.....

Registrar

Registrar

WRITE WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1942

JUN 12 1942

413-110-001-554
PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78408

County Ada

City of Boise

No. 219 N13 St.

Registration District No. 2

File No. _____

Primary Registration District No. 1004

Registered No. 165

Hospital ☒

Full Name of Child

Jessie Lay Daly

| | | | | |
|--------------------------|--|---------------------------------------|------------------------|--|
| SEX OF CHILD <u>Male</u> | Twin Triplet or other? <input checked="" type="checkbox"/> | Number and in order of birth <u>2</u> | Legitimate? <u>Yes</u> | DATE OF BIRTH <u>4-10-20</u>
(Month) (Day) (Year) |
|--------------------------|--|---------------------------------------|------------------------|--|

FATHER
FULL NAME J. T. Daly
RESIDENCE Moore Creek
COLOR W AGE AT LAST BIRTHDAY 47 (Years)

MOTHER
FULL MAIDEN NAME Millie Newmyre
RESIDENCE Moore Creek
COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Missouri
OCCUPATION Rancher

BIRTHPLACE Idaho
OCCUPATION Working

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report

Address _____

Filed 4/12/20 1920

Registrar

Registrar

UNFADING INK—THIS IS A PERMANENT RECORD
SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FOR BINDING

SEP 22 1947

TEAL
YACHT

DECEASED

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

695-211-001-349

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-5-17

CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 78409No. St.Primary Registration District No. 1004Registered No. 166Hospital St. AlphonsusFULL NAME OF CHILD Elvion Clara Finch

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>Apr 11</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|---|

FATHER
FULL NAME Harrold C. FinchRESIDENCE 2003 Ellis Ave. BoiseCOLOR white AGE AT LAST
BIRTHDAY 28
(Years)BIRTHPLACE Neb.OCCUPATION Bank tellerMOTHER
FULL MAIDEN NAME Clara CarterRESIDENCE 2003 Ellis AveCOLOR white AGE AT LAST
BIRTHDAY 23
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....
on the date above stated. Apr 11-1920 at 8:30 a.

*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature) Jos. R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

Address Boise IdahoFiled 4/12 20

Registrar

Registrar

JUL 19 1948

DEC 14 1955

MAR 5 1973

AUG 23 2005

299-144-001-847
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of AdaCity of PaialRegistration District No. 2File No. 78410No. St.Primary Registration District No. 1004Registered No. 167Hospital St. Al. Hospital

FULL NAME OF CHILD

Wm Stanley Kentley

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>4</u> <u>11</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

| | | | |
|--------------------------------|---|--------------------------------|---|
| FATHER | | MOTHER | |
| FULL NAME <u>W. T. Kentley</u> | FULL MAIDEN NAME <u>Hazel Huggins</u> | FULL NAME <u>W. T. Kentley</u> | FULL MAIDEN NAME <u>Hazel Huggins</u> |
| RESIDENCE <u>Starr, Ida</u> | RESIDENCE <u>Starr, Ida</u> | RESIDENCE <u>Starr, Ida</u> | RESIDENCE <u>Starr, Ida</u> |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE <u>Kans.</u> | BIRTHPLACE <u>Idaho</u> | BIRTHPLACE <u>Idaho</u> | BIRTHPLACE <u>Idaho</u> |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>Housewife</u> | OCCUPATION <u>Farmer</u> | OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Huggins

(Physician or midwife)

Given names added from a supplemental report.

Address 1652 Ward St. Boise, IdaFiled 4/12/20 Registrar

Registrar

AUG 7 1972

JUN 10 1949

413-211-001-915

PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

County of AdaSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of BurienRegistration District No. 2File No. 78411

No. _____ St. _____

Primary Registration District No. 1004Registered No. 168Hospital St. Luke'sFull Name of Child Geraldine Patricia MacLean

| | | | | | |
|---|--|-----|---|-----------------------------|---|
| SEX OF CHILD <u>Female</u> | Twins
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>4</u> <u>16</u> <u>1920</u>
(Month) (Day) (Year) |
| FATHER | | | MOTHER | | |
| FULL NAME <u>Chas Edward MacLean</u> | | | FULL MAIDEN NAME <u>Louise Bonnell</u> | | |
| RESIDENCE <u>1407 Grove St.</u> | | | RESIDENCE <u>1407 Grove St.</u> | | |
| COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>35</u> (Years) | | | COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>37</u> (Years) | | |
| BIRTHPLACE <u>Prine Edward Island</u> | | | BIRTHPLACE <u>Burien Idaho</u> | | |
| OCCUPATION <u>Civil Eng.</u> | | | OCCUPATION <u>House wife</u> | | |

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alvin, at 6 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Earl Hill
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed 4/14 1920 L. J. Hoffman
Registrar _____ Registrar

of each, in order of birth stated.

APR 8 1968

JUL 8 1985

455-112-001-684

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo 2502 Jeff. St.Registration District No. 2 File No. 78412

Hospital _____

Primary Registration District No. 1004 Registered No. 169

FULL NAME OF CHILD

John Clayton Benson

Sex of Child

MaleTwin
Triplet
or other?and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
Birth4 - 12 - 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Thomas D. Benson

RESIDENCE

2502 Jefferson St., Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Colorado

OCCUPATION

Auto MechanicFULL
MAIDEN
NAME

MOTHER

Opal C. Wymer

RESIDENCE

2502 Jefferson St., Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Missouri

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 a. m.
on the date above stated. (Born alive or stillborn)

(Signature)

T. N. Braxton M.D.

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Boise, Idaho
4/15 1920

Filed

19

Registrar

Registrar

MAR 1 1945

21 6

856 - 114-001-381

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1514 Franklin St.Registration District No. 2File No. 78413

Hospital _____

Primary Registration District No. 1004Registered No. 170

FULL NAME OF CHILD

Paul Happerman

Sex of Child

M.Twin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?YesDate of
BirthApril 141926FULL
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Given names added from a supplemental report.

19

Registrar

Address

Filed

(Physician or midwife)

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

JAN 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-115-001-255

PLACE OF BIRTH

County of AdaCity of Boise

No. _____ St. _____

Hospital St. AlphonsusRegistration District No. 2Primary Registration District No. 1004

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 78414Registered No. 171Full Name of Child James Clifford Brace

| | | | | |
|--|---|--|--|---|
| SEX OF CHILD
<u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth
{ and } | Legiti-
mate?
<u>Yes</u> | DATE OF
BIRTH <u>4/16/29</u>
(Month) (Day) (Year) |
| FULL
NAME
<u>Norward James Brace</u> | FATHER | FULL
MAIDEN
NAME
<u>Ruby Keeper</u> | MOTHER | |
| RESIDENCE
<u>2316 Ada</u> | | RESIDENCE
<u>2316 Ada</u> | | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>29</u>
(Years) | COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>29</u>
(Years) | |
| BIRTHPLACE
<u>Michigan</u> | | BIRTHPLACE
<u>Idaho</u> | | |
| OCCUPATION
<u>Office Bookkeeper</u> | | OCCUPATION
<u>House wife</u> | | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alice, at 7 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Fred A. Tittenger

M. N.

Given names added from a supplemental report

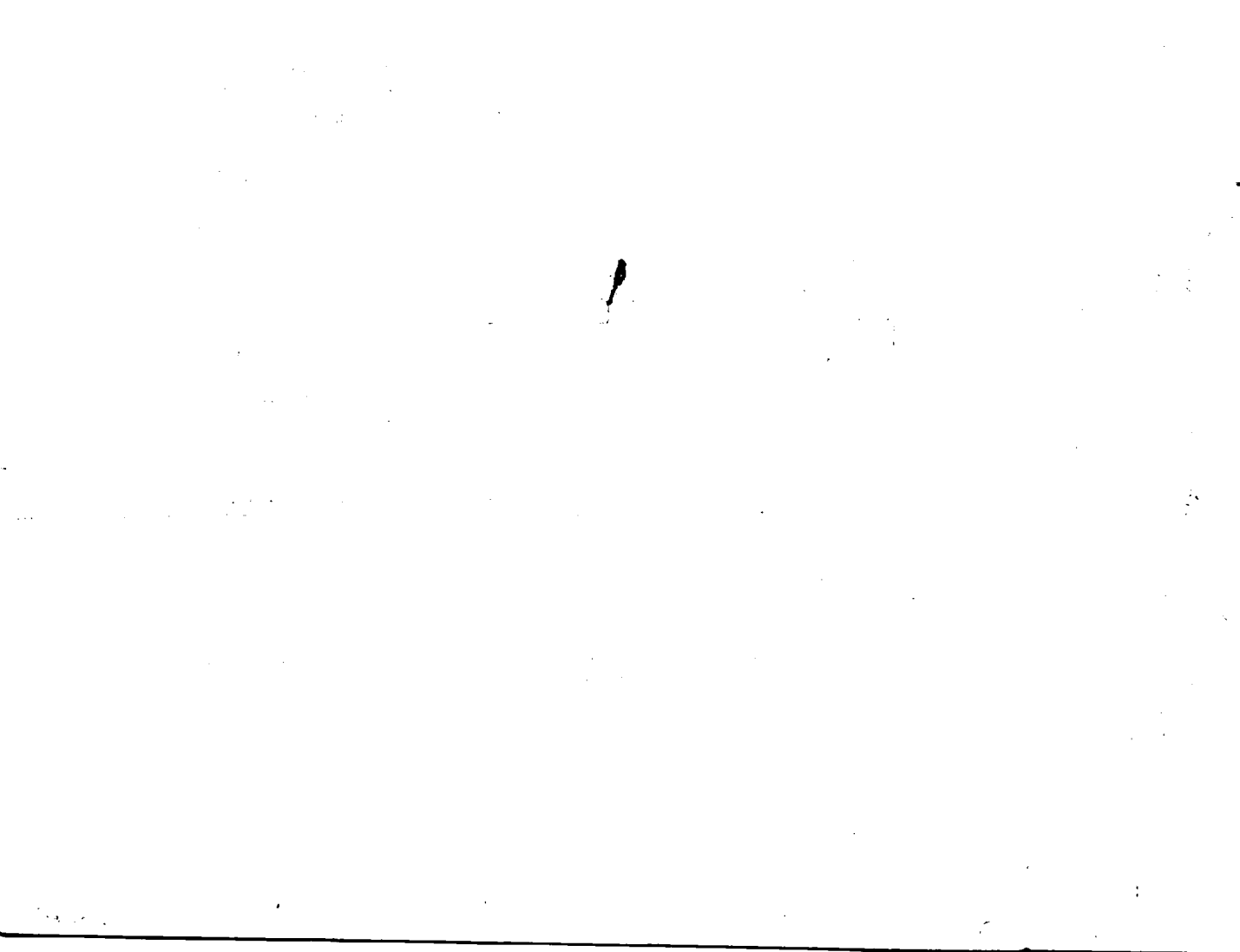
(Physician or midwife)

Address

Filed

Registrar

Registrar



415-219-001-666
 PLACE OF BIRTH

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County of Ada

City of Baie

Registration District No. 2

File No. 78415

No. 613 S. 14 St.

Primary Registration District No. 1004

Registered No. 172

Hospital

FULL NAME OF CHILD Davis, Merlie Belle

| | | | |
|----------------------------|---|----------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> | Legitimate? <u>1</u> | Date of Birth <u>4</u> <u>19</u> <u>1920</u>
(Month) (Day) (Year) |
|----------------------------|---|----------------------|--|

FATHER
 FULL NAME Paul Davis
 RESIDENCE Baie, Ida
 COLOR white AGE AT LAST BIRTHDAY 22 (Years)
 BIRTHPLACE Pa.
 OCCUPATION Clark

MOTHER
 FULL MAIDEN NAME Wona Fowler
 RESIDENCE Baie, Ida
 COLOR white AGE AT LAST BIRTHDAY 22 (Years)
 BIRTHPLACE Utah
 OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:15 P.M. on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Hagg
M.D.
 (Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address 1622 West 5th St. Baie, Ida

.....19.....

Filed 4/21/20 L. E. Forman

Registrar

Registrar

APR 9 1957

666-121-001-352

PLACE OF BIRTH

County of AdaCity of Boise

No. _____ St. _____

Hospital St. AlphonsusRegistration District No. 2Primary Registration District No. 1004

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 78416Registered No. 173

Full Name of Child

| | | | | |
|--------------------------------------|---|---------------------------------------|--|--|
| SEX OF CHILD
<u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
Number
in order
of birth | Legiti-
mate?
<u>Yes</u> | DATE OF
BIRTH
<u>4/21/20</u>
(Month) (Day) (Year) |
| FULL
NAME
<u>James L. Wood</u> | FATHER | | FULL
MAIDEN
NAME
<u>Cina Lesley</u> | MOTHER |
| RESIDENCE
<u>1618 State</u> | | | RESIDENCE
<u>1618 State</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY
<u>27</u>
(Years) | | COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY
<u>25</u>
(Years) |
| BIRTHPLACE
<u>Kansas</u> | | | BIRTHPLACE
<u>Nebraska</u> | |
| OCCUPATION
<u>Jeweler</u> | | | OCCUPATION
<u>House wife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 3:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Fred A. Tillergern.n.

Given names added from a supplemental report

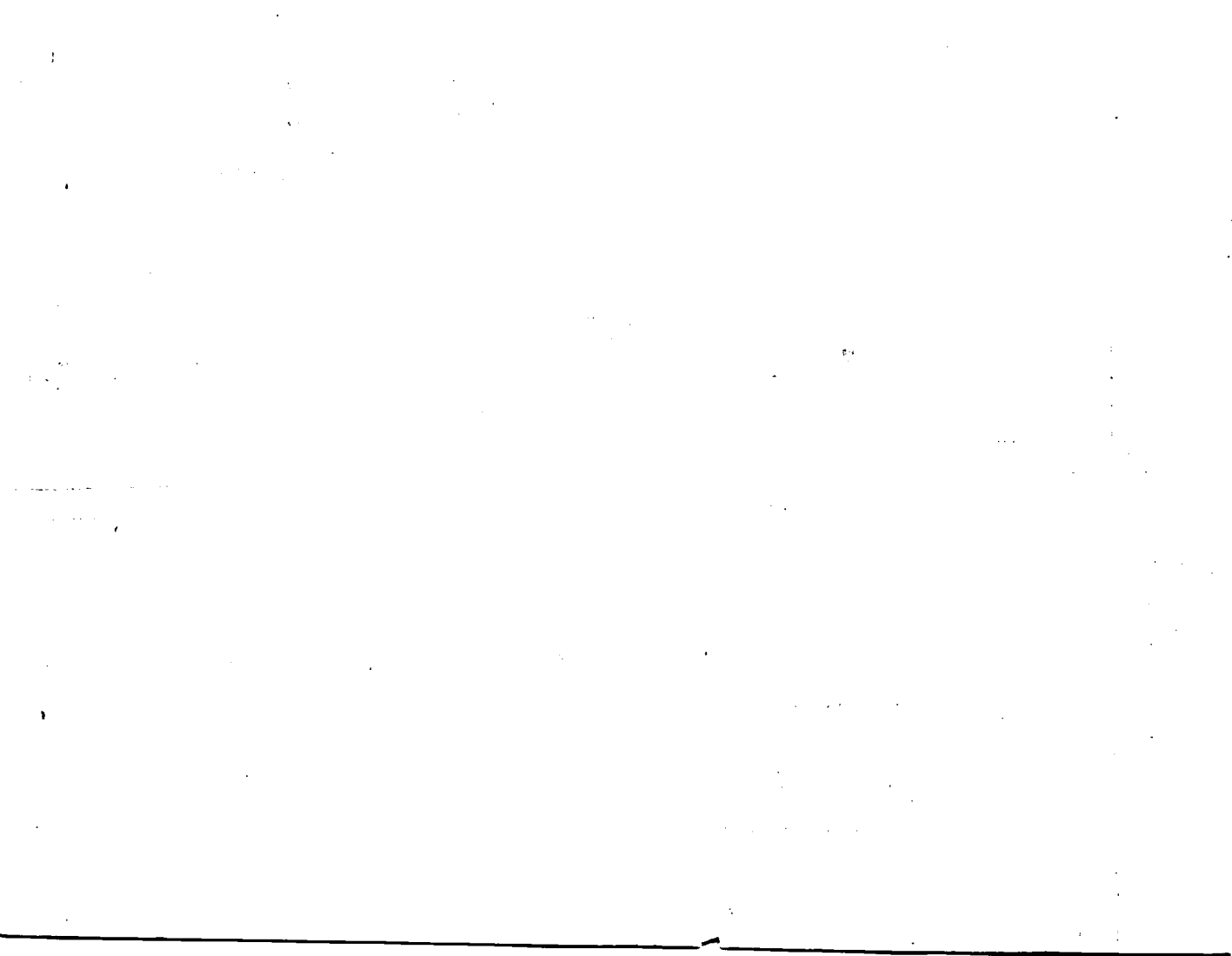
(Physician or midwife)

Address

Filed

Registrar

Registrar



264-127-001-753

PLACE OF BIRTH

County of AdaCity of Boise

No. _____ St. _____

Hospital St. AlphonsusRegistration District No. 2Primary Registration District No. 1004

Form V. S. No. 11-25m-4-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 78417Registered No. 174Full Name of Child Albert H. Bode JrSEX OF CHILD male ☒ Twin ☒ Triplet ☐ or other? ☐ {and} Number in order of birth 1 Legiti- mate? yes DATE OF BIRTH March 20 1920 (Month) (Day) (Year)FULL NAME Albert H Bode FATHERRESIDENCE Boise BksCOLOR W AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE Chicago IllOCCUPATION ChurnerFULL MAIDEN NAME Helena R. Peterson MOTHER

RESIDENCE _____

COLOR White AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE Chicago IllOCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M on the date above stated.

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

Given names added from a supplemental report.

_____ 19 _____

Registrar _____

(Signature) J. E. Cronch Physician (Physician or midwife)

Address _____

Filed 4/12 20 1920 L. P. P. P. Registrar

JUN 27 1972

Amended 1-8-57

PLACE OF BIRTH

391-229-001-795

County of _____

City of BorieNo. 1127 River St.

Hospital _____

FULL NAME OF CHILD

Ida M. Craig

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-26m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 2File No. 78418Primary Registration District No. 104Registered No. 175

Sex of Child

F.Twin
Triplet
or other?{ and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yes.

Date of Birth

Mar 29

(Month) (Day)

FULL NAME

FATHER
Halter A Craig

FULL MAIDEN NAME

MOTHER
Dora Greenwell

RESIDENCE

1127 River St

RESIDENCE

1127 River

COLOR

W.

AGE AT LAST BIRTHDAY

29
(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

21
(Years)

BIRTHPLACE

Ida

BIRTHPLACE

Ida

OCCUPATION

machinist

OCCUPATION

housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

at 10 PM

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

1st M. D. Greenwell

(Physician or midwife)

Given names added from a supplemental report.

Address

517 Empire Bldg

Filed

4/12/20



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. Certificate No. 78418
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth
for Unnamed Craig who was born _____ (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on March 29, 1920
(Date of Event)
in Boise are erroneous or were omitted; and that, to the best of his knowledge, the

(Place of Event)

true facts are shown by Hospital Record prepared on February 24, 1943 are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED FROM Feb. 25, 1943 #369762 TO
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Mother's last name added - taken from other children's birth certificates
Child's Name Unnamed Craig Ida M. Craig

#124025, 151161, 98386, and 62196

Subscribed and sworn to before me this _____ day of _____, 19____

Signed Mrs. Roy C. Whitmore (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1101 Broadway, A-42
(Street Address, City, State)

Notary Public, residing at _____
My commission expires _____
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

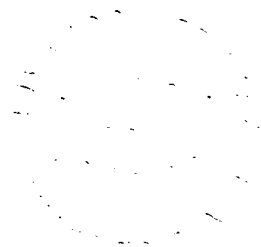
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of February, 1943

Signed Frank Lee Craig 'Father' (Signature of Any Credible Person)
1111 Second St. Nampa
(Street Address, City, State)

Notary Public, residing at _____
My commission expires Feb 22, 1940
(Seal)

JAN 9 1957



714-121-001-236

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-4-27

CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 78419No. 11 St.Primary Registration District No. 1004Registered No. 176Hospital St. LukesFULL NAME OF CHILD Newton Sloan Paul

| | | | | |
|--------------------------|---|--|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u> </u>
(To be answered only in event of plural births) | and { Number in order of birth <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>Apr 21</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--|------------------------|--|

| | | | |
|----------------------------------|--|---------------------------------------|--|
| FULL NAME <u>Newton Paul</u> | FATHER | FULL MAIDEN NAME <u>Refugio Sloan</u> | MOTHER |
| RESIDENCE <u>Parma, Idaho</u> | | RESIDENCE <u>Parma, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>34</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>38</u> (Years) |
| BIRTHPLACE <u>Iowa</u> | | BIRTHPLACE <u>Montana</u> | |
| OCCUPATION <u>Civil Engineer</u> | | OCCUPATION <u>House wife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was April 21-1920 at 11:30 a.m. on the date above stated. (Born alive)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Newberry

(Physician or midwife)

Given names added from a supplemental report.

Address Boise, IdahoFiled 4/23/20 W. J. German

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

343-105-001-553
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St. _____

Registration District No. 2

File No. 78420

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 177

FULL NAME OF CHILD MARLIN TUCKER

(Certificate of no value without full name of child.)

| | | | |
|--------------------------|--|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u> </u> and <u> </u> { Number in order of birth }
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of birth <u>April 5</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|---|

What bactericidal solution was used in eyes?.....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER

FULL NAME Richard Tucker

RESIDENCE

Boise, Idaho (Rural)

COLOR

White

AGE AT LAST BIRTHDAY

35

(Years)

BIRTHPLACE

Boise, Idaho

OCCUPATION

Ranching

MOTHER

FULL MAIDEN NAME Frances Nelson

RESIDENCE

Boise, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

33

(Years)

BIRTHPLACE

Washington

OCCUPATION

Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M. D.

(Physician or midwife)

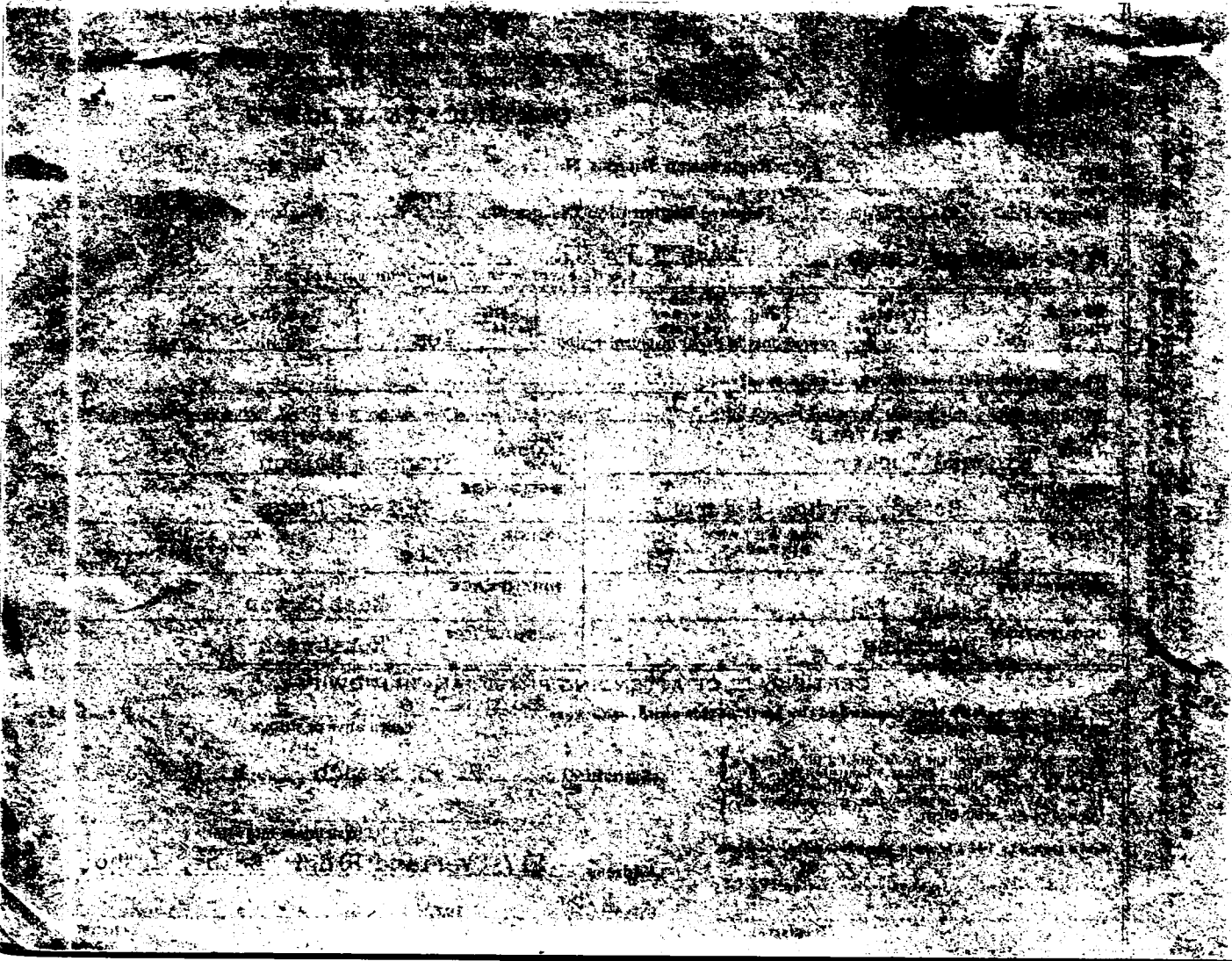
Give names added from a supplemental report.

Address 417 Overland Bldg. Boise, Idaho

Filed 4/27 1920 L. P. Pferman

Registrar.

Registrar.



249-124-001-717
PLACE OF BIRTHCounty of AdaCity of BoiseNo. 14186 Bannock St.

Hospital _____

Full Name of Child De Forrest Edward SmithSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-13

Registration District No. 2File No. 78421Primary Registration District No. 1004Registered No. 178

| | | | | |
|--------------------------|------------------------------|-----------------------------------|------------------------|--|
| SEX OF CHILD <u>Male</u> | Twin Triplet or other? _____ | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | DATE OF BIRTH <u>Apr 24</u> <u>20</u> (Month) (Day) (Year) |
|--------------------------|------------------------------|-----------------------------------|------------------------|--|

| | |
|----------------------------------|--|
| FULL NAME <u>Edward Smith</u> | FATHER |
| RESIDENCE <u>1418 E. Bannock</u> | <u>Boise</u> |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>28</u> (Years) |
| BIRTHPLACE <u>Airry Minn.</u> | |
| OCCUPATION <u>Car Clerk</u> | |

| | |
|--|--|
| FULL MAIDEN NAME <u>Elizabeth Page</u> | MOTHER |
| RESIDENCE <u>Boise</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>19</u> (Years) |
| BIRTHPLACE <u>Brigham City, Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of children of this father, including present birth.....1 Number of children of this mother now living, including present birth.....1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was....., at.....10 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E A Kaiser

(Physician or Midwife)

Given names added from a supplemental report

Address Brigham City, UtahFiled 4/27/20 Laffman Registrar

K

JUN 15 1971

MARGIN RESERVED FOR

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-211-04-666 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

County of Ada
 City of Boise
 No. 1510 Bannock St.
 Registration District No. 2
 File No. 78422
 Hospital Home
 Primary Registration District No. 1004
 Registered No. 179

FULL NAME OF CHILD Josephine Emerald Harris

Sex of Child Female Twin Triplet or other? No } and { Number in order of birth 1 }
 (To be answered only in event of plural births)

Date of Birth April 11 1920
 (Month) (Day) (Year)

| FULL NAME | FATHER | FULL NAME | MOTHER |
|---------------------------|--|---------------------------------|--|
| <u>Joseph Emer Harris</u> | | <u>Maudell Wooksey</u> | |
| <u>Boise, Idaho</u> | | <u>Boise, Idaho</u> | |
| <u>white</u> | AGE AT LAST BIRTHDAY <u>33</u> (Years) | <u>white</u> | AGE AT LAST BIRTHDAY <u>30</u> (Years) |
| <u>Charleston, Utah</u> | | <u>Ephraim, Sanpete Co Utah</u> | |
| <u>Real Estate Agent</u> | | <u>Housewife</u> | |

Number of child of this mother, including present birth... 6 Number of children of this mother now living, including present birth... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 11-30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ed. C. Haudy

Given names added from a supplemental report.

Address

916 State St. Boise

Filed

4/28/20 L. J. German
 Registrar

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ITA

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 78423No. 1517 1/2 main St.Hospital St AlphonsusPrimary Registration District No. 1004Registered No. 180

FULL NAME OF CHILD

Katheryn Harriett CarterSex of
ChildF.Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
Birth4 17 20
(Month) (Day) (Year)FULL
NAMEHoward P. Carter

FATHER

RESIDENCE

1517 1/2 main, Boise

COLOR

W.AGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Merion

OCCUPATION

FiremanFULL
MAIDEN
NAMEAgnes Thomsen

MOTHER

RESIDENCE

Boise

COLOR

W.AGE AT LAST
BIRTHDAY18
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Adm.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

born alive at 7:30 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Robert Anderson
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

12 acie Idaho

Filed

4/30 20 L.R. Ferman
19 20

Registrar

Registrar

Dup of 1920-145800.

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-221-001-712

Form V. S. No. 11-25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adair

City of Elmer

Registration District No. 10

File No. 78424

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Ruth Staley

Sex of Child Female

Twin, Triplet or other? _____ and _____ Number in order of birth _____ Legitimate? Yes

Date of Birth Jan 24, 20
(Month) (Day) (Year)

FATHER
FULL NAME

Earnest M. Staley

MOTHER
FULL MAIDEN NAME

Emma A. Paschil

RESIDENCE

Star, Idaho

RESIDENCE

Star, Idaho

COLOR

W

AGE AT LAST BIRTHDAY 44
(Years)

COLOR

W

AGE AT LAST BIRTHDAY 37
(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Kansas

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth, 8

Number of children of this mother now living, including present birth, 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive 89 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Olaf Hall me

Give names added from a supplemental report.

(Physician or midwife)

Address Star, Idaho

Filed 1/24/20 Olaf Hall
Registrar



20-80418

239 - 205-001-365

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 9File No. 78425No. Bogart Sta. St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

Laverla May Stillwell

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>4 - 5 - 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|-------------------------------------|---|
| FULL NAME
<u>C. L. Stillwell</u> | FATHER |
| RESIDENCE
<u>Eagle, Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>May Ethel Conway</u> | MOTHER |
| RESIDENCE
<u>Eagle, Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 1 / Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:45 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Taylor
M.D.

(Physician or midwife)

*Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

Apr. 10

1920

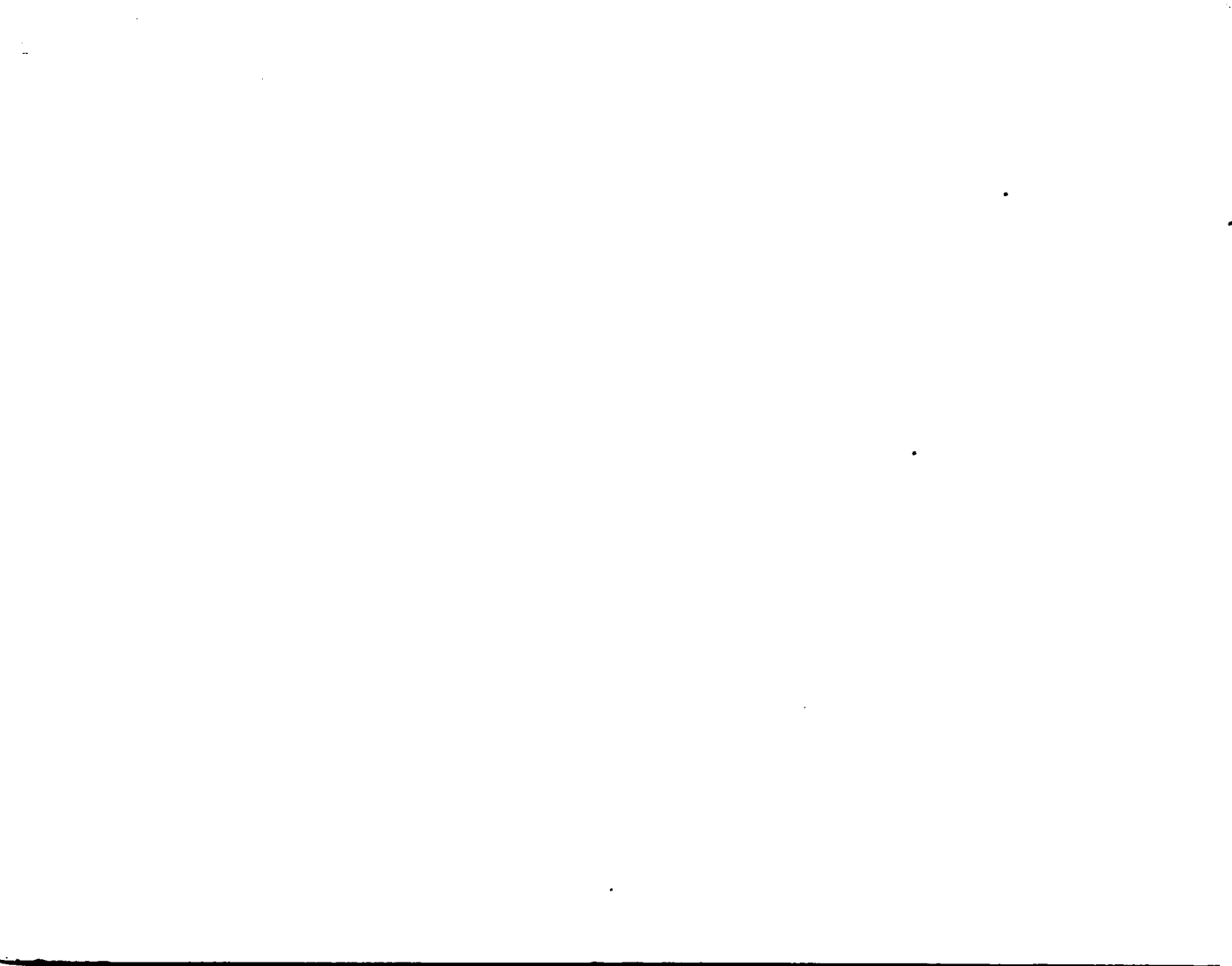
Fredrick K. Brown
Reg.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-113-001-656

PLACE OF BIRTH

amended June 28, 1979

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Ada

CERTIFICATE OF BIRTH

City of Eagle

Registration District No. 9

File No. 78426

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Gerald Lynn Harris

FULL NAME OF CHILD

| | | | | |
|--------------------------|--|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ and _____ | Number in order of birth <u>15th</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Apr 13th</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|--|---|------------------------|--|

FATHER
FULL NAME William L. Harris
RESIDENCE Ranch near Eagle-Idaho
COLOR White AGE AT LAST BIRTHDAY 48
(Years)
BIRTHPLACE Utah
OCCUPATION Ranching

MOTHER
FULL MAIDEN NAME Alice Jewell
RESIDENCE Ranch
COLOR White AGE AT LAST BIRTHDAY 46
(Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 15th Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at 4:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

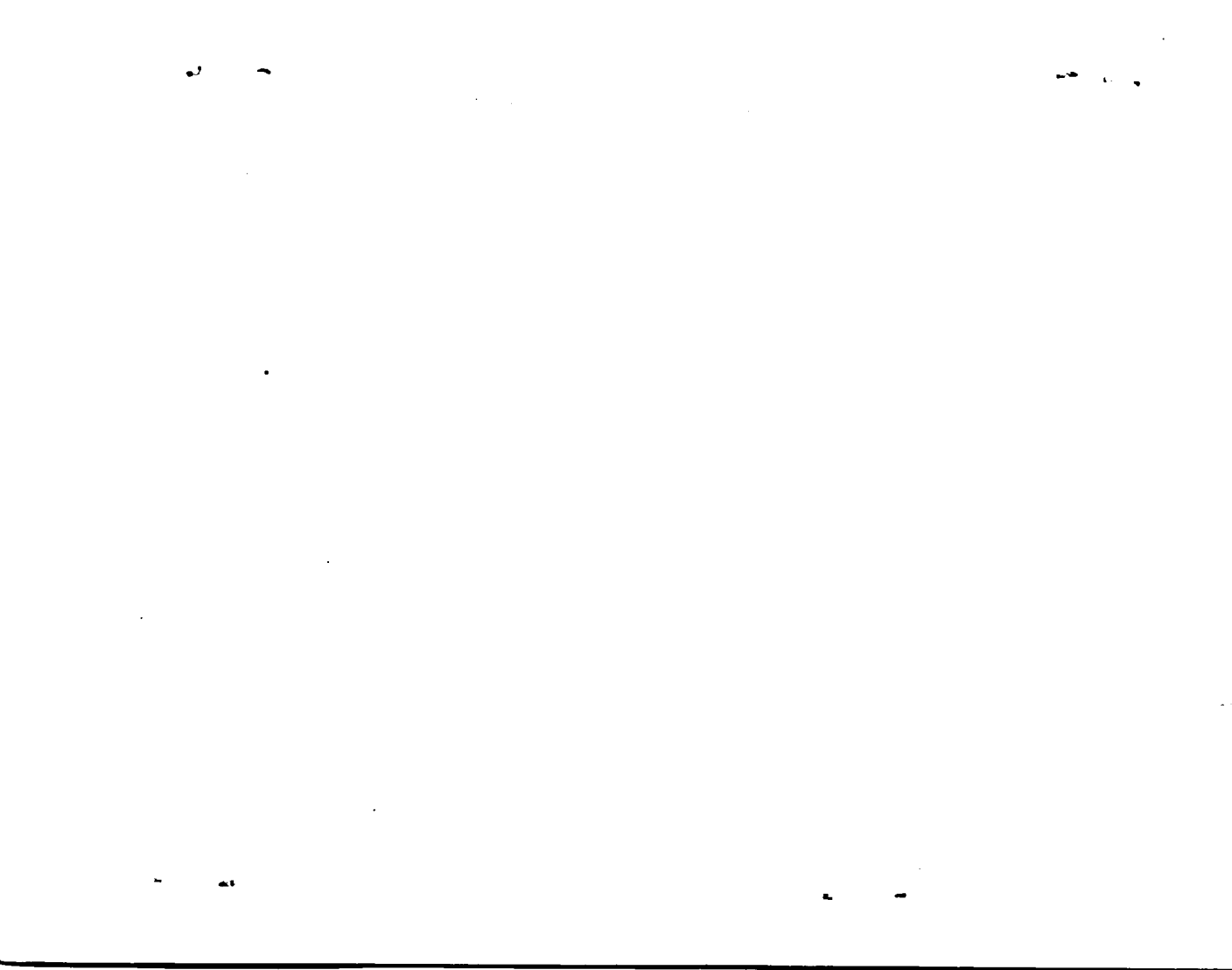
(Signature) Ferdinand K. L. Brown, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Apr 15 1920
Ferdinand K. L. Brown
Registrar

Address _____
Filed 19
Ferdinand K. L. Brown
Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss. Certificate No. 78426
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
unnamed male Harris was born Apr. 13, 1920
for _____ who _____ on _____
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Ada County, ID are erroneous or were omitted:
(Place of Event)

| ITEMS TO BE CORRECTED | FROM | TO |
|------------------------------|----------------|---------------------------|
| <u>place of birth (city)</u> | <u>omitted</u> | <u>Eagle</u> |
| <u>child's name</u> | <u>omitted</u> | <u>Gerald Lynn Harris</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Subscribed and sworn to before me this 25th day of
June, 19 78
Notary Public, Margaret D. Davis
Residing at Boise
My commission expires Lifetime
(Seal)

Mrs R. A. Bodily
Signature of Applicant
7220 N. Linden Rd. Meridian Id
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss. (Must be completed __)
(Is not necessary __x)
*he undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this _____ day of
_____, 19 ____.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Own death certificate lists name as Gerald Lynn Harris, deceased October 4, 1929, in Boise, Idaho. Born in Eagle, Idaho on April 13, 1920. -

~~Saxx~~ State file #67814

viewed by vs June 28, 1979

Family and Temple record book shows name as Gerald Lynn Harris, born April 13, 1920, in Eagle, Idaho. Book is obviously old.

viewed by vs June 28, 1979

553-221-001-168

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No.

File No.

Primary Registration District No.

Registered No.

Virginia Clark Nelson

Sex of
ChildTwin
Triplet
or other?and Number
in order
of birthLegit-
mate?Date of
Birth

(To be answered only in event of plural births)

March 27, 1920

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

(Physician or midwife)

Address

Filed

Registrar

Registrar

RECORDS OF THE

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City of ✓ Registration District No. 8 File No. 78430
No. ✓ St. Primary Registration District No. 2004 Registered No. 22
Hospital ✓
Full Name of Child Roy Albert Pack

SEX OF CHILD M Twin Triplet ✓ (and) Number in order of birth 6 Legitimate? ✓ DATE OF BIRTH 4 6 20
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME E A Pack FATHER
RESIDENCE Boonville
COLOR White AGE AT LAST BIRTHDAY 36
(Years)
BIRTHPLACE Kansas
OCCUPATION Rancher

FULL MAIDEN NAME Sarah Lewis MOTHER
RESIDENCE Boonville Rd
COLOR W AGE AT LAST BIRTHDAY 27
(Years)
BIRTHPLACE Oregon
OCCUPATION Housewife

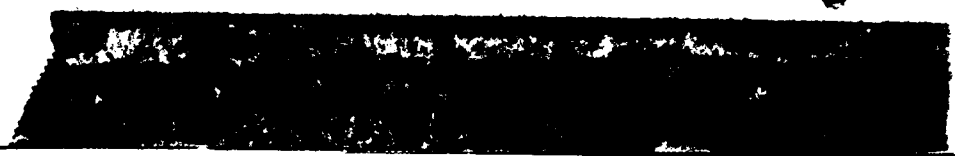
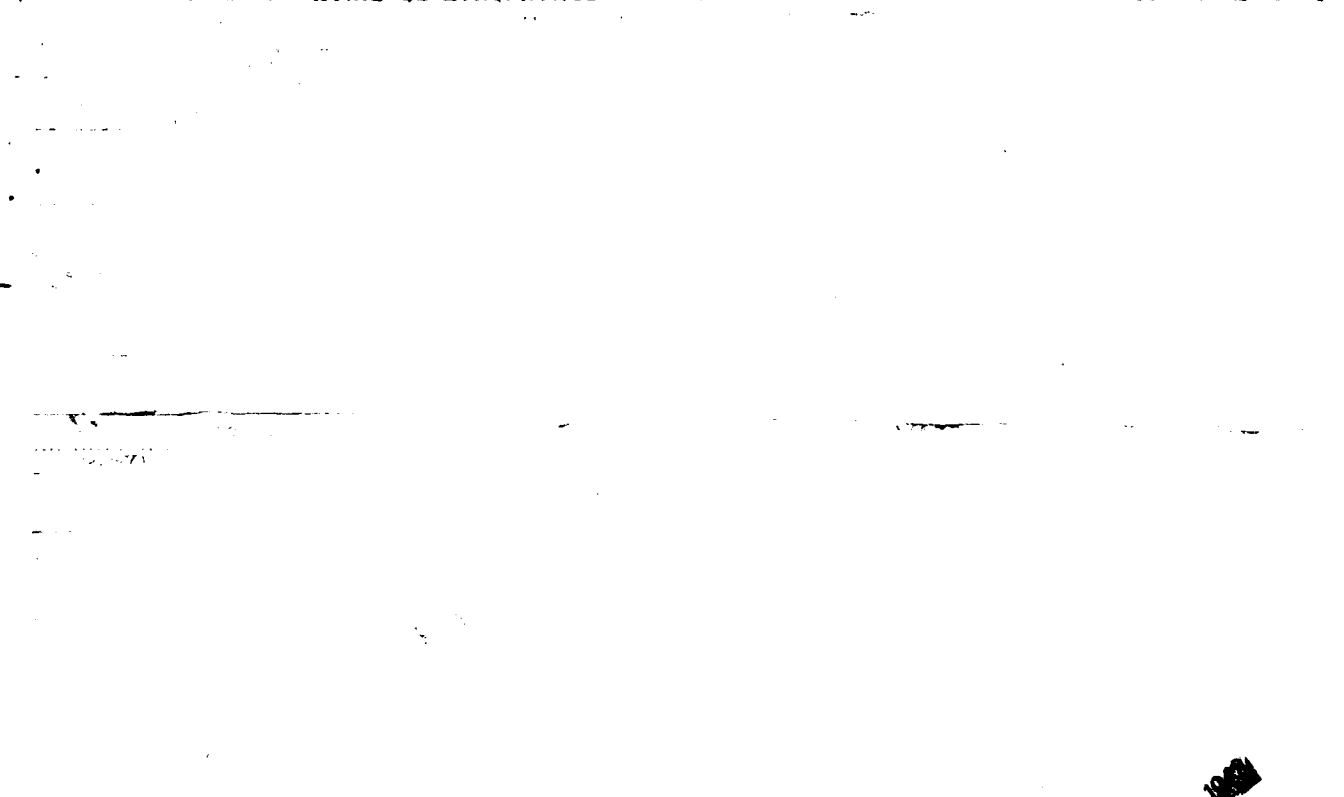
Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 49 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Intorney
(Physician or midwife)

Registrar
Registrar



669-107-001-528
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Ada

City of _____

Registration District No. 8File No. 78431No. 1 Holcomb distPrimary Registration District No. 2004Registered No. 203

Hospital _____

FULL NAME OF CHILD Grant William Ford

| | | | | |
|---|------------------------------|--------------------------------------|--|---|
| Sex of Child <u>m.</u> | Twin Triplet or other? _____ | and { Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>4 7 1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Robt E. Ford</u>
RESIDENCE <u>Holcomb dist</u>
COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>23</u>
(Years)
BIRTHPLACE <u>Ill</u>
OCCUPATION <u>Carpenter</u> | | | MOTHER
FULL MAIDEN NAME <u>Janet Ely</u>
RESIDENCE <u>Holcomb dist</u>
COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>22</u>
(Years)
BIRTHPLACE <u>Penn</u>
OCCUPATION <u>housewife</u> | |

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. H. Johnson

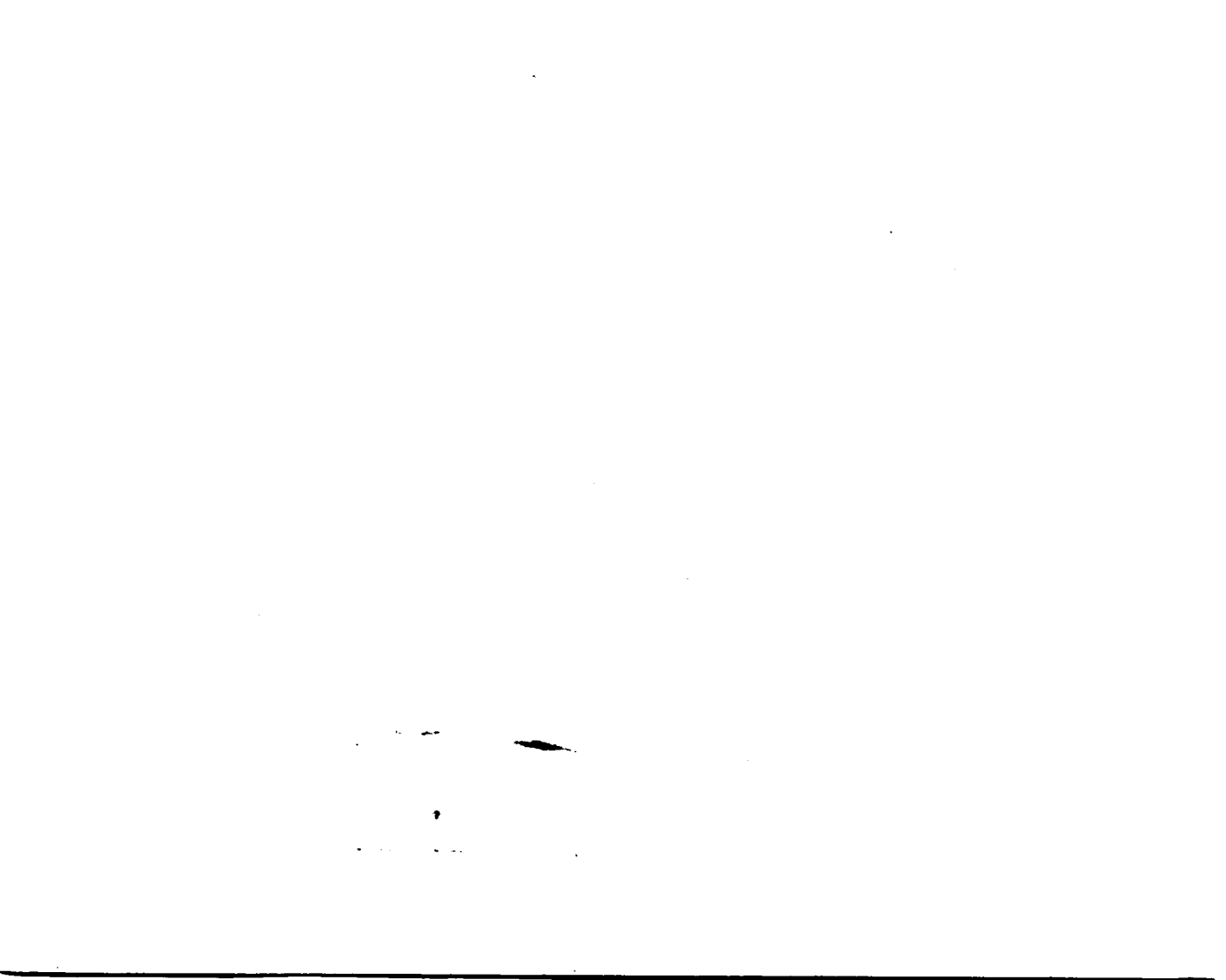
(Physician or midwife)

Given names added from a supplemental report.

Address 517 E. 1st St. BoiseFiled 4/13/20

Registrar

Registrar



391-109-001-816

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 8File No. 78432No. R. D. #1 St.Primary Registration District No. 200 Registered No. 24

Hospital _____

FULL NAME OF CHILD

Francis George Craven

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
Birth4-9-1920
(Month) (Day) (Year)FULL
NAMEFrancis G. Craven

FATHER

FULL
MAIDEN
NAMEEmma Luella Haworth

MOTHER

RESIDENCE

R. D. #1, Boise

RESIDENCE

R. D. #1, Boise

COLOR

WhiteAGE AT LAST
BIRTHDAY37
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Wisconsin

BIRTHPLACE

Iowa

OCCUPATION

P. O. Clerk

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:00 a. m.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

T. M. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho
4/15 1920
Ed. J. J. J. J.

Filed

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

NOV 16 1945

FEB 15 1943

AUG 13 1941

618-211-001-849

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of Dry Creek School DistrictRegistration District No. 8File No. 78433

No. _____ St. _____

Primary Registration District No. 2004 Registered No. 25

Hospital _____

FULL NAME OF CHILD

Revia Belle WayneSex of Child F.Twin
Triplet
or other?

{ and }

Number
in order
of birthLegitt
mate?yes.Date of
BirthApr 11 -
(Month) (Day)1920.
(Year)FULL
NAMEH. L. Wayne

FATHER

RESIDENCE

Dry Creek

COLOR

whiteAGE AT LAST
BIRTHDAY44.
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

farmerFULL
MAIDEN
NAMELow R. Hurlburt

MOTHER

RESIDENCE

Dry Creek

COLOR

whiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Colo

OCCUPATION

HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr John Boeck
(Born alive or stillborn) 5 P. M.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 Mcarty Bldg

Filed

4/17 L. P. Plonon

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

APR 15 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 7433

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth

(Birth or Death)

for none who Born on none

(Name on Original Certificate)

(Was Born or Died)

(Date of Event)

in Boise Idaho are erroneous or were omitted; and that, to the best of his knowledge, the

(Place of Event)

true facts are shown by none prepared on none, are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

name none given Reina Belle Wagon

Subscribed and sworn to before me this none
day of none, 19none

Signed none
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at none

My commission expires 315 1782 Boise Id
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this none

day of none, 19none

Signed none
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at none

My commission expires none
(Seal)

(Street Address, City, State)

FEB 12 1954

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

454-120-001-795

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-7-21-19

County of Ada

City of _____

Registration District No. 8

File No. 78434

No. White Cross School Dist.

Primary Registration District No. 2004

Registered No. 26

Hospital _____

FULL NAME OF CHILD

George Alvin De Meyer

Sex of Child

M.

Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

yes.

Date of
Birth

Apr 20 1920
(Month) (Day) (Year)

FULL
NAME

FATHER
Edw. De Meyer

FULL
MAIDEN
NAME

MOTHER
Emma M. Gwart

RESIDENCE

White Cross School District

RESIDENCE

White Cross School District

COLOR

white

AGE AT LAST
BIRTHDAY

0-2
(Years)

COLOR

white

AGE AT LAST
BIRTHDAY

42
(Years)

BIRTHPLACE

Belgium

BIRTHPLACE

Belgium

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 73

Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

Born alive
(Born alive or stillborn)

at 5³⁰ A.M.

{ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

Dr John Buck

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 M-Larty Bldg

Filed

4/22 1920

Registrar

Registrar

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 78434
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____

(Birth or Death)

for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

name

none given

George Louis De Meyer

Subscribed and sworn to before me this 3/4/34
day of _____ 19____

Signed Mar Edward De Meyer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires 1/14/47
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

JAN 3 1975

AUG 3 1 1943

643-123-001-274

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-8-8-17

CERTIFICATE OF BIRTH

County of *Ada*

City of

Registration District No. *8*File No. *78435*

No.St.

Primary Registration District No. *2004*Registered No. *27*

Hospital

FULL NAME OF CHILD *Marvin Eugene Fulcher*

| | | | |
|-----------------------|--|-----------------------------|--|
| Sex of Child <i>M</i> | Twin
Triplet
or other? <i>and</i> { Number
in order
of birth | Legiti-
mate? <i>yes</i> | Date of Birth <i>Apr 22</i> 19 <i>20</i>
(Month) (Day) (Year) |
|-----------------------|--|-----------------------------|--|

| | |
|---|---|
| FULL NAME FATHER <i>Earl C. Fulcher</i> | FULL MAIDEN NAME MOTHER <i>Ethel Aspinwall</i> |
| RESIDENCE <i>McBurry Ranch</i> | RESIDENCE <i>McBurry Ranch</i> |
| COLOR <i>W</i> AGE AT LAST BIRTHDAY <i>24</i> (Years) | COLOR <i>W</i> AGE AT LAST BIRTHDAY <i>27</i> (Years) |
| BIRTHPLACE <i>Kansas</i> | BIRTHPLACE <i>Oklahoma</i> |
| OCCUPATION <i>farmer</i> | OCCUPATION <i>House wife</i> |

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born* at *3:20* M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *C. H. Parker*

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address *302 Mrs. Early Bldg.*

.....19.....

Filed *4/26/20* *L. J. German*

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1942

413-224-001-666

Form V. S. No. 11-C-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1204 Euclid St.

Registration District No. 8

File No. 78436

Primary Registration District No. 284

Registered No. 28

Hospital _____

FULL NAME OF CHILD Goldie Fay Matthews

| | | | | | |
|-----------------------|---|-----------|--------------------------------|------------------------|--|
| Sex of Child <u>F</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>April 24</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|-----------|--------------------------------|------------------------|--|

FATHER
FULL NAME Eldridge Matthews
RESIDENCE Boise Idaho
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Arkansas
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Eva Wood
RESIDENCE Boise, Idaho
COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Georgia
OCCUPATION Housewife

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Dora Alice at 4:30 P. M.
(Born alive)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward J. Binyard
(Physician or midwife)

Given names added from a supplemental report.

Address 303-304 McCarley Bldg.
4/27/20
Filed 10
Registrar E. J. German

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

| | | | |
|--------------|------|----------|--------|
| NAME | DATE | PLACE | REASON |
| JOHN DOE | 1945 | NEW YORK | ALIEN |
| RESIDENCE | DATE | PLACE | REASON |
| 123 MAIN ST. | 1945 | NEW YORK | ALIEN |
| EDUCATION | DATE | PLACE | REASON |
| HIGH SCHOOL | 1945 | NEW YORK | ALIEN |
| EMPLOYMENT | DATE | PLACE | REASON |
| CLERK | 1945 | NEW YORK | ALIEN |
| REMARKS | DATE | PLACE | REASON |
| ALIEN | 1945 | NEW YORK | ALIEN |

CERTIFICATE OF ATTENDING PHYSICIAN OF HEALTH

STATE OF NEW YORK
COUNTY OF NEW YORK
CITY OF NEW YORK

253 - 208 - 015 - 253

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22a-3-37

CERTIFICATE OF BIRTH

County of BlaineCity of Shoshone

Registration District No. 11

File No. 78437

No. St.

Primary Registration District No. 2048

Registered No. 8

Hospital

FULL NAME OF CHILD Vera Jones Kelly

| | | | | |
|-----------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>L</u> | Twin
Triplet —
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>April 8,</u> 191 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|--------------------------------------|-----------------------------|---|

| | |
|-------------------------------|---|
| FULL NAME <u>Mr. J. Kelly</u> | FATHER |
| RESIDENCE <u>Shoshone</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE <u>Wisconsin</u> | |
| OCCUPATION <u>Salesman</u> | |

| | |
|-------------------------------------|---|
| FULL MAIDEN NAME <u>Mayme Kelly</u> | MOTHER |
| RESIDENCE <u>Shoshone</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE <u>Wisconsin</u> | |
| OCCUPATION <u>Wife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 5:20 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elias Kaesley

Given names added from a supplemental report.

Address Shoshone, IdahoFiled April 16, 1920Registrar Elias KaesleyRegistrar Elias Kaesley



395-108-015-553

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of CaribouCity of Idaho SpringsRegistration District No. 11File No. 78438

No. St.

Primary Registration District No. 2.4.4.8Registered No. 4

Hospital

FULL NAME OF CHILD

Albin Malem Lindstrom

Sex of Child

MTwin
Triplet
or other?

-

and

Number
in order
of birth

-

Legiti-
mate?yesDate of
BirthApril 819126

(Month) (Day) (Year)

FULL
NAMEFATHER
Albin LindstromFULL
MAIDEN
NAMEMOTHER
Lillian Nelson

RESIDENCE

Gray, Idaho

RESIDENCE

Gray, Idaho

COLOR

W

AGE AT LAST

43

BIRTHDAY

(Years)

COLOR

W

AGE AT LAST

27

BIRTHDAY

(Years)

BIRTHPLACE

Sweden

BIRTHPLACE

Idaho

OCCUPATION

Rancher

OCCUPATION

WifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was....., at 3 P. M.
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Ellis Kackley

(Physician or midwife)

Given names added from a supplemental report.

Ellis Kackley 19.....

Registrar

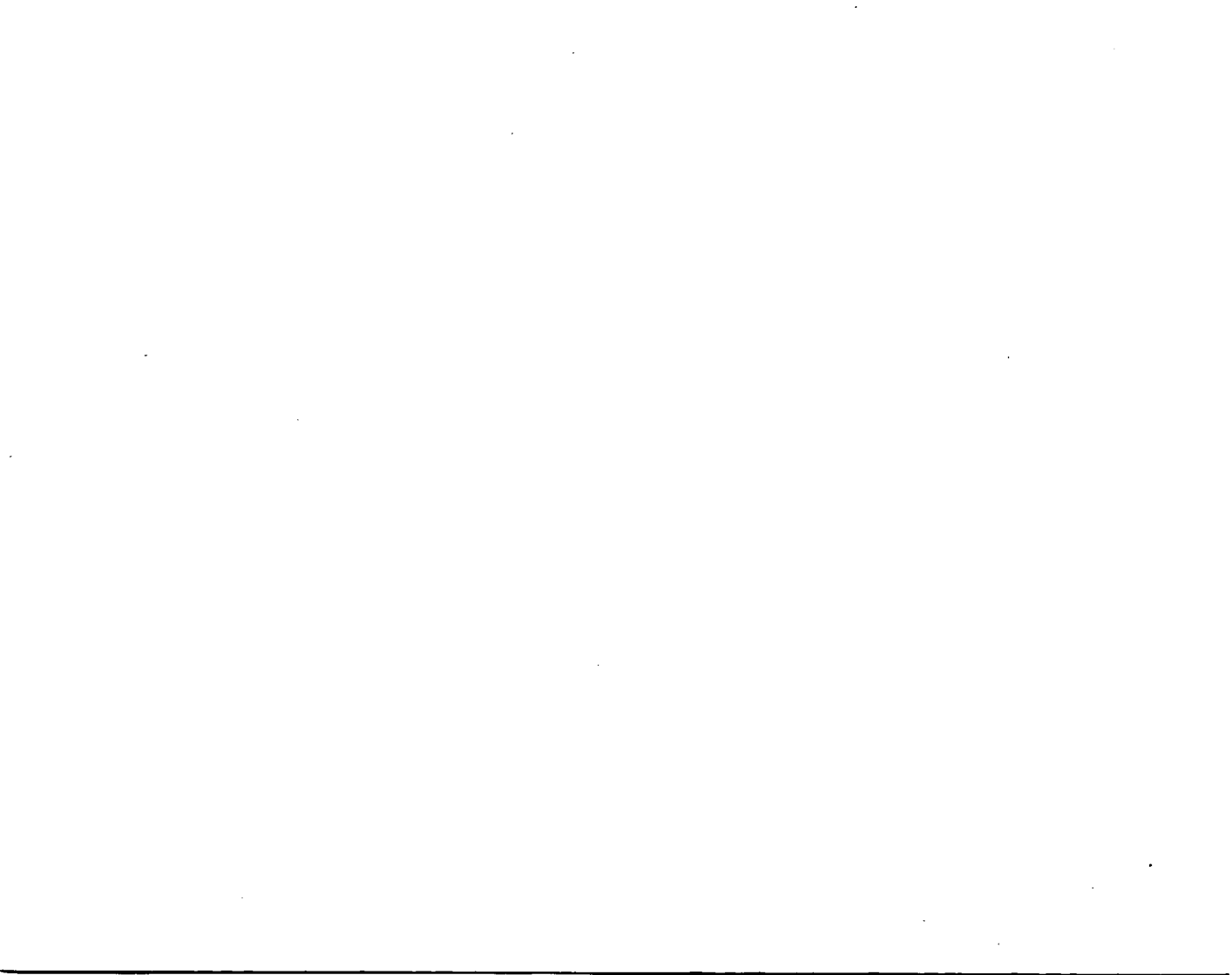
Address

Idaho Springs, Idaho

Filed

April 16, 1920

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 4-12-60

PLACE OF BIRTH

284-123-001-155

County of Ada

City of Meridian - R.F.D. #1

No. St.

Hospital

Registration District No. 11

File No. 78445

Primary Registration District No. 2003

Registered No.

FULL NAME OF CHILD John Arthur Knudsen

(Certificate of no value without full name of child.)

| | | | | |
|-------------------|---|-------------------------------------|----------------------|---|
| Sex of Child Male | Twin
Triplet
or other?
(To be answered only in event of plural births) | and {Number
in order
of birth | Legiti-
mate? Yes | Date of
birth April 23, 1920
(Month) (Day) (Year) |
|-------------------|---|-------------------------------------|----------------------|---|

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

| |
|-------------------------------------|
| FATHER
FULL NAME John A. Knudsen |
| RESIDENCE
Meridian, Ida. |
| COLOR White |
| AGE AT LAST BIRTHDAY 38
(Years) |
| BIRTHPLACE
Denmark |
| OCCUPATION
Farmer |

| |
|---|
| MOTHER
FULL MAIDEN NAME Cecilia Jensen |
| RESIDENCE
Meridian, Ida. |
| COLOR White |
| AGE AT LAST BIRTHDAY 30
(Years) |
| BIRTHPLACE
Denmark |
| OCCUPATION
Housewife |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Address Meridian, Ida.,

Filed April 28, 1920 Alice A. Dutton

Registrar.

[The page contains extremely faint, illegible markings and noise.]

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Michigan }
County of Mason } ss.

Certificate No. 78445

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for John Knudson who born on April 23, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Meridian, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Certificate of Baptism prepared on November 7th, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED
(“Name,” “Birth Date,” “Cause of Death,” Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
|--|---------------------------------|----------------------------------|
| Full Name of Child | <u>John Knudson</u> | <u>John Arthur Knudsen</u> |
| Full Name of Father | <u>John Knudson</u> | <u>John A. Knudsen</u> |
| Full Maiden Name of Mother | <u>Cecelia Jensen</u> | <u>Cecilia Jensen</u> |

Subscribed and sworn to before me this 9th day of
February, 1960.

36 Sn. Clerk
Notary Public, residing at Scottville, Mich.
My commission expires 3/22/63
(Seal)

Signed John Knudsen
(Signature of parent or attendant if correcting a birth record;
of attendant, funeral director, informant if correcting a death record;
or other credible person.)

Scottville, Mich.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan }
County of Mason } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of
February, 1960.

36 Sn. Clerk
Notary Public, residing at Scottville, Mich.
My commission expires 3/22/63
(Seal)

Signed John Knudsen
(Signature of Any Credible Person)

Scottville, Mich.
(Street Address, City, State)

CL 2-3-60. one copy pd. receipt #19954.

Certificate of Baptism, Lutheran Church, Boise, Idaho, November 7, 1920 gives full name of child as John Arthur Knudsen, born April 23, 1920 at Meridian, Idaho to Mr. John A. Knudsen and Mrs. Cecilia Knudsen - viewed by V.S.

Another child's birth certificate on file, #357797, filed on Oct. 5, 1942 gives full name of father as John Anton Knudsen and full maiden name of mother as Cecilia Kathern Jensen - viewed by V.S.

Marriage Certificate, State of Minnesota, April 2, 1909 gives full name of groom as John Knudson and full name of bride as Cecilia Jensen - viewed by V.S.

CCC Enrollee State Employment Service Referral Card - date of enrollment, Jan. 5, 1940 at Ludington, Michigan gives full name as John Arthur Knudsen, born April 23, 1920 - viewed by V.S.

295-207-001-766
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-6-6-17

CERTIFICATE OF BIRTH

County of *Ada*

City of *Meridian*

Registration District No. *11*

File No. *78446*

No. *R. D.* St.

Primary Registration District No. *203*

Registered No.

Hospital

FULL NAME OF CHILD *Doris Golda Liebenberg*

| | | | | |
|----------------------------|----------------------------------|---|-----------------------|--|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>No</i> | and Number in order of birth <i>1st</i> | Legitimacy <i>Yes</i> | Date of Birth <i>Mar. 7 1920</i>
(Month) (Day) (Year) |
|----------------------------|----------------------------------|---|-----------------------|--|

| | |
|---------------------------------------|---|
| FULL NAME <i>Walter H. Liebenberg</i> | FATHER |
| RESIDENCE <i>Meridian, Ada</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>25</i>
(Years) |
| BIRTHPLACE <i>Idaho</i> | |
| OCCUPATION <i>Farmer</i> | |

| | |
|---|---|
| FULL MAIDEN NAME <i>Golda E. Powell</i> | MOTHER |
| RESIDENCE <i>Meridian, Ada</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>21</i>
(Years) |
| BIRTHPLACE <i>Idaho</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Caroline* at *9:30 A.M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Alice A. Wotton*
Physician or midwife

Given names added from a supplemental report.

Address *Meridian, Idaho*
Date *Apr. 10 1920* *Alice A. Wotton*
Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1968

NOV 12 1968

JAN 9 1973

963-224-001-363
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

County of Ada
City of Meridian Registration District No. 11 File No. 78447
No. St. Primary Registration District No. 2083 Registered No.

Hospital
FULL NAME OF CHILD Virginia Marie Rockwell

Sex of Child Female Twin Triplet or other? No and (Number in order of birth of birth) 1 Legitimate? Yes Date of Birth April 24 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Frank R. Rockwell FATHER
RESIDENCE Harper, Ida.
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Colorado
OCCUPATION Fire Chief

FULL MAIDEN NAME Ada E. Cole MOTHER
RESIDENCE Harper, Ida.
COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Nebraska
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:15 P.M. on the date above stated. (born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice L. Button
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Ida. Registrar Alice L. Button
Filed Apr. 29 1920

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1942

281-225-001-367
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-17

CERTIFICATE OF BIRTH

County of.....*Ada*City of.....*Meridian*Registration District No.....*11*File No.....*78448*No.....*R.D. St.*Primary Registration District No.....*203*

Registered No.....

Hospital.....

FULL NAME OF CHILD.....

*Edna Marion Shaul*Sex of
Child.....*Female*Twin
Triplet
or other?
(To be answered only in event of plural births)and (Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?*Yes*Date of
Birth.....*Apr. 25-20*
(Month) (Day) (Year)FULL
NAME

FATHER

*Ester Shaul*FULL
MAIDEN
NAME

MOTHER

Mina Frances Cox

RESIDENCE

Meridian, Ada

RESIDENCE

Meridian, Ada

COLOR

*White*AGE AT LAST
BIRTHDAY*34*
(Years)

COLOR

*White*AGE AT LAST
BIRTHDAY*28*
(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Kansas

OCCUPATION

Farmer

OCCUPATION

*Housewife*Number of child of this mother, including present birth.....*5*Number of children of this mother now living, including present birth.....*5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....*Female*..... at.....*Meridian, Ada*
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature).....

Alice Dutton

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Meridian, Ada

Filed.....

Apr. 29-20

Registrar

Registrar

Page 1 of 1
Date: 10/10/2010
Time: 10:10:10
User: admin

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967-223-001-331

PLACE OF BIRTH

County of AdaCity of EdgemoorNo. 10 St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-27

CERTIFICATE OF BIRTH

Registration District No. 11File No. 78449Primary Registration District No. 203

Registered No.

Hospital

FULL NAME OF CHILD

| | | | | |
|----------------------------|---|---------------------------------------|-----------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>No</u>
(To be answered only in event of plural births) | and Number in order of birth <u>1</u> | Legitimate <u>Yes</u> | Date of Birth <u>Apr. 23, 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|---------------------------------------|-----------------------|--|

FULL NAME FATHER Wesley H. RogersRESIDENCE Edgemoor, IdahoCOLOR White AGE AT LAST BIRTHDAY 37
(Years)BIRTHPLACE IdahoOCCUPATION DairymanFULL MAIDEN NAME MOTHER May G. ClarkRESIDENCE Edgemoor, IdahoCOLOR White AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Edgemoor, Idaho on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

....., 19.....

Registrar

(Signature) Edna A. ButtonAddress Edgemoor, IdahoFile No. 78449 Registrar

NOV 3 1972

713-118-001-439
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20-20

CERTIFICATE OF BIRTH

County of... AdaCity of... BoiseRegistration District No. 11File No. 78450

No. St.

Primary Registration District No. 2073

Registered No.

Hospital... A. Alphonse

FULL NAME OF CHILD

Peter Pack

Sex of Child

MaleTwin
Triplet
or other?{ and { Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?Yes

Date of Birth

Mar. 1913
(Month) (Day)

FULL NAME

FATHER James Pack Jr.

RESIDENCE

Meridian, Ida.

COLOR

White

AGE AT LAST BIRTHDAY

28
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER Alice M. Dutton

RESIDENCE

Meridian, Ida.

COLOR

White

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Arkansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 2Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... James Pack Jr. at... Boise, Ida. on the date above stated.
(Born alive or stillborn)

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Alice M. Dutton

(Physician or midwife)

Given names added from a supplemental report.

Address

File

Registrar

Registrar



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154-204-001-513
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-17

CERTIFICATE OF BIRTH

County of Cada

City of Boise

Registration District No. 11

File No. 78451

No. 1 St. A. Alphonsus

Primary Registration District No. 2013

Registered No.

Hospital A. Alphonsus

FULL NAME OF CHILD Mary Elizabeth Anderson

Sex of Child Female Twin Triplet or other? (To be answered only in event of plural births) and (Number in order of birth) Legitimate? Yes Date of Birth Mar. 4 1920
(Month) (Day) (Year)

FATHER
FULL NAME Frank Anderson
RESIDENCE Caldwell, Idaho
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Idaho
OCCUPATION Wire Chief

MOTHER
FULL MAIDEN NAME Hettie Eaton
RESIDENCE Caldwell, Idaho
COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Nebraska
OCCUPATION Housewife

Number of child of this mother, including present birth, 1 Number of children of this mother now living, including present birth, 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred A. Cutter
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Ida
Filed Apr 20 1920 Alfred A. Cutter
Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1956

669-127-001-251

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. St.

Registration District No. 11

File No. 78452

Primary Registration District No. 203

Registered No.

Hospital

FULL NAME OF CHILD Robert Hugh Force

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and (Number
in order
of birth) | Legiti-
mate? <u>Yes</u> | Date of Birth <u>May 27 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|------------------------------------|--|
| FULL NAME <u>M. Franklin Force</u> | FATHER |
| RESIDENCE <u>Meridian, Ida.</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>39</u> (Years) |
| BIRTHPLACE <u>Nebraska</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|--|
| FULL MAIDEN NAME <u>Candida Beasley</u> | MOTHER |
| RESIDENCE <u>Meridian, Ida.</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>27</u> (Years) |
| BIRTHPLACE <u>Texas</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:20 P. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Button

Given names added from a supplemental report.

Physician or midwife

..... 19.....

Address Meridian, Ida.

.....

File May 30 1920 Alise A. Button

Registrar

Registrar

RECEIVED
OFFICE OF THE
ATTORNEY GENERAL

NOV 27 1956

NOV 27 1956

265-203-003-265

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BannockCity of LawneyRegistration District No. 83File No. 78465No. R.J.H. St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

Edith Bonman Gwenith Gay

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of Birth <u>1 - 3 1930</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|---|

| | |
|-------------------------------------|---|
| FULL NAME
<u>E Bonman</u> | FATHER |
| RESIDENCE
<u>Lawney</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE
<u>Seigh Kansas</u> | |
| OCCUPATION
<u>School Teacher</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Edith Bonman</u> | MOTHER |
| RESIDENCE
<u>Lawney</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE
<u>Proctor</u> | |
| OCCUPATION
<u>House Keeper</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive at 8:00 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. A. Hartigman, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Lawney IdahoFiled 4-21-1930

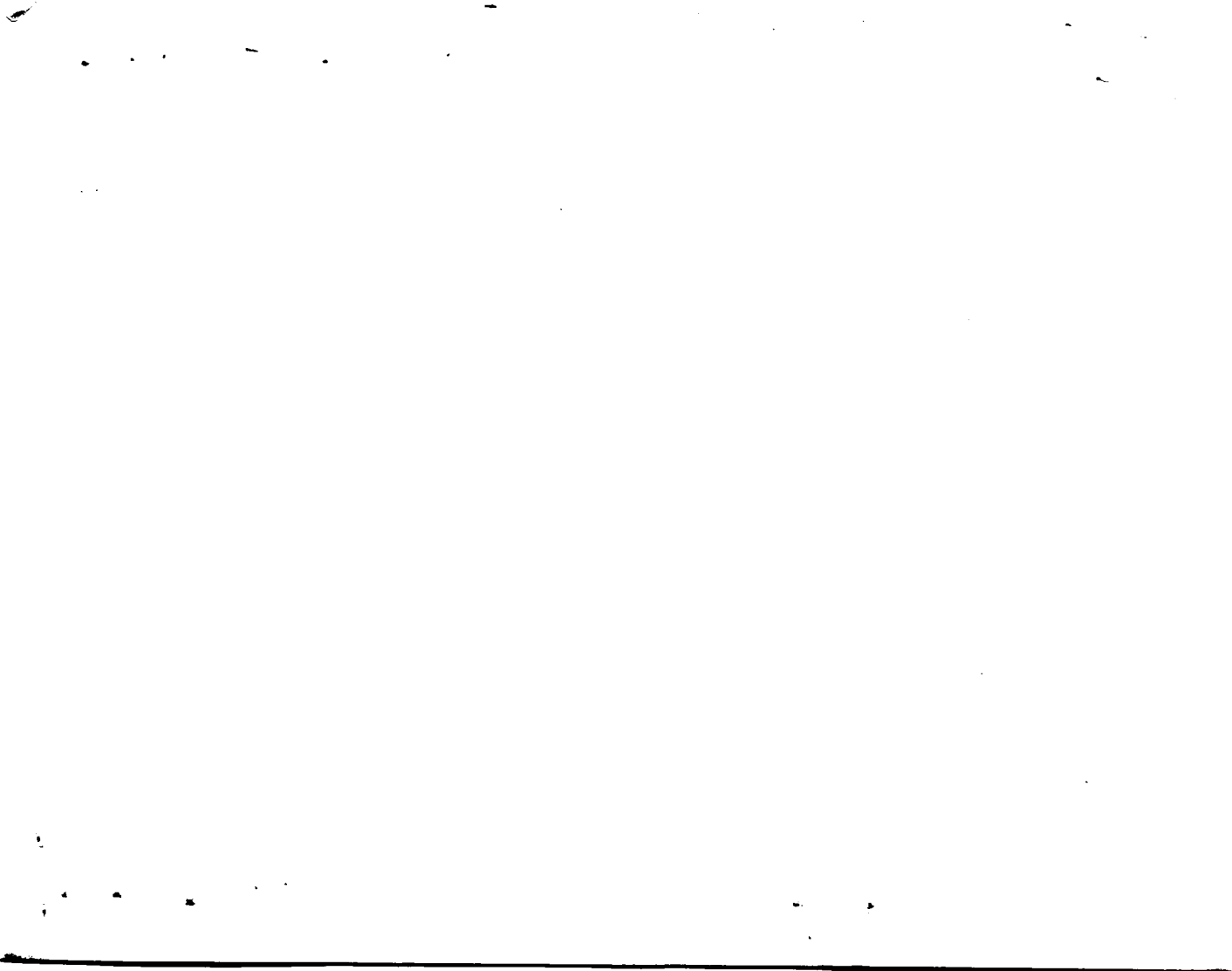
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



782460

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 125251

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)

for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Name Edith Arvenith Gay
Bouman

Subscribed and sworn to before me this 13
day of April, 1943
Arden Anderson

Signed Edith Bouman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boni
My commission expires 1/14/47
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

APR 14 1943



418-106-003-460

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICSCounty of BannockRECEIVED
CERTIFICATE OF BIRTHCity of Virginia

APR 11 1921

Registration District 53File No. 78466

No. _____ St. _____

STATISTICS

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

Wilmer Segrand StahlkeSex of Child Male Twin Triplet { and } Number in order of birth
(To be answered only in event of plural births)Legitimacy yesDate of Birth 1 - 6 - 1920
(Month) (Day) (Year)FULL NAME FATHER J. S. StahlkeRESIDENCE Virginia, Ida.COLOR white AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE Antigo WisOCCUPATION farmerFULL MAIDEN NAME MOTHER Larry MookRESIDENCE VirginiaCOLOR white AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE PocatelloOCCUPATION housekeeperNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, 6:08 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. Hartwigsen, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

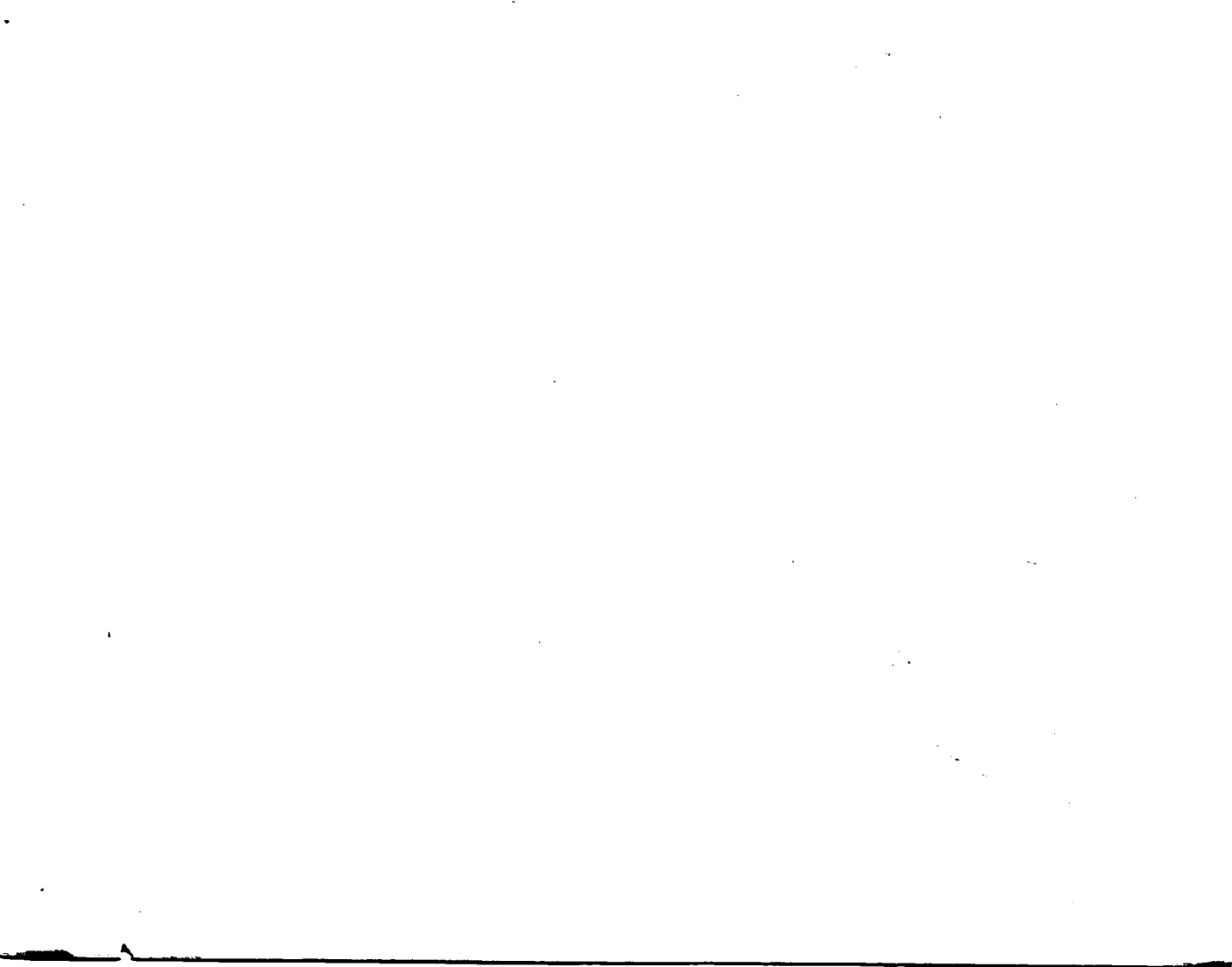
Jan - 10 - 1924
H. Hartwigsen
Registrar

Address

IdahoFiled 4-31-1920H. Hartwigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



281-108-003-843

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BannockCity of MoscowRegistration District No. 83File No. 78467

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

Charles Earl Shay

Sex of Child

maleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
Birth,

(Month)

(Day)

1920
(Year)

(To be answered only in event of plural births)

FULL
NAME

FATHER

Charles Earl Shay

RESIDENCE

MoscowFULL
MAIDEN
NAME

MOTHER

John Butchings

RESIDENCE

Moscow

COLOR

red hiteAGE AT LAST
BIRTHDAY39
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Pittsburg, Pa.

BIRTHPLACE

Boomer, Mo.

OCCUPATION

Laborer

OCCUPATION

housekeeperNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive, at 4:15 A. M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. H. Hartigman, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Moscow, Ida.Filed 4-21-1934

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

MAR 1 1958

462-124-003-815

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of ArmoRegistration District No. 83File No. 78468

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Walter James Mason

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>1 - 24 - 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|----------------------------|---|

| | |
|---|------------------------|
| FULL
NAME
<u>Charles G. Mason</u> | FATHER
<u>Mason</u> |
| RESIDENCE <u>Armo</u> | |

| | |
|--|------------------------|
| FULL
MAIDEN
NAME
<u>Gertrude G. Mason</u> | MOTHER
<u>Mason</u> |
| RESIDENCE <u>St Albans, Maine</u> | |

| | |
|--------------------|--|
| COLOR <u>white</u> | AGE AT LAST
BIRTHDAY <u>35</u>
(Years) |
|--------------------|--|

| | |
|--------------------|--|
| COLOR <u>white</u> | AGE AT LAST
BIRTHDAY <u>30</u>
(Years) |
|--------------------|--|

| |
|-------------------------------|
| BIRTHPLACE <u>Armo, Maine</u> |
|-------------------------------|

| |
|------------------------------------|
| BIRTHPLACE <u>St Albans, Maine</u> |
|------------------------------------|

| |
|--------------------------|
| OCCUPATION <u>Farmer</u> |
|--------------------------|

| |
|-----------------------------|
| OCCUPATION <u>housewife</u> |
|-----------------------------|

| | |
|--|--|
| Number of child of this mother, including present birth <u>2</u> | Number of children of this mother now living, including present birth <u>2</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:20 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

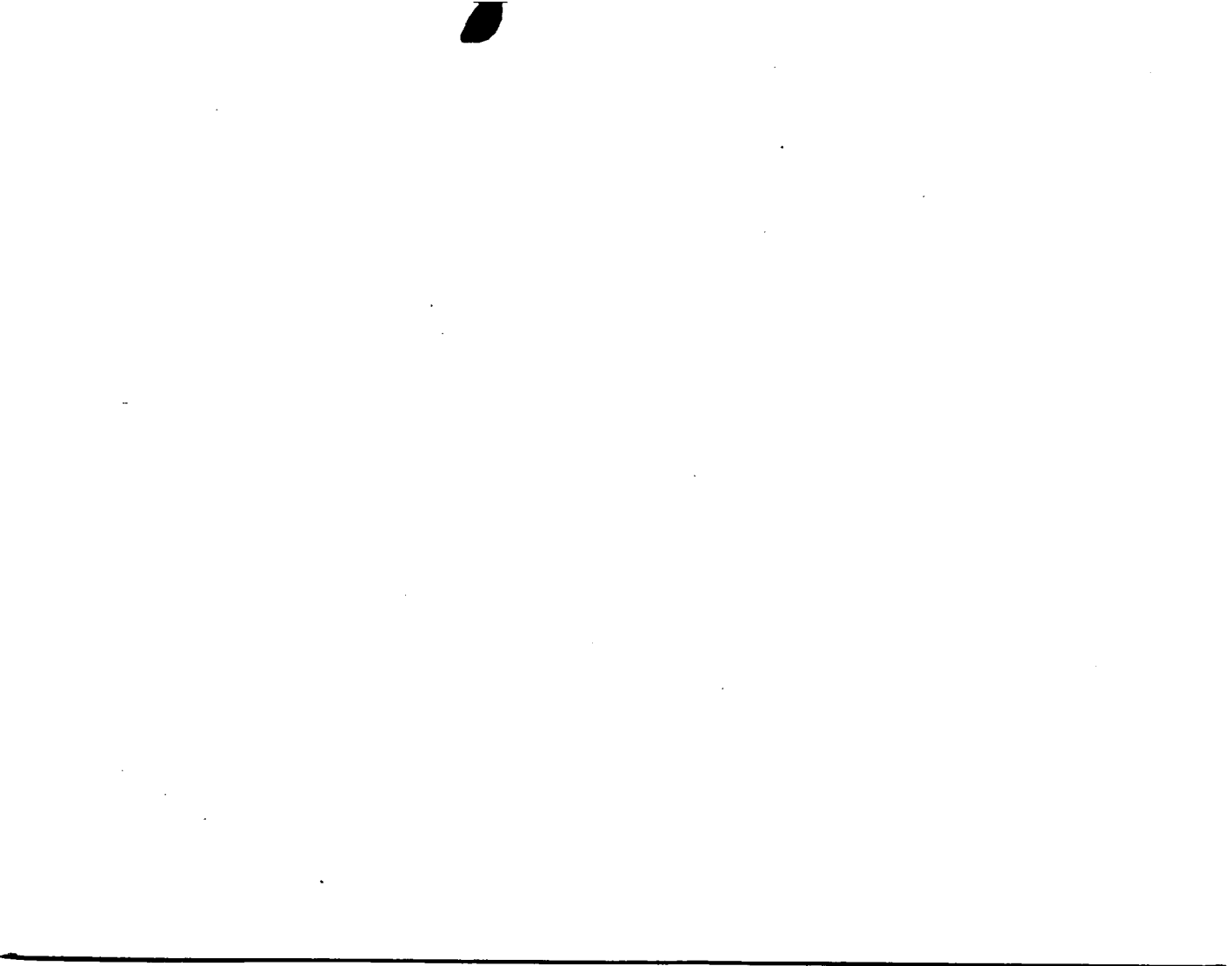
(Signature) H. H. Hartington, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Armo, IdahoFiled 4-31-1920 H. H. Hartington
Registrar Registrar

MARGIN RESERVED FOR BINDER.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



266-131-003-269

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

~78469

County of BannockCity of hewneyRegistration District No. 83

File No. _____

No. R.F.H. St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Sewie Reed Bowman,

| | | | | | |
|--------------------------|---|-----|---|----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of
Birth <u>Jan 31 1930</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|---|

FATHER
FULL NAME George BowmanRESIDENCE hewneyCOLOR white AGE AT LAST
BIRTHDAY 43
(Years)BIRTHPLACE Richmond, Ind.OCCUPATION FarmerMOTHER
FULL MAIDEN NAME Emma C. SolomonRESIDENCE hewneyCOLOR white AGE AT LAST
BIRTHDAY 37
(Years)BIRTHPLACE Richmond, Ind.OCCUPATION housewifeNumber of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:00 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address hewney, Idaho:Filed 4-21-1930

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

100-100000

962-103-003-168

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of BannockCity of LawneyRegistration District No. 83File No. 78470

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Franklyn Robinson

| | | | | | |
|--------------------------|------------------------------|-----------|--------------------------------|-------------------------|---|
| Sex of Child <u>male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legiti mate? <u>yes</u> | Date of Birth <u>9-3-1930</u>
(Month) (Day) (Year) |
|--------------------------|------------------------------|-----------|--------------------------------|-------------------------|---|

FULL NAME FATHER Thos. A. RobinsonRESIDENCE LawneyCOLOR white AGE AT LAST BIRTHDAY 39
(Years)BIRTHPLACE Richmond, intok.OCCUPATION laborerFULL MAIDEN NAME MOTHER Mattie JohnsonRESIDENCE LawneyCOLOR white AGE AT LAST BIRTHDAY 35
(Years)BIRTHPLACE Richmond, intok.OCCUPATION housewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:00 A. M. on the date above stated. (Born alive or stillborn)

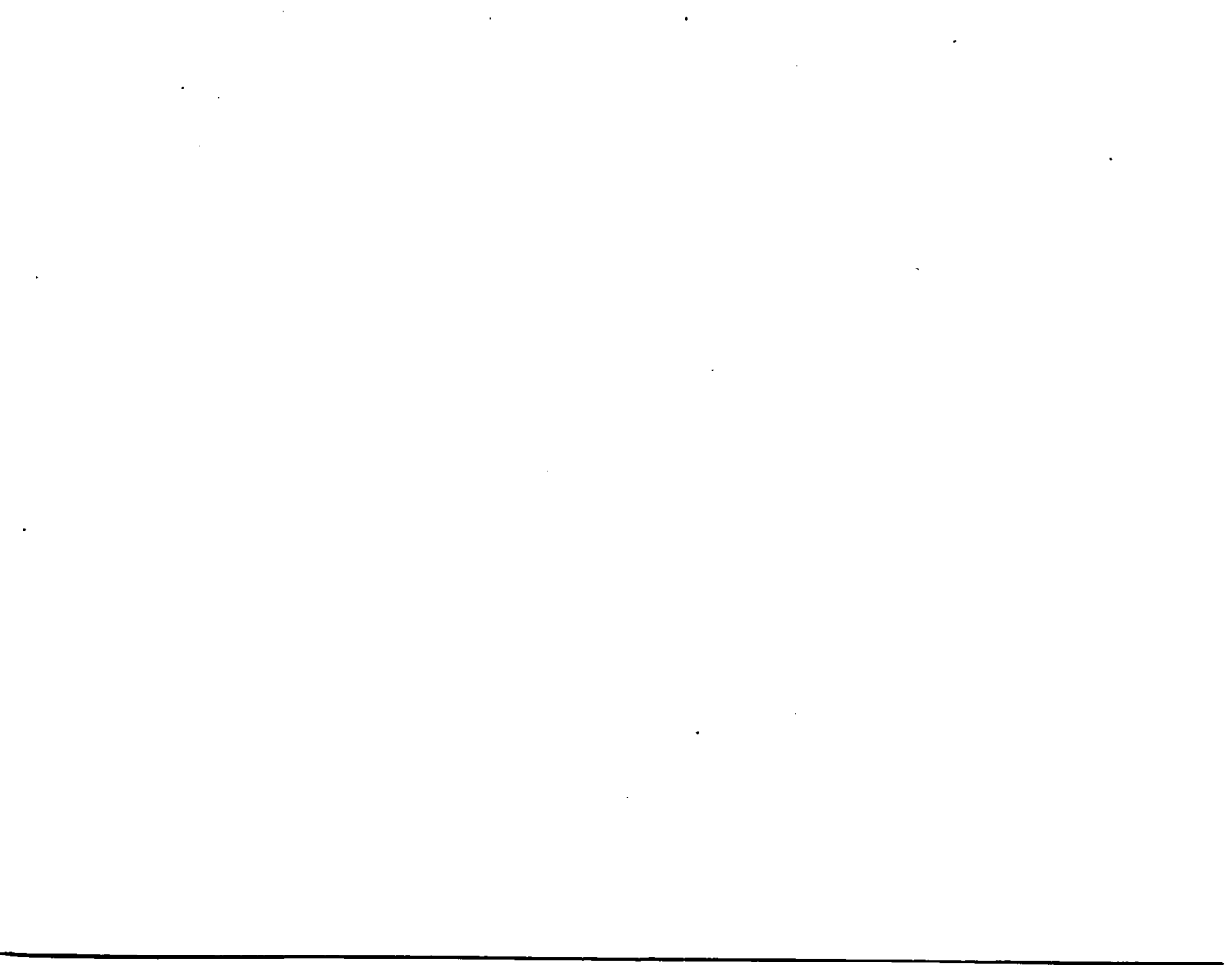
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Hestingsen, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Lawney, Idaho.Filed 4-31-1930 A. H. Hestingsen
Registrar

Registrar



693-212-003-282

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BannockCity of ShawneeRegistration District No. 83File No. 78472No. R.F.M. St. Primary Registration District No. Registered No. Hospital FULL NAME OF CHILD Elice Wilding

| | | | | | |
|---|--------------------------------|-----|----------------------------------|------------------------|------------------------------|
| Sex of Child <u>Female</u> | Twins or other? <u>Triplet</u> | and | Number in order of birth <u></u> | Legitimate? <u>Yes</u> | Date of Birth <u>3-12-30</u> |
| (To be answered only in event of plural births) | | | | | (Month) (Day) (Year) |

FULL NAME Father WildingRESIDENCE ShawneeCOLOR WhiteAGE AT LAST BIRTHDAY 42 (Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME Zilla BybeeRESIDENCE ShawneeCOLOR WhiteAGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

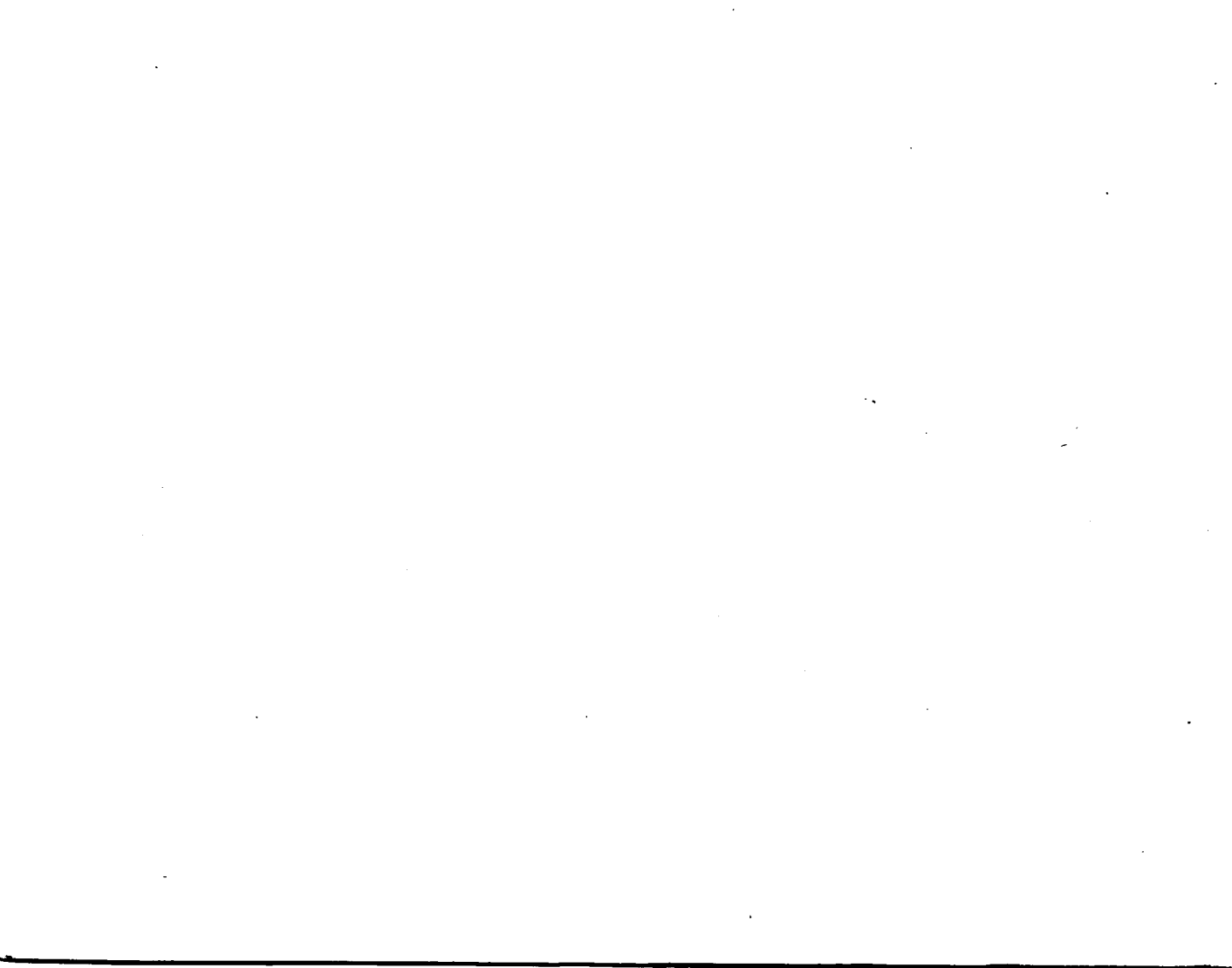
Given names added from a supplemental report.

(Signature) E. H. Hartigens, M.D.
(Physician or midwife)Address Shawnee, IdahoFiled 4-21-1930 Registrar E. H. Hartigens

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



866-226-003-253

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BannockCity of McCannanRegistration District No. 83File No. 78474

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Helean Alice Howell

| | | | | | |
|----------------------------|------------------------------|-----------|--------------------------------|-------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legiti mate? <u>yes</u> | Date of Birth <u>2-26-1930</u>
(Month) (Day) (Year) |
|----------------------------|------------------------------|-----------|--------------------------------|-------------------------|--|

FATHER
FULL NAME John H. Howell
RESIDENCE McCannan

MOTHER
FULL MAIDEN NAME May Kelley
RESIDENCE McCannan

COLOR white AGE AT LAST BIRTHDAY 35
(Years)

COLOR white AGE AT LAST BIRTHDAY 33
(Years)

BIRTHPLACE Postage, Ind.

BIRTHPLACE Richfield, Ind.

OCCUPATION Laborer

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Spartzman, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blowing Rock, Idaho

Filed 5-4-1930 H. J. Spartzman
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1949

282-229-003-255

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BannockCity of BlowingRegistration District No. 83File No. 78475No. R 310

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

DONNA BYBEE

| | | | | |
|----------------------------|--|--------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>2-29-1930</u>
(Month) (Day) (Year) |
|----------------------------|--|--------------------------------|------------------------|--|

| | |
|------------------------------|---|
| FULL NAME <u>G. J. Bybee</u> | FATHER |
| RESIDENCE <u>Blowing</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE <u>Blowing</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Santa Bennett</u> | MOTHER |
| RESIDENCE <u>Blowing</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>17</u>
(Years) |
| BIRTHPLACE <u>Franklyn Ida</u> | |
| OCCUPATION <u>Housewife</u> | |

| | |
|--|--|
| Number of child of this mother, including present birth <u>1</u> | Number of children of this mother now living, including present birth <u>1</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Hartigman, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blowing, Idaho
Filed 5-4-1930
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

- JUL 13 1966

IDAHO DEPARTMENT OF HEALTH
BUREAU OF ~~RECEIVED~~ STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. FEB 1 9 41 AM '78 Certificate No. 78475
County of } Date Filed
The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed female Bybee who was born on February 29, 1920 -
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Downey, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)
FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
full name of child not given Donna Bybee

Subscribed and sworn to before me this 31st day of
January, 1978
Notary Public, residing at Downey, Idaho
My commission expires May 4, 1978
(Seal)

Signed Loretta Bennett Bybee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
801 13, Downey, Idaho 83234
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonanza } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of
January, 1978
Notary Public, residing at Downey, Idaho
My commission expires May 4, 1978
(Seal)

Signed Jennie Baven
(Signature of Any Credible Person)
Downey, Idaho 83234
(Street Address, City, State)

Certificate of Blessing issued by the L. D. S. Church gives name of child as Donna Bennett Bybee daughter of Guy Bybee and Loreta Bennett born Feb. 29, 1920 at Cambridge, Bannock County, Idaho and blessed May 2, 1920,.
Viewed by V.S.

Family Record gives name as Donna Bybee born Feb. 29, 1920 at Downey, Idaho Bannock, Idaho Married to Edward Simpson Burton on December 10, 1936. Parent names are Guy Jefferson Bybee and Lareta Bennett.
Viewed by V.S.

FEB 6 1978

415-202-003-469

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BannockCity of VirginiaRegistration District No. 83File No. 78476

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Marian Edith Lewis

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>3-2-1930</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|--|--------|
| FULL
NAME
<u>Edwin F. Lewis,</u> | FATHER |
| RESIDENCE
<u>Virginia Ida</u> | |

| | |
|--|--------|
| FULL
MAIDEN
NAME
<u>Pearl Moore</u> | MOTHER |
| RESIDENCE
<u>Virginia</u> | |

| | |
|-----------------------|--|
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>36</u>
(Years) |
|-----------------------|--|

| | |
|-----------------------|--|
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>18</u>
(Years) |
|-----------------------|--|

| |
|----------------------------------|
| BIRTHPLACE
<u>Parry Idaho</u> |
|----------------------------------|

| |
|----------------------------|
| BIRTHPLACE
<u>Idaho</u> |
|----------------------------|

| |
|------------------------------|
| OCCUPATION
<u>Farmer.</u> |
|------------------------------|

| |
|--------------------------------|
| OCCUPATION
<u>Housewife</u> |
|--------------------------------|

| | |
|--|--|
| Number of child of this mother, including present birth <u>1st</u> | Number of children of this mother now living, including present birth <u>1</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:00 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Hartung, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho
Filed 5-4-1930
A. J. Hartung
Registrar

Registrar

FEB 6 1975

269-205-003-689

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BannockCity of Swan LakeRegistration District No. 83File No. 78477

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

Lorraine Sorensen

| | | | | |
|----------------------------|---|--------------------------------|-------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and } Number in order of birth | Legiti mate? <u>yes</u> | Date of Birth <u>3-5-1930</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------|-------------------------|---|

FATHER
FULL NAME P. C. Sorensen
RESIDENCE Swan Lake

COLOR white AGE AT LAST BIRTHDAY 39
(Years)

BIRTHPLACE HelemmarkOCCUPATION Farmer.

MOTHER
FULL MAIDEN NAME Cora E. Whitt
RESIDENCE Swan Lake

COLOR white AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE Sewiston, UtahOCCUPATION Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Hartwigson, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blomney, Idaho.
Filed 5-4-1930 H. H. Hartwigson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1942

DECEASED

249-111-003-194

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BannockCity of RobinRegistration District No. 83File No. 78478

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Ivan Legend Smith

| | | | | | |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>3-11-1920</u>
(Month) (Day) (Year) |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|--|

| | |
|----------------------------------|---------------------|
| FULL NAME <u>Harvey L. Smith</u> | FATHER <u>Smith</u> |
| RESIDENCE <u>Robin</u> | |

| | |
|---|--------|
| FULL MAIDEN NAME <u>Annie Armstrong</u> | MOTHER |
| RESIDENCE <u>Robin</u> | |

| | |
|-------------------------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) |
| BIRTHPLACE <u>Formington, W. V.</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|-----------------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>34</u>
(Years) |
| BIRTHPLACE <u>Robin</u> | |
| OCCUPATION <u>Housewife</u> | |

| | |
|--|--|
| Number of child of this mother, including present birth <u>3</u> | Number of children of this mother now living, including present birth <u>2</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Hartogson, M.D.
Physician

Given names added from a supplemental report.

19

Address Blowney, Ida.
Filed 5-4-1920

Registrar

Registrar

269-116-003-742

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BannockCity of HeavenlyRegistration District No. 83File No. 78479R. F. H.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|--------------------------|---|-----|---|-----------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legitimacy <u>yes</u> | Date of Birth <u>3-16-1930</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|-----------------------|--|

| | |
|-----------------------------------|---|
| FULL NAME
<u>S. J. Berger</u> | FATHER |
| RESIDENCE
<u>Heavenly</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE
<u>Saford, Ida.</u> | |
| OCCUPATION
<u>Farmer.</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Sillie Pussers</u> | MOTHER |
| RESIDENCE
<u>Heavenly</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE
<u>Burton, Wb.</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:50 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. J. Hartigsen, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Heavenly, Idaho.

Filed

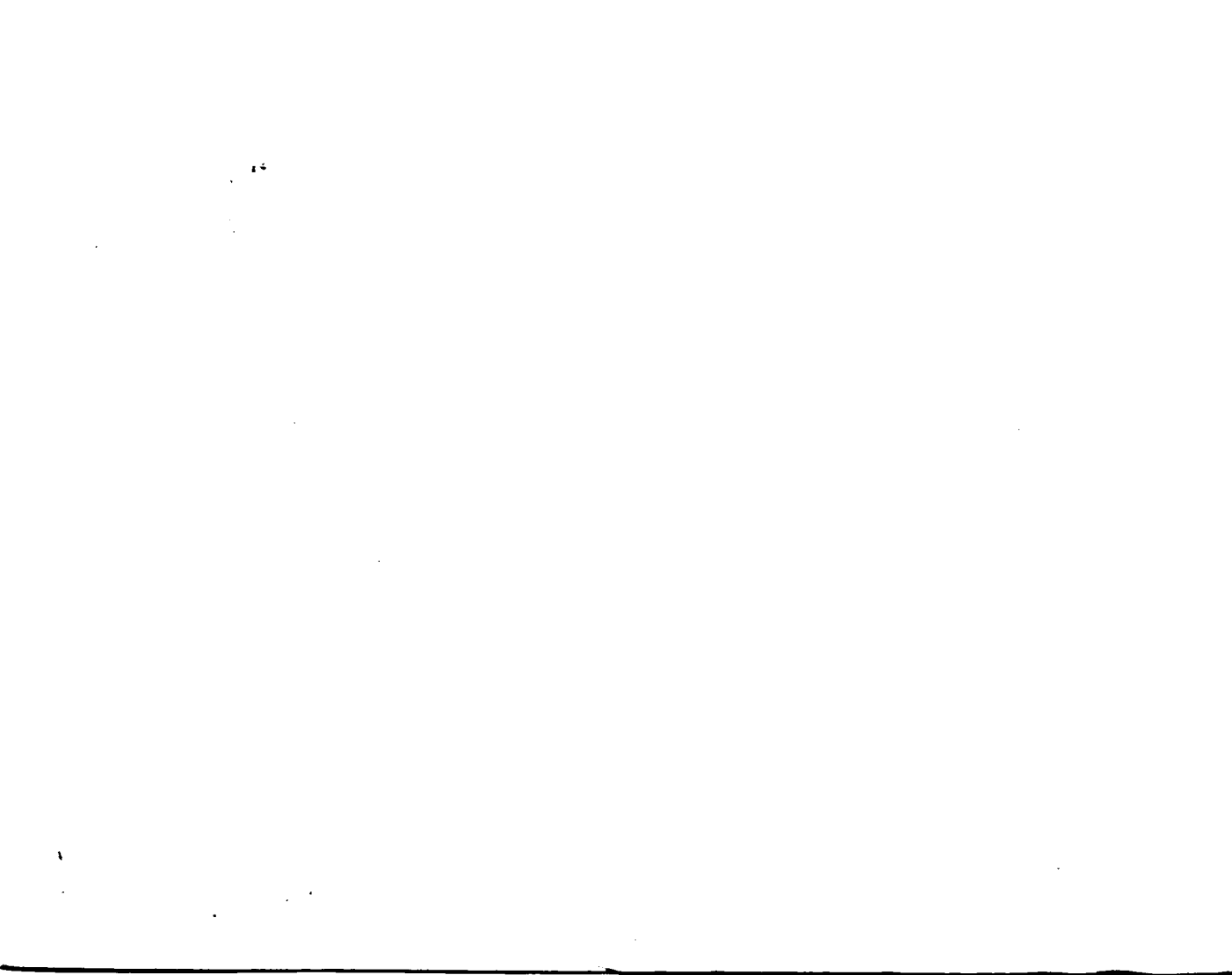
5-4-1930

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



135-123-003-743

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of BannockCity of RobinRegistration District No. 83File No. 78480No. 17412 St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Henneth Marion AllenSex of Child male { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes
(To be answered only in event of plural births)Date of Birth 3 - 23 - 1927
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 5Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A M.
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

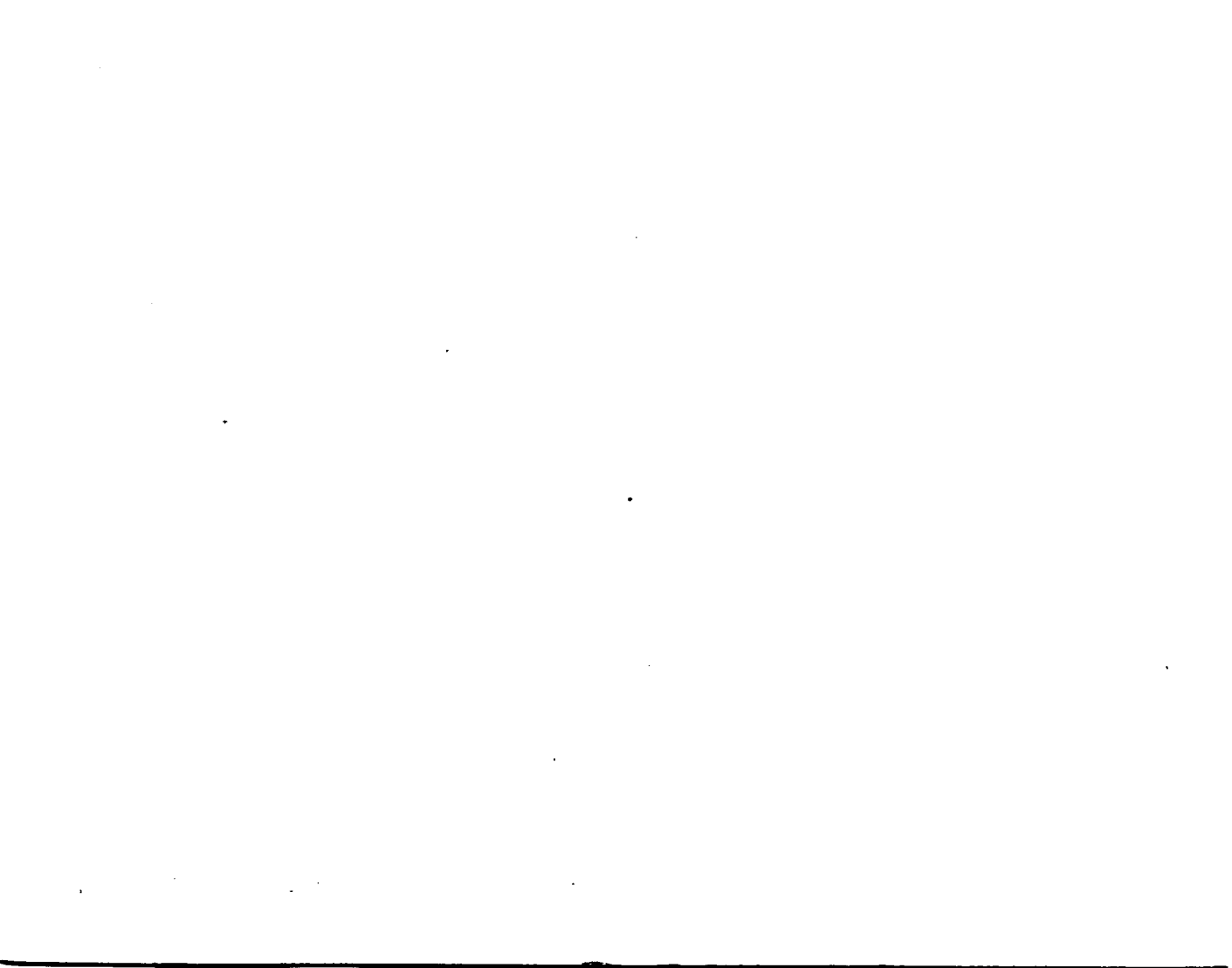
19

Address

Filed

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

381-228-003-613

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of HeavenRegistration District No. 83File No. 78481

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Goldie Fay ChaneySex of Child FemaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
Birth3 25 1920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 4thNumber of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive,
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 5-4-1920

Registrar

Registrar

OCT 10 1950

MAY 1 1952

265-204-003-297

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of MurrayRegistration District No. 83File No. 78490No. 13712 St.

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

Elda SongSex of Child FemaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
Birth4 - 4 - 1920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL
NAME

FATHER

E. H. Song

RESIDENCE

Murray Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY32

(Years)

BIRTHPLACE

Mississippi

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Irene Biggs

RESIDENCE

Murray, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY34

(Years)

BIRTHPLACE

Idaho

OCCUPATION

housewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive,
on the date above stated.

(Born alive or stillborn)

7:00 A. M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

H. H. Hartigan, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Murray IdahoFiled 5-5-1920

Registrar

H. H. Hartigan
Registrar

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

343-107-003-453

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BannockCity of VirginiaRegistration District No. 53File No. 78491

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

Cameron C. CutrightSex of
ChildmaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
Birth4-7-1930
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL
NAMEJ. W. Cutright

FATHER

RESIDENCE

Virginia Ida.

COLOR

whiteAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Lucas, Wd. Virginia

OCCUPATION

farmerFULL
MAIDEN
NAMEHelen Mettschan

MOTHER

RESIDENCE

Virginia Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Pittsburg, Pa.

OCCUPATION

housewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive, at 5:25 A M.
(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

H. J. Hartung, M. D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

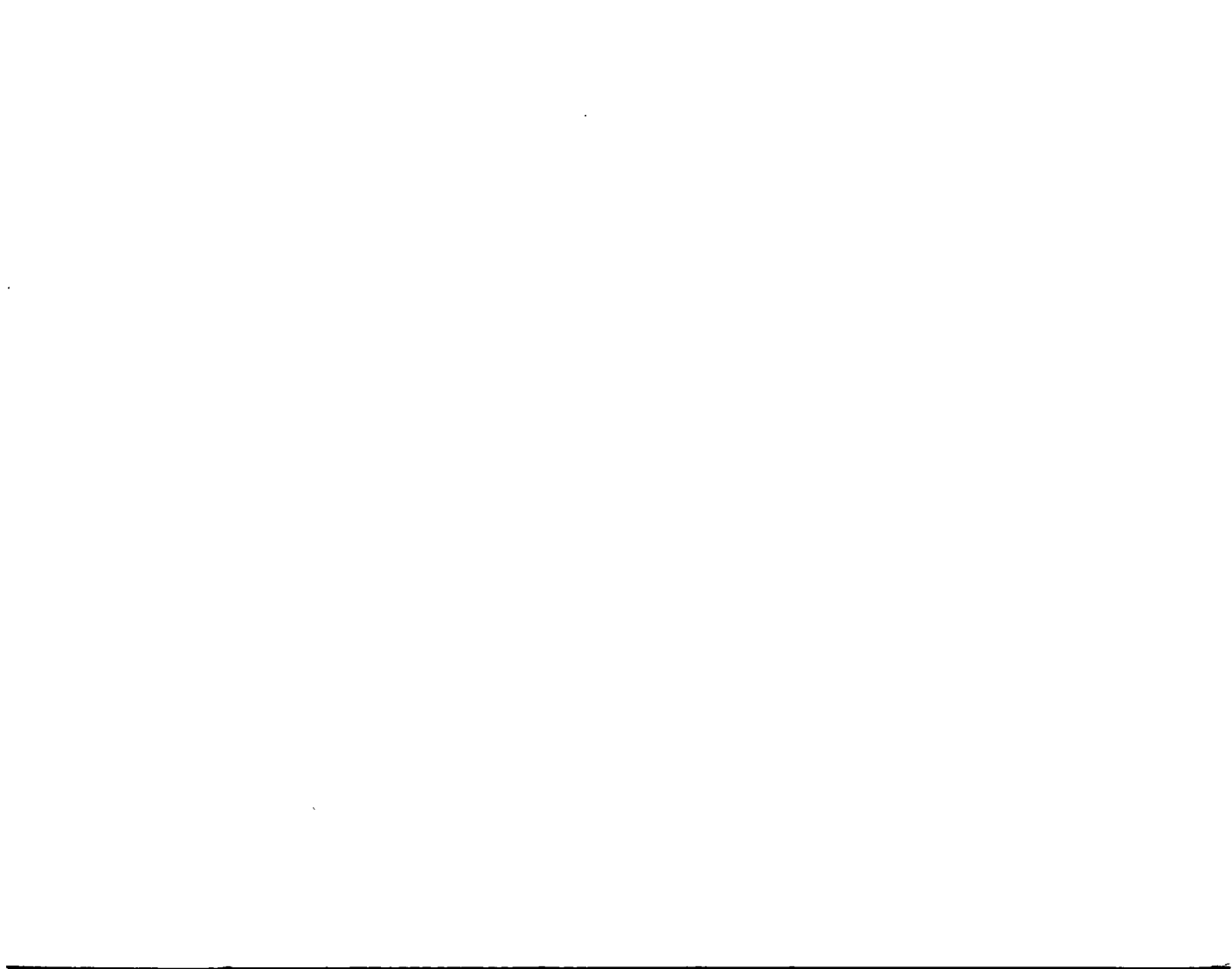
Idaho

Filed

5-5-19

Registrar

Registrar



632-123-003-766

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BannockCity of VirginiaRegistration District No. 83File No. ~78492

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Fontella Olson

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of Birth <u>Apr. 23</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|---|

FATHER

FULL NAME Emil A. Olson,

RESIDENCE Virginia, Ida.

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Oxford, Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ana M. Gooch

RESIDENCE Virginia, Idaho

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Oxford, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Hartsig

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blowney, IdahoFiled 5-5-1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1967

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-114-003-612

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of HomerRegistration District No. 83File No. 78496

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

George Ivan Blochman

Sex of Child

BoyTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
Birth4-14-1920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAMEF. G. Blochman

FATHER

RESIDENCE

Homer, Ida

COLOR

whiteAGE AT LAST
BIRTHDAY4.5

(Years)

BIRTHPLACE

Homer.

OCCUPATION

FarmerFULL
MAIDEN
NAMEFrances Wapley

MOTHER

RESIDENCE

Homer, Ida.

COLOR

whiteAGE AT LAST
BIRTHDAY38

(Years)

BIRTHPLACE

Homer.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. H. Hartigan, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

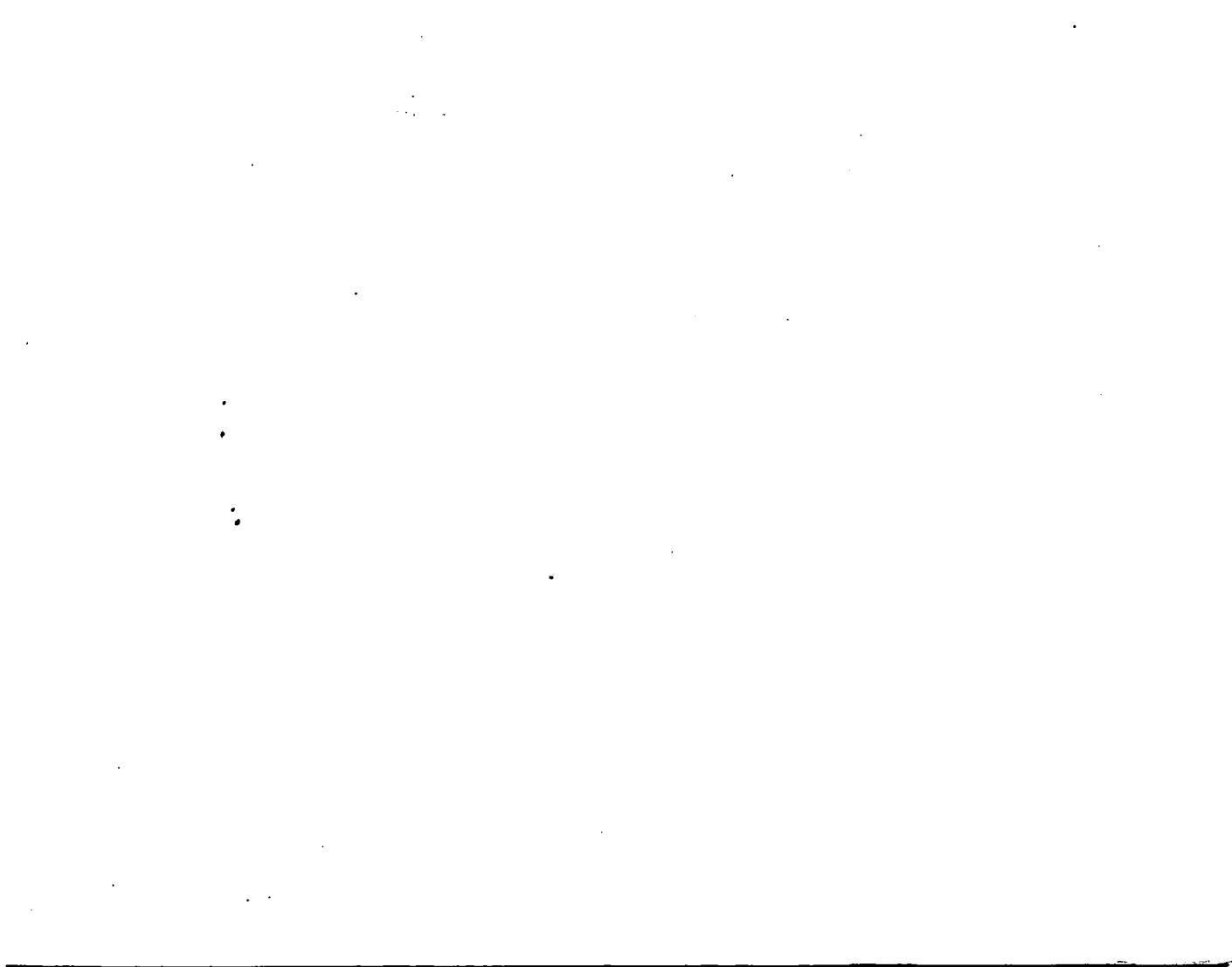
Homer, Idaho

Filed

5-5-1920

Registrar

Registrar



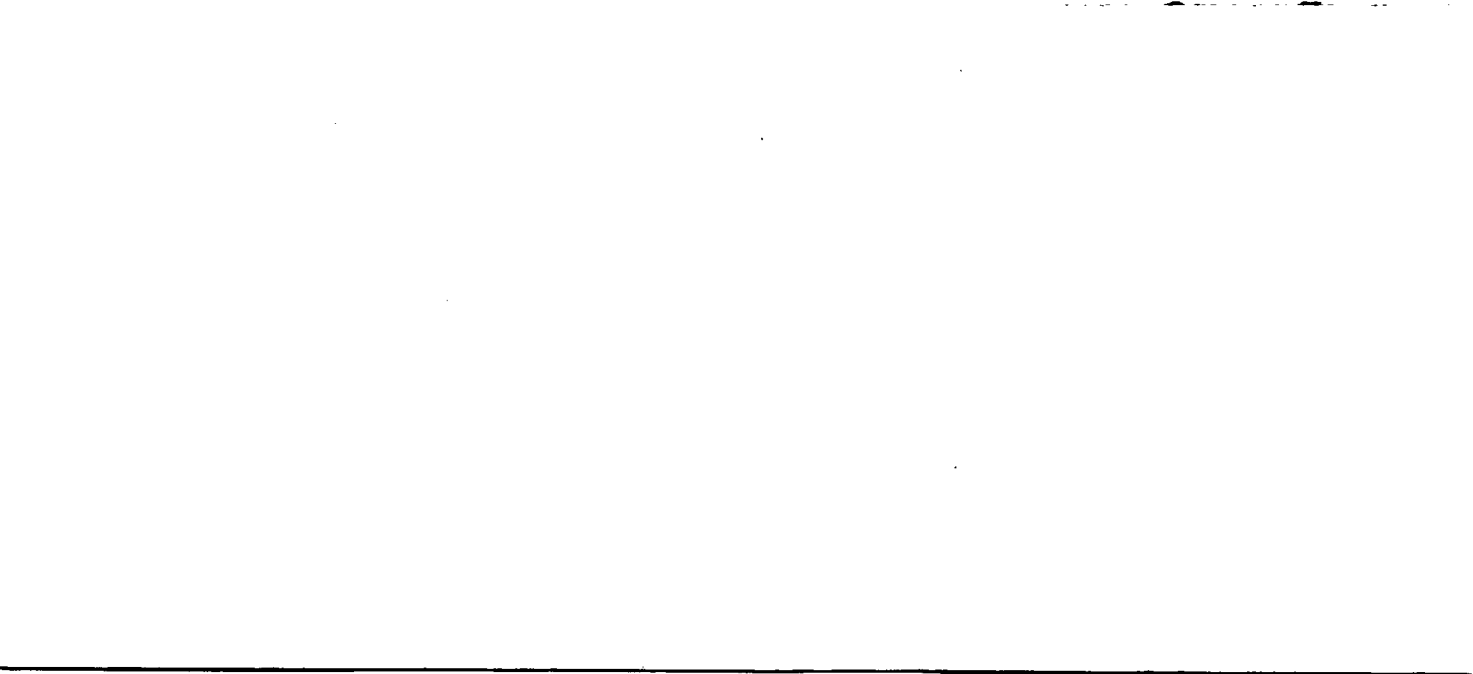
STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

78496

Place of Birth { City Howary Registered No. 83
Street and House No. _____
County Bannock Registration Dist. No. _____

Sex of Child maleDate of Birth April 14 1980
MONTH DAY YEARFather F. G. Bloxham
FULL NAMEMother Frances Wakley
FULL MAIDEN NAMEI Hereby Certify that the child described herein
has been named:George Ivan Bloxham
GIVEN NAME IN FULL SURNAMEas reported by Mother
FATHER OR MOTHERH. J. Battigson
LOCAL REGISTRAR



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

219-122-003-155

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of BlowneyNo. R F H St.Registration District No. 83

File No.

~78497

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

GLENN "J" BARNES

Sex of Child maleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?Date of
Birth331930

(Month)

(Day)

(Year)

FULL
NAME

FATHER

RESIDENCE

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST
BIRTHDAY

(Years)

COLOR

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated.

(Born alive or stillborn)

at 3:30 P. M.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blowney, IdahoFiled 5-5-19 30

Registrar

Registrar

APR 23 1954

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

363-224-003-343

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of AramoRegistration District No. 83File No. 78498No. B. F. M. St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Merna Malinda Cole

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>Apr 24</u>
(Month) (Day) (Year) <u>1930</u> |
|----------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|--|---|
| FULL NAME
<u>B. S. Cole</u> | FATHER |
| RESIDENCE
<u>Marsh Center, Ida.</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>45</u>
(Years) |
| BIRTHPLACE
<u>Redmond, Utah.</u> | |
| OCCUPATION
<u>Farmer.</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Almira Cutler</u> | MOTHER |
| RESIDENCE
<u>Marsh Center</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>42</u>
(Years) |
| BIRTHPLACE
<u>Gentile Valley, Ida.</u> | |
| OCCUPATION
<u>Housewife</u> | |

 Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was Born Alive, at 9:00 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician or midwife

Given names added from a supplemental report.

19

Address

Filed

5-5-1930

Registrar

Registrar

FEB 10 1970

JUN 8 1970

IDAHO DEPARTMENT OF HEALTH
RECEIVED
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend ~~And Original~~ Certificate of Birth or Death

State of..... } ss. **Bureau of Vital Statistics** Certificate No. **78498**
County of..... } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... **birth**
for **Unnamed Cole**..... who **was born**..... (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on **April 24, 1920**
(Date of Event)
in **Arimo, Idaho**..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by..... prepared on..... are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Child's name Omitted **Unnamed Cole** **Merna Malinda Cole**

Subscribed and sworn to before me this **17th** day of **May**, 19**70**
[Signature]
[Signature]
Notary Public, residing at **Arimo, Idaho**
My commission expires **May 14, 1970**
(Seal)
* Signed **Lora C. Ellsworth**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... } ss. [This Affidavit **MUST** Also be Executed.
County of..... } (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of.....
....., 19.....
Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal) (Street Address, City, State)

Church Record from LDS Church gives child's name as Merna Malinda Cole. Parents names as Robert Edwin Cole (Father) and Almira Jane Cutler (Mother). Appears to be old. Viewed by V. S.

Marriage Certificate State of Utah gives grooms' name as Austin Ammon Marley and brides name as Merna Malinda Cole. Dated Aug. 12, 1938 Signed by Nicholas G. Smith. an Elder of the Church of Jesus Christ of Latter-day Saints. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

- 236-229-003-667

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

~78499

County of Bannock

City of Hauney

No. B. F. H. St.

Registration District No. 83

File No.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

BERNICE STODDARD

| | | | | | |
|----------------------------|---|-----|--------------------------------|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes.</u> | Date of
Birth <u>Apr - 29 - 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|-----------------------------|---|

FATHER
FULL NAME J. H. Stoddard
RESIDENCE Hauney, Ida.
COLOR white AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE Richmond, Mich
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Mrs. E. Fox
RESIDENCE Hauney, Ida.
COLOR white AGE AT LAST BIRTHDAY 31
(Years)
BIRTHPLACE Hauney, Ida.
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:00 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician
(Physician or midwife)

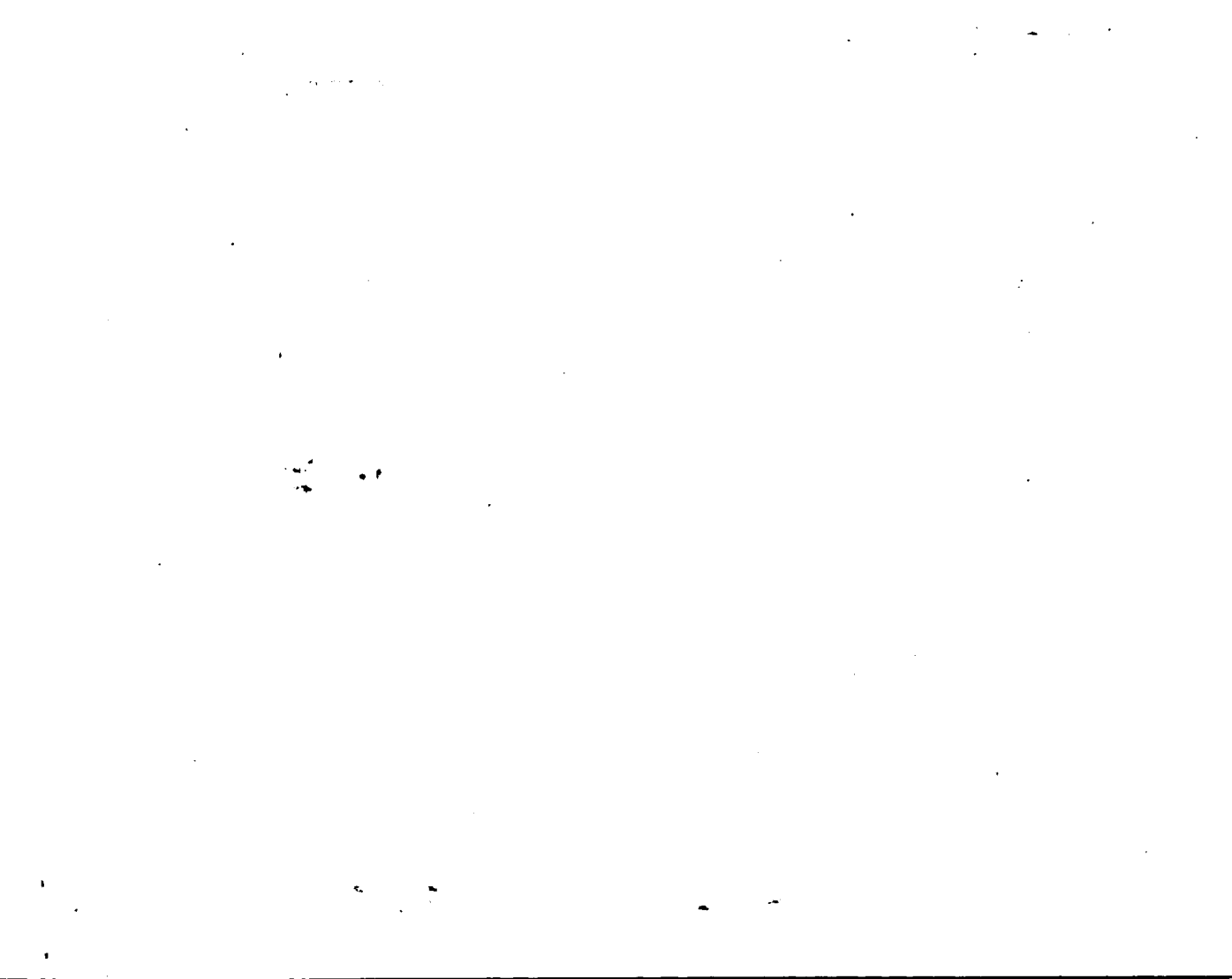
Given names added from a supplemental report.

19

Address Hauney, Ida.

Filed 5-5-1920 Registrar [Signature]

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. Certificate No. 78499
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
for "Unnamed" who was born on Apr. 29, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death)
in Downey, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) Child's birth cert. # 366294 Jan. 8, 1943
true facts are shown by Marriage License prepared on April 9, 1940, are:
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) Statistics (The Correct Facts)
Full Name of Child "Unnamed" Bernice Stoddard
Surname Stoddard Stoddard

Subscribed and sworn to before me this 14th day of

July 1953
W. W. Benson
Notary Public, residing at Boise
My commission expires 1 Aug 58
(Seal)

Signed Bernice Stoddard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of

July 1953
W. W. Benson
Notary Public, residing at Boise
My commission expires 1 Aug 58
(Seal)

Signed Howard E. Blochman
(Signature of Any Credible Person)

(Street Address, City, State)

JUL 15 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

334-230-003-391

PLACE OF BIRTH

STATE OF ~~INDIANA~~
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of Barnock.City of Keokuk.Registration District No. 83File No. 78500

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|---|------------------------------|-----------|--------------------------------|------------------------|--------------------------------|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>4-30-1930</u> |
| (To be answered only in event of plural births) | | | | | (Month) (Day) (Year) |

FATHER
FULL NAME Walter K. Chiles
RESIDENCE Soldier, Iowa
COLOR white AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Rocky Gap, Iowa
OCCUPATION ?

MOTHER
FULL MAIDEN NAME Thelma Tracy
RESIDENCE Soldier, Iowa
COLOR white AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Soldier City, Neb.
OCCUPATION housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. J. Bastrop
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Keokuk, IowaFiled 5-5-1930

Registrar

Registrar



City of Oxford Idaho.
813-229-003-675
 No. St.

Registration District No. 27

File No. 78501

Primary Registration District No. 2169

Registered Name

Hospital

FULL NAME OF CHILD Mary. Hatch

Sex of Child Female.

Twin
Triplet
or other?

and Number
in order
of birth
(To be answered only in event of plural births)

Legiti-
mate? Yes.

Date of Birth Apr. 29 19120
 (Month) (Day) (Year)

FULL NAME Ray FATHER
Ray Hatch.

FULL MAIDEN NAME Sarah Jane Openshaw. MOTHER

RESIDENCE
Oxford Idaho.

RESIDENCE
Oxford Idaho.

COLOR White. AGE AT LAST BIRTHDAY 27
 (Years)

COLOR White. AGE AT LAST BIRTHDAY 27
 (Years)

BIRTHPLACE
Oxford Idaho.

BIRTHPLACE
Paragonah Utah.

OCCUPATION
Farmer.

OCCUPATION
Housewife and Teacher.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10:30 A.M. on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. State

Physician
 (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho.

Filed 1912 19 20 Dr. C. C. Cullis

Registrar

Registrar

1101
MADAM
SNAR

101633

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

235-223-008-365

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 64

File No. 78502

No. _____ St. _____

Primary Registration District No. 2164

Registered No. _____

Hospital _____

FULL NAME OF CHILD Elizabeth June Stevens.

| | | | | | |
|----------------------------|---|-----|---|----------------------------|--|
| Sex of Child <u>female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of Birth <u>April 23rd, 1920.</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|---|----------------------------|--|

| |
|--|
| FULL NAME
<u>FATHER</u>
<u>Alfred M. Stevens</u> |
| RESIDENCE
<u>Bancroft</u> |
| COLOR
<u>white</u> |
| AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE
<u>Odgen Utah</u> |
| OCCUPATION
<u>farmer</u> |

| |
|---|
| FULL MAIDEN NAME
<u>MOTHER</u>
<u>Elizabeth Loveland.</u> |
| RESIDENCE
<u>Bancroft</u> |
| COLOR
<u>white</u> |
| AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE
<u>Chesterfield Idaho.</u> |
| OCCUPATION
<u>housewife.</u> |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6.15 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician

(Physician or midwife)

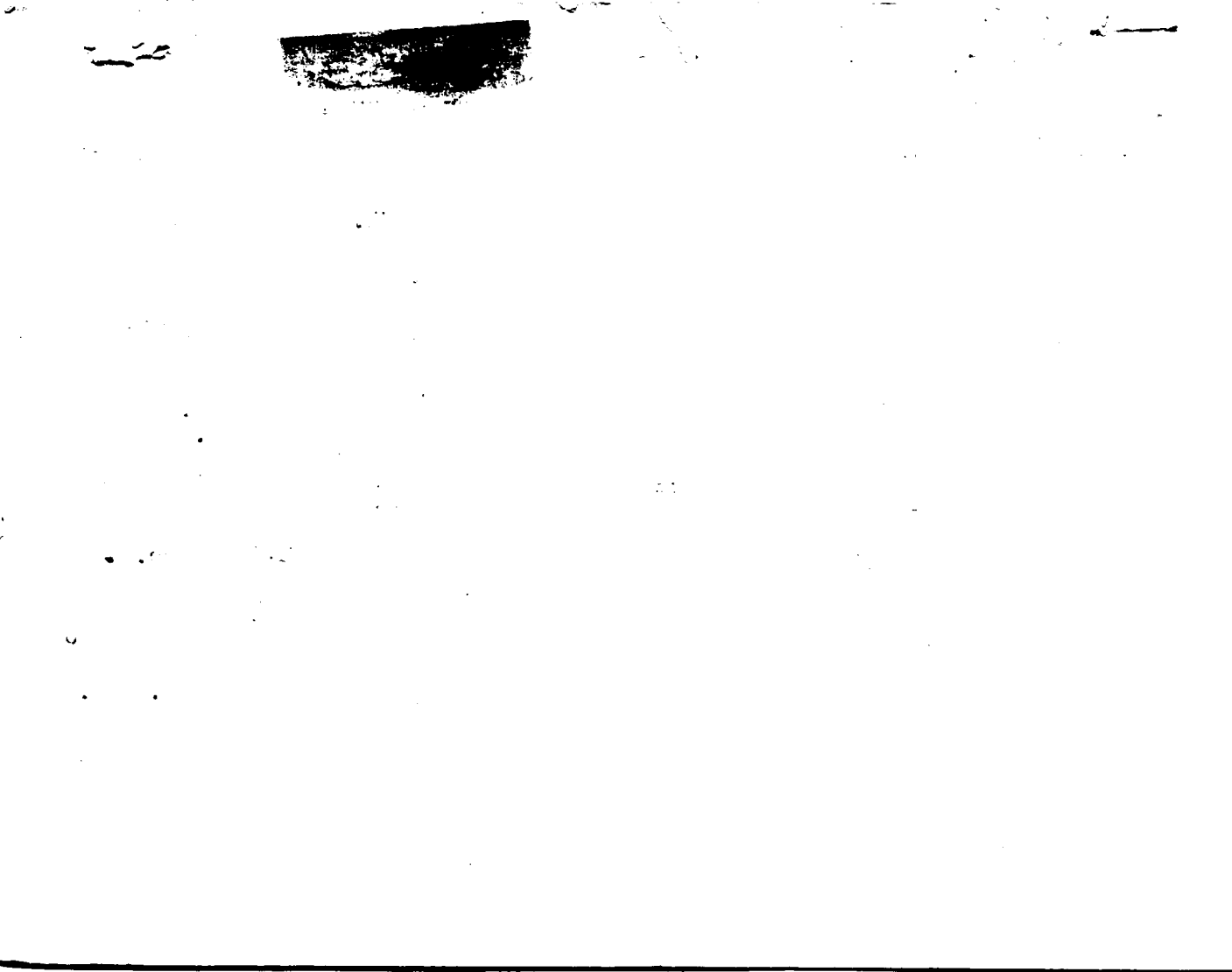
Given names added from a supplemental report.

Elizabeth June Stevens
W. C. Murphy
Registrar

Address Bancroft Idaho.

Filed APR 25 1920

W. C. Murphy
Registrar



BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Bannock Registered No. 84
 Street and House No. _____
 County Bannock Registration Dist. No. 2161

Sex of Child Female
 Date of Birth April 23 1920
MONTH DAY YEAR
 Father Alfred M. Stevens
FULL NAME
 Mother Elizabeth Lovelace
FULL MAIDEN NAME

I Hereby Certify that the child described herein
 has been named:

Elizabeth June Stevens
GIVEN NAME IN FULL SURNAME

as reported by Alfred Stevens
FATHER OR MOTHER

Alfred Stevens
LOCAL REGISTRAR

MAY 12 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

256-118-003-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84

File No. 78503

No. _____ St. _____

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD William Ross Knowles.

| | | | | | |
|--------------------------|---|-----|---|----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of
Birth <u>April 18th</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|---|

| | |
|---------------------------------------|--|
| FULL
NAME
<u>Wesely Knowles</u> | FATHER |
| RESIDENCE
<u>Bancroft</u> | |
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE
<u>Blackfoot Idaho</u> | |
| OCCUPATION
<u>Railroad laboror</u> | |

| | |
|---|--|
| FULL
MAIDEN
NAME
<u>Catherine B. Smith</u> | MOTHER |
| RESIDENCE
<u>Bancroft</u> | |
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE
<u>Logan Utah</u> | |
| OCCUPATION
<u>housewife.</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 4.30 a. m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) _____

Physician

(Physician or midwife)

Given names added from a supplemental report.

William Ross Knowles 19 20
W. C. Murphy Registrar

Address Bancroft Idaho.

Filed 1920

Registrar



Page 10 of 10

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place
of Birth

City

Bannock

Street and House No.

County

Bannock

Registered No.

84

Registration Dist. No.

2161

Sex of Child

male

Date of Birth

April 18

1920

MONTH

DAY

YEAR

Father

Wesley Knowles

Mother

Catherine B. Smith

#FULL NAME

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

William Ross Knowles

GIVEN NAME IN FULL

SURNAME

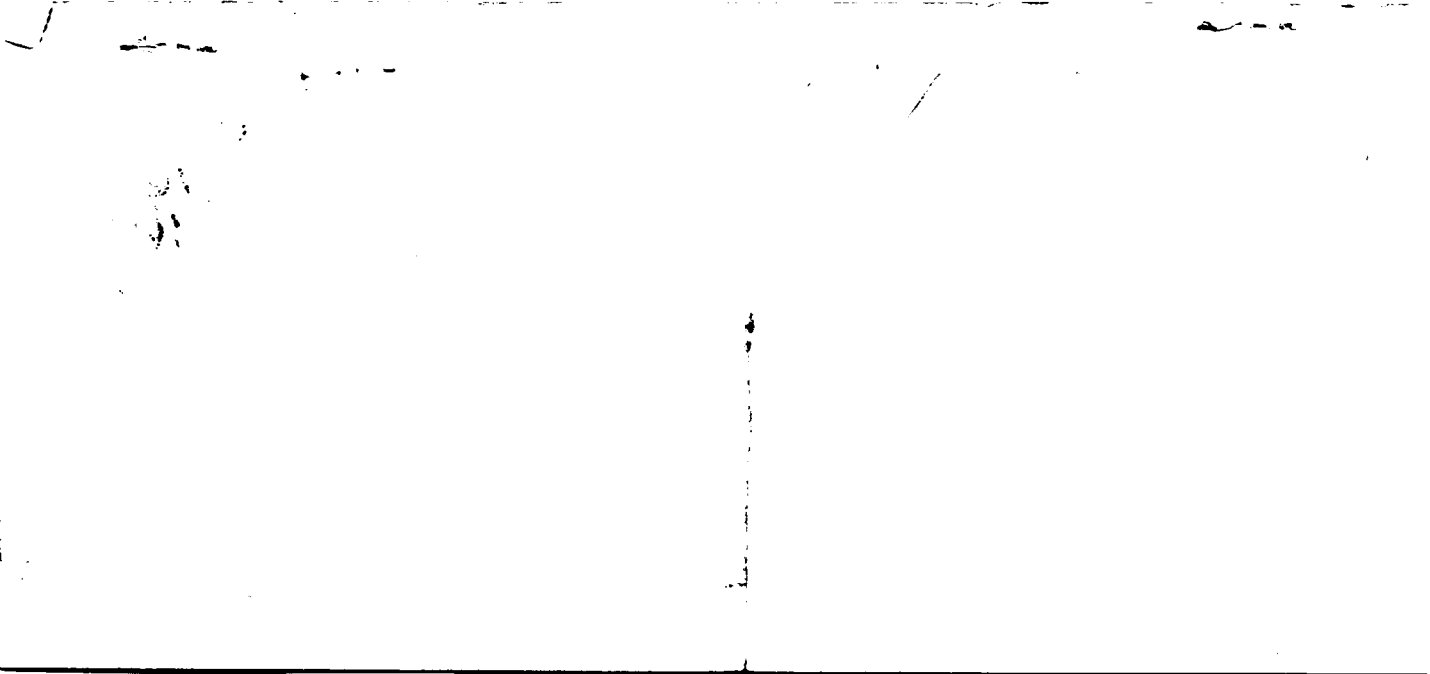
as reported by

Catherine B. Knowles

FATHER OR MOTHER

O. F. Fickman

LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

235-113-003-318

PLACE OF BIRTH

Form V. S. No. 11-5-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hatch

Registration District No. 84

File No. ~78504

No. _____ St. _____

Primary Registration District No. 3161

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Gerald Cahoon Stewart

| | | | | | |
|--------------------------|---|-----|---|----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of
Birth <u>April 13th</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|--|

FATHER
FULL NAME Anton P. Stewart

RESIDENCE Hatch

COLOR white AGE AT LAST BIRTHDAY 41
(Years)

BIRTHPLACE Benjamin Utah

OCCUPATION farmer

MOTHER
FULL MAIDEN NAME Mable Cahoon,

RESIDENCE Hatch

COLOR white AGE AT LAST BIRTHDAY 35
(Years)

BIRTHPLACE Gentile Valley Utah

OCCUPATION housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6.55 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. V. Linhardt

Physician,

(Physician or midwife)

Given names added from supplemental report.

Gerald Cahoon Stewart

Address

Bancroft Idaho.

-W. C. Murphy

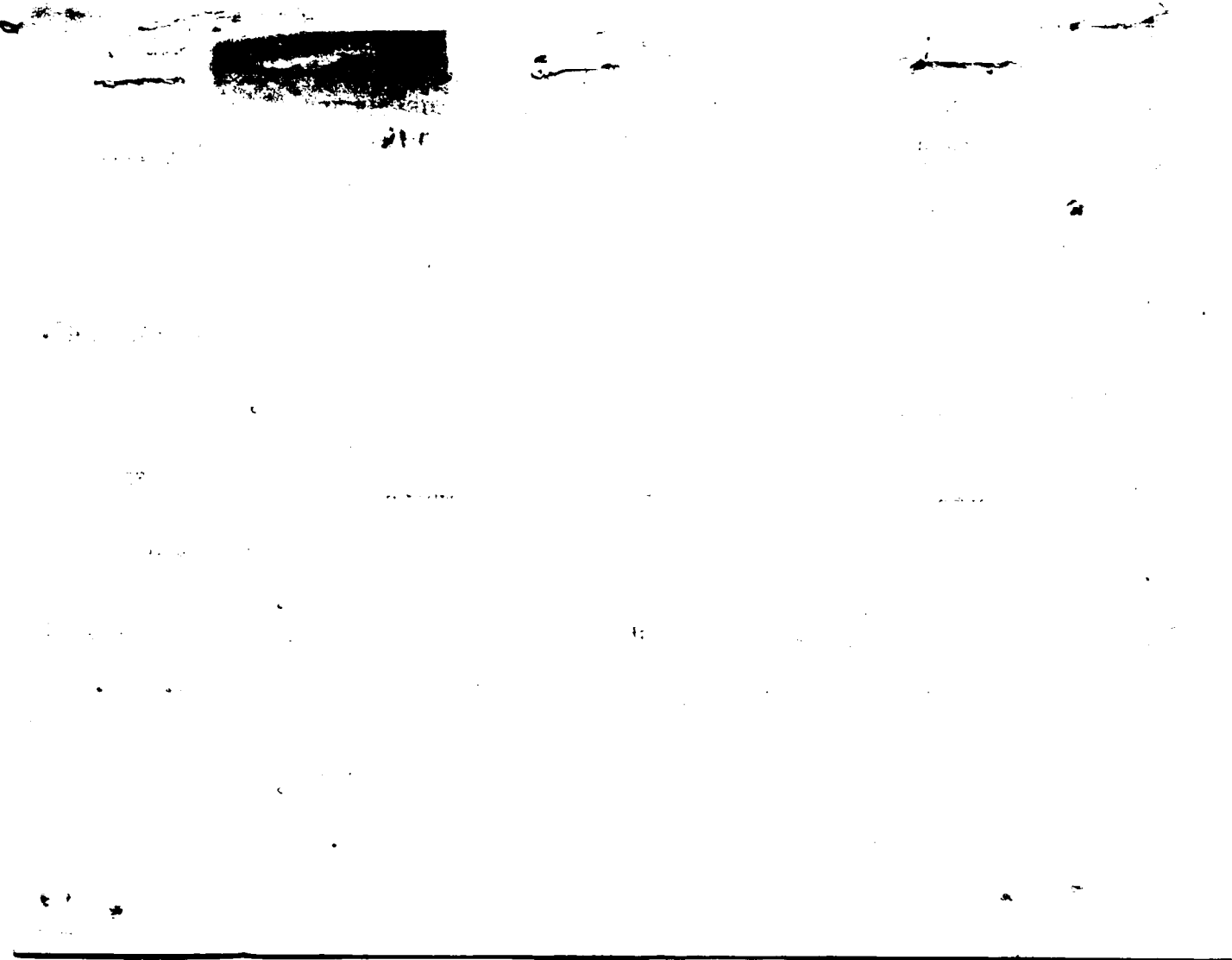
Registrar

Filed

APR 10 1920

O. V. Linhardt

Registrar



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place
of Birth

City

Idaho

Street and House No.

County

Bannock

Registered No.

84

Registration Dist. No.

2161

Sex of Child

male

Date of Birth

April 13

1920

MONTH

DAY

YEAR

Father

Anton P. Stewart

Mother

Mable Eubank

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Gerald Eubank Stewart

GIVEN NAME IN FULL

SURNAME

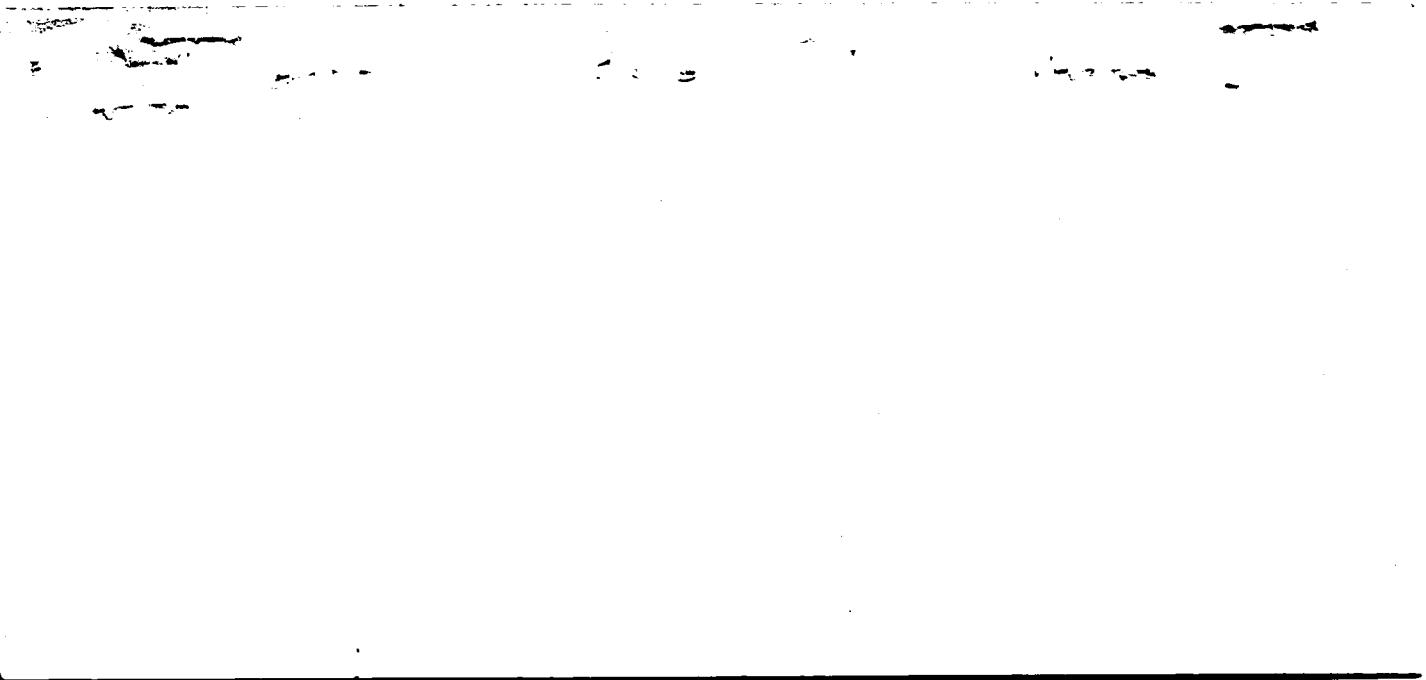
as reported by

Mabel Stewart

FATHER OR MOTHER

J. H. Eubank

LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

294-119-003-614

Mother's birthplace entered on 10/10/14 SJP.

Form V. S. No. 11-C-26-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Chesterfield.

City of Bannock.

Registration District No. 84

File No. ~78505

No. _____ St. _____

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD Jay Sylvanus Simons.

| | | | | | |
|--------------------------|---|-----|---|----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of Birth <u>April 19th</u> <u>1920.</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|--|

| |
|---|
| FULL NAME
<u>FATHER</u>
<u>Flueitt Simons</u> |
| RESIDENCE
<u>Chesterfield</u> |
| COLOR
<u>white</u> |
| AGE AT LAST BIRTHDAY
<u>31.</u>
(Years) |
| BIRTHPLACE
<u>Whitney Idaho.</u> |
| OCCUPATION
<u>farmer</u> |

| |
|--|
| FULL MAIDEN NAME
<u>MOTHER</u>
<u>Inez I. Waddell</u> |
| RESIDENCE
<u>Chesterfield</u> |
| COLOR
<u>white</u> |
| AGE AT LAST BIRTHDAY
<u>27</u>
(Years) |
| BIRTHPLACE
<u>Heber City, Utah</u>
Heber Idaho. |
| OCCUPATION
<u>housewife.</u> |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.05 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. V. Richardt.
Physician
(Physician or midwife)

Given names added from a supplemental report.
Jay Sylvanus Simons 19
W. C. Murphy State Registrar

Address Bancroft Idaho.
Filed APR 20 1920

O. V. Richardt
Registrar

JUN 18 2014 *sp*

STATE OF IDAHO

78505

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Chesterfield Registered No. 84
 Street and House No. ✓
 County Bannock Registration Dist. No. 2161

Sex of Child male
 Date of Birth April 19 1910
 Father J. Leitt Simons
 Mother Luz J Waddell
 FULL MAIDEN NAME

I Hereby Certify that the child described herein
 has been named:

Jay S. Simons Simons
 GIVEN NAME IN FULL SURNAME
 as reported by J. Leitt Simons *
Acacia L. L. L.
 FATHER OR MOTHER
 LOCAL REGISTRAR

SEP 14 1971

RECEIVED

JUN 02 2014

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah }
County of Utah } SS

Certificate No. 1920-78505

Date Filed 04/30/1920

The undersigned does solemnly swear (affirm) that certain facts on the certificate of birth
(Birth, Death, Marriage, etc.)

for Jay Sylvanus Simons who was born on 04/19/1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Chesterfield (Bannock County), Idaho are erroneous or were omitted.
(Place of Event)

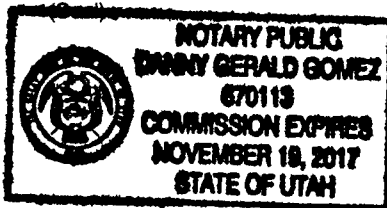
ITEMS TO BE CORRECTED:

THE RECORD NOW SHOWS:

THE TRUE FACT IS:

| | | |
|---------------------|-------------|------------------|
| Mother's Birthplace | Heber Idaho | Heber City, Utah |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Subscribed and sworn (affirmed) to before me this 30 day of May, 2014
Notary Public, Danny Gerald Gomez Applicant's Signature Jay S. Simons
Residing at 66 East 1650 North Provo, UT Printed Name Jay S. Simons
My commission expires 11/19/2017 Street Address 1782 Cobblestone Dr.
City, State, ZIP Provo, UT 84604



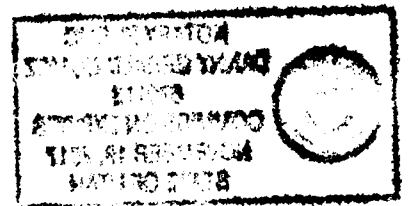
SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } (Must be completed ☐)
County of Utah } SS (Is not necessary ☒)

The undersigned does solemnly swear (affirm) to have knowledge of the facts as set forth above and that they are true to the best of their knowledge.

Subscribed and sworn (affirmed) to before me this 30th day of May, 2014
Notary Public, _____ Applicant's Signature _____
Residing at _____ Printed Name _____
My commission expires _____ Street Address _____
(Seal) City, State, ZIP _____

1. Marriage license and certificate issued to Erik W. Olson (groom's name; shows he was born in the city of Richmond, state of Utah) and Inez S. Romriell (bride's name; shows her maiden last name as Waddell, her city of birth as Heber City, and her state of birth as Utah) certifying that couple was married on December 4, 1964 in the city of Preston, county of Franklin, state of Idaho by Melvin J. Carbridge (last name hard to read), an L.D.S. Bishop. The marriage certificate bears the signatures of two witnesses, Oran C Bosworth and Jessie S. Bosworth. The State File No. for this marriage is 1964-12762. Viewed by VS SJP.



955-215-003-296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BannockCity of BancroftRegistration District No. 81File No. 78506

No. _____ St.

Primary Registration District No. 2161.

Registered No. _____

Hospital _____

FULL NAME OF CHILD Ruth Janette Reed.

| | | | | | |
|----------------------------|--|-----|---|----------------------------|--|
| Sex of Child <u>female</u> | <u>Twin</u>
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of
Birth <u>April 15,</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|--|-----|---|----------------------------|--|

| | |
|--|--|
| FULL
NAME
<u>Clifford M. Reed.</u> | FATHER |
| RESIDENCE
<u>Bancroft</u> | |
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>41</u>
(Years) |
| BIRTHPLACE
<u>Welshrun Pa.</u> | |
| OCCUPATION
<u>farmer</u> | |

| | |
|--|--|
| FULL
MAIDEN
NAME
<u>Elizabeth Brown</u> | MOTHER |
| RESIDENCE
<u>Bancroft</u> | |
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE
<u>Cambridge Nebraska.</u> | |
| OCCUPATION
<u>housewife</u> | |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Bancroft Idaho.Filed APR 20 1926 19 _____

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 17 1948

DECEASED

265-203-465
PLACE OF BIRTHBUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-9-32

County of Bannock
 City of Lava Hot Springs Registration District No. 30 File No. 78507
 No. St. Primary Registration District No. 30 Registered No.
 Hospital Home
 FULL NAME OF CHILD Genevieve Bond

| | | | | |
|--|---|------------------------------------|---|---|
| Sex of Child
<u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and Number
in order
of birth | Legiti-
mate?
<u>Yes</u> | Date of Birth
<u>Mar. 26, 1910</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Fred Bond</u>
RESIDENCE <u>Lava Hot Springs</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>St. Louis Miss.</u>
OCCUPATION <u>Electrician</u> | | | MOTHER
FULL MAIDEN NAME <u>Clara Monroe</u>
RESIDENCE <u>Lava Hot Springs</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Tosay Idaho</u>
OCCUPATION <u>House wife</u> | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:10 P.M. on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Kettie Cronin

(Physician or midwife)

Given names added from a supplemental report.

Address Lava Hot Springs Idaho

Filed PR 20 1910 Registrar

Registrar

Registrar

JAN 25 1966

962-222-003-266

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BannockCity of ChesterfieldRegistration District No. 84File No. ~78508

No. _____ St. _____

Primary Registration District No. 2161.

Registered No. _____

Hospital _____

FULL NAME OF CHILD Kellie Imogene Robertson

| | | | | | |
|----------------------------|---|-------|-----------------------------------|------------------------|---|
| Sex of Child <u>female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>Feb. 22nd, 1920.</u>
(Month) (Day) (Year) |
|----------------------------|---|-------|-----------------------------------|------------------------|---|

FULL NAME FATHER Frank C. RobertsonFULL MAIDEN NAME MOTHER Winnie BowmanRESIDENCE ChesterfieldRESIDENCE ChesterfieldCOLOR white AGE AT LAST BIRTHDAY 30
(Years)COLOR white AGE AT LAST BIRTHDAY 20
(Years)BIRTHPLACE Moscow IdahoBIRTHPLACE Evanston WyomingOCCUPATION farmerOCCUPATION housewife,Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A.M. on the date above stated. (Born alive or stillborn)

(Signature)

Frank C. Robertsonfather.

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address Chesterfield IdahoFiled 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

863-109-003-313

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield Idaho

Registration District No. 84

File No. ~78509

No. _____ St. _____

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD Cal Holbrook

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>April 9th</u>
(Month) (Day) (Year) <u>19 20</u> |
|--------------------------|---|-----|--------------------------------|----------------------------|---|

| | |
|--------------------------------------|---|
| FULL NAME
<u>J. Earl Holbrook</u> | FATHER |
| RESIDENCE
<u>Chesterfield</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE
<u>Bountiful Utah</u> | |
| OCCUPATION
<u>farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Minnie Call</u> | MOTHER |
| RESIDENCE
<u>Chesterfield</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE
<u>Bountiful Utah</u> | |
| OCCUPATION
<u>housewife</u> | |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.10 a. m.
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Ruchardt

Physician
(Physician or midwife)

Given names added from a supplemental report.
Cal Holbrook 19 20
W. C. Murphy Registrar

Address Bancroft Idaho
Filed _____ 19 _____
O. V. Ruchardt Registrar



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place
Birth

City

Street and House No.

County

Registered No.

Registration Dist. No.

Sex of Child

Date of Birth

MONTH

YEAR

Father

Mother

FULL NAME

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

as reported by

GIVEN NAME IN FULL

SURNAME

FATHER OR MOTHER

LOCAL REGISTRAR

MAR 5 1966

ST

11

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

495-226-003-369

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84

File No. 78510

No. _____ St. _____

Primary Registration District No. 2161.

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Dietrick

| | | | | | |
|----------------------------|---|-----|---|------------------------|--|
| Sex of Child <u>female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and | Number in order of birth <u>(To be answered only in event of plural births)</u> | Legitimate? <u>yes</u> | Date of Birth <u>April 26th</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|---|------------------------|--|

FULL NAME FATHER
William H. Dietrick

FULL MAIDEN NAME MOTHER
Minnie Cornelison

RESIDENCE
Bancroft

RESIDENCE
Bancroft

COLOR white AGE AT LAST BIRTHDAY 35
(Years)

COLOR white AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE
Natrona Pa.

BIRTHPLACE
South Carolina.

OCCUPATION
farmer

OCCUPATION
housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 a. M.
on the date above stated. (born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. V. Linker

physician

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Bancroft Idaho.

Filed 1920 19 _____

Registrar

Registrar

1941

266-124-015-544

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CarabooCity of Ivans.Registration District No. 84File No. 78511

No. _____ St.

Primary Registration District No. 2161

Registered No. _____

Hospital _____

FULL NAME OF CHILD Frank Bernard Bowers.

| | | | | | |
|--------------------------|---|-------|------------------------------------|-----------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { | Number in order of birth <u>43</u> | Legitimacy <u>yes</u> | Date of Birth <u>Feb. 24th</u> 19 <u>20.</u> |
| | | | | | (Month) (Day) (Year) |

| | |
|---|---|
| FULL NAME
<u>Frank L. Bowers</u> | FATHER |
| RESIDENCE
<u>Ivans</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>43</u>
(Years) |
| BIRTHPLACE
<u>Bergers' store Mo.</u> | |
| OCCUPATION
<u>farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Gladys Eddy</u> | MOTHER |
| RESIDENCE
<u>Ivans</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE
<u>Boone Iowa</u> | |
| OCCUPATION
<u>housewife.</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bancroft Idaho

Filed

19

Registrar

Registrar

JUL 6 1955

not

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Pocatello
City of Pocatello
No. 506 So Lincoln St.

Registration District No. 84File No. 59Hospital NoPrimary Registration District No. 2161Registered No. 3138

FULL NAME OF CHILD

Alice Dolores TerrySex of Child FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

{ To be answered only in event of plural births }

Legiti
mate?YesDate of
BirthApr 27 1920
(Month) (Day) (Year)

FULL NAME

FATHER
Joseph M. Terry

RESIDENCE

506 So Lincoln

COLOR

WhiteAGE AT LAST
BIRTHDAY42
(Years)

BIRTHPLACE

Bristol, Penn.

OCCUPATION

Engineer Foreman

FULL MAIDEN NAME

MOTHER
Florence McDonald Terry

RESIDENCE

506 So Lincoln

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Antigonish, Nova Scotia

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 30 P.M. on the date above stated.

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

Given names added from a supplemental report.

(Signature)

Wm. H. ...

(Physician or midwife)

Address

Pocatello Idaho

File

May 11 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



EF 43 184

JUN 30 1949

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

213-207-603-248

Amended Feb. 18, 1969

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 2-25m-7-21-19

78513

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84

File No. 59

No. General St.

Primary Registration District No. 2161

Registered No. 3137

Hospital General

FULL NAME OF CHILD Eleanor Adeline

Salmanson

Sex of Child F.

Twin { and { Number in order of birth
Triplet or other? (To be answered only in event of plural births)

Legiti mate? yes

Date of Birth 5-7-1920
(Month) (Day) (Year)

FULL NAME FATHER Albe Salmanson

RESIDENCE Pocatello

COLOR W. AGE AT LAST BIRTHDAY 30
(Years)

BIRTHPLACE New York City

OCCUPATION Loan Officer Prop.

FULL MAIDEN NAME MOTHER Myrtle Fisher

RESIDENCE Pocatello

COLOR W. AGE AT LAST BIRTHDAY 26
(Years)

BIRTHPLACE Ogden

OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive, at 3 A. M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Pocatello

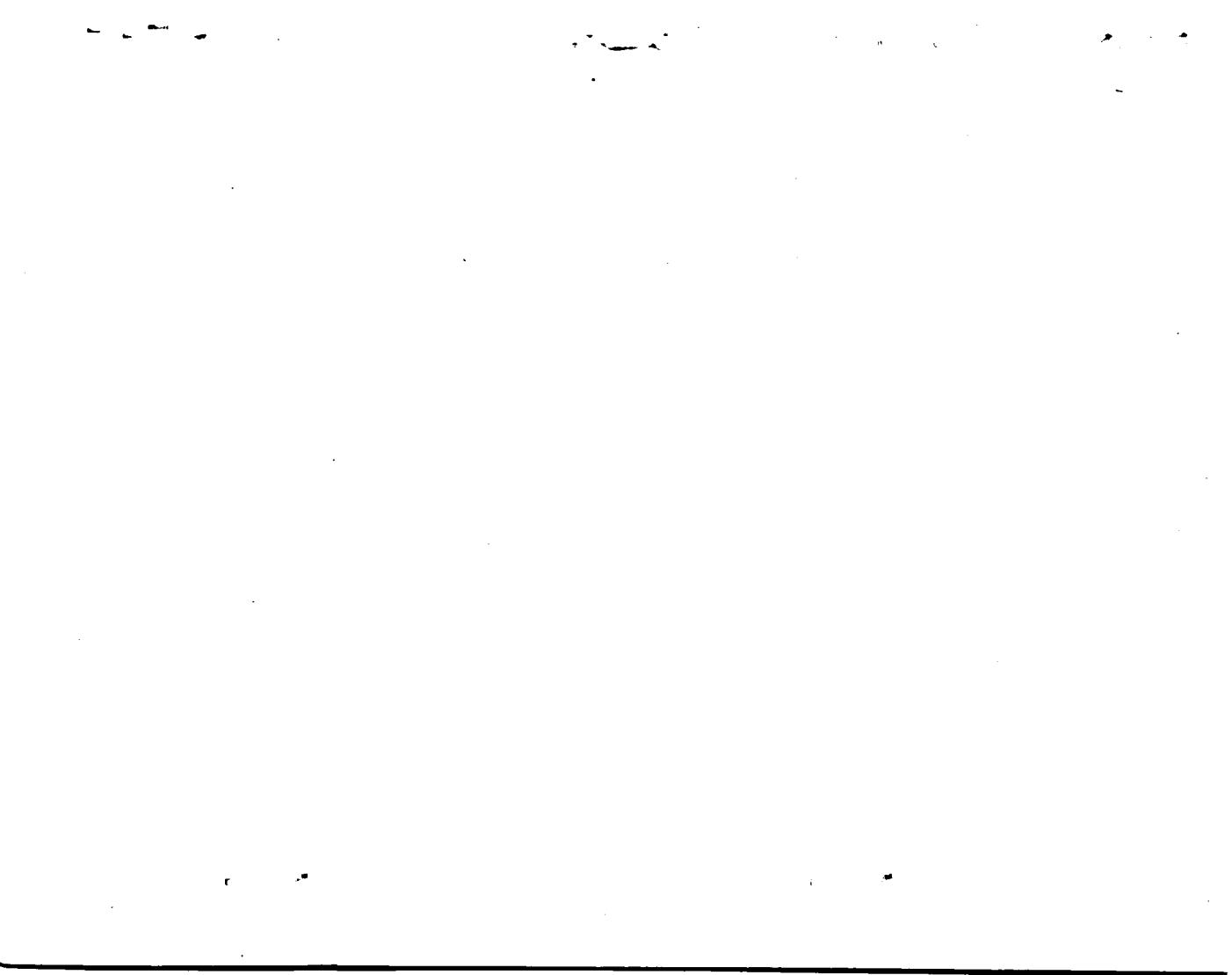
Filed

May 10 1920

P. K. Stealy

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of _____ } ss. **RECEIVED**
County of _____ } **FEB 18 1969**
The undersigned does solemnly swear that certain ~~facts~~ ^{items} on the certificate of _____
for Salmenson who born on May 7, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

first and middle names omitted Salmenson Eleanor Adeline Salmenson

Subscribed and sworn to before me this 17th day of February, 1969

X Signed Evelyn J. Baker (sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Great Falls
My commission expires Dec. 2, 1971
(Seal)

2808 2nd Ave No
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Cascade

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 1969

Signed Katherine J. Baker
(Signature of any Credible Person)
2300 - 5th St. N. West
2808 2nd Ave No
(Street Address, City, State)

Notary Public, residing at Great Falls
My commission expires Dec. 2, 1971
(Seal)

Marriage License , Charles F. Follick and Eleanor Salmenson married June
16, 1949 at Seattle, Washington. by Justice of the Peace, John A. Tsaagson.
Viewed by VS February 18, 1969

FEB 19 1969

Metropolitan Life Insurance for Eleanor A. Follick, issued Oct. 1, 1956, Policy
#561 080 274 at Great Falls, Montana. Viewed by V/S.

FEB 24 1969

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-106-003-44

PLACE OF BIRTH

County of BannockCity of PocatelloNo. 664 No. 4th St.Registration District No. 84File No. 59Primary Registration District No. 2161Registered No. 3136

Hospital

FULL NAME OF CHILD

Sex of Child

mTwin
Triplet
or other?

- }

and {
Number
in order
of birth

- }

Legiti-
mate?yesDate of
BirthMay 6 1920FULL
NAMEWilliam Burrell

FATHER

FULL
MAIDEN
NAMELaura Madison

MOTHER

RESIDENCE

Pocatello

RESIDENCE

Pocatello

COLOR

BlackAGE AT LAST
BIRTHDAY25

(Years)

COLOR

BlackAGE AT LAST
BIRTHDAY24

(Years)

BIRTHPLACE

Texas

BIRTHPLACE

Texas

OCCUPATION

Carrier (fct.)

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at 6:15 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Frank RobertsPhysician

(Physician or midwife)

Given names added from a supplemental report.

Address

Pocatello

Filed

May 10 1920

Registrar

Registrar



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285-205-003-343

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78515

PLACE OF BIRTH

County of BannockCity of PocatelloRegistration District No. 84File No. 59

No. _____ St. _____

Hospital St. Anthony Primary Registration District No. 2161 Registered No. 3135

FULL NAME OF CHILD

Sex of
ChildF.Twin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?YesDate of
BirthMay 51920

(Month) (Day) (Year)

FULL
NAMEWilliam Morris SheldonFULL
MAIDEN
NAMEMina Gertrude Muelken

RESIDENCE

Pocatello

RESIDENCE

Pocatello

COLOR

W.AGE AT LAST
BIRTHDAY38

(Years)

COLOR

W.AGE AT LAST
BIRTHDAY27

(Years)

BIRTHPLACE

Ogden, Utah

BIRTHPLACE

Idaho

OCCUPATION

Clerk

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6.30 P.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. J. J. Roberts
Physician

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Pocatello

Filed

May 10 1920O. B. Stealy

Registrar

Registrar

FEB 16 1942

JAN 27 1956

663-203-003-691

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78516

County of PannockCity of PocatelloRegistration District No. 84File No. 59No. Gen Hospital St.Primary Registration District No. 2161Registered No. 3134

Hospital _____

FULL NAME OF CHILD Dorothy Mahel FoleySex of Child female { Twin or other? no } and { Number in order of birth 1 } Legitimate? yes (To be answered only in event of plural births)Date of Birth May 3^d 1920 (Month) (Day) (Year)FATHER
FULL NAME Timothy J. Foley
RESIDENCE Pocatello Idaho
COLOR white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Pocatello Idaho
OCCUPATION Loco firemanMOTHER
FULL MAIDEN NAME Mabel C. Fraser
RESIDENCE Pocatello Idaho
COLOR white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Pocatello Idaho
OCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beech

(Physician or midwife)

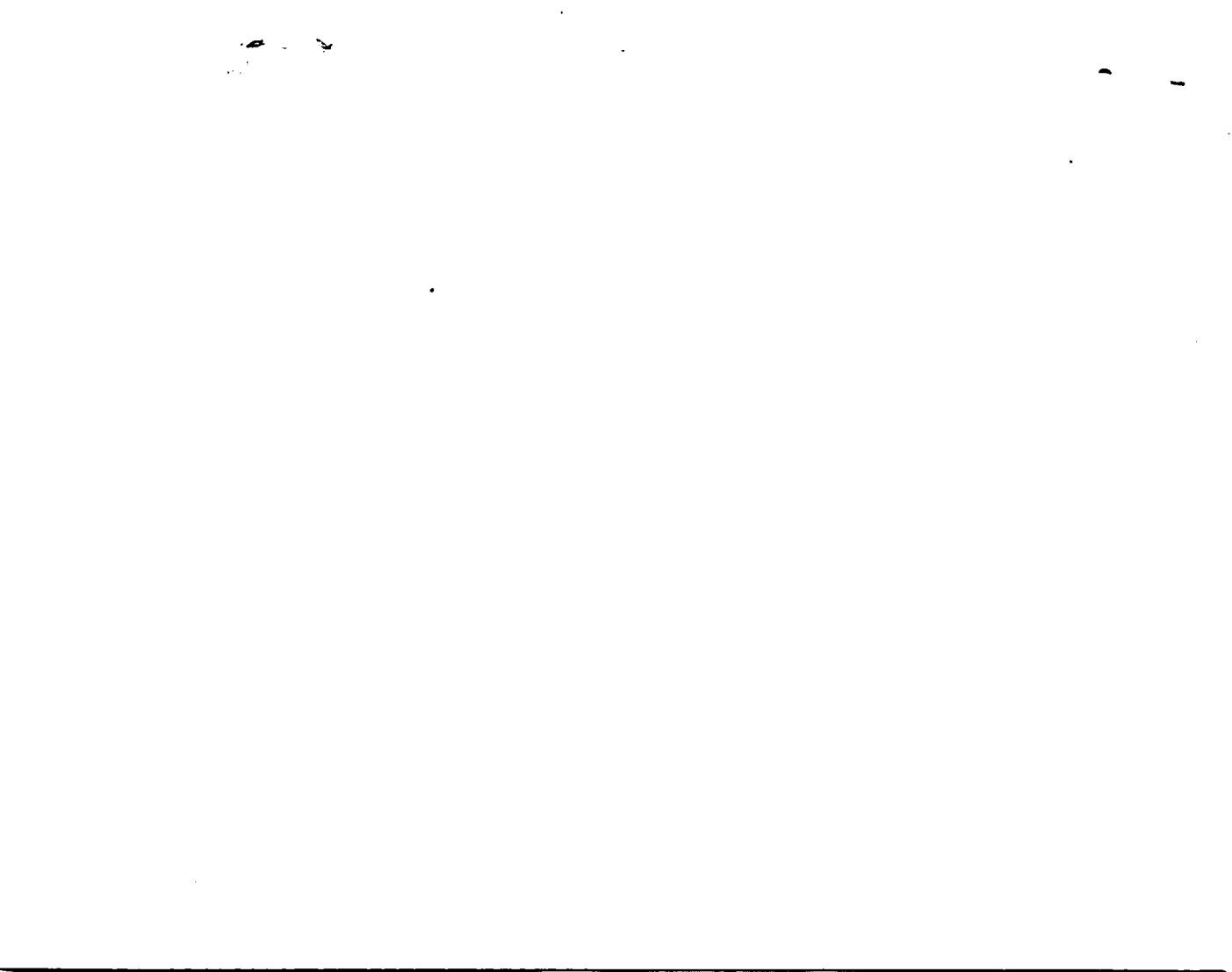
Given names added from a supplemental report.

19.

Address Pocatello IdahoFiled May 3, 1920

Registrar

Registrar O. B. Beech



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Pack }
County of Ada } ss.
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Harriet Foley who born on May 3, 1920
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Uncle prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

| | | |
|--|--|---|
| FACTS TO BE CORRECTED
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)
<u>name</u> | FROM
(AS ON ORIGINAL)
<u>Omitted</u> | TO
(THE CORRECT FACTS)
<u>Dorothy Mabel Foley</u> |
|--|--|---|

Subscribed and sworn to before me this 28th
day of May, 19 42
Marion E. Orr

Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed B. D. Leach
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

MAY 28 1942

319-201-003-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78517

County of BannockCity of PocatelloRegistration District No. 84File No. 59No. 515 1/2 N. Harrison St.Primary Registration District No. 2161Registered No. 3133

Hospital _____

FULL NAME OF CHILD

Ruth Louise Carter

Sex of Child

femaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yes

Date of Birth

May 11920
(Month) (Day) (Year)

FULL NAME

Ray D. Carter

FATHER

FULL MAIDEN NAME

Louise Mitchel

MOTHER

RESIDENCE

515 1/2 N. Harrison, Pocatello, Idaho

RESIDENCE

515 1/2 N. Harrison, Pocatello, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

22
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

20
(Years)

BIRTHPLACE

Utah U.S.A.

BIRTHPLACE

Utah U.S.A.

OCCUPATION

Bookkeeper

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

3 A.M.

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

W. W. Brothers

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello, Idaho

Filed

May 5 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1943

NOV 3

153-226-003-153
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

78518

County of **Bannock**

City of **Pocatello**

Registration District No. **84**

File No. **59**

No. **654 S. Arth. St.**

Primary Registration District No. **2161**

Registered No. **3132**

Hospital **General Hosp.**

FULL NAME OF CHILD **Lillis Patricia Anthony**

| | | | | |
|----------------------------|---|--------------------------------------|------------------------|--|
| Sex of Child female | Twin Triplet or other?
(To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | Date of Birth Apr. 26, 1920
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|------------------------|--|

| |
|---|
| FULL NAME FATHER
George Wesley Anthony |
| RESIDENCE
654 S. Arth. |
| COLOR white |
| AGE AT LAST BIRTHDAY 22
(Years) |
| BIRTHPLACE
Denver Colo. |
| OCCUPATION
Electrician |

| |
|--|
| FULL MAIDEN NAME MOTHER
Mildred P Anthony |
| RESIDENCE
654 S. Arth. |
| COLOR white |
| AGE AT LAST BIRTHDAY 17
(Years) |
| BIRTHPLACE
Portland, Ore |
| OCCUPATION
Housewife |

Number of child of this mother, including present birth **1**..... Number of children of this mother now living, including present birth **1**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** on the date above stated. (Born alive or stillborn) at **7:45 P. M.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Dr. J. Howard M. D.**
(Physician or midwife)

Given names added from a supplemental report.

.....18.....

Address **Pocatello, Idaho**

.....18.....

Filed **May 3, 1920**

Registrar

Registrar

WRITE PLAINLY/ WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 11 1964

MAY 25 1942

138-220-003-385

PLACE OF BIRTH

Form V. S. No. 11-C-25m-4-4-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78519

County of.. **Bannock**.....City of ... **Pocatello**.....Registration District No. **84**.....File No. **59**.....No. **1602 Taft Ave.**Primary Registration District No. **2161**.....Registered No. **3131**.....Hospital .. **General Hosp.**FULL NAME OF CHILD **Lillian Marie Alquist**.....

| | | | |
|----------------------------|--|-----------------------------|---|
| Sex of Child female | Twin
Triplet
or other? } and { Number
in order
of birth
(To be answered only in event of plural births) | Legiti-
mate? yes | Date of
Birth Apr. 20, 1920
(Month) (Day) (Year) |
|----------------------------|--|-----------------------------|---|

FULL NAME FATHER
Emery C Alquist

RESIDENCE

1602 Taft Ave.COLOR **white** AGE AT LAST BIRTHDAY **29**
(Years)

BIRTHPLACE

Clay Center Kans.

OCCUPATION

ElectricianFULL MAIDEN NAME MOTHER
Kate E Lyne

RESIDENCE

1602 Taft Ave.COLOR **white** AGE AT LAST BIRTHDAY **26**
(Years)

BIRTHPLACE

Miltonvale, Kans.

OCCUPATION

Hawf.Number of child of this mother, including present birth.... **1**.... Number of children of this mother now living, including present birth.... **1**....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.. **Born alive**....., at **3:15 P. M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **W. J. Howard, M.D.**.....
(Physician or midwife)

Given names added from a supplemental report.

Pocatello, Idaho.Address.....
Filed **May 3, 1920**.....
Registrar **O. B. Steady** Registrar

Registrar

Registrar

MARGIN RESERVED FOR UNFADING INK. THIS IS A PERMANENT RECORD
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

AUG 26 1942

814-119-003-862

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78520

County of BannockCity of MacatelloNo. 207 So. 3rd Ave.Registration District No. 84File No. 59Hospital homePrimary Registration District No. 2161Registered No. 3130

FULL NAME OF CHILD

Jagi YamanakaSex of Child maleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthApr. 19

(Month)

(Day)

1920
(Year)FULL
NAMEFATHER
Hikoichi Yamanaka

RESIDENCE

207 So. 3rd Ave.

COLOR

JapaneseAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Japan

OCCUPATION

MachinistFULL
MAIDEN
NAMEMOTHER
Otokichi Yokota

RESIDENCE

207 So. 3rd Ave.

COLOR

JapaneseAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Japan

OCCUPATION

HousekeepingNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.alive
(Born alive or stillborn)at 5:33 A.M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Mrs. Ann W. Bird
Midwife

(Physician or midwife)

Given names added from a supplemental report.

19

Address

905 So. Main St.

Filed

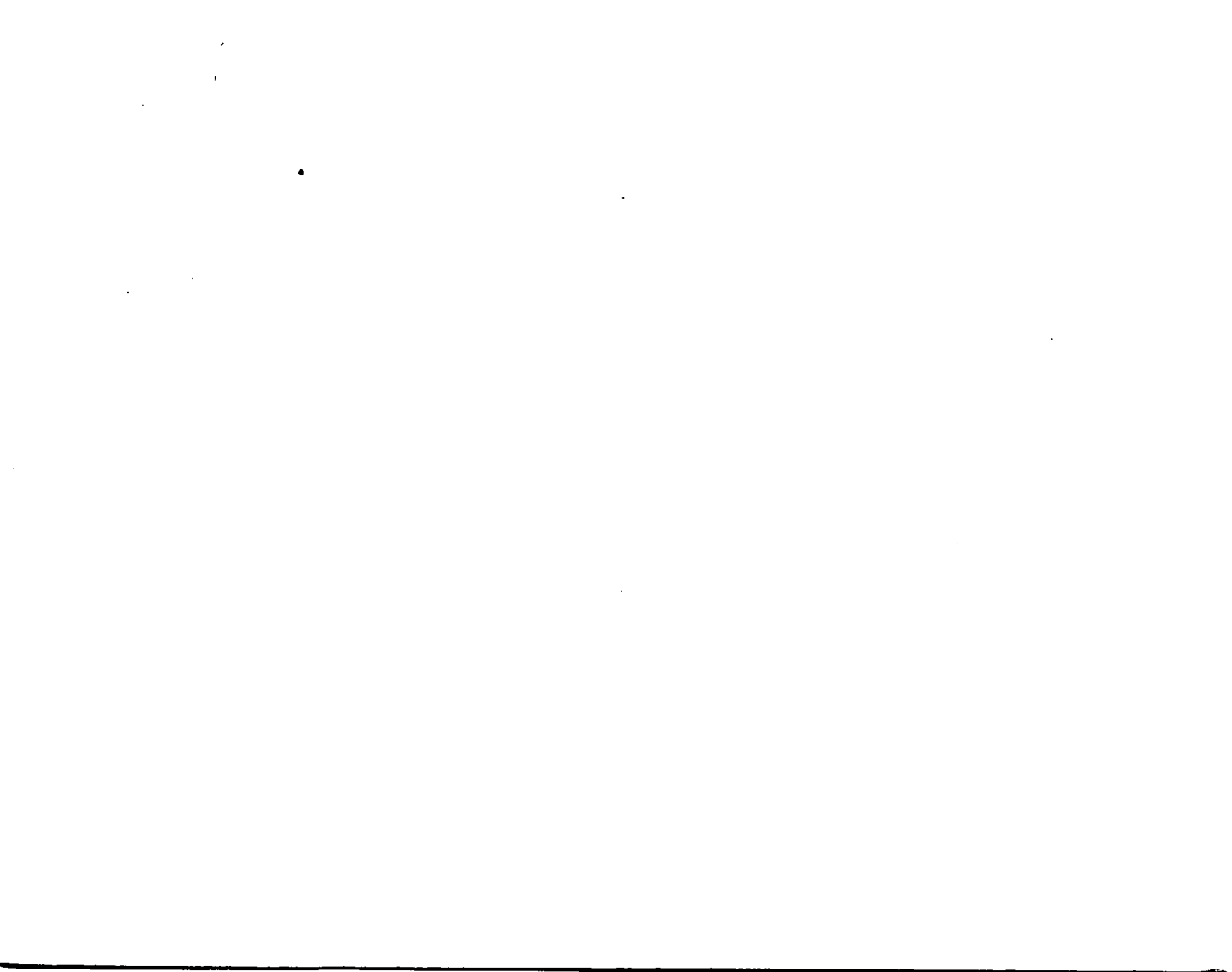
May 5, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



324-116-003-324

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78521

County of BannockCity of McCammon SpringsRegistration District No. 84File No. 59

No. _____ St. _____

Primary Registration District No. 2161 Registered No. 3129

Hospital _____

FULL NAME OF CHILD Frank TsumakiSex of
Child boy

| | | |
|---|---------|--------------------------------|
| Twin
Triplet
or other? | { and } | Number
in order
of birth |
| (To be answered only in event of plural births) | | |

Legiti
mate? yesDate of
Birth Apr. 16 1920
(Month) (Day) (Year)FULL NAME FATHER
K. TsumakiFULL MAIDEN NAME MOTHER
Kinp tsumakiRESIDENCE
McCammon, Idaho.RESIDENCE
McCammon,COLOR white AGE AT LAST
BIRTHDAY 36
(Years)COLOR Japan AGE AT LAST
BIRTHDAY 31
(Years)BIRTHPLACE
JapanBIRTHPLACE
JapanOCCUPATION
FarmerOCCUPATION
HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:00 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J M Bill

(Physician or midwife)

Given names added from a supplemental report.

19

Address McCammon IdaFiled May 6 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1942

135-213-003-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of HaunockCity of Lava Hot SpringsRegistration District No. 84File No. 78522
59

No. _____ St. _____

Primary Registration District No. 2161Registered No. 3128

Hospital _____

FULL NAME OF CHILD _____

Sex of
ChildgirlTwin
Triplet
or other?
(To be answered only in event of plural births){ and } Number
in order
of birthLegiti
mate?yesDate of
BirthApr. 131920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Daniel P. Stephensen

RESIDENCE

Lava Hot Springs, Idaho.

COLOR

whiteAGE AT LAST
BIRTHDAY40

(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Agnes A. Jensen

RESIDENCE

Lava Hot Springs, Idaho.

COLOR

whiteAGE AT LAST
BIRTHDAY35

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:00 P. M.
on the date above stated.{ *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

William J. McDill
WJ

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address McCurry IdarFiled May 6 1920

Registrar

Registrar O. B. Breech

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



399-211-003-318

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of HannockCity of ArimoRegistration District No. 84File No. 5 68523

No. _____ St. _____

Primary Registration District No. 2161Registered No. 3127

Hospital _____

FULL NAME OF CHILD _____

Sex of
ChildgirlTwin
Triplet
or other?
(To be answered only in event of plural births)

{ and }

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?YesDate of
BirthApr.4130

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Harold Tripp

RESIDENCE

White Arimo

COLOR

White

AGE AT LAST

32

BIRTHDAY

(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Phoebe Layton

RESIDENCE

Arimo

COLOR

White

AGE AT LAST

25

BIRTHDAY

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:10 P. M.
on the date above stated. (Born alive or stillborn){ *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

Wilson J. McDill
J. S.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

McComm. Id.

Filed

May 6 1920

19.

Registrar

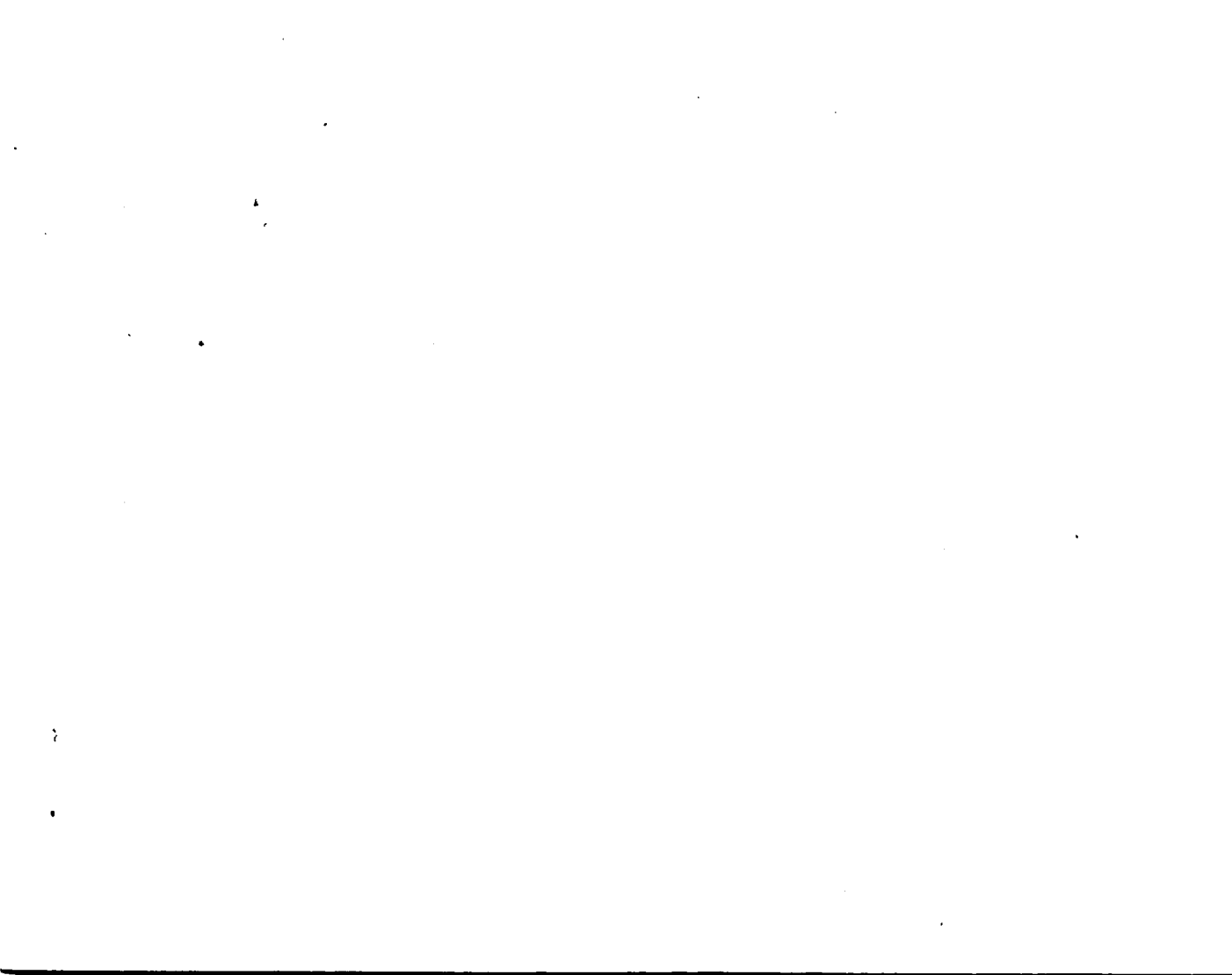
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

268-127-293-252
1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78524

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Barbara LaDell Boyd

| | | | | |
|-------------------------|--|---------------------------------------|---------------------------|---|
| 3. Sex
<u>Female</u> | If plural births {
4. Twin, triplet, or other _____
5. Number, in order of birth _____ | 6. Premature _____
Full term _____ | 7. Legitimate? <u>Yes</u> | 8. Date of birth <u>Apr 7, 1920</u>
(Month, Day, Year) |
|-------------------------|--|---------------------------------------|---------------------------|---|

9. Full name
John Boyd
FATHER

18. Full maiden name
Anna Sebeck
MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Pasadena, Cal

19. Residence (usual place of abode)
(If non-resident, give place and State) Pasadena, Cal

11. Color or race Wh | 12. Age at last birthday 34 (years)

20. Color or race Wh | 21. Age at last birthday 52 (years)

13. Birthplace (city or place)
(State or Country) Finland

22. Birthplace (city or place)
(State or Country) Finland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 8:45 at a m. on the date above stated
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

When name added from a supplemental report

(Date of)

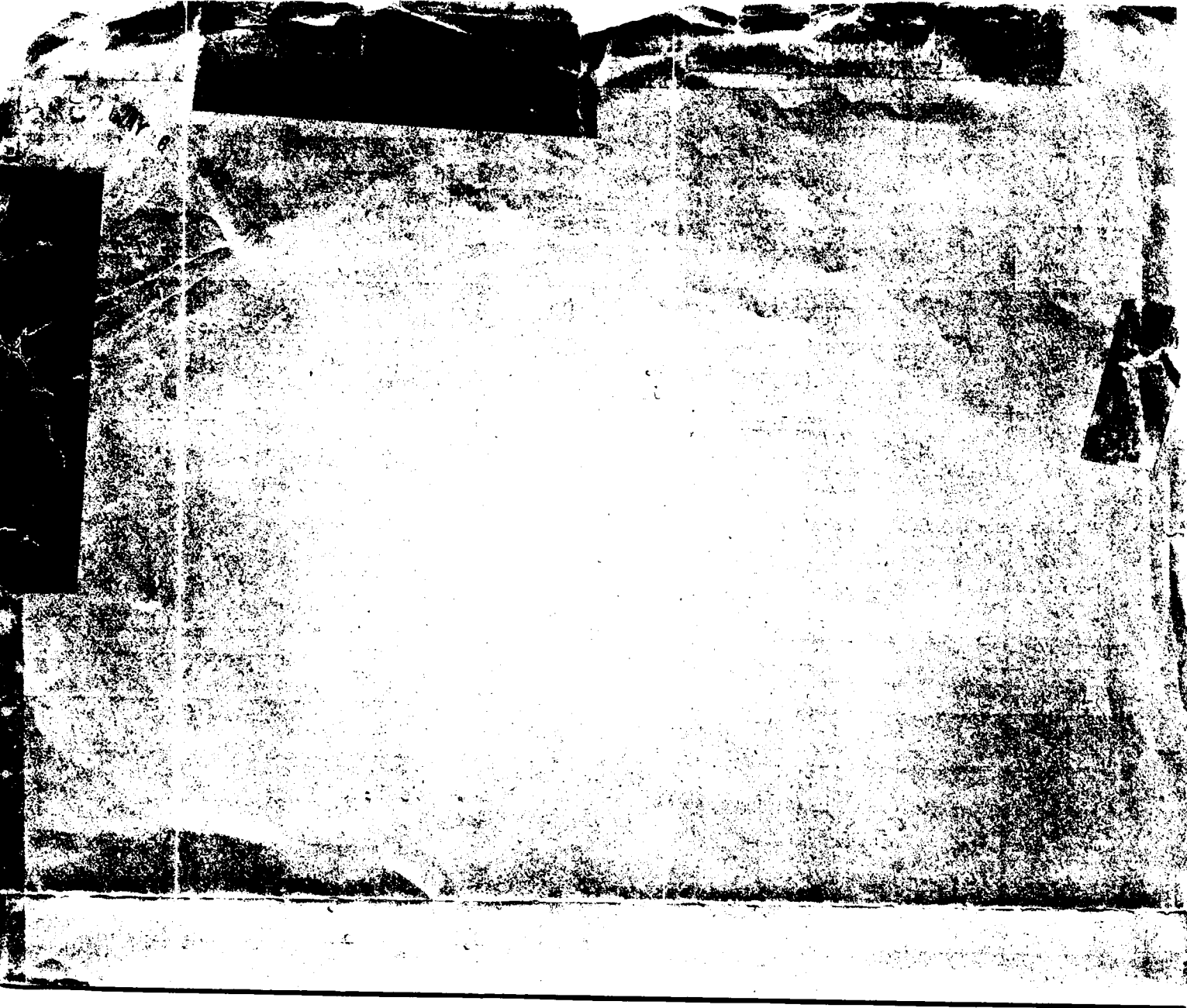
Registrar.

(Signed) H. J. Howard M. M. D.

or _____ Midwife

Address Pocatello, Idaho

Filed May 3, 1920 O. J. [Signature] Registrar.



958-101-003-764
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-3-37

County of **Bannock**.....City of **Pocatello**.....No. **237 S. Garfield**Hospital **General Hosp.**Registration District No. **84**.....File No. **78526**
59Primary Registration District No. **2161**.....Registered No. **3124**FULL NAME OF CHILD **Eddie Soren Reynolds**.....

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child male | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? yes | Date of Birth Apr. 1, 1920
Birth 191
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|---|

| |
|---|
| FULL NAME
FATHER
Albert W. Reynolds |
| RESIDENCE
237 S. Garf. |
| COLOR
white |
| AGE AT LAST BIRTHDAY 26
(Years) |
| BIRTHPLACE
North Hampton, England |
| OCCUPATION
Hotel Cleark |

| |
|--|
| FULL MAIDEN NAME
MOTHER
Minnie Poulson |
| RESIDENCE
237 S. Garf. |
| COLOR
white |
| AGE AT LAST BIRTHDAY 26
(Years) |
| BIRTHPLACE
Petersborough, Ut. |
| OCCUPATION
Hawf. |

Number of child of this mother, including present birth **2**..... Number of children of this mother now living, including present birth **2**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **Born alive**....., at **8 P.**..... M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **M. J. Howard M.D.**
(Physician or midwife)

Given names added from a supplemental report.

Address **Pocatello, Idaho**Filed **May 3, 1920**
O. B. Stealy
Registrar

8 23 1946

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

619-209-003-893

PLACE OF BIRTH

County of **Bannock**City of **McCammon**

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|--------------------------|---|-----|---|----------------------------|--|
| Sex of Child girl | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? Yes | Date of Birth Mar. 9 19 20
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|--|

| | |
|-----------------------------------|--------|
| FULL NAME
Gotlob Warner | FATHER |
|-----------------------------------|--------|

| |
|--------------------------------------|
| RESIDENCE
McCammon, Idaho. |
|--------------------------------------|

| | |
|-----------------------|---|
| COLOR
White | AGE AT LAST BIRTHDAY 32
(Years) |
|-----------------------|---|

| |
|---------------------------|
| BIRTHPLACE
Utah |
|---------------------------|

| |
|-----------------------------|
| OCCUPATION
Farmer |
|-----------------------------|

| | |
|--|--------|
| FULL MAIDEN NAME
Rebecca Hicks | MOTHER |
|--|--------|

| |
|-------------------------------------|
| RESIDENCE
McCammon, Idaho |
|-------------------------------------|

| | |
|-----------------------|---|
| COLOR
White | AGE AT LAST BIRTHDAY 27
(Years) |
|-----------------------|---|

| |
|---------------------------|
| BIRTHPLACE
Utah |
|---------------------------|

| |
|--------------------------------|
| OCCUPATION
Housewife |
|--------------------------------|

| | |
|--|--|
| Number of child of this mother, including present birth 7 | Number of children of this mother now living, including present birth 6 |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **Alive**, at **2:00 P.M.**
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

William J. McDill

(Physician or midwife)

Address

McCammon, Idaho

Filed

May 6 1920

Registrar

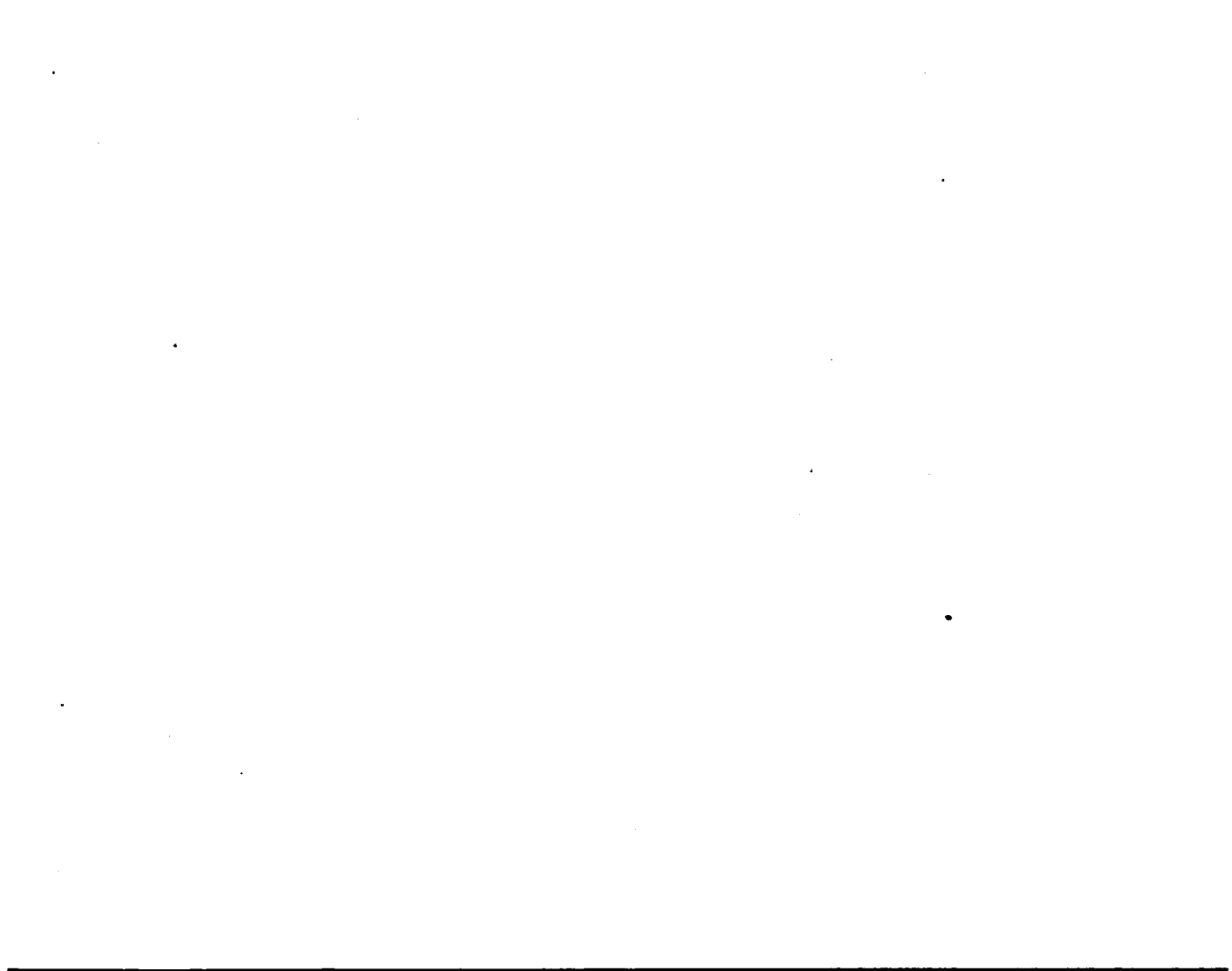
Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78527Registration District No. **84** File No. **59**Primary Registration District No. **216** Registered No. **3123**

Form V. S. No. 11-C-25m-7-21-19



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

392-126-003-697
PLACE OF BIRTH

Child's name added 6/13/86 1h Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 84

File No. 78528
59

No. _____ St. _____

Primary Registration District No. 2161

Registered No. 3122

Hospital _____

FULL NAME OF CHILD

George Iril Lish

| | | | | | |
|-------------------------|---|-----|--|-------------------------------|--|
| Sex of Child <u>boy</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
<u>13</u> th | Legiti
mate?
<u>yes</u> | Date of
Birth
<u>Feb. 26</u>
(Month) (Day) (Year) <u>20</u> |
|-------------------------|---|-----|--|-------------------------------|--|

FULL NAME FATHER
Claude Lish

RESIDENCE McCammon
white

COLOR AGE AT LAST BIRTHDAY 41
(Years)

BIRTHPLACE
Utah

OCCUPATION
Farmer

FULL MAIDEN NAME MOTHER
Lusea Orgill

RESIDENCE
McCammon

COLOR AGE AT LAST BIRTHDAY 40
(Years)

BIRTHPLACE
Utah

OCCUPATION
housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:00 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

William J. McDill
W. J. M.

(Physician or midwife)

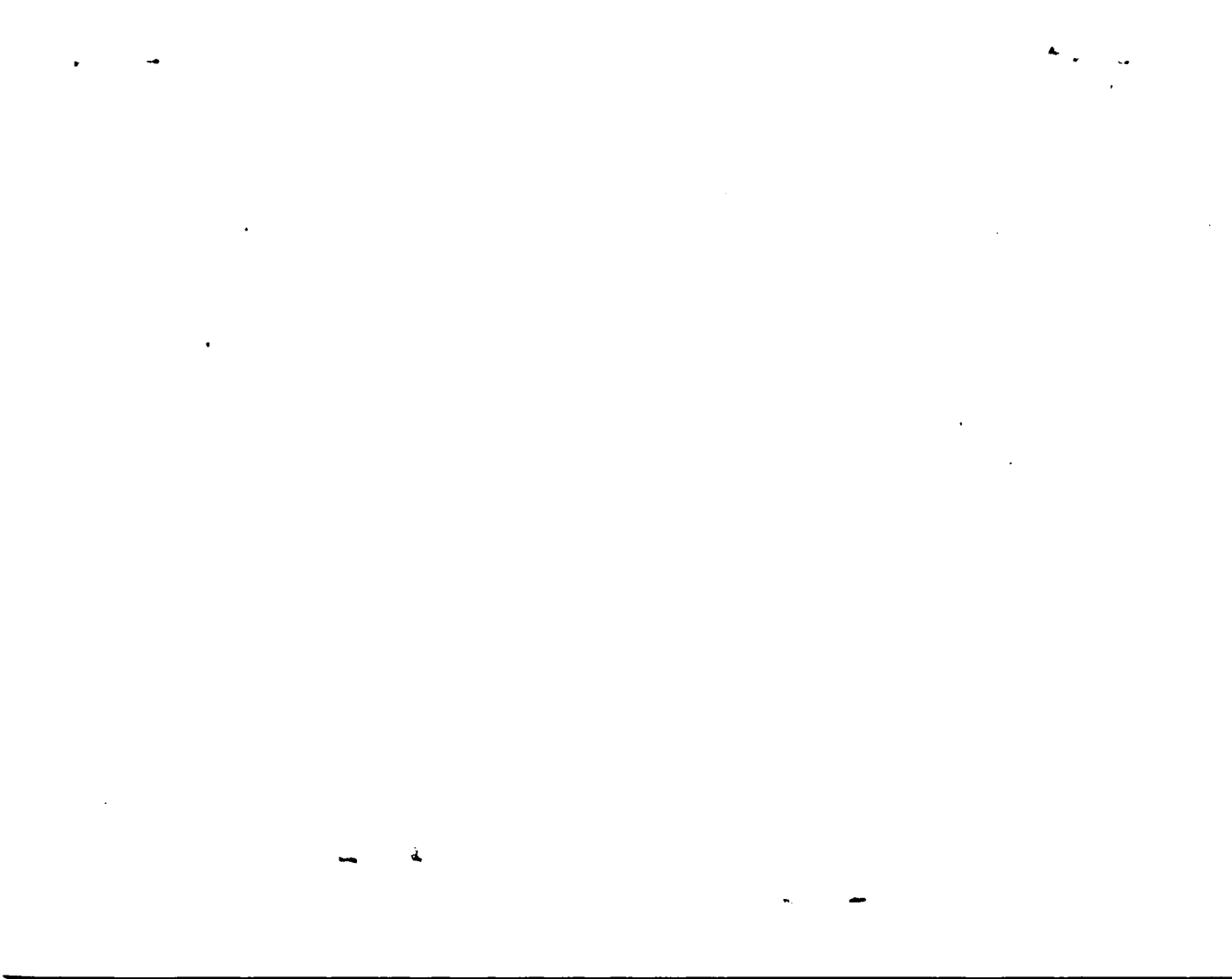
Address

McCammon, Ida.
May 6 20
O. B. Steele

File

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss. JUN 11 1986 Certificate No. 78528
County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed boy Lish and Local Health Services who was born on Feb. 26, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in McCammon, ID (Bannock) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name

omitted

George Iril Lish

Subscribed and sworn to before me this 9th day of

June, 1986

Notary Public, Paul K. Bagnois

Residing at Forcatello, Idaho

My commission expires non expiring

(Seal)

George Iril Lish

George Iril Lish

Signature of Applicant

705 North Center Co. Idaho

Street Address, City, State

Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

(Must be completed ___)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of

Oct, 1986

Notary Public, Ray N. Hunter

Residing at McCammon, ID

My commission expires 2-1-82

(Seal)

10/2/80

George Iril Lish

Supporting Signature

1438 Cottage Idaho

Street Address, City, State

Forcatello, ID

JUN 13 1986

- Record of Baptism from LDS Church gives name as George Iril Lish born on Feb. 26, 1920 at Inkom, ID to Claude Lish and Louisa Orgill. Baptized Oct. 31, 1953 at McCammon, Idaho
Viewed by V.S.
- U.S. Military (Infantry) Honorable discharge papers gives name as George I Lish born Feb. 26, 1920 at Pocatello, ID. Date of entry July 1, 1944 - date of separation Nov. 7, 1945
Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
 and the number of each, in order of birth stated.

462-110-003-392

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

78529

CERTIFICATE OF BIRTH

County of **Bannock**City of **McCammon**Registration District No. **84**File No. **59**

No. _____ St.

Primary Registration District No. **2161**Registered No. **3121**

Hospital _____

FULL NAME OF CHILD

Roland Patterson Moss

| | | | | | |
|-------------------------|---|-------|--|----------------------------|---|
| Sex of Child boy | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { | Number
in order
of birth
9th | Legiti
mate? yes | Date of
Birth Feb. 10
(Month) (Day) 19 20
(Year) |
|-------------------------|---|-------|--|----------------------------|---|

FULL NAME FATHER
Perry M. MossFULL MAIDEN NAME MOTHER
Isabell LishRESIDENCE
McCammon, IdahoRESIDENCE
McCammon, IdahoCOLOR **white** AGE AT LAST BIRTHDAY **46**
(Years)COLOR **White** AGE AT LAST BIRTHDAY **39**
(Years)BIRTHPLACE
West PortageBIRTHPLACE
AlbionOCCUPATION
FarmerOCCUPATION
HousewifeNumber of child of this mother, including present birth **9** Number of children of this mother now living, including present birth **7**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.**Alive**, at **9:00 P. M.**
(Born alive or stillborn)

*When there was no attending physician or
 midwife then the father, householder, etc.,
 should make this return. A stillborn child is
 one that neither breathes nor shows other evi-
 dence of life after birth.

(Signature)

William J. McMill

(Physician or midwife)

Given names added from a supplemental report.

19

Address

McCammon, Ida.

Filed

May 6 1920

Registrar

Registrar

JAN 16 1951

DEC 16 1948

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

893-130-003-755

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Pennock

City of Pocatello

No. 356 S. Johnson St.

Registration District No. 84

File No. 78533
58

Hospital _____

Primary Registration District No. 2161

Registered No. 3117

FULL NAME OF CHILD Frederick William Hill

| | | | | | |
|---|---------------------------------------|-------|--|----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other? <u>1</u> | and { | Number
in order
of birth
<u>1</u> | Legiti
mate? <u>yes</u> | Date of
Birth <u>Apr 30</u>
(Month) (Day) 19 <u>20</u>
(Year) |
| (To be answered only in event of plural births) | | | | | |

FATHER
FULL NAME Carl Merton Hill
RESIDENCE Pocatello Idaho

MOTHER
FULL MAIDEN NAME Minnie Hill
RESIDENCE Pocatello Idaho

COLOR white AGE AT LAST BIRTHDAY 25
(Years)

COLOR white AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE Salt Lake City, Utah

BIRTHPLACE Salt Lake City, Utah

OCCUPATION Auto Business

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:35 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

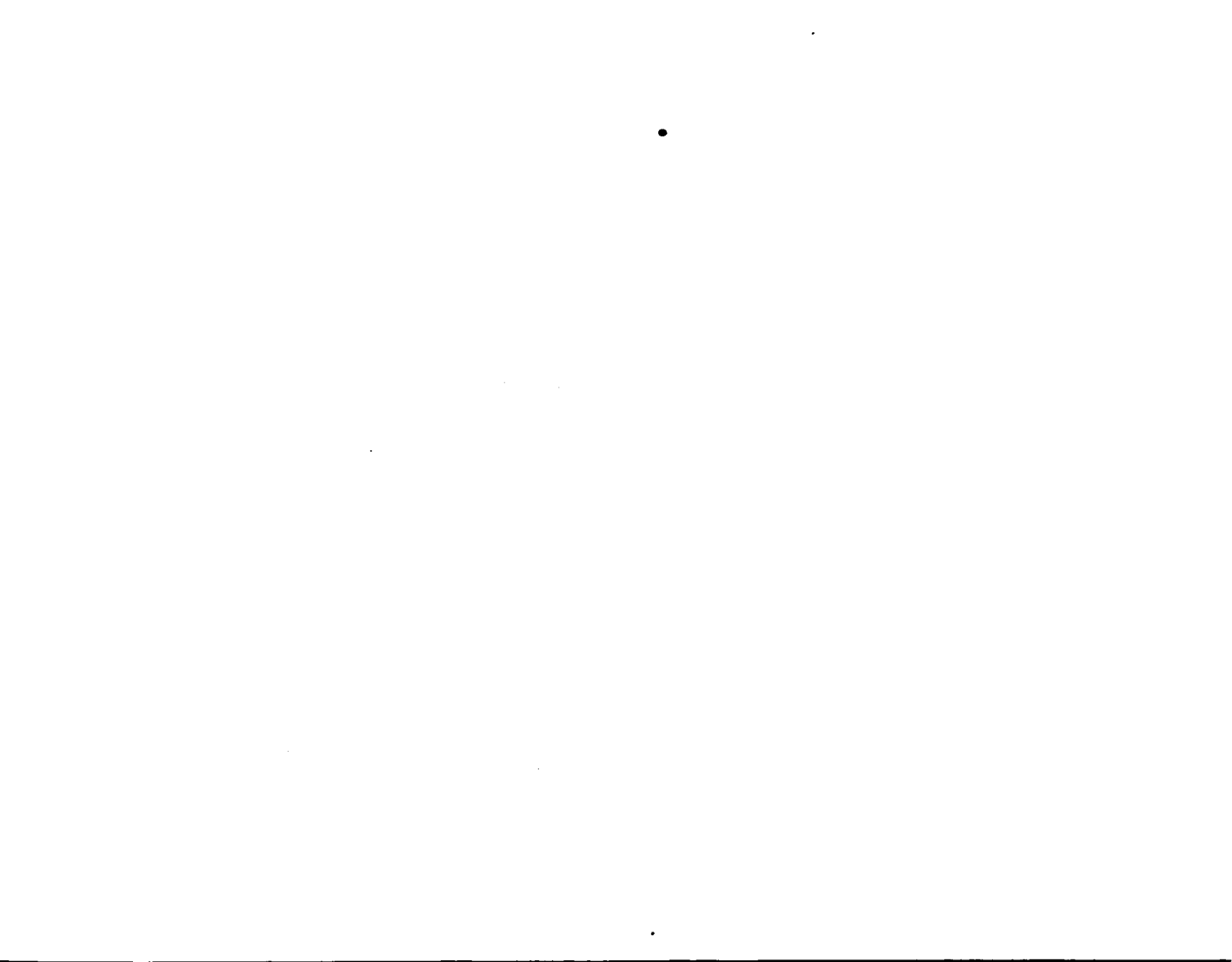
(Signature) D. P. Hill

Given names added from a supplemental report.

(Physician or midwife) _____

Address Pocatello Idaho

Filed May 1, 1920 D. P. Hill
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-328-683-313

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78534

County of Pannock

City of Pocatello

Registration District No. 84

File No. 58

No. 1112 So 7th St.

Hospital Amended 10-12-7 Primary Registration District No. 2161

Registered No. 3116

FULL NAME OF CHILD Alice May Vessey

| | | | | |
|----------------------------|-----------------------------------|-----------------------------------|------------------------|--|
| Sex of Child <u>female</u> | Twin Triplet or other? <u>and</u> | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>Apr 28 1920</u>
(Month) (Day) (Year) |
|----------------------------|-----------------------------------|-----------------------------------|------------------------|--|

FATHER
FULL NAME Colley Vessey
RESIDENCE Pocatello Idaho
COLOR white
AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Harbom N. Dak
OCCUPATION Labarer

MOTHER
FULL MAIDEN NAME May Elizabeth Tatton
RESIDENCE Pocatello Idaho
COLOR white
AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Sturgis S Dak
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

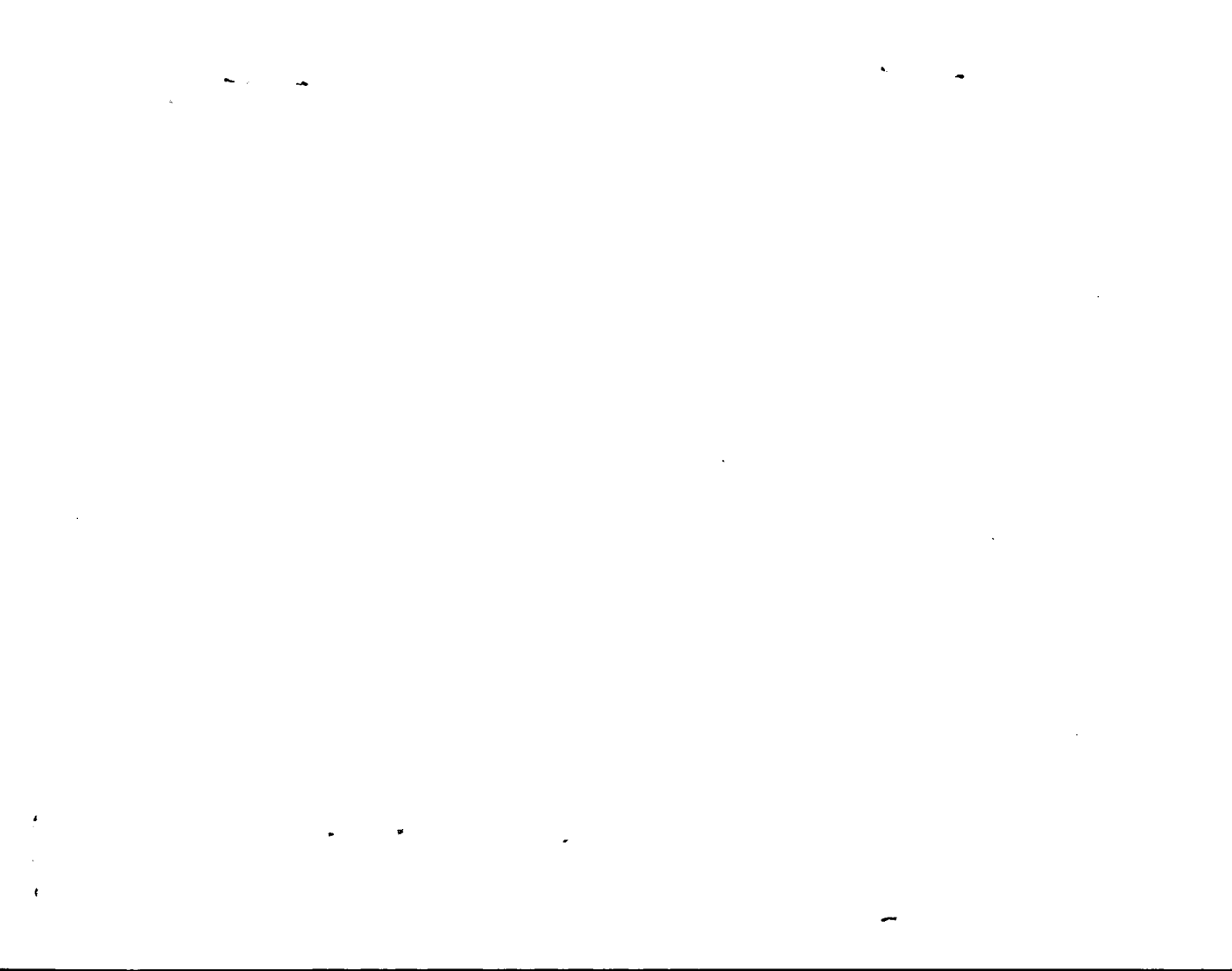
(Signature) O. B. Stealy

Given names added from a supplemental report.

(Physician or midwife) Pocatello Idaho
Address Pocatello Idaho

Filed May 1, 1920 O. B. Stealy
Registrar

K



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Official Certificate of Birth or Death

State of Washington }
County of Grays Harbor } **RECEIVED**
VITAL STATISTICS
SEP 7 12 37 PM '77
Certificate No. 78534
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Vessey (female) who was born on Apr 30, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on , are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name Unnamed Alice May Vessey
date of birth April 30, 1920 April 28, 1920

Subscribed and sworn to before me this 16th day of
Aug., 19 77

Signed John W Vessey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Montesano
My commission expires 5-7-79
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
 , 19

Signed John W Vessey
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

Insurance Policy gives name as Alice M. Veloni born April 28, 1920, in Idaho. Application for insurance to the Prudential Insurance Co. of America was made September 4, 1958. # M95 821 841, Agent Thomas Finch, Husband, Charles L. Veloni.

Viewed by V.S.

Sunset Life Insurance Company of America, Olympia, Washington states that Alice May Veloni was born 1920, age April 28, 1920 Age 38. Father is listed as Rolley Vessey and husband as Charles L. Veloni.

Viewed by V.S.

Family Record gives name as Alice May Vessey, born April 28, 1920 in Pocatello, Idaho to Rolley Vessey and Elizabeth Tatton.

Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-127-003-219

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 110-25m-7-21-19

County of BannockCity of Pocatello R. F. D.Registration District No. 84 File No. 58

No. _____ St. _____

Primary Registration District No. 2161 Registered No. 3115

Hospital _____

FULL NAME OF CHILD HARRY ALEXANDER Lurran

| | | | | |
|-------------------------|---|--------------------------------------|----------------------------|---|
| Sex of Child <u>boy</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and } Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>April 27 1920</u>
(Month) (Day) (Year) |
|-------------------------|---|--------------------------------------|----------------------------|---|

FULL NAME FATHER Lynch A. LurranRESIDENCE Pocatello R. F. D.COLOR White AGE AT LAST BIRTHDAY 42 (Years)BIRTHPLACE OhioOCCUPATION FarmerFULL MAIDEN NAME MOTHER Martha M. BaileyRESIDENCE Pocatello R. F. D.COLOR White AGE AT LAST BIRTHDAY 39 (Years)BIRTHPLACE OhioOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:45 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

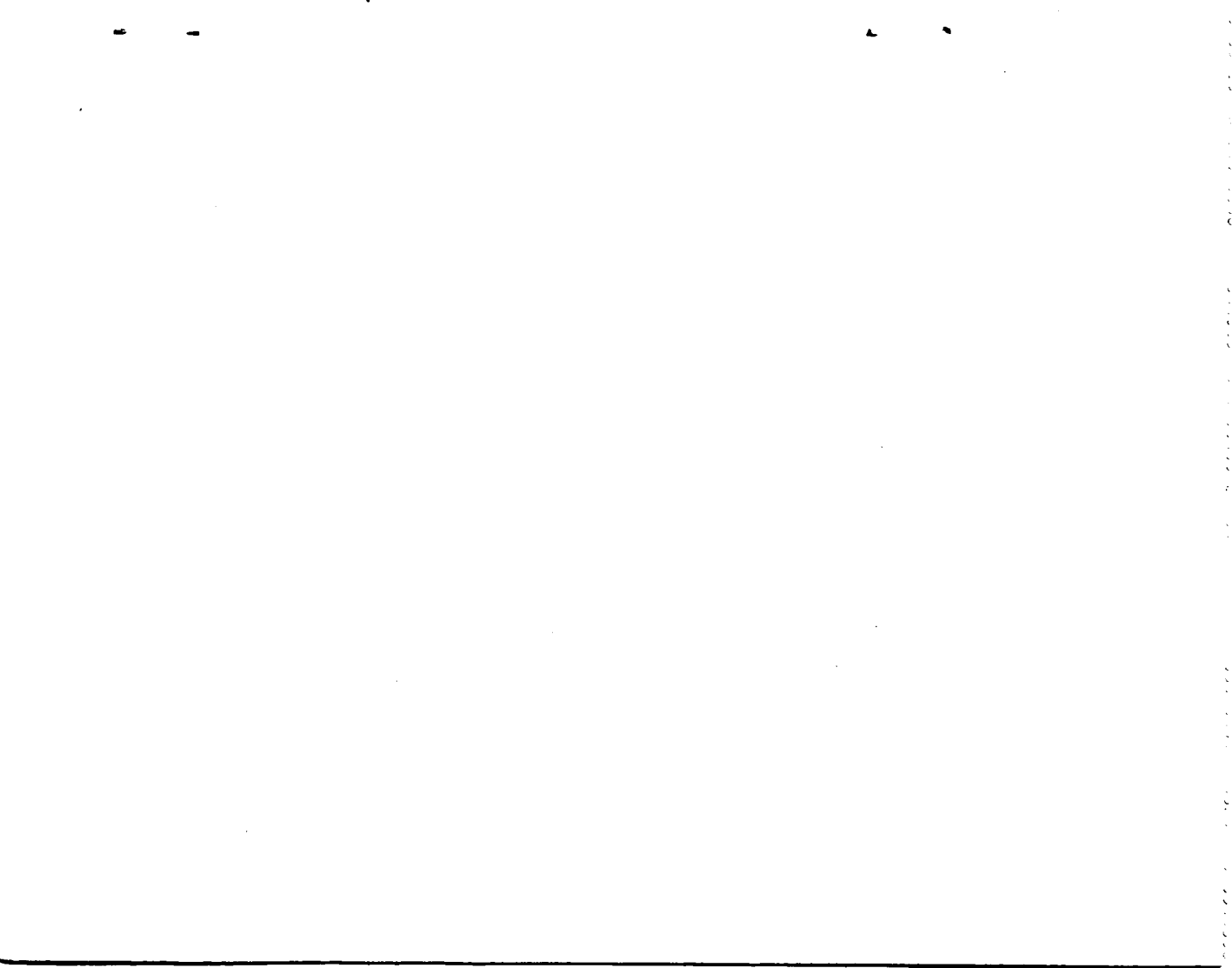
(Signature) J. F. Miller M.D.
404-406 Kane Bldg.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Box 174 Pocatello, Id.

Filed May 1, 1920 O. J. Bailey
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of Bannock } ss.

Certificate No. 78535
Date Filed Apr 13 1942

The undersigned does solemnly swear that certain facts on the certificate of birth
for HARRY ALEXANDER CURRAN who born on April 27, 1920
in Pocatello, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family birth record prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

| | | |
|--|---------------------------------|----------------------------------|
| FACTS TO BE CORRECTED
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) | FROM
(AS ON ORIGINAL) | TO
(THE CORRECT FACTS) |
| <u>name</u> | <u>unnamed Curran</u> | <u>Harry Alexander Curran</u> |

Subscribed and sworn to before me this 7th
day of April, 19 42.
Monroe
Notary Public, residing at Pocatello, Idaho.
My commission expires May 20, 1944.
(SEAL)

Signed Lynch A. Curran
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
336 South 11th, Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Bannock } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of April, 19 42.
Monroe

Notary Public, residing at Pocatello, Idaho
My commission expires May 20, 1944.
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

Signed Walter Block
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1055 North Garfield, Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

APR 15 1942

619-227-003-152

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

78536

County of BannockCity of PocatelloRegistration District No. 84 File No. 58No. 650 N. Seventh St.Hospital St. Anthony Mercy Primary Registration District No. 2161 Registered No. 3114FULL NAME OF CHILD Helen Warner

| | | | | | |
|----------------------------|---|---------|---|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { and } | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>Yes</u> | Date of Birth <u>April 27</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|---------|---|----------------------------|--|

FULL NAME FATHER George Perry WarnerRESIDENCE Pocatello, IdahoCOLOR White AGE AT LAST BIRTHDAY 33 (Years)BIRTHPLACE Philadelphia, PennsylvaniaOCCUPATION CarpenterFULL MAIDEN NAME MOTHER Helen A. AnsonRESIDENCE Pocatello, IdahoCOLOR White AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE Milford, UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:45 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello, IdahoFiled May 1, 1920

Registrar

Registrar [Signature]

JAN 27 1960

NOV 28 1960

364-113-003-615
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78537

County of BannockCity of Pocatello IdaNo. 336 So 2nd St.Registration District No. 84File No. 58Hospital No.Primary Registration District No. 216Registered No. 313

FULL NAME OF CHILD

ANTONIO THOMAS COMASTRI

Sex of Child

BoyTwin
Triplet
or other?{ and } Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?YesDate of
Birthapr 12
(Month) (Day)1920
(Year)FULL
NAMEArchie Comastri

FATHER

FULL
MAIDEN
NAMEada Faverio

MOTHER FAVERO

RESIDENCE

336 So 2nd Rear

RESIDENCE

336 So 2nd Rear

COLOR

whiteAGE AT LAST
BIRTHDAY33
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Italy

BIRTHPLACE

Italy

OCCUPATION

a S.L. Car. Repairer

OCCUPATION

House WifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive
(Born alive or stillborn)at 11 A. M.{ *When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

J. H. Lynn

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Lynn Bros Hospital

Filed

April 4 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-1-1

1-1-1

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss. Certificate No. 78537
County of Bannock, }

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed, who was born on April 13th, 1920,
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho, are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Church records, prepared on about August 1st, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED | FROM | TO |
|--|------------------|-------------------------|
| ("Name", "Birth Date", "Cause of Death", Etc.) | (As on Original) | (The Correct Facts) |
| Name | Unnamed | Antonio Thomas Comastri |
| Date | 4/12 | April 13, 1920 |
| Mother's name | Foulra | Ada Favero |

Subscribed and sworn to before me this 19th
day of October, 1942.

Notary Public, residing at Pocatello, Idaho.

My commission expires October 15th, 1944.
(Seal)

Signed Ada Favero Comastri
(Signature of parent or attendant correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

344 N. 11th Avenue, Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bannock, }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of October, 1942.

Notary Public, residing at Pocatello, Idaho.

My commission expires October 15th, 1944.
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Achilles Comastri Father
(Signature of Any Credible Person Other Than Previous Year)

344 N. 11th Avenue, Pocatello, Idaho.
(Street Address, City, State)

OCT 23 1942

County of Barnack

CERTIFICATE OF BIRTH

78538

City of Pocahontas IdaRegistration District No. 84File No. 58No. 813-220-003-793No. StPrimary Registration District No. 2161Registered No. 3112Hospital Ada HallFULL NAME OF CHILD Wilfred Hall - ADA HALL

| | | | |
|----------------------------|--|-----------------------|---|
| Sex of Child <u>Female</u> | Twin <u>Triplet</u> or other <u>and</u> Number in order of birth <u>—</u>
(To be answered only in event of plural births) | Legitimate <u>yes</u> | Date of Birth <u>Apr 20/20</u> 1911
(Month) (Day) (Year) |
|----------------------------|--|-----------------------|---|

| | | | |
|--------------------------------|---|-------------------------------------|---|
| FULL NAME <u>Wilfred Hall</u> | FATHER | FULL MAIDEN NAME <u>Ada Gilbert</u> | MOTHER |
| RESIDENCE <u>Lukon Ida</u> | | RESIDENCE <u>Lukon Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
| BIRTHPLACE <u>Fairview Ida</u> | | BIRTHPLACE <u>Fairview Ida</u> | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>H. W.</u> | |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 am Apr 20/20 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James F. Miller MDBox 174 Pocahontas Ida
(Physician or midwife)

Given names added from a supplemental report.

Address Box 174 Pocahontas IdaFiled Apr 21/20 O. B. Green

Registrar

Registrar

$\Delta_{\text{max}} = \frac{\Delta}{n}$

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 78538

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Born (Birth or Death)
for Born who Born on Apr. 20 - 1920 (Date of Event)
in Inkom, Idaho (Name on Original Certificate) (Was Born or Died) (Place of Event)
true facts are shown by Certificate of Birth prepared on Sept 12 - 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
name Baby Girl Hall Ada Hall

Subscribed and sworn to before me this 26
day of February 1942

Signed Ida Hall Bawser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Twin Falls

My commission expires February 18-1945 190 Adams St, Twin Falls, Idaho
(Seal) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. That she is the mother of said Ada Hall.

Subscribed and sworn to before me this 4
day of March 1942.

Signed Ada Gilbert Hall
(Signature of Any Credible Person Other Than Previous Year)

X Notary Public, residing at Inkom, Idaho

Inkom, Idaho
(Street Address, City, State)

My commission expires
(Seal)

1000-00-001

1000-00-001

319-219-003-29

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78539

County of GannockCity of PocatelloRegistration District No. 84File No. 58No. 8467 Grant St.Primary Registration District No. 2161Registered No. 3111

Hospital _____

FULL NAME OF CHILD

Norma Louise CarlsonSex of
ChildfemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
BirthApr 19 1920

(Month) (Day) (Year)

FATHER
FULL
NAMEJohn H. Carlson

RESIDENCE

Pocatello Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Willard Utah

OCCUPATION

LaborerMOTHER
FULL
MAIDEN
NAMEMyrtle Sims

RESIDENCE

Pocatello Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Armo, Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.alive

(Born alive or stillborn)

at 4:30 P. M.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

O. B. Stealy

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

Apr 22 20

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

OCT 8 1943

219-117-003-864

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78540

County of BannerCity of Pacquette IdRegistration District No. 84File No. 58

No. _____ St. _____

Primary Registration District No. 2161Registered No. 3110

Hospital _____

FULL NAME OF CHILD Jefferson Gilbert Barbour

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birth1Legiti
mateyesDate of
Birthap. 17

(Month)

(Day)

19 20

(Year)

FULL
NAMEThomas Gilbert Barbour

FATHER

FULL
NAMEMarit House

MOTHER

RESIDENCE

1340 So. 2nd

RESIDENCE

1340 So. 2nd

COLOR

IndianAGE AT LAST
BIRTHDAY48
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Helena Montana

BIRTHPLACE

Idaho

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was white, at 9:20 P. M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]
phys.

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address Pacquette IdFiled Apr 20 19 20

Registrar

Registrar [Signature]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1942

MAR 6 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

386-217003 Amended 7-29-58
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello, Ida.

No. _____ St. _____

Registration District No. 84

File No. 78541

Hospital _____

Primary Registration District No. 2161

Registered No. 3109

FULL NAME OF CHILD Helen Mae Thompson

(Certificate of no value without full name of child.)

| | | | | |
|----------------------------|---|---|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | } and {
Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of
birth <u>4-17</u>
(Month) (Day) (Year) <u>1920</u> |
|----------------------------|---|---|-----------------------------|--|

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER
FULL NAME

Edward D. Thompson

RESIDENCE

615 No. 4th

COLOR

Colored

AGE AT LAST

BIRTHDAY 22
(Years)

BIRTHPLACE

So. Carolina

OCCUPATION

Shops

MOTHER
FULL MAIDEN
NAME

Annie Mae Washington

RESIDENCE

615 No. 4th

COLOR

Colored

AGE AT LAST

BIRTHDAY 17
(Years)

BIRTHPLACE

New Mexico

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:20 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) J. H. Lynn

Physician

(Physician or midwife)

Give names added from a supplemental report.

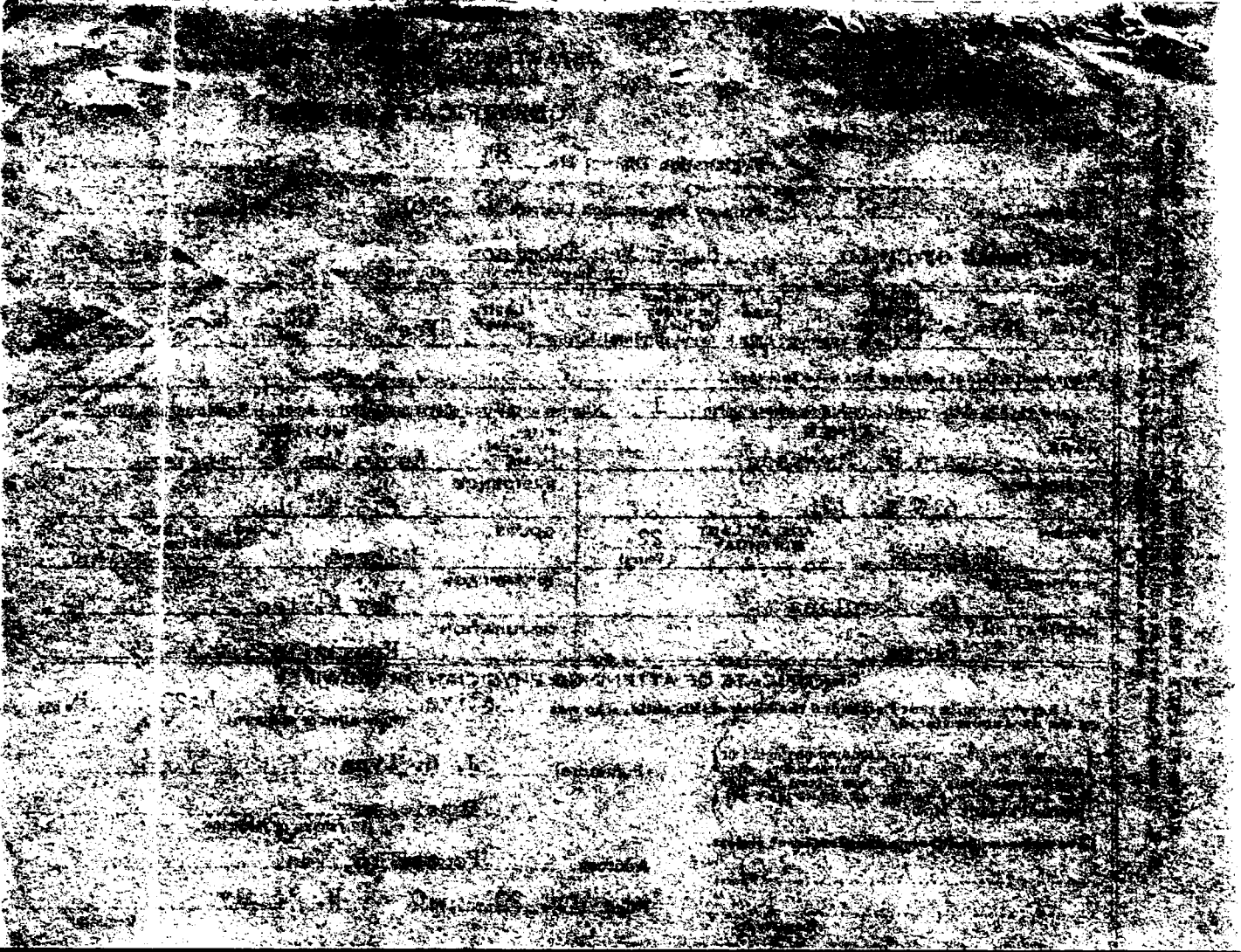
Address Pocatello, Ida.

Filed Apr. 20 1920

B. Steely

Registrar.

Registrar.



To correct Father's Name - Family Record viewed by V.S. Edward D. Thompson.
to correct Child's Name - School Record, May 22, 1939 viewed by V.S.
Own child's birth cert. (Utah IDAHO STATE BOARD OF HEALTH
birth) #52-29-1989 viewed by V.S. DIVISION OF VITAL STATISTICS
Marriage Certificate gives (both) information correct. (California) File No. 1951 - Cert.
Affidavit to Correct or Amend An Original Certificate of Birth or Death No. 2850

State of Utah } ss. Certificate No. 78541
County of Weber } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Helen May Washington Thomas who was born on April 17, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by School Record - Examine Policy prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

| | | |
|---------------|------------------------------------|---------------------------|
| Name | <u>Helen May Washington Thomas</u> | <u>Helen Mae Thompson</u> |
| Father's Name | <u>Edward D. Thomas</u> | <u>Edward D. Thompson</u> |

Subscribed and sworn to before me this 8th day of
July, 1958

Signed Carrie Perkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Ogden, Utah
My commission expires 5/26/62
(Seal)

2939 Wall Ave Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

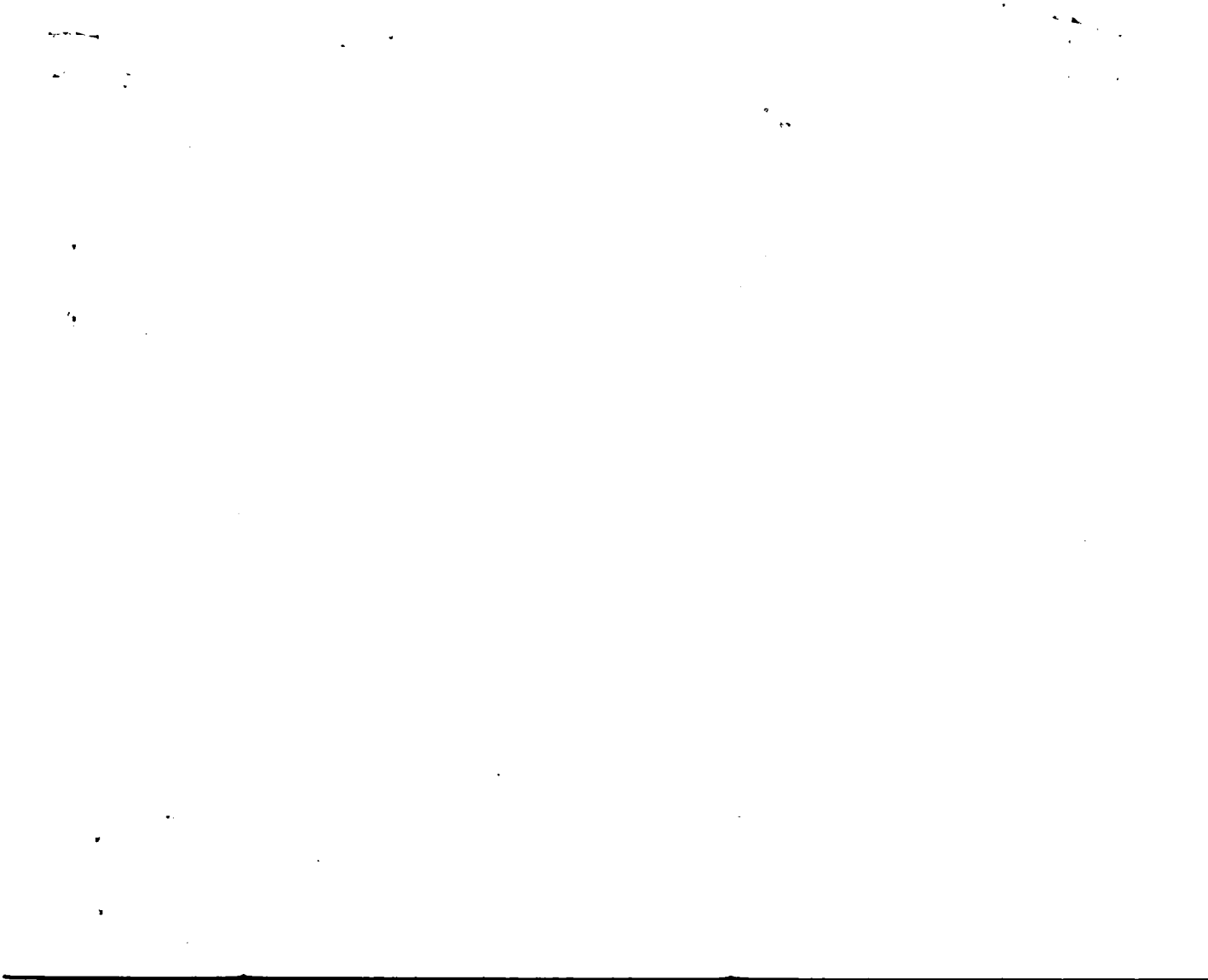
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of
July, 1958

Signed Mrs Annie Thiff
(Signature of Any Credible Person)

Notary Public, residing at Ogden, Utah
My commission expires 5/26/62
(Seal)

2957 Childs Ave, Ogden, Utah
(Street Address, City, State)



282-217-003-664

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78542

County of

Bannock

City of

Pocatello Ida

Registration District No.

84

File No.

58

No.

St.

Primary Registration District No.

2161

Registered No.

3108

Hospital

FULL NAME OF CHILD

Eric Irene Sykes

Sex of Child

Female

Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?

Yes.

Date of Birth

April 17

19

20

(Month)

(Day)

(Year)

FULL NAME

FATHER

John D Sykes

RESIDENCE

1324 No 2nd

COLOR

white

AGE AT LAST BIRTHDAY

27

(Years)

BIRTHPLACE

Sweden

OCCUPATION

Laborer

FULL MAIDEN NAME

MOTHER

Edith M. Woodell

RESIDENCE

1324 No 2nd

COLOR

white

AGE AT LAST BIRTHDAY

19

(Years)

BIRTHPLACE

Iowa

OCCUPATION

Housewife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Alive

(Born alive or stillborn)

at

6 30 P M.

on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Sykes
J. H. Sykes
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

Apr 20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

18

19

20

21

393-106-003-155
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-9-8-17

78543

County of *Bannock*City of *Lava Hot Springs*Registration District No. *84*File No. *58*

No.St.

Primary Registration District No. *2161*Registered No. *3107*

Hospital

FULL NAME OF CHILD

George Leroy Lilley

Sex of Child

*male*Twin
Triplet
or other?Number
and in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?*yes*Date of
Birth*Mar 6 1920*
(Month) (Day) (Year)FULL
NAME

FATHER

William Lilley

RESIDENCE

Lava Hot Springs, Ida

COLOR

*white*AGE AT LAST
BIRTHDAY*42*

(Years)

BIRTHPLACE

Nevada

OCCUPATION

*hod carrier*FULL
MAIDEN
NAME

MOTHER

Vena Jensen

RESIDENCE

Lava Hot Springs Ida

COLOR

*white*AGE AT LAST
BIRTHDAY*41*

(Years)

BIRTHPLACE

Idaho

OCCUPATION

*housewife*Number of child of this mother, including present birth *5* Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive*, at *330 A* M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. J. Henning M.D.
Lava Hot Springs, Ida
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed *Apr 20 1920*

Registrar

Register

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

191.222.003-764

(Be sure the information is complete and accurate)

State File No. 78544

Local Reg. No. 84

Reg. Dist. No.

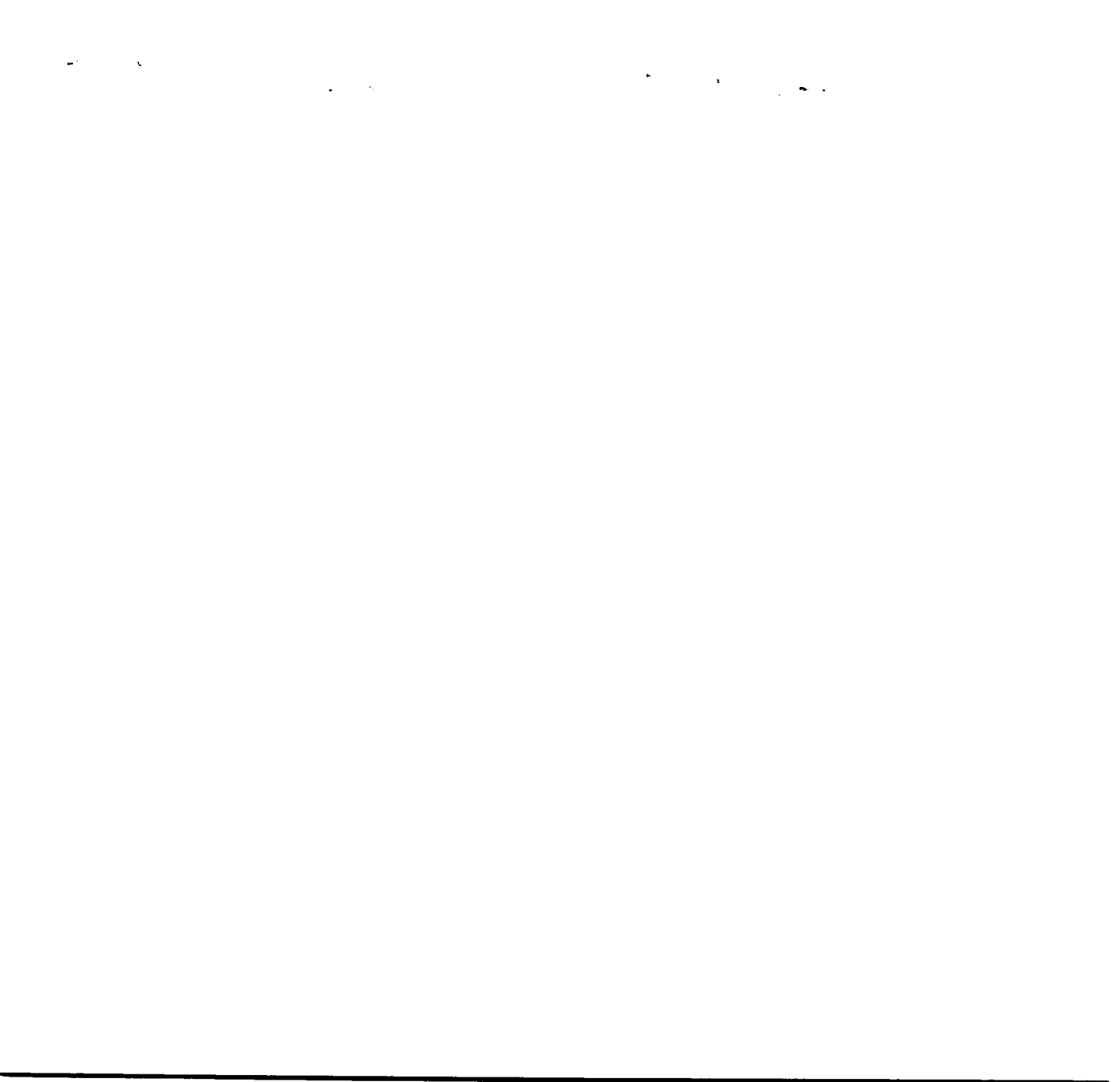
Amended 3/30/77

CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | |
|--|---|--|--|
| 1. PLACE OF BIRTH | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) | |
| a. COUNTY
Bannock | | a. STATE
Idaho | b. COUNTY
Bannock |
| b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Lava Hot Springs | | c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Lava Hot Springs | |
| c. FULL NAME OF (If NOT in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |
| 3. CHILD'S NAME | | | |
| a. (First)
Amelia | | b. (Middle)
Mae | |
| | | c. (Last)
Arave | |
| 4. SEX
Female | 5a. THIS BIRTH
SINGLE _____ TWIN _____ TRIPLET _____ | 5b. IF TWIN OR TRIPLET (This child born)
1st _____ 2nd _____ 3rd _____ | 6. DATE OF BIRTH (Month) (Day) (Year)
Feby. 22, 1920 |
| FATHER OF CHILD | | | |
| 7. FULL NAME | | | |
| a. (First)
Joseph | | b. (Middle)
Eastman | |
| | | c. (Last)
Arave | |
| 8. AGE (At time of this birth)
21 YEARS | 9. BIRTHPLACE (State or foreign country)
(City or Town)
Basalt, Idaho | 10. USUAL OCCUPATION
Mechanic | 11. KIND OF BUSINESS OR INDUSTRY |
| MOTHER OF CHILD | | | |
| 12. FULL MAIDEN NAME | | | |
| a. (First)
Dorthella | | b. (Middle)
Godfrey | |
| | | c. (Last) | |
| 13. AGE (At time of this birth)
17 YEARS | 14. BIRTHPLACE (State or foreign country)
(City or Town)
Lava Hot Springs, Idaho | 15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) | |
| 16. INFORMANT'S SIGNATURE OR NAME (Relationship) | | a. How many OTHER children are now living? | b. How many OTHER children were born alive but are now dead? |
| | | c. How many children were stillborn (born dead after 20 wks. pregnancy?) | |
| <i>I hereby certify that this child was born alive on the date stated above.</i> | | 17. SIGNATURE
F. Wiglesworth | |
| 19. ADDRESS
Lava Hot Springs, Ida. | | 18. ATTENDANT AT BIRTH
M.D. _____ MIDWIFE _____ OTHER (Specify) _____ | |
| 21. DATE REC'D BY LOCAL REG.
Apr. 20, 1920 | | 20. DATE SIGNED | |
| 22. REGISTRAR'S SIGNATURE
O. B. Steely | | 23. DATE ON WHICH GIVEN NAME ADDED
BY _____
Registrar | |

FOR MEDICAL AND HEALTH USE ONLY

| | |
|---|---|
| Was a test for phenylketonuria performed? YES _____ NO _____ DATE _____ | |
| Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____ | |
| LENGTH OF PREGNANCY _____ WEEKS | WEIGHT AT BIRTH _____ LBS. _____ OZS. Time: 10:20 AM |
| RACE OR COLOR OF FATHER
White | RACE OR COLOR OF MOTHER
White |
| METHOD OF DELIVERY | |
| Was 1% Silver Nitrate Used to prevent blindness?
YES _____ NO _____ | |
| BIRTH INJURY TO INFANT
_____ YES IF YES, DESCRIBE
_____ NO | |
| CONGENITAL MALFORMATIONS OF INFANT
_____ YES IF YES, DESCRIBE
_____ NO | |



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California }
County of Los Angeles } ss. RECEIVED
Certificate No. 78544
Date Filed APR 6 8 21 PM '77

The undersigned does solemnly swear that certain facts on the certificate of birth
for Reida May Arave who was born on Feb 22, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Lava Hot Springs, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name Reida May Arave Amelia Mae Arave

Subscribed and sworn to before me this 12th day of February, 19 77.
Elmer G. Geronsin
Notary Public, residing at El Monte, California
My commission expires July 10, 1978
(Seal)

Reida A. Arave (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
101N. 1st Street; Apt C
Alhambra, California 91801
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF SECOND PERSON

State of California }
County of Los Angeles } ss.
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 12th day of February, 19 77.
Elmer G. Geronsin
Notary Public, residing at El Monte, California
My commission expires July 10, 1978
(Seal)

Signed Nelson H. Arave
(Signature of Any Credible Person)
546 W. Walnut
Monrovia, California 91016
(Street Address, City, State)

Membership record from the LDS Church gives namas Amelia Mae Arave born Feb 22, .

1920 at Lava Hot Springs, Idaho. father's name as Joseph Eastman Arave and mother's name a s Enid Dorthella Godfrey. Blessed June 6, 1920 and Batpized Sept 2, 1928. viewed by V. S.

LDS Family group record gives namea Amelia Mae Arave born & Feb 22, 1920 at Lava Hot Springs father's name a Josseph Eastman Arave and mother's nameas Enid Dorothella Godfrey. ~~xxi~~ viewed by V. S.

418-129-003-331
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-9-33

78545

County of BannockCity of Lava Hot Springs IdaRegistration District No. 84File No. 58No. St.Primary Registration District No. 2161Registered No. 31057Hospital

FULL NAME OF CHILD

Helvin Clark Mangham

Sex of Child

maleTwin
Triplet
or other?

{

and { Number
in order
of birth

{

Legiti-
mate?yeDate of
BirthJan 29

Month (Day) (Year)

FULL
NAMEJohn R. Mangham

FATHER

FULL
MAIDEN
NAMELera Clark

MOTHER

RESIDENCE

Lava Hot Springs Ida

RESIDENCE

same

COLOR

whiteAGE AT LAST
BIRTHDAY34
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

farmer

OCCUPATION

housewifeNumber of child of this mother, including present birth 5..... Number of children of this mother now living, including present birth 5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 745 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Henning, M.D.Lava Hot Springs, Ida
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address

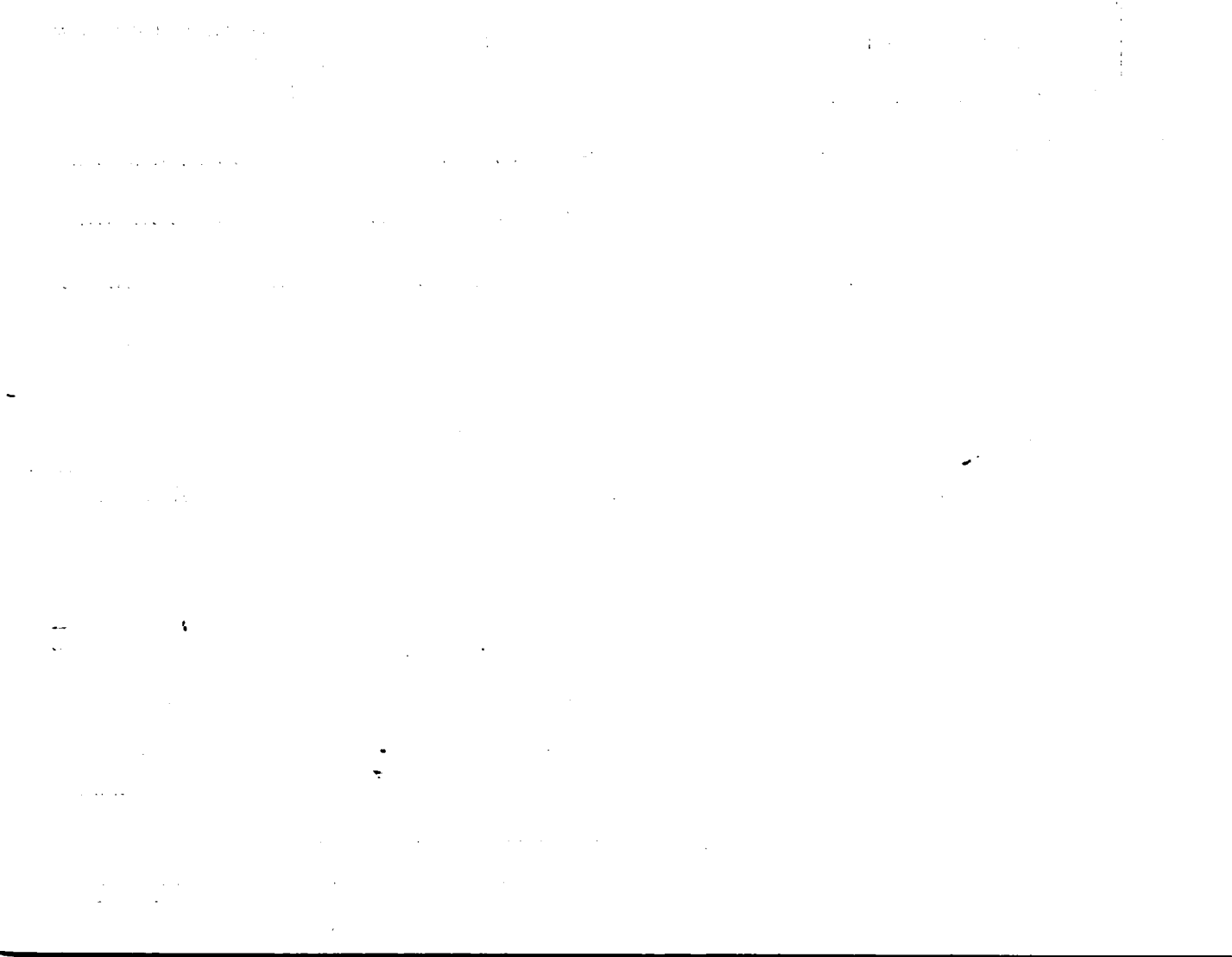
Idaho

Registrar

File

Apr 20 20O. J. Henning

Registrar



349-206-003-253
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78549

County of BannockCity of BozelleRegistration District No. 54File No. 58

No. _____ St. _____

Hospital Poca GenlPrimary Registration District No. 2161Registered No. 3101

FULL NAME OF CHILD

Ruby Marie CorrenceSex of Child FemaleTwin
Triplet
or other? 1 and 1
(To be answered only in event of plural births)Number
in order
of birth 1Legiti
mate? YesDate of Birth April 6 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Jarvis C. Corrence

RESIDENCE

703 So. Garfield Ave. Poca

COLOR

white

AGE AT LAST

BIRTHDAY 24
(Years)

BIRTHPLACE

Coe Repaiers

OCCUPATION

West VaFULL
MAIDEN
NAME

MOTHER

Hella Bell

RESIDENCE

703 So. Garfield Ave. Poca

COLOR

Wt.

AGE AT LAST

BIRTHDAY 19
(Years)

BIRTHPLACE

Idaho

OCCUPATION

WashNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:50 p.m.
on the date above stated. (Born alive or stillborn)

(Signature)

Charles H. Sprague
M.D.

(Physician or midwife)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

19

Address

Kan. City.

Filed

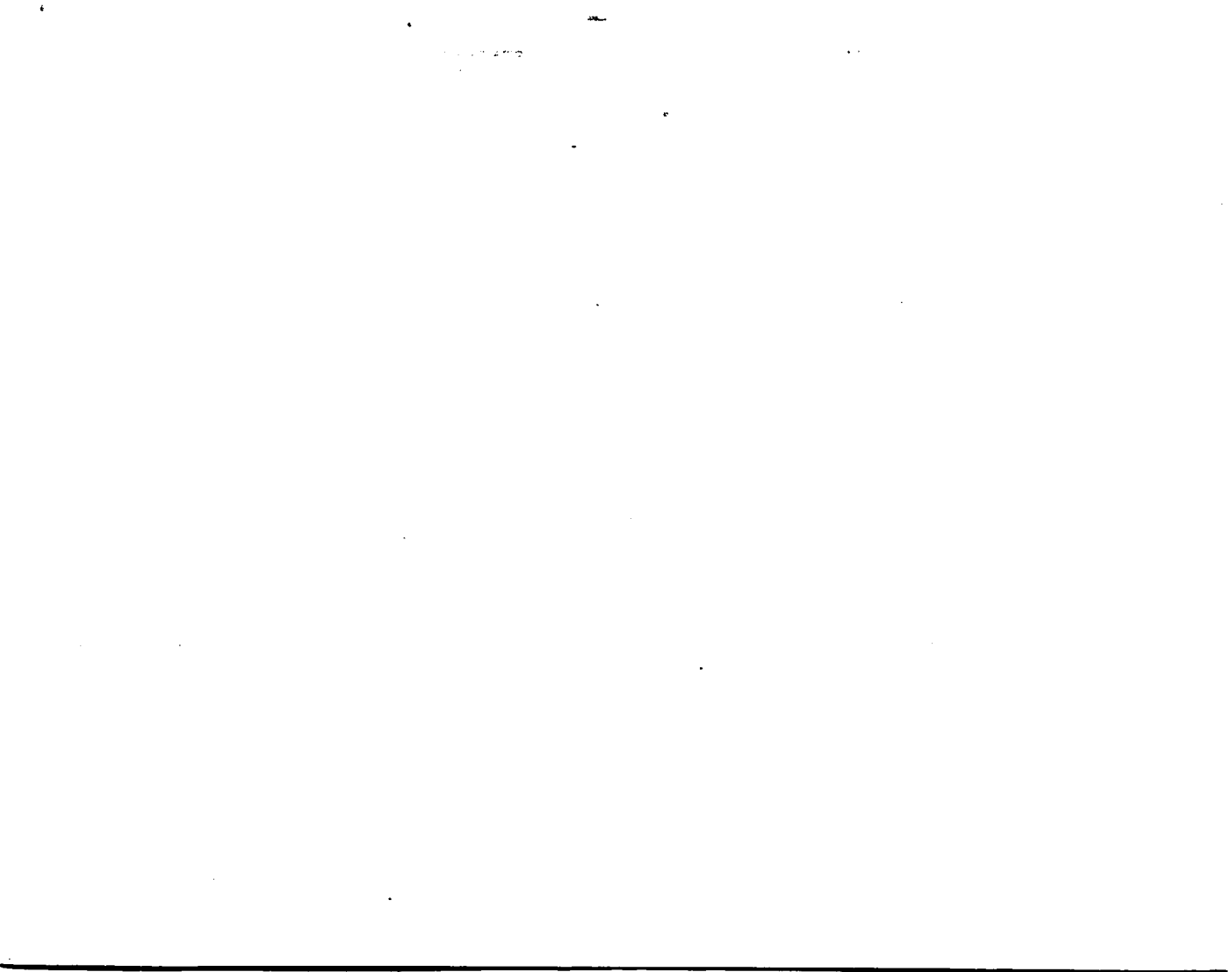
Apr 16 1920 O. B. Dwyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-104-003-918

PLACE OF BIRTH

OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & F. 11-0-22-3-33

CERTIFICATE OF BIRTH

78550

County of... *Bannock*

City of... *Pocatello*

No. *705-South 4th St.*

Registration District No. *84*

File No. *58*

Hospital.....

Primary Registration District No. *2161*

Registered No. *3100*

FULL NAME OF CHILD *Floyd Lester Burke*

Sex of Child *male* Twin Triplet or other? *no* and in order of birth *1* Legitimate? *yes* Date of Birth *April 4* 19*20*
(To be answered only in event of plural births) (Month) (Day) (Year)

| | | | |
|---|---|---|---|
| FATHER | | MOTHER | |
| FULL NAME <i>John A. Burke</i> | FULL MAIDEN NAME <i>Wilhelmina Rahn</i> | FULL NAME <i>John A. Burke</i> | FULL MAIDEN NAME <i>Wilhelmina Rahn</i> |
| RESIDENCE <i>Pocatello Ida</i> | RESIDENCE <i>Pocatello Ida</i> | RESIDENCE <i>Pocatello Ida</i> | RESIDENCE <i>Pocatello Ida</i> |
| COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>47</i> (Years) | COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>42</i> (Years) | COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>47</i> (Years) | COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>42</i> (Years) |
| BIRTHPLACE <i>Minneapolis Minnesota</i> | BIRTHPLACE <i>North Bend Wis</i> | BIRTHPLACE <i>Minneapolis Minnesota</i> | BIRTHPLACE <i>North Bend Wis</i> |
| OCCUPATION <i>Grocery Man</i> | OCCUPATION <i>Housewife</i> | OCCUPATION <i>Grocery Man</i> | OCCUPATION <i>Housewife</i> |

Number of child of this mother, including present birth... *6*... Number of children of this mother now living, including present birth... *5*...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Alive* (Born alive or stillborn) at *1172 9* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dean Newton*

Given names added from a supplemental report.

(Physician or midwife)

Address *Pocatello Idaho* File *Apr 13 1920*

Registrar

Registrar

~~Ray, James Earl~~
[REDACTED]
AUG 27 1963

915-108
008-255

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

78551

County of Bannock

City of Pocatello

Registration District No. 84

File No. 58

No. 431 W. Sherman St.

Primary Registration District No. 21.61

Registered No. 3099

Hospital No

FULL NAME OF CHILD

| | | | | | |
|--|--|-----|--|------------------------|---|
| Sex of Child <u>Boy</u> | Twin, Triplet, or other? <u>One</u>
(To be answered only in event of plural births) | and | Number in order of birth <u>One</u> | Legitimate? <u>Yes</u> | Date of birth <u>April 4</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FATHER | | | MOTHER | | |
| FULL NAME <u>Walter Orien Manning</u> | | | FULL MAIDEN NAME <u>Mrs. L. Gensford</u> | | |
| RESIDENCE <u>Pocatello, Ida.</u> | | | RESIDENCE <u>Pocatello, Ida.</u> | | |
| COLOR <u>White</u> | | | COLOR <u>White</u> | | |
| AGE AT LAST BIRTHDAY <u>24</u> (Years) | | | AGE AT LAST BIRTHDAY <u>18</u> (Years) | | |
| BIRTHPLACE <u>Butler, Mo. Bates Co.</u> | | | BIRTHPLACE <u>Olews Hill, Kentucky</u> | | |
| OCCUPATION <u>Carriage Helper</u> | | | OCCUPATION <u>House Wife</u> | | |
| Number of child of this mother, including present birth <u>1</u> | | | Number of children, of this mother, now living, including present birth <u>1</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

(Signature) Ed. Baughman M.D. at 12:50 P.M.

(Physician or Midwife)

Given names added from a supplemental report

Address 942 W. Fremont St.

Filed Apr 13, 1920 O. B. Stealy Registrar

8-Y CO., 16670

FEB 5 1971

393-131-003-363

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78552

County of BannockCity of PocatelloRegistration District No. 84File No. 58

No. _____ St. _____

Hospital Pocatello Social Hospital Primary Registration District No. 61Registered No. 3098FULL NAME OF CHILD Wayne Lillibridge

| | | | | | |
|--------------------------|--|-----|--------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | <u>Twin</u>
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legitimacy? <u>Yes</u> | Date of Birth <u>March 31</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|--|-----|--------------------------------|------------------------|--|

| | | | |
|--|--|--|--|
| FATHER | | MOTHER | |
| FULL NAME <u>Abe Lincoln Lillibridge</u> | FULL MAIDEN NAME <u>Ethel Irene Tolson</u> | FULL NAME <u>Abe Lincoln Lillibridge</u> | FULL MAIDEN NAME <u>Ethel Irene Tolson</u> |
| RESIDENCE <u>Pocatello Idaho</u> | RESIDENCE <u>Pocatello Idaho</u> | RESIDENCE <u>Pocatello Idaho</u> | RESIDENCE <u>Pocatello Idaho</u> |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>28</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>29</u> (Years) |
| BIRTHPLACE <u>Pocatello Idaho</u> | BIRTHPLACE <u>Kansas City Mo.</u> | BIRTHPLACE <u>Pocatello Idaho</u> | BIRTHPLACE <u>Kansas City Mo.</u> |
| OCCUPATION <u>Machinist</u> | OCCUPATION <u>House wife</u> | OCCUPATION <u>Machinist</u> | OCCUPATION <u>House wife</u> |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 10¹⁵ P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Arn Newton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello IdahoFiled Apr 10 1920 O. B. Steel

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

767-120-003-915

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bannock

City of Paicines Idaho

Registration District No. 84

File No. 58

78553

No. _____ St. _____

Primary Registration District No. 2161

Registered No. 3077

Hospital _____

FULL NAME OF CHILD Not named James Kenneth Poppleton

Sex of Child male

Twin
Triplet
or other?

{ and }
(To be answered only in event of plural births)

Number
in order
of birth

Legitimacy yes

Date of Birth 3-20-20

(Month) (Day) (Year)

FULL NAME Albert Poppleton

FATHER

RESIDENCE Keystone Dairy

COLOR white

AGE AT LAST BIRTHDAY 43

(Years)

BIRTHPLACE Utah Ogden

OCCUPATION Milkery Driver

FULL MAIDEN NAME Elizabeth Rankin

MOTHER

RESIDENCE Keystone Dairy

COLOR white

AGE AT LAST BIRTHDAY 36

(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

(Physician or midwife)

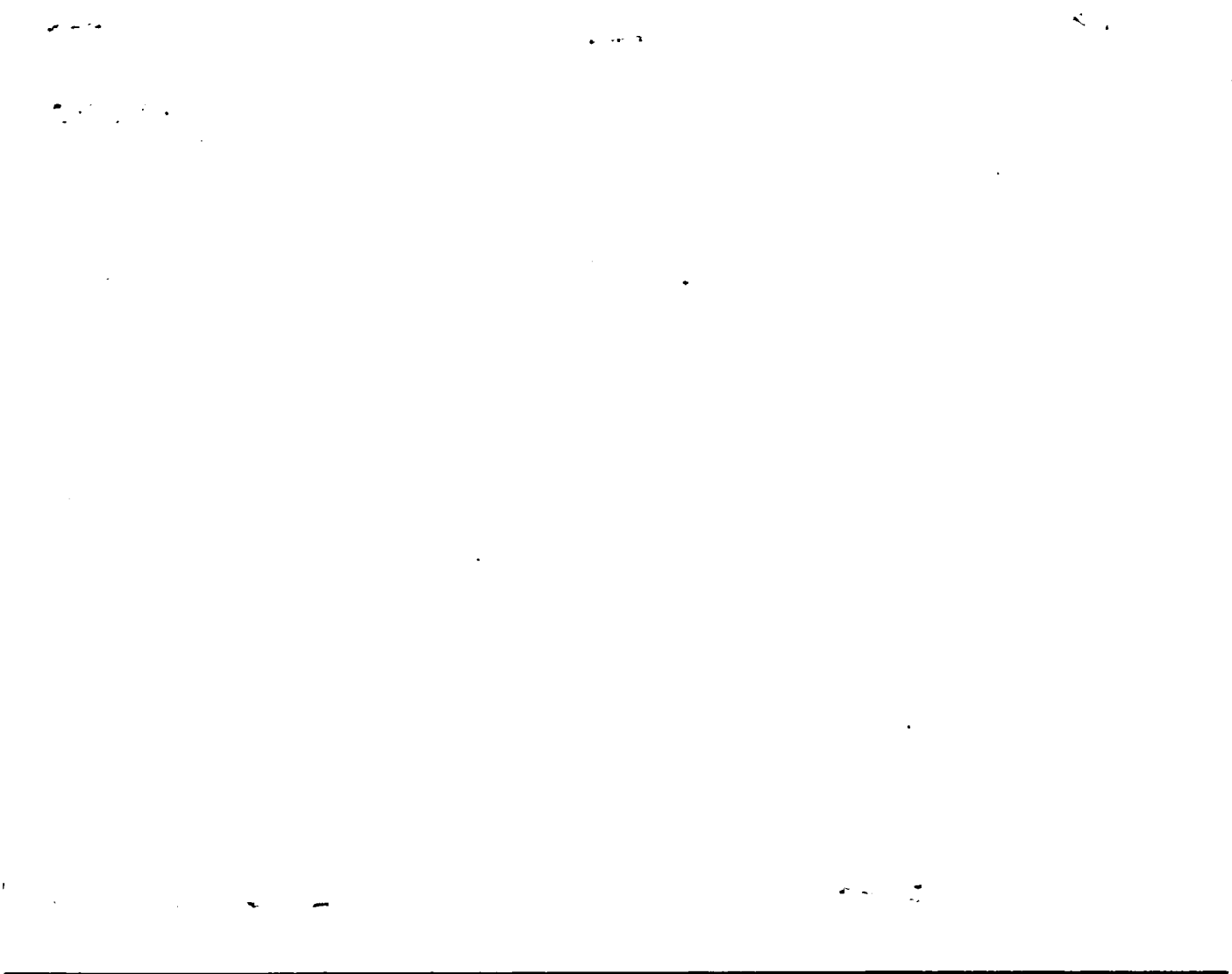
Given names added from a supplemental report.

Address Paicines Idaho

Filed Apr 10 1920

Registrar

Registrar O. B. Street



L.D.S. Cert. of Baptism & Confirmation, Jan. 11, 1931 gives full name of child as **James Kenneth Poppleton**, born March 20, 1920 at Pocatello, Idaho - to Albert Poppleton and Elizabeth Rankin - viewed by **IDAHO STATE BOARD OF HEALTH** and L.D.S. Church Cert. of **DIVISION OF VITAL STATISTICS** Ordination, ordained as a Deacon, April 3, 1932 gives full name as **James Kenneth**

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho Poppleton, born March 20, 1920 at Certificate No. 78553
County of Bannock Pocatello, Idaho - to Albert Poppleton and Elizabeth Rankin - viewed by V.S. Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Poppleton who born (Birth or Death) on March 20, 1920 (Was Born or Died) (Date of Event) in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)

true facts are shown by _____ prepared on _____, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
|---|--------------------------|---------------------------|
| Full Name of Child | Unnamed | James Kenneth Poppleton |

Subscribed and sworn to before me this 12th day of April, 1960

A. M. Denny
Notary Public, residing at Pocatello, Idaho
My commission expires 11-10-61
(Seal)

Signed Elizabeth Poppleton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
384 S. Main Ave Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

APR 28 1960

654-217-2043-815

Form V-2-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78554

County of BannockCity of PocatelloRegistration District No. 84File No. 58

No. _____ St. _____

Primary Registration District No. 2161Registered No. 3096

Hospital _____

FULL NAME OF CHILD

~~not named~~ BEATRICE DELORES FEWENS

Sex of Child

FemaleTwin
Triplet
or other?

(To be answered only in event of plural births)

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

3 17 1920
(Month) (Day) (Year)

FULL NAME

FATHER George W. Fewens

RESIDENCE

436 So 3rd city

COLOR

white

AGE AT LAST BIRTHDAY

25
(Years)

BIRTHPLACE

Utah

OCCUPATION

Painter

FULL MAIDEN NAME

MOTHER Daisy Hansen

RESIDENCE

436 So 3rd city

COLOR

white

AGE AT LAST BIRTHDAY

25
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.alive
(Born alive or stillborn)at 8:30 A.M.

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

J. H. Hansen
phys
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

File

Apr 10 1920

19

J. B. Steady
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78554
County of Carmack } SEP 12 1942
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Name Unnamed Beatrice Delores Fewens

Subscribed and sworn to before me this 10th
day of September, 1942

Notary Public, residing at Beatrice Fewens, Idaho

My commission expires Sept. 15, 1944
(Seal)

Signed Mrs Geo Fewens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1122 East Benton
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

SEP 14 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

144-203-223-279

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Pannock

City of Pocatello

No. 355 N. Lincoln St.

Registration District No. 84

File No. 58

78555

Hospital

Primary Registration District No. 2161

Registered No. 3015

FULL NAME OF CHILD

BETTY LOUISE

Amundson

Sex of Child

female

Twin
Triplet
or other?

✓ and

Number
in order
of birth

✓
(To be answered only in event of plural births)

Legit
mate?

yes

Date of
Birth

Mar 3

(Month)

(Day)

(Year)
1920

FULL
NAME

FATHER

Arthur Amundson

RESIDENCE

Pocatello Idaho

COLOR

white

AGE AT LAST
BIRTHDAY

29
(Years)

BIRTHPLACE

Pocatello Idaho

OCCUPATION

R R Clerk

FULL
MAIDEN
NAME

MOTHER

Millie Spillman

RESIDENCE

Pocatello Idaho

COLOR

white

AGE AT LAST
BIRTHDAY

26
(Years)

BIRTHPLACE

Pocatello Idaho

OCCUPATION

housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

alive

at

1 P

M.

on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. B. Deely

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Pocatello Idaho

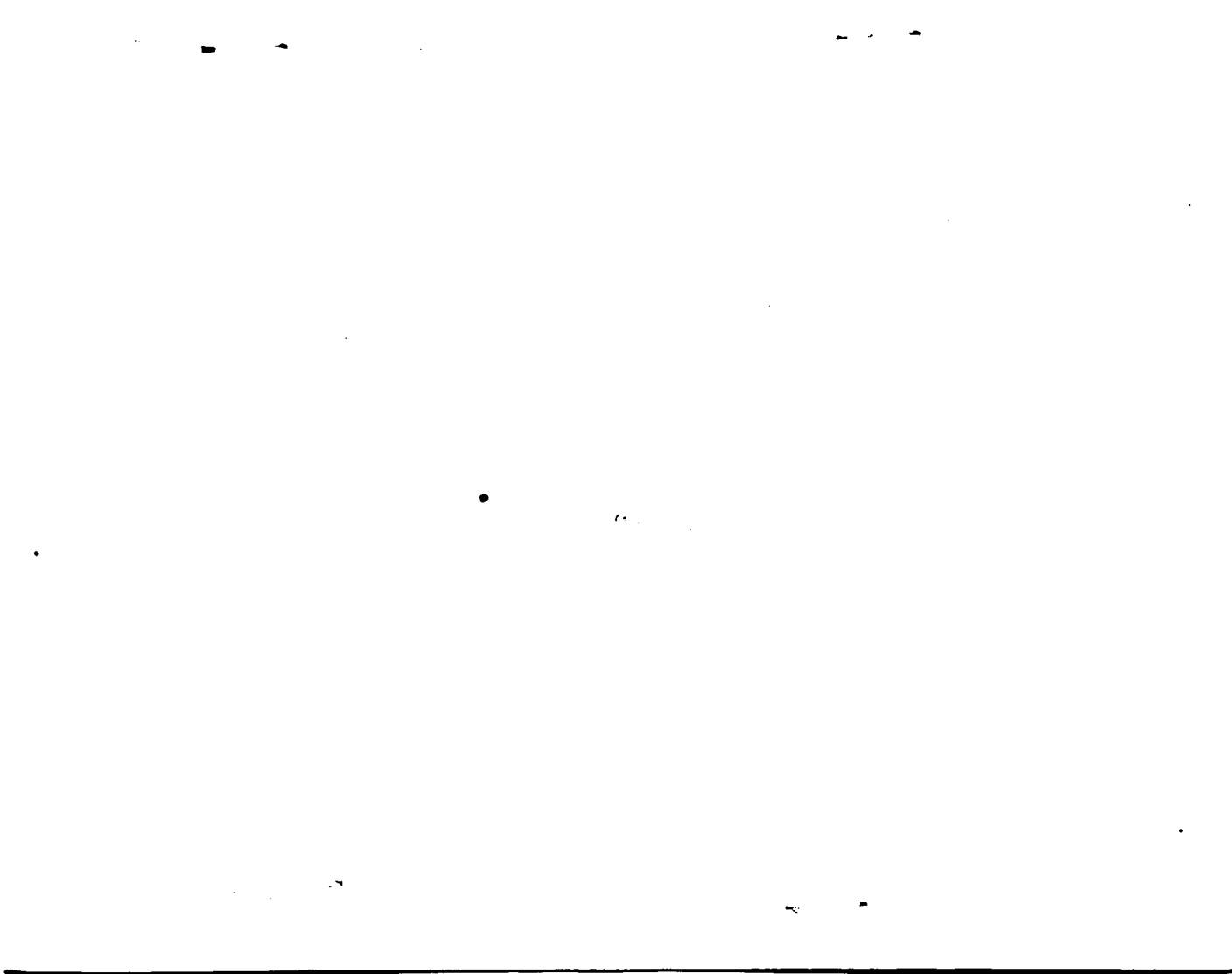
Filed

Apr 16 1920

O. B. Deely

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss. Certificate No. 78555
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Betty Louise Amundsen who was born on March 3, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Pocatello, Idaho ~~and certain facts were omitted~~ were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by bible record prepared on at time of birth, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

| | | |
|---|--------------------------|-----------------------------|
| FACTS TO BE CORRECTED
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) | FROM
(AS ON ORIGINAL) | TO
(THE CORRECT FACTS) |
| Name _____ | Unnamed _____ | Betty Louise Amundsen _____ |

Subscribed and sworn to before me this 1st
day of February, 19 43

Signed _____ (Mother)
Mildred Amundsen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
541 West Young St. Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

Notary Public, residing at Pocatello, Idaho
My commission expires August 19, 1943
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of February, 19 43
Frank G. Filer

Signed _____ (Father)
Arthur Amundsen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Pocatello, Idaho
My commission expires August 19, 1943
(SEAL)

541 West Young St. Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

FEB 8 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

945-129-003-437

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PocatelloNo. 650 N. Seventh St.Hospital St. Anthony's

FULL NAME OF CHILD

Registration District No. 84File No. 58Primary Registration District No. 7161Registered No. 3074

78556

| | | | | |
|--------------------------|-----------------------------------|-----------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>and</u> | Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>January 29</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|-----------------------------------|-----------------------------------|------------------------|--|

 FULL NAME FATHER
Harold Benjamin Ruebelmann

 RESIDENCE 329 N. Sixth Ave. - Pocatello, Idaho

 COLOR White AGE AT LAST BIRTHDAY 35 (Years)

 BIRTHPLACE Shoshone, Idaho

 OCCUPATION Coal Dealer

 FULL MAIDEN NAME MOTHER
Rose Mildred McFarquhar

 RESIDENCE 329 N. Sixth Ave. - Pocatello, Idaho

 COLOR White AGE AT LAST BIRTHDAY 29 (Years)

 BIRTHPLACE Kansas City, Kansas

 OCCUPATION Housewife

 Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was born alive, at 11:05 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Filed

Registrar

Pocatello, Ida.
Apr 16, 20 O. B. Steg

Registrar

DEC 1 - 1970

MARGIN RESERVED FOR BINDER.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

153-115-003-646
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 2. Rev. 11-10-19

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony's

FULL NAME OF CHILD

Registration District No. 54

File No. 58

Primary Registration District No. 2161

Registered No. 3013

Daniel Joseph Kenney Jr.

| | | | | | |
|-----------------------------|---|---------|--------------------------------|--------------------------------|---|
| Sex of Child
<u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { and } | Number
in order
of birth | Legiti
mate?
<u>Yes.</u> | Date of Birth
<u>January 15</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------------|---|---------|--------------------------------|--------------------------------|---|

FATHER
FULL NAME Daniel Joseph Kenney Sr.
RESIDENCE 856 W. Whitman St. Pocatello, Ida.
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Pocatello, Idaho.
OCCUPATION Traveling Salesman.

MOTHER
FULL MAIDEN NAME Kathleen Ruth O'Donnell.
RESIDENCE 856 W. Whitman St. Pocatello, Ida.
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Wray, Colorado.
OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:20 A.M.
(Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) W.A. Berry Sr.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Ida.
Filed Apr 16 1920 O. B. Stool
Registrar

Registrar

Registrar

AFFIDAVIT

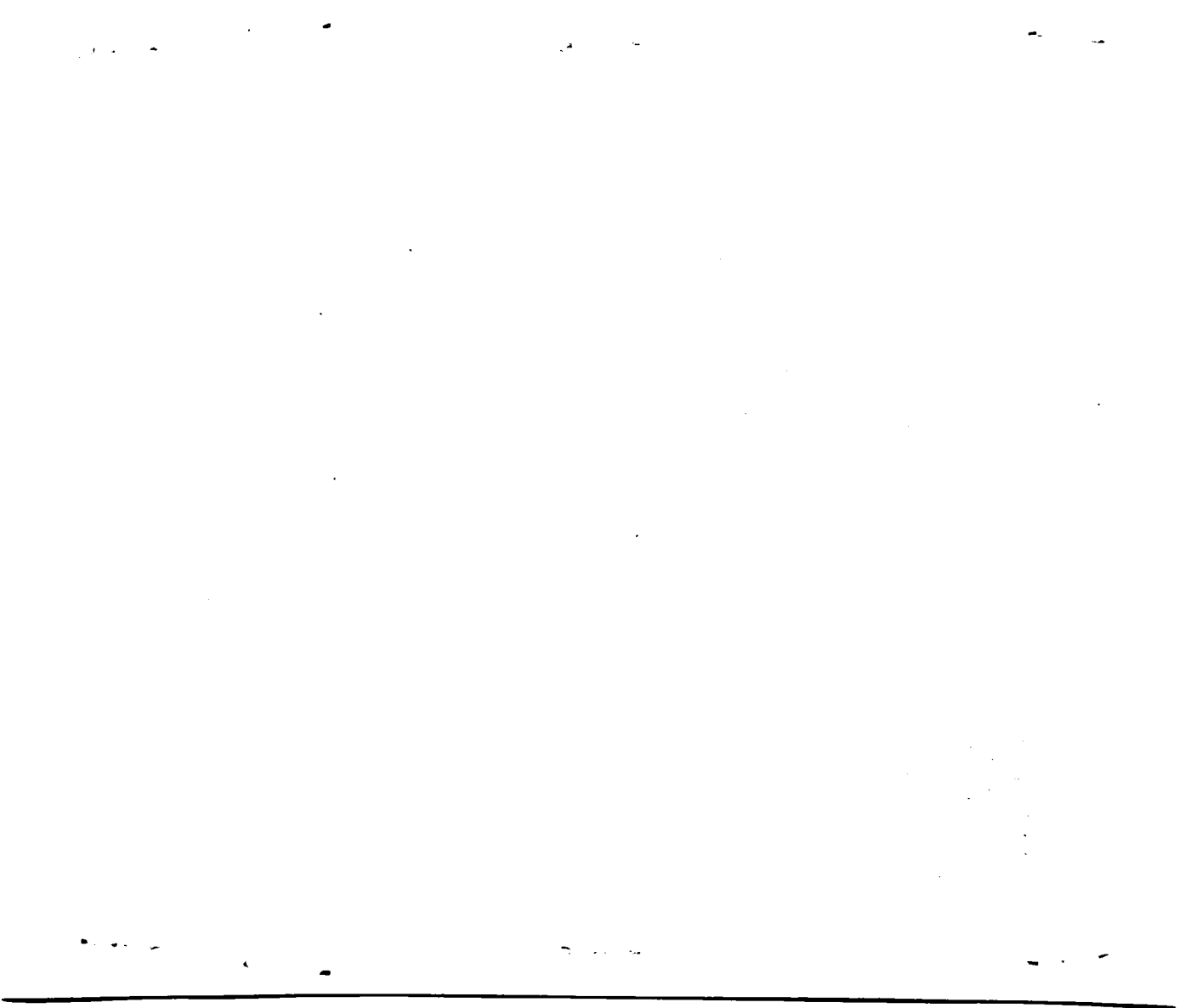
State of Washington)
County of King) ss.

I, Kathryn R. Kenny, Being first duly sworn, on oath deposes
and says: that she is the mother of Daniel Joseph Kenny, Jr. ,
that he was born on the 15th day of January, 1920 in St. Anthony's
Hospital at Pocatello, Idaho.

Kathryn R. Kenny

Subscribed and sworn to this 18th
day of August, 1937 A.D.

[Signature]
Notary Public in and for the state
of Washington, residing at Seattle,



213-228
004-791

PLACE OF

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Be

CERTIFICATE OF BIRTH

City of ParRegistration District No. 23File No. 78558
438

No. _____ St.

Primary Registration District No. 2132

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

ERSA MARY BACH

| | | | | |
|------------------------------|---|--|---------------------------------------|--|
| Sex of Child <u>female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | { and } Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>Apr 28</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Leo W. Bach</u> | FATHER | | FULL MAIDEN NAME <u>Sophia Grandy</u> | MOTHER |
| RESIDENCE <u>Paris Idaho</u> | | | RESIDENCE <u>Paris Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>41</u>
(Years) | | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>37</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | | | BIRTHPLACE <u>Idaho Utah</u> | |
| OCCUPATION <u>Merchant</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive
(Born alive or stillborn)at 5-25 P. M.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Moore M.D.

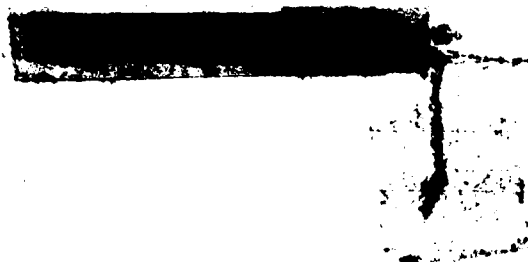
(Physician or midwife)

Given names added from a supplemental report.

Address Paris IdahoFiled 07/10 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }
Date Filed FEB 13 1942 Certificate No. 8558

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
for Ersa Mary Bach who was born April 28, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Louis Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)
FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
name no name Ersa Mary Bach

Subscribed and sworn to before me this 10TH
day of February, 1942

Signed S. Pina Sharly Bach
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at LOS ANGELES CAL.
My commission expires _____
(SEAL)

42 WEST 43RD PLACE - LOS ANGELES
(STREET ADDRESS, CITY, STATE) CALIF

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

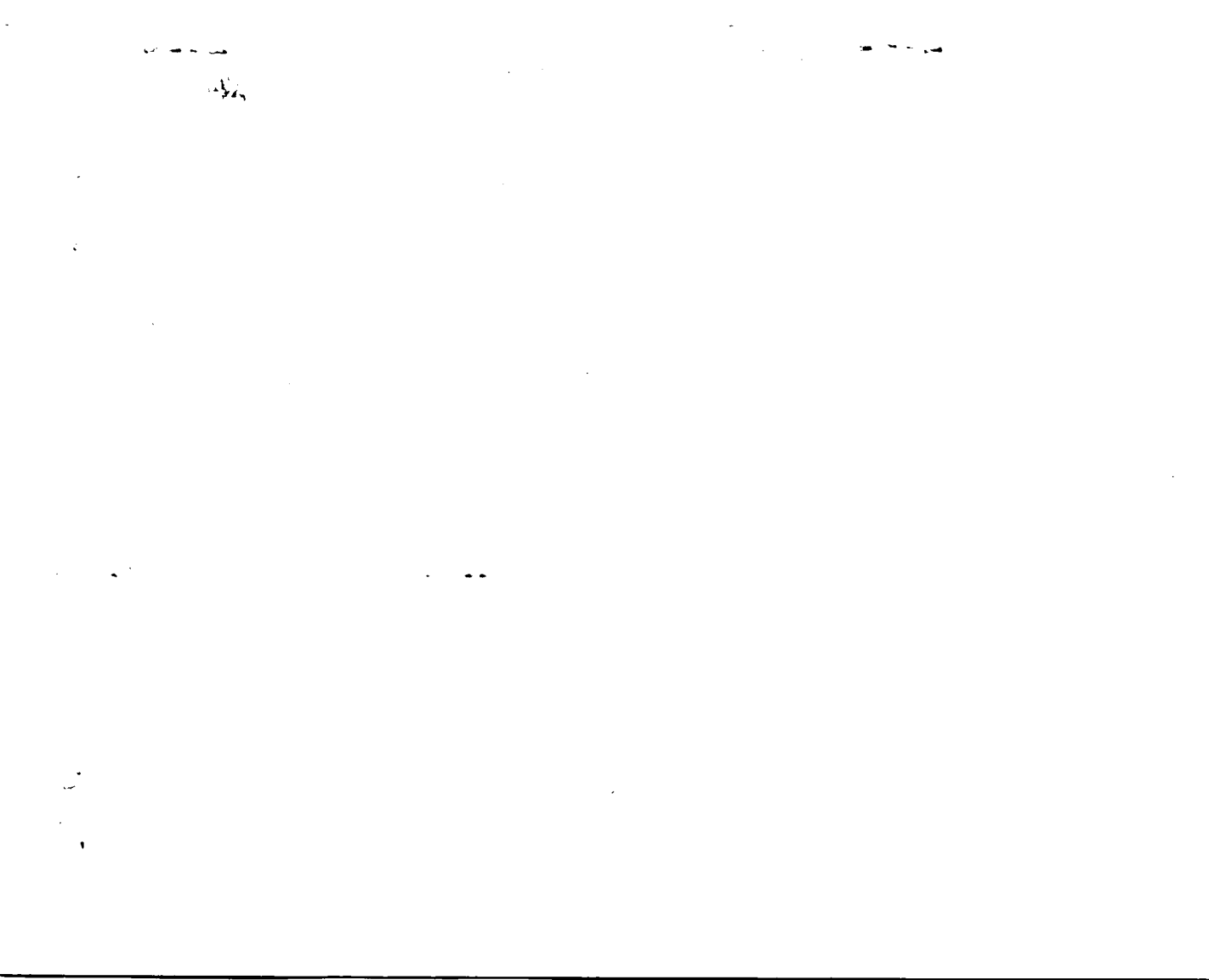
Subscribed and sworn to before me this 10TH
day of February, 1942

Signed E. M. Bach
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at LOS ANGELES CAL.
My commission expires _____
(SEAL)

42 WEST 43RD PLACE LOS ANGELES
(STREET ADDRESS, CITY, STATE) CALIF

Received for filing on FEB 13 1942 By _____
(REGISTRAR'S SIGNATURE)



753-118
004-262

PLACE OF BIRTH

County of Bear LakeCity of Ovid

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

78559

Registration District No. 23 File No. 437Primary Registration District No. 2/99 Registered No. _____

| | | | | |
|--|---|--|---|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and } Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>April 18</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>FATHER</u>
<u>Joseph Peterson</u> | FULL MAIDEN NAME <u>MOTHER</u>
<u>Louisa Ester Bishoff</u> | | RESIDENCE <u>Ovid Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) | |
| BIRTHPLACE <u>Idaho</u> | OCCUPATION <u>farmer</u> | BIRTHPLACE <u>Idaho</u> | OCCUPATION <u>Housewife</u> | |
| Number of child of this mother, including present birth <u>3</u> | | Number of children of this mother now living, including present birth <u>3</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive at 4²⁰ P. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Moore

(Physician or midwife)

Given names added from a supplemental report.

Address Paris IdahoFiled 27.10 1920

115

553-221-004-747

Amended 6-28-67

(Be sure the information is complete and accurate)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **78561**

Local Reg. No. _____

Reg. Dist. No. **23**

| | | | | | |
|--|---|--|---|--|--|
| 1. PLACE OF BIRTH
a. COUNTY Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Bloomington, Idaho
c. FULL NAME OF (If NOT in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION | | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Bloomington
d. STREET ADDRESS (If rural, give location) | | |
| 3. CHILD'S NAME
(Type or print) | | | | | |
| a. (First)
Velma | | b. (Middle)
Dale | | c. (Last)
Nelson | |
| 4. SEX
Girl | 5a. THIS BIRTH
SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____ | 5b. IF TWIN OR TRIPLET (This child born)
1st _____ 2nd _____ 3rd _____ | | 6. DATE OF BIRTH
(Month) (Day) (Year)
April 21, 1920 | |
| FATHER OF CHILD | | | | | |
| 7. FULL NAME
a. (First) Delorn b. (Middle) c. (Last) Nelson | | | | | |
| 8. AGE (At time of this birth)
23 YEARS | | 9. BIRTHPLACE (State or foreign country)
(City or Town) Bloomington, Ida. | | 10. USUAL OCCUPATION
Farming | |
| 11. KIND OF BUSINESS OR INDUSTRY | | | | | |
| MOTHER OF CHILD | | | | | |
| 12. FULL MAIDEN NAME
a. (First) Violet b. (Middle) c. (Last) Pugmire | | | | | |
| 13. AGE (At time of this birth)
20 YEARS | | 14. BIRTHPLACE (State or foreign country)
(City or Town) St. Charles, Ida. | | 15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) | |
| 16. INFORMANT'S SIGNATURE OR NAME (Relationship) | | a. How many OTHER children are now living?
0 | | b. How many OTHER children were born alive but are now dead?
0 | |
| | | c. How many children were stillborn (born dead after 20 wks. pregnancy?)
0 | | | |
| I hereby certify that
this child was born
alive on the date
stated above. | | 17. SIGNATURE
Elmer E. Hinckley | | 18. ATTENDANT AT BIRTH
M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____ | |
| | | 19. ADDRESS
Montpelier, Idaho | | 20. DATE SIGNED | |
| 21. DATE REC'D BY LOCAL REG.
5/10/1920 | | 22. REGISTRAR'S SIGNATURE
R. J. Sutton | | 23. DATE ON WHICH GIVEN NAME ADDED
BY _____ Registrar | |

FOR MEDICAL AND HEALTH USE ONLY

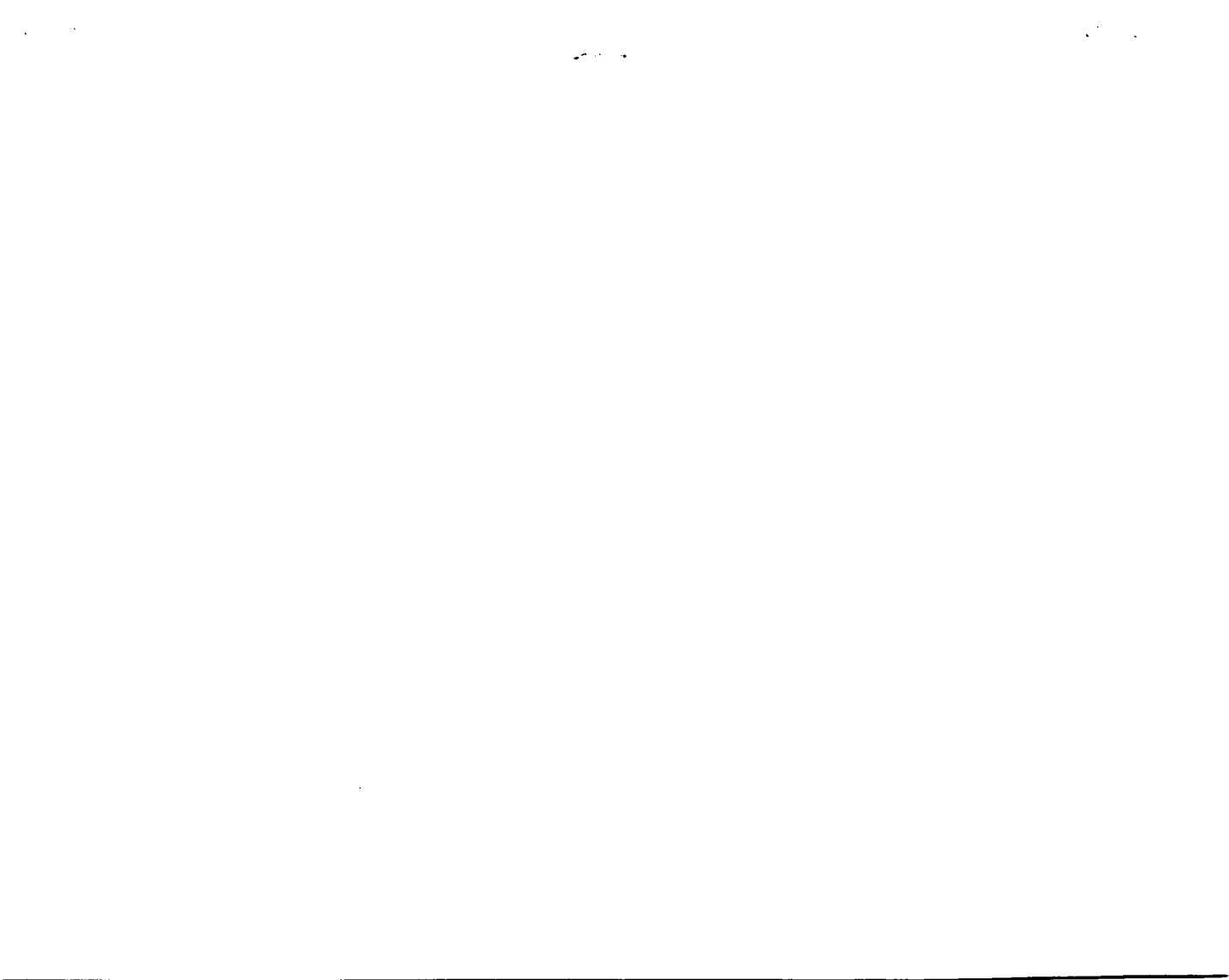
Was a test for phenylketonuria performed?

YES _____

NO _____

DATE _____

APPROXIMATE DATE



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho }
County of Bear Lake } ss.

RECEIVED
JUN 28 1967
Bureau of Vital Statistics

Certificate No. 78561
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Nelson (female child) who was born on April 21, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Bloomington, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by CHURCH SEALING prepared on JULY 9 1924, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM**
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original)
Full Name of Child Unnamed Velma Dayle Nelson
(The Correct Facts)

Full Maiden Name of Mother Violate Pugmire Violet Pugmire

Subscribed and sworn to before me this 26 day of June, 1967

Signed Velma P. Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
BLOOMINGTON IDAHO
(Street Address, City, State)

Notary Public, residing at Paris, Idaho
My commission expires May 13, 1969
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of June, 1967

Signed Quanta E. Morrison
(Signature of Any Credible Person)

Notary Public, residing at Paris, Idaho
My commission expires May 13, 1969
(Seal)

PARIS IDAHO
(Street Address, City, State)

as requested in phone call from Mr. Raymond Johnson, husband, full name of child is to be added as Velma Dale Nelson - 9-28-67.

L.D.S. Church Cert. of Blessing, June 6, 1920 gives full name as Velma Dale Nelson daughter of Delorn Nelson and Violet Pugmire, born April 21, 1920 at Bloomington, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, May 6, 1928 gives full name as Velma Dale Nelson, daughter of Delorn A. Nelson and Violet Pugmire, born April 21, 1920 at Bloomington, Idaho - viewed by V.S.

147-126-004-193

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of Bear LakeCity of St CharlesRegistration District No. 33

File No. _____

No. _____ St.

Primary Registration District No. 2132

Registered No. _____

Hospital _____

FULL NAME OF CHILD Averill Arnell Pugmire

| | | | | | |
|--|---|--------------------|---|------------------------|--|
| Sex of Child <u>male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>4-26</u> 19 <u>20</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | | |
| FATHER
FULL NAME <u>Wivian Lamont Pugmire</u> | MOTHER
FULL MAIDEN NAME <u>Myrtle Arnell</u> | | | | |
| RESIDENCE <u>St Charles</u> | RESIDENCE <u>St Charles</u> | | | | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) | | |
| BIRTHPLACE <u>St Charles</u> | BIRTHPLACE <u>St Charles</u> | | | | |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>House wife</u> | | | | |

Number of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive at 8:46 a.m.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

M. W.
(Physician or midwife)

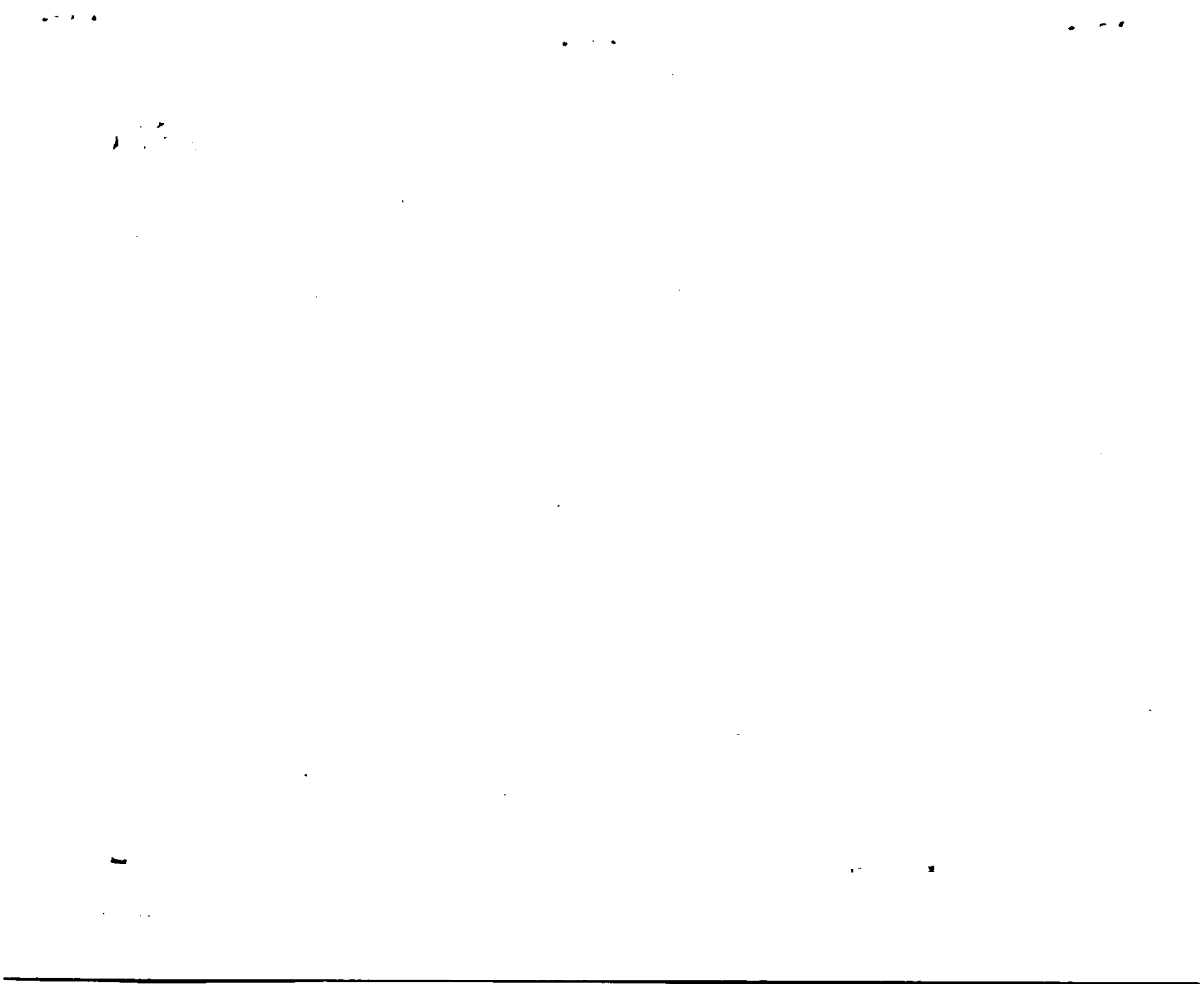
Given names added from a supplemental report.

Address _____

Filed 5/10 1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of _____ } ss. **RECEIVED**
County of _____ } **APR 25 1966**
Certificate No. **78562**
Date Filed _____

The undersigned does solemnly swear that certain ~~facts~~ ^{Statistics} on the certificate of **Birth**
for **Unnamed Pugmire (male child)** who **was born** on **April 26, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **St. Charles, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child _____

Unnamed _____

Averill Arnell Pugmire _____

Subscribed and sworn to before me this **22** day of **April**, 19**66**

Signed *Walter L. Arment Pugmire*
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant, or other credible person.)

Notary Public, residing at _____
My commission expires **May 1st, 1969**
(Seal)

St. Charles, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19_____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

Statement from LeRoy Hirschi, St. Charles Ward Clerk, L.D.S. Church, states
"This is to certify that Averill Arnell Pugmire was born April 26, 1920 at
St. Charles, Idaho, Bear Lake County, son of Vivian Lamont Pugmire and Myrtle
Agnes Arnell, Baptized-May 5, 1928. - viewed by V.S.

APR 26 1966

Statement from Ralph Roghaar, principal, Fielding High School, Paris, Idaho - dated
April 22, 1966 - states "This is to certify that the birthdate as established on the
school records of the Fielding High School, Paris, Idaho is April 26, 1920 for
Averill Arnell Pugmire of St. Charles, Idaho. Parents: V Lamont Pugmire and Myrtle
Agnes Arnell - attendance at High School: September 9, 1935; graduated May 26, 1939 -
viewed by V.S.

975-114-005-595

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78563

County of BannockCity of LansedRegistration District No. 31 File No. 1

No. _____ St. _____

Primary Registration District No. _____ Registered No. 12

Hospital _____

FULL NAME OF CHILD

John Ignace

Sex of Child

M.Twin
Triplet
or other?
(To be answered only in event of plural births)and } Number
in order
of birthLegiti
mate?yesDate of
BirthApril 141920

(Month)

(Day)

(Year)

FULL
NAME

FATHER

John Ignace

RESIDENCE

LansedFULL
MAIDEN
NAME

MOTHER

Elizabeth Vincent

RESIDENCE

Lansed

COLOR

IndianAGE AT LAST
BIRTHDAY26
(Years)

COLOR

IndianAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Bannock Idaho

BIRTHPLACE

Bannock Idaho

OCCUPATION

Government Police

OCCUPATION

HousewifeNumber of child of this mother, including present birth _____ Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alone, at 7 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John Ignace (father)
No physician attended
(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

Filed April 15 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

219-225-005-915

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bennett

City of St. Maries

Registration District No. 32

File No. 78565

No. _____ St.

Hospital St. Maries

Primary Registration District No. 2049

Registered No. 41

FULL NAME OF CHILD Forevered Jane Sargent

| | | | | | |
|----------------------------|---|-----|--------------------------------|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of
Birth
(Month) <u>Apr.</u> (Day) <u>25</u> (Year) <u>1924</u> |
|----------------------------|---|-----|--------------------------------|-----------------------------|--|

FATHER
FULL NAME James B. Sargent
RESIDENCE St. Maries
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Spokane Wash.
OCCUPATION Civil Engineer

MOTHER
FULL MAIDEN NAME Anita Rauch
RESIDENCE St. Maries, Id.
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Pomeroy Wash.
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

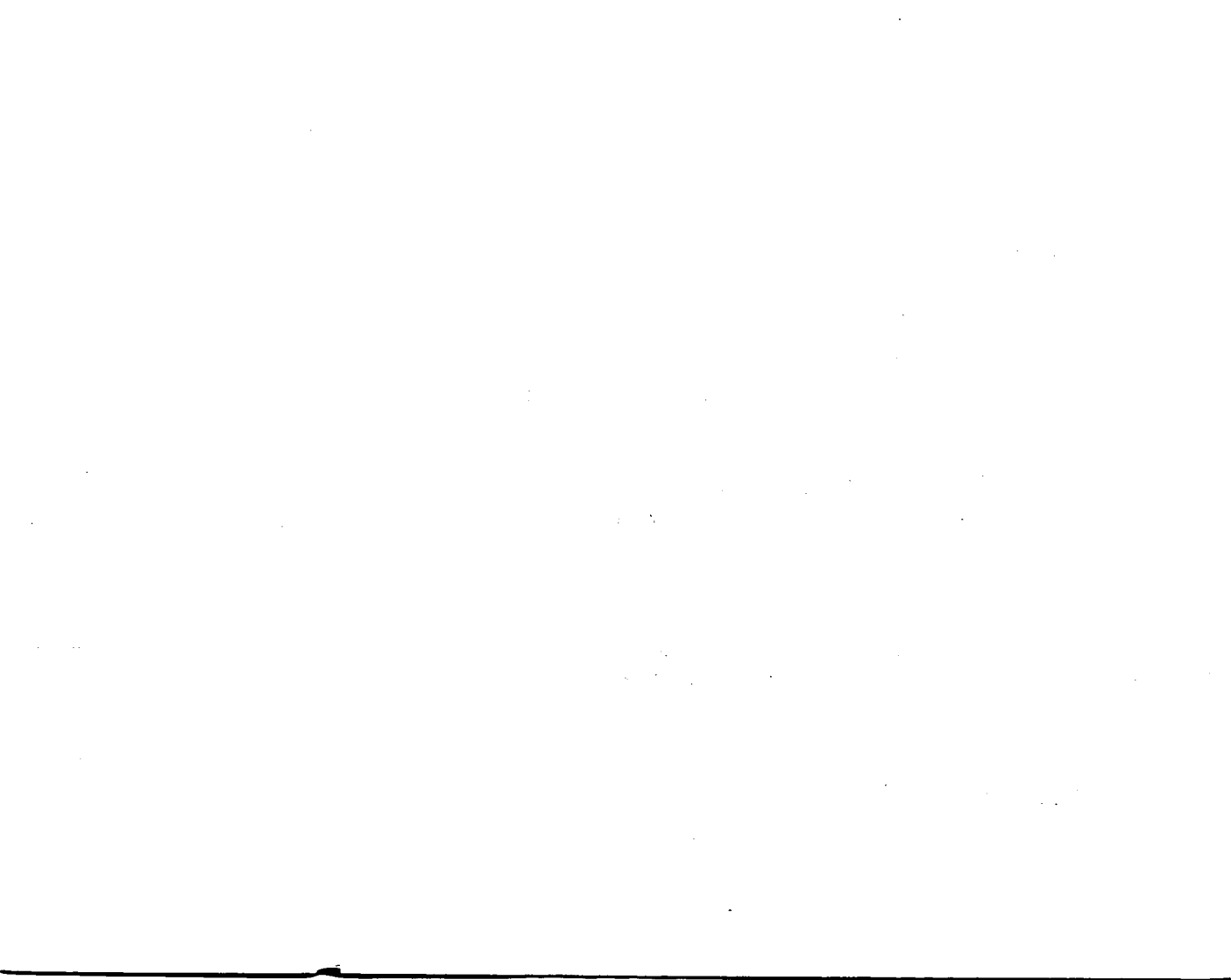
I hereby certify that I attended the birth of this child, who was Aline, at 420 N.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Cornwell
(Physician or midwife)

Given names added from a supplemental report.

Address St. Maries
Filed May 5 1924 H. E. Hest
Registrar



425-120-005-413

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BenedictCity of St. MariesRegistration District No. 32File No. 78566

No. _____ St. _____

Hospital St. MariesPrimary Registration District No. 2049 Registered No. 40FULL NAME OF CHILD Raymond Otis Useldingers

| | | | | | |
|--------------------------|---|-----|---|----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of
Birth <u>Apr. 20</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|--|

FULL NAME FATHER Peter P. UseldingerRESIDENCE Avery IdahoCOLOR White AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE MinnesotaOCCUPATION Boiler MakerFULL MAIDEN NAME MOTHER Philmon J. MallRESIDENCE Avery IdahoCOLOR White AGE AT LAST BIRTHDAY 33 (Years)BIRTHPLACE MinnesotaOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dr. A. L. DeCorrall, at 130 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. L. DeCorrall

(Physician or midwife)

Given names added from a supplemental report.

19

Address St. MariesFiled May 5 1920 H. E. Hunt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FOCT 10 1971

JAN 7 1972

238-113-005-713

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BennettCity of St. MariesRegistration District No. 32File No. 78567

No. _____ St.

Primary Registration District No. 2049 Registered No. 89Hospital St. Maries

FULL NAME OF CHILD

James Joseph Schacht

| | | | | | |
|--------------------------|---|-----|---|------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>Apr. 13</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|------------------------|---|

| | |
|--------------------------------------|---|
| FULL NAME
<u>Henry W. Schacht</u> | FATHER |
| RESIDENCE
<u>St. Maries</u> | |
| COLOR
<u>W</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) |
| BIRTHPLACE
<u>Wisconsin</u> | |
| OCCUPATION
<u>Bookkeeper</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Marianne Gallagher</u> | MOTHER |
| RESIDENCE
<u>St. Maries, Ida</u> | |
| COLOR
<u>W</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE
<u>Minnesota</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:20 A.M.
on the date above stated. (born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Delorwall

(Physician or midwife)

Given names added from a supplemental report.

Address

St. Maries

Filed

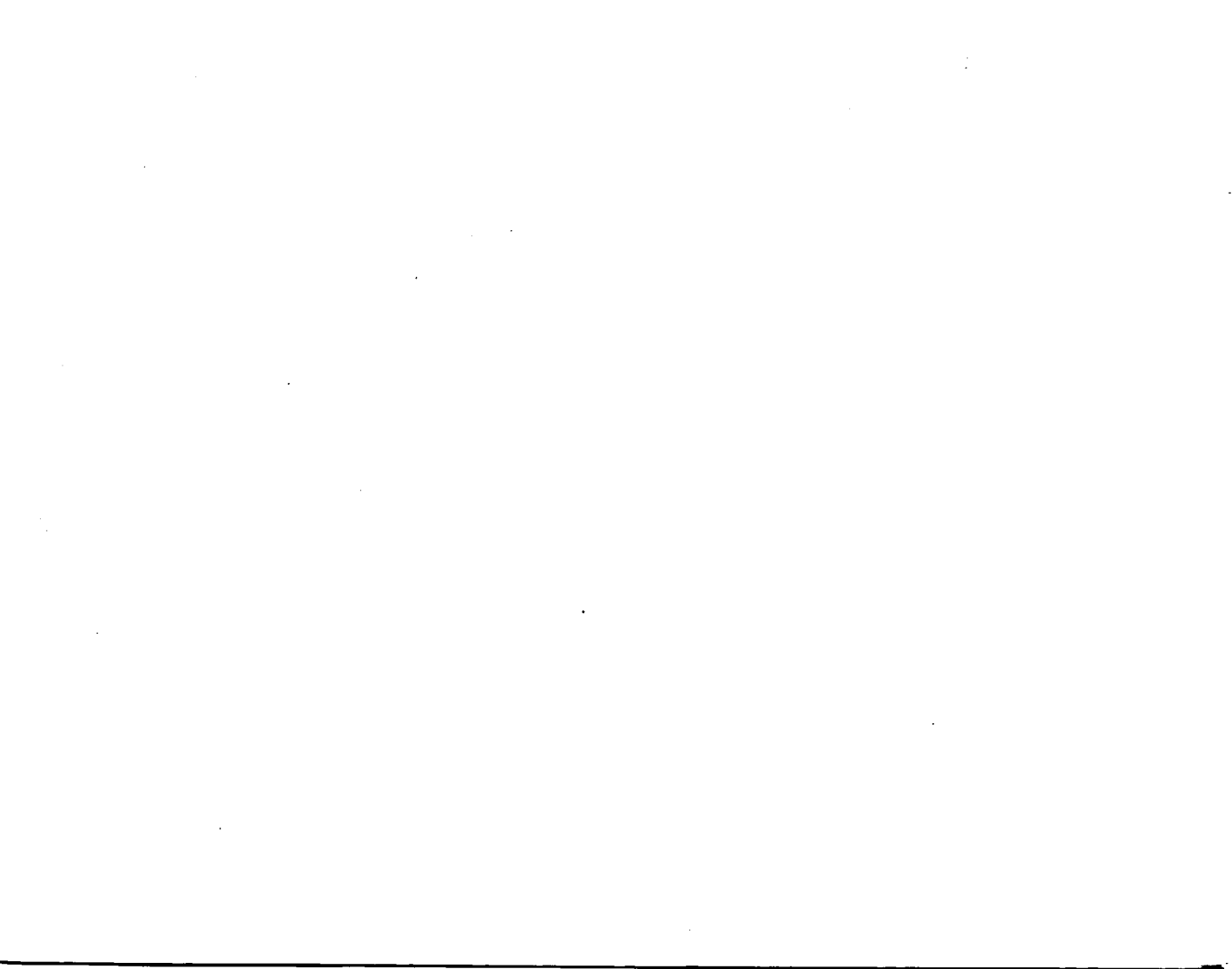
May 5 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



619 - 221-005-219

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BenedictCity of St. MariesRegistration District No. 32File No. 78568

No. _____ St.

Primary Registration District No. 2049 Registered No. 38

Hospital _____

FULL NAME OF CHILD

Moirelle WarrenSex of
ChildFTwin
Triplet
or other?- andNumber
in order
of birth1Legiti
mate?yesDate of
Birth4-211920FULL
NAMEIra A. Warren

FATHER

RESIDENCE

St. Maries, Id.

COLOR

WAGE AT LAST
BIRTHDAY23

(Years)

BIRTHPLACE

Idaho

OCCUPATION

EngineerFULL
MAIDEN
NAMECharlotte C. Baronne

MOTHER

RESIDENCE

St. Maries, Id.

COLOR

WAGE AT LAST
BIRTHDAY23

(Years)

BIRTHPLACE

France

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.159
on the date above stated. (Born alive or stillborn)

(Signature)

Quinn D. Platt

(Physician or midwife)

Address

St. MariesFiled 5-3-1920

Registrar

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1000 1000

168-104-005-293

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BennettCity of St JoeRegistration District No. 32 File No. 78569

No. _____ St. _____

Primary Registration District No. 2049 Registered No. 27

Hospital _____

FULL NAME OF CHILD Hester JohnsonSex of Child mTwin
Triplet
or other? -and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate? yesDate of
Birth 4 4 1920

(Month) (Day) (Year)

FULL
NAME Hester H. Johnson

FATHER

FULL
MAIDEN
NAME Frances Hickbush

MOTHER

RESIDENCE St Joe IdRESIDENCE St Joe IdCOLOR wAGE AT LAST
BIRTHDAY 24

(Years)

COLOR wAGE AT LAST
BIRTHDAY 20

(Years)

BIRTHPLACE MissouriBIRTHPLACE IowaOCCUPATION BookmanOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) Dr. H. H. Hester(Physician or midwife), Dr. H. H. Hester

Given names added from a supplemental report.

19

Address St. MarysFiled 5-5-20

1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

JAN 12 1971

299-205-005-297

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BenedictCity of St. MariesRegistration District No. 32File No. 78570

No. _____ St.

Hospital _____

Primary Registration District No. 2049 Registered No. 36

FULL NAME OF CHILD

Brenton, Dorothy Isabelle

Sex of Child

FTwin
Triplet
or other?

{ and }

Number
in order
of birth1Legiti
mate?yesDate of
Birth351920

(Month) (Day) (Year)

FULL
NAME

FATHER

James F. Brenton

RESIDENCE

St. Maries, Ida.

COLOR

BrnAGE AT LAST
BIRTHDAY37
(Years)

BIRTHPLACE

Ida.

OCCUPATION

H. R. EngineerFULL
MAIDEN
NAME

MOTHER

Ruth L. Biggar

RESIDENCE

St. Maries, Ida.

COLOR

WAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive, at 6 a M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Owen V. Salt

(Physician or midwife),

Given names added from a supplemental report.

19

Address

St. MariesFiled 5-5 19 20H. B. Smith

Registrar

Registrar

FEB 17 1964

317-120-005-317

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BennettCity of St JoeRegistration District No. 32 File No. 78571

No. _____ St. _____

Hospital _____ Primary Registration District No. 2049 Registered No. 33FULL NAME OF CHILD Glenn Perry RogersSex of Child Boy Twin Triplet or other? _____ and _____ Number in order of birth _____ Legiti mate? _____ Date of Birth Feb 20 1920
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER James RogersRESIDENCE St JoeCOLOR White AGE AT LAST BIRTHDAY 33 (Years)BIRTHPLACE Mo. McDonaldOCCUPATION mill manFULL MAIDEN NAME MOTHER Irene Berry RogersRESIDENCE St JoeCOLOR White AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE WisconsinOCCUPATION Mother

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P M. on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) D P EastPhy
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address St MariesFiled 5-5- 19 20 St Joe

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1943

JUN 10 1976 JUN 12 1957

SEP 22 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-225-008-663

Child's name added 2-14-90 MCM

Form V. S. No. 11-C-22a-93-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of....**Benewah**.....City of.....**St. Maries**.....Registration District No.....**22**.....File No.....**78573**.....No.....**St.**.....Primary Registration District No.....**2049**.....Registered No.....**34**.....

Hospital.....

FULL NAME OF CHILD.....**MARIE BERTHA**.....*Meisner*.....

| | | | | | |
|--------------|---------------|--|--------------------------------|------------------------|--|
| Sex of Child | female | Twin Triplet or other? (To be answered only in event of plural births) | and { Number in order of birth | Legitimate? yes | Date of Birth Apr 25 1912
(Month) (Day) (Year) |
|--------------|---------------|--|--------------------------------|------------------------|--|

| | |
|------------|---|
| FULL NAME | FATHER
Albert J. Meisner |
| RESIDENCE | St. Maries |
| COLOR | white |
| BIRTHPLACE | Clintonville, Wis. |
| OCCUPATION | Laborer |

| | |
|------------------|-------------------------------------|
| FULL MAIDEN NAME | MOTHER
Alvina Wolf |
| RESIDENCE | St. Maries |
| COLOR | white |
| BIRTHPLACE | Menominee, Wis. |
| OCCUPATION | Housewife |

Number of child of this mother, including present birth...**1st** Number of children of this mother now living, including present birth...**1st**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

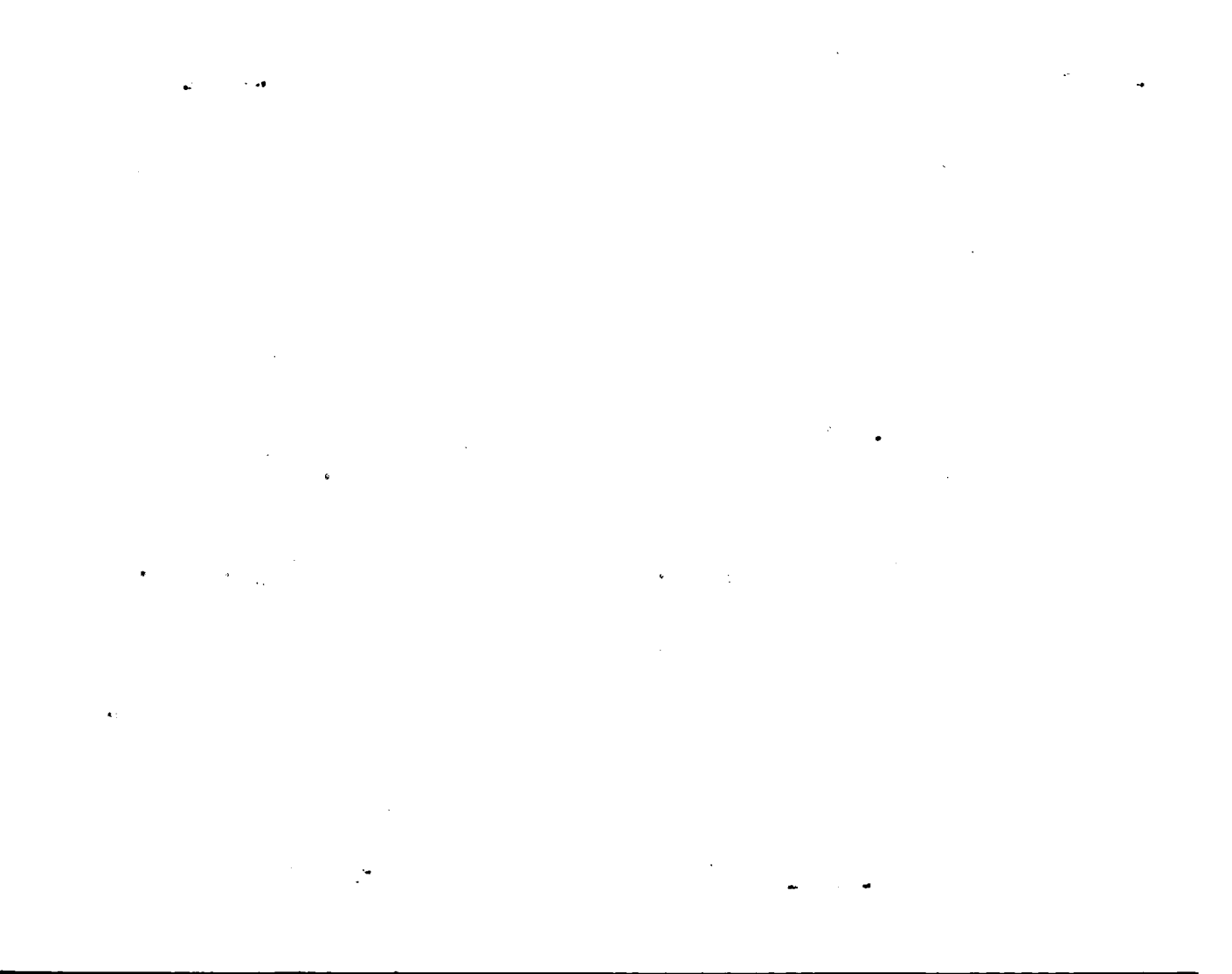
I hereby certify that I attended the birth of this child, who was.....**alive**..... at.....**11.30 P.M.** on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*C. B. Smith*.....
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address.....*St. Maries*.....
Filed.....*May 3 1912*.....*H. E. Bush*.....
Registrar Registrar



RECEIVED

1-23-90

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
County of _____ } ss.

VITAL STATISTICS UNIT

Certificate No. 78573

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl Meisner who was born on Apr 25, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in St. Maries (Benewah) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| ITEMS TO BE CORRECTED | FROM | TO |
|-----------------------|-------------------|----------------------|
| Child's name | Baby Girl Meisner | Marie Bertha Meisner |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this 29th day of

January 1990

X Notary Public, Linda Cry

Residing at SAN JOSE, CA

My commission expires 3-6-92

(Seal) (on back)

X Marie B. Finin
Signature of Applicant

X 220-121 Humbarger Road
Street Address, City, State

San Jose, CA 95111

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed _____)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

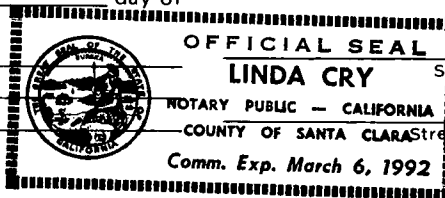
Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)



Supporting Signature _____

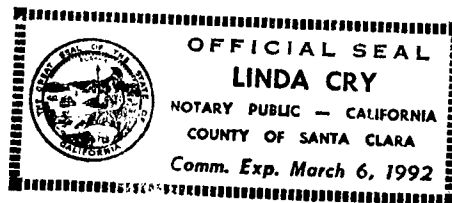
Street Address, City, State _____

International Cross & Crown Certificate of attendance shows Marie Meisner attended Sunday school Jan 9, 1927 in St Paul Evang Lutheran, St. Maries, ID. Viewed by VS.

FEB 14 1990

Baptism certificate shows Maria Bertha Meissner born Apr 25, 1920 in St. Maries, ID to Albert J Meissner & Alwina Wolf and baptized May 16, 1920 by A O Swinehart. Viewed by VS.

CA drivers license shows Marie Bertha Linn born Apr 25, 1920 and expired Apr 1978. Viewed by VS.



STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH
419-125-005-766
County of **Benewah**City of **St. Maries**Registration District No. **32**File No. **78574**No. **2049** St.Primary Registration District No. **2049**Registered No. **3**

Hospital

FULL NAME OF CHILD **WILLIAM LEWIS Darby**

| | | | | |
|--------------------------|---|------------------------------|------------------------|--|
| Sex of Child male | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | Date of Birth Apr 25 1920
(Month) (Day) (Year) |
|--------------------------|---|------------------------------|------------------------|--|

| | |
|----------------------------------|---|
| FULL NAME
George Darby | FATHER |
| RESIDENCE
St. Maries | |
| COLOR
white | AGE AT LAST BIRTHDAY 43
(Years) |
| BIRTHPLACE
Canada | |
| OCCUPATION
Laborer | |

| | |
|---|---|
| FULL MAIDEN NAME
Lottie J. Gooler | MOTHER |
| RESIDENCE
St. Maries | |
| COLOR
white | AGE AT LAST BIRTHDAY 33
(Years) |
| BIRTHPLACE
Crookston, Minn. | |
| OCCUPATION
Housewife | |

Number of child of this mother, including present birth **3** Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was **alive** (Born alive or stillborn) at **5** **A.M.** on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **C. B. Smith****Physician**

(Physician or midwife)

Given names added from a supplemental report.

St. Maries, Idaho

Address

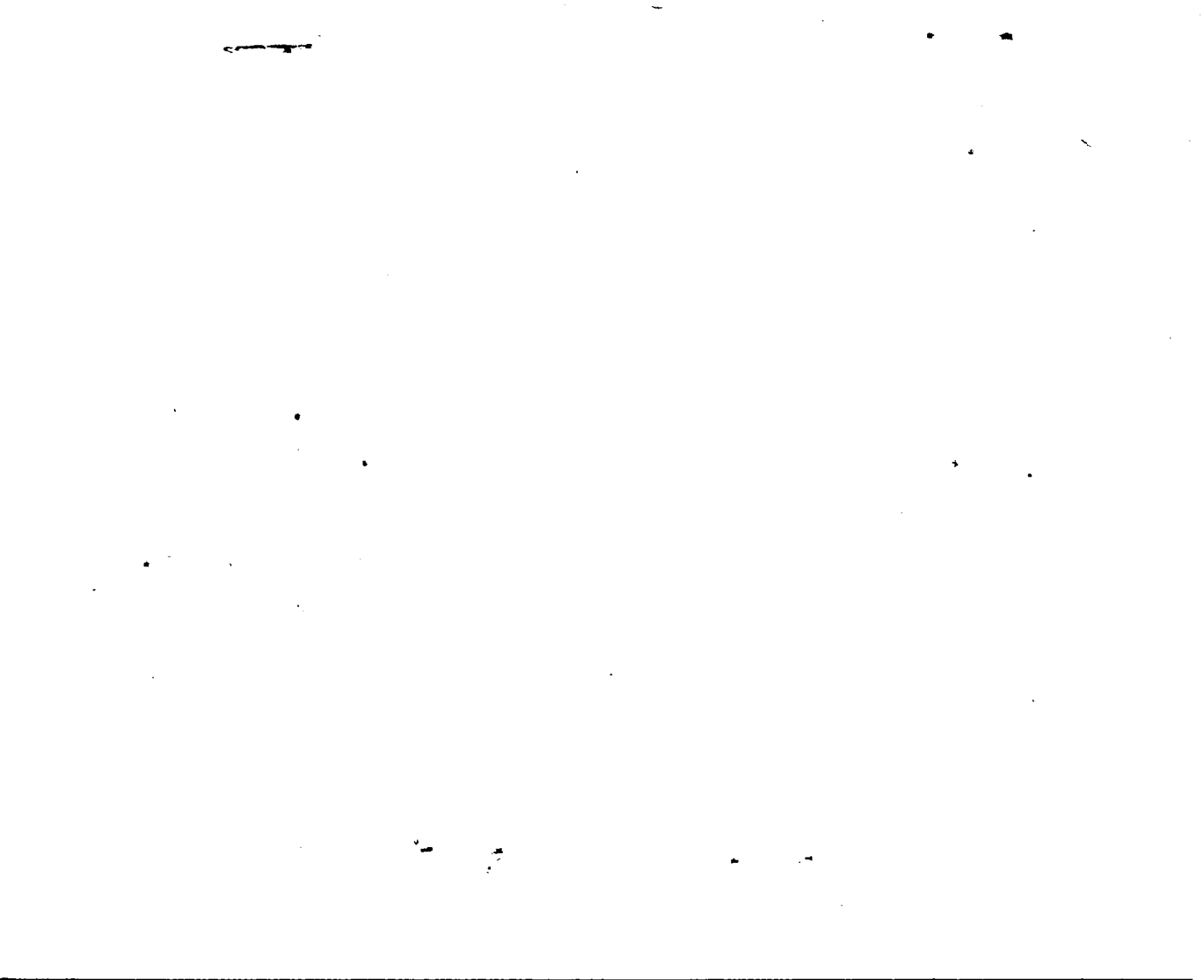
Filed **May 3 1920**

Registrar

Registrar

WRITE F. LY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78574
County of Benewah }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for William Lewis Darby who was born on April 25, 1920 ^(Birth or Death)
in St. Maries, Idaho ^(Name on Original Certificate) ^(Was Born or Died) ^(Date of Event)
^(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
^(Bible Record, Insurance Policy, Etc.) ^(Give Date)

| FACTS TO BE CORRECTED | FROM | TO |
|--|------------------|---------------------|
| ("Name", "Birth Date", "Cause of Death", Etc.) | (As on Original) | (The Correct Facts) |
| Name | Unnamed | William Lewis Darby |

Subscribed and sworn to before me this 27th
day of May 1942
Frederic Elwell Notary Public
Notary Public, residing at St. Maries, Idaho

My commission expires
(Seal)

Signed Mrs. Lottie Darby
(Signature of parent or attendant in correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
207 122 St. Maries, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.
County of Benewah } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of May 1942
Frederic Elwell Notary Public
Notary Public, residing at St. Maries, Idaho

Signed Merion Bessner
(Signature of Any Credible Person Other Than Previous Year)
St. Maries, Idaho
(Street Address, City, State)

My commission expires
(Seal)

JUN 2 1942

JUL 19 1971

1842

419-200006-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Bingham

CERTIFICATE OF BIRTH

78576

City of AbodeenRegistration District No. 116File No. 10

No. _____ St. _____

Primary Registration District No. 2195Registered No. 550

Hospital _____

FULL NAME OF CHILD

DEMA LAVINIA MAISCH

| | | | |
|----------------------------|--|------------------------|--|
| Sex of Child <u>female</u> | Twin Triplet or other? <u>-</u> and <u>-</u> Number in order of birth <u>-</u> | Legitimate? <u>yes</u> | Date of Birth <u>ap 1 20</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|--|

FATHER
FULL NAME Christian MaischMOTHER
FULL MAIDEN NAME Annie SatyckiRESIDENCE Abodeen IdaRESIDENCE Abodeen IdaCOLOR white AGE AT LAST BIRTHDAY 28
(Years)COLOR white AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE South DakotaBIRTHPLACE South DakotaOCCUPATION farmerOCCUPATION housewifeNumber of child of this mother, including present birth _____ Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2 A M. on the date above stated. (Born alive or stillborn)

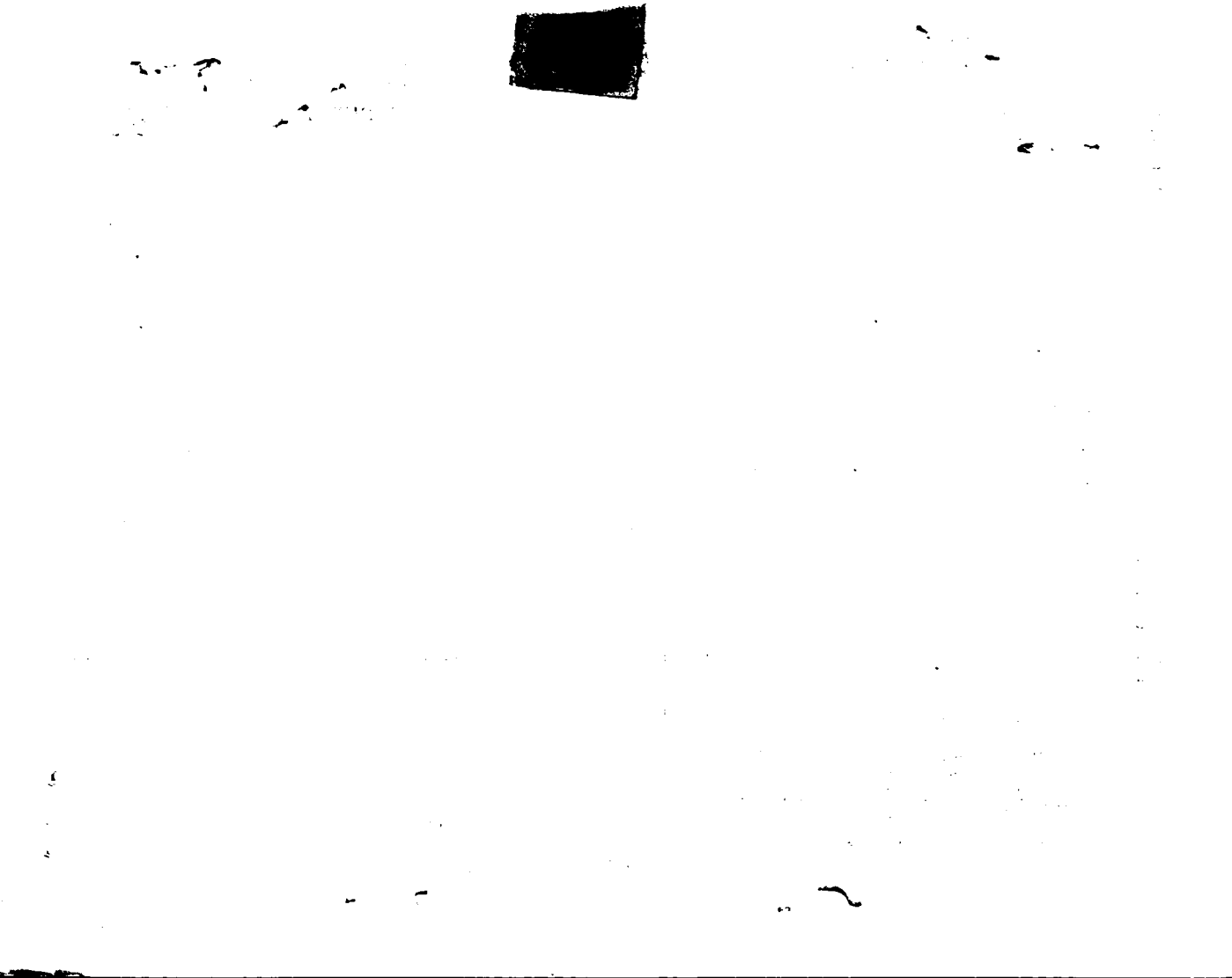
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Markman, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Abodeen IdaFiled ap 1 20 Markman
1. _____ Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss. NOV 21 1942 Certificate No. 78576
County of Bingham, }
The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Maisch who was born on April 1, 1920, (Birth or Death)
in Bingham County, Idaho, (Name on Original Certificate) (Was Born or Died)
(Place of Event) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)
Unnamed

TO
(The Correct Facts)
Dema Lavinia Maisch

Subscribed and sworn to before me this 18th
day of December, 1942.
H. P. Stubbs
Notary Public, residing at Aberdeen, Idaho.
My commission expires May 26, 1948.
(Seal)

Signed Annie J. Maisch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Aberdeen, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

MAY 10 1967

DEC 24 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

764-101-006-319

PLACE OF BIRTH

County of BinghamCity of Stirling

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

78577

Registration District No. 116 File No. 10Primary Registration District No. 2185 Registered No. 551

FULL NAME OF CHILD

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of
Birth <u>Op. 1</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|----------------------------|--|

FATHER
FULL NAME Josiah GoughRESIDENCE Stirling IdaCOLOR white AGE AT LAST BIRTHDAY 48
(Years)BIRTHPLACE UtahOCCUPATION farmerMOTHER
FULL MAIDEN NAME Rena Laura LarsenRESIDENCE Stirling IdaCOLOR white AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE UtahOCCUPATION housewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

M. C. Martin, M.D.

(Physician or midwife)

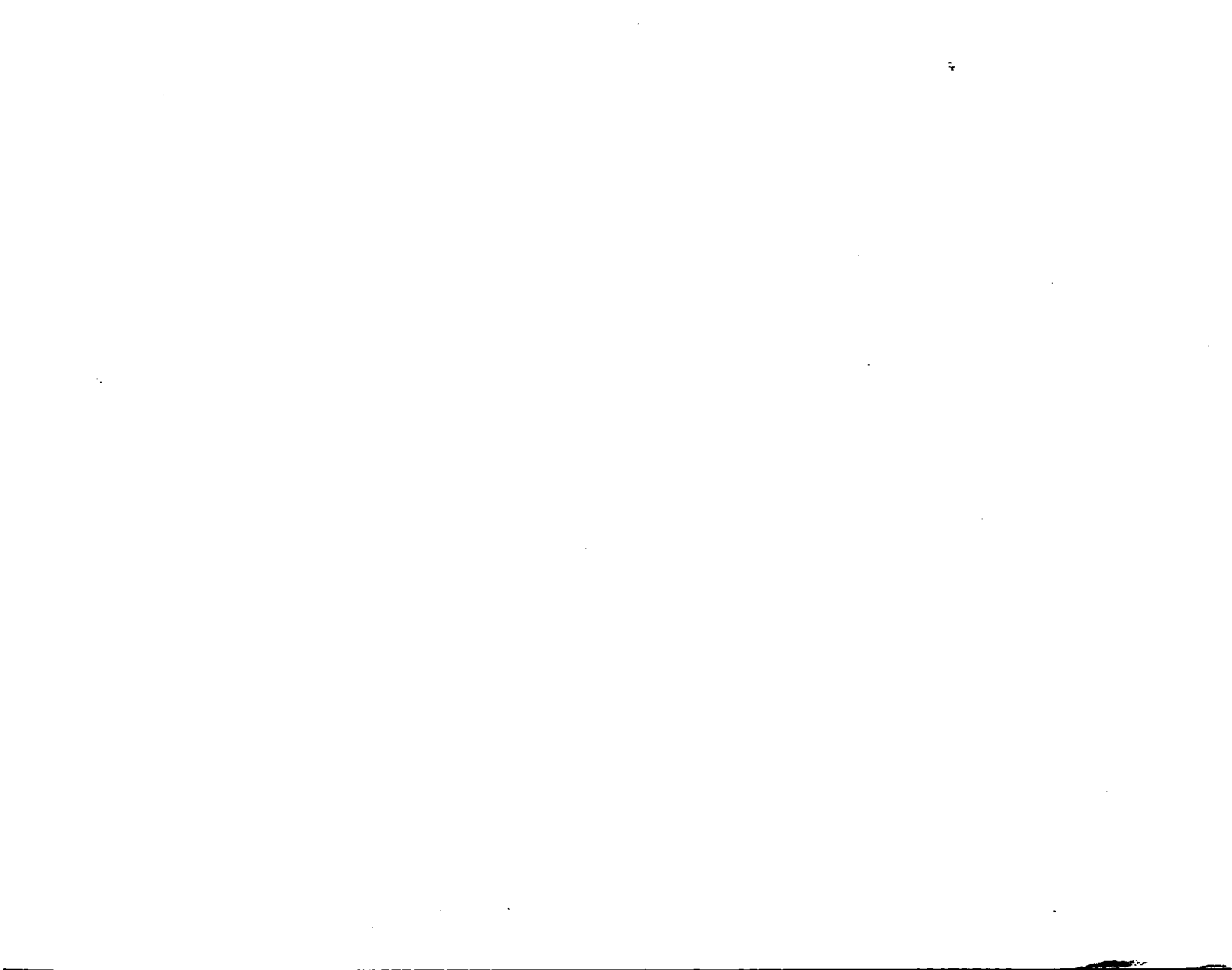
Given names added from a supplemental report.

19

Address Alcedon IdaFiled Op 1 19 20

Registrar

Registrar



845-120-006-291

PLACE OF BIRTH name added 3-3-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

County of BinghamCity of Astoria

No. St.

Registration District No.

Primary Registration District No.

CERTIFICATE OF BIRTH

File No.

Registered No.

78578

Hospital

FULL NAME OF CHILD Edwin Wilbert Huether

Sex of
ChildMaleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
BirthApr 20 20
191.....
(Month) (Day) (Year)FULL
NAMEHenry A Huether

FATHER

RESIDENCE

Astoria Idh

COLOR

WhiteAGE AT LAST
BIRTHDAY31

(Years)

BIRTHPLACE

Russia

OCCUPATION

FarmerFULL
MAIDEN
NAMEOttillie Krugler

MOTHER

RESIDENCE

Astoria Idh

COLOR

WhiteAGE AT LAST
BIRTHDAY32

(Years)

BIRTHPLACE

Russia

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 . Number of children of this mother now living, including present birth 2 .

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mrs. Alice S. C. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Ed. Huether
(Signature of midwife)

Given names added from a supplemental report.

Address

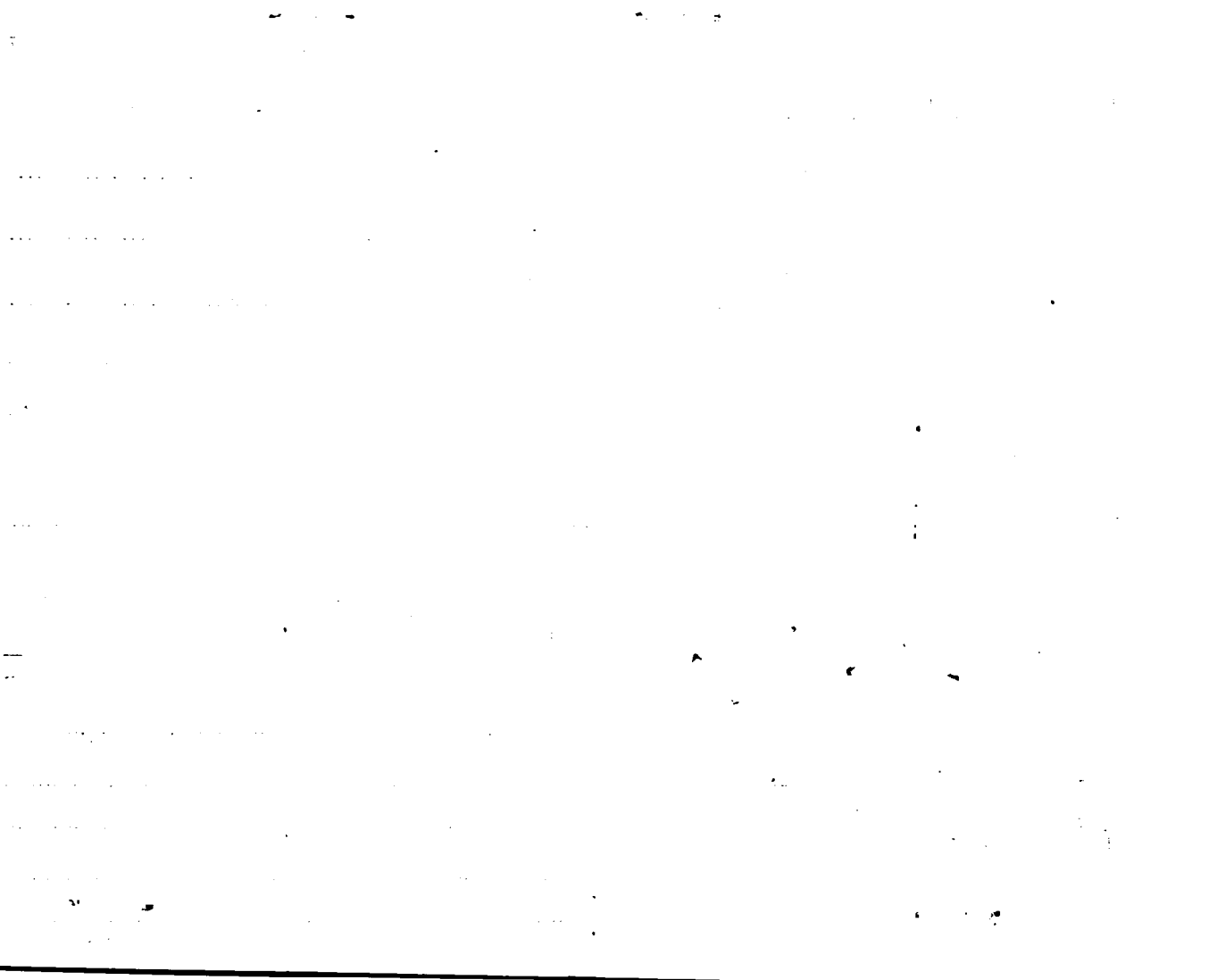
Father of Child

Filed

Apr 30 20
191.....

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED

State of Idaho } ss.
County of Bingham

Certificate No. 78578

Date Filed _____

MAR - 21 1982

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Huether Bureau who was born on 4-20-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Aberdeen (Bingham) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| ITEMS TO BE CORRECTED | FROM | TO |
|-----------------------|---------|-----------------------|
| childs name | Unnamed | Edwin Wilbert Huether |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this 17th day of
February, 1982.

Notary Public, _____
Residing at Aberdeen Idaho
My commission expires 10-27-84
(Seal)

Edwin W. Huether
Signature of Applicant
R.R. #1 Box 218 Aberdeen, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of
February, 1982.

Notary Public, Donna Huether
Residing at Twin Falls, Idaho
My commission expires _____
(Seal)

Marie Huether
Supporting Signature
314 North Ostrander Twin Falls
Street Address, City, State Idaho
83301

Page from Family Bible (obviously old record) gives Edwin Wilbert Huether born 4-20-20 to Henry Huether and Ottili Pranzler.
Viewed by V.S.

MAR 3 1982

Bankers Life Ins. Co. of Des Moines, Iowa gives Insureds name as Edwin Wilbert Huether born 4-20-20 in Idaho. Policy date is 4-19-72.
Viewed by V.S.

493-202-006-685

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78579

County of BinghamCity of Springfield

No. _____ St. _____

Registration District No. 116File No. 10

Hospital _____

Primary Registration District No. 2193Registered No. 352

FULL NAME OF CHILD

Rachel MitchellSex of Child FemaleTwin Twins } and { Number in order of birth 1
(To be answered only in event of plural births)Legitimate? YesDate of Birth ap. 2 20
(Month) (Day) (Year)FULL NAME FATHER
Becil Ray MitchellRESIDENCE Springfield IdaCOLOR white AGE AT LAST BIRTHDAY 34
(Years)BIRTHPLACE KansasOCCUPATION farmer ~~Idaho~~FULL MAIDEN NAME MOTHER
Gladys Maude WheelerRESIDENCE Springfield IdaCOLOR white AGE AT LAST BIRTHDAY 26
(Years)BIRTHPLACE IdahoOCCUPATION housewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 330 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Abenden IdaFiled ap 2 20 McKinnon
19 _____

Registrar

Registrar

JUN 14 1972

493-202-006-685

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78580

County of BlighamCity of SpringfieldRegistration District No. 116File No. 10

No. _____ St. _____

Primary Registration District No. 2195Registered No. 553

Hospital _____

FULL NAME OF CHILD

Vachel MitchellSex of
ChildFemaleTwin
Triple
or other?Twins

and

Number
in order
of birth2

(To be answered only in event of plural births)

Legiti
mate?YesDate of
BirthAp 2

(Month)

(Day)

20

(Year)

FULL
NAMECecil Ray Mitchell

FATHER

FULL
MAIDEN
NAMEEdysmaude Wheeler

MOTHER

RESIDENCE

Springfield Ida

RESIDENCE

Springfield, Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY34
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive3:40 A. M.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

M. C. Markinson M.D.physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Abetleer Ida

Filed

Ap 2

19

Markinson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

AUG 15 2005

DEC 14 1048

386-202-006-619

PLACE OF BIRTH

County of BinghamCity of Abideen

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 116File No. 10Primary Registration District No. 2195Registered No. 558Ruth Thornton

| | | | | | |
|----------------------------|---|-----|--------------------------------|-------------------------------|---|
| Sex of Child <u>female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate?
<u>yes</u> | Date of Birth
(Month) <u>9</u> (Day) <u>2</u> (Year) <u>20</u> |
|----------------------------|---|-----|--------------------------------|-------------------------------|---|

FATHER
FULL NAME Lawrence Delos ThorntonRESIDENCE Abideen IdaCOLOR White AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE UtahOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Annie Luella JarnsworthRESIDENCE Abideen IdaCOLOR White AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 1:42 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

McMackinnon, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address

Abideen Ida

Filed

9/2 20 McMackinnon

19. _____

Registrar

Registrar

DEC 26 1944

DEC 1 1 1944

613 - 205-006-396
PLACE OF BIRTHCounty of BinghamCity of Aberdeen

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 116Primary Registration District No. 2195

Phyllis Genevieve Walker

Form V-8 No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78582

File No. 10Registered No. 558

| | | | | | |
|----------------------------|---|-----|---|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>Yes</u> | Date of Birth <u>ap 5 - 20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|---|----------------------------|--|

FATHER
FULL NAME Bert WalkerRESIDENCE Aberdeen IdaCOLOR White AGE AT LAST BIRTHDAY 33
(Years)BIRTHPLACE UtahOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Annie LivingstoneRESIDENCE Aberdeen IdaCOLOR White AGE AT LAST BIRTHDAY 28
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:15 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

M. C. MacKinnon, M.D.
Physician
(Physician or midwife)

Address

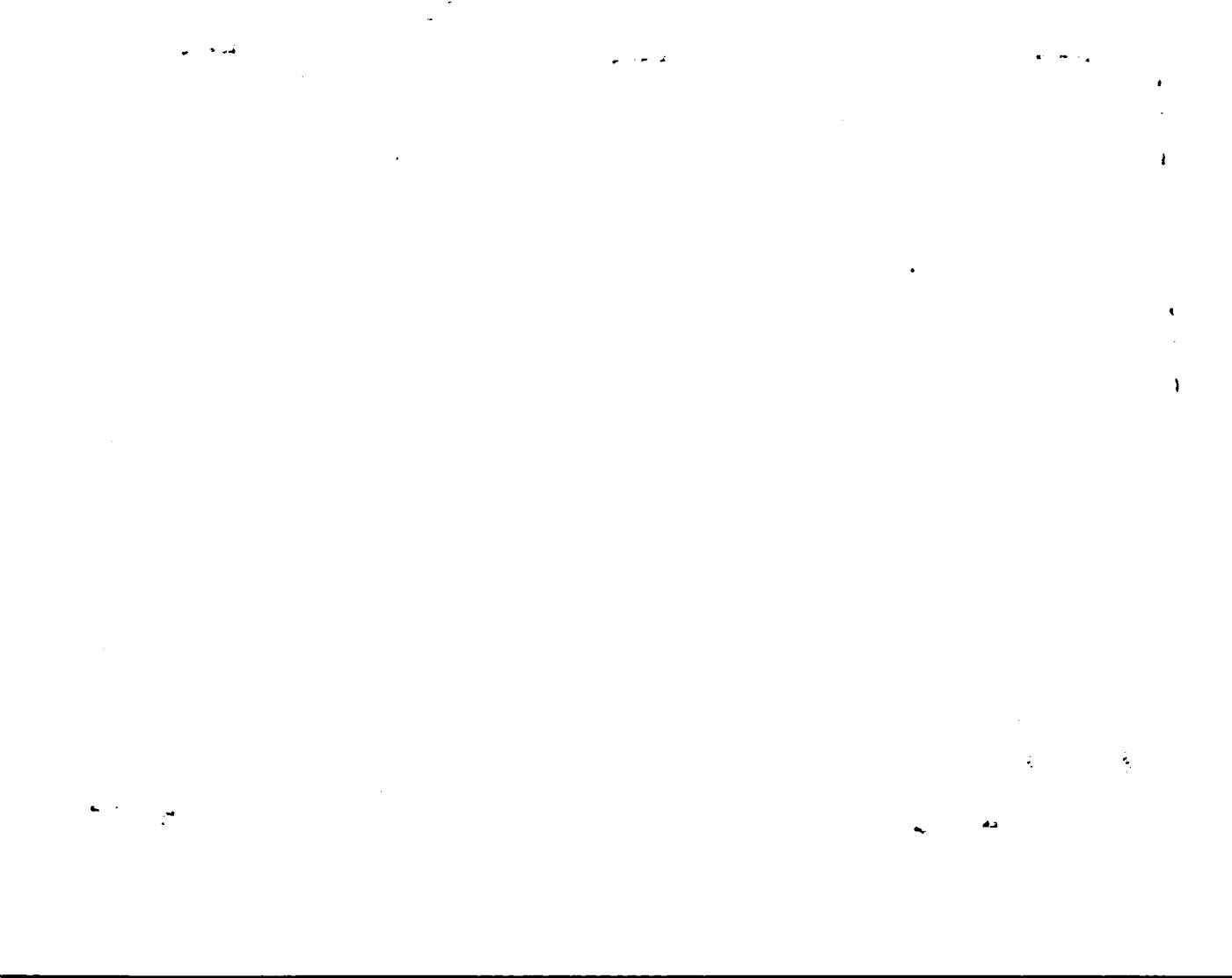
Aberdeen Ida

Filed

ap 5 - 20 1920 MacKinnon

Registrar

Registrar



11-13-72

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend ~~Any~~ Original Certificate of Birth or Death

State of Idaho }
County of Bingham } ss.
Certificate No. 78582
Date Filed 11-27-72
birth

The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed Walker who was born April 5, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Aberdeen, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)
Unnamed Walker

TO
(The Correct Facts)
Phyllis Genevieve Walker

Subscribed and sworn to before me this 27th day of

Signed Ernie Steinlicht
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Notary Public, residing at Frontage Road, American Falls, Idaho
My commission expires 12-1-74
(Seal)

Frontage Road, American Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Blaine } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of

Signed James M. Smith
(Signature of Any Credible Person)

Notary Public, residing at 1507 Idaho Ave. Falls, Idaho
My commission expires 12-1-74
(Seal)

1507 Idaho Ave. Falls, Idaho
(Street Address, City, State)

Own child's birth certificate Robert Eugene Steinlicht born
Feb. 21, 1940 at American Falls, Idaho, Idaho State File No. 29082-
gives mother's name as Phyllis Genevieve Walker.
Viewed by VS

DEC 13 1972

Insurance Policy from Western Farm Bureau life Ins. Co. gives name as Ernest A.
Steinlicht. Dated July 16, 1956. Lists Beneficiary as Phyllis Genevieve
Steinlicht. Viewed by V. S.

265-115-006-258

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BinghamCity of AbecdeenRegistration District No. 116File No. 10

78583

No. _____ St. _____

Primary Registration District No. 295Registered No. 557

Hospital _____

FULL NAME OF CHILD Sidney Paul BoeseSex of
Child maleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate? yesDate of
Birth ap 15-20

(Month) (Day) (Year)

FULL
NAME Andrew Henry Boese

FATHER

FULL
MAIDEN
NAME Elizabeth Schroeder

MOTHER

RESIDENCE Abecdeen, IdaRESIDENCE Abecdeen, IdaCOLOR whiteAGE AT LAST
BIRTHDAY 32
(Years)COLOR whiteAGE AT LAST
BIRTHDAY 32
(Years)BIRTHPLACE South DakotaBIRTHPLACE NebraskaOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 A. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.(Signature) M. C. Morkum, M.D.Physician
(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address Abecdeen, IdaFiled ap 15-20

19. _____

Registrar

Registrar

FEB 17 1964

165-206-006-396

PLACE OF BIRTH

County of *Laramie*City of *Brookland*Registration District No. *121*

No. St.

Primary Registration District No. *2194*

Hospital

File No. *78584*Registered No. *111*

FULL NAME OF CHILD

Sex of Child

*Female*Twin
Trisect
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mated*Yes*Date of
Birth*Apr 6 2*
(Month) (Day) (Year)FULL
NAME*JAMES J. JONES*FULL
MAIDEN
NAME*RAUTH CROSIER*

RESIDENCE

Blackfoot Ida. Prnt 1

RESIDENCE

Ida

COLOR

*White*AGE AT LAST
BIRTHDAY*41*
(Years)

COLOR

*White*AGE AT LAST
BIRTHDAY*39*
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

8

Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive at *7 4* M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Mrs. E. E. Davis*

Given names added from a supplemental report.

Address *Blackfoot, Ida.*File *Mr. E. E. Davis*

Registrar

Registrar

DEC 8 1966

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-114-006-432
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-21

County of *Bannock*
City of *Moscow*

Registration District No. *121*

File No. *78585*

No. St.

Primary Registration District No. *2194*

Registered No. *112*

Hospital

FULL NAME OF CHILD *Verl Wallace Grimmer*

| | | | |
|--------------------------|---|-----------------------------|--|
| Sex of Child <i>Male</i> | Twin Triplet or other? <i>—</i> and (Number in order of birth <i>—</i>)
(To be answered only in event of plural births) | Legiti-
mate? <i>Yes</i> | Date of Birth <i>Apr 14 1920</i>
(Month) (Day) (Year) |
|--------------------------|---|-----------------------------|--|

| | |
|-------------------------------------|---|
| FULL NAME <i>Hyperum H. Grimmer</i> | FATHER |
| RESIDENCE <i>Moscow Idaho</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>42</i>
(Years) |
| BIRTHPLACE <i>Idaho</i> | |
| OCCUPATION <i>Farmer</i> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <i>Norma McBride</i> | MOTHER |
| RESIDENCE <i>Moscow Idaho</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>37</i>
(Years) |
| BIRTHPLACE <i>Utah</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *9* Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *5:09 p.m.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *M. E. Patric M.D.*

(Physician or midwife)

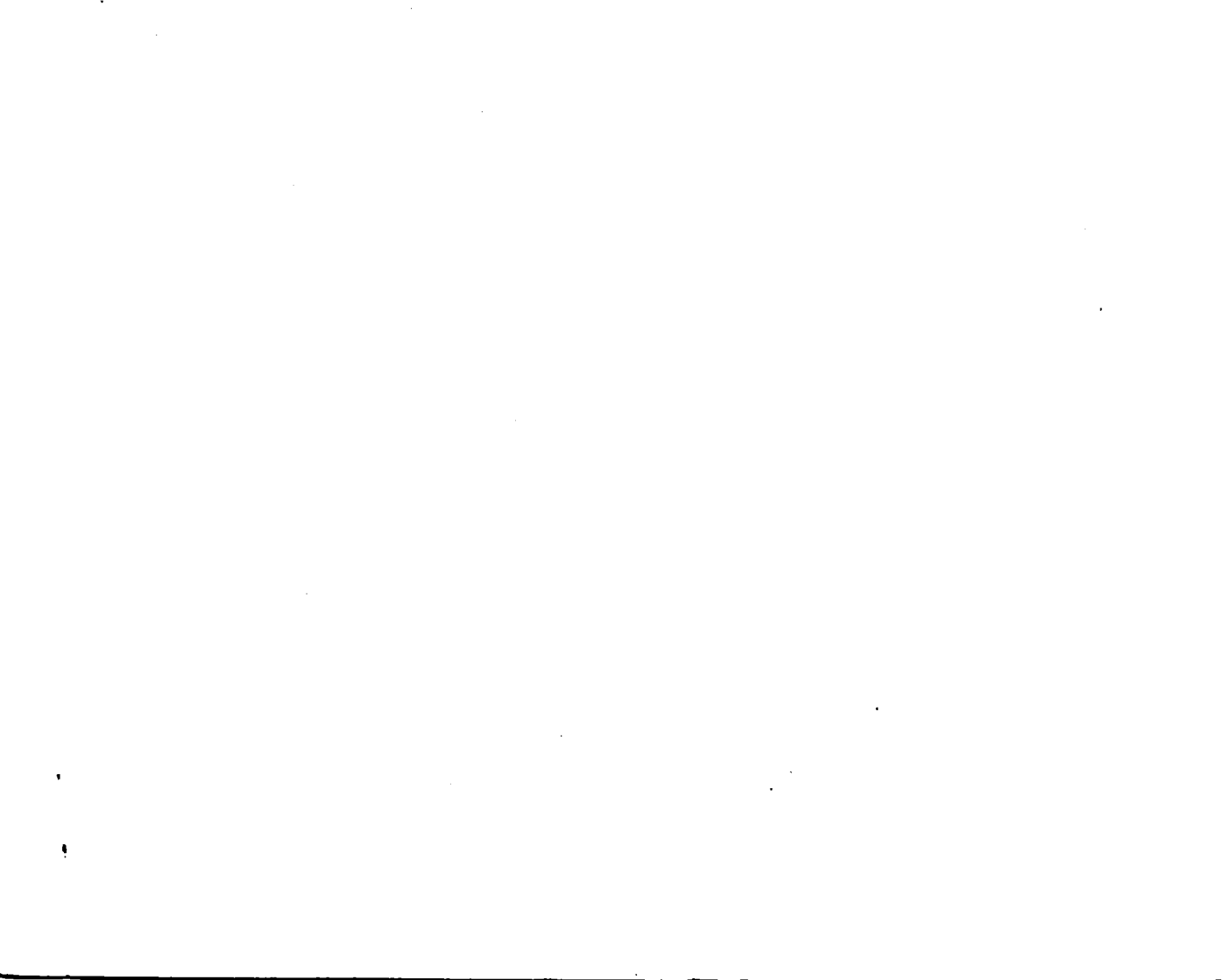
Given names added from a supplemental report.

Address *Blackfoot Idaho*

Filed *4-30-20* *Mrs. Thelma E. Patric*

Registrar

Registrar



819-120-006-469

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-3-22-3000

County of BinghamCity of Thomas PeakRegistration District No. 121File No. 78586

No. St.

Primary Registration District No. 2194Registered No. 113

Hospital

George

Wayne

Harman

FULL NAME OF CHILD

Sex of Child

MaleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

(Number
in order
of birth)Legiti-
mate?Yes

Date of Birth

Apr 20 1916

FULL NAME

John R. Harman

FULL MAIDEN NAME

Mary Morgan

RESIDENCE

Blackfoot, Ida

RESIDENCE

Blackfoot, Ida

COLOR

White

AGE AT LAST BIRTHDAY

43

COLOR

White

AGE AT LAST BIRTHDAY

36

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth.....

8

Number of children of this mother now living, including present birth.....

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. Patrice M. M.

Given names added from a supplemental report.

Address

Blackfoot, Ida

Filed

Apr 20 1916

Registrar

Registrar

STATE OF IOWA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

8880

13

HA

CM

ALL INFORMATION
CONTAINED HEREIN IS UNCLASSIFIED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. JUL 3 1941 Certificate No. 78586
County of Bingham } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Lawrence Wm Harmon was born on Apr 20, 1920 (Birth or death)
(Name on original certificate) (Was born or died) (Date of event)
in Blackfoot, Ida. Rep. are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by Church record prepared on April 1920, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO
("Name", "birth date", "cause of death", etc.) (as on original) (The correct facts)
change to George Wayne Harmon
name to be changed Lawrence Wm. Harmon George Wayne Harmon
father's name Harmon John P. Harmon

Subscribed and sworn to before me this 1st
day of July, 1941

Notary Public, residing at
My commission expires 1-1-43
[SEAL] By Edamson, Dep.

Signed M E Patrick MD.
(Signature of parent or attendant if correcting a birth record; of
attendant, funeral director, informant if correcting a death
record; or other credible person)

Blackfoot, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bingham }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of July, 1941

Notary Public, residing at
My commission expires 1-1-43
[SEAL] By Edamson, Dep.

Signed Roy Astor
(Signature of any credible person other than the previous affiant)

245 Smith St Blackfoot 2dr
(Street Address, City, State)

Received for filing on _____ by _____
(Registrar's signature)

7-10-41

713-221-006-349

PLACE OF BIRTH

County of *Bingham*
City of *Thommo Rock*STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 21-0-22m-2-27

Registration District No. *121*File No. *78587*

No. St.

Primary Registration District No. *2194*Registered No. *114*

Hospital

FULL NAME OF CHILD *Lillie Irene Patterson*

| | | | | |
|---|----------------------------------|---|-----------------------|----------------------------------|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>No</i> | and (Number in order of birth) <i>1</i> | Legitimacy <i>Yes</i> | Date of Birth <i>Apr 21 1905</i> |
| (To be answered only in event of plural births) | | | | (Month) (Day) (Year) |

FULL NAME FATHER *Ralph J. Patterson*FULL MAIDEN NAME MOTHER *Agnus Curtis*RESIDENCE *Blackfoot Idaho*RESIDENCE *Idaho*COLOR *White* AGE AT LAST BIRTHDAY *24* (Years)COLOR *White* AGE AT LAST BIRTHDAY *24* (Years)BIRTHPLACE *Ohio*BIRTHPLACE *Utah*OCCUPATION *Farmer*OCCUPATION *Housewife*

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *M. E. Patrick M.D.*

Given names added from a supplemental report.

Address *Blackfoot, Idaho*Filed *4-30-20* *Mrs. Helen E. Patrick*

Registrar

Registrar

313-222-006-186

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 14-0-22m-2-27

County of *Bingham*City of *Blackfoot*No. *1007* St.Registration District No. *121*File No. *78588*

Hospital

Primary Registration District No. *1007*Registered No. *110*FULL NAME OF CHILD *Edith Gertrude Latham*

| | | | | |
|----------------------------|---|--------------------------------|-----------|---|
| Sex of Child <i>Female</i> | Twin Triplet or other (To be answered only in event of plural births) | and (Number in order of birth) | Local No. | Date of Birth <i>Apr 22</i>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------|-----------|---|

| | |
|----------------------------------|---|
| FULL NAME <i>Richard Latham</i> | FATHER |
| RESIDENCE <i>Blackfoot Idaho</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>27</i>
(Years) |
| BIRTHPLACE <i>Idaho</i> | |
| OCCUPATION <i>Farmer</i> | |

| | |
|-----------------------------------|---|
| FULL MAIDEN NAME <i>Lynna Aho</i> | MOTHER |
| RESIDENCE <i>Idaho</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>31</i>
(Years) |
| BIRTHPLACE <i>Idaho</i> | |
| OCCUPATION <i>Housewife</i> | |

| | |
|--|--|
| Number of child of this mother, including present birth <i>3</i> | Number of children of this mother now living, including present birth <i>3</i> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *M. E. Patrick M.D.*

Given names added from a supplemental report.

Address *Blackfoot Idaho*
 Filed *Apr 22*
 Registrar *M. E. Patrick*

MAR 10 1956

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

281-122-006-846
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Blackfoot

Route 2

CERTIFICATE OF BIRTH

78589

No. St. Registration District No. State File No.

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Harlan G. Shaw

(Certificate of no value without full name of child)

| | | | | | |
|-----------------------------|---|-------|--------------------------------|------------------|---|
| Sex of Child
<u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { | Number
in order
of birth | Legiti-
mate? | Date of
birth <u>April 22</u> 192 <u>0</u>
(Month) (Day) (Year) |
|-----------------------------|---|-------|--------------------------------|------------------|---|

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER
FULL NAME

George H. Shaw

RESIDENCE

Route 2, Nampa, Idaho

COLOR

Wh

AGE AT LAST
BIRTHDAY

35

(Years)

BIRTHPLACE

Lehi, Utah

OCCUPATION

Farmer

MOTHER
FULL MAIDEN
NAME

Belva M. Huff

RESIDENCE

Route 2, Nampa, Idaho

COLOR

Wh

AGE AT LAST
BIRTHDAY

29

(Years)

BIRTHPLACE

White Salmon, Wash.

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive {
on the date above stated. { Stillborn { at 1:50 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

M. E. Patton M.D.

(Physician or midwife)

Address

Filed

Registrar.

Registrar.

OCT 15 1942

OCT 16 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

458-229-066-238

PLACE OF BIRTH

County of *Bingham*
Blackfoot Indian
City of *Blackfoot*

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 12-0-22-0-0-17

CERTIFICATE OF BIRTH

Registration District No. *121* File No. *78590*

No. St. Primary Registration District No. *2194* Registered No. *117*

Hospital FULL NAME OF CHILD *Mary Meyer*

Sex of Child *Female* Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth *1* Legit *Yes* Date of Birth *Apr 29* (Month) (Day) (Year)

FULL NAME FATHER *Heinrich S. Meyer*

FULL MAIDEN NAME MOTHER *Lena Schirwa*

RESIDENCE *Blackfoot Idaho*

RESIDENCE *Id*

COLOR *White* AGE AT LAST BIRTHDAY *36* (Years)

COLOR *White* AGE AT LAST BIRTHDAY *30* (Years)

BIRTHPLACE *Russia*

BIRTHPLACE *Or.*

OCCUPATION *Laborer - Road*

OCCUPATION *Housewife*

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive or stillborn* on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *M. E. Patrie MD*

Given names added from a supplemental report.

Address *Blackfoot Idaho*

Filed *Apr 30 1920* Registrar *Mrs. Helen E. Patrie*

DECEASED

Dup of 1920-~~30~~9431

796-131-006-219
PLACE OF BIRTHCounty of Bingham

City of

No. St.

Hospital

Form V. & No. 11-0-22-0-17
STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHRegistration District No. 121File No. 78591Primary Registration District No. 2194Registered No. 115FULL NAME OF CHILD Harold Augustus Grover

| | | | | |
|--------------------------|----------------------------------|---------------------------------------|------------------------|---|
| Sex of Child <u>male</u> | Twin Triplet or other? <u>no</u> | and Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar. 31</u> (Month) (Day) (Year) |
|--------------------------|----------------------------------|---------------------------------------|------------------------|---|

| | |
|------------------------------------|--|
| FULL NAME <u>William H. Grover</u> | FATHER |
| RESIDENCE <u>Blackfoot #3</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>27</u> (Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|--|
| FULL MAIDEN NAME <u>Loy May Barnard</u> | MOTHER |
| RESIDENCE <u>Blackfoot #3</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>28</u> (Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hampton m.d.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, IdaFiled 5-9-20 Mr. H. E. Pattee

Registrar

Registrar

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

11. 12. 13. 14. 15. 16. 17. 18. 19. 20.

21. 22. 23. 24. 25. 26. 27. 28. 29. 30.

31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

41. 42. 43. 44. 45. 46. 47. 48. 49. 50.

51. 52. 53. 54. 55. 56. 57. 58. 59. 60.

61. 62. 63. 64. 65. 66. 67. 68. 69. 70.

71. 72. 73. 74. 75. 76. 77. 78. 79. 80.

81. 82. 83. 84. 85. 86. 87. 88. 89. 90.

91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

101. 102. 103. 104. 105. 106. 107. 108. 109. 110.

111. 112. 113. 114. 115. 116. 117. 118. 119. 120.

121. 122. 123. 124. 125. 126. 127. 128. 129. 130.

131. 132. 133. 134. 135. 136. 137. 138. 139. 140.

141. 142. 143. 144. 145. 146. 147. 148. 149. 150.

151. 152. 153. 154. 155. 156. 157. 158. 159. 160.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

964-206-006-866

PLACE OF BIRTH

 STATE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-21m-2-17

County of BinghamCity of BlackfootNo. 117 St.Registration District No. 12File No. 7859.2Primary Registration District No. 2194Registered No. 119

Hospital

FULL NAME OF CHILD Wanda Catherine Roubidoux

| | | | |
|----------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>April 6, 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|--|

| | |
|---|--------|
| FULL NAME <u>Sylvester M. Roubidoux</u> | FATHER |
|---|--------|

| | |
|----------------------------|-----------|
| RESIDENCE <u>Blackfoot</u> | RESIDENCE |
|----------------------------|-----------|

| | |
|--------------------|---|
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
|--------------------|---|

| | |
|--------------------------|------------|
| BIRTHPLACE <u>Kansas</u> | BIRTHPLACE |
|--------------------------|------------|

| | |
|--------------------------|------------|
| OCCUPATION <u>Farmer</u> | OCCUPATION |
|--------------------------|------------|

| | |
|--|--------|
| FULL MAIDEN NAME <u>Catherine Hoff</u> | MOTHER |
|--|--------|

| | |
|----------------------------|-----------|
| RESIDENCE <u>Blackfoot</u> | RESIDENCE |
|----------------------------|-----------|

| | |
|--------------------|---|
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>19</u>
(Years) |
|--------------------|---|

| | |
|-----------------------------|------------|
| BIRTHPLACE <u>Mayerland</u> | BIRTHPLACE |
|-----------------------------|------------|

| | |
|-----------------------------|------------|
| OCCUPATION <u>Housewife</u> | OCCUPATION |
|-----------------------------|------------|

 Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 7 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

 (Signature) J. D. Hampton M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address BlackfootAddress BlackfootFiled 5-9-20Filed 5-9-20

Registrar

Registrar

OCT 2 1942

613-212-006-438
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-0-22-2-17

CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121File No. 78593

No. St.

Primary Registration District No. 5794Registered No. 120

Hospital

FULL NAME OF CHILD Pearl Walker

| | | | | |
|----------------------------|----------------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>no</u> | and (Number in order of birth) <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>April 12 1920</u>
(Month) (Day) (Year) |
|----------------------------|----------------------------------|---|------------------------|--|

| | | | |
|----------------------------------|---|------------------------------------|---|
| FATHER | | MOTHER | |
| FULL NAME <u>Chas C Walker</u> | FULL MAIDEN NAME <u>Chas Pearl Bledge</u> | FULL NAME <u>Chas Pearl Bledge</u> | FULL MAIDEN NAME <u>Chas Pearl Bledge</u> |
| RESIDENCE <u>Blackfoot Idaho</u> | RESIDENCE <u>Blackfoot</u> | RESIDENCE <u>Blackfoot</u> | RESIDENCE <u>Blackfoot</u> |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>19</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | BIRTHPLACE <u>Idaho</u> | BIRTHPLACE <u>Idaho</u> | BIRTHPLACE <u>Idaho</u> |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>Housewife</u> | OCCUPATION <u>Housewife</u> | OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Hampton M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Blackfoot Idaho

..... 19

Filed 5-9-20 Mrs. Helen E. Frazier

Registrar

Registrar

MAR 6 1956

MAR 26 1956

968-213-006-253
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-22-3-17

County of Bingham
City of Blackfoot
No. R. F. D. 3 St. 3
Registration District No. 121 File No. 78594
Primary Registration District No. 2194 Registered No. 121

Hospital
FULL NAME OF CHILD Army Norma Roylance

| | | | | |
|--|---|--------------------------------|--|---|
| Sex of Child
<u>Female</u> | Twin Triplet or other?
(To be answered only in event of plural births) | and (Number in order of birth) | Legitimate?
<u>yes</u> | Date of Birth
<u>April 13 1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Norace Roylance</u>
RESIDENCE <u>Blackfoot #3</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Farmer</u> | | | MOTHER
FULL MAIDEN NAME <u>Minnie A. Belcher</u>
RESIDENCE <u>Blackfoot #3</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

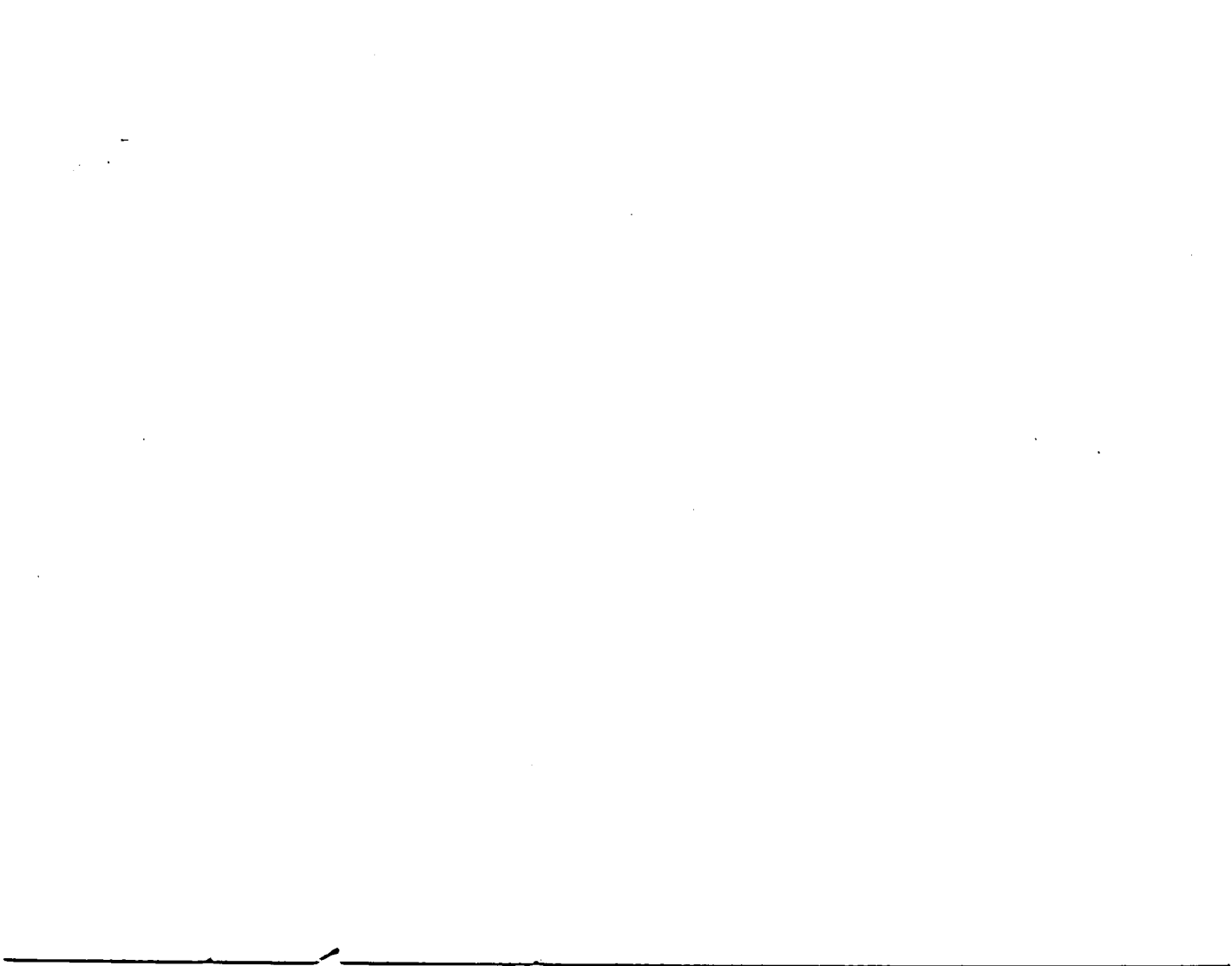
I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hampton
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho
Filed 5-9-20 Mr. H. E. F. H. H.
Registrar



619-215-006-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 14-0-22m-0-17

CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootNo. 12 F.W. #1 St.Registration District No. 121File No. 78595Primary Registration District No. 2194Registered No. 122

Hospital

FULL NAME OF CHILD Madge Lucille Tarnsworth

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>4/15</u> (Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

| | |
|---|---|
| FULL NAME <u>Geo C Tarnsworth</u> | FULL MAIDEN NAME <u>Eva J. Lundland</u> |
| RESIDENCE <u>Blackfoot #1</u> | RESIDENCE <u>Blackfoot #1</u> |
| COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>30</u> (Years) | COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>25</u> (Years) |
| BIRTHPLACE <u>Utah</u> | BIRTHPLACE <u>Utah</u> |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 p.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida
Filed 5-9 1920 Mavis E. Patton
Registrar

Registrar

155-218-006-155

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. A. J. S. #2 St.

Registration District No.

Primary Registration District No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-0-22-2-17

CERTIFICATE OF BIRTH

121

File No. 78596

Registered No. 123

Hospital

FULL NAME OF CHILD Mrs. Agnes Jensen

| | | | | |
|----------------------------|---|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin <u>Single</u> or other (To be answered only in event of plural births) | and (Number in order of birth) <u>1st</u> | Legitimate? <u>yes</u> | Date of Birth <u>4/15/22</u>
(Month) (Day) (Year) |
|----------------------------|---|---|------------------------|--|

| | |
|----------------------------------|--|
| FULL NAME <u>Agnes J. Jensen</u> | FATHER |
| RESIDENCE <u>Blackfoot #2</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>41</u> (Years) |
| BIRTHPLACE <u>Denmark</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|--|
| FULL MAIDEN NAME <u>Mrs. Christine Jensen</u> | MOTHER |
| RESIDENCE <u>Blackfoot #2</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>42</u> (Years) |
| BIRTHPLACE <u>Denmark</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth... 11.... Number of children of this mother now living, including present birth... 10....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

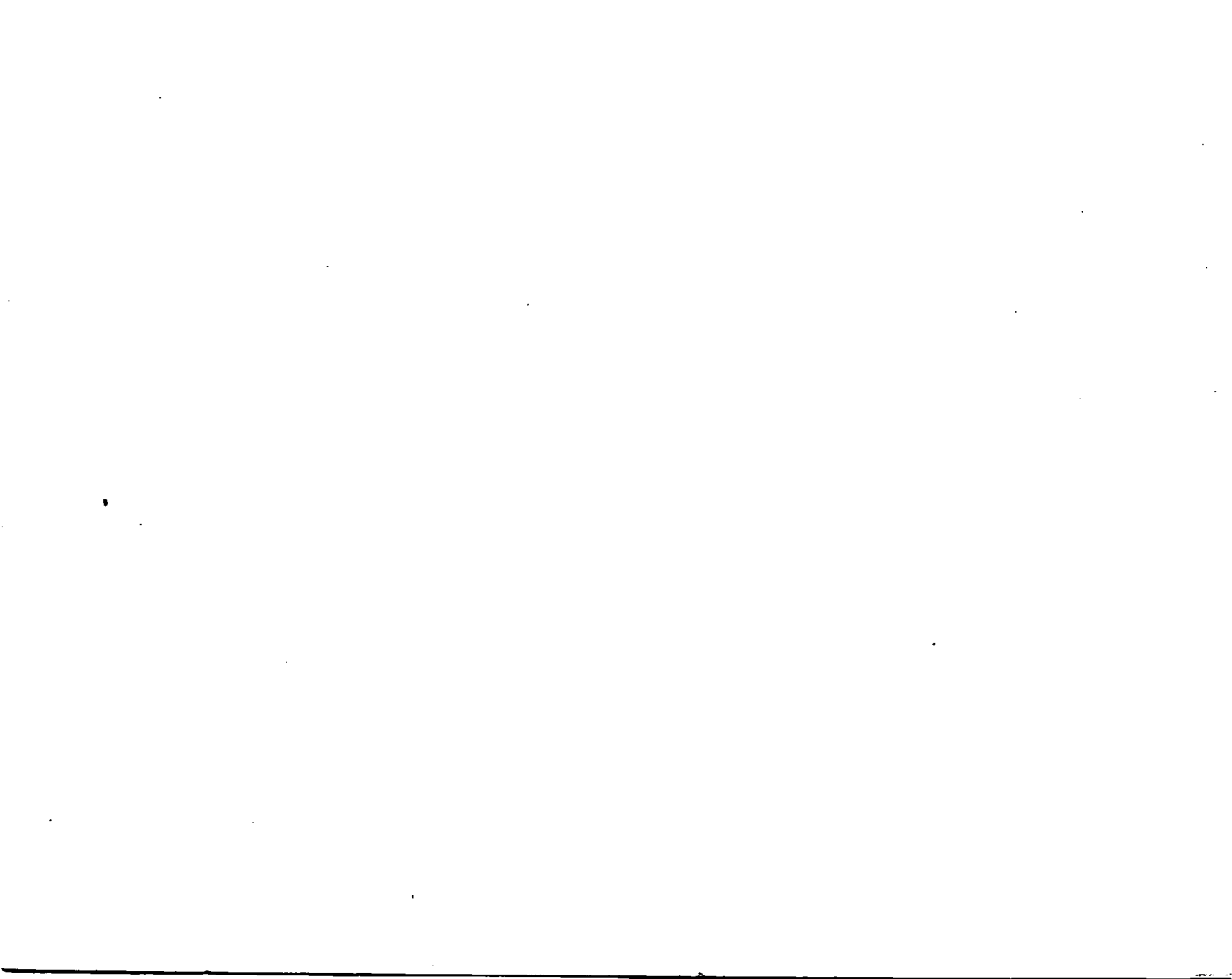
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. C. Hampton (Physician or midwife)Address Blackfoot IdahoFiled 5-9-22 Mr. Halan E. Patrick

Registrar

Registrar



155-118-006-899

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. P. I. W. #2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 14-0-22m-4-17

CERTIFICATE OF BIRTH

Registration District No. 121File No. 78597Primary Registration District No. 2194Registered No. 124FULL NAME OF CHILD Norman August Jensen

| | | | | |
|--------------------------|---|---|-----------------------|---|
| Sex of Child <u>Male</u> | Twin <u>single</u>
(To be answered only in event of plural births) | and { Number in order of birth <u>2nd</u> } | Legitimacy <u>yes</u> | Date of Birth <u>4/18</u>
(Month) (Day) (Year) |
|--------------------------|---|---|-----------------------|---|

| | |
|--------------------------------|---|
| FULL NAME <u>Jens P Jensen</u> | FATHER |
| RESIDENCE <u>Blackfoot #2</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>41</u>
(Years) |
| BIRTHPLACE <u>Denmark</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Emma Christine Jensen</u> | MOTHER |
| RESIDENCE <u>Blackfoot #2</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>42</u>
(Years) |
| BIRTHPLACE <u>Denmark</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 p.m. on the date above stated. (Born alive or stillborn)

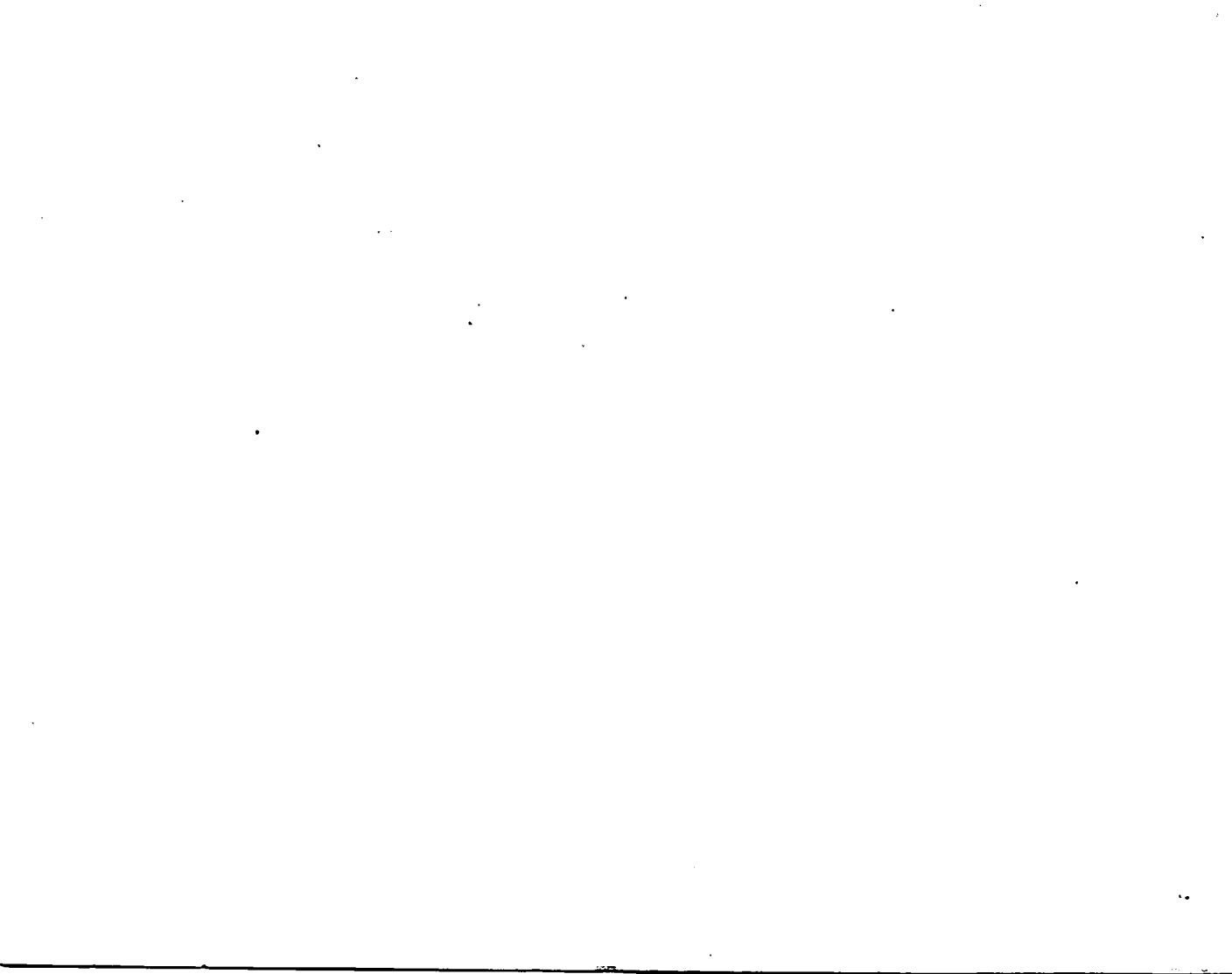
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida
Filed 5-9-20 Wm. Hales E. Patrick
Registrar

Registrar



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38.2-219-006-416

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. A. No. 11-0-22-4-17

CERTIFICATE OF BIRTH

County of Bayham

City of Blackfoot

Registration District No. 121

File No. 78598

No. St.

Primary Registration District No. 2194

Registered No. 125

Hospital

FULL NAME OF CHILD Syble Anne Lystrup

| | | | |
|----------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u> and (Number in order of birth <u> </u>) | Legitimate? <u>yes</u> | Date of Birth <u>April 18 1923</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|--|

| | | | |
|---------------------------------|--|---------------------------------|--|
| FATHER | | MOTHER | |
| FULL NAME <u>Phos L Lystrup</u> | FULL MAIDEN NAME <u>Charlotte Hawson</u> | FULL NAME <u>Phos L Lystrup</u> | FULL MAIDEN NAME <u>Charlotte Hawson</u> |
| RESIDENCE <u>Blackfoot</u> | RESIDENCE <u>Blackfoot Idaho</u> | RESIDENCE <u>Blackfoot</u> | RESIDENCE <u>Blackfoot Idaho</u> |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>32</u> (Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>29</u> (Years) |
| BIRTHPLACE <u>Utah</u> | BIRTHPLACE <u>Canada</u> | BIRTHPLACE <u>Utah</u> | BIRTHPLACE <u>Canada</u> |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>Housewife</u> | OCCUPATION <u>Farmer</u> | OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:3 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hampton M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho
Filed 5-9 1923 Wm. H. E. E. E.

Registrar

Registrar

MAY 15 1957

JAN 29 1981

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-227-006-522
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. A. No. 11-0-01m-3-17

County of Bannock

City of Blackfoot

No. 11-1 D #3 St.

Registration District No. 121

File No. 78599

Primary Registration District No. 2194

Registered No. 126

Hospital

FULL NAME OF CHILD Mary Terence Cahoon

| | | | | |
|----------------------------|---|--------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | (Number and in order of birth) | Legitimate? <u>yes</u> | Date of Birth <u>April 27 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------|------------------------|--|

FATHER
FULL NAME John R. Cahoon

RESIDENCE Blackfoot #3

COLOR white AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Regina Eskelson

RESIDENCE Blackfoot #3

COLOR white AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at Blackfoot on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hampton M.D.

Given names added from a supplemental report.

(Physician or midwife)

.....19.....

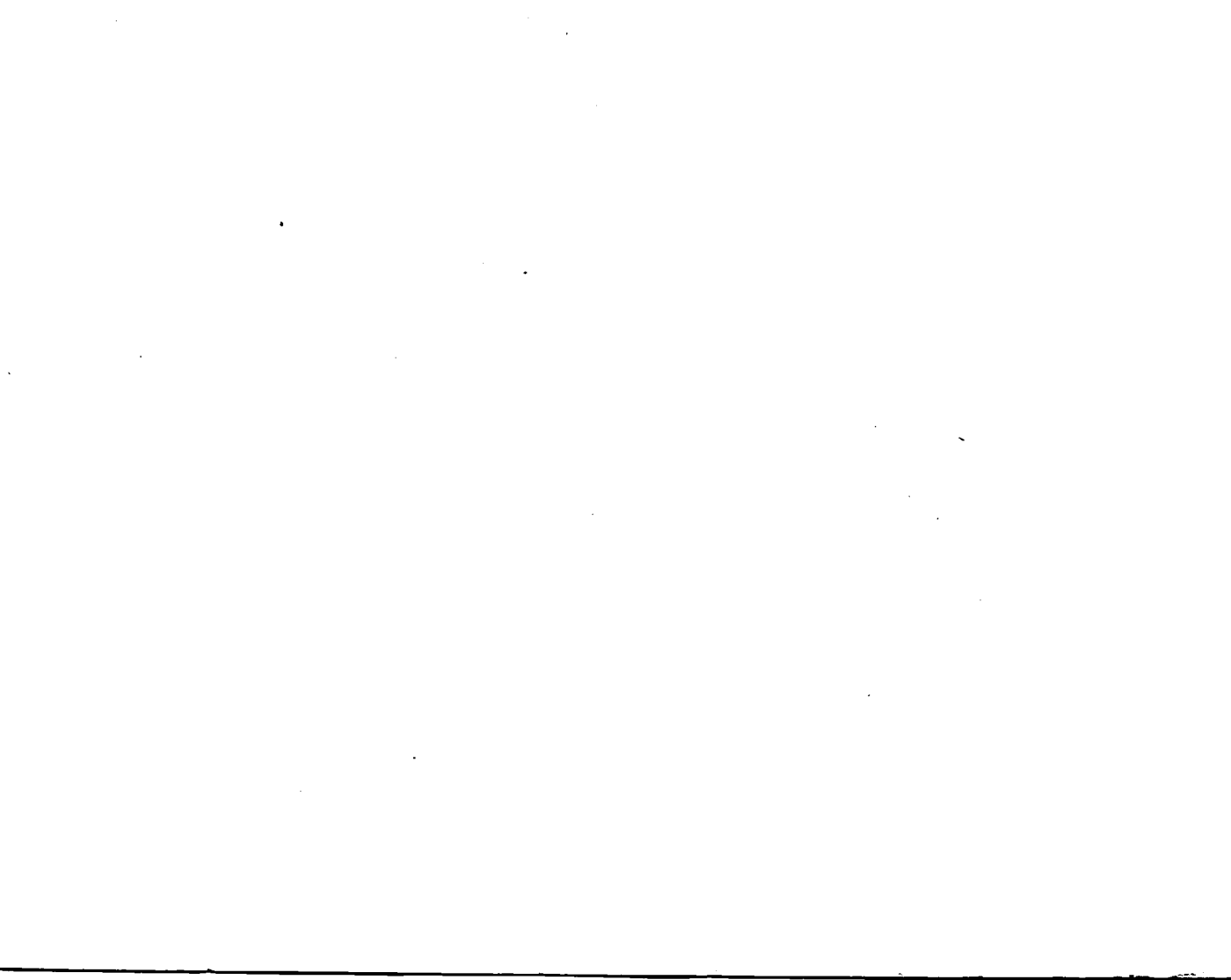
Address Blackfoot Idaho

.....

Filed 5-9-20 Mr. Helen E. Patrick

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Birmingham

City of Blackfoot

No. Russell St.

Hospital.....

FULL NAME OF CHILD.....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V, S. No. 11-C-25m-9-8-13

CERTIFICATE OF BIRTH

Registration District No.

File No......

Primary Registration District No.

Registered No.

| | | | | |
|----------------------------|---|-----------------------------------|------------------------|--|
| Sex of Child <i>Female</i> | Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input type="checkbox"/> | Number in order of birth <i>1</i> | Legitimate? <i>Yes</i> | Date of Birth <i>April 1</i>
(Month) (Day) (Year) |
|----------------------------|---|-----------------------------------|------------------------|--|

FULL NAME Erwin Chesser FATHER

FULL MAIDEN NAME *Maria Rees* MOTHER

RESIDENCE *Blue Seal 2nd Floor #2*

RESIDENCE *Blue Mesa, Idaho #2*

COLOR white AGE AT LAST BIRTHDAY 24
(Years)

COLOR White AGE AT LAST BIRTHDAY 24

BIRTHPLACE *Utah*

BIRTHPLACE Vt

OCCUPATION Farmer

OCCUPATION Student

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was 12 yrs. old on the date above stated. 11.03

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*T. W. Michael*.....

Given names added from a supplemental report.

..... (Physician or midwife) 0

Address... 1901 1st Ave. S. Dallas

Filed..... 1968 *Wm. J. Baker C. J. Baker*

Registrar

MAR 23 1962

JAN 24 1962

386-203-006-455

PLACE OF BIRTH

County of *Bingham*City of *Blackfoot*No. *C. Fisher F.E. Bridge*

Hospital

FULL NAME OF CHILD

*Ella Sharp*STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. *121*File No. *78601*Primary Registration District No. *1007*Registered No. *128*

Sex of Child

*Female*Twin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?*yes*Date of
Birth*April 3*

(Month) (Day) (Year)

FULL
NAME*Joe. Sharp*

FATHER

FULL
MAIDEN
NAME*Josephine Marks*

MOTHER

RESIDENCE

Blackfoot, Idaho

RESIDENCE

Blackfoot, Idaho

COLOR

*Brown*AGE AT LAST
BIRTHDAY*36*
(Years)

COLOR

*Brown*AGE AT LAST
BIRTHDAY*27*
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

*Housewife*Number of child of this mother, including present birth *4*Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.at *2:41* M.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. W. Mitchell
m. D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot, Idaho

Filed

2-9-20

Registrar

Registrar



STATE OF TEXAS
BUREAU OF VITAL STATISTICS
CERTIFICATE

1912

[Faint, mostly illegible text and lines forming a form structure, likely a birth or death certificate template.]

514-106-006-215

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-200-2-27

County of Bingham

City of Blackfoot

No. North Shilling St.

Registration District No. 121

File No. 78602

Primary Registration District No. 1007

Registered No. 129

Hospital

FULL NAME OF CHILD Robert Lynn Vaughn

| | | | | |
|--------------------------|----------------------------------|---------------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>No</u> | and Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>April 6 1920</u>
(Month) (Day) (Year) |
|--------------------------|----------------------------------|---------------------------------------|------------------------|---|

FULL NAME Father Vaughn

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Id

OCCUPATION Merchant

FULL MAIDEN NAME Mrs. E. Raetz

RESIDENCE Blackfoot, Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Id

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 P on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Victor 10 P

Given names added from a supplemental report.

(Physician or midwife)
Address Blackfoot, Idaho

Filed 5-9-1920 Mrs. Helen E. Pattee
Registrar

JAN 28 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

APR 23 1942

File No. 1-28-42

AUG 8 1942

Birth Date

191

AGE AT LAST BIRTHDAY

445-224-006-815

PLACE OF BIRTH

County of *Bingham*City of *Blackfoot*Not *West Bridge & St.*STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-4-37

CERTIFICATE OF BIRTH

Registration District No. *121*File No. *78603*Primary Registration District No. *1007*Registered No. *130*

Hospital

FULL NAME OF CHILD

Mathie La. Von. Manwill

| | | | | |
|---|----------------------------------|---------------------------------------|------------------------|------------------------------------|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>No</i> | and Number in order of birth <i>1</i> | Legitimate? <i>Yes</i> | Date of Birth <i>April 24 1900</i> |
| (To be answered only in event of plural births) | | | | (Month) (Day) (Year) |

| | |
|-----------------------------------|--|
| FULL NAME <i>Glee Manwill</i> | FATHER |
| RESIDENCE <i>Blackfoot, Idaho</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>21</i> (Years) |
| BIRTHPLACE <i>Utah</i> | |
| OCCUPATION <i>Waiter</i> | |

| | |
|---|--|
| FULL MAIDEN NAME <i>Hazel B Hancock</i> | MOTHER |
| RESIDENCE <i>Blackfoot, Idaho</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>29</i> (Years) |
| BIRTHPLACE <i>Idaho</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *1*..... Number of children of this mother now living, including present birth *1*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *4:00 P.M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. W. Mitchell, M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot, Idaho*Filed *1-9-20* *Dr. H. W. Mitchell, M.D.*

Registrar

Registrar

JUN 28 1965

FEB 12 1971

142-119-006-312

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-22-2-17

County of Bingham

City of Shelley

No. R.D.# St.

Registration District No. 121

File No. 78604

Primary Registration District No. 2194

Registered No. 131

Hospital

FULL NAME OF CHILD Ronald Just

Sex of Child Male Twin Triplet or other? ✓ and Number in order of birth 1 Legitimate? Yes Date of Birth April 19, 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Leslie Just
RESIDENCE Shelley R.D.#
COLOR White AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Idaho
OCCUPATION Farming

MOTHER
FULL MAIDEN NAME Francis Cassin
RESIDENCE Shelley R.D.#
COLOR White AGE AT LAST BIRTHDAY 31
(Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

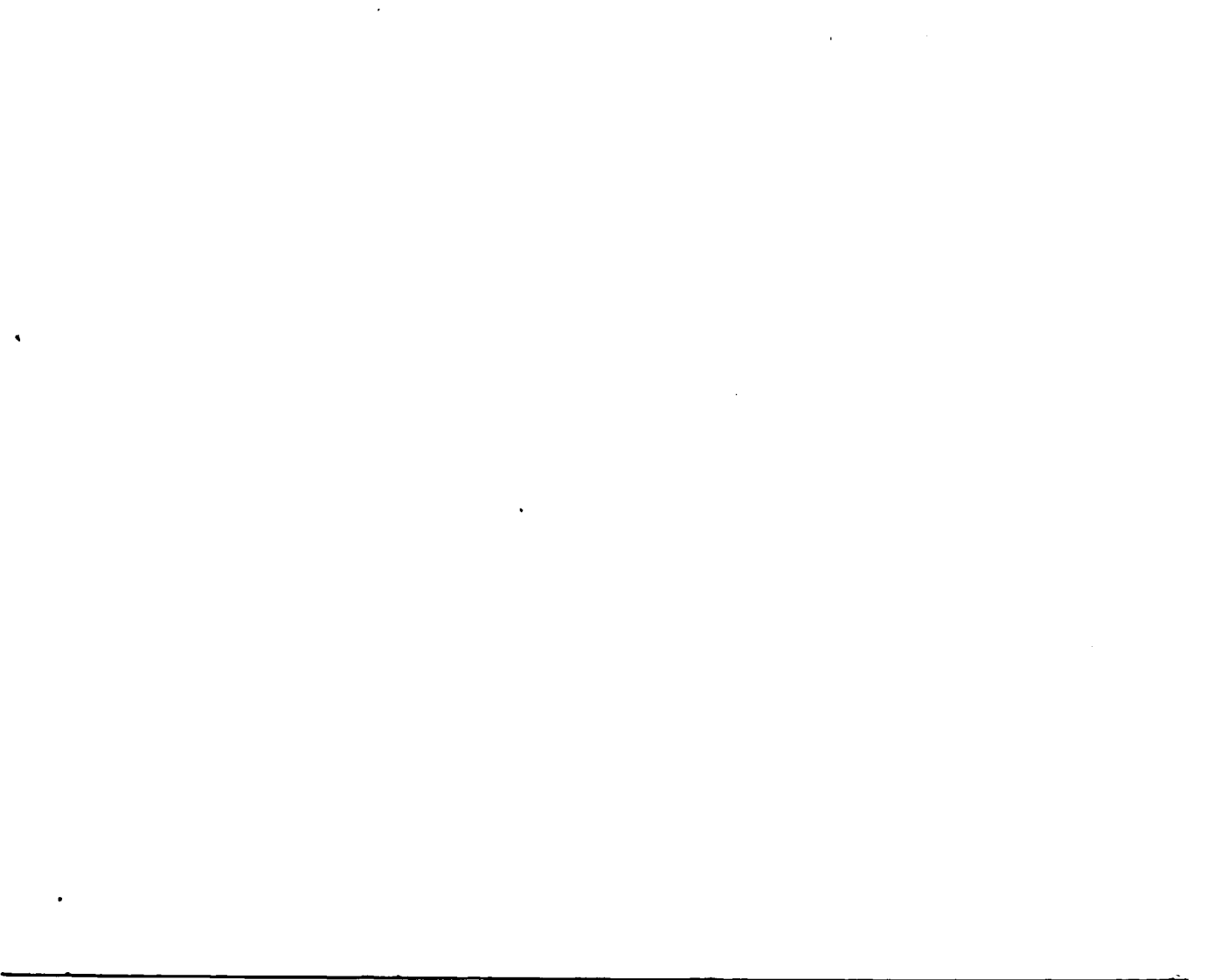
I hereby certify that I attended the birth of this child, who was Born alive at 9:15 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho
Filed 5-4 1920 Mrs. Helen E. Pattee
Registrar Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-222-006-699

PLACE OF BIRTH

County of *Bingham*City of *Blackfoot*

No. St.

Registration District No. *121*File No. *78605*Primary Registration District No. *2194*Registered No. *132*Hospital *unnamed Stanger*

FULL NAME OF CHILD

Sex of Child

*female*Twin
Triplet
or other?*L*

and

Number
in order
of birth*C*

(To be answered only in event of plural births)

Legiti-
mate?*yes*Date of
Birth*4*

(Month)

22

(Day)

1920

(Year)

FULL
NAME*Hon. Carlton Stanger*

FATHER

RESIDENCE

Blackfoot

COLOR

*White*AGE AT LAST
BIRTHDAY*28*

(Years)

BIRTHPLACE

Idaho

OCCUPATION

*Farmer*FULL
MAIDEN
NAME*Marie Wright*

MOTHER

RESIDENCE

Blackfoot

COLOR

*White*AGE AT LAST
BIRTHDAY*27*

(Years)

BIRTHPLACE

Idaho

OCCUPATION

*Housewife*Number of child of this mother, including present birth... *6*Number of children of this mother now living, including present birth... *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *19* M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Given names added from a supplemental report.

(Signature)

W. Beck

(Physician or midwife)

Address

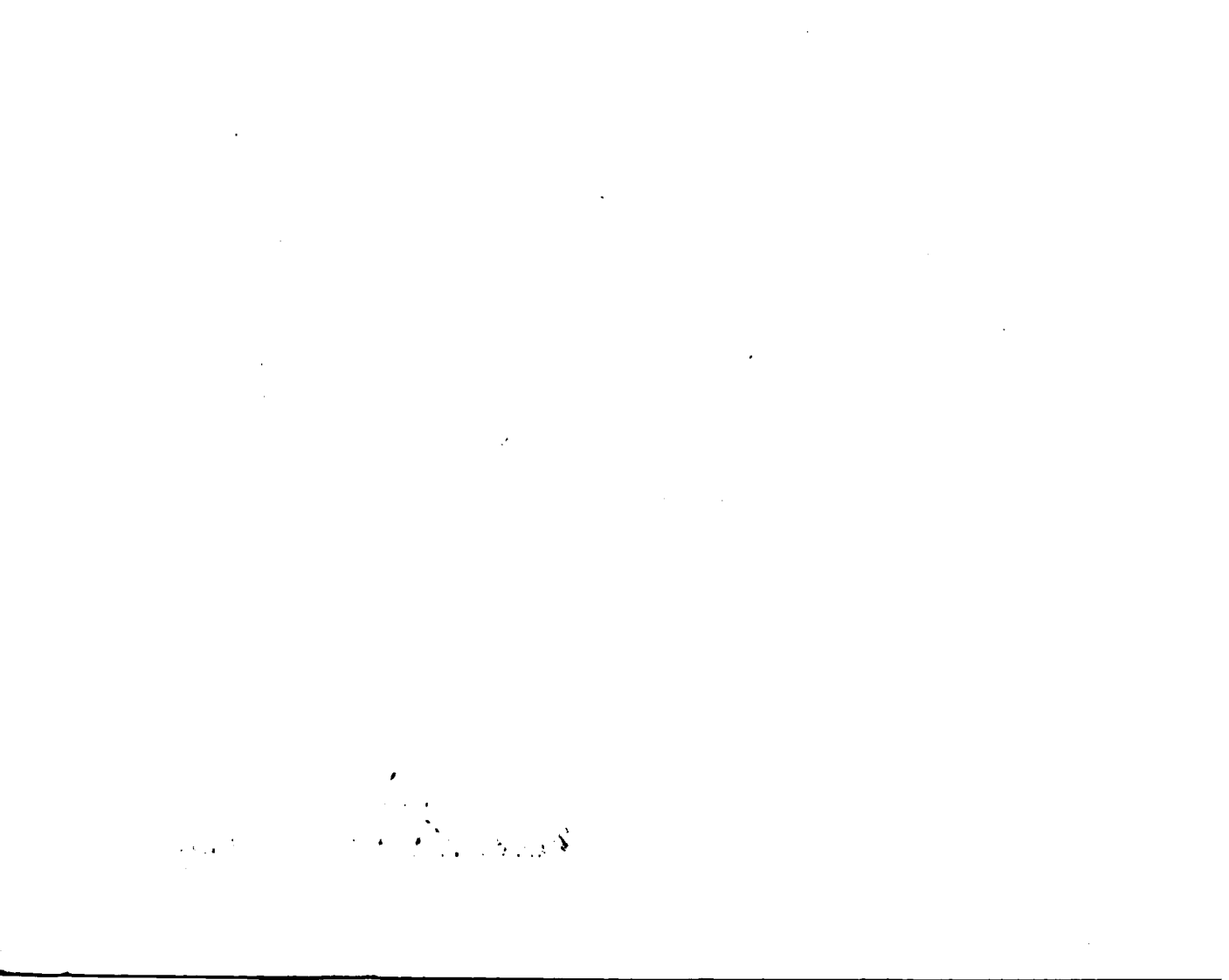
Blackfoot Idaho

Filed

5-9-20 Mrs. Helen E. Patrice

Registrar

Registrar



1999-227-006-165
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-0-22-0-17

County of *Bingham*

City of *Blackfoot*

Registration District No. *121*

File No. *78606*

No. St.

Primary Registration District No. *1007*

Registered No. *133*

Hospital

FULL NAME OF CHILD *Sara Price*

| | | | |
|----------------------------|---|------------------------|---|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>1</i> and in order of birth <i>1</i>
(To be answered only in event of plural births) | Legitimate? <i>yes</i> | Date of Birth <i>4 27</i>
(Month) (Day) (Year) <i>1920</i> |
|----------------------------|---|------------------------|---|

| | |
|-----------------------------------|---|
| FULL NAME <i>Chas Henry Price</i> | FATHER |
| RESIDENCE <i>Blackfoot</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>33</i>
(Years) |
| BIRTHPLACE <i>Texas</i> | |
| OCCUPATION <i>Labourer</i> | |

| | |
|--|---|
| FULL MAIDEN NAME <i>Lizzie Leora Jones</i> | MOTHER |
| RESIDENCE <i>Blackfoot</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>27</i>
(Years) |
| BIRTHPLACE <i>Oklahoma</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *6* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *9:15 P.M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Walter Beck*
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot, Ida*

Filed *5-9-20* *Dr. Helen E. Pattee*

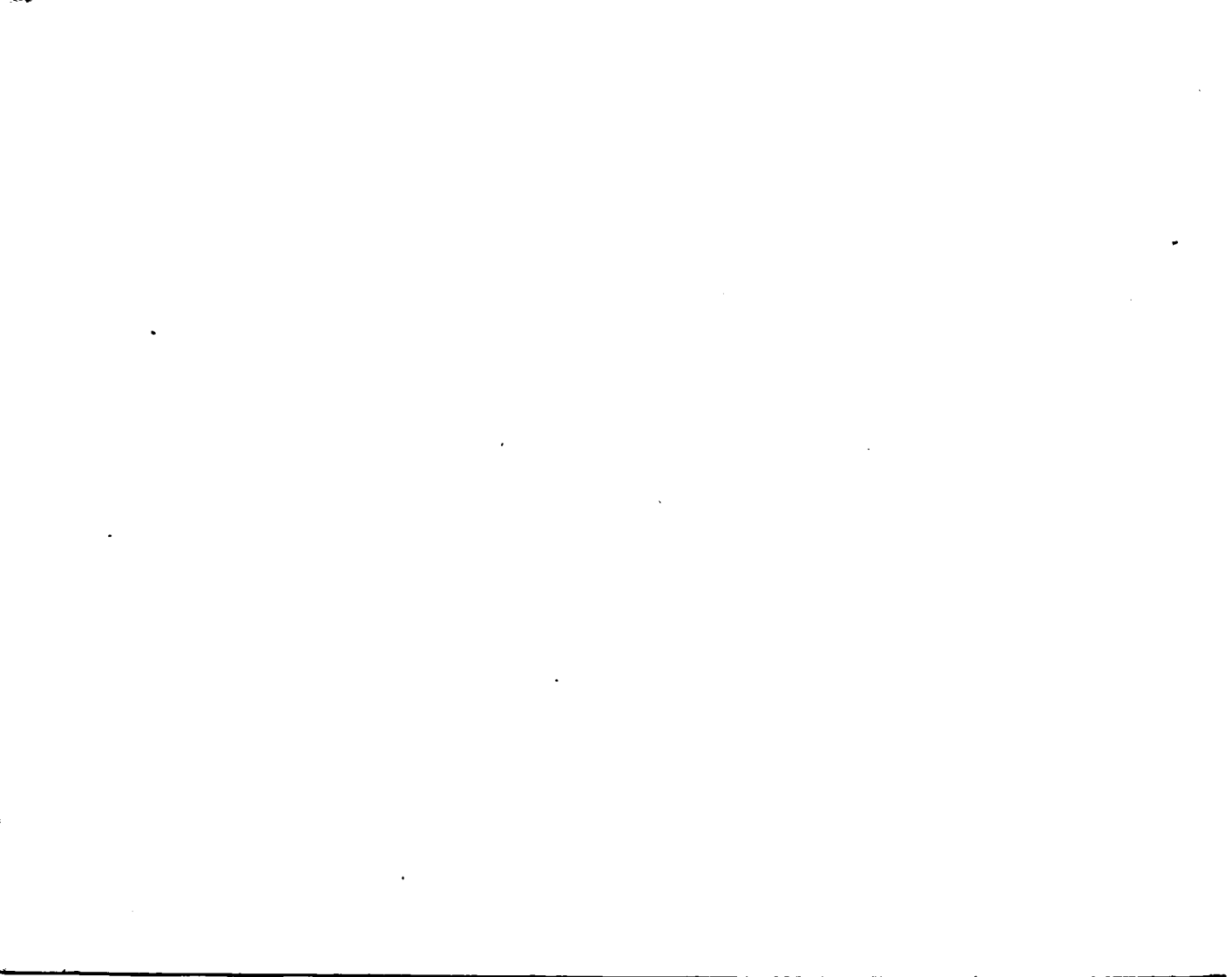
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



813 -128-004-253

PLACE OF BIRTH

County of *Bingham*City of *Blackfoot*

No. St.

Registration District No. *121*Primary Registration District No. *2194*

Form V. & No. 11-0-22-2-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. *786-07*Registered No. *134*

Hospital

FULL NAME OF CHILD

*Emmanuel Hall*Sex of Child *Male*Twin
Triplet
or other? *L*and (Number
in order
of birth *L*

(To be answered only in event of plural births)

Legiti-
mated? *yes*Date of Birth *4 28* *1920*
(Month) (Day) (Year)FULL
NAME*Ernest Grant Hale*

FATHER

RESIDENCE

Blackfoot

COLOR

*White*AGE AT LAST
BIRTHDAY*26*
(Years)

BIRTHPLACE

Idaho

OCCUPATION

*Farmer*FULL
MAIDEN
NAME*Josephine Nelson*

MOTHER

RESIDENCE

Blackfoot

COLOR

*White*AGE AT LAST
BIRTHDAY*21*
(Years)

BIRTHPLACE

Utah

OCCUPATION

*House wife*Number of child of this mother, including present birth *3*..... Number of children of this mother now living, including present birth *3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive*..... at *1*..... *u*..... M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

St. H. Beck
Physician

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

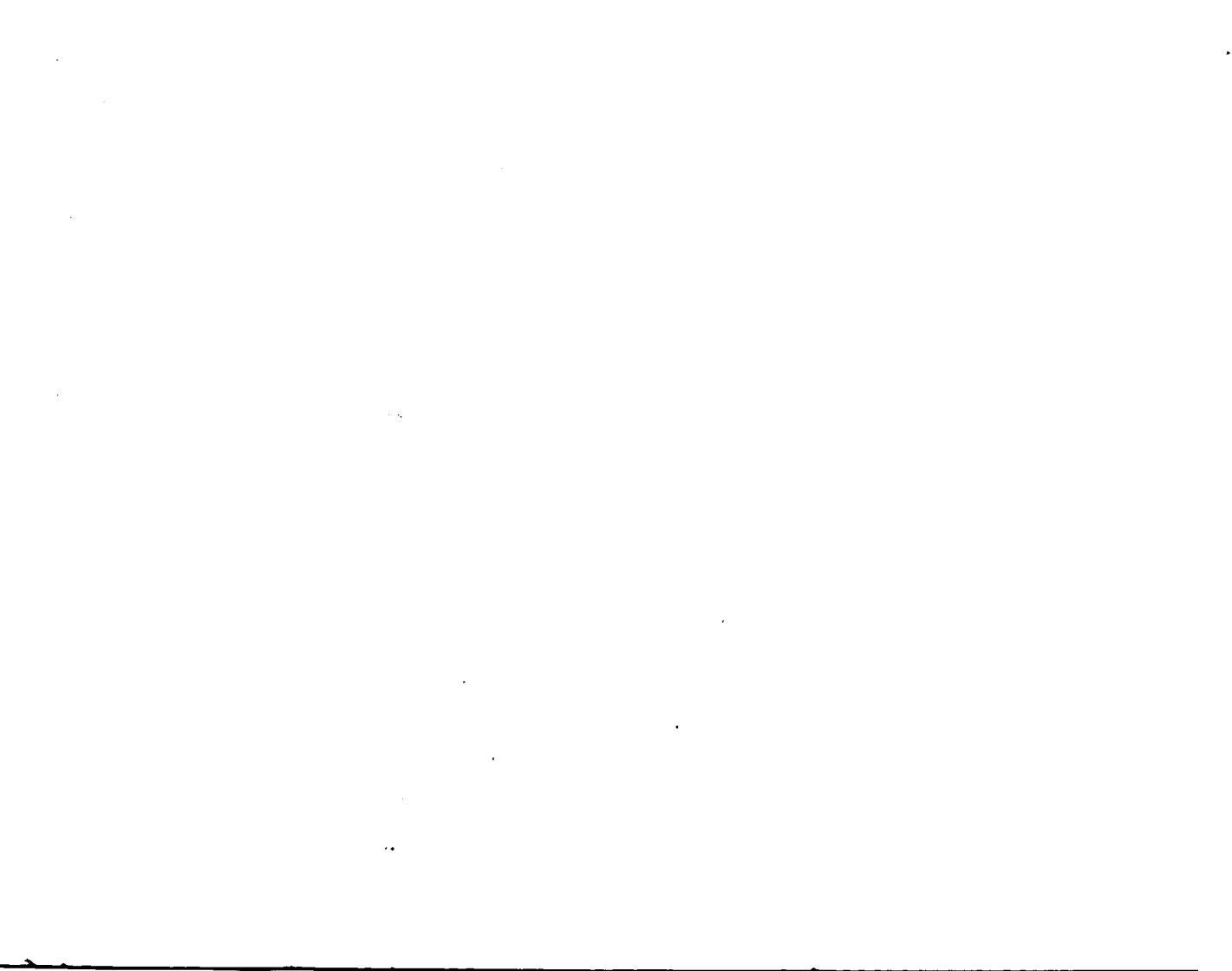
Address *Blackfoot Idaho*

.....19.....

Filed *5-9*.....19*20* *Mrs Helen E. Patton*

Registrar

Registrar



275-205-006-386
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. 2. No. 11-0-22a-2-2-17

CERTIFICATE OF BIRTH

County of PringleCity of BlackfootNo. Princeton St.Registration District No. 121File No. 78608Primary Registration District No. 2194Registered No. 133

Hospital

FULL NAME OF CHILD

Helena Myrtle Spencer

Sex of Child

FemaleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthApril 5 1920
(Month) (Day) (Year)FULL
NAMEHenry W. Spencer

FATHER

RESIDENCE

Blackfoot Ida

COLOR

whiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMEMyrtle Thompson

MOTHER

RESIDENCE

Blackfoot Ida

COLOR

whiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

H. J. Simmons
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

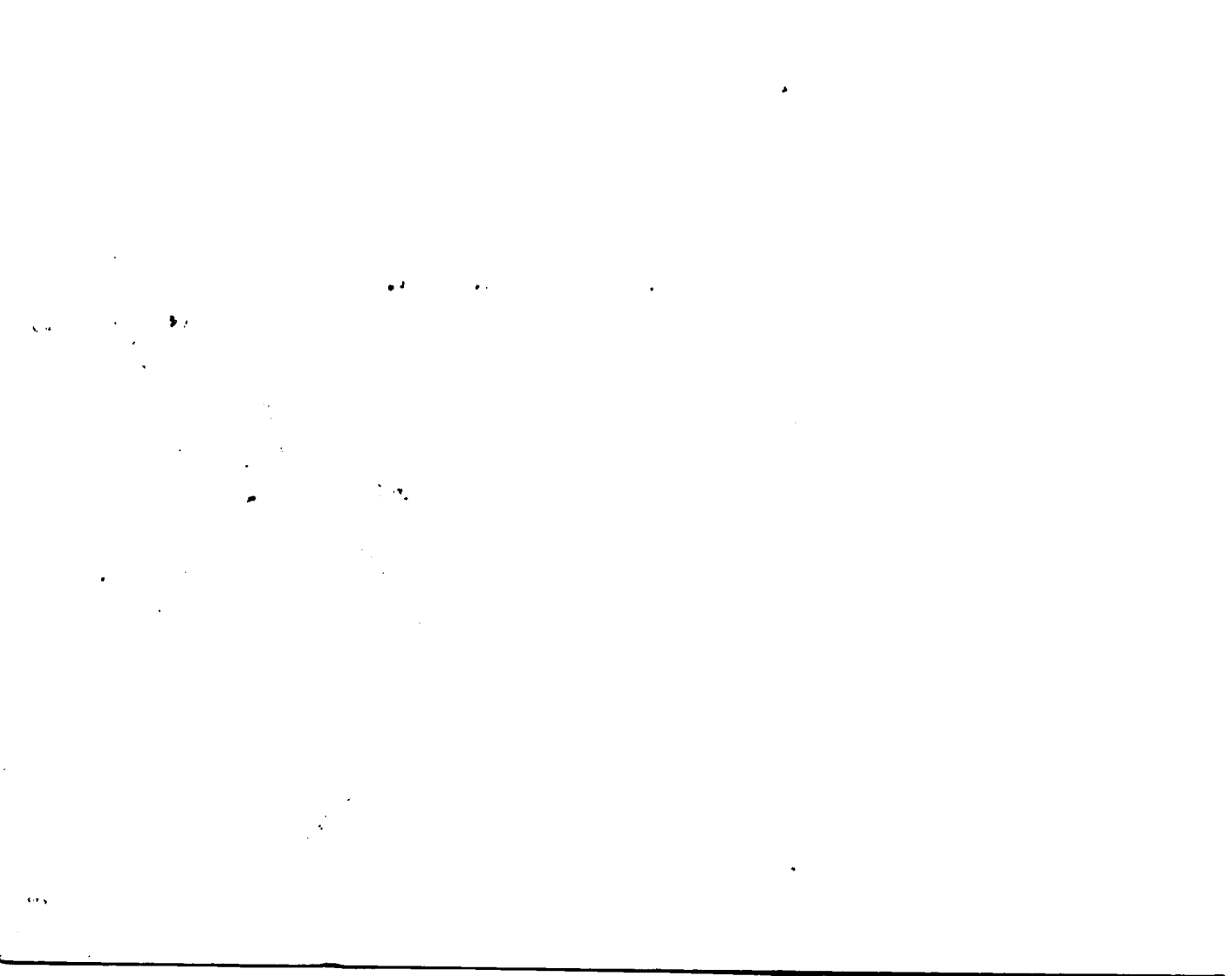
Blackfoot Idaho

Filed

5-9 1920 Wm. T. Allen E. T. Allen

Registrar

Registrar



235-168-006-313

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-17

CERTIFICATE OF BIRTH

County of BinghamCity of Blackfoot Ida.Registration District No. 121File No. 78609

West Conit. St.

Primary Registration District No. 1007Registered No. 136

Hospital

FULL NAME OF CHILD

Jahm Catlett Stevens

Sex of Child

maleTwin
Triplet
or other?and (Number
in order
of birthLegiti-
mate?yesDate of
BirthApril 8, 1920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAMEJesse Huier Stevens

FATHER

FULL
MAIDEN
NAMECarime Catlett

MOTHER

RESIDENCE

Blackfoot Ida

RESIDENCE

Blackfoot Ida

COLOR

whiteAGE AT LAST
BIRTHDAY33

(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Ida

BIRTHPLACE

Ida

OCCUPATION

Lawyer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

H. J. Simmons
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

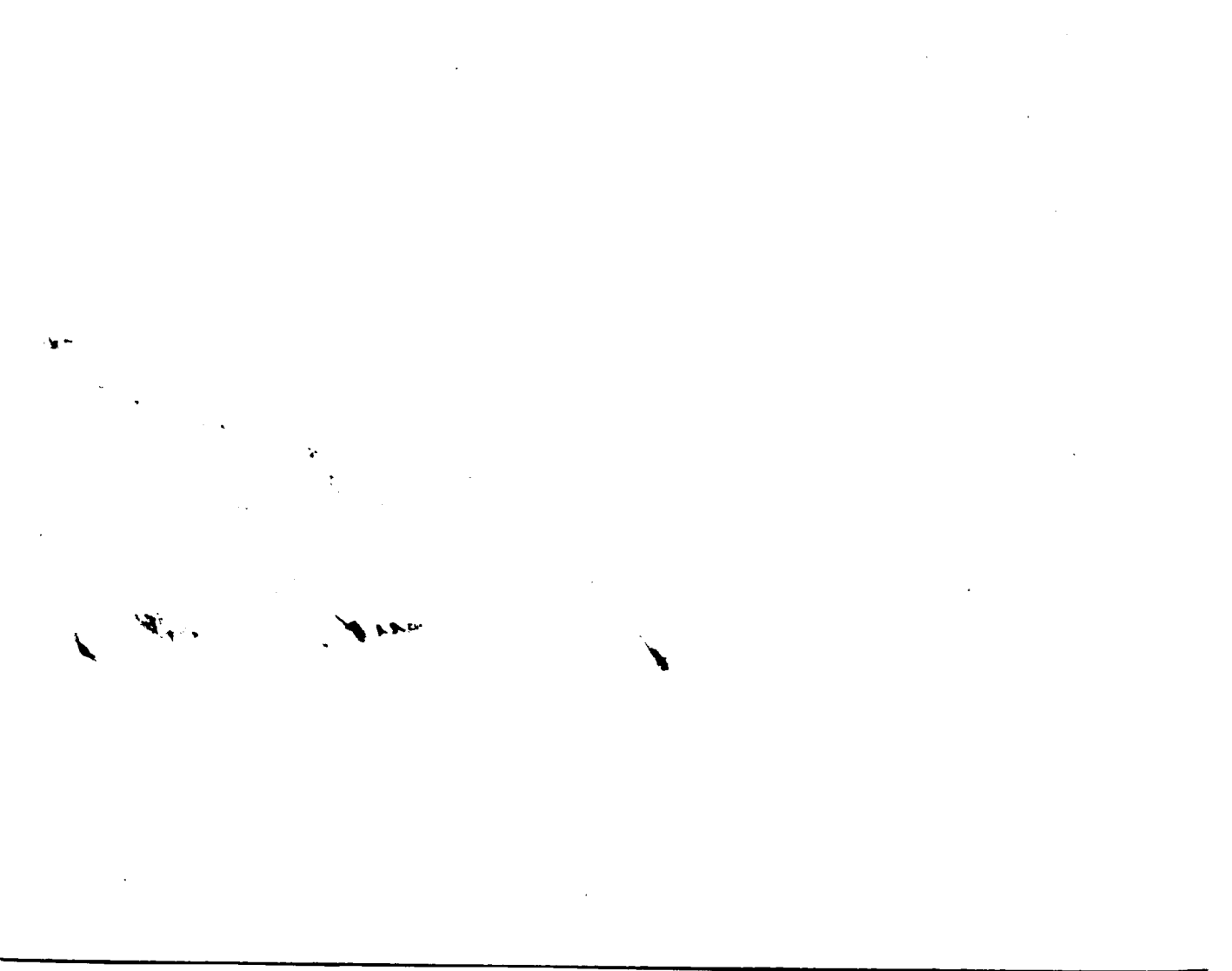
Blackfoot Idaho

Filed

5-9-20

Registrar

Registrar



299-211-006-849

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-Mm-2-17

CERTIFICATE OF BIRTH

County of *Bingham*City of *Blackfoot*Registration District No. *121*File No. *78610*No. *W. Bridge*Primary Registration District No. *1007*Registered No. *137*

Hospital

FULL NAME OF CHILD *Hilda Charlotte Brockley*

| | | | | |
|---|---------------------------------------|---|------------------------|--|
| Sex of Child <i>Female</i> | Twin <i>Triplet</i> <i>quadruplet</i> | and { Number in order of birth <i>1</i> } | Legitimate? <i>yes</i> | Date of Birth <i>April 11</i> 191 <i>2</i> |
| (To be answered only in event of plural births) | | | | (Month) (Day) (Year) |

| | |
|-------------------------------------|--|
| FULL NAME <i>Christian Brockley</i> | FATHER |
| RESIDENCE <i>Blackfoot Ida</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>36</i> (Years) |
| BIRTHPLACE <i>Utah</i> | |
| OCCUPATION <i>Laborer</i> | |

| | |
|-------------------------------------|--|
| FULL MAIDEN NAME <i>Mary Butler</i> | MOTHER |
| RESIDENCE <i>Blackfoot</i> | |
| COLOR <i>White</i> | AGE AT LAST BIRTHDAY <i>33</i> (Years) |
| BIRTHPLACE <i>Idaho</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *7* Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

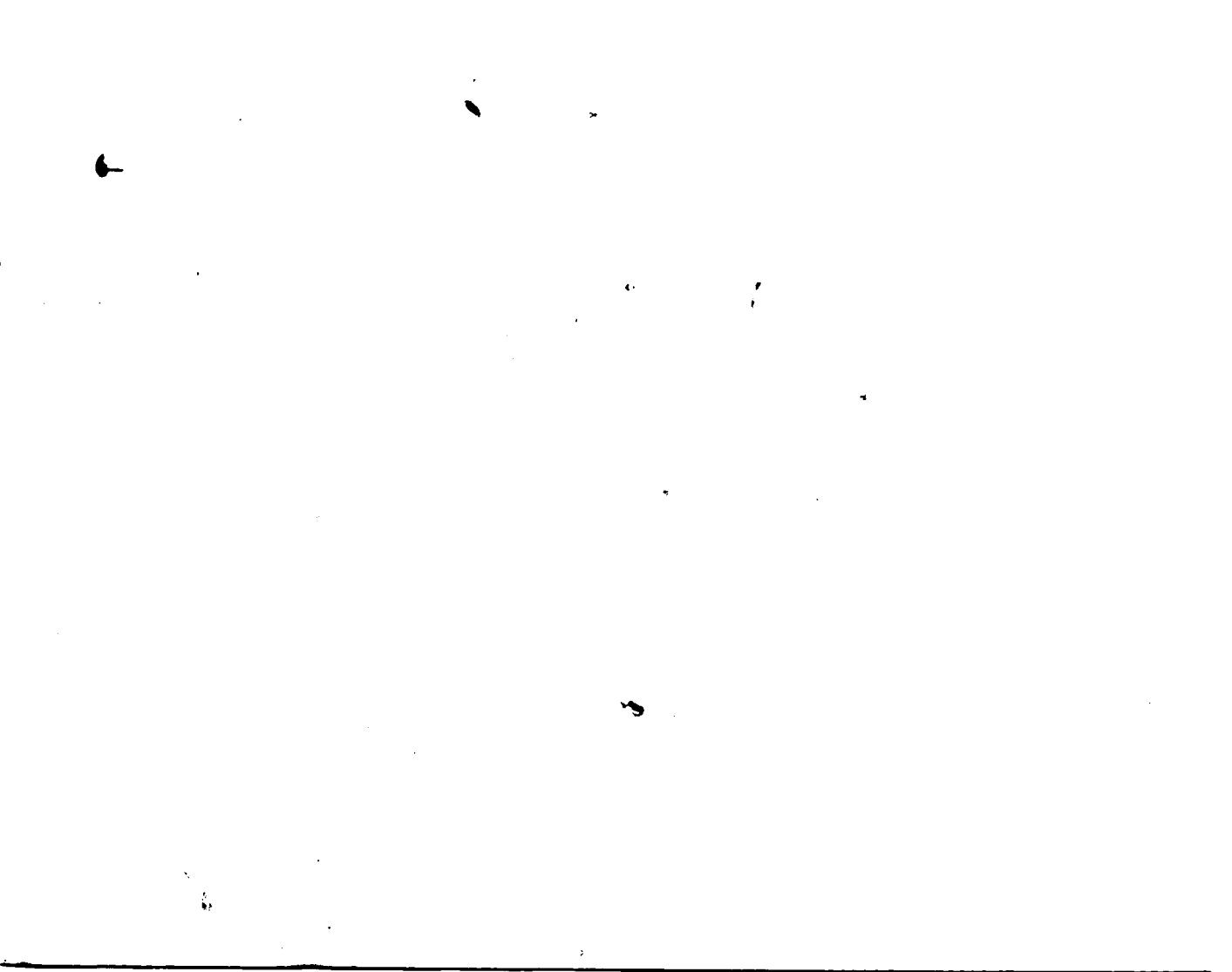
I hereby certify that I attended the birth of this child, who was *Born alive* at *1020* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. Simmons*
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot Idaho*
Filed *5-9* 19*20* *Mr. T. L. E. F. F. F.*
Registrar



243-111-006-842
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-3-17

CERTIFICATE OF BIRTH

County of *Bingham*

City of *Blackfoot*

Nearest *Bridge*

Registration District No. *121*

File No. *78614*

Primary Registration District No. *1007*

Registered No. *138*

Hospital

FULL NAME OF CHILD *Wilbur E. Buckley*

| | | | | |
|--------------------------|--|--|------------------------|--|
| Sex of Child <i>male</i> | Twin <i>Single</i>
or other?
(To be answered only in event of plural births) | and { Number in order of birth <i>II</i> } | Legitimate? <i>yes</i> | Date of Birth <i>April 11 1920</i>
(Month) (Day) (Year) |
|--------------------------|--|--|------------------------|--|

| | |
|------------------------------------|---|
| FULL NAME <i>Christian Buckley</i> | FATHER |
| RESIDENCE <i>Blackfoot</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>36</i>
(Years) |
| BIRTHPLACE <i>Utah</i> | |
| OCCUPATION <i>laborer</i> | |

| | |
|-------------------------------------|---|
| FULL MAIDEN NAME <i>Mary Hunter</i> | MOTHER |
| RESIDENCE <i>Blackfoot Idaho</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>33</i>
(Years) |
| BIRTHPLACE <i>Idaho</i> | |
| OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *7* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *109* M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. J. Harrison*
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot Idaho*

Filed *5-9* 19 *20* *Wm. Helen E. Pattee*

Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

مكتبة جامعة القاهرة

653-203-006-955
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-17

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. McNabide St.

Registration District No. 121

File No. 78613

Primary Registration District No. 2194

Registered No. 140

Hospital

FULL NAME OF CHILD Yale Felt

| | | | | |
|----------------------------|---|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u>
(To be answered only in event of plural births) | and Number in order of birth <u> </u> | Legitimate? <u>yes</u> | Date of Birth <u>April 23 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--|------------------------|--|

| | |
|----------------------------------|---|
| FULL NAME <u>Leon S. Felt</u> | FATHER |
| RESIDENCE <u>Blackfoot Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Catherine Reese</u> | MOTHER |
| RESIDENCE <u>Blackfoot Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 100 M. on the date above stated. (Born alive or stillborn)

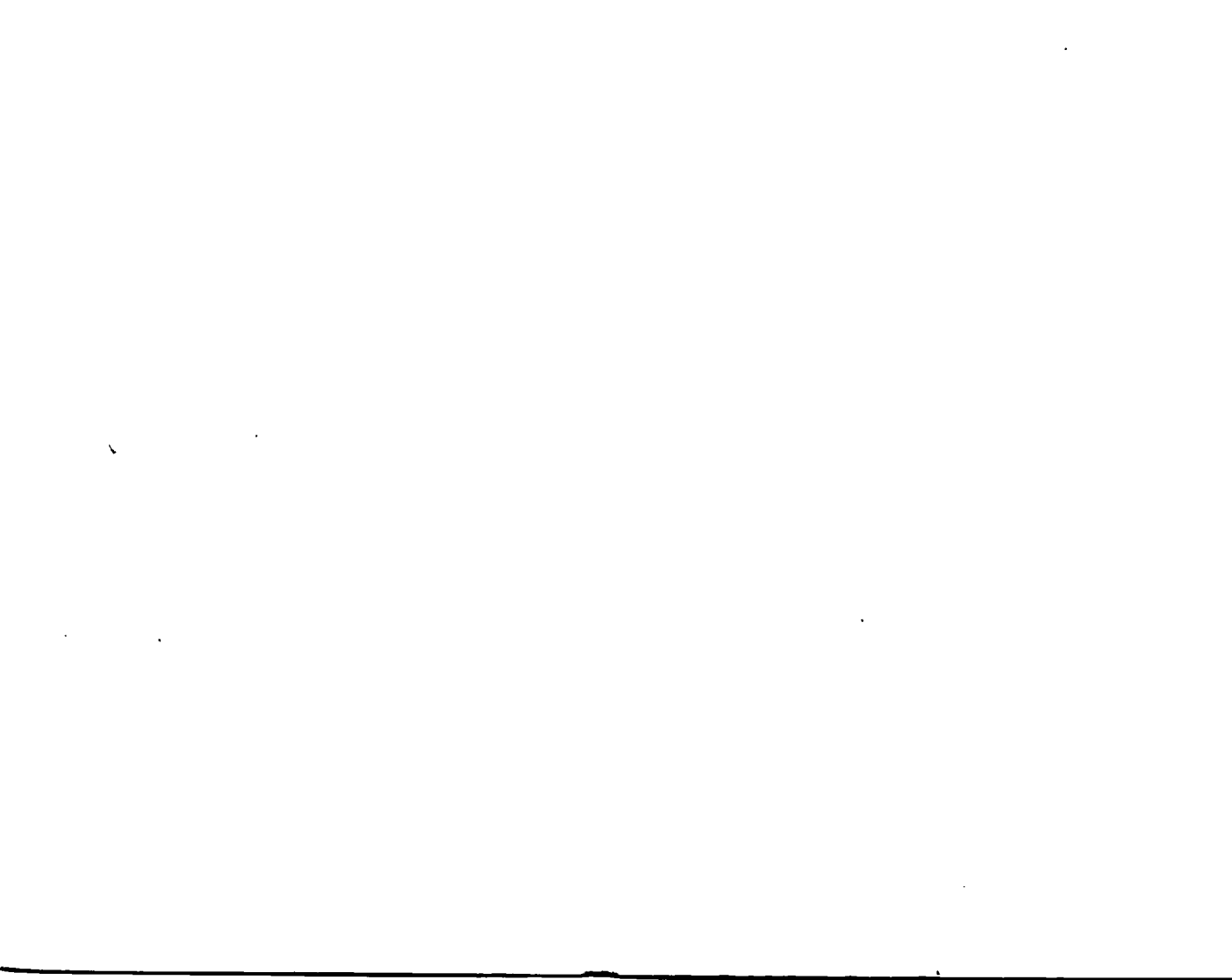
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

Filed 5-9 19 20 Dr. Helen E. Pattee
Registrar Registrar



659-126-006-493
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 3-3-17

County of Mingham
 City of Blackfoot Idaho Registration District No. 121 File No. 78614
 No. Principles St. Primary Registration District No. 2194 Registered No. 141
 Hospital
 FULL NAME OF CHILD Gattlieb Albert Feikert

Sex of Child male Twin Triplet or other? no and Number in order of birth 1 Legitimate? yes Date of Birth April 28 1920
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
 FULL NAME Gattlieb Feikert
 RESIDENCE Blackfoot Idaho
 COLOR white AGE AT LAST BIRTHDAY 34 (Years)
 BIRTHPLACE Prussia
 OCCUPATION Farmer

MOTHER
 FULL MAIDEN NAME Katharina Miller
 RESIDENCE Blackfoot Ida
 COLOR white AGE AT LAST BIRTHDAY 39 (Years)
 BIRTHPLACE Prussia
 OCCUPATION Housewife

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated. (Born alive or stillborn)

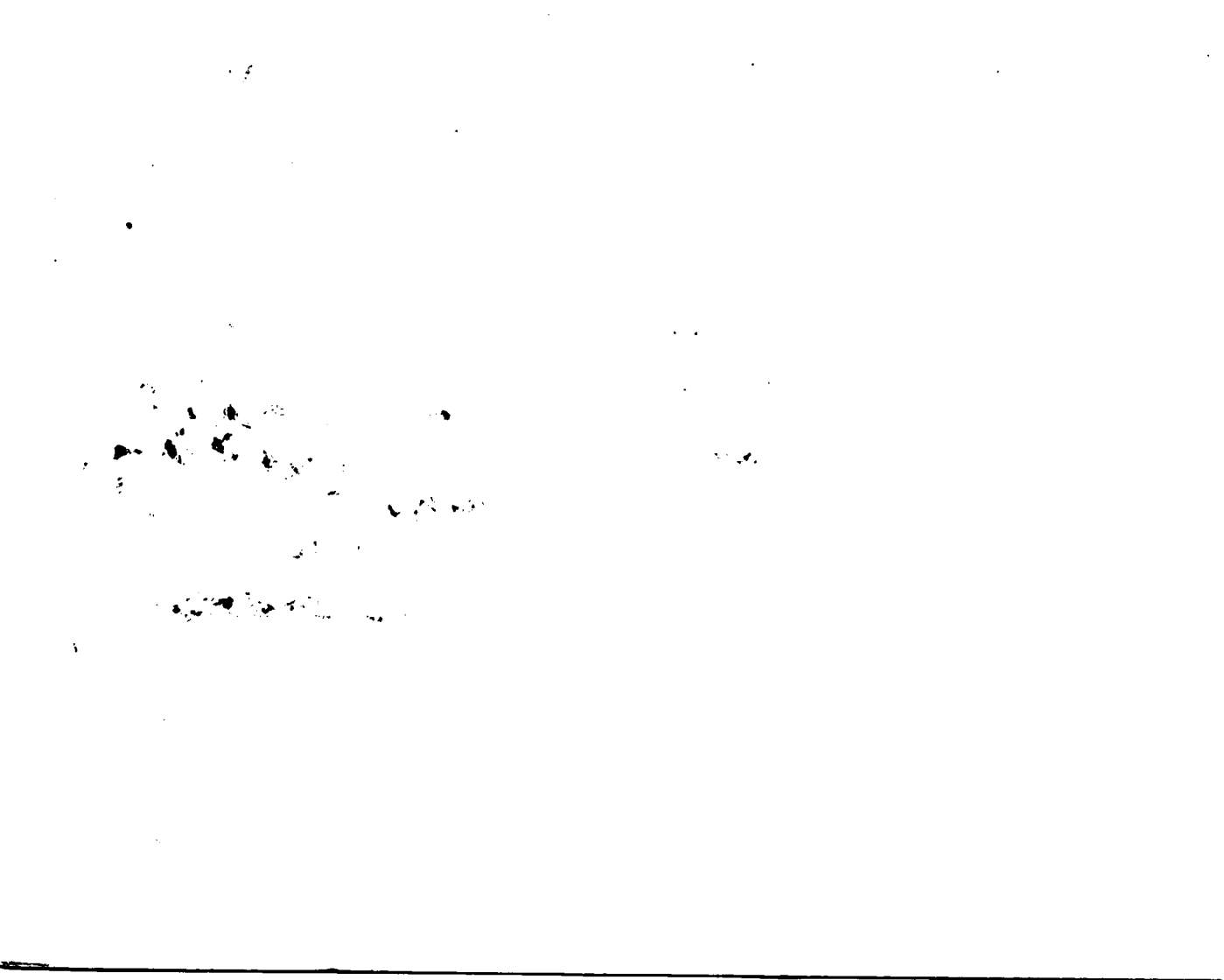
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons
M.D.
 (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

Filed 5-9 1920 Mrs. Helen E. Pattee
 Registrar Registrar



753-22.5-006-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 3-3-17

CERTIFICATE OF BIRTH

County of BinghamCity of Blackfoot IdahoRegistration District No. 121File No. 78615No. Mapello St.Primary Registration District No. 2194Registered No. 142

Hospital

FULL NAME OF CHILD Merrita Peterson

| | | | | |
|----------------------------|----------------------------------|---|-----------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>no</u> | and { Number in order of birth <u>1</u> } | Legitimate? <u>no</u> | Date of Birth <u>April 23, 1920</u>
(Month) (Day) (Year) |
|----------------------------|----------------------------------|---|-----------------------|---|

| | |
|----------------------------------|---|
| FULL NAME <u>Jordan Miles</u> | FATHER |
| RESIDENCE <u>Blackfoot Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>40</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Alice E. Peterson</u> | MOTHER |
| RESIDENCE <u>Blackfoot Idaho</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>18</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive at Blackfoot Idaho on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdahoFiled 5-9-20 Mr. H. J. Simmons

Registrar

Registrar

884-122-906-451

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. No. 41, Oct-25m-9-8-17

County of... *B. Bingham*City of... *Blackfoot*No... *Route 3*... St.Registration District No. *121*File No. *78616*Hospital... *No*Primary Registration District No. *2194*Registered No. *143*FULL NAME OF CHILD... *Orson Whitney Hyde*

| | | | | |
|---|------------------------------------|-----------------------------------|------------------------|--|
| Sex of Child <i>Boy</i> | Twin Triplet or other? <i>HYDE</i> | Number in order of birth <i>1</i> | Legitimate? <i>Yes</i> | Date of Birth <i>4th 22nd 1920</i> |
| (To be answered only in event of plural births) | | | | (Month) (Day) (Year) |

FATHER
FULL NAME *William Thomas Hyde*
RESIDENCE *Blackfoot Idaho*
COLOR *White* AGE AT LAST BIRTHDAY *4.9* (Years)
BIRTHPLACE *England*
OCCUPATION *Carpenter*

MOTHER
FULL MAIDEN NAME *Emily L. Dear*
RESIDENCE *Blackfoot Idaho*
COLOR *White* AGE AT LAST BIRTHDAY *4.9* (Years)
BIRTHPLACE *England*
OCCUPATION *Housewife*

Number of child of this mother, including present birth... *1*... Number of children of this mother now living, including present birth... *1*...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... *Born alive*... at... *7 P.* M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

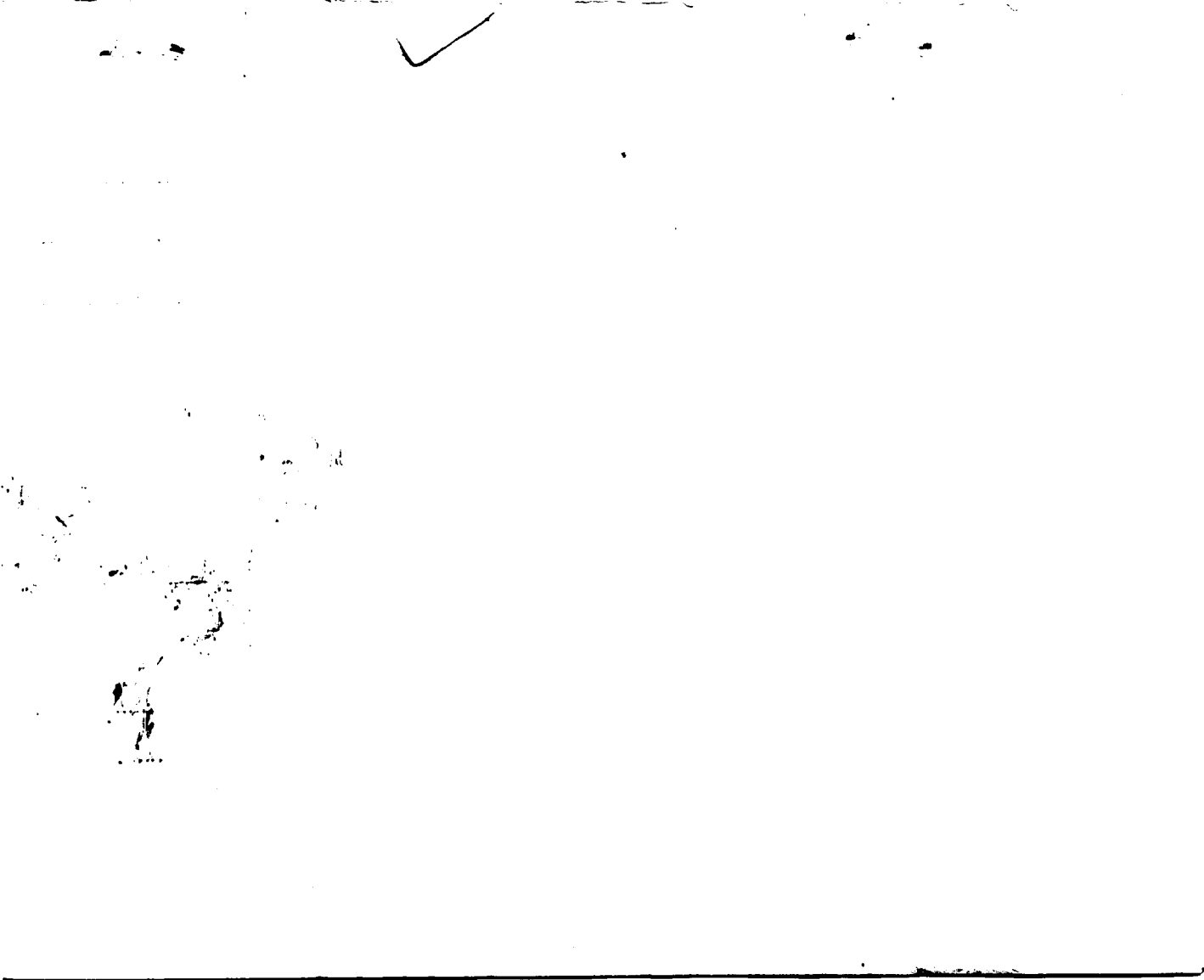
(Signature) *Wm. L. P. Batney*
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address... *Blackfoot, Idaho*Filed... *2-10-20* *Mrs. Thelma E. Patne*

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Utah } ss. Certificate No. 78616
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for ORSON WHITNEY HYDE who BORN on APRIL 22, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in WAPELLO, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by LDS CHURCH CERTIFICATE prepared on Oct 23 - 1942, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

SurName Hyde

Hyde

Name

Orson Whitney Hyde

Subscribed and sworn to before me this 26
day of January, 1943

Signed W. J. Hyde

(SIGNATURE OF PARENT OR ATTENDANT IN CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Am Fork Ut

My commission expires 12/5/45
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Utah } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26
day of January, 1943

Signed Emily Jessie D. Hyde
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Am Fork Ut

My commission expires Dec 5 - 1945
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

JAN 28 1943

314-228-006-851

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-24a-2-27

County of BinghamCity of BlackfootRegistration District No. 121File No. 78617No. mon. Pacific st.Primary Registration District No. 1007Registered No. 144Hospital No.

FULL NAME OF CHILD

Katharina Lamprecht

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <u>girl</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>1st 28th 1919</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

FULL NAME FATHER Egon LamprechtRESIDENCE Blackfoot IdahoCOLOR White AGE AT LAST BIRTHDAY 30
(Years)BIRTHPLACE GermanyOCCUPATION BackerFULL MAIDEN NAME MOTHER Anne HessRESIDENCE IdahoCOLOR W. AGE AT LAST BIRTHDAY 23
(Years)BIRTHPLACE IdahoOCCUPATION St.Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdahoFiled 5-10-1920 Dorothy M. E. Palmer
Registrar

JUN 1 1966

SEP 26 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

757-130-006-235
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 23-C-22m-3-27

County of Bingham

City of Blackfoot

No. Riverroute St.

Registration District No. 121

File No. 78618

Hospital No.

Primary Registration District No. 2194

Registered No. 145

FULL NAME OF CHILD Beach Pepper

| | | | | |
|-------------------------|----------------------------------|---|------------------------|--|
| Sex of Child <u>Boy</u> | Twin Triplet or other? <u>No</u> | and { Number in order of birth <u>1</u> } | Legitimate? <u>Yes</u> | Date of Birth <u>4th 30th 1922</u>
(Month) (Day) (Year) |
|-------------------------|----------------------------------|---|------------------------|--|

FATHER
FULL NAME Ray Pepper
RESIDENCE Blackfoot Idaho
COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Corra Stevens
RESIDENCE Blackfoot Idaho
COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 9..... Number of children of this mother now living, including present birth 9.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Buttray
Midwife
(Physician or midwife)

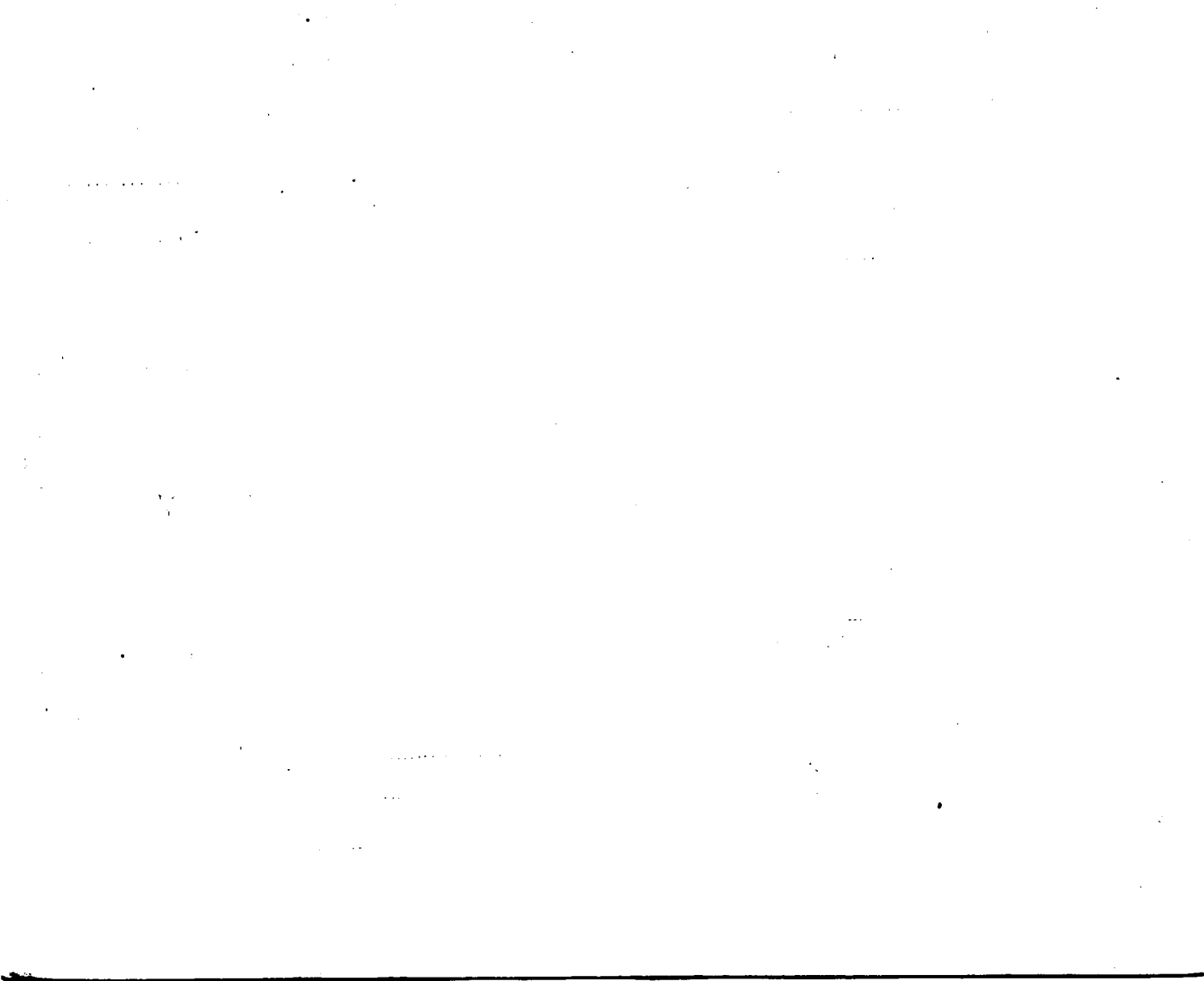
Given names added from a supplemental report.

Address Blackfoot Idaho

Filed 5-10-22 Mrs. Helen E. Pature

Registrar

Registrar



PLACE OF BIRTH

County of

P.O.

City of

Bingham

Fort Hall

No. _____, _____ St.

Hospital _____

FULL NAME OF CHILD

Registration District No.

CERTIFICATE OF BIRTH

File No.

Primary Registration District No.

Registered No.

Sex of

Child

Female

Twin,
Triplet
or other?and Number
in order
of birthLegiti-
mate?

Yes

Date of

birth

Apr 23 1920

FULL

NAME

FATHER
William Robert Telford

FULL

MAIDEN

NAME

MOTHER
Catherine Hunter

RESIDENCE

Fort Hall, Idaho

RESIDENCE

Fort Hall, Idaho

COLOR

White

AGE AT LAST

BIRTHDAY

36

(Years)

COLOR

White

AGE AT LAST

BIRTHDAY

36

(Years)

BIRTHPLACE

West Weber, Utah

BIRTHPLACE

West Weber, Utah

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth.....

5

Number of children, of this mother, now living, including present birth.....

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated.

born alive

(Born alive or stillborn)

at 3-P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature).....

Henry R. Wheeler
Physician
(Physician or Midwife)

Address.....

Fort Hall, Idaho

Filed.....

5-10 1920 Dr. E. P. Peters
Registrar

STATION

PAID BY THE POST OFFICE

M

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169-205
1806-1807

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—22nd Ed. 17

County of Bingham

City of Moscow Idaho

Registration District No. 121

File No. 78620

No. St.

Primary Registration District No. 2194

Registered No. 147

Hospital

FULL NAME OF CHILD Orla Catherine Jordan

| | | | |
|-----------------------|---|------------------------|---|
| Sex of Child <u>F</u> | Twin Triplet or other? <u> </u> and (Number in order of birth) <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>3-5-20</u>
(Month) (Day) (Year) |
|-----------------------|---|------------------------|---|

FATHER
NAME Wilford Elsworth Jordan
RESIDENCE Moscow, Ida.

MOTHER
NAME Lottie Larnsworth
RESIDENCE Moscow, Ida.

COLOR W. AGE AT LAST BIRTHDAY 24
(Years)

COLOR W. AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Utah

BIRTHPLACE Utah

OCCUPATION Lumber

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 a M. on the date above stated. (Born alive or stillborn)


*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Hatch
Draper
(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

Filed 5-10-20 Mrs. Thelma E. Fabrie
Registrar



MAY 13 1970

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

819-110-008-285

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of BoiseCity of Quartzburg

Registration District No. _____

File No. _____

478622

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

William Andrew HarkSex of
ChildmaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?yesDate of
BirthMay 101920FULL
NAMERobt. Hark

FATHER

FULL
MAIDEN
NAMELulu Peters

MOTHER

RESIDENCE

Placerville

RESIDENCE

Placerville

COLOR

whiteAGE AT LAST
BIRTHDAY39
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

St. Louis

BIRTHPLACE

Ind.

OCCUPATION

Cabero

OCCUPATION

Housewife

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 4 a.m.

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

E. E. Fitz

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address

Quartzburg

Filed

May 18 1920

Registrar

Registrar

1955-1956

1955-1956

795-206-008-795

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BosierCity of QuartzburgRegistration District No. 12File No. 78623

No. _____ St. _____

Primary Registration District No. _____

Registered No. 4

Hospital _____

FULL NAME OF CHILD

Violet May Prestegard

Sex of Child

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yes

Date of Birth

May 6 1920
(Month) (Day) (Year)

FULL NAME

Peter J. A. Prestegard

FATHER

RESIDENCE

Quartzburg

COLOR

white

AGE AT LAST BIRTHDAY

26
(Years)

BIRTHPLACE

Minnesota

OCCUPATION

machanic

FULL MAIDEN NAME

Belma Prestegard

MOTHER

RESIDENCE

Quartzburg

COLOR

white

AGE AT LAST BIRTHDAY

26
(Years)

BIRTHPLACE

Minnesota

OCCUPATION

housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive at 11:40 P.M.
(Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

H. S. Fils

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address

Quartzburg, Idaho

Filed

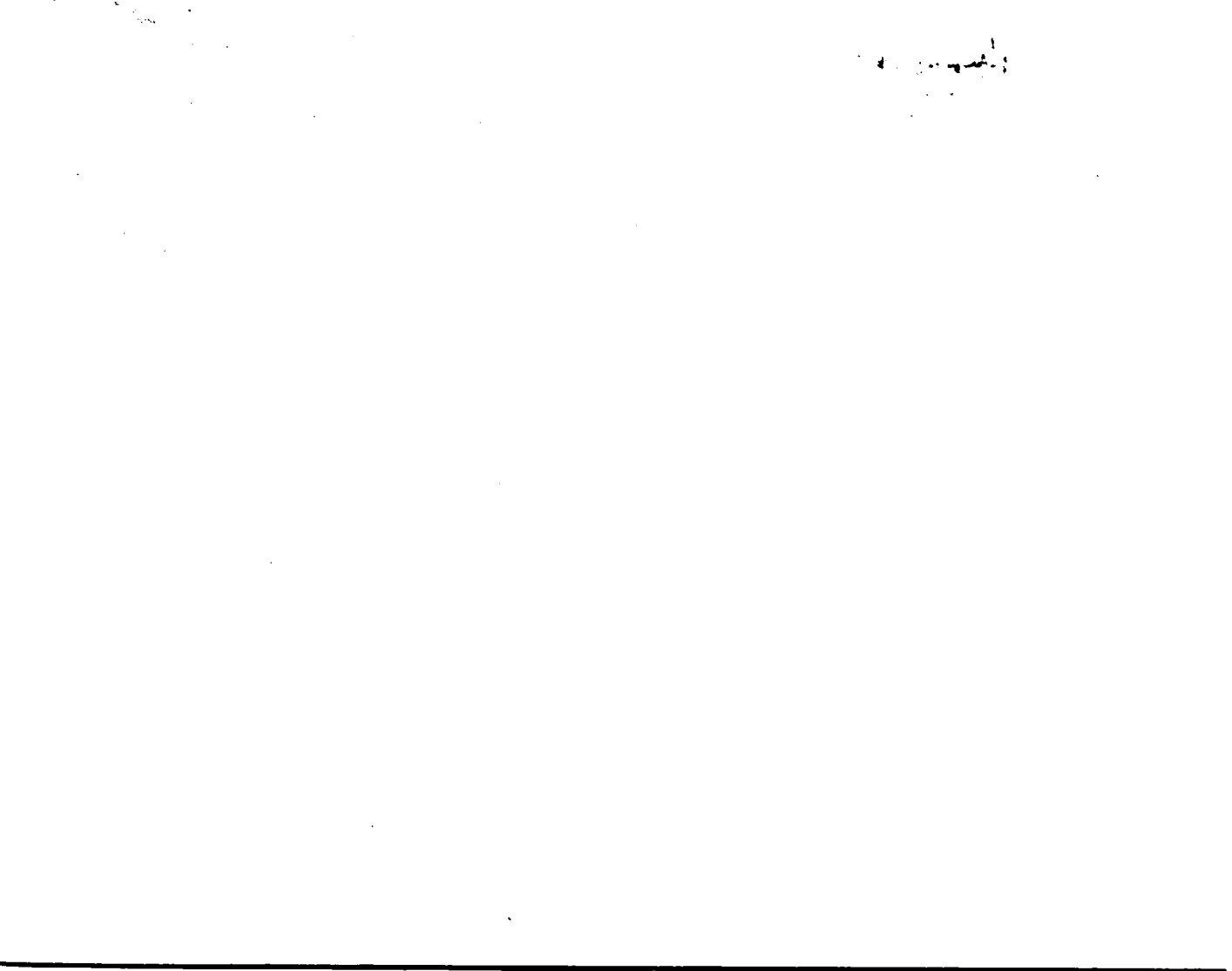
May 13 1920Mrs. P. J. Evans

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



817-105
007-845

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form No. 11-C-25m-2-3-11

County of Blaine

City of Beaumont

Registration District No. 21

File No. 78624

No. St.

Primary Registration District No. 2022

Registered No. 36

Hospital

FULL NAME OF CHILD GEORGE SAMUEL HAGER

| | | | | |
|--------------------------|---|--------------------------------------|---------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and (Number
in order
of birth) | Legitimate?
<u>yes</u> | Date of Birth <u>Apr 5 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|---------------------------|---|

FULL NAME FATHER Albert C. Hager

FULL MAIDEN NAME MOTHER Florence P. Hunter

RESIDENCE Beaumont, Ida

RESIDENCE Beaumont, Ida

COLOR white AGE AT LAST BIRTHDAY 43
(Years)

COLOR white AGE AT LAST BIRTHDAY 33
(Years)

BIRTHPLACE Pittsburg, Pa.

BIRTHPLACE Idaho

OCCUPATION Laborer

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 19 M. on the date above stated.

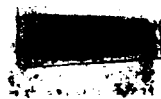
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert A. Wright, M.D.
(Born alive or stillborn)

Given names added from a supplemental report.

George Samuel Hager 19
W. C. Murphy Registrar

(Physician or midwife)
Hailey, Ida
Filed May 1 1920 Robert A. Wright
Registrar



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTHPlace
of Birth

City

Belleme

Street and House No.

County

Blaine

Registered No.

36

Registration Dist. No.

57

Sex of Child

Male

Date of Birth

4

5

1912

MONTH

DAY

YEAR

Father

Albert C. Hager

FULL NAME

Mother

Florence P. Hunter

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

George Samuel Hager

GIVEN NAME IN FULL

SURNAME

as reported by

Florence A. Hager

FATHER OR MOTHER

Robert A. Wright

LOCAL REGISTRAR

1942

319-108-007-623

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. I. No. 2-2-2-2-2-2-2-2-2-2

CERTIFICATE OF BIRTH

County of BlaineCity of HaileyRegistration District No. 21File No. 78625..No. St.Primary Registration District No. 2022Registered No. 37Hospital

FULL NAME OF CHILD

Carl Brynolf Carlson

Sex of Child

MaleTwin
Triplet
or other?
(To be answered only in event of plural births)and (Number
in order
of birth)Legiti-
mate?YesDate of
BirthApr 8 1912
(Month) (Day) (Year)FULL
NAMEFATHER
John CarlsonFULL
MAIDEN
NAMEMOTHER
Caroline Osterholm

RESIDENCE

Hailey, Ida.

RESIDENCE

Hailey, Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY36
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY40
(Years)

BIRTHPLACE

Finland

BIRTHPLACE

Finland

OCCUPATION

(Deceased)

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 5:30 P.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Robert H. Wright M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address

Hailey, Ida.

Filed

May 1 1912Robert H. Wright

Registrar

Registrar

JUL 19 1971

APR 26 1972

2/7/41 L. B.

962-111-007-491

PLACE OF BIRTH

County of Blaine

City of Beelme

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-5-57

Registration District No. 21

File No. 78626

Primary Registration District No. 2022

Registered No. 38

Richard Drager Roberts

| | | | | | |
|--------------------------|---|-----|--------------------------------|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of
Birth <u>Apr 11 1912</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|-----------------------------|---|

| | |
|-------------------------------------|---|
| FULL NAME <u>William T. Roberts</u> | FATHER |
| RESIDENCE <u>Beelme, Ida.</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) |
| BIRTHPLACE <u>Wales</u> | |
| OCCUPATION <u>Postmaster</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Carolyn Drager</u> | MOTHER |
| RESIDENCE <u>Beelme, Ida.</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE <u>Ruby Hill, Nevada</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

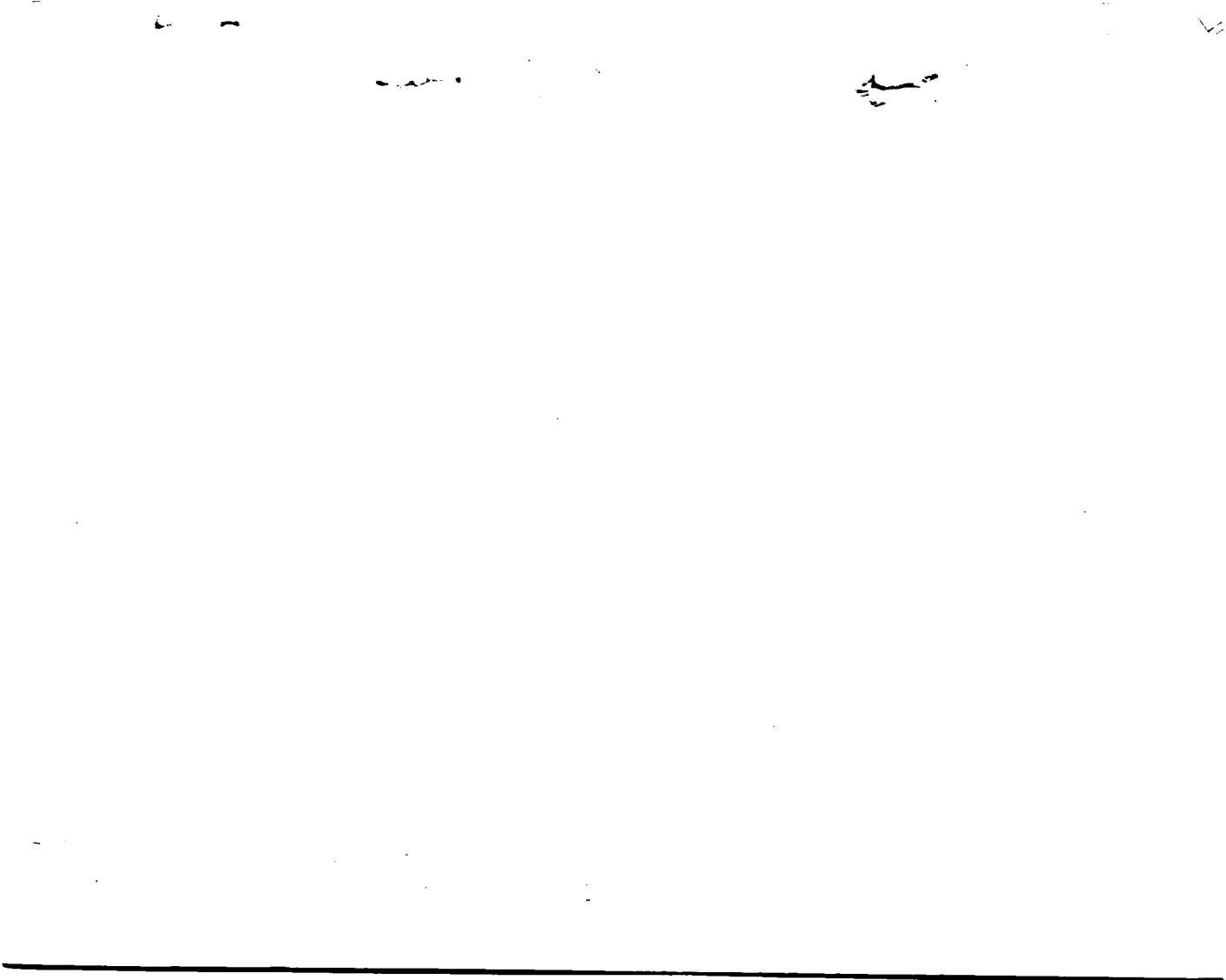
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright - M. D. Born alive at 11:20 P.
(Born alive or stillborn)

Given names added from a supplemental report.

Richard Drager Roberts
W. C. Murphy
Registrar

(Physician or midwife)
Hailey, Ida
Filed May 1 1912 Robert H. Wright
Registrar



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL ~~STATISTICS~~
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Belleme ----- Registered No. 38 -----
Street and House No. -----
County Blaine ----- Registration Dist. No. 57 -----

Sex of Child Male -----
Date of Birth 4 11 1912 -----
MONTH DAY YEAR
Father William T. Roberts -----
FULL NAME
Mother Carolyn Drager -----
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Richard Drager Roberts -----
GIVEN NAME IN FULL SURNAME
as reported by Carolyn D. Roberts -----
FATHER OR MOTHER
Robert H. Wright -----
LOCAL REGISTRAR

JUN 2 1952

OCT 8 1952

296-118-007-613

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Blaine

CERTIFICATE OF BIRTH

City of Hailey

Registration District No. 21

File No. 78627

No. _____ St. _____

Primary Registration District No. 2022

Registered No. 39

Hospital _____

FULL NAME OF CHILD

Robert Del Brooks

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ and _____ Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>Apr 18 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

FATHER
FULL NAME George Brooks
RESIDENCE Hailey, Ida
COLOR White AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Missouri
OCCUPATION Stockman

MOTHER
FULL MAIDEN NAME Cassie Wacker
RESIDENCE Hailey, Ida
COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Illinois
OCCUPATION Housewife

Number of child of this mother, including present birth. 3

Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Born alive at 11:30 P.
(Born alive or stillborn)
(Signature) Robert H. Wright, M.D.
(Physician or midwife)

Given names added from a supplemental report
Robert Del Brooks 19 _____
W. C. Murphy Registrar

Address Hailey, Ida
Filed May 1 1920 Robert H. Wright Registrar



1941

1942

1943

1944

1945

1946

1947

1948

1949

1950

[The main body of the document contains several lines of extremely faint, illegible text, likely a list or table of data. Some faint words like "RECEIVED" and "DATE" are visible.]

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-2001 BY 60322 UCBAW/SJS

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-2001 BY 60322 UCBAW/SJS

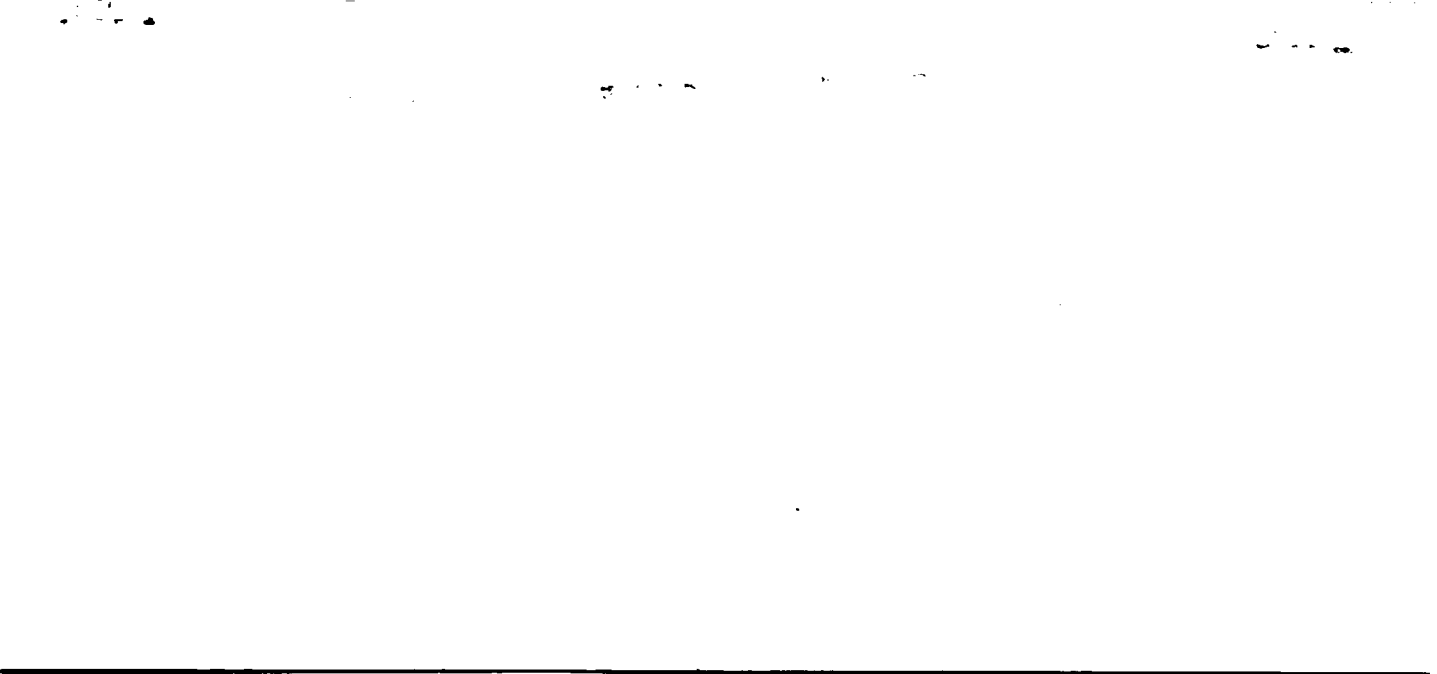
BOARD OF HEALTH-BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Hailey ----- Registered No. 39 -----
Street and House No. -----
County Blaine ----- Registration Dist. No. 57 -----

Sex of Child Male -----
Date of Birth 4 18 1912 -----
MONTH DAY YEAR
Father George Brooks -----
FULL NAME
Mother Cassie Walker -----
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Robert Del Brooks -----
GIVEN NAME IN FULL SURNAME
as reported by Cassie Brooks -----
FATHER OR MOTHER
Robert H. Wright -----
LOCAL REGISTRAR



296-720-007-363

PLACE OF BIRTH

County of BlaineCity of Carey

No.St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-C-20m-9-3-17

Registration District No.21

File No.78628

Primary Registration District No.2075

Registered No.40

Murray Calvin Brown

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and (Number
in order
of birth) | Legiti-
mate? <u>Yes</u> | Date of
Birth..... <u>Apr. 20</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|---|

FULL NAME FATHER
Merle C. BrownRESIDENCE CareyCOLOR White AGE AT LAST BIRTHDAY.....25
(Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER
Ruth CottrellRESIDENCE CareyCOLOR White AGE AT LAST BIRTHDAY.....22
(Years)BIRTHPLACE UtahOCCUPATION Housewife

Number of child of this mother, including present birth.....1..... Number of children of this mother now living, including present birth.....1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....Born alive.....at.....7:00 A......M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston S. SnyderPhysician
(Physician or midwife)

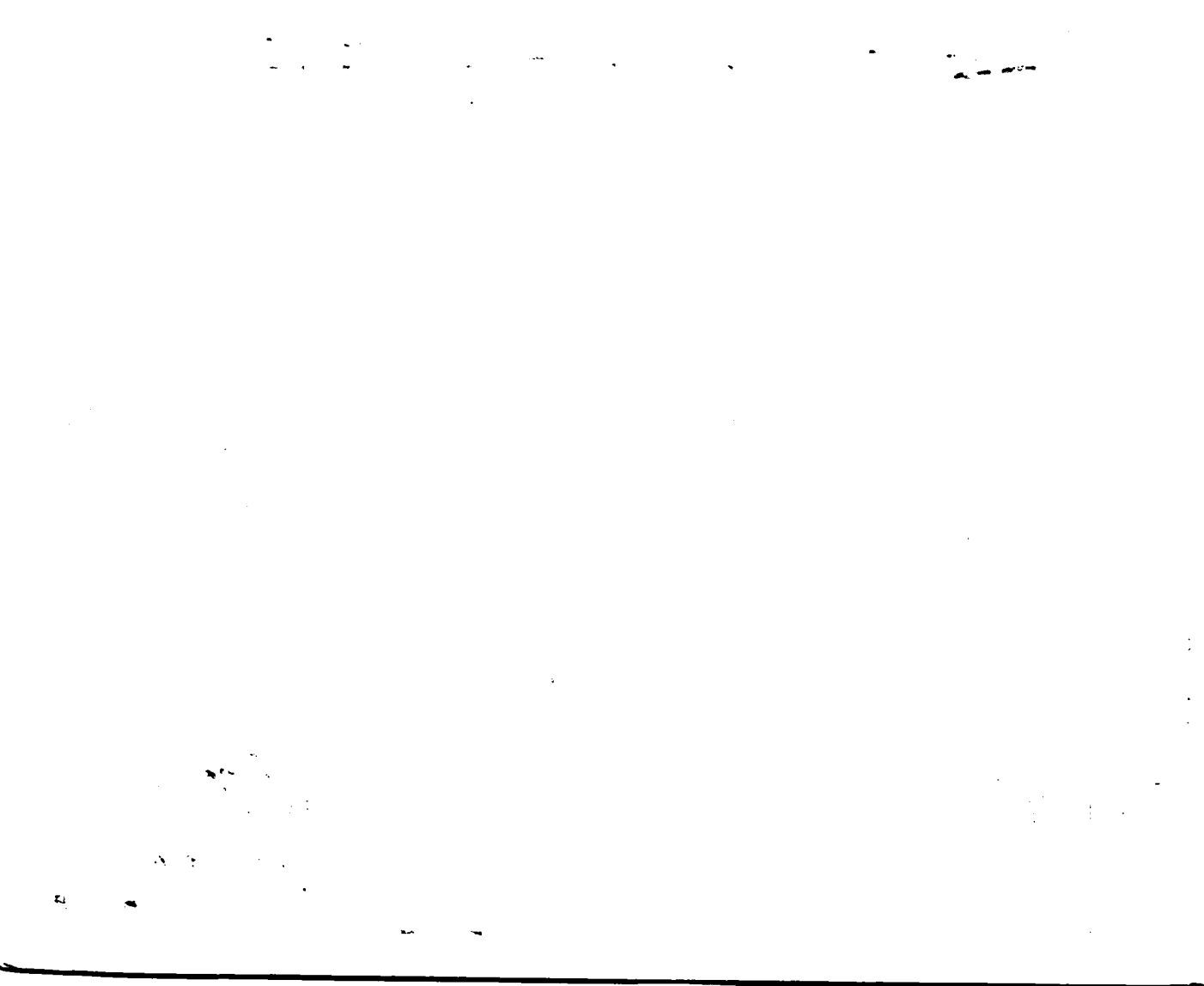
Given names added from a supplemental report.

Murray Calvin Brown

Address Carey Idaho

W. L. Murphy State Registrar

Filed.....5-1-20.....19.....20 Robert H. Wright
Registrar



BOARD OF HEALTH--BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Carey Registered No. 40
Street and House No. _____
County Blaine Registration Dist. No. 57

Sex of Child Male
Date of Birth 4 20 1912
MONTH DAY YEAR
Father Merle E. Brown
FULL NAME
Mother Ruth Cotterell
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Murray Calvin Brown
GIVEN NAME IN FULL
as reported by Mrs. M. E. Brown
SURNAME
Robert H. Wright
FATHER OR MOTHER
LOCAL REGISTRAR

2

386 - 222-007-494

PLACE OF BIRTH

County of BlaineCity of Carey

No.St.

Registration District No.21

File No.

Hospital

Primary Registration District No.2075

Registered No.41

FULL NAME OF CHILD

Rhoda Lovina Thomas

| | | | |
|----------------------------|--|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimate? <u>Yes</u> | Date of Birth <u>Apr. 22</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|---|

| | |
|---------------------------------|--------|
| FULL NAME <u>John S. Thomas</u> | FATHER |
|---------------------------------|--------|

| | |
|------------------------|--|
| RESIDENCE <u>Carey</u> | |
|------------------------|--|

| | |
|--------------------|--|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u> (Years) |
|--------------------|--|

| | |
|------------------------|--|
| BIRTHPLACE <u>Utah</u> | |
|------------------------|--|

| | |
|--------------------------|--|
| OCCUPATION <u>Farmer</u> | |
|--------------------------|--|

| | |
|---|--------|
| FULL MAIDEN NAME <u>L. Lovina Winnick</u> | MOTHER |
|---|--------|

| | |
|------------------------|--|
| RESIDENCE <u>Carey</u> | |
|------------------------|--|

| | |
|--------------------|--|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u> (Years) |
|--------------------|--|

| | |
|------------------------|--|
| BIRTHPLACE <u>Utah</u> | |
|------------------------|--|

| | |
|-----------------------------|--|
| OCCUPATION <u>Housewife</u> | |
|-----------------------------|--|

| | |
|--|--|
| Number of child of this mother, including present birth <u>4</u> | Number of children of this mother now living, including present birth <u>4</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:55 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder
Physician or midwife

Given names added from a supplemental report.

Address Carey Idaho
Filed 5-1-20 1920
Robert H. Wright
Registrar

Registrar

Registrar

[illegible]

294-123-007-693

Form V. S. No. 11-0-22m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78630

County of BlaineCity of CareyRegistration District No. 21

File No.

No. St.

Primary Registration District No. 2075Registered No. 42

Hospital

FULL NAME OF CHILD

Uurl Wilde SimpsonSex of
ChildMaleTwin
Triplet
or other?and (Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthApr 23 1920
(Month) (Day) (Year)FULL
NAMERay Simpson

FATHER

RESIDENCE

Carey

COLOR

White

AGE AT LAST

BIRTHDAY 29
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMEHelle Wilde

MOTHER

RESIDENCE

Carey

COLOR

White

AGE AT LAST

BIRTHDAY 28
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 2..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:40 A.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Houston C Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Carey Idaho

Filed

5-1 1920

Registrar

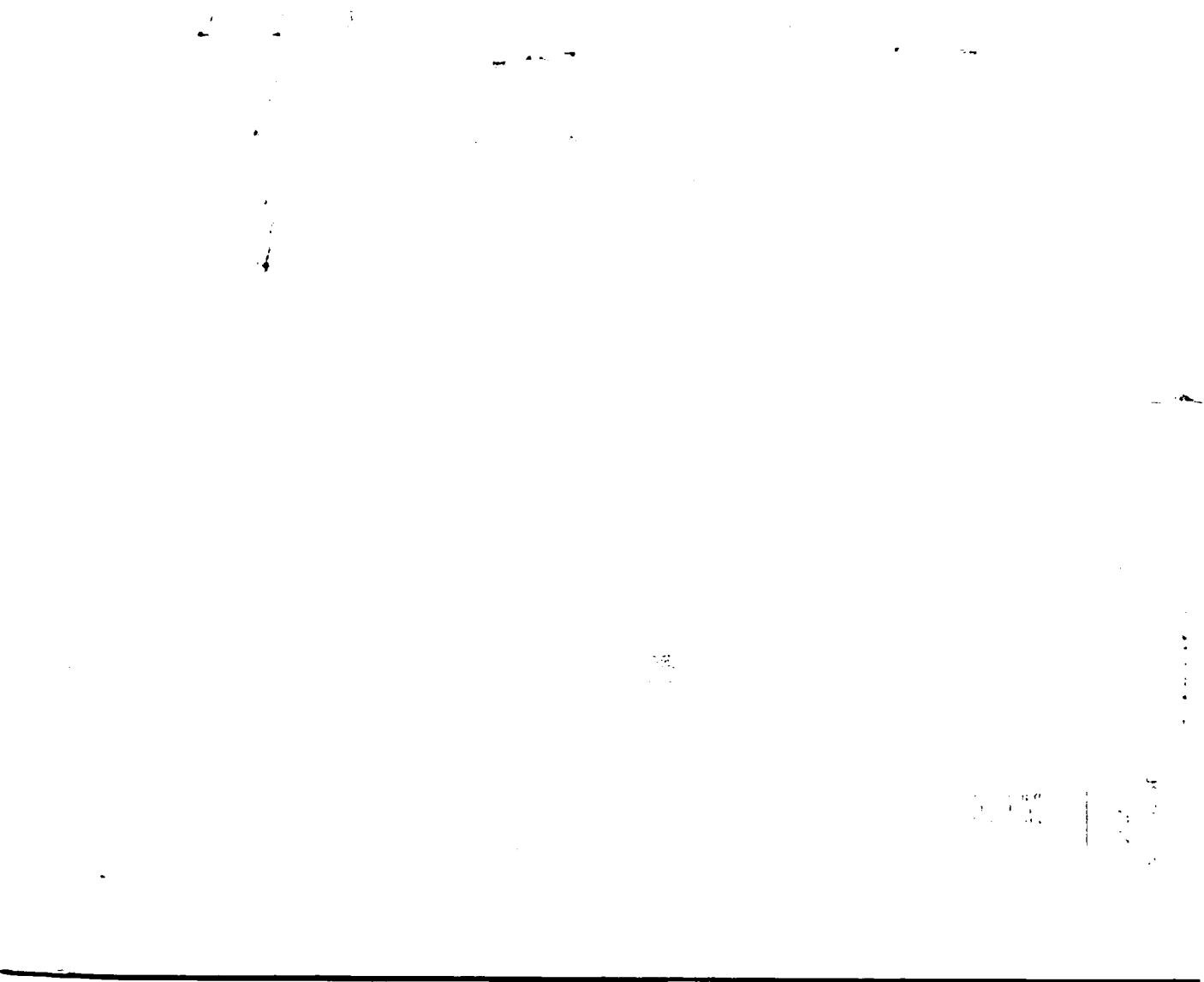
Registrar

Robert H. Wright

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING



BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

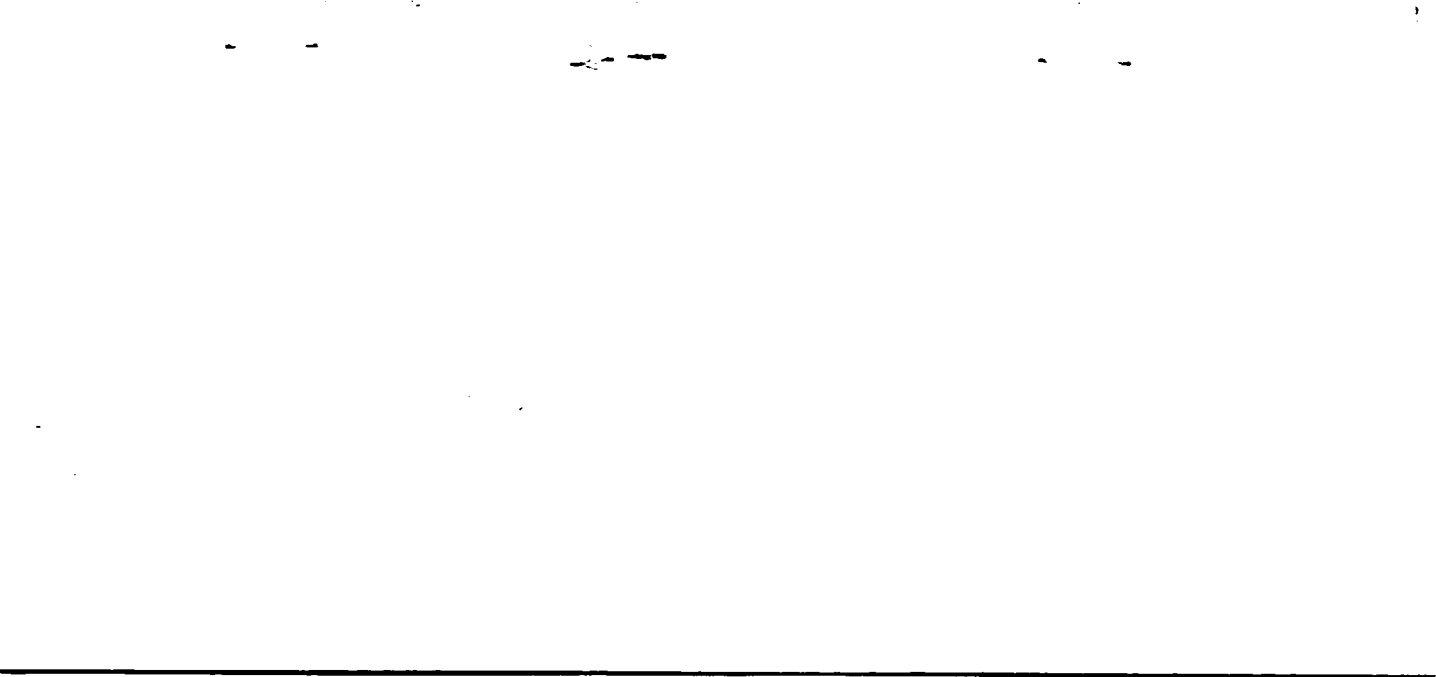
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Carey Registered No. 42
 Street and House No. _____
 County Blaine Registration Dist. No. 57

Sex of Child Male
 Date of Birth 4 23 1912
MONTH DAY YEAR
 Father Ray Simpson
FULL NAME
 Mother Nellie Wilde
FULL MAIDEN NAME

I Hereby Certify that the child described herein
 has been named:

Thurl Wilde Simpson
GIVEN NAME IN FULL SURNAME
 as reported by Ray Simpson
FATHER OR MOTHER
R. H. Wright
LOCAL REGISTRAR



132-212-007-463

Amended 9/18/79

Form V. B. No. 11-C-22a-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BlaineCity of CareyRegistration District No. 21File No. 78631No. St.Primary Registration District No. 2095Registered No. 43Hospital FULL NAME OF CHILD Eva Estella Atkinson

| | | | | |
|----------------------------|--------------------------------------|-------------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u> | and in order of birth <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>Apr 12 1920</u>
(Month) (Day) (Year) |
|----------------------------|--------------------------------------|-------------------------------------|------------------------|--|

| | |
|-------------------------------------|--------|
| FULL NAME <u>Robert M. Atkinson</u> | FATHER |
|-------------------------------------|--------|

| | |
|---|--------|
| FULL MAIDEN NAME <u>Estella N. Doty</u> | MOTHER |
|---|--------|

| | |
|------------------------|--|
| RESIDENCE <u>Carey</u> | |
|------------------------|--|

| | |
|------------------------|--|
| RESIDENCE <u>Carey</u> | |
|------------------------|--|

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
|--------------------|---|

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
|--------------------|---|

| | |
|------------------------|--|
| BIRTHPLACE <u>Utah</u> | |
|------------------------|--|

| | |
|------------------------|--|
| BIRTHPLACE <u>Utah</u> | |
|------------------------|--|

| | |
|--------------------------|--|
| OCCUPATION <u>Farmer</u> | |
|--------------------------|--|

| | |
|-----------------------------|--|
| OCCUPATION <u>Housewife</u> | |
|-----------------------------|--|

| | |
|--|--|
| Number of child of this mother, including present birth <u>2</u> | Number of children of this mother now living, including present birth <u>2</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Barnaline at 6:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder
Physician
(Physician or midwife)

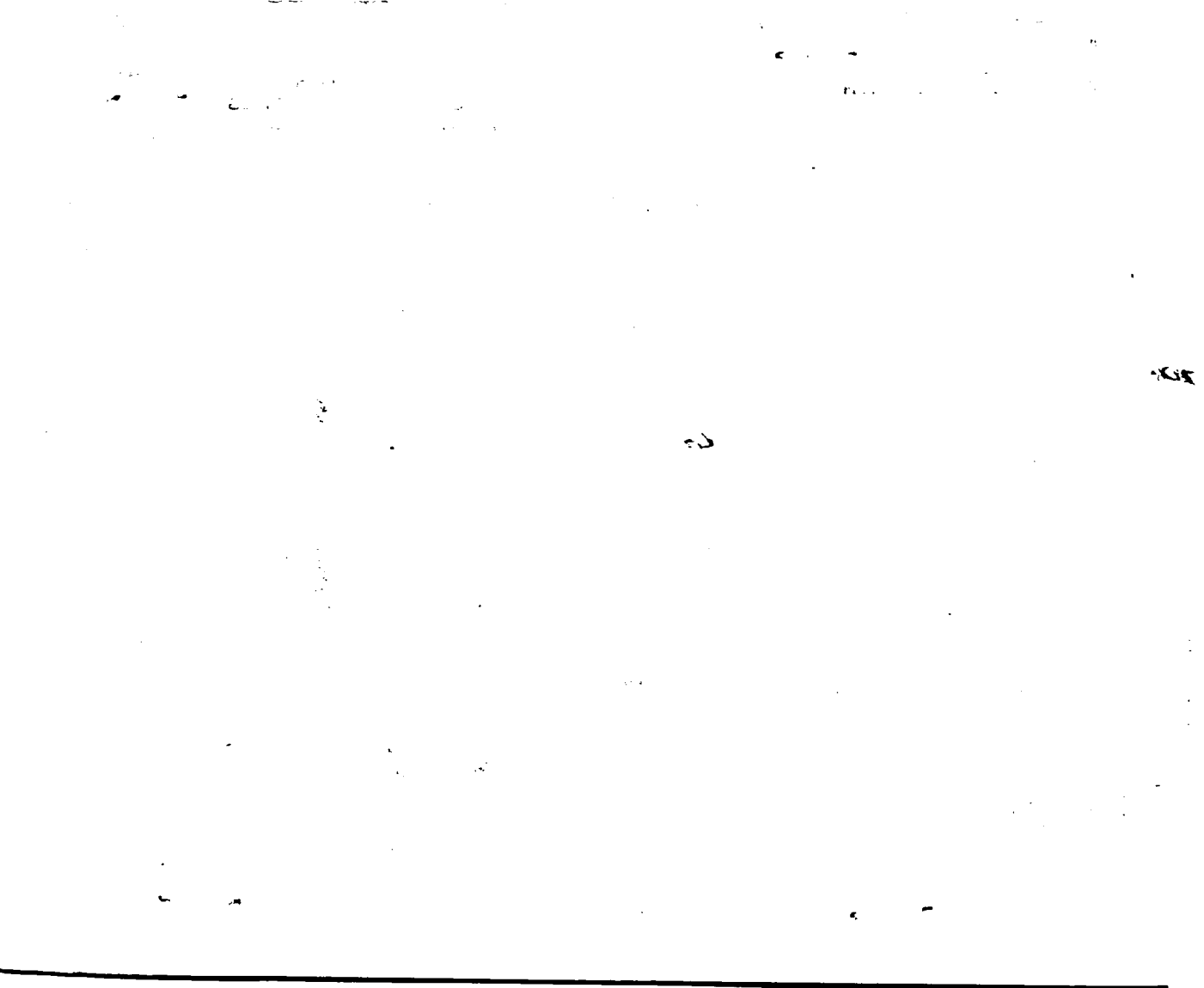
Given names added from a supplemental report.

Address Carey IdahoFiled 5-1 20Registrar Robert A. Wright

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF VITAL STATISTICS

SEP 5 8 37 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 78631
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth

for Unnamed Atkinson (female) who was born on April 12, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Carey, Idaho (Blaine) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| | | |
|--------------|---------|----------------------|
| child's name | Unnamed | Eva Estella Atkinson |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this 31st day of

August, 1979
Notary Public, Era J. Lovell

Residing at 2682 E. 575 East Sandy
My commission expires 8-27-1983

(Seal)

Eva Estella Atkinson
Signature of Applicant

Box 661 Hurricane Utah 84737
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed _____)

(Is not necessary _____)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of

_____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

CL 8/29/79 nm

Rush

Family group reecord fro Robert William Atkinson and Estella Ann Doty. gives chi
child's name as Eva Estella Atkinson. born April 12, 1920 at Carey, Idaho.
Married Oct 17, 1938 to Clinton R. Wight Baptized July 1926 ~~and~~
viewed by V. S.

SEP 18 1970
Marriage License from Utah gives name as Eva Estella Atkinson as the bride and
the groom's name as Clinton Wight. daed Oct 17, 1938 viewed by V. S.

231-104-007-295

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-13

CERTIFICATE OF BIRTH

County of BlaineCity of Carey

No. _____ St. _____

Registration District No. 21File No. 78632Primary Registration District No. 2025Registered No. 17

Hospital _____

FULL NAME OF CHILD George Albert Shaffer

| | | | | |
|--------------------------|------------------------------|---|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other? | and {
Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>Jan. 4</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|------------------------------|---|-----------------------------|--|

FULL NAME FATHER Thomas Vestin ShafferRESIDENCE Idaho Ida.COLOR White AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE Idaho FallsOCCUPATION Lab-orerFULL MAIDEN NAME MOTHER Bessie May KingsburyRESIDENCE Idaho Ida.COLOR White AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE IdahoOCCUPATION House WifeNumber of child of this mother, including present birth, 5 Number of children of this mother now living, including present birth, 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

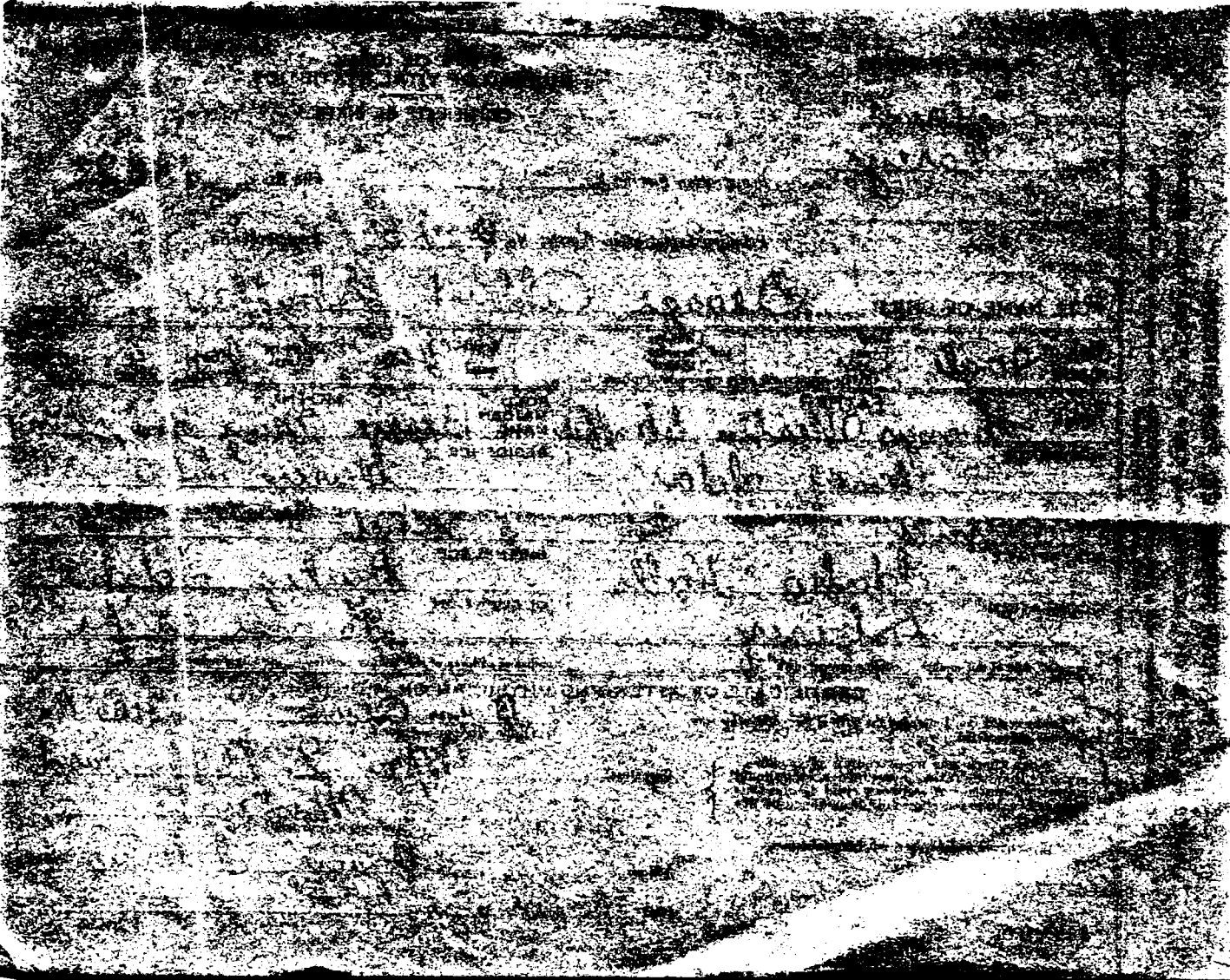
I hereby certify that I attended the birth of this child, who was Born Alive at 3:05 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E. B. Howard
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address IdahoFiled May 1 1920 Robert H. Wright
Registrar



139-212-007-569

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V, S. No. 11-C-Rev-1-1-19

CERTIFICATE OF BIRTH

78633

County of BlaineCity of Harvey

No. _____ St. _____

Registration District No. 21

File No. _____

Primary Registration District No. 2025Registered No. 18

Hospital _____

FULL NAME OF CHILD

Beth AliceSex of Child FemaleTwin
Triplet
or other?and Number
in order
of birthLegiti-
mate? yesDate of Birth Jan. 12 1920
(Month) (Day) (Year)

FULL NAME

Nial Marvin Chase

FATHER

FULL MAIDEN NAME

Marade Morris

MOTHER

RESIDENCE

Harvey Ida

RESIDENCE

Harvey Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Forest Utah

BIRTHPLACE

Randolph Utah

OCCUPATION

Farmer

OCCUPATION

House WifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 11:05 A.M.
(Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Mrs. L. B. HowardMidwife

(Physician or midwife)

Given names added from a supplemental report.

Address

Harvey Ida

Filed

May-1 1920Robert H. Wright

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number
of each, in order of birth stated.

OFFICE OF THE
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

584-11

TO : DIRECTOR, FBI (100-388610)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
RE: [Illegible]
DATE: [Illegible]
CLASSIFICATION: [Illegible]
[Illegible text follows]

[Illegible text follows]

791-128-007-271

PLACE OF BIRTH

County of BlaineCity of Carey

No.St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-28a-6-5-17

CERTIFICATE OF BIRTH

Registration District No.21

File No.78640

Primary Registration District No.2075

Registered No.75

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u> </u> and { Number in order of birth <u> </u> | Legitimate? <u>yes</u> | Date of Birth <u>1</u> <u>28</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

| | |
|---------------------------------|---|
| FULL NAME <u>Samuel Graviet</u> | FATHER |
| RESIDENCE <u>Carey</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>39</u>
(Years) |
| BIRTHPLACE <u>New Mexico</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Ametia Sparks</u> | MOTHER |
| RESIDENCE <u>Carey</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth...1... Number of children of this mother now living, including present birth...1...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. at 10:45 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston O Snyder
Physician
(Physician or midwife)Given names added from a supplemental report.
Clifford Marion Graviet 19...W. C. Murphy State RegistrarAddress Carey Idaho
Filed May-1-20 1920 Robert H. Wright
Registrar



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

City

Carey

Registered No.

25

Street and House No.

Registration Dist. No.

59

County

Blaine

Sex of Child

Male

Date of Birth

1

28

1912

MONTH

DAY

YEAR

Father

Samuel Gravier

FULL NAME

Mother

Amelia Sparks

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Clifford Maurice Gravier

GIVEN NAME IN FULL

SURNAME

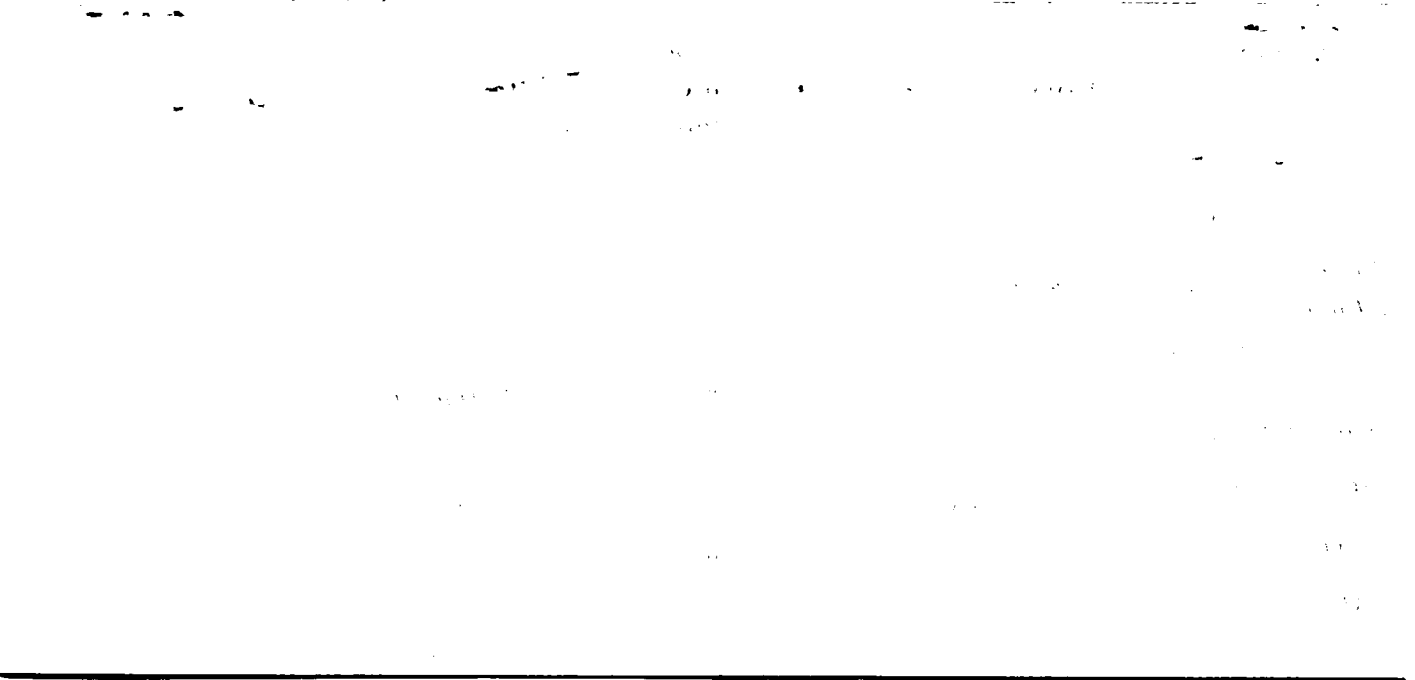
as reported by

Samuel Gravier

FATHER OR MOTHER

Robert H. Wright

LOCAL REGISTRAR



914-102-007807

PLACE OF BIRTH

County of BlaineCity of Carey

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-9-8-17

Registration District No. 21File No. 78641Primary Registration District No. 2075Registered No. 26

| | | | | |
|--------------------------|---|--------------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 2</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|------------------------|---|

| | |
|--|--------|
| FULL NAME <u>Robert H. Pearson</u> | FATHER |
| RESIDENCE <u>Carey</u> | |
| COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u>
(Years) | |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Merchant</u> | |

| | |
|--|--------|
| FULL MAIDEN NAME <u>Mary E. Horton</u> | MOTHER |
| RESIDENCE <u>Carey</u> | |
| COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u>
(Years) | |
| BIRTHPLACE <u>Carey Idaho</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 12:11 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Houston E. Snyder
Physician
(P Physician or midwife)

Given names added from a supplemental report.

Address

Carey Idaho
5-1-20 Robert H. Wright
Registrr

Registrr

1944-1945

200

819-106-007-819

PLACE OF BIRTH

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-24a-3-3-17

CERTIFICATE OF BIRTH

County of BlaineCity of CareyRegistration District No. 21File No. 78642

No.St.

Primary Registration District No. 2075Registered No. 27

Hospital

FULL NAME OF CHILD Lewis William Harris

| | | | |
|--------------------------|--|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>3 6 20</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|---|

FULL NAME FATHER William J. HarrisRESIDENCE CareyCOLOR White AGE AT LAST BIRTHDAY 27
(Years)BIRTHPLACE WalesOCCUPATION MerchantFULL MAIDEN NAME MOTHER Pelia M. HarrisRESIDENCE CareyCOLOR White AGE AT LAST BIRTHDAY 21
(Years)BIRTHPLACE IdahoOCCUPATION Housewife

Number of child of this mother, including present birth. / Number of children of this mother now living, including present birth. /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:09 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

(Physician or midwife)

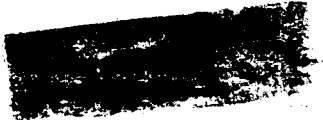
Given names added from a supplemental report.

Lewis William Harris 19.....W. C. Murphy 19.....

State Registrar

Address Carey, IdahoFiled 5-1 19 20 Robert H. Wright

Registrar



.....

.....

.....

.....

.....

BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

78643

Place
of Birth

City

Carey

Street and House No.

County

Blaine

Registered No.

27

Registration Dist. No.

21

Sex of Child

Male

Date of Birth

Mar 6 1920

MONTH

DAY

YEAR

Father

William J. Harris

FULL NAME

Mother

Relia M. Harris

FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Lewis William Harris

GIVEN NAME IN FULL

SURNAME

as reported by

Mrs. W. J. Harris

FATHER OR MOTHER

Robert H. Wright

LOCAL REGISTRAR

1 - 1

1 - 1

1 - 1

1 - 1

744-105-007-583

PLACE OF BIRTH

County of BlaineCity of Carey

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-9-3-17

Registration District No. 21

File No.

78643

Primary Registration District No. 2075Registered No. 28

Hospital

FULL NAME OF CHILD

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>March 5 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|---|

FULL NAME FATHER Peter F. C. GudmeRESIDENCE CareyCOLOR White AGE AT LAST BIRTHDAY 42
(Years)BIRTHPLACE DenmarkOCCUPATION CarpenterFULL MAIDEN NAME MOTHER Helen NelsenRESIDENCE CareyCOLOR White AGE AT LAST BIRTHDAY 26
(Years)BIRTHPLACE DenmarkOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barnaline at 4:30 PM on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harold E. Snyder

Physician or midwife

Given names added from a supplemental report.

Helen Carl Gudme 19.....Address Carey, IdahoW. C. Murphy State RegistrarFiled 5-1-20 19..... Robert H. Wright

Registrar



10-10-10

10-10-10

10-10-10

10-10-10

BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Carey
Street and House No. _____
County Blaine

Registered No. 28Registration Dist. No. 57

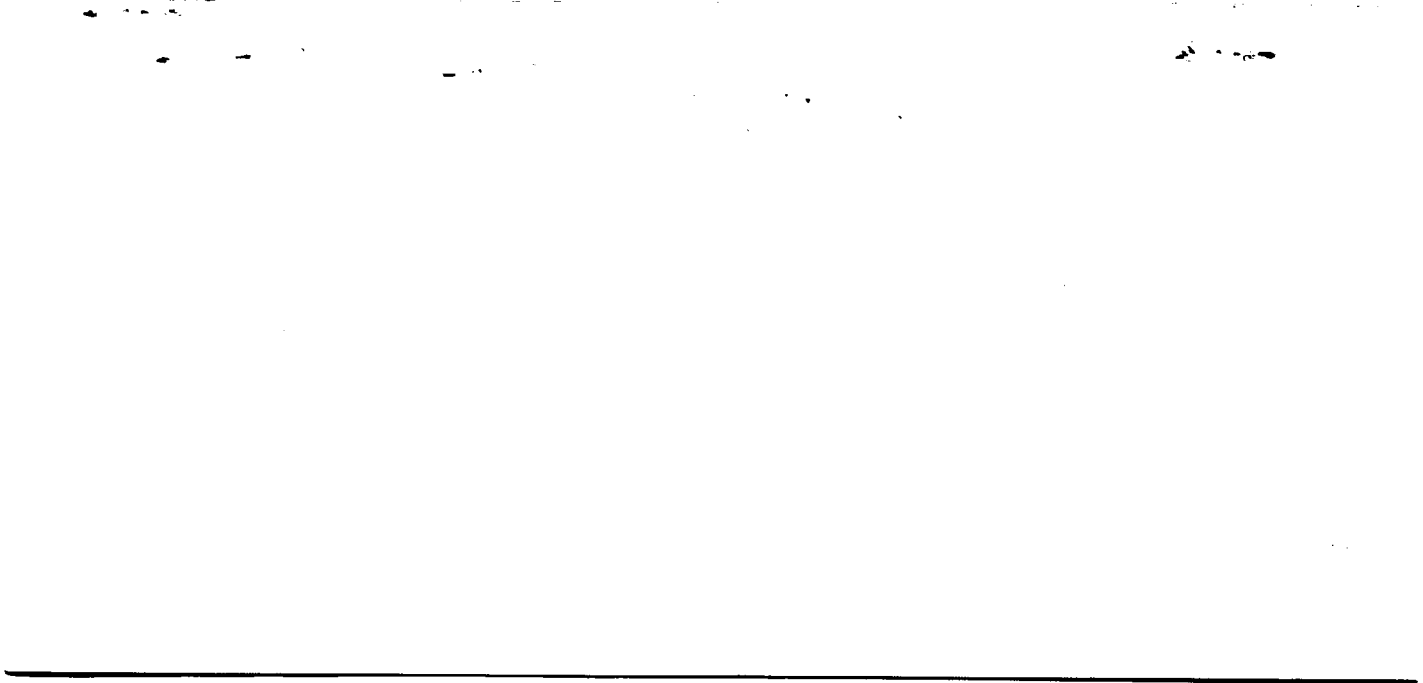
Sex of Child Male
Date of Birth 3 5 1912
FATHER Peter F. C. Gudme
MOTHER Helene Nelsen

MONTH DAY YEAR
FULL NAME
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Heber Carl Gudme
GIVEN NAME IN FULL SURNAME

as reported by P. Gudme
FATHER OR MOTHER
Robert H. Wright
LOCAL REGISTRAR



864-110-007-685

PLACE OF BIRTH

State of Idaho
County ofCity of Gannett

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 21

Primary Registration District No. 2022

Form 7, S. No. 120-222-2-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 78644

Registered No. 29

| | | | | |
|--------------------------|---|--|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u> </u>
(To be answered only in event of plural births) | and Number in order of birth <u> </u> | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 10 20</u>
(Month) (Day) (Year) |
|--------------------------|---|--|------------------------|--|

| | |
|-------------------------------|---|
| FULL NAME <u>Angus Young</u> | FATHER |
| RESIDENCE <u>Gannett, Ida</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Elva A. Wheeler</u> | MOTHER |
| RESIDENCE <u>Gannett, Ida</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth..... 1 Number of children of this mother now living, including present birth..... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

Robert H. Wright M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Hailey, Ida

Filed

Mar 14 20

Registrar

Registrar

JAN 24 1942

SEP 7 1973

249-212-007-313

PLACE OF BIRTH

County of Blaine

City of Carey

No.St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-3-8-17

Registration District No. 21

File No. 78645

Primary Registration District No. 2075

Registered No. 30

FULL NAME OF CHILD Alta Isabelle Smith

| | | | |
|----------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>3 12 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|--|

FATHER
FULL NAME Alonzo Smith
RESIDENCE Carey
COLOR W. Hite. AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Isabelle Calderwood
RESIDENCE Carey
COLOR W. Hite. AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE


I hereby certify that I attended the birth of this child, who was Born alive at 3:45 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harston E Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.
Alta Isabelle Smith 19.....
W. C. Murphy State Registrar

Address Carey Idaho
Filed 5-1-20 19.....
Robert A. Wright
Registrar



FEB 15 1943

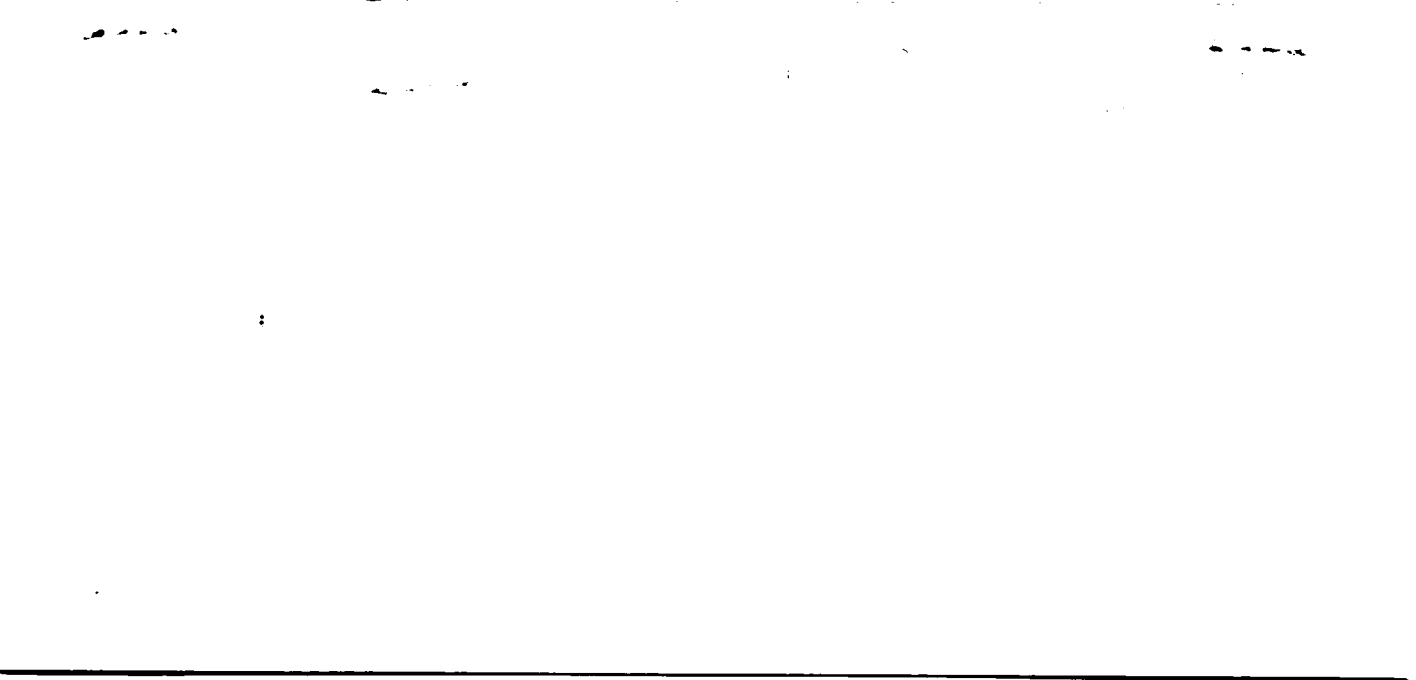
BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Paris
Street and House No. _____
County Blaine

Registered No. 30Registration Dist. No. 57

Sex of Child Female
Date of Birth 3 12 1912
MONTH DAY YEAR
Father Clarence Smith
FULL NAME
Mother Isabelle Calderwood
FULL MAIDEN NAME

I Herely Certify that the child described herein
has been named:Alta Isabelle Smith
GIVEN NAME IN FULL SURNAMEas reported by Mrs. Isabelle Smith
FATHER OR MOTHER
Robert H. Wright
LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-213-007-659

PLACE OF BIRTH
County of Blaine

City of Gannett

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21

File No. 78646

Primary Registration District No. 2022

Registered No. 31

FULL NAME OF CHILD Drucilla Belle Gillihan

| | | | | |
|----------------------------|---|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> </u>
(To be answered only in event of plural births) | and { Number in order of birth <u> </u> } | Legitimate? <u>Yes</u> | Date of Birth <u>Mar 13 30</u>
(Month) (Day) (Year) |
|----------------------------|---|--|------------------------|--|

FULL NAME FATHER Frank H. Gillihan

FULL MAIDEN NAME MOTHER Rosa May Werry

RESIDENCE Gannett, Ida

RESIDENCE Gannett, Ida

COLOR white AGE AT LAST BIRTHDAY 46
(Years)

COLOR white AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE Missouri

BIRTHPLACE Ruby Hill, Nevada

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth. }

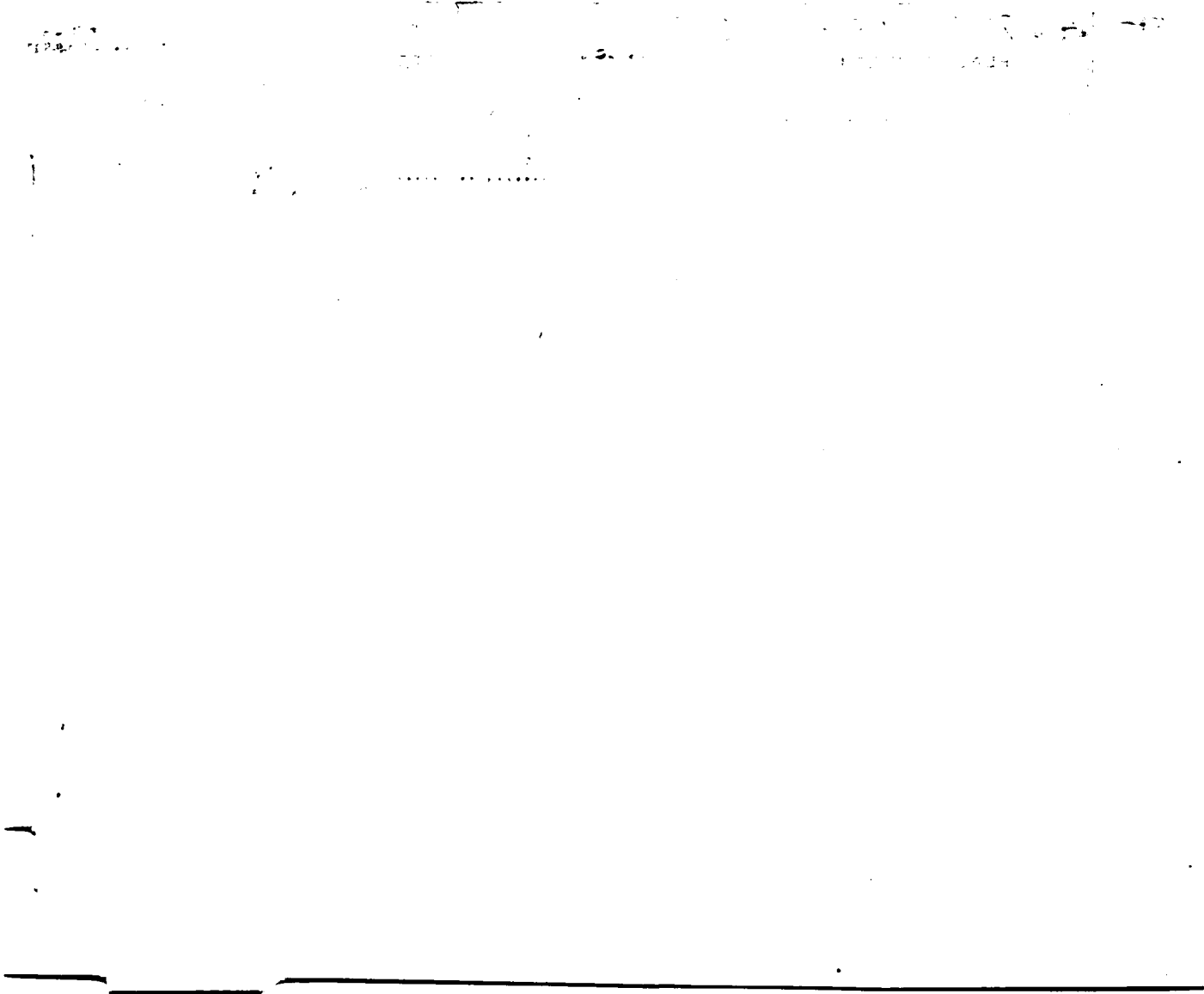
(Signature) Robert H. Wright, M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Hailey, Ida

Filed 3-14-20 Robert H. Wright
Registrar

K



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 78646
County of Bannock }

RECEIVED
MAR 17 1966

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Gillihan (female child) who was born on Mar. 13, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Gannett, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by managing certificate prepared on March 16, 1966, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Unnamed

Drucilla Belle Gillihan

Subscribed and sworn to before me this 16th day of
March, 19 66

Signed Rosa M. Gillihan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Pocatello, Idaho
My commission expires 7-20-69
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of
March, 19 66

Signed Luella M. Dushbe
(Signature of Any Credible Person)

Notary Public, residing at Pocatello, Idaho
My commission expires 7-20-69
(Seal)

P.O. Box 4666, Pocatello, Idaho
(Street Address, City, State)

Certificate of Marriage, married June 2, 1941 at Seattle, Washington gives full name of groom as Edgar E Hall and full name of bride as Drucilla Belle Gillihan - viewed by V.S.

APR 14 1966

State of Idaho, Elementary Public School Diploma, May 19, 1933 at Hailey, Idaho gives full name as Drucilla Gillihan - viewed by V.S.

296-113-007-437

PLACE OF BIRTH

County of BlaineCity of Carey

No. St.

Hospital

FULL NAME OF CHILD Richard Stanley Brooks

| | | | | |
|--------------------------|---|--------------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legitimate? <u>yes</u> | Date of Birth <u>3-13-20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|------------------------|--|

FATHER
FULL NAME Edward G. BrooksRESIDENCE CareyCOLOR White AGE AT LAST BIRTHDAY 35
(Years)BIRTHPLACE IdahoOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Ethel J. Mc GaryRESIDENCE CareyCOLOR White AGE AT LAST BIRTHDAY 29
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Houston E Snyder
Physician
(Physician or midwife)

Given names added from a supplemental report.

Richard Stanley Brooks 19.....W. C. Murphy State Registrar

Address.....

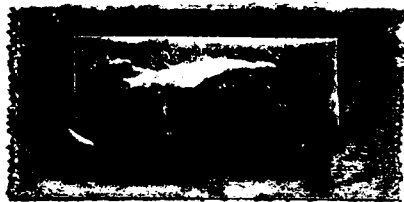
Carey, Idaho

Filed.....

5-1-20 Robert H. Wright
Registrar

Registration District No. 21File No. 78647Primary Registration District No. 2075Registered No. 32

5 1942



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

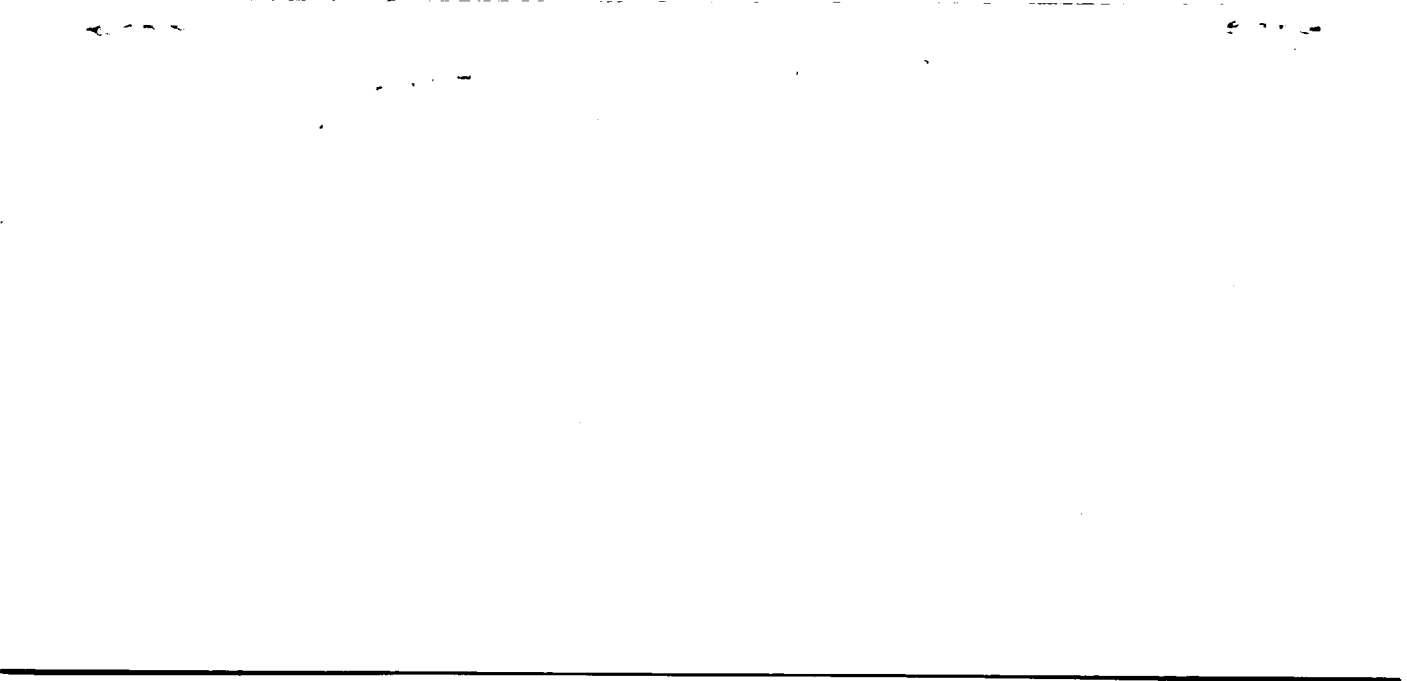
Place of Birth { City Carey
Street and House No. _____
County Blaine

Registered No. 32Registration Dist. No. 57

Sex of Child male
Date of Birth 3 13 1912
 MONTH DAY YEAR
Father Edward T. Brooks
 FULL NAME
Mother Echel J. Mc Gary
 FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Richard Stanley Brooks
 GIVEN NAME IN FULL SURNAME
as reported by E. T. Brooks
 FATHER OR MOTHER
Robert A. Wright
 LOCAL REGISTRAR



219-115-007-294

PLACE OF BIRTH
County of Blaine

City of Carey

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-3-3-17

Registration District No. 21

File No. 78648

Primary Registration District No. 2075

Registered No. 33

FULL NAME OF CHILD Richard Earl Baird

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and (Number
in order
of birth) | Legiti-
mate? <u>yes</u> | Date of Birth <u>3 15 20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

FATHER
FULL NAME William M. Baird
RESIDENCE Carey
COLOR White AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Allie Simpson
RESIDENCE Carey
COLOR White AGE AT LAST BIRTHDAY 32
(Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth... 6 ... Number of children of this mother now living, including present birth... 6 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 2:29 PM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

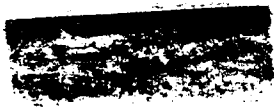
(Signature) Houston E. Snyder

Physician or midwife

Given names added from a supplemental report.

Richard Earl Baird 19...
W. C. Murphy State Registrar

Address Carey, Ida.
Filed 5-1 19 20 Robert H. Wright
Registrar



STATE OF IDAHO

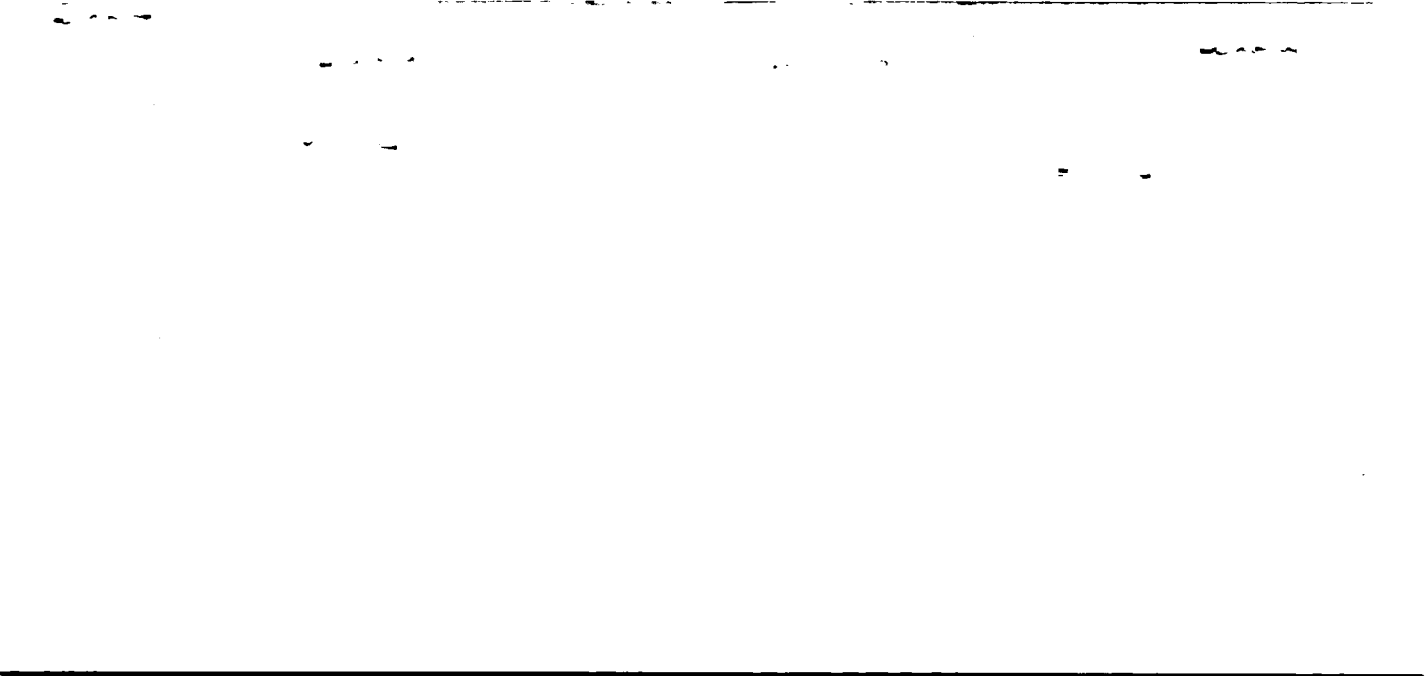
BOARD OF HEALTH--BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Carey Registered No. 23
Street and House No. _____
County Blaine Registration Dist. No. 57

Sex of Child male
Date of Birth 3 15 1912
MONTH DAY YEAR
Father William M. Baird
FULL NAME
Mother Allie Simpson
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Richard Earl Baird
GIVEN NAME IN FULL SURNAME
as reported by Wm. M. Baird
FATHER OR MOTHER
Robert H. Wright
LOCAL REGISTRAR



469-121-007-168

PLACE OF BIRTH

County of Blaine

City of Beelene

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

Registration District No. 21

File No. 78649

Primary Registration District No. 2022

Registered No. 34

Thomas Morris

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of Birth Mar 21 1930
(Month) (Day) (Year)

FATHER
FULL NAME Mark Morris
RESIDENCE Beelene, Ida.
COLOR white AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Indiana
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Katelee Johnson
RESIDENCE Beelene, Ida.
COLOR white AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Murray, Ark.
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:15 P on the date above stated. (Born alive or stillborn) M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright, M.D.

Given names added from a supplemental report.

(Physician or midwife)

..... 19

Address Hailey, Ida

..... 19

Filed May 1 1930 Robert H. Wright

Registrar

Registrar

AUG 3 1961



401-132-001-653

PLACE OF BIRTH

County of Blaine

City of Gannett

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21

File No. 78650

Primary Registration District No. 2022

Registered No. 35

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of Birth Mar 22 19120
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Ross L. Rowe FATHER
RESIDENCE Gannett, Ida
COLOR White AGE AT LAST BIRTHDAY 26
(Years)
BIRTHPLACE Spanish Fort, Ala.
OCCUPATION School Supt.

FULL MAIDEN NAME Hazel Webb MOTHER
RESIDENCE Gannett, Ida
COLOR White AGE AT LAST BIRTHDAY 75
(Years)
BIRTHPLACE Springville, Ala.
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

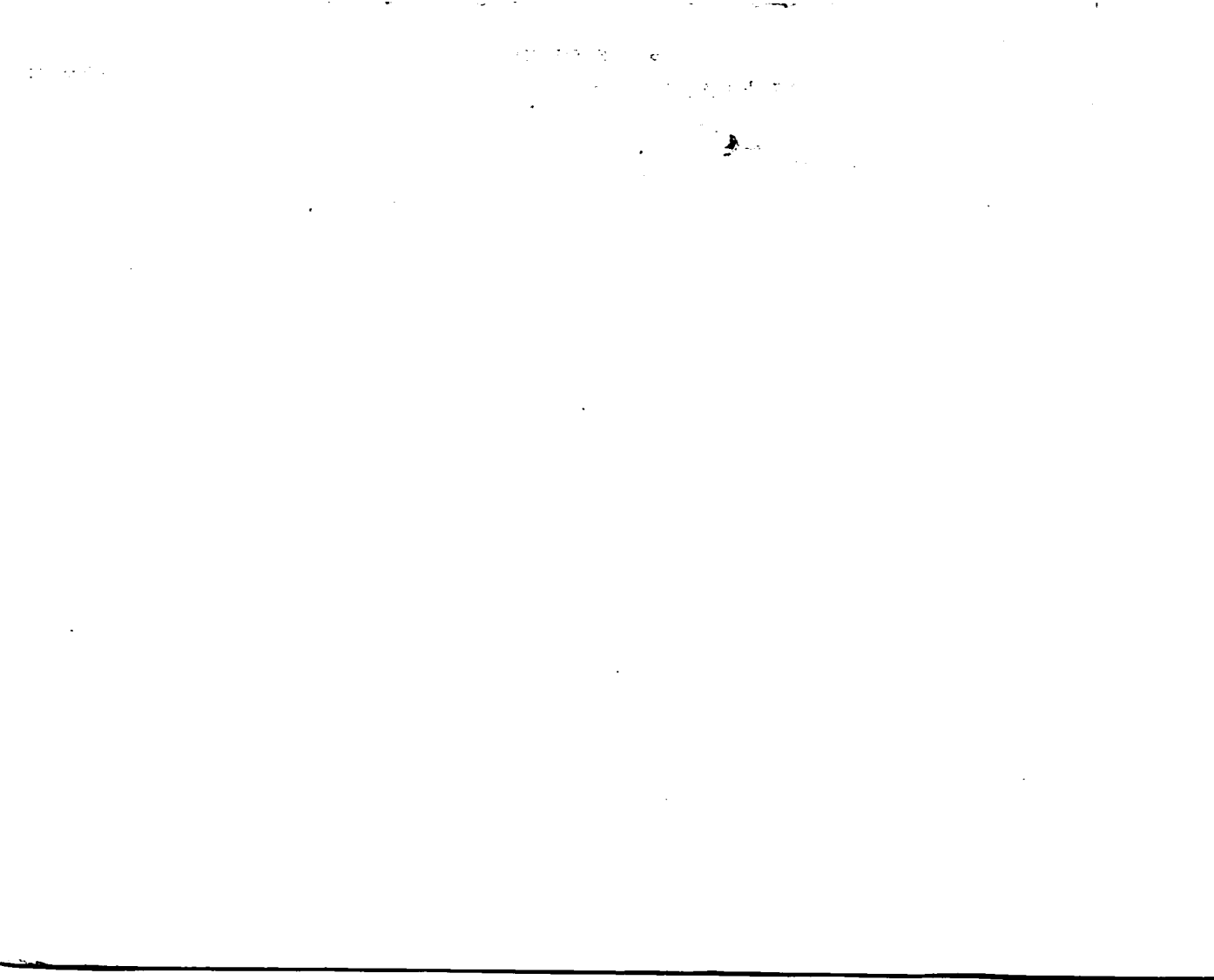
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 M.
on the date above stated. (Born alive or stillborn)

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Hailey, Ida
Filed May 1 1920 Robert H. Wright
Registrar



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

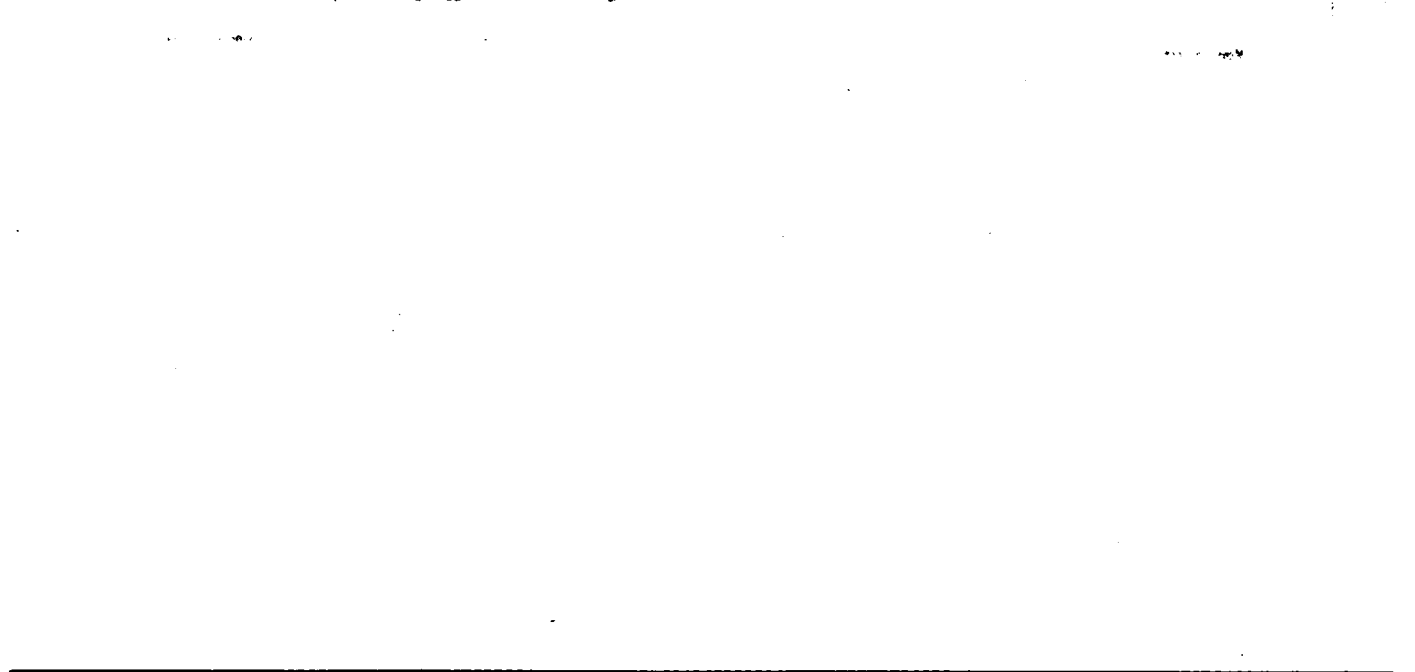
Place of Birth { City Gannett
Street and House No. _____
County Blaine

Registered No. 35Registration Dist. No. 57

Sex of Child male
Date of Birth 3 22 1912
MONTH DAY YEAR
Father Ross T. Rome
FULL NAME
Mother Hazel Webb
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Sherman Eugene Rome
GIVEN NAME IN FULL SURNAME
as reported by Ross T. Rome
FATHER OR MOTHER
B. H. Wright
LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

295-207-009
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form 25m-7-21-19

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 78651

No. _____ St.

Primary Registration District No. 2153

Registered No. _____

Hospital City Hospital

FULL NAME OF CHILD Clara Maria Brackenridge

| | | | | | |
|----------------------------|---|-----|---|----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>Yes</u> | Date of Birth <u>May 7</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|---|----------------------------|---|

FULL NAME FATHER
James L. Breckenridge

RESIDENCE Sandpoint, Idaho.

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Mercer, Pa.

OCCUPATION Supt. City Schools.

FULL MAIDEN NAME MOTHER
Mattie Ryland

RESIDENCE Sandpoint, Idaho.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Dubuque, Ia.

OCCUPATION House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7:50 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.

Filed May 8 19 20 FLOYD G. WENDLE
Registrar

Registrar

K

DEC 11 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

381-129-009-718
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V, S. No. 11-C-25m-7-21-10

County of BonnerCity of Sandpoint, IdahoRegistration District No. 72File No. 78652

No. _____ St.

Primary Registration District No. 2127 Registered No. _____Hospital City HospitalFULL NAME OF CHILD Robert Eugene ChaffinsSex of Male
ChildTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate? YesDate of Birth Mch. 29 19 20
(Month) (Day) (Year)FULL
NAME

FATHER

Bryan Willis Chaffins

RESIDENCE

Sandpoint, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY 23
(Years)

BIRTHPLACE

South Dakota

OCCUPATION

Ware-housemanFULL
MAIDEN
NAME

MOTHER

Myrtle Gay

RESIDENCE

Sandpoint, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY 21
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:05 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

F. J. Payer M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho

Filed

May 8 19 20

FLOYD G. WENDLE

Registrar

Registrar

DEC 15 1971

FFH 13 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

271-129-009-819

PLACE OF BIRTH

County of BonnerCity of Colburn

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Sex of Child Male Twin Triplet } and { Number in order of birth Legiti mate? Feb Date of Birth 4-29-20
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Andrew Spanos
RESIDENCE Colburn
COLOR White AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Greece
OCCUPATION Section Foreman

MOTHER
FULL MAIDEN NAME Anna Haines
RESIDENCE Colburn
COLOR White AGE AT LAST BIRTHDAY 24
(Years)
BIRTHPLACE Oklahoma
OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 5:25 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. T. Anderson, M.D.
Sanford, Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

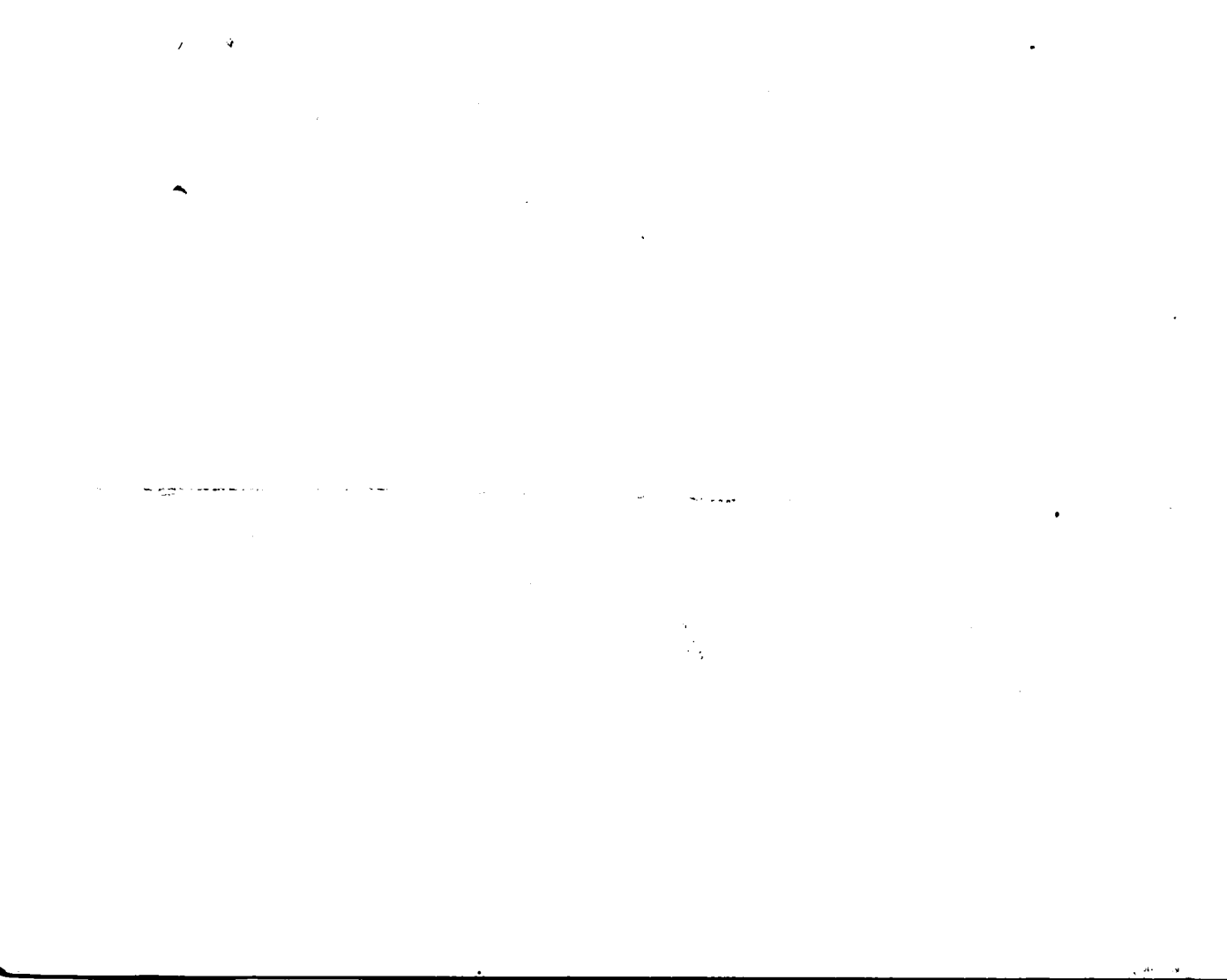
Filed

May 8 1920

FLOYD G. WENDLE

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-216-009-962

PLACE OF BIRTH

County of... Bonner

City of

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22m-2-17

Registration District No. 7 D

File No.

78654

Primary Registration District No. 21.5.5

Registered No.

FULL NAME OF CHILD

Sex of Child female Twin Triplet or other? and (Number in order of birth) 1 Legitimate? Yes Date of Birth April 16, 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Edward Clement FATHER
RESIDENCE Carewood, Ida
COLOR white AGE AT LAST BIRTHDAY 23
(Years)
BIRTHPLACE Wash.
OCCUPATION farmer

FULL MAIDEN NAME Myrtle Robinson MOTHER
RESIDENCE Carewood, Ida
COLOR white AGE AT LAST BIRTHDAY 18
(Years)
BIRTHPLACE Wash.
OCCUPATION housewife

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Born alive... at 10:15 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle

(Physician or midwife)

Given names added from a supplemental report.

Address Pathton, IdaFiled May 8, 1920 FLOYD G. WENDLE

Registrar

Registrar

MAR 12 1965

AUG 25 1950

445-211-009-218

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. & No. 11-4-21m-8-3-17

County of BonnerCity of SandpointRegistration District No. 78File No. 78655

No. St.

Primary Registration District No. 2185

Registered No.

Hospital

FULL NAME OF CHILD Margerie May SuncornSex of
ChildFemaleTwin
Triplet
or other?—and { Number
in order
of birth—

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
Birth41120

(Month) (Day) (Year)

FULL
NAME

FATHER

Jarvis L Suncorn

RESIDENCE

Sandpoint

COLOR

W.AGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Idaho

OCCUPATION

MerchantFULL
MAIDEN
NAME

MOTHER

Carrie Bayless

RESIDENCE

Sandpoint

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Idaho

OCCUPATION

WifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bonner Idaho, at 1:15 A.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife (then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

E. J. Anderson, M.D.Sandpoint Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed May 8 1920

Registrar

FLOYD G. WENDLE

Registrar

7-17-41

FEB 4 1953

FEB 1 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-113-009-713

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-4-3-17

County of Bonneau

City of Sandpoint

Registration District No. 78

File No. 78656

No. St.

Primary Registration District No. 2155

Registered No.

Hospital

FULL NAME OF CHILD Cork

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u> | Legitimate? <u>Yes</u> | Date of Birth <u>4-12-20</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

| | |
|-------------------------------|---|
| FULL NAME <u>William Cork</u> | FATHER |
| RESIDENCE <u>Sandpoint</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE <u>Wis</u> | |
| OCCUPATION <u>Chamber</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Lena Gatzkiewicz</u> | MOTHER |
| RESIDENCE <u>Sandpoint</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>20</u>
(Years) |
| BIRTHPLACE <u>Sark</u> | |
| OCCUPATION <u>W. fr</u> | |

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Anderson
Sandpoint, Idaho
(Physician or midwife)

Given names added from a supplemental report.

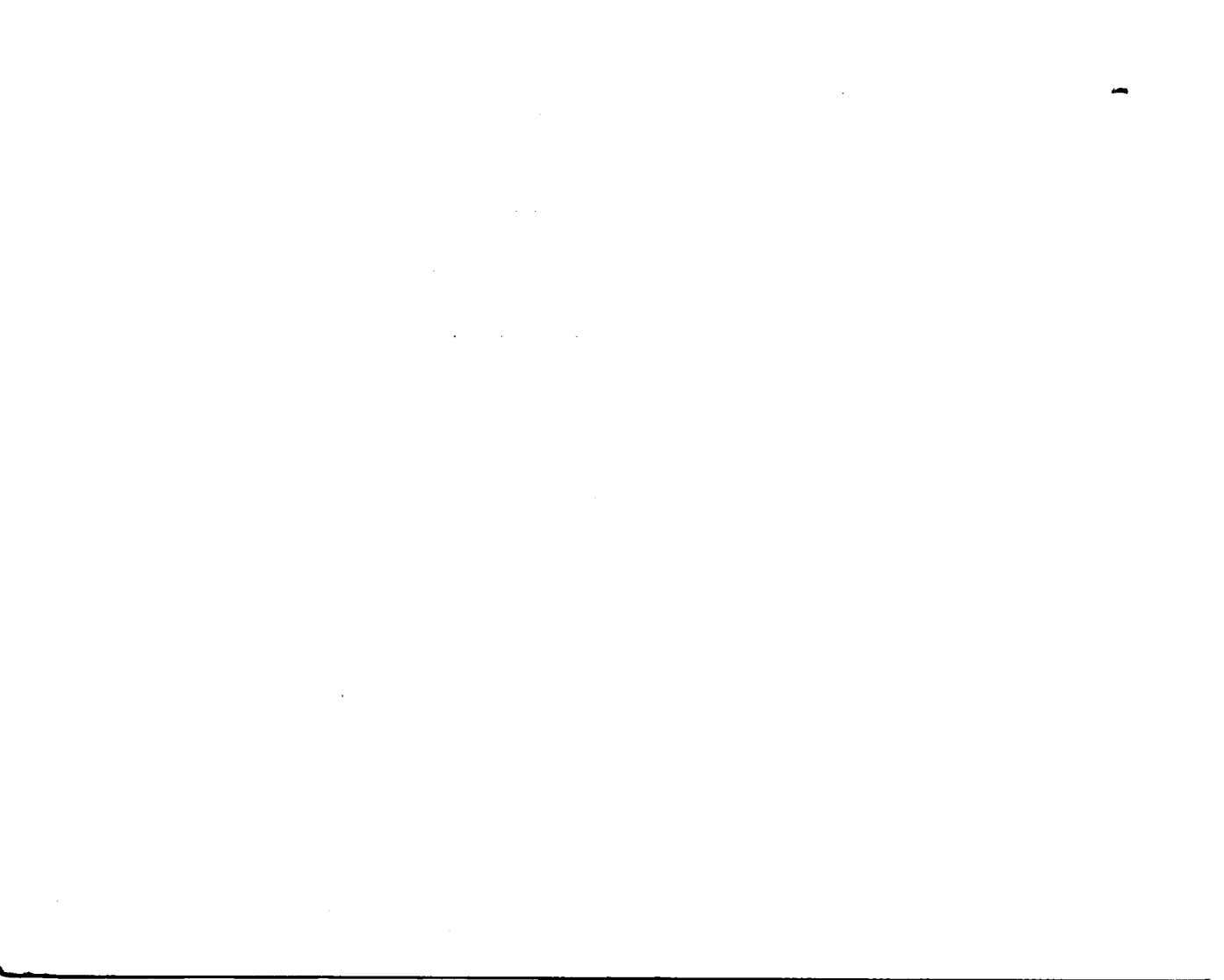
Address

Filed May 2 1920

Registrar

FLOYD G. WENDLE

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-212-009-386
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 78657

No. _____ St.

Primary Registration District No. 2127

Registered No. _____

Hospital City Hospital.

FULL NAME OF CHILD Gumia Katrina Fiskland.

| | | | | | | | | |
|----------------------------|---|---------|--------------------------|--------------------------|---------------|--------------|-----------|-------------|
| Sex of Child <u>Female</u> | Twin | } and { | Number in order of birth | Legiti mate? <u>Yes.</u> | Date of Birth | <u>April</u> | <u>12</u> | <u>1920</u> |
| | Triplet or other? (To be answered only in event of plural births) | | | | | | | |

FULL NAME FATHER
Andy Fiskland

RESIDENCE
Sandpoint, Idaho.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE
Norway

OCCUPATION
Laborer

FULL MAIDEN NAME MOTHER
Marie Thompson

RESIDENCE
Sandpoint, Idaho.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE
Norway

OCCUPATION
Laborer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:45 Am. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendell
(Physician or midwife)

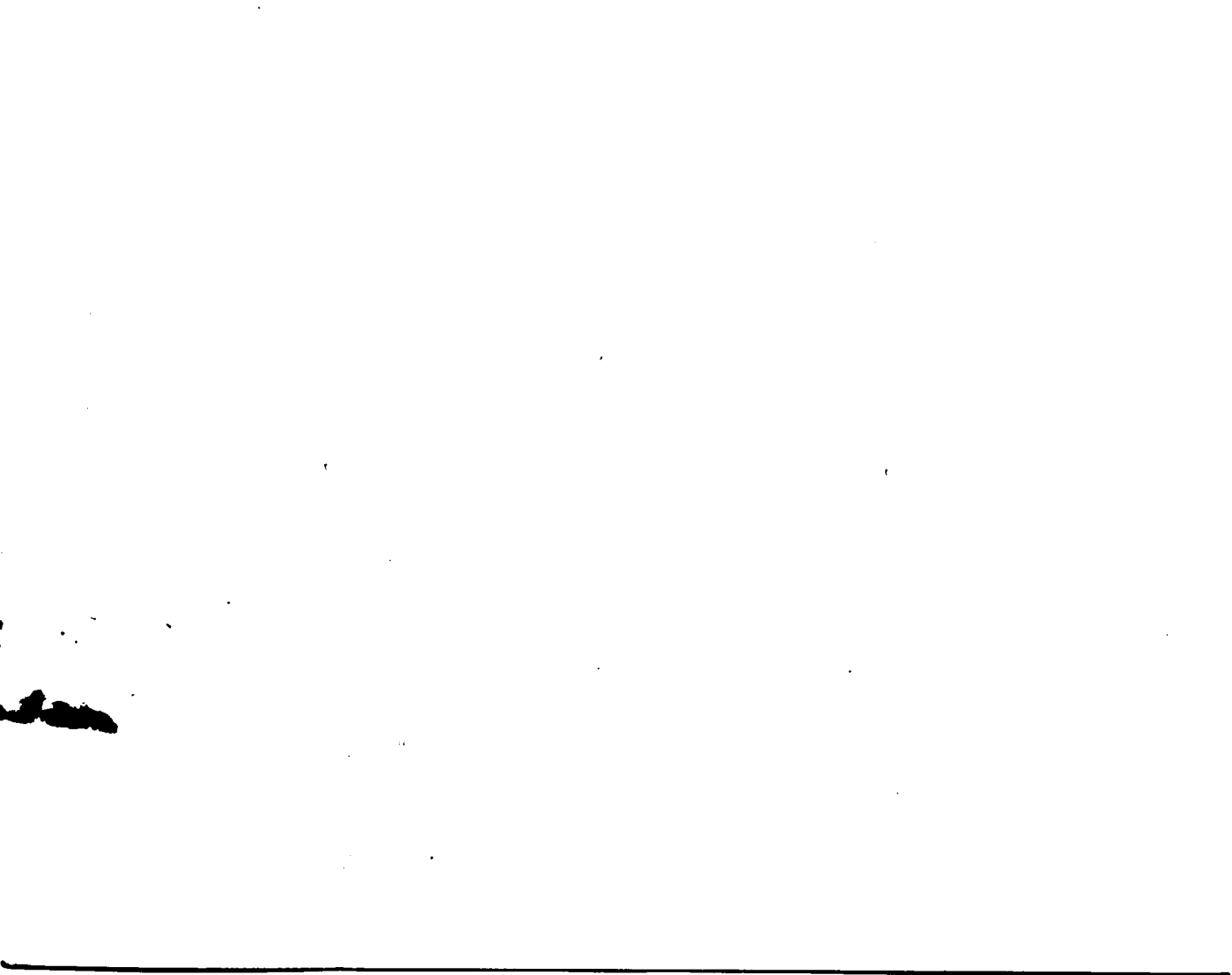
Given names added from a supplemental report. _____ 19 _____

Address Sandpoint, Idaho.

Filed May 8 1920

FLOYD WENDELL
Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

693-118-009-698

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of SandpointNo. R.F.D. St.Registration District No. 78File No. 78658

Hospital _____

Primary Registration District No. 2155 Registered No. _____

FULL NAME OF CHILD

Clyde Richard Wilson

Sex of Child

M.Twin
Triplet
or other?

} and {

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?YesDate of
BirthApr 121920FULL
NAMEJoseph Louis Wilson

FATHER

RESIDENCE

Sandpoint R.R.

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Park Rapids Minn.

OCCUPATION

RancherFULL
MAIDEN
NAMEPearl H. Fry

MOTHER

RESIDENCE

Sandpoint R.R.

COLOR

WhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Marionfield Wisc.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive, at 10-202 M.
(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint Idaho.

Filed

May 8 1920

FLOYD G. WENDLE

Registrar

Registrar

DOI 3 1214

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

819-104-009-854

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

No. 1212 Lake St.

Hospital _____

Registration District No. 78

File No. 78659

Primary Registration District No. 2153 Registered No. _____

FULL NAME OF CHILD VIRGIL MELVIN Harris

| | | | | | |
|------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>M.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of
Birth <u>May 6</u>
(Month) (Day) (Year) <u>1929</u> |
|------------------------|---|-----|--------------------------------|----------------------------|---|

FULL NAME Victor Kenneth Harris
FATHER
RESIDENCE Sandpoint 1212 Lake
COLOR White AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE Spokane, Wash
OCCUPATION Truck Driver

FULL MAIDEN NAME Lucil Isabelle Hemitt
MOTHER
RESIDENCE Battle Creek, Idaho
COLOR White AGE AT LAST BIRTHDAY 20
(Years)
BIRTHPLACE Battle Creek, Mich
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:50 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle
(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho
Filed May 8 1929 FLOYD G. WENDLE
Registrar

Registrar

SEP 8 1947

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
 County of Proble
 The undersigned does solemnly swear that certain facts on the certificate of Birth
 for Virgil Melvin Harris who Boon (Birth or Death)
 in Land farm Idaho (Name on Original Certificate) on May 6-1930 (Date of Event)
 are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts are shown by _____ prepared on _____, are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|------------------|-----------------------------|
| FACTS TO BE CORRECTED | FROM | TO |
| ("Name", "Birth Date", "Cause of Death", Etc.) | (As on Original) | (The Correct Facts) |
| <u>Name</u> | <u>Unnamed</u> | <u>Virgil Melvin Harris</u> |

Subscribed and sworn to before me this 3rd
 day of Sept 1947
Stamp
 Notary Public, residing at Proble ID
 My commission expires March 29, 1948
 (Seal)

Signed Mrs. Gracie Hewitt
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
 County of Proble
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
 Subscribed and sworn to before me this 3rd
 day of Sept 1947
Stamp
 Notary Public, residing at Proble ID
 My commission expires March 29, 1948
 (Seal)

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

Signed Mrs. Cecil Ferguson
 (Signature of Any Credible Person Other Than Previous Year)

 (Street Address, City, State)

DEC 17 1959

SEP 9 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

275-206-009-315
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

No. Church St.

Registration District No. 78

File No. 78661

Hospital _____

Primary Registration District No. 2153

Registered No. _____

FULL NAME OF CHILD Mary Ellen Spears

| | | | | | |
|------------------------|---|-----|---|-------------------------------|---|
| Sex of Child <u>F.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate?
<u>Yes</u> | Date of
Birth
<u>Apr. 6</u>
(Month) (Day) (Year) <u>1920</u> |
|------------------------|---|-----|---|-------------------------------|---|

FULL NAME FATHER
Geo L. Spears

RESIDENCE Sandpoint Idaho

COLOR White AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE Wendover Ind.

OCCUPATION Merchant

FULL MAIDEN NAME MOTHER
Lena Long

RESIDENCE Sandpoint Idaho

COLOR White AGE AT LAST BIRTHDAY 32
(Years)

BIRTHPLACE Humphrey Neb.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10-15 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle
(Physician or midwife)

Given names added from a supplemental report.
_____ 19____

Address Sandpoint Idaho
Filed May 8 1920 **FLOYD G. WENDLE**
Registrar

Registrar

MAR 26 1970

866-209-009-795

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-31-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnerCity of PonderayRegistration District No. 78File No. 78662

No. _____ St. _____

Primary Registration District No. 2155 Registered No. _____

Hospital _____

FULL NAME OF CHILD

Katherine Hoffman

Sex of Child

FTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birthLegiti
mate?Yes

Date of Birth

Apr. 9 1920
(Month) (Day) (Year)

FULL NAME

Arthur L Hoffman

FATHER

RESIDENCE

Ponderay

COLOR

WhiteAGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Harmon Minn

OCCUPATION

Ice Engineer

FULL MAIDEN NAME

Ira Preston

MOTHER

RESIDENCE

Ponderay

COLOR

WhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

American Fork Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M.
on the date above stated. (Born alive or stillborn)

(Signature)

Floyd G Wendle

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Shandoruit Idaho

Filed

May 8 1920

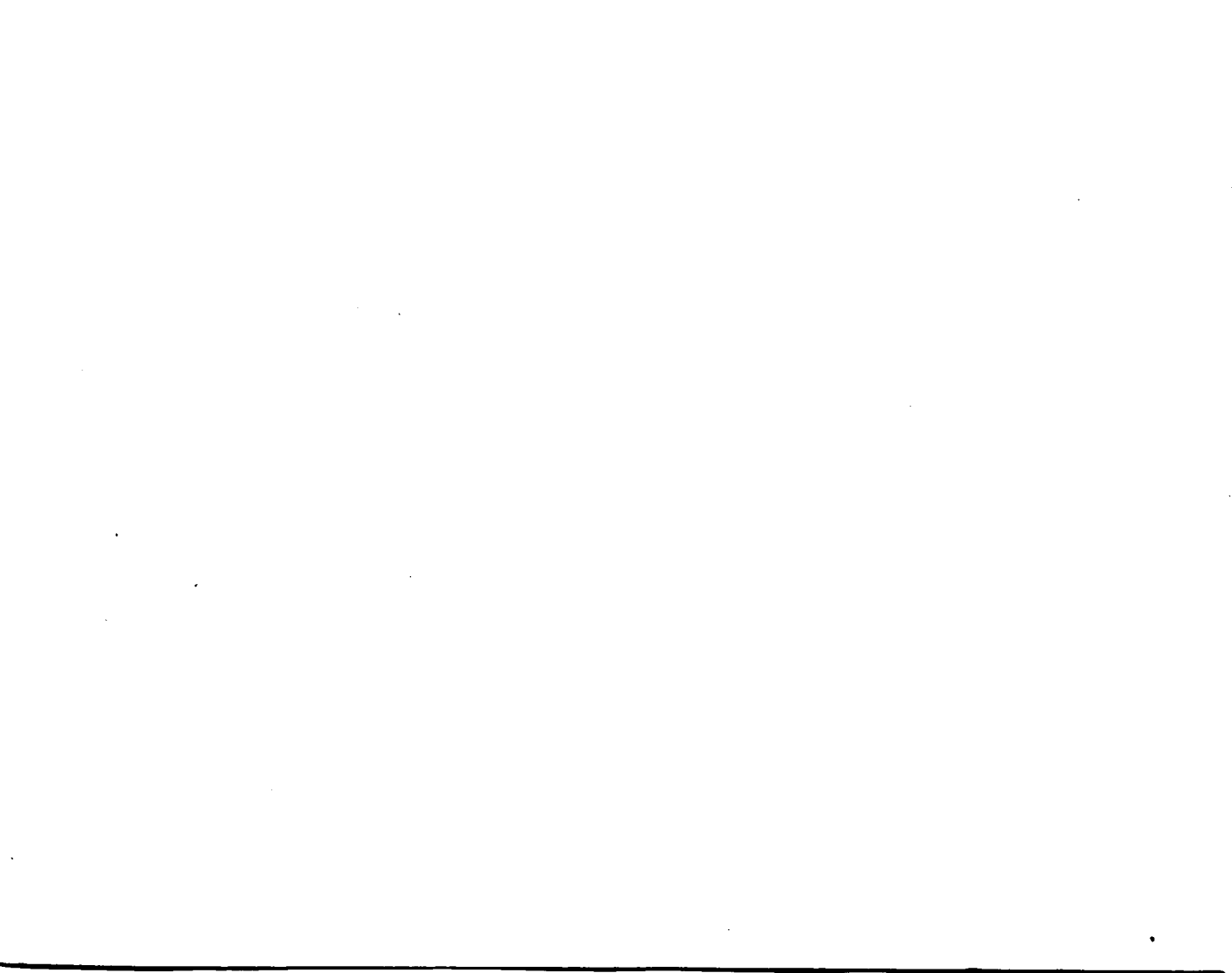
FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



553-113-009-944
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

No. 318 N. 6th St.

Registration District No. 78

File No. 78663

Hospital _____

Primary Registration District No. 2155 Registered No. _____

FULL NAME OF CHILD JOHN ZUMWALT Nelson

| | | | | | |
|------------------------|---|-----|---|-------------------------------|---|
| Sex of Child <u>M.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate?
<u>Yes</u> | Date of Birth
<u>Apr 13</u> 19 <u>20</u>
(Month) (Day) (Year) |
|------------------------|---|-----|---|-------------------------------|---|

FULL NAME Axel R. Nelson FATHER
RESIDENCE Sandpoint Idaho
COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Sweden
OCCUPATION Book Keeper

FULL MAIDEN NAME Dot Zumwalt MOTHER
RESIDENCE Sandpoint Idaho
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Waitsburg Wash.
OCCUPATION Housewife

Number of child of this mother, including present birth, 2 Number of children of this mother now living, including present birth, 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4-40 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle
(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho
Filed May 8 1920 FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11-17-41

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR-AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonner } ss. Certificate No. 78663
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for John Zumwalt Nelson who was born on April 13, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Sandpoint, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Baptismal record prepared on Oct. 27, 1920, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.)

FROM
(As on original)

TO
(The correct facts)

Name Unnamed Nelson John Zumwalt Nelson
John Zumwalt Nelson

Subscribed and sworn to before me this 13
day of November, 1941
Myrin Bergstrom
Notary Public, residing at _____

My commission expires _____
[SEAL]

Signed J. R. Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

722 No. Fifth, Sandpoint, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonner } ss. [This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

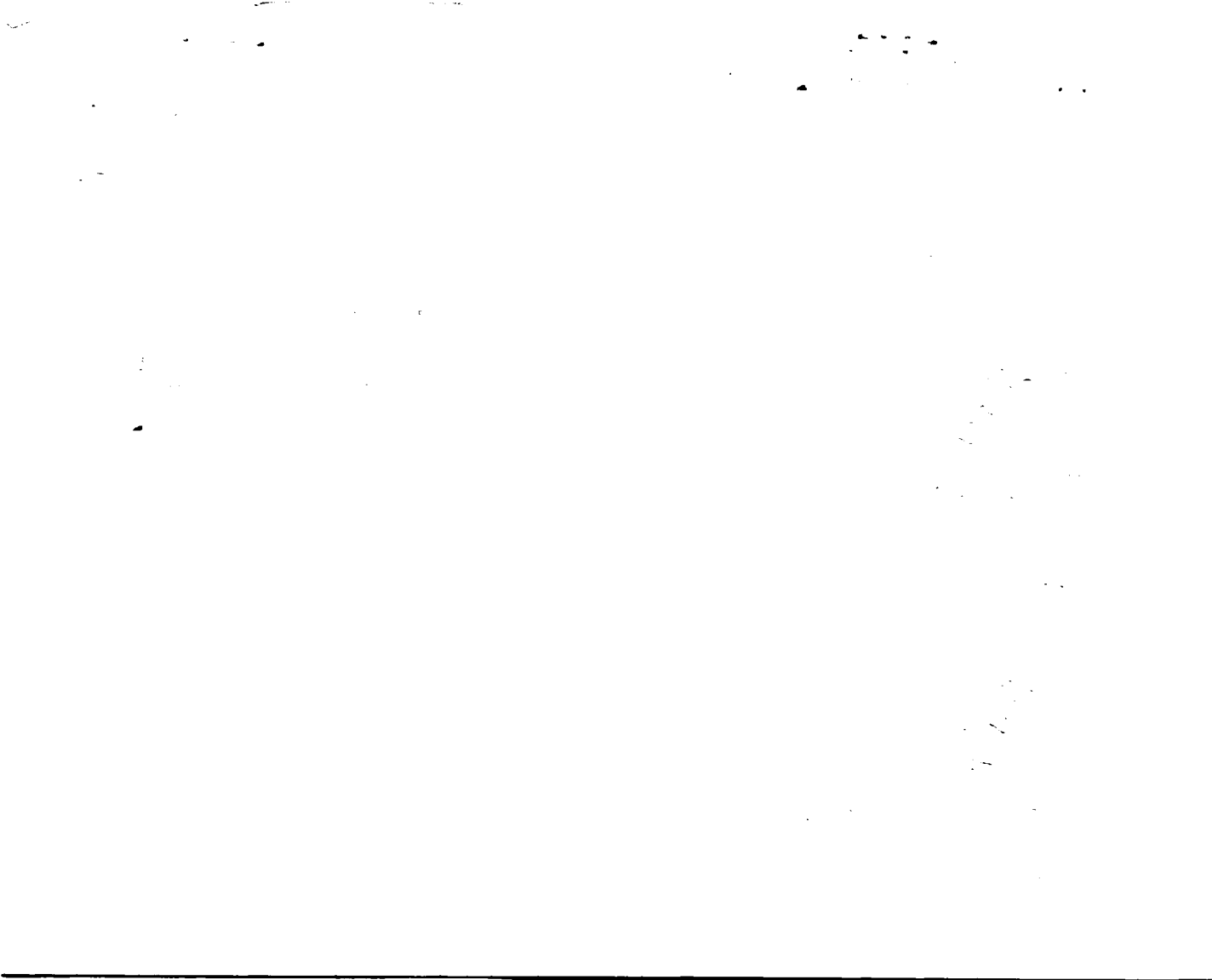
Subscribed and sworn to before me this 13
day of November, 1941
Myrin Bergstrom
Notary Public, residing at _____

My commission expires _____
[SEAL]

Signed Vernon Anderson
(Signature of any credible person other than the previous affiant.)

508 Antone St., Sandpoint, Idaho
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)



853-206-009-993

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of BonnerCity of SandpointNo. Superior St.Hospital LeicesterRegistration District No. 78File No. 78664Primary Registration District No. 2155

Registered No. _____

FULL NAME OF CHILD

Dorothy Elizabeth HelmerSex of Child FTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate? YesDate of
Birth May 61920
(Month) (Day) (Year)FULL
NAME

FATHER

Henry F. HelmerFULL
MAIDEN
NAME

MOTHER

Bessie Van Gile

RESIDENCE

Sandpoint 211 Cedar St

RESIDENCE

611 Cedar Sandpoint

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Main Wisconsin

BIRTHPLACE

N. Brandon Wisconsin

OCCUPATION

R.R. Brakeman

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2-802 M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint Idaho

Filed

May 8 1920

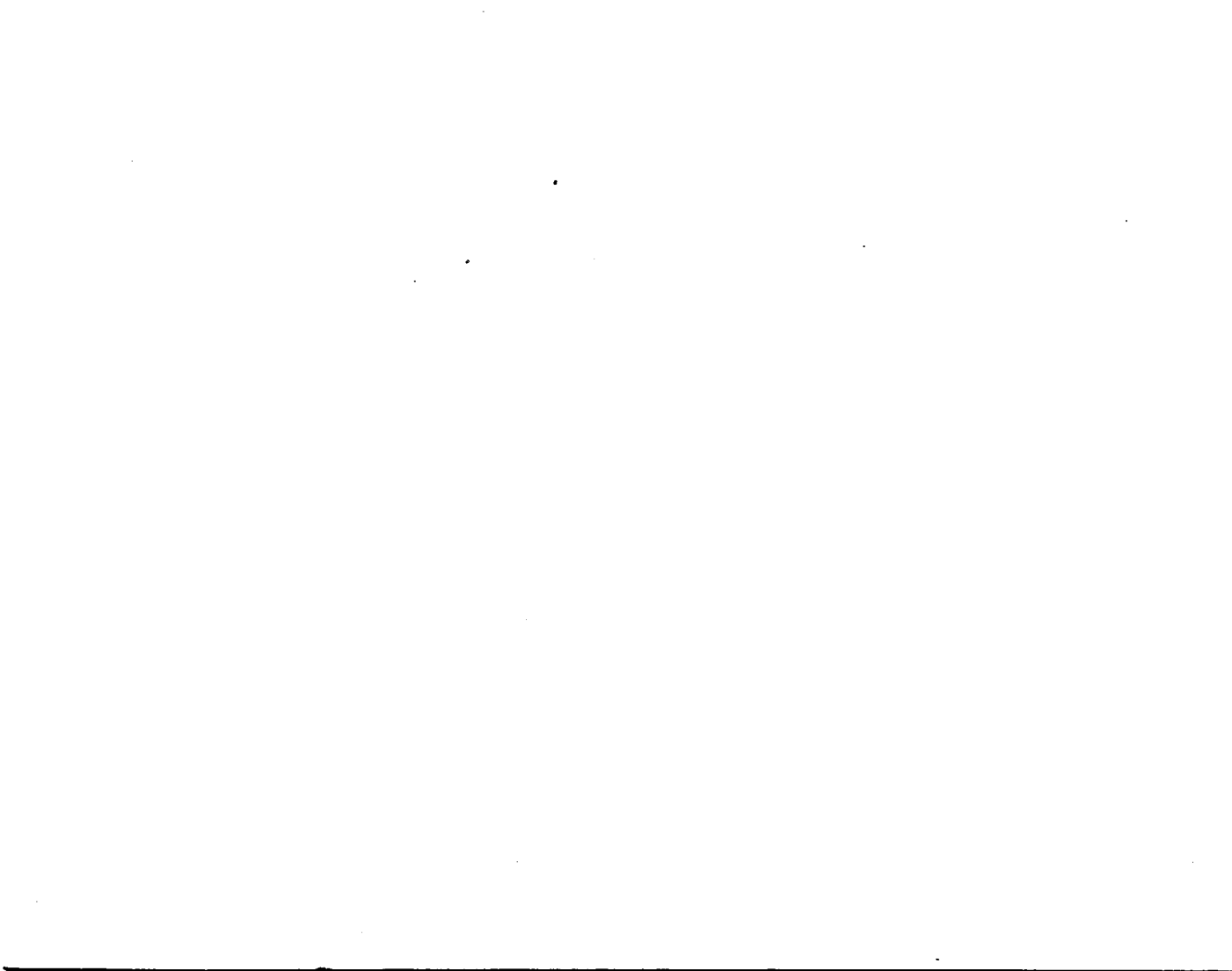
FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

343-103-009-145
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

No. Rural St.

Registration District No. 78

File No. 78665

Hospital _____

Primary Registration District No. 2155

Registered No. _____

FULL NAME OF CHILD Harry Luter

Sex of Child M. Twin Triplet or other? } and { Number in order of birth } Legiti mate? Yes Date of Birth May 3 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Clark Burton Luter FATHER

RESIDENCE Sandpoint Rural

COLOR White AGE AT LAST BIRTHDAY 34
(Years)

BIRTHPLACE Adair Mich

OCCUPATION Rancher

FULL MAIDEN NAME Carolan Margaret Amen MOTHER

RESIDENCE Sandpoint Rural

COLOR White AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE Kootenai Neb.

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2:00 a.m.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle
(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho

Filed May 3 1920 FLOYD G. WENDLE
Registrar

SEP 17 1941

753-222-009-453

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BonnerCity of Cocatulla Ida.Registration District No. 78

File No.

78666

No. _____ St.

Hospital _____

Primary Registration District No. 2173

Registered No. _____

FULL NAME OF CHILD

Emma Jean PetersonSex of
ChildFTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti
mate?YesDate of
BirthApril 22
(Month) (Day)1920
(Year)FULL
NAMECharles E. Peterson

FATHER

RESIDENCE

Cocatulla Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Idaho.

OCCUPATION

Telegraph OperatorFULL
MAIDEN
NAMEStella M. Mettomey

MOTHER

RESIDENCE

Cocatulla Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

N. Menominee Wisc.

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 9 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ P. M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint Idaho

Filed

May 8 1920

FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

JUN 26 1944.

455-214-009-455
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Bonner

CERTIFICATE OF BIRTH

City of HopeRegistration District No. 80File No. 1 78667

No. _____ St. _____

Primary Registration District No. 2157Registered No. 35

Hospital _____

FULL NAME OF CHILD Flornce Lewis Den

| | | | | |
|-------------------------------|--|--------------------------------------|--|---|
| Sex of Child <u>Female</u> | Twins
Triplet
or other?
(To be answered only in event of plural births) | and } Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>March 14th 1920</u>
(Month) (Day) (Year) |
| FULL NAME
<u>Lewis Den</u> | FATHER | | FULL MAIDEN NAME
<u>May Lewis Den</u> | MOTHER |
| RESIDENCE
<u>Hope</u> | | | RESIDENCE
<u>Hope</u> | |
| COLOR | AGE AT LAST BIRTHDAY
<u>50</u>
(Years) | | COLOR | AGE AT LAST BIRTHDAY
<u>29</u>
(Years) |
| BIRTHPLACE
<u>China</u> | | | BIRTHPLACE
<u>China</u> | |
| OCCUPATION
<u>Merchant</u> | | | OCCUPATION
<u>House wife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 a. m. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

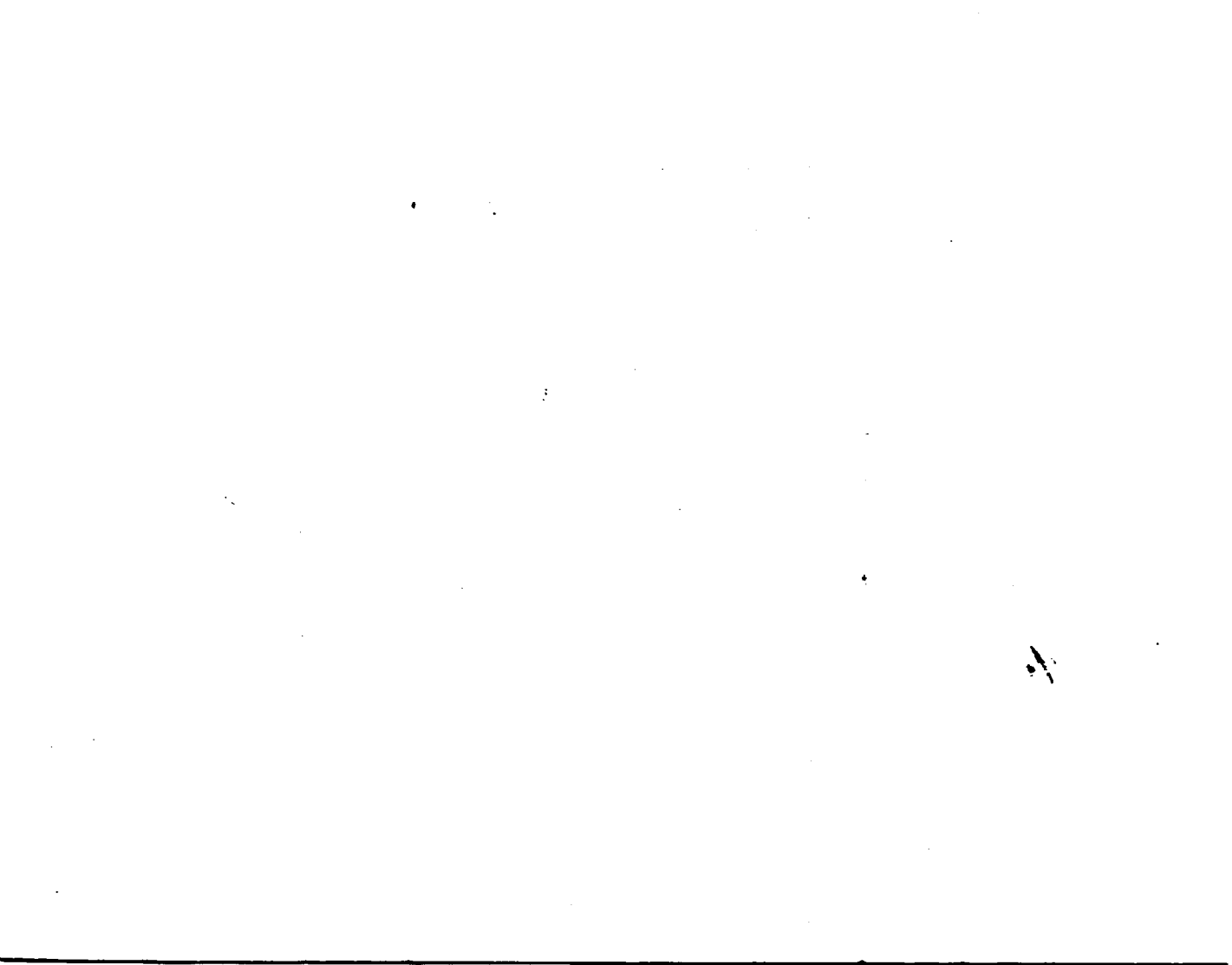
A. L. Salmon, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed



142-117-009-395

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Bonner

CERTIFICATE OF BIRTH

City of HopeRegistration District No. 88File No. 1 78668

No. _____ St. _____

Primary Registration District No. 2157Registered No. 34

Hospital _____

FULL NAME OF CHILD Ellis Lindsley Austin

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and } Number
in order
of birth | Legiti-
mate? <u>YES</u> | Date of
Birth <u>Feb 17</u> 191 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|---|--|
| FULL
NAME
<u>Albert L. Austin</u> | FATHER |
| RESIDENCE
<u>Hope</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>41</u>
(Years) |
| BIRTHPLACE
<u>Ohio</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--|--|
| FULL
MAIDEN
NAME
<u>Sarah Louise Lindsley</u> | MOTHER |
| RESIDENCE
<u>Hope</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>39</u>
(Years) |
| BIRTHPLACE
<u>Nebraska</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth. Two
Number of children of this mother now living, including present birth. Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ALIVE at 3 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Larson, M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Clarks Fork, Ida.Filed 3-10-20 John Larson

JUL 30 1942

MAY 19 1952

• 3

238-219-009-291

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnerCity of PRIEST RIVER, IDAHORegistration District No. _____ File No. 78669

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Mary Schaefer

| | | | | | | | | |
|--------------|---------------|---|-----|---|---------------------------|---------------|----------------------------------|-----------------------|
| Sex of Child | <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legitimate?
<u>Yes</u> | Date of Birth | <u>April 19</u>
(Month) (Day) | <u>1920</u>
(Year) |
|--------------|---------------|---|-----|---|---------------------------|---------------|----------------------------------|-----------------------|

| | |
|-----------|----------------------|
| FULL NAME | <u>J.E. Schaefer</u> |
|-----------|----------------------|

| | |
|-----------|----------------------------|
| RESIDENCE | <u>PRIEST RIVER, IDAHO</u> |
|-----------|----------------------------|

| | |
|----------------------|----------------------|
| COLOR | <u>White</u> |
| AGE AT LAST BIRTHDAY | <u>42</u>
(Years) |

| | |
|------------|-------------|
| BIRTHPLACE | <u>Wis.</u> |
|------------|-------------|

| | |
|------------|---------------------------|
| OCCUPATION | <u>Logging contractor</u> |
|------------|---------------------------|

| | |
|------------------|--------------------------------|
| FULL MAIDEN NAME | <u>Margarete Brackendorfer</u> |
|------------------|--------------------------------|

| | |
|-----------|----------------------------|
| RESIDENCE | <u>PRIEST RIVER, IDAHO</u> |
|-----------|----------------------------|

| | |
|----------------------|----------------------|
| COLOR | <u>White</u> |
| AGE AT LAST BIRTHDAY | <u>39</u>
(Years) |

| | |
|------------|--------------|
| BIRTHPLACE | <u>Iowa.</u> |
|------------|--------------|

| | |
|------------|------------------|
| OCCUPATION | <u>Housewife</u> |
|------------|------------------|

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1.200 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O.P. GatzPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address PRIEST RIVER, IDAHOFiled May 1 1920

Registrar

Registrar O.P. Gatz

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7

1952

763 - 112 - 009 - 466

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnerCity of Priest River, IdaRegistration District No. _____ File No. 78670

No. _____ St. _____

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Vernon M Golden

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>
(To be answered only in event of plural births) | Legitimacy? <u>Yes</u> | Date of Birth <u>April 12 1920</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

FULL NAME FATHER James Gloden Jr.FULL MAIDEN NAME MOTHER Gladys DoolittleRESIDENCE Priest River, IdaRESIDENCE Priest River, IdaCOLOR White AGE AT LAST BIRTHDAY 21
(Years)COLOR White AGE AT LAST BIRTHDAY 18
(Years)BIRTHPLACE Wis.BIRTHPLACE Wis.OCCUPATION Mill LaborerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at 6.20 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. GittlerPhysician
(Physician or midwife)

Given names added from a supplemental report. _____

Address Priest RiverFiled May 1 19 20 E. P. Gittler
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1942

455-208-009-231

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonneCity of PrestonRegistration District No. _____ File No. 78671

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD

Eileen Rose DempseySex of Child Female Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimacy? 75 Date of Birth April 8 1929
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME

FATHER

Eileen Dempsey

RESIDENCE

Preston

COLOR

White

AGE AT LAST BIRTHDAY

25
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Auto Mechanic

FULL MAIDEN NAME

MOTHER

Franca Stachel

RESIDENCE

Preston

COLOR

White

AGE AT LAST BIRTHDAY

24
(Years)

BIRTHPLACE

Switzerland

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at Preston M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. P. Gertoff
Physician
(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Preston IdahoFiled May 11928E. P. Gertoff
Registrar

Registrar

NE

141

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

285-205-009-243

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Valley Idho

Registration District No. _____ File No. 78672

No. _____ St. _____

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Male Sheridon

| | | | | |
|---|--|--------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ and _____ | Number in order of birth _____ | Legitimacy? <u>yes</u> | Date of Birth <u>April 5</u> 19 <u>20</u> |
| (To be answered only in event of plural births) | | | | (Month) (Day) (Year) |

FATHER
FULL NAME William H. Sheridan
RESIDENCE Valley Idho
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Alberta Canada
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Mary Butts
RESIDENCE Valley Idho
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ontario Canada
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gutzloff

(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed May 1 19 20 C. P. Gutzloff Registrar

Registrar

Octavia Mardian
Jays

MAR 28 1975

DECEASED

555-127-010 -249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

County of Bonanza

City of Shoshone Falls

Registration District No. 7.3

File No. 78673

No. St.

Primary Registration District No. 2100

Registered No. 43

Hospital General Hospital

FULL NAME OF CHILD Jack William Benson

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>.....</u> and Number in order of birth <u>.....</u> | Legitimate? <u>yes</u> | Date of Birth <u>Mar 27 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

| | | | |
|--|--|--|--|
| FATHER
FULL NAME <u>Jack Joseph Benson</u>
RESIDENCE <u>Shoshone Falls Idaho</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>American Fork Utah</u>
OCCUPATION <u>Salesman</u> | | MOTHER
FULL MAIDEN NAME <u>Myrtle Smith</u>
RESIDENCE <u>Shoshone Falls Idaho</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Shoshone Falls Idaho</u>
OCCUPATION <u>Housewife</u> | |
|--|--|--|--|

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:45 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. J. Benson

Given names added from a supplemental report.

Address Shoshone Falls Idaho

Filed Apr 27 1920

Registrar

Registrar

1-21-44

FEB 8 1943

SEP 7 1956

FEB 9 1961

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

347-102-010-347
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-2-17

County of *Bonneville*

City of *Idaho Falls*

Registration District No. *73*

File No. *78674*

No. *.....* St. *.....*

Primary Registration District No. *210-2*

Registered No. *62*

Hospital *General Hospital*

FULL NAME OF CHILD

| | | | | |
|---------------------------------|---|--------------------------------------|---------------------------------------|---|
| Sex of Child <i>male</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and (Number
in order
of birth) | Legitimate? <i>yes</i> | Date of Birth <i>April 2 1928</i>
(Month) (Day) (Year) |
| FATHER | | | MOTHER | |
| FULL NAME <i>Samuel Lapoli</i> | | | FULL MAIDEN NAME <i>Agathe Lapoli</i> | |
| RESIDENCE <i>Humphrey Idaho</i> | | | RESIDENCE <i>Humphrey Idaho</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>37</i>
(Years) | | COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>37</i>
(Years) |
| BIRTHPLACE <i>Italy</i> | | | BIRTHPLACE <i>Connecticut</i> | |
| OCCUPATION <i>Farmer</i> | | | OCCUPATION <i>Housewife</i> | |

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* *530 P.M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *A. T. Dwyer*

Given names added from a supplemental report.

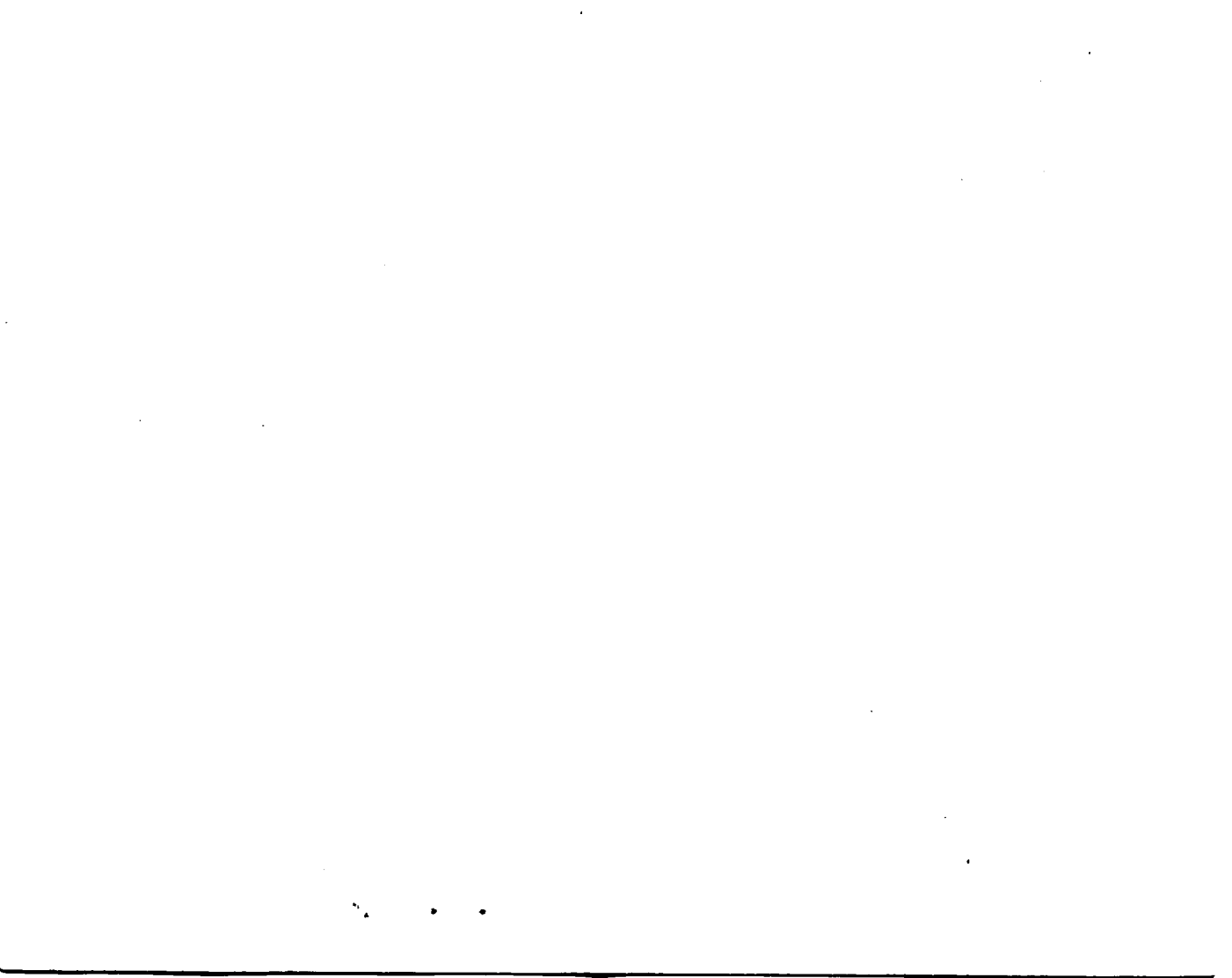
(Physician or midwife)

Address *Idaho Falls Idaho*

Filed *Apr 29 1928*

Registrar

Registrar



249-113-010-659

PLACE OF BIRTH

County of BannerCity of Idaho FallsNo. StHospital Idaho Falls General

FULL NAME OF CHILD

Registration District No. 73File No. 78675Primary Registration District No. 2100Registered No. 61

Sex of Child

maleTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birthLegiti-
mate?yesDate of
BirthMar. 13 1929

(Month) (Day) (Year)

FULL
NAME

FATHER

William McKendry SmithFULL
MAIDEN
NAME

MOTHER

Helen Alberta Weirman

RESIDENCE

Harmer, Idaho

RESIDENCE

Harmer, Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY35
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Franklin, Ohio

BIRTHPLACE

Denver, Colo.

OCCUPATION

Mgr. of Lumber Co.

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 3rdNumber of children of this mother now living, including present birth... two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at M.
on the date above stated.*When there was no attending physician or
midwife then the father, household, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

H. L. Wellman, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Idaho Falls, Idaho

Filed

Apr 29 1929

Registrar

Registrar

DEC 3 1943

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-216-010-493

PLACE OF BIRTH

STATE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-57

County of *Bonneville*

City of *Idaho Falls*

Registration District No. *73*

File No. *78676*

No. *.....* St. *.....*

Primary Registration District No. *9*

Registered No. *160*

Hospital *General*

FULL NAME OF CHILD *PATRICIA ELEANOR STRAUB*

| | | | | |
|---|----------------------------------|---------------------------------------|------------------------|----------------------------------|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>No</i> | and Number in order of birth <i>1</i> | Legitimate? <i>Yes</i> | Date of Birth <i>Jan 14 1929</i> |
| (To be answered only in event of plural births) | | | | (Month) (Day) (Year) |

FATHER
FULL NAME *John Sponberg Strout*
RESIDENCE *Idaho Falls Idaho*
COLOR *White* AGE AT LAST BIRTHDAY *39* (Years)
BIRTHPLACE *Kansas City Mo.*
OCCUPATION *Farmer*

MOTHER
FULL MAIDEN NAME *Josephine E. Willard*
RESIDENCE *Idaho Falls Idaho*
COLOR *White* AGE AT LAST BIRTHDAY *34* (Years)
BIRTHPLACE *San Francisco Cal.*
OCCUPATION *Housewife*

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *11 A.* M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *N. C. Willard M. D.*

Given names added from a supplemental report.

(Physician or midwife)

..... 19 *.....*

Address *Idaho Falls Idaho*

..... 19 *.....*

Filed *Jan 29 1929*

Registrar

Registrar



over 6

OCT 13 1952

368-225-0A-893

PLACE OF BIRTH

County of BonnevilleCity of Idaho Falls

No. St.

Hospital

FULL NAME OF CHILD DONNA ROSE LOHMEYER

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 10-12-1-17

CERTIFICATE OF BIRTH

78677

Registration District No. 73

File No.

Primary Registration District No. 1 N D

Registered No. 49

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>4-25-1920</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|---|

| | |
|----------------------------------|---|
| FULL NAME <u>Fred Lohmeyer</u> | FATHER |
| RESIDENCE <u>Idaho Falls</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE <u>Hanover Kansas</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|-------------------------------------|---|
| FULL MAIDEN NAME <u>Gene Hicken</u> | MOTHER |
| RESIDENCE <u>Idaho Falls</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Dillon Nebraska</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at T.P. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., could make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

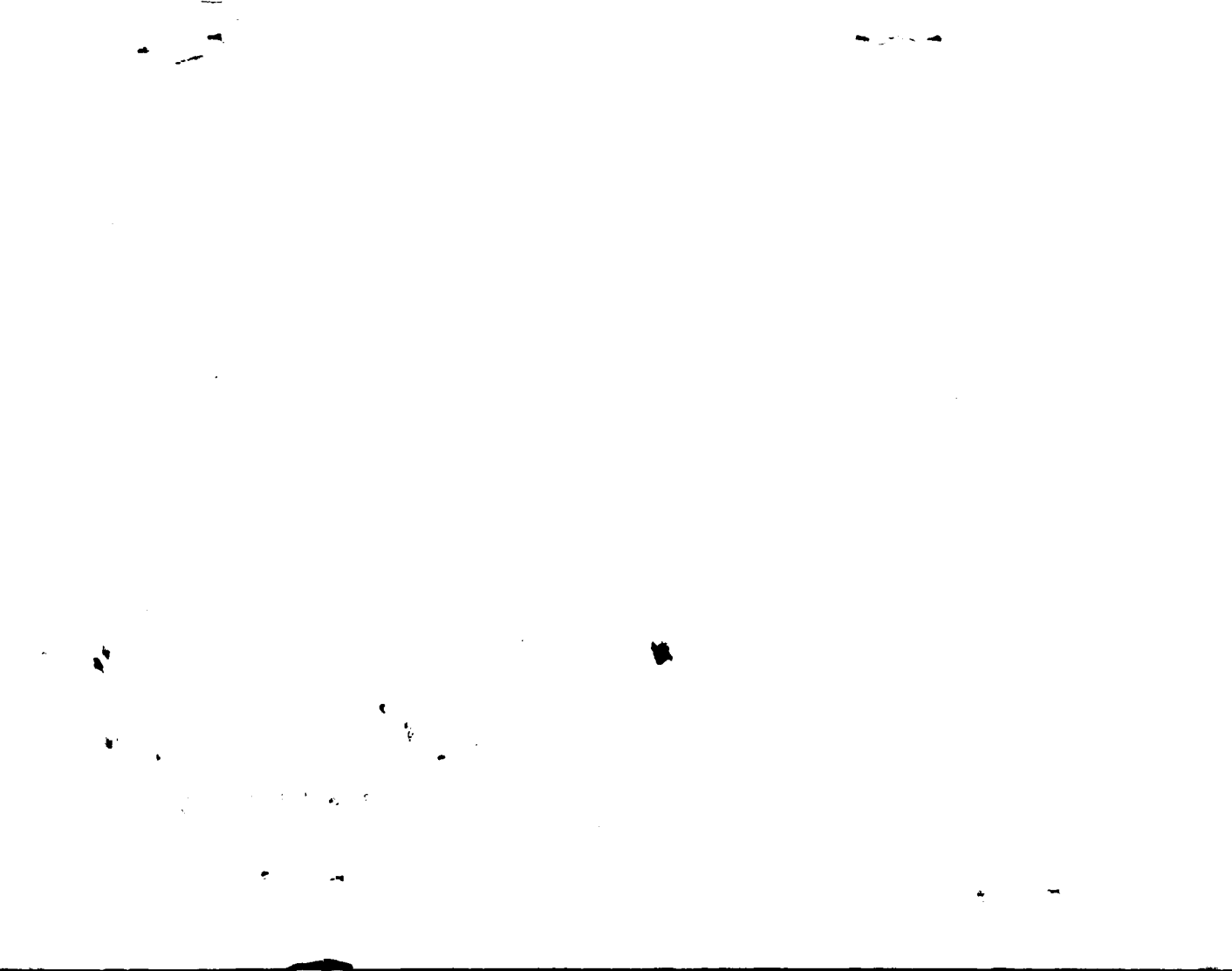
(Signature) [Signature]
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, IdahoFiled Apr 25 1920

Registrar

Registrar



414-214-010-219
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-8-23

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 78678

No. St.

Primary Registration District No. 214-0

Registered No. 1-5

Hospital

FULL NAME OF CHILD

Bessie Madison

| | | | | |
|----------------------------|--|------------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>.....</u>
(To be answered only in event of plural births) | and in order of birth <u>.....</u> | Legitimate? <u>yes</u> | Date of Birth <u>April 16 1924</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------------------|------------------------|--|

FATHER
FULL NAME John L. Madison
RESIDENCE Idaho Falls, Ida.
COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Lona, Idaho
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Sarah Barlow
RESIDENCE Idaho Falls
COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Ogden Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho
Date Apr 21 1924
Registrar [Signature]

MAR 10 1966

795-126-00-219
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-4-4-27

County of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 78679

No. St.

Primary Registration District No. 21476Registered No. 4-2

Hospital

FULL NAME OF CHILD

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>4/26</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|---|

| | |
|---|--|
| FULL
NAME
<u>Leslie Lloyd Prestwitt</u> | FATHER |
| RESIDENCE
<u>Idaho Falls Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE
<u>Levi Utah</u> | |
| OCCUPATION
<u>Bookkeeper</u> | |

| | |
|---|--|
| FULL
MAIDEN
NAME
<u>Josephine Barlow</u> | MOTHER |
| RESIDENCE
<u>Idaho Falls Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE
<u>Lona Idaho</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive St. 4:20 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Physician or midwife

Given names added from a supplemental report.

Address Idaho Falls IdahoFiled Apr 27 20 [Signature]

Registrar

Registrar

17

755-208-010-893

PLACE OF BIRTH

County of BonnevilleCity of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 73File No. 78680Primary Registration District No. 2117 Registered No. 176

FULL NAME OF CHILD

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of
Birth <u>April 8 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|--|

FULL NAME FATHER Abraham Greeting Jr.RESIDENCE Idaho FallsCOLOR White AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Ada May HicksRESIDENCE Idaho FallsCOLOR White AGE AT LAST BIRTHDAY 25
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth. 4 Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12¹⁵/9 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) QuinnPhysician
(Physician or midwife)Address Idaho Falls IdahoFile Apr 27 1920

Registrar

Registrar

243-208-010-415

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 78681

No. _____ St. _____

Primary Registration District No. 2140 Registered No. U-0-

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|----------------------------|---|-----------|--------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>April 8</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----------|--------------------------------|------------------------|---|

FATHER
FULL NAME Roy M. Butler
RESIDENCE Idaho Falls
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Colorado
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Gladys Davies
RESIDENCE Idaho Falls
COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wisconsin
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at T.A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]Physician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

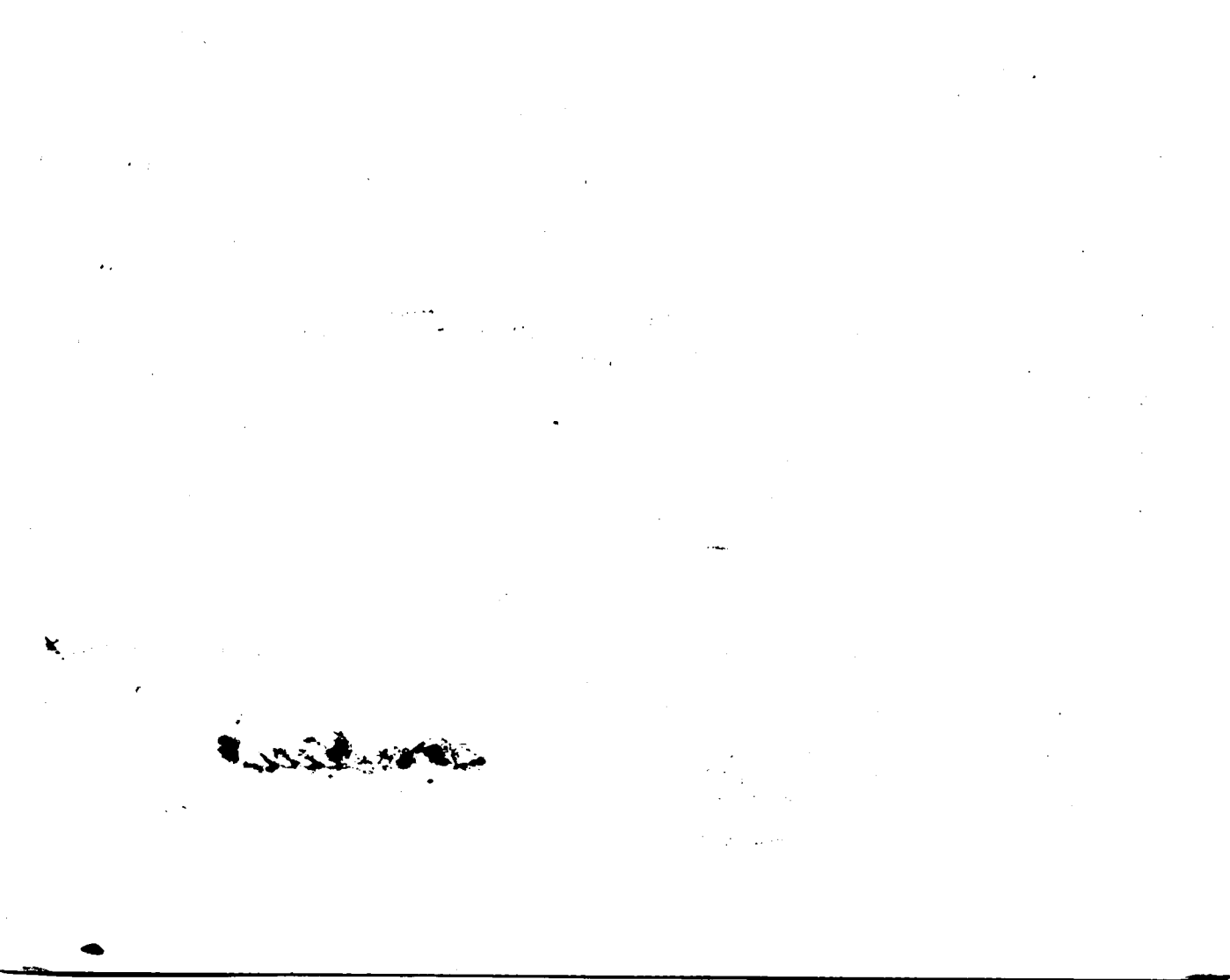
Address Idaho FallsFiled Apr 27 1920

Registrar

Registrar [Signature]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

844-219-010-893
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Barnesville

City of Idaho Falls

Registration District No. 73

File No. 78682

No. _____ St.

Primary Registration District No. 2142

Registered No. 1-4

Hospital _____

FULL NAME OF CHILD

MYRTLE LAURA HUMPHRIES

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>April 19</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|---|

FATHER
FULL NAME Hyrum L. Humphries
RESIDENCE Idaho Falls
COLOR White AGE AT LAST BIRTHDAY ?
(Years)
BIRTHPLACE North Carolina
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Rena Miller
RESIDENCE Idaho Falls
COLOR White AGE AT LAST BIRTHDAY ?
(Years)
BIRTHPLACE North Dakota
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:15 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

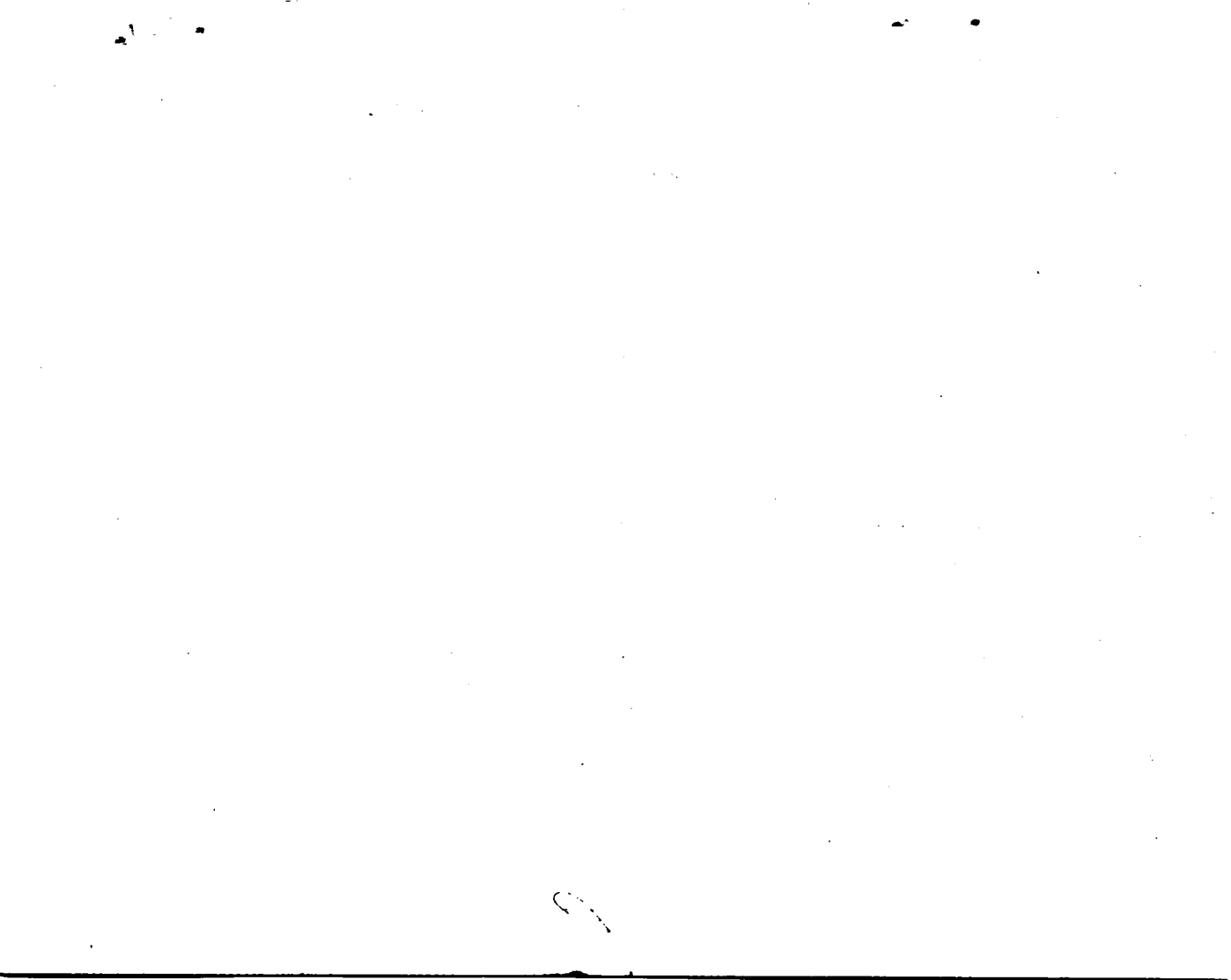
19

Address Idaho Falls

Filed Apr. 27 19 20 [Signature]

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding } ss. Certificate No. 78682
Date Filed 5th birth

The undersigned does solemnly swear that certain facts on the certificate of _____
for Myrtle Laura Humphries who born on April 19, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT) (DATE OF EVENT)
true facts as shown by actual knowledge as I am her mother and named her
prepared on shortly after birth, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
name unnamed Myrtle Laura Humphries

Subscribed and sworn to before me this 9th
day of April, 19 42

[Signature]
Notary Public, residing at Gooding, Idaho
My commission expires Dec. 8, 1942
(SEAL)

Signed [Signature]
(SIGNATURE OF PARENT OR ATTENDANT INCORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Gooding, Idaho, 307 Main St.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gooding } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of April, 19 42

[Signature]
Notary Public, residing at Gooding, Idaho
My commission expires Dec. 8, 1943
(SEAL)

Signed [Signature]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Gooding, Idaho, 307 Main St.
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

100 11 1946

100 11 1946

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 100-1-1-13

County of Bonner

Amended 5/20/15

CERTIFICATE OF BIRTH

City of Shelton

Registration District No. 73

File No.

78683

No. _____ St.

Primary Registration District No. 2140

Registered No. 13

Hospital _____

FULL NAME OF CHILD Genevieve Barnes

| | | | | |
|----------------------------|------------------------------|---------------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____ | and Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>2</u> <u>18</u> <u>1920</u>
(Month) (Day) (Year) |
|----------------------------|------------------------------|---------------------------------------|------------------------|--|

FATHER
FULL NAME Thomas H Barnes
RESIDENCE Rigby R D 2
COLOR white
AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah
OCCUPATION Farming

MOTHER
FULL MAIDEN NAME Mary Cleverley
RESIDENCE Rigby R D 2
COLOR white
AGE AT LAST BIRTHDAY 48 (Years)
BIRTHPLACE Utah
OCCUPATION House work

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at the date above stated.

(Born alive or stillborn)

at 5:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Josephine Newman
Rigby R D 2
(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed _____

Registrar

Registrar

CHAND GENIERS

1-1-1971
1-1-1971
1-1-1971

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 78683
County of Bonneville } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ Birth
for Geneva Barnes who was born _____ (Birth or Death)
(Name on Original Certificate) (Was Born or Died) on Feb. 18, 1920
(Date of Event)
in Bonneville County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Geneva Barnes

Genieve Barnes

Child's Place of Birth

Not Given

Shelton, Idaho

Mother's Maiden Name

Cleverly

Cleverley

Subscribed and sworn to before me this 29th day of
April, 19 75

Signed Oliver Schneider
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls
My commission expires May 22, 1978
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of
April, 19 75

Signed _____
(Signature of Any Credible Person)
Route #1 Box 435
Idaho Falls, Idaho 83401
(Street Address, City, State)

Notary Public, residing at Idaho Falls
My commission expires May 22, 1978
(Seal)

Certificate of Award issued by School District # 1 Bonneville County, Idaho gives name as Genieve Barnes. Issued during school year ending 1933. Anton Pederson, Supt. Mother - Mary Ellen Cleverley Father - Thomas Barnes. Viewed by V. S.

MAY 20 1975

Certificate of Baptism & Confirmation issued May 7, 1928 gives name as Genieve Barnes born Feb. 18, 1920 at Shelton, Bonneville Co., Idaho. baptized April 15, 1928. n Father - Thomas Barnes Mother - Mary Ellen Cleverley - Mother. Viewed by V. S.

Marriage certificate gives place of birth as Shelton, Idaho. Married May 21, 1938. Bonneville County Idaho Falls, Idaho. Edward Davis, Probate Judge. Viewed by V. S. (M- Mary Ellen Cleverley Barnes F- Thomas Barnes.)
(Also gives name of bride as Genieve Barnes)

Blessing certif. from hte LDS Church gives namde as Geneva Barnes daughter of Thos. H. Barnes and Anoy Cleverley. born Feb. 18, 1920 at Shelton, Idaho. Viewed by V. S. Dated April 4, 1920.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

579-5212-210-653
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County Bonneville

AMENDED

CERTIFICATE OF BIRTH

City of Idaho Falls

June 13, 1946

No. _____ St. _____

Registration District No. 73

File No. 78684

Hospital _____

Primary Registration District No. 2150

Registered No. 52

FULL NAME OF CHILD

Louise Earl

(Certificate of no value without full name of child.)

Sex of
Child Female

Twin
Triplet
or other?

} and { Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of
birth

March 12 1920

(Month) (Day) (Year)

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

FATHER
FULL NAME Milton W. Earl

MOTHER
FULL MAIDEN NAME Emma L. Welling

RESIDENCE
Idaho Falls, Idaho

RESIDENCE
Idaho Falls, Idaho

COLOR White AGE AT LAST
BIRTHDAY 44
(Years)

COLOR White AGE AT LAST
BIRTHDAY 41
(Years)

BIRTHPLACE
Utah

BIRTHPLACE
Utah

OCCUPATION
Farmer

OCCUPATION
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:10 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

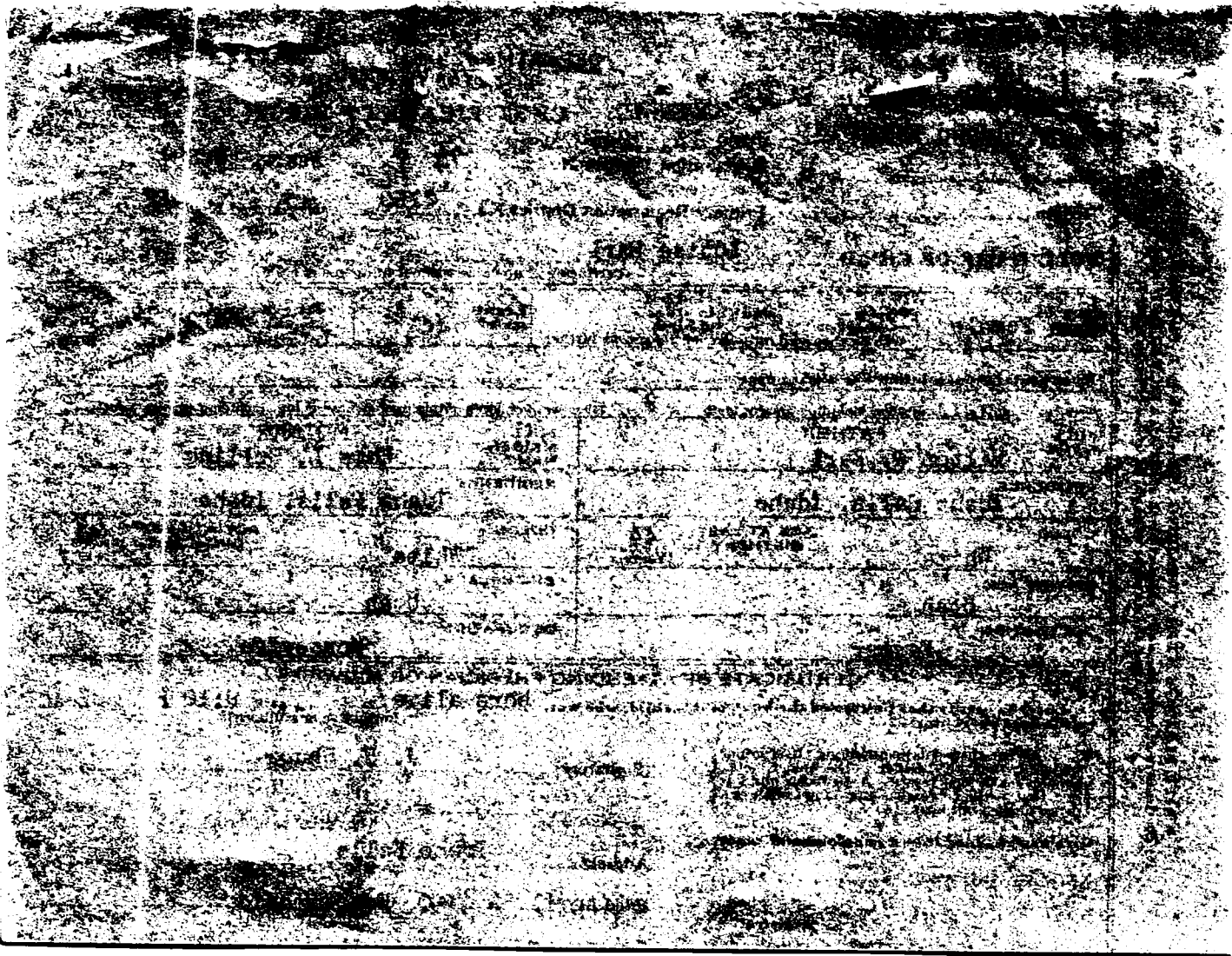
Give names added from a supplemental report.

Address Idaho Falls

Filed April 23 1920 Wm. Kincaid

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss. Certificate No. 78684
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Earl who was born March 12, 1920
Bonneville County, Idaho (Name on Original Certificate) (Birth or Death)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family records (Place of Event) (Date of Event)
prepared on March 12, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED | FROM | TO |
|--|----------------------|-----------------------|
| ("Name," "Birth Date," "Cause of Death," Etc.) | (As on Original) | (The Correct Facts) |
| <u>Name</u> | <u>Unnamed Earl</u> | <u>Louise Earl</u> |
| <u>Birth Date</u> | <u>March 3, 1920</u> | <u>March 12, 1920</u> |

Subscribed and sworn to before me this 6th.
day of June, 1946
[Signature]
Notary Public, residing at Idaho Falls, Idaho
My commission expires July 6, 1948
(Seal)
Signed [Signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.
[This Affidavit **MUST** Also be Executed.
(See Chapter 129, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 6th.
day of June, 1946
[Signature]
Notary Public, residing at Idaho Falls, Idaho
My commission expires July 6, 1948
(Seal)
Signed [Signature]
(Signature of Any Credible Person)
593 n St., Idaho Falls, Idaho
(Street Address, City, State)

JUN 14 1946

619-115-016-635
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 4-4-17

County of BannerCity of Idaho FallsRegistration District No. 73File No. 78685

No. St.

Primary Registration District No. 21st D.Registered No. 171

Hospital

FULL NAME OF CHILD Jack Wallace Farmer

| | | | |
|--------------------------|---|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u> </u> and <u> </u> Number in order of birth <u> </u> | Legitimate? <u>yes</u> | Date of Birth <u>3-16</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|---|

| | | | |
|----------------------------------|--|----------------------------------|--|
| FATHER | | MOTHER | |
| FULL NAME <u>Leroy E. Farmer</u> | FULL MAIDEN NAME <u>May Flemming</u> | FULL NAME <u>Leroy E. Farmer</u> | FULL MAIDEN NAME <u>May Flemming</u> |
| RESIDENCE <u>Swan Valley</u> | RESIDENCE <u>Swan Valley</u> | RESIDENCE <u>Swan Valley</u> | RESIDENCE <u>Swan Valley</u> |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>30</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u> (Years) |
| BIRTHPLACE <u>Idaho</u> | BIRTHPLACE <u>Oklahoma</u> | BIRTHPLACE <u>Oklahoma</u> | BIRTHPLACE <u>Oklahoma</u> |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>House Wife</u> | OCCUPATION <u>House Wife</u> | OCCUPATION <u>House Wife</u> |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

..... 19.....

Filed Apr 23 1920 W. L. Luman

Registrar

Registrar

JAN 15 1952

255-131-010-968
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 12-C-22a-3-3-17

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 78686

No. St.

Primary Registration District No. 2100

Registered No. 170

Hospital:

FULL NAME OF CHILD HENRY EDWARD BENSON

| | | | | |
|--------------------------|----------------------------------|--|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u> </u> | and (Number in order of birth) <u> </u> | Legitimate? <u>yes</u> | Date of Birth <u>3-31</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|----------------------------------|--|------------------------|---|

| | |
|-------------------------------|---|
| FULL NAME <u>E. D. Benson</u> | FATHER |
| RESIDENCE <u>Idaho Falls</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Laborer</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Josephine Roy</u> | MOTHER |
| RESIDENCE <u>Idaho Falls</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE <u>Texas</u> | |
| OCCUPATION <u>House Wife</u> | |

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 6:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed Off 23 1920
Registrar Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 30 1954

MAY 26 1954

314-114-010-596
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 2, No. 10-1-12-22-17

County of BonnevilleCity of Idaho FallsNo. 13th St. HighwayRegistration District No. 7-3File No. 78687Primary Registration District No. 21-4-7Registered No. 79

Hospital

FULL NAME OF CHILD

Charlie Deford Campbell

| | | | | |
|--------------------------|--|---|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other
(To be answered only in event of plural births) | and
(Number
in order
of birth) | Legiti-
mate? <u>yes</u> | Date of
Birth <u>4/14</u>
(Month) (Day) (Year) <u>1920</u> |
|--------------------------|--|---|-----------------------------|--|

| | |
|---|--|
| FULL NAME
<u>Charles C. Campbell</u> | FATHER |
| RESIDENCE
<u>Idaho Falls</u> | |
| COLOR | AGE AT LAST
BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE
<u>Utah</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|--|
| FULL MAIDEN NAME
<u>Josephine Wiford</u> | MOTHER |
| RESIDENCE
<u>Idaho Falls</u> | |
| COLOR | AGE AT LAST
BIRTHDAY <u>17</u>
(Years) |
| BIRTHPLACE
<u>France</u> | |
| OCCUPATION
<u>House Wife</u> | |

Number of child of this mother, including present birth... 1st Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 1:15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho FallsFiled Apr 23 1920

Registrar

Registrar

7-17-41

246-106-010-246

PLACE OF BIRTH

County of BonnevilleCity of Idaho Falls

No. St.

Registration District No. 73

Primary Registration District No. 21.1.1.

Hospital

File No. 78688

Registered No. 46

FULL NAME OF CHILD

| | | | | |
|--------------------------|---|-----------------------------|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>April 6th 1912</u>
(Month) (Day) (Year) |
|--------------------------|---|-----------------------------|-----------------------------|---|

| | |
|--------------------------------------|--|
| FULL NAME
<u>Nenokichi Kuwana</u> | FATHER |
| RESIDENCE
<u>Idaho Falls</u> | |
| COLOR
<u>Japanese</u> | AGE AT LAST BIRTHDAY <u>4 1/2 years</u>
(Years) |
| BIRTHPLACE
<u>Japan</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Yoshino Kuwana</u> | MOTHER |
| RESIDENCE
<u>Idaho Falls, Idaho</u> | |
| COLOR
<u>Japanese</u> | AGE AT LAST BIRTHDAY <u>27 years</u>
(Years) |
| BIRTHPLACE
<u>Japan</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

2 Certified copies 4/4/35 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 a.m.
on the date above stated. 1 Photostat copy 1/13/42 (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) D. Hallister

Given names added from a supplemental report.

Address Idaho Falls, Ida.File Apr 14 1912 Registrar W. J. ...

34N 8 002

2 certified copies issued April 4, 1935

294-207-010-815

PLACE OF BIRTH

County of BonnerCity of Leads-Tree

No. St.

Hospital

FULL NAME OF CHILD

Registration District No. 23Primary Registration District No. 214-0

Form V. S. No. 11-G-25a-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

78689

Registered No. 44

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>Apr 7</u> 191 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|--|

FULL NAME FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

| | | | | | |
|-----------------------|-------------------------|--------------|--|------------|-------------------------------|
| <u>Geo. H. Hopper</u> | <u>Leads-Tree Idaho</u> | <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u> (Years) | <u>Pa.</u> | <u>Employer Produce House</u> |
|-----------------------|-------------------------|--------------|--|------------|-------------------------------|

FULL MAIDEN NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

Travis HammetLeads-Tree IdahoWhiteAGE AT LAST BIRTHDAY 12 (Years)MichiganHousewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. H. Hopper
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

APR 6 1966

MAY 22 1987

JAN 28 1943

863 - 1165010-695

PLACE OF BIRTH

County of ConnevilleCity of Idaho FallsNo. St.

Hospital

FULL NAME OF CHILD Walter Emanuel HolmSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-23m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 73File No. 78690Primary Registration District No. 2143Registered No. 43

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>3/16</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|---|

| | |
|--|--|
| FULL NAME
<u>Iver Holm</u> | FATHER |
| RESIDENCE
<u>Idaho Falls, Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>34</u>
(Years) |
| BIRTHPLACE
<u>Sweden</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--|--|
| FULL MAIDEN NAME
<u>Ida Fredrickson</u> | MOTHER |
| RESIDENCE
<u>Idaho Falls, Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>37</u>
(Years) |
| BIRTHPLACE
<u>Sweden</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. Soderqvist M.D.

Physician (Physician or midwife)

Address Idaho Falls, Ida.Filed Apr 1 1920 Registrar

Registrar

Registrar

JUL 20 1973

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. **RECEIVED**
Certificate No. 78690
Date Filed. **9 01 AM '76**

The undersigned does solemnly swear that certain facts on the certificate of birth
for **Unnamed Holm (Male)** who was born on **March 16, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **Idaho Falls, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
child's name **Unnamed** **Walter Emanuel Holm**

Subscribed and sworn to before me this **5th** day of **August**, 19**76**

Signed **Joan Tony Holm**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at **P.O. Box 378, Idaho Falls, Idaho**
My commission expires **Oct 1978**
(Seal)

9250 SOUTH EMERSON, Idaho Falls, Idaho 83401
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss. [This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
....., 19..... Signed.....
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

.....
(Street Address, City, State)

Honorably Discharge from the U.S. Army gives name as Walter E. Holm. born Mar 16, 1920 at Idaho Falls, Idaho. date of ~~sepx~~ separation ~~gix~~ Sept 14, 1945. viewed by V. S.

SEP 7 1976

Statement by brother about family records gives name as Walter Emanuel ~~H~~ Holm born March 16, 1920. at Idaho Falls, Idaho. viewd by V. S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. **MAR 15 1 00 PM '72**
County of _____ }
Certificate No. **78692**
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of **birth**
for **Unnamed Rhodes (female)** who **was born** on **March 31, 1920**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **Idaho Falls, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____ are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Child's name **Unnamed** **Violet Juanita Rhoades**

Father's name **Albert J. Rhodes** **Albert John Rhoades**

Subscribed and sworn to before me this **13th** day of **Sept**, 19 **72**

Signed **Ellis V. Rhoades**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1077 North Bliss, Idaho Falls, Id.
(Street Address, City, State)

Notary Public, residing at **Salt Lake City, Utah**
My commission expires **11/5/75**
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of **Utah** } ss.
County of **Salt Lake** }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **13th** day of **September**, 19 **72**

Signed **Garth M. Bunnings**
(Signature of Any Credible Person)
18635 2030 Salt Lake City Utah
(Street Address, City, State) **8/4/21**

Notary Public, residing at _____
My commission expires _____
(Seal)

Sister's birth certificate on file in Idaho (File No. 119490) gives child's name as Ella Alberta Rhoades. Born Jan 5, 1924. Gives father's name as Albert J. Rhoades and mother's name as Ella Albrum. Viewed by V. S.

Birth Certificate from LDS Church for Albert John Rhoades. Dated April 14, 1966. Born Feb. 21, 1899. Entered on record 1908. Viewed by V.S.

Certificate of Blessing from LDS Church gives name as Violet Juanita Rhoades daughter of Albert John Rhoades and Ella Labram. Born March 31, 1920 at Idaho Falls, Idaho Was Blessed June 6, 1920. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives name as Violet Juanita Rhoades daughter of Albert John Rhoades and Ella Labrum. Born March 31, 1920. Was Baptized Oct. 5, 1940. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADEING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-101-010-213

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonneville

City of Ucon

Registration District No. 73

File No. 78693

No. _____ St. _____

Primary Registration District No. 2107 Registered No. 40

Hospital _____

FULL NAME OF CHILD _____

| | | | | | |
|--------------------------|---|-----|---|----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of Birth <u>Apr. - 1 - 1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|--|

FULL NAME FATHER Parley Elmer Short

RESIDENCE Ucon Idaho

COLOR White AGE AT LAST BIRTHDAY 32
(Years)

BIRTHPLACE Ogden Utah.

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Hazel May Ball.

RESIDENCE Ucon Idaho.

COLOR White AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE Murray Utah.

OCCUPATION House Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

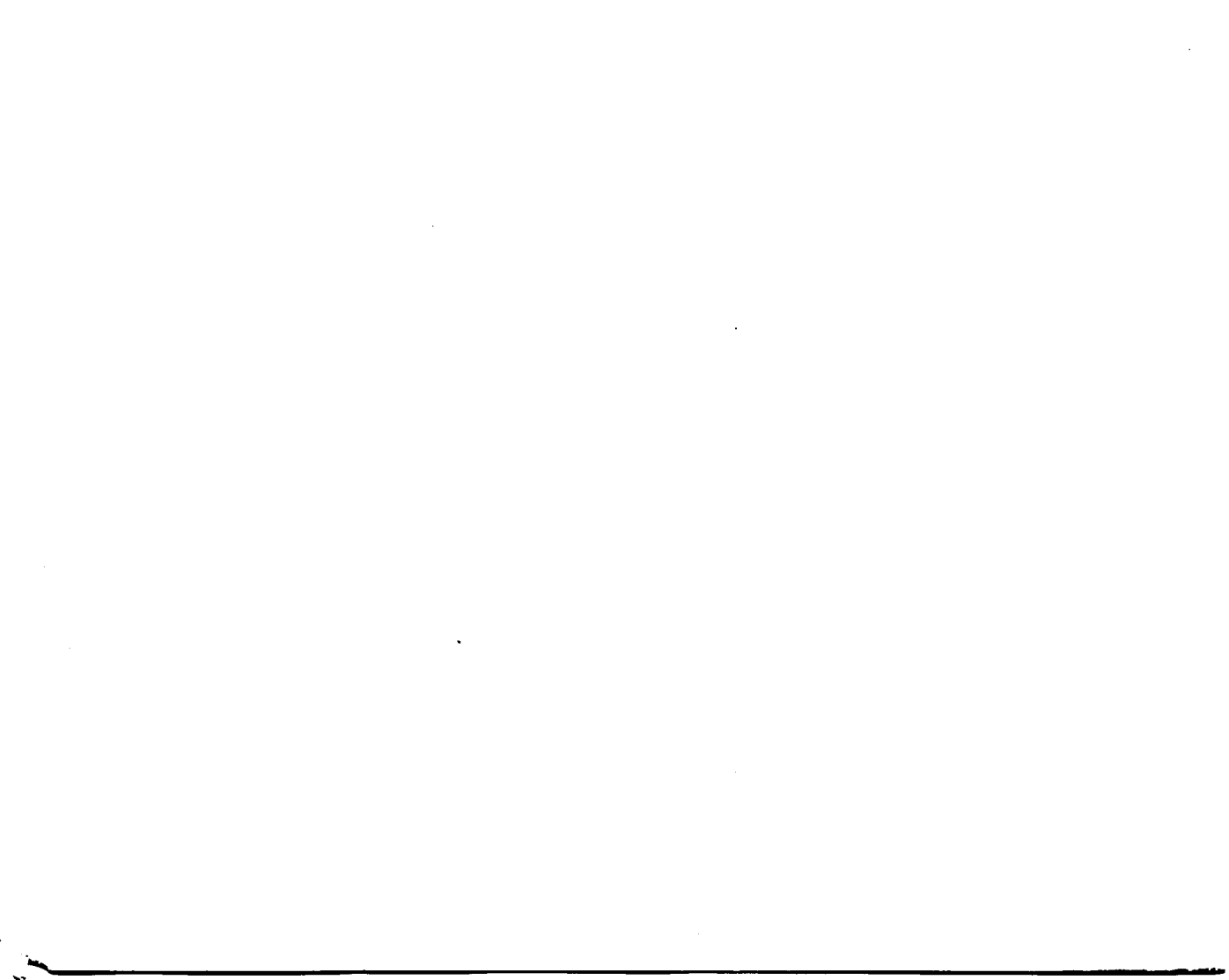
(Signature) Jabez West.
(Physician or midwife) Suite 210 Smith Bldg.

Given names added from a supplemental report.

Address Idaho Falls

Filed Apr 1 19 20 Ucon Registrar

Registrar



335-105-00-383
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of UconRegistration District No. 73File No. 78694

No. _____ St. _____

Primary Registration District No. 21.1.17 Registered No. 39

Hospital _____

FULL NAME OF CHILD

Milton George Clegg

Sex of Child

maleTwin
Triplet
or other?
(To be answered only in event of plural births)and } Number
in order
of birthLegiti
mate?yesDate of
BirthApr - 5 1920
(Month) (Day) (Year)FULL
NAMEGeo Clegg

RESIDENCE

Ucon Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Meadow Creek Utah.

OCCUPATION

CarpenterFULL
MAIDEN
NAMEElzora Lytle

RESIDENCE

Ucon Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Bozotte Utah.

OCCUPATION

House WifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Male at 8:10 P.M.
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

James M. St.
210 South Bleg
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls

Filed

1920

Registrar

Registrar

APR 10 1968

APR 18 1968

981-123-010-459

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnavilleCity of Idaho Falls IdahoRegistration District No. 73File No. 78695

No. _____ St. _____

Primary Registration District No. 2107 Registered No. 3A

Hospital _____

FULL NAME OF CHILD James Merwin Ryan

| | | | | | |
|--------------------------|---|-----|---|------------------------|--|
| Sex of Child <u>Male</u> | <input type="checkbox"/> Twin
<input type="checkbox"/> Triplet
<input type="checkbox"/> or other? | and | <input type="checkbox"/> Number
<input type="checkbox"/> in order
<input type="checkbox"/> of birth | Legitimacy? <u>yes</u> | Date of Birth <u>Mar. 23</u>
(Month) (Day) (Year) <u>1920</u> |
|--------------------------|---|-----|---|------------------------|--|

FATHER

FULL NAME James L Ryan

RESIDENCE Idaho Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE West Chester Pa.

OCCUPATION Switchman

MOTHER

FULL MAIDEN NAME Ethel Merwin

RESIDENCE Idaho Falls

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Salt Lake City Utah

OCCUPATION Housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ✓ P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Idaho Falls Idaho
7/2 19 20 [Signature]

Registrar

Registrar

cc 4/3/41 RNF

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

243-136-206-236
PLACE OF BIRTH

County of Bonneville
City of Idaho Falls
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

78696

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Billy Buck
(If stillborn, substitute the word "Stillbirth" for name of child)

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <input type="checkbox"/> and <input type="checkbox"/> Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of birth <u>March 31</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 2 (a) Born alive and now living 2
Born alive but now dead _____ Stillborn _____

| FATHER | MOTHER |
|--|--|
| FULL NAME <u>E. B. Buck</u> | FULL MAIDEN NAME <u>Mary Jane Stoddard</u> |
| Residence (Usual place of abode) <u>Idaho Falls, Idaho</u> | Residence (Usual place of abode) <u>Idaho Falls</u> |
| If non-resident, give place and State _____ | If non-resident, give place and State _____ |
| Color or race <u>Wh</u> Age at last Birthday <u>29</u> (Years) | Color or race <u>Wh</u> Age at last Birthday <u>32</u> (Years) |
| Birthplace <u>Idaho Falls, Idaho</u>
(City and State or County) | Birthplace <u>Loa, Utah</u>
(City and State or County) |
| Occupation <u>Farming</u> | Occupation <u>Housewife</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P. M.
on the date above stated.
(Signature) [Signature]

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address Idaho Falls
Filed April 2, 1920
Regist. [Signature]

[illegible]

396-225-811-363

PLACE OF BIRTH

U. S. No. 11-25m-6-18-18

County of BondaryCity of Bonham TexasRegistration District No. 7File No. 78698

No. _____ St. _____

Primary Registration District No. 218-6

Registered No. _____

Hospital _____

Full Name of Child Ruth Marie Crabbey

SEX OF CHILD

FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

Yes

DATE OF BIRTH

March 25 1920
(Month) (Day) (Year)

FULL NAME

John Crocker

FATHER

FULL MAIDEN NAME

MOTHER

Ida Collins

RESIDENCE

Bonham Texas Ida

RESIDENCE

Bonham Texas Ida

COLOR

White

AGE AT LAST BIRTHDAY

40

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

24

(Years)

BIRTHPLACE

Mass

BIRTHPLACE

Illinois

OCCUPATION

Woodsman

OCCUPATION

HomemakerNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.4:30 P M
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

S. T. Hancock

Given names added from a supplemental report.

(Physician or midwife)

Address

Bonham Texas Ida

Filed

3/26/1920

Registrar

Registrar



PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V, S. No. 11-C-25m-2-8-17

County of... Bonnaville

City of Idaho Falls

Registration District No. 3

File No. **78697**

No. St.

Primary Registration District No. 2147

Registered No.

Hospital

FULL NAME OF CHILD Ayla I. Swanson

| | | | |
|----------------------------|---|------------------------|---|
| Sex of Child <i>Female</i> | Twin
Triplet
or other? <i> }</i> and <i> {</i> Number
in order
of birth | Legitimate? <i>yes</i> | Date of Birth <i>April 6 1920</i>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|---|

FULL NAME C. C. Swanson FATHER

RESIDENCE Idaho Falls Idaho

COLOR *White* AGE AT LAST BIRTHDAY *45*
(Years)

BIRTHPLACE Des Moines Iowa

OCCUPATION *Farmer*

FULL MAIDEN NAME **MOTHER** *Helma Luu Larsen*

RESIDENCE Idaho Falls Idaho

COLOR *White* AGE AT LAST BIRTHDAY *38*
(YEARS)

BIRTHPLACE Oakland Iowa

OCCUPATION *Housework*

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... Born alive..... at..... 3:40 A.M.
on the date above stated. (born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .. G. M. Thompson

Given names added from a supplemental report.

Address.....

Filed 10/9/20 10:20

Registrar

Registers

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-15-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

815-128-015291
United States
Department of Commerce
Bureau of the Census

(No other information is required)

CERTIFICATE OF BIRTH
STATE OF IDAHO

78699
State File No. 78699

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Boundary (b) City Boundary
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county 12 years _____ months _____ days.

**4. FULL NAME
OF CHILD**

Robert Ernest Hanson

5. Date of Birth March 28 1920
(Month, day, year)

6. Sex Male

**7. Twin or
Triplet**

**If so—born
1st, 2nd, 3rd**

**8. No. months
of Pregnancy** 9

9. Legitimate? yes

FATHER OF CHILD

**10. FULL
NAME**

Gundr Hanson

**11. Color
or Race** White

**12. Age at time
of THIS birth** 47 yrs.

13. Birthplace

Norway
(City or Town) (State or foreign country)

**14. Exact
Occupation**

woodman

**15. Industry or
Business**

Lumber Industry

MOTHER OF CHILD

**16. FULL MAIDEN
NAME**

Ernie Broaten

**17. Color
or Race** White

**18. Age at time
of THIS birth** 38 yrs.

19. Birthplace

Norway
(City or Town) (State or foreign country)

**20. Exact
Occupation**

housewife

**21. Industry or
Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 5:00 P. M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
(First name) (Last name)

related to this child as _____
(Mother, etc.)

26. (a) April 5, 1920
(Date received)

(b) E.E.Fry
(Registrar's signature)

25. Attendant's E.E.Fry, M.D.
OWN signature _____ M.D.
(Doctor, midwife, etc.)

27. Given name added on _____ **by** _____
(Registrar's Signature)

Bonnors Ferry, Idaho
and address _____ **Date** _____

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

FEB 15 1985

Sec. 88-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 88-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

Sec. 88-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 88-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births in the order named in Sec. 88-214 who shall refuse to file a proper certificate of birth with the local registrar, or who shall be found guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$100 nor more than \$500.

MEDICAL REPORT
(Not for certified copies)

- | | |
|---|--|
| <p>(a) Pregnancy: Complications of.....
.....
.....
.....</p> <p>(b) Labor: Complications:.....
.....
..... Induced?.....
.....</p> <p>(c) Was there an operation for delivery?.....
State all operations:.....
.....</p> | <p>(d) Did baby have any:

(1) Congenital Malformation?.....
Describe:</p> <p>(2) Birth Injury?</p> <p>Describe:</p> <p>(3) Was mother given a Wasserman before delivery?
.....</p> <p>(4) Signature of Physician:
.....</p> |
|---|--|

WHILE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7119-123-007-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-18

City of Bonmer Ferry
No. 154-130-011-993 St.

Registration District No. 79

File No. 78700

Primary Registration District No. 2156

Registered No. _____

Hospital _____

Full Name of Child

Christian Arthur Anderson

SEX OF CHILD

Male

Twin
Triplet
or other?

1

{and}

Number
in order
of birth

Legitimate?

yes

DATE OF BIRTH

March 30 19 20

(Month) (Day) (Year)

FULL NAME

FATHER
Alax Anderson

FULL MAIDEN NAME

MOTHER
Julia Richardson

RESIDENCE

Mojoie Springs

RESIDENCE

Michigan

COLOR

White

AGE AT LAST BIRTHDAY

36

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

29

(Years)

BIRTHPLACE

California

BIRTHPLACE

Michigan

OCCUPATION

Teamster

OCCUPATION

Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

3:30 a.m.

(Born alive or stillborn)

(Signature)

D. E. Newey m.d.

(Physician or midwife)

Address

Bonmer Ferry, Ida.

Filed

3/30/20

Registrar

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

1949

TEAJ TA
YAGHTRI

Registrar

STATE OF OHIO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File

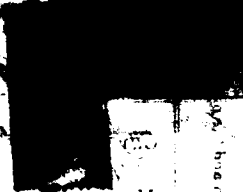
Res

Registration District No.

For Name of Child

No.

Sex



N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-4-18-18

County of Boundary

City of Bonner Ferry

Registration District No. 79

File No. 78702

No. _____ St. _____

Primary Registration District No. 2186

Registered No. _____

Hospital _____

Full Name of Child LENORE MARIE KAISER

| | | | | | |
|----------------------------|---------------------------------|-----|-----------------------------------|------------------------|---|
| SEX OF CHILD <u>Female</u> | Twin Triplet or other? <u>1</u> | and | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | DATE OF BIRTH <u>Apr. 10</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---------------------------------|-----|-----------------------------------|------------------------|---|

| | |
|--------------------------------|---|
| FULL NAME <u>Casper Kaiser</u> | FATHER |
| RESIDENCE <u>Bonner Ferry</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |
| BIRTHPLACE <u>Montana</u> | |
| OCCUPATION <u>Laborer</u> | |

| | |
|-------------------------------------|---|
| FULL MAIDEN NAME <u>Marie Moore</u> | MOTHER |
| RESIDENCE <u>Bonner Ferry</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>19</u>
(Years) |
| BIRTHPLACE <u>Montana</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

N. E. Dewey
(Born alive or stillborn) _____, at _____ 9:15 a.m.

(Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, Ida.

Filed 4/12/20

Registrar _____

Registrar _____

17-10-11

PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

155-111-917-354
County of *Bernard*City of *Bonner Ferry*Registration District No. *99*File No. *78703*

No. _____ St. _____

Primary Registration District No. *2156*

Registered No. _____

Hospital _____

Full Name of Child

Fredrick Alexander Avery

SEX OF CHILD

*Male*Twin
Triplet
or other?*1*

{ and }

Number
in order
of birth*1*

(To be answered only in event of plural births)

Legiti-
mate?*yes*DATE OF
BIRTH*Apr**11**1920*

(Month)

(Day)

(Year)

FULL
NAME*Alexander Avery*

FATHER

FULL
MAIDEN
NAME*Mable Lewis*

MOTHER

RESIDENCE

Bonniers Ferry

RESIDENCE

Bonniers Ferry

COLOR

*White*AGE AT LAST
BIRTHDAY*32*

(Years)

COLOR

*White*AGE AT LAST
BIRTHDAY*17*

(Years)

BIRTHPLACE

Canada

BIRTHPLACE

Canada

OCCUPATION

Plasterer

OCCUPATION

Housewife

Number of child of this mother, including present birth.....!

Number of children of this mother now living, including present birth.....!

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.

(Born alive or.....)

at *5:05 a.m.**When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

N.E. Deweym

(Physician or midwife)

Given names added from a supplemental report.

19.....

Address

Bonner Ferry, Ida

Filed

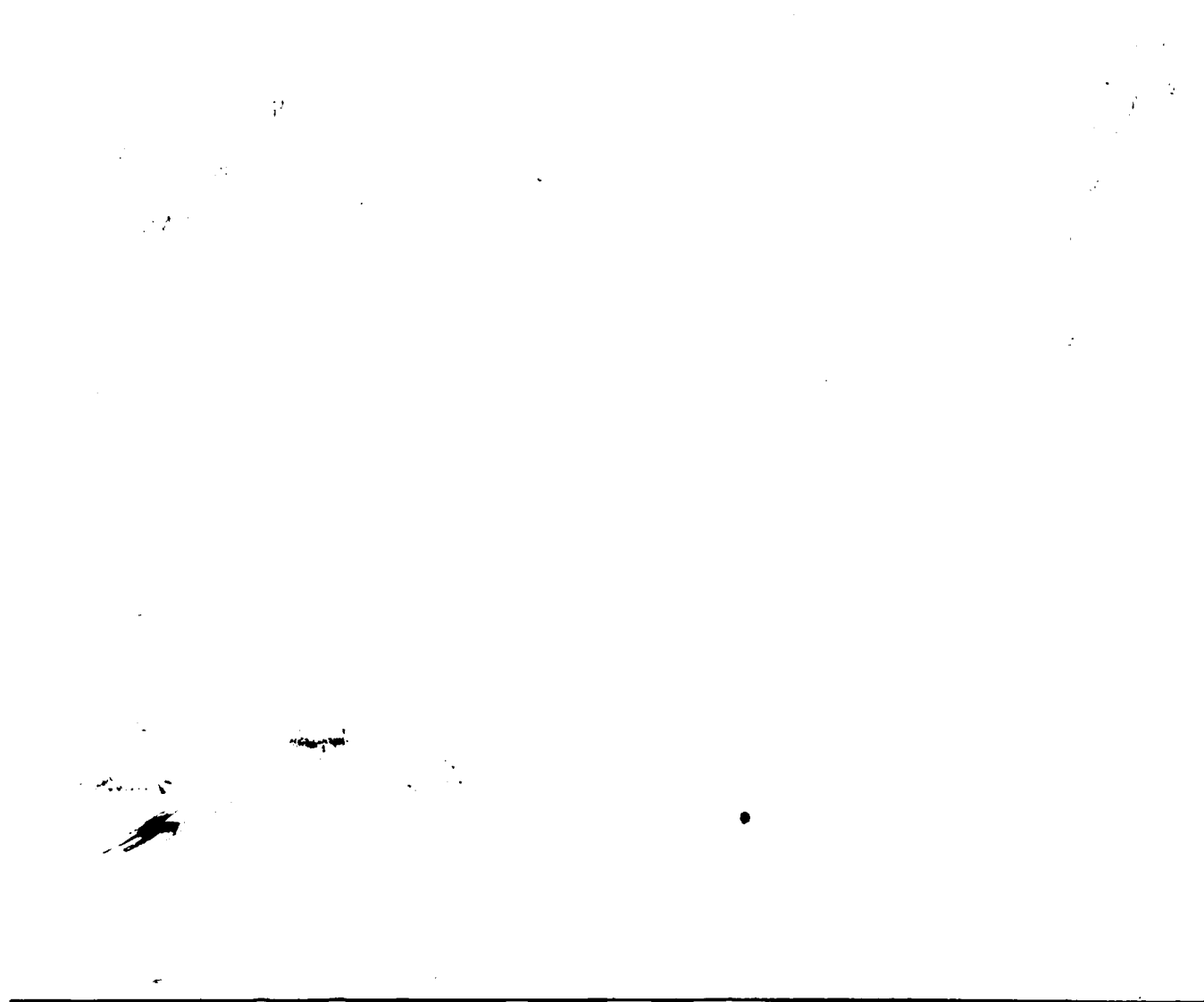
4/12/20

Registrar

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD



at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated.

INK - THIS IS A PERMANENT RECORD

267-115-011-359
PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

County of Boundary

STATISTICS

BIRTH

File No.

78704

Registered No.

City of Bonners Ferry

Registrar

St.

Primary Registration District No. 2156

Full Name of Child

Rollin Eugene Soper.

SEX OF CHILD

Male

Twin
Triplet
or other?

-

and

Number
in order
of birth

-

Legiti-
mate?

yes.

DATE OF
BIRTH

Apr. 15 1920
(Month) (Day) (Year)

FULL
NAME

Warren O. Soper.

FATHER

FULL
MAIDEN
NAME

Julia Rosenberg.

MOTHER

RESIDENCE

Bonners Ferry

RESIDENCE

Bonners Ferry

COLOR

white

AGE AT LAST
BIRTHDAY

37
(Years)

COLOR

white

AGE AT LAST
BIRTHDAY

31
(Years)

BIRTHPLACE

Ill.

BIRTHPLACE

Idaho

OCCUPATION

Sectionman on railroad.

OCCUPATION

Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive at 2 P. M.
(Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

E. E. Fry
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonners Ferry, Ida.

Filed

19

Registrar

Registrar

10-2-



MAY 19 1976



NOV 25 1953

715-119-011-243
PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BoundaryCity of Bonner FerryNo. _____ St. _____ Registration District No. 29File No. 78705Hospital _____ Primary Registration District No. 2156 Registered No. _____

Full Name of Child

Dale Eugene Gant.

SEX OF CHILD

MaleTwin
Triplet
or other?Twin

and

Number
in order
of birth1Legiti-
mate?yes

DATE OF BIRTH

Apr. 19, 20
(Month) (Day) (Year)

FULL NAME

Clinton C. Gant.

FATHER

FULL MAIDEN NAME

MOTHER

Elsie Buckley

RESIDENCE

Bonner Ferry

RESIDENCE

Bonner Ferry

COLOR

white

AGE AT LAST BIRTHDAY

47

(Years)

COLOR

white

AGE AT LAST BIRTHDAY

26

(Years)

BIRTHPLACE

Ind.

BIRTHPLACE

Iowa

OCCUPATION

Sawmill laborer.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive
(Born alive or stillborn)at 8:20 P. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address

Bonner Ferry, Ida.

Filed

Apr. 23, 1920

Registrar

Registrar

JUN 29 1961

NOV 25 1953

715-219-011-243
PLACE OF BIRTH

Form V. S. No. 11-25m-6-14-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BoundaryCity of Bonner FerryNo. _____ St. _____ Registration District No. 79File No. 87706Hospital _____ Primary Registration District No. 2156

Registered No. _____

Full Name of Child

Dora Melissa Gant.

| | | | | | |
|----------------------------|--|-----|---|-----------------------------|---|
| SEX OF CHILD <u>Female</u> | Twin
Triplet
or other? <u>No</u> | and | Number
in order
of birth <u>2</u> | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>Apr. 19, 20</u>
(Month) (Day) (Year) |
|----------------------------|--|-----|---|-----------------------------|---|

FULL NAME FATHER Clinton C. Gant.RESIDENCE Bonner FerryCOLOR white AGE AT LAST BIRTHDAY 47
(Years)BIRTHPLACE Ind.OCCUPATION Sawmill laborerFULL MAIDEN NAME MOTHER Elsie BuckleyRESIDENCE Bonner FerryCOLOR white AGE AT LAST BIRTHDAY 36
(Years)BIRTHPLACE IowaOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Fry
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, Ida.Filed Apr. 23, 1920

Registrar

Registrar

100 100 100

249-123-011-445
PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BoundaryCity of Bonner Ferry

No. _____ St. _____

Registration District No. 79File No. 78707

Hospital _____

Primary Registration District No. 3156

Registered No. _____

Full Name of Child

Eugene Lloyd Smith

| | | | | |
|---|---|--|---|--|
| SEX OF CHILD <u>Male</u> | Twin Triplet or other? <u>-</u> | and { Number in order of birth <u>-</u> | Legitimate? <u>yes</u> | DATE OF BIRTH <u>Mar. 23, 1920</u>
(Month) (Day) (Year) |
| FULL NAME FATHER <u>Virgil W. Smith</u> | | FULL MAIDEN NAME MOTHER <u>Alice B. Dunn</u> | | |
| RESIDENCE <u>Bonner Ferry</u> | | RESIDENCE <u>Bonner Ferry</u> | | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) | |
| BIRTHPLACE <u>Idaho</u> | | BIRTHPLACE <u>Idaho</u> | | |
| OCCUPATION <u>Chaffeur</u> | | OCCUPATION <u>Housewife</u> | | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive 10:40 A. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. FryPhysician
(Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, IdahoFiled Apr. 1 - 1920

Registrar

Registrar

AUG 9 1960

256-124-011-395-
PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BoundaryCity of Bonner FerryRegistration District No. 79.File No. 78708

No. _____ St. _____

Hospital Bonner Ferry Primary Registration District No. 3156.

Registered No. _____

Full Name of Child

Raymond Chester Knoll

SEX OF CHILD

MaleTwin
Triplet
or other?

—

{and}

Number
in order
of birth

—

(To be answered only in event of plural births)

Legiti-
mate?YesDATE OF
BIRTHApr. 24, 1920
(Month) (Day) (Year)FULL
NAMEFATHER
Chauncy R. C. KnollFULL
MAIDEN
NAMEMOTHER
Jessie Dora Lindsay

RESIDENCE

Bonner Ferry

RESIDENCE

Bonner Ferry

COLOR

whiteAGE AT LAST
BIRTHDAY20
(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Idaho.

BIRTHPLACE

Virg.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive 8 A. M
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Physician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Bonner Ferry, Ida.

Filed _____

4/28/20

Registrar _____

Registrar

JUL 26 1954

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-128-011-445
PLACE OF BIRTH

County of Boundary

City of Bonner Ferry

No. _____ St. _____

Hospital _____

Full Name of Child

Registration District No. 29

Primary Registration District No. 5156

File No. 78709

Registered No. _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-1

| | | | | | |
|--|--|-----|---|--|--|
| SEX OF CHILD <u>Male</u> | Twin
Triplet
or other? <u>—</u>
(To be answered only in event of plural births) | and | Number
in order
of birth <u>—</u> | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>Apr. 28-20</u>
(Month) (Day) (Year) |
| FULL
NAME <u>Orval Harold Acton</u> | FATHER | | | FULL
MAIDEN
NAME <u>May Belle Dunn</u> | MOTHER |
| RESIDENCE <u>Bonner Ferry</u> | | | | RESIDENCE <u>Bonner Ferry</u> | |
| COLOR <u>white</u> | AGE AT LAST
BIRTHDAY <u>35</u>
(Years) | | | COLOR <u>white</u> | AGE AT LAST
BIRTHDAY <u>37</u>
(Years) |
| BIRTHPLACE <u>Oregon</u> | | | | BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, Ida.
Filed Apr. 28/20 19____
Registrar [Signature]

JAN 16 1952

753-204-011-815-
PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BoundaryCity of Bonner FerryRegistration District No. 29

No. _____ St.

File No. 78710

Hospital _____

Primary Registration District No. 2156

Registered No. _____

Full Name of Child _____

| | | | | | |
|-------------------------------------|--|-----|---|---|--|
| SEX OF CHILD <u>Female</u> | Twin
Triplet
or other? <u>-</u> | and | Number
in order
of birth <u>-</u> | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>May 6-20</u>
(Month) (Day) (Year) |
| FULL
NAME <u>Sam L. Peterson</u> | FATHER | | | FULL
MAIDEN
NAME <u>Hannah Hanson</u> | MOTHER |
| RESIDENCE <u>Bonner Ferry</u> | | | | RESIDENCE <u>Bonner Ferry</u> | |
| COLOR <u>white</u> | AGE AT LAST
BIRTHDAY <u>41</u>
(Years) | | | COLOR <u>white</u> | AGE AT LAST
BIRTHDAY <u>36</u>
(Years) |
| BIRTHPLACE <u>Norway</u> | | | | BIRTHPLACE <u>Wis.</u> | |
| OCCUPATION <u>Farmer</u> | | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

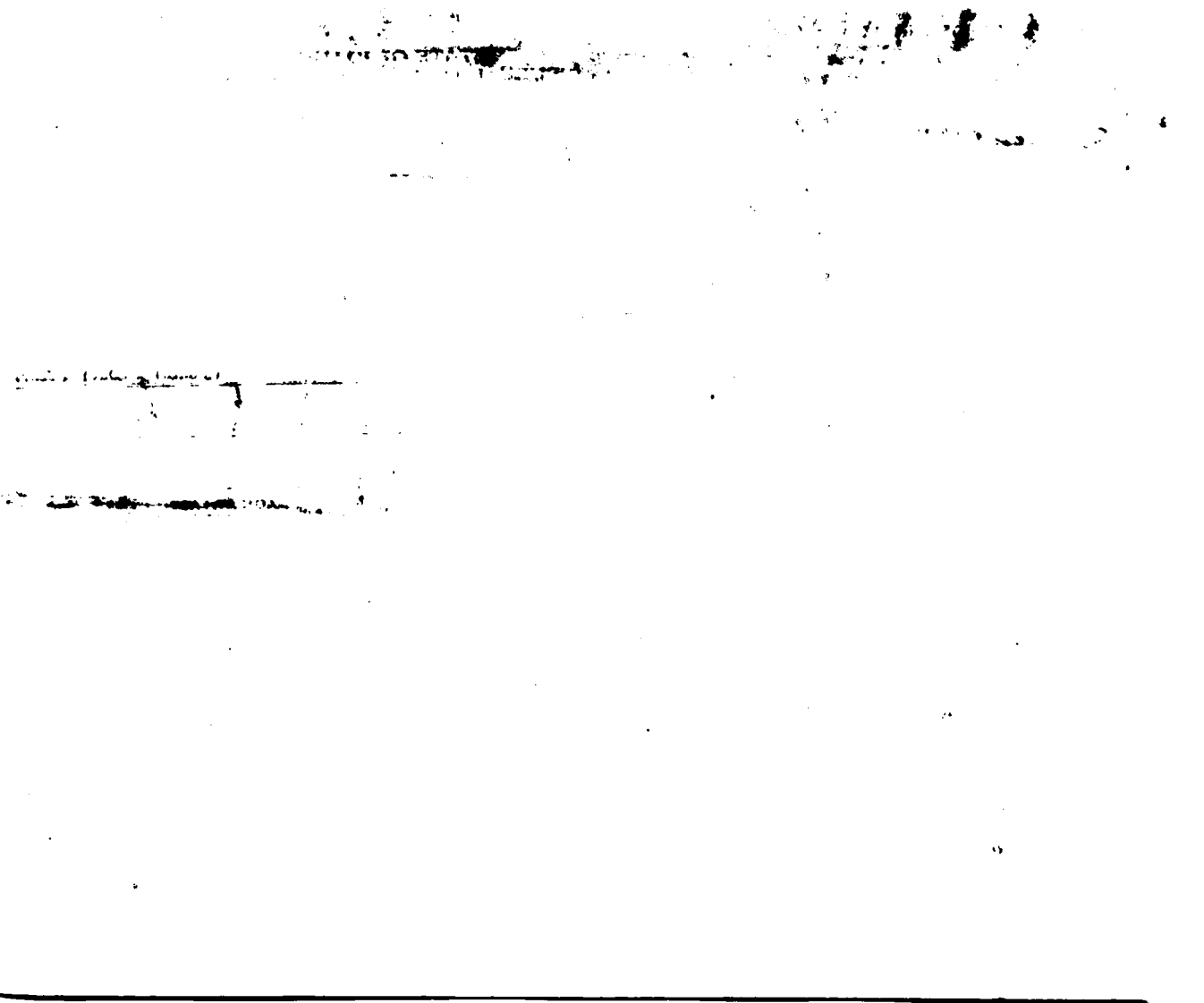
(Signature) SS Dr.Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, Ida.Filed 5/6/1920

Registrar _____

Registrar SS Dr.



Registration District No. 2

Primary " " 2156.

713-129-011-444 (No.)

CERTIFICATE OF BIRTH

IDAHO

Registered No.

78711

St., (Give name of hospital here if born in hospital.)

FULL NAME OF CHILD

Donald Eugene Balston

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child

Male

Twin, Triplet or other?

and

Number in order of birth

Legitimate?

Yes

Date of Birth

Feb

29

1920

(Month)

(Day)

Year

Full Name

Glen A. Balston

FATHER

Residence

Camp of Ida Gold Mining Co. Remiade

Color

White

Age at last Birthday

33

(Years)

Birthplace

(State or Country)

Missouri

Occupation

Demonstrator

Full Maiden Name

Stella Dumboltten

MOTHER

Residence

Camp of Ida Gold Mining Co. Remiade

Color

White

Age

Birthplace

(State or Country)

Traverse, Mich.

Occupation

Housewife

Number of child of this mother

4th

Number of children, this mother, now living

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

born alive

stillborn

and that it occurred on 9:27 a.m.

19

at

A.M.

P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental

report

Signature

Chas. O. Fincher

(Physician or Midwife)

Address

Idaho Falls, Idaho

Filed

April 30th, 1920

Registrar.

Registrar.

BUREAU

CH
CITY

(Indicate in parentheses)
the position of the person in the room

NOV 14 1946

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C.

NOV 14 1946

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

213-117-012-256

Form V. B. No. 11-C-25-27-4-28

DATE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Battle

City of Arco

Registration District No. 59

File No. 78712

No. _____ St.

Primary Registration District No. 2129

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Balding

| | | | | | |
|--------------------------|---|-----|--------------------------------|-------------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate?
<u>Yes</u> | Date of
Birth
<u>4/17</u> <u>190</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|-------------------------------|--|

FATHER
FULL NAME Harry R. Balding
RESIDENCE Berenice, Idaho
COLOR White
AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Iowa
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Louise Scott
RESIDENCE Berenice, Idaho
COLOR White
AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Indiana
OCCUPATION Housewife

Number of child of this mother, including present birth. _____ Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Alive, at 3 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Arco, Idaho

Filed 4/17 190

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1493-105-012-319

Form V. S. No. 11-C--25m-7-21-19

OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59

File No. 78713

No. _____ St. _____

Primary Registration District No. 2129

Registered No. _____

Hospital _____

FULL NAME OF CHILD Theodore Carlyle Miller

| | | | | | |
|-----------------------|---|-----------|--------------------------------|------------------------|--|
| Sex of Child <u>M</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Apr. 5</u> 19 <u>20</u>
(Month) (Day) (Year) |
|-----------------------|---|-----------|--------------------------------|------------------------|--|

FATHER
FULL NAME Geo. Macdon Miller

MOTHER
FULL MAIDEN NAME Eirie Carlyle

RESIDENCE Arco

RESIDENCE Arco

COLOR W AGE AT LAST BIRTHDAY 31
(Years)

COLOR W AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE Arizona

BIRTHPLACE Indiana

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:35 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Cannon
Physician or midwife

Given names added from a supplemental report.

Address Arco Idaho
Filed April 12 1920 Registrar [Signature]

Registrar

1/22/41 L. B.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

107-126-212-113

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Butte

City of Moore

Registration District No. 59

File No. 78714

No. _____ St.

Primary Registration District No. 2129

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Jeppesen

| | | | | | |
|--------------------------|---|-----|--------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and | Number in order of birth _____ | Legitimacy? <u>Yes</u> | Date of Birth <u>4</u> <u>5</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|------------------------|---|

FATHER
FULL NAME Daniel Peter Jeppesen
RESIDENCE Moore, Idaho
COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Manstawa, Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Minnie Jackson
RESIDENCE Moore, Idaho
COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Manstawa, Utah
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10.30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Arce, Idaho

Filed 4.6.20

Registrar

Registrar

1000

863-103
 104-103

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form 7. S. No. 11-C-21m-2-17

County of Sauvage
 City of Calderell
 No. Route #2

Registration District No. 3
 Primary Registration District No. 2005

File No. 78715
 Registered No. 110

Hospital
 FULL NAME OF CHILD Stanley Leroy Hollinger

Sex of Child Male Twin ☒ Triplet ☒ or other? ☒ and (Number in order of birth) 1
 (To be answered only in event of plural births) Legitimate? Yes Date of Birth May 3 1921
 (Month) (Day) (Year)

FULL NAME FATHER Harold Hollinger
 RESIDENCE Calderell Ida. Route #2
 COLOR White AGE AT LAST BIRTHDAY 21
 (Years) BIRTHPLACE Kansas
 OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Ema May Jones
 RESIDENCE Calderell Ida.
 COLOR White AGE AT LAST BIRTHDAY 17
 (Years) BIRTHPLACE Idaho
 OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:35 P.M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. M. Kaley
 (Physician or midwife)

Given names added from a supplemental report.
 19

Address Calderell Ida
 Filed 5-8-20 John P. Meyer
 Registrar

Registrar

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated.

City of Wilder Registration District No. 3 File No. 78716
417-130-04-293
 No. _____ St. _____
 Hospital Home Primary Registration District No. 2005 Registered No. 109
 FULL NAME OF CHILD Kenneth Magee
 Sex of Child Male { Twin or other? _____ } and { Number in order of birth _____ } Legiti mate? yes Date of Birth April 30 1920
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Kenneth Magee FATHER
 RESIDENCE Houston, Route 2
 COLOR white AGE AT LAST BIRTHDAY 24 (Years)
 BIRTHPLACE Lincoln Mo.
 OCCUPATION Govt watchman, irrigation

FULL MAIDEN NAME Edith Bickford MOTHER
 RESIDENCE Houston, Route 2
 COLOR white AGE AT LAST BIRTHDAY 19 (Years)
 BIRTHPLACE Lincoln Mo., Okla
 OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 12:50 A.M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician
 (Physician or midwife)

Given names added from a supplemental report.

Address Box 17 Wilder Idaho
 Filed May 7-1920 John H. Meyer
 Registrar

Registrar



1941

168-128-014-108
PLACE OF BIRTHCounty of CanyonCity of CaldwellNo. 1002 Dearborn St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G-24a-9-17

CERTIFICATE OF BIRTH

Registration District No.

File No. 78717

Primary Registration District No.

Registered No. 108

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>April 29-1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|-----------------------------------|---|
| FULL NAME <u>Rex A. Johnston</u> | FATHER |
| RESIDENCE <u>Caldwell - Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Barber</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Florence M. Johnston</u> | MOTHER |
| RESIDENCE <u>Caldwell Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE <u>Ills.</u> | |
| OCCUPATION <u>H. Wife</u> | |

Number of child of this mother, including present birth 2..... Number of children of this mother now living, including present birth 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:15 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Meyers, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell - IdahoFiled 4-29-1920 John H. Meyers

Registrar

Registrar

1/3/41 L. E.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of such, in order of birth stated.

133-128-014-153

PLACE OF BIRTH

County of Canyon

City of Greenleaf

No. St.

Hospital

FULL NAME OF CHILD CALEB. HENRY. ALTIG

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-9-8-17

Registration District No. 3

File No. 78718

Primary Registration District No. 2005

Registered No. 107

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>3-28-1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|----------------------------------|---|
| FULL NAME <u>W. C. Altig</u> | FATHER |
| RESIDENCE <u>Greenleaf Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>36</u>
(Years) |
| BIRTHPLACE <u>South Dakota</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|------------------------------------|---|
| FULL MAIDEN NAME <u>Edna Antum</u> | MOTHER |
| RESIDENCE <u>Greenleaf Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Nebraska</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

.....

Filed 4-20-1920

Registrar

John H. Mayes
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } Certificate No. 78718
County of Canyon } ss.

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Altig who born on Mar. 28, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Dr. Physician prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED **FROM** **TO**
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
name Unnamed Altig Caleb Henry Altig

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed J. M. Coe
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed Mrs. Edna Lohr Anttrim Altig
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at _____
My commission expires _____
(SEAL)

Caldwell Ida R 2
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

MAR 3 1942

APR 3 1942

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466 - 227 - 014 - 415
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-9-3-17

County of... Canyon...

City of... Middleton
Caldwell R. I.

Registration District No. 3

File No. 78719

No. St.

Primary Registration District No. 2005

Registered No. 106

Hospital

FULL NAME OF CHILD Pauline Mower

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <u>girl</u> | Twin Triplet or other? <u>3</u> and { Number in order of birth <u>2</u> } | Legitimate? <u>Yes</u> | Date of Birth <u>4/27/20</u>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

| | |
|------------------------------------|--|
| FULL NAME <u>Homer H. Mower</u> | FATHER |
| RESIDENCE <u>Middleton</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY ... <u>27</u> (Years) |
| BIRTHPLACE <u>Southernland Neb</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--|--|
| FULL MAIDEN NAME <u>Luella Manning</u> | MOTHER |
| RESIDENCE <u>Middleton</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY ... <u>27</u> (Years) |
| BIRTHPLACE <u>Lincoln Neb</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... alive ... at... 6 A.M. ...
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) [Signature] ...

Given names added from a supplemental report.

(Physician or midwife)

..... 19

Address... Caldwell

..... 4-30-20

Filed... John H. Meyer

Registrar

Registrar

AUG 1 1957

365-226-014-555-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-28m-3-37

County of SanyonCity of NotusRegistration District No. 3File No. 78720No. St. Primary Registration District No. 2005Registered No. 105Hospital FULL NAME OF CHILD Alice Marie Conway

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>X</u> } and { Number in order of birth <u>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>Apr 26</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

| | |
|-----------------------------------|--|
| FULL NAME <u>Eugene L. Conway</u> | FATHER |
| RESIDENCE <u>Notus Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>27</u> (Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|--|
| FULL MAIDEN NAME <u>Marie Nettie Pennington</u> | MOTHER |
| RESIDENCE <u>Notus Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u> (Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:20 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Dr. P. M. Kaley
 (Signature)

Given names added from a supplemental report.

Address Palduy, Ida
 Filed 4-26-20 John C. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-124-014-613
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-8-8-17

County of Canyon

City of Caldwell

Registration District No. 3

File No. 78721

No. Coe, Virginia & Lind St.

Primary Registration District No. 1005

Registered No. 104

Hospital no

FULL NAME OF CHILD John Preston Glenn

| | | | | |
|--------------------------|----------------------------------|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>no</u> | and { Number in order of birth } <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>April 24 - 20</u>
(Month) (Day) (Year) |
|--------------------------|----------------------------------|---|------------------------|--|

FATHER
FULL NAME Robert E. Glenn
RESIDENCE Caldwell - Idaho
COLOR White AGE AT LAST BIRTHDAY 56 (Years)
BIRTHPLACE Idaho
OCCUPATION Farming

MOTHER
FULL MAIDEN NAME Ida E. Watkins
RESIDENCE Caldwell - Idaho
COLOR White AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Idaho
OCCUPATION H. wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10:00 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Meyers, M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho
Filed 4-24-20
Registrar John J. Meyers

OCT 26 1965

MAR 20 1962

466-226-04-253

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

CERTIFICATE OF BIRTH

County of CanyonCity of ButteRegistration District No. 3File No. 78722

No. _____ St. _____

Primary Registration District No. 2005Registered No. 1031

Hospital _____

FULL NAME OF CHILD _____

| | | | | |
|----------------------------|-------------------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Is the child a twin or other? _____ | and Number in order of birth <u>3rd</u> | Legitimate? <u>yes</u> | Date of Birth <u>Nov 25</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|-------------------------------------|---|------------------------|--|

FATHER
 FULL NAME Ollie L. Doome
 RESIDENCE Notus Ida.
 COLOR white AGE AT LAST BIRTHDAY 34
 (Years)
 BIRTHPLACE Mo.
 OCCUPATION Farmer

MOTHER
 FULL MAIDEN NAME Sarah Beers
 RESIDENCE Notus Ida.
 COLOR white AGE AT LAST BIRTHDAY 31
 (Years)
 BIRTHPLACE Mo.
 OCCUPATION Housekeeper

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.on above date 9 at 9 A. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell IdahoFiled 4-30-20

S-Y CO. 24698

Registrar

Registrar



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-220-014-391
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-3-37

County of Canyon

City of Houston

No. Route 1 St.

Registration District No. 3

File No. 78723

Primary Registration District No. 2005

Registered No. 102

Hospital

FULL NAME OF CHILD Helena Johnson

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <u>girl</u> | Twin Triplet or other? <u>5</u> and Number in order of birth <u>4</u>
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of Birth <u>4/12/01</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

| | |
|---------------------------------|---|
| FULL NAME <u>Geo L Johnson</u> | FATHER |
| RESIDENCE <u>Houston</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>37</u>
(Years) |
| BIRTHPLACE <u>Mapleton Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME <u>Julia B Crandall</u> | MOTHER |
| RESIDENCE <u>Houston</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) |
| BIRTHPLACE <u>Vernal Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Birth live or stillborn) at 7 a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Meyer

Given names added from a supplemental report.

(Physician or midwife) Colman D. Jones

Address 19

Filed 4-21-1922

Registrar

Registrar

NOV 6 1975

718-218-014-294

PLACE OF BIRTH

County of CanyonCity of ParmaNo. R #2 St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-23m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 3File No. 78724Primary Registration District No. 2005Registered No. 108

| | | | |
|----------------------------|---|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other? <u>X</u> } and { Number
in order
of birth <u>X</u> | Legiti-
mate? <u>Yes</u> | Date of
Birth <u>4-15-1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----------------------------|---|

| | |
|------------------------------------|---|
| FULL NAME
<u>Carl Sahley</u> | FATHER |
| RESIDENCE
<u>Parma Ida R #2</u> | |
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>2 F</u>
(Years) |
| BIRTHPLACE
<u>Nebraska</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|--|
| FULL MAIDEN NAME
<u>Mary Simpson</u> | MOTHER |
| RESIDENCE
<u>Parma Ida R #2</u> | |
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE
<u>Wisconsin</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley, M.D.

(Physician or midwife)

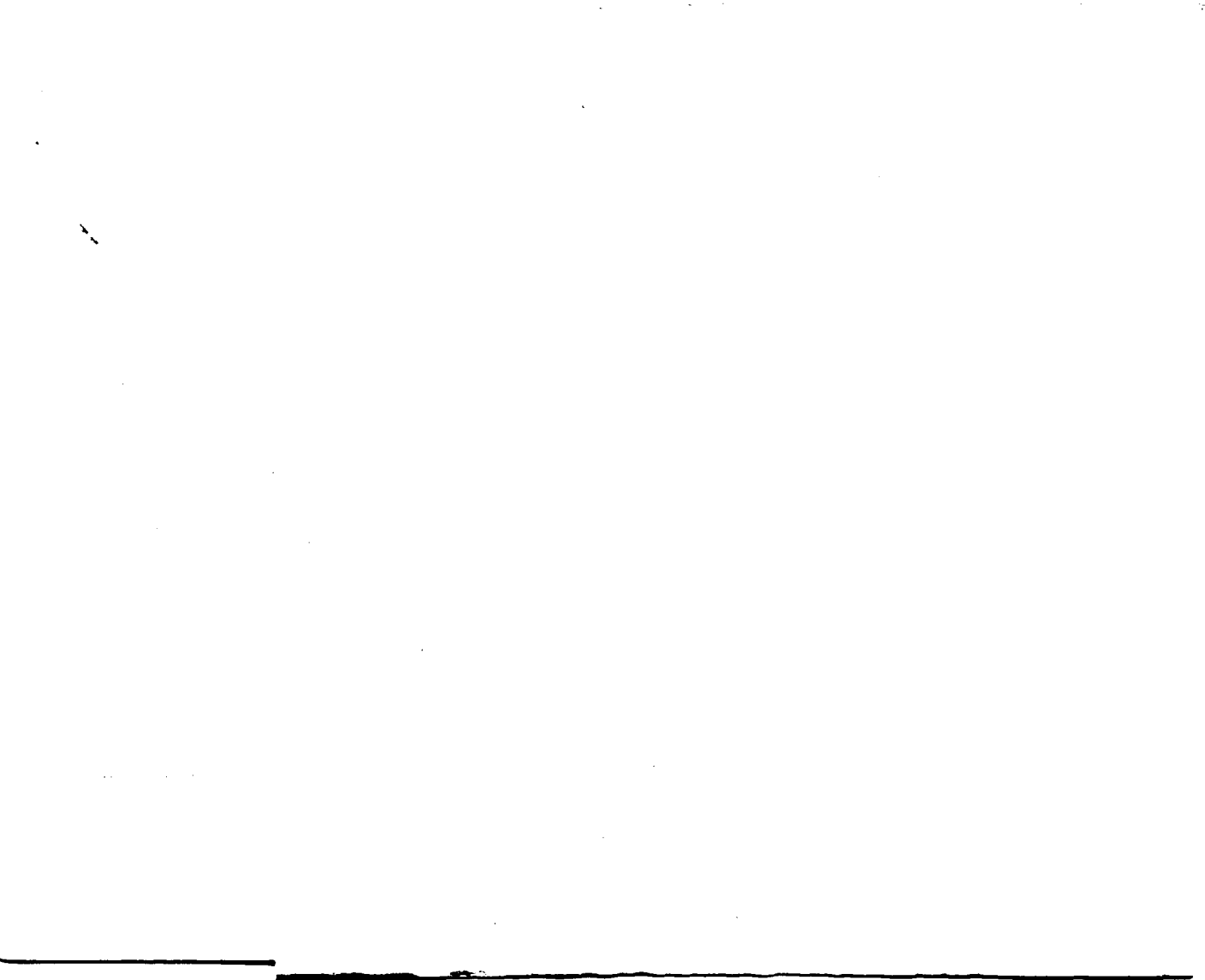
Given names added from a supplemental report.

Address

Filed 4-20-1920 John S. Meyer

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Amended 8/26/69

239 PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3

File No. 78725

No. _____ St. _____

Hospital Home

Primary Registration District No. 2005 Registered No. 99

FULL NAME OF CHILD EVELYN M.

Scruggs

Sex of Child Female Twin Triplet or other? _____ and _____ Number in order of birth _____ Legiti mate? Yes Date of Birth April 17 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Bruce Lee Scruggs FATHER
RESIDENCE Wilder Ida
COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Fanning Co Ga
OCCUPATION Farmer

FULL MAIDEN NAME Hettie Bell Blanche MOTHER
RESIDENCE Wilder Ida
COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Prescott Arizona
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 59 M.
on the date above stated. (Born alive or stillborn)

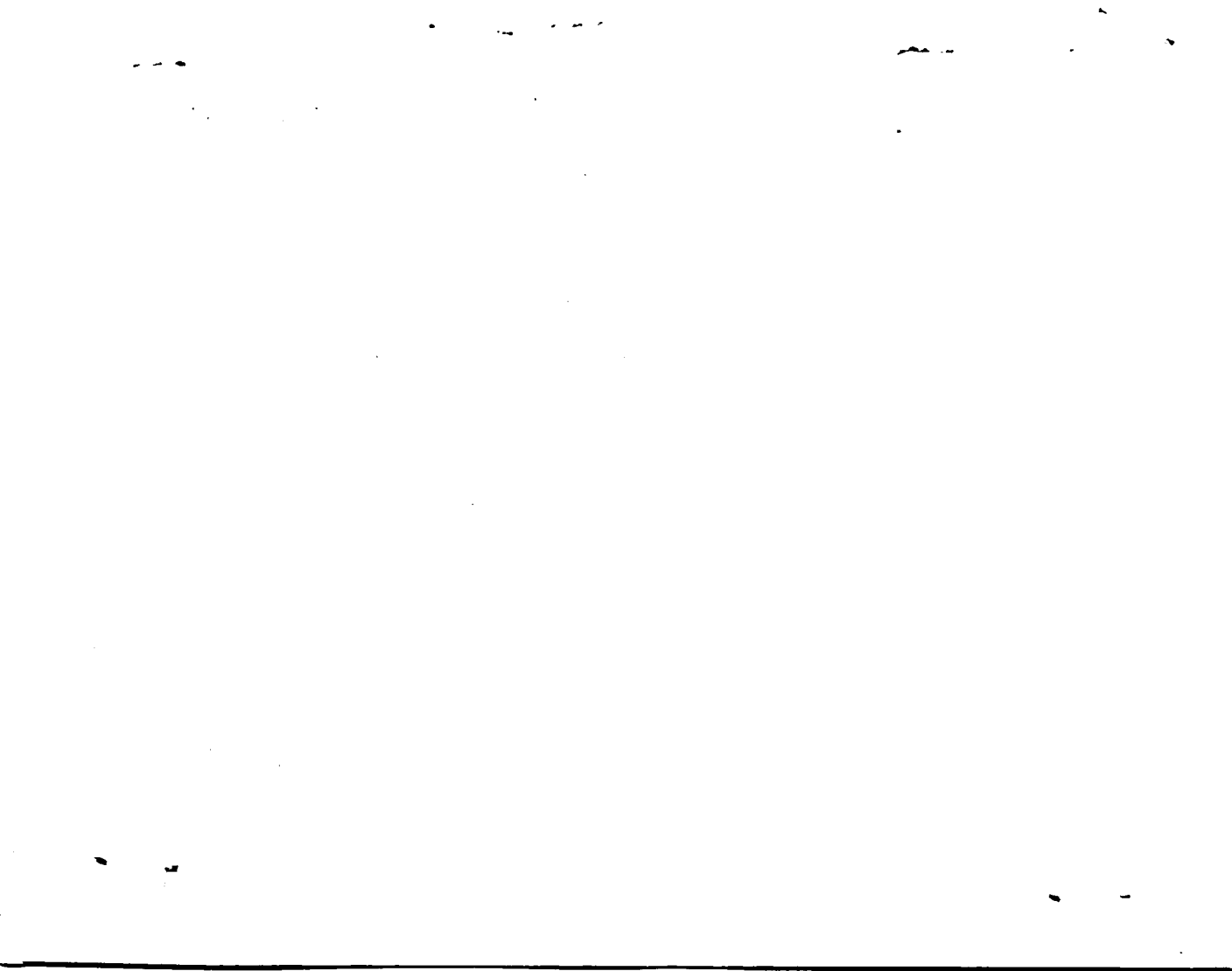
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Brock
(Physician or midwife)

Given names added from a supplemental report.

Address Wilder Ida
Filed May-7-1920 John V. Meyer Registrar

Registrar



8-7-69

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } **RECEIVED**
County of Canyon } ss. **AUG 25 1969**
Certificate No. 78725
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Scruggs **Bureau of Vital Statistics** who was born on April 17, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Wilder, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Metropolitan Life Ins. Policy prepared on November 1, 1949, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Childs name

omitted

Evelyn M.

Subscribed and sworn to before me this 21st day of
August, 1969

Signed

E. F. Haynes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Caldwell, Idaho

My commission expires 5/19/72

(Seal)

216 West Hazel Street, Caldwell, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed

(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires _____

(Seal)

(Street Address, City, State)

~~AUG 26 1969~~

AUG 29 1969

763-114-014-291

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-3-8-17

CERTIFICATE OF BIRTH

County of... Canyon...City of... Caldwell...No. 1006 D. Denver St.Registration District No. 3File No. 78726Primary Registration District No. 1005Registered No. 98

Hospital.....

FULL NAME OF CHILD Jacob Solomon Patten, Jr.

| | | | |
|-----------------------------|---|-----------------------------|--|
| Sex of Child
<u>Male</u> | Twin
Triplet
or other? <u>X</u> and (Number
in order
of birth <u>X</u>)
(To be answered only in event of plural births) | Legiti-
mate? <u>Yes</u> | Date of Birth <u>4</u> <u>16</u> <u>1920</u>
(Month) (Day) (Year) |
|-----------------------------|---|-----------------------------|--|

| | |
|---|---|
| FULL NAME
<u>Jacob Solomon Patten</u> | FATHER |
| RESIDENCE
<u>1006 D. Denver St. Caldwell</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) |
| BIRTHPLACE
<u>Missouri</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Francis Mary Bradford</u> | MOTHER |
| RESIDENCE
<u>1006 D. Denver Caldwell</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE
<u>Washington</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Born alive... at... 4-17-1920...
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Inayes

(Physician or midwife)

Given names added from a supplemental report.

..... 18.....

Address.....

.....

Filed 4-17-1920 John H. Inayes

Registrar

Registrar

APR 22 1948

MAY 31 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

225 3/19-014-556

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C-22a-2-27

CERTIFICATE OF BIRTH

County of... Canyon.....

City of... Caldwell.....

Registration District No.....

3

File No. 78727..

No..... St.

Primary Registration District No.....

2005

Registered No. 27

Hospital... Caldwell Sanitarium

FULL NAME OF CHILD... Earl David Stevenson

Sex of Child

Male

Twin
Triplet
or other?

X

and

Number
in order
of birth

—

Legiti-
mate?

Yes

Date of
Birth

4-16-20
(Month) (Day) (Year)

FULL
NAME

FATHER
David Stevenson

FULL
MAIDEN
NAME

MOTHER
Mabel Howell

RESIDENCE

Caldwell Ida R #3

RESIDENCE

Caldwell Ida R #3

COLOR

white

AGE AT LAST
BIRTHDAY

27
(Years)

COLOR

white

AGE AT LAST
BIRTHDAY

27
(Years)

BIRTHPLACE

Colorado

BIRTHPLACE

Colorado

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth... 4

Number of children of this mother now living, including present birth... 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... on the date above stated.

Born alive... a live (Born alive or stillborn) at 8:45 AM

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. C. M. Haley

(Physician or midwife)

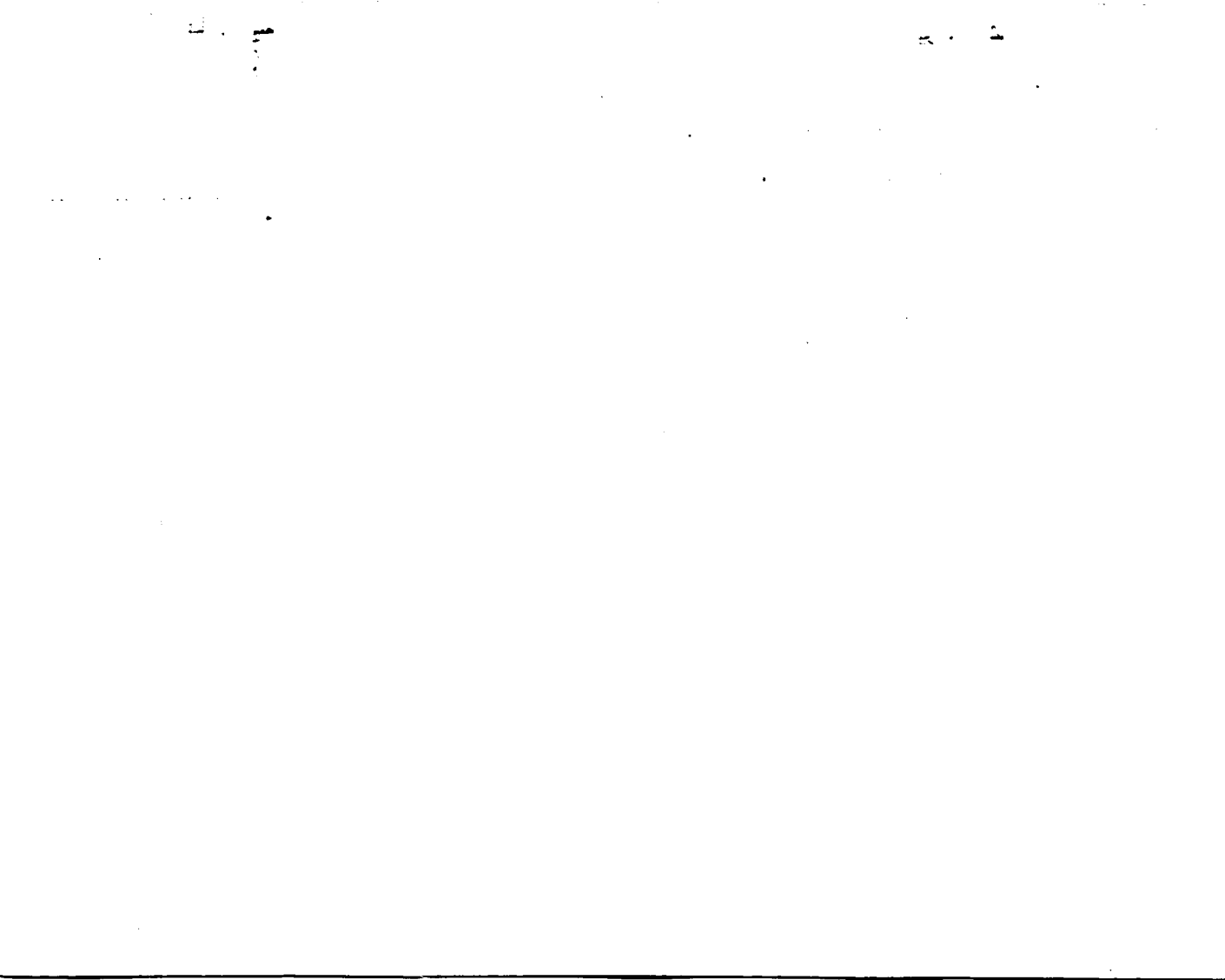
Given names added from a supplemental report.

Address

Filed 4-17-20

Registrar

John L. Meyer
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } Certificate No. 78727
County of Ada } ss. DEC 29 1941 Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Earl David Stevenson who born on April 6 - 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Caldwell Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by _____ prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Name Unnamed Earl David Stevenson

Subscribed and sworn to before me this 29th
day of December, 19 41.
J. W. Saccoway
Notary Public, residing at Boise
My commission expires July 13, 1941
(SEAL)

Signed Earl David Stevenson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Burns, Oregon
(STREET ADDRESS, CITY, STATE)

State of Idaho }
County of Ada } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 29
day of December, 19 41.
J. W. Saccoway
Notary Public, residing at Boise
My commission expires July 13 - 1942
(SEAL)

Signed Steve Paul
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Perma, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on DEC 29 1941 By _____
(REGISTRAR'S SIGNATURE)

DEC 29 1941

691-115-014-396

PLACE OF BIRTH

County of CanyonCity of CaldwellNo. P2 St.

Hospital

FULL NAME OF CHILD

Hiram William FranksSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 3File No. 78728Primary Registration District No. 2005Registered No. 96

| | | | | |
|-----------------------|---|---|-----------------------------|---|
| Sex of Child <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
{
Number
in order
of birth
(To be answered only in event of plural births) | Legiti-
mate? <u>yes</u> | Date of
Birth. <u>Apr 15</u>
(Month) (Day) (Year) |
|-----------------------|---|---|-----------------------------|---|

| | | | |
|---|---|---|---|
| FULL NAME
<u>Ernest Dickson Franks</u> | FATHER | FULL MAIDEN NAME
<u>Evelina Marie Crawford</u> | MOTHER |
| RESIDENCE
<u>Caldwell Ida. P2</u> | | RESIDENCE
<u>Caldwell Ida</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) | COLOR
<u>white</u> | AGE AT LAST BIRTHDAY <u>17</u>
(Years) |
| BIRTHPLACE
<u>Caldwell Ida</u> | | BIRTHPLACE
<u>Nebraska</u> | |
| OCCUPATION
<u>farmer</u> | | OCCUPATION
<u>housewife</u> | |

Number of child of this mother, including present birth. one Number of children of this mother now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Montgomery MD.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell IdahoFiled 5-5-1920

Registrar

John J. Meyer
Registrar

AUG 24 1966

7-1-41

213-215-014-465

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of SawyerCity of Caldwell, IdaRegistration District No. 3File No. 78729

No. St.

Primary Registration District No. 2005Registered No. 95Hospital Caldwell Sanitarium

FULL NAME OF CHILD

Mary Elizabeth Bales

| | | | | | |
|----------------------------|---------------------------------------|-----|--|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other? <u>X</u> | and | Number
in order
of birth
<u>X</u> | Legiti-
mate? <u>yes</u> | Date of Birth <u>April 15, 1920</u>
(Month) (Day) (Year) |
|----------------------------|---------------------------------------|-----|--|-----------------------------|---|

| | |
|---------------------------------------|--------|
| FULL NAME
<u>Chas. Emory Bales</u> | FATHER |
|---------------------------------------|--------|

| | |
|-----------------------------------|--|
| RESIDENCE
<u>Caldwell, Ida</u> | |
|-----------------------------------|--|

| | |
|-----------------------|---|
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
|-----------------------|---|

| | |
|-----------------------------|--|
| BIRTHPLACE
<u>Kansas</u> | |
|-----------------------------|--|

| | |
|-----------------------------|--|
| OCCUPATION
<u>Farmer</u> | |
|-----------------------------|--|

| | |
|---|--------|
| FULL MAIDEN NAME
<u>Florey M. Montgomery</u> | MOTHER |
|---|--------|

| | |
|-----------------------------------|--|
| RESIDENCE
<u>Caldwell, Ida</u> | |
|-----------------------------------|--|

| | |
|-----------------------|---|
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) |
|-----------------------|---|

| | |
|-------------------------------|--|
| BIRTHPLACE
<u>Missouri</u> | |
|-------------------------------|--|

| | |
|--------------------------------|--|
| OCCUPATION
<u>Housewife</u> | |
|--------------------------------|--|

| | |
|--|--|
| Number of child of this mother, including present birth <u>1</u> | Number of children of this mother now living, including present birth <u>1</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:25 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address 4-16-20Filed 4-16-20

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21 1942

218-213-014-962

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CanyonCity of WildierRegistration District No. 3File No. 78730

No. _____ St. _____

Hospital HomePrimary Registration District No. 2005 Registered No. 94

FULL NAME OF CHILD

Laura Irene SayreSex of Child FemaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?YesDate of
BirthApril 13
(Month) (Day)1920
(Year)FULL
NAME

FATHER

Ben Sayre

RESIDENCE

Wildier Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Kansas

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Eddie Robbins

RESIDENCE

Wildier Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Brink

(Physician or midwife)

Given names added from a supplemental report.

Address Wildier IdaFiled May 7-1920 John H. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1944

381-113-014-613

PLACE OF BIRTH

County of CanyonCity of WilderRegistration District No. 3

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHFile No. 78731

No. _____ St. _____

Hospital Home Primary Registration District No. 2005 Registered No. 93FULL NAME OF CHILD Silas Eugene Charlton

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of Birth <u>April 13</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|----------------------------|---|

| | |
|---------------------------------|---|
| FULL NAME <u>Ralph Charlton</u> | FATHER |
| RESIDENCE <u>Caldwell R 6</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--------------------------------------|---|
| FULL MAIDEN NAME <u>Edith Walker</u> | MOTHER |
| RESIDENCE <u>Caldwell R 6</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>19</u>
(Years) |
| BIRTHPLACE <u>Stone Co, Mo.</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 3 35 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) as Bouch
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Wilder Ida
Filed May-7-1920 John J. Meyer
Registrar Registrar

NOV 18 1953

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-17

CERTIFICATE OF BIRTH

78732

County of CanyonCity of CaldwellRegistration District No. 3

File No.

No. St.

Primary Registration District No. 1005Registered No. 92

Hospital

FULL NAME OF CHILD

Bural Mrs. Sherman

Sex of Child

boyTwin
Triplet
or other?SNumber
in order
of birth7

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

4/13/20

(Month) (Day) (Year)

FULL NAME

Robert B Sherman

FATHER

FULL MAIDEN NAME

Bird & Co

MOTHER

RESIDENCE

Caldwell

RESIDENCE

Caldwell

COLOR

W

AGE AT LAST BIRTHDAY

25
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

21
(Years)

BIRTHPLACE

Payette Idaho

BIRTHPLACE

Butler Mo

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated.5:10 PM

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Meyer

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, IdFiled 4-19-20

Registrar

Registrar

JUL 16 1943

253-111-014-666

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

CERTIFICATE OF BIRTH

County of CanyonCity of Notus

No. _____ St. _____

Hospital _____

Registration District No. _____

Primary Registration District No. 2005

File No. _____

Registered No. 91

78733

FULL NAME OF CHILD

| | | | | |
|-----------------------------------|---|-----------------------------------|---|---|
| Sex of Child <u>male</u> | Twins, triplets or other? _____ and _____ | Number in order of birth <u>4</u> | Legitimate? <u>yes</u> | Date of Birth <u>Apr. 11</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>Henry Emoch Beck</u> | FATHER | | FULL MAIDEN NAME <u>Emma Bell Woods</u> | MOTHER |
| RESIDENCE <u>Notus, Ida.</u> | | | RESIDENCE <u>Notus, Ida.</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) | | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>36</u>
(Years) |
| BIRTHPLACE <u>Topaz, Mo.</u> | | | BIRTHPLACE <u>Jackson, Mo.</u> | |
| OCCUPATION <u>Common Laborer.</u> | | | OCCUPATION <u>Housekeeper</u> | |

Number of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. M. Henry

(Physician) _____

Address Calderwell, IdahoFiled 4-17-20

Registrar

Registrar

1990

866-208-014-236

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellRegistration District No. 2File No. 78734No. 3rd S. Jones St.Primary Registration District No. 1005Registered No. 90

Hospital

Maxine Irene

FULL NAME OF CHILD

~~Maxine Irene~~ Howard

Sex of Child

FTwin
Triplet
or other?{ and { Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

Apr 8 1922

(Month) (Day) (Year)

FULL NAME

John H Howard

FATHER

RESIDENCE

Caldwell Ida

COLOR

white

AGE AT LAST BIRTHDAY

44
(Years)

BIRTHPLACE

Missouri

OCCUPATION

laborer

FULL MAIDEN NAME

Mosa Bethna Stokessery

MOTHER

RESIDENCE

Caldwell Ida

COLOR

white

AGE AT LAST BIRTHDAY

34
(Years)

BIRTHPLACE

Osage Kan

OCCUPATION

housewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 7 A M.
on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

W. Montgomery M.D.

Given names added from a supplemental report.

Address

Caldwell Ida

Filed

4-12-1922

Registrar

John V. Meyer
RegistrarMARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Deschutes } ss.

Certificate No. 78734

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Irene Maxine Howard who was born on April 8, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible record prepared on soon after date of birth, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name

Irene Maxine Howard

Maxine Irene Howard

Subscribed and sworn to before me this 24th
day of April, 19 42

Notary Public, residing at Bend, Ore.

NOTARY PUBLIC FOR OREGON

My commission expires _____
(Seal)

My Commission Expires Jan. 20, 1945.

Signed Walter S. Howard

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1047 Bond St. Bend, Oregon.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21
day of May, 19 42

Notary Public, residing at Portland, Oregon

My commission expires Dec 5, 1945
(Seal)

MAY 22 1942

Signed Groff Clauson

(Signature of Any Credible Person Other Than Previous Year)

3800 SE Glenwood St
Portland, Ore.
(Street Address, City, State)

MAY 25 1949

659-208-914-992
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of CaribouCity of NotusRegistration District No. 3File No. 7.87.35.No. St.Primary Registration District No. 2.001-Registered No. 89HospitalFULL NAME OF CHILD Emma Louise Reich

| | | | | | |
|--------------------------|---------------------------------------|-----|--|-----------------------------|---|
| Sex of Child <u>girl</u> | Twin
Triplet
or other? <u>S</u> | and | Number
in order
of birth
(To be answered only in event of plural births) <u>2</u> | Legiti-
mate? <u>Yes</u> | Date of Birth <u>4/8/20</u>
(Month) (Day) (Year) |
|--------------------------|---------------------------------------|-----|--|-----------------------------|---|

| | | | |
|-----------------------------|---|--|---|
| FULL NAME <u>Otto Reich</u> | FATHER | FULL MAIDEN NAME <u>Lizzie Reichke</u> | MOTHER |
| RESIDENCE <u>Notus</u> | | RESIDENCE <u>Notus</u> | |
| COLOR <u>rr</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) | COLOR <u>rr</u> | AGE AT LAST BIRTHDAY <u>31</u>
(Years) |
| BIRTHPLACE <u>Germany</u> | | BIRTHPLACE <u>Cal</u> | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>Housewife</u> | |

| | |
|--|--|
| Number of child of this mother, including present birth <u>3</u> | Number of children of this mother now living, including present birth <u>2</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 1-15 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer, M.D.(Physician or midwife) Calder

Given names added from a supplemental report.

Address CalderFiled 4-13-20

Registrar

Registrar

SEP 27 1965

MAY 29 1942

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-104-014-393

PLACE OF BIRTH

County of... *Canyon*City of... *Middleton*

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-2-17

Registration District No. *3*File No. *78736*Primary Registration District No. *2005*Registered No. *88*

Sex of Child *Boy* Twin Triplet or other? *6* } and (Number in order of birth) *6* Legitimate? *yes* Date of Birth *May 4* 19*20*
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME *William C Watt* FATHER
RESIDENCE *Middleton Idaho*
COLOR *White* AGE AT LAST BIRTHDAY *36* (Years)
BIRTHPLACE *Coalfax, Nebr.*
OCCUPATION *Laborer*

FULL MAIDEN NAME *Fanny Lilly* MOTHER
RESIDENCE *Middleton Idaho*
COLOR *White* AGE AT LAST BIRTHDAY *36* (Years)
BIRTHPLACE *Albion, Boone Co, Nebr.*
OCCUPATION *Housewife*

Number of child of this mother, including present birth... *6* Number of children of this mother now living, including present birth... *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. (Born alive or stillborn) at *3:40 P.M.*

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. P. Headman*

Given names added from a supplemental report.

(Physician or midwife)

..... 19.....

Address... *Caldwell Idaho*

.....

Filed *May 8-20* *John J. Meyer*

Registrar

Registrar

WATT

Dup of 1920-313674

not

659-127-014-659

PLACE OF BIRTH

County of SauyonCity of Notus

No. St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-4-47

Registration District No. 3

File No. 78737

Primary Registration District No. 2005

Registered No. 87

FULL NAME OF CHILD Ernest, Albert Weick

| | | | | |
|---|---------------------------------|---|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>X</u> | and { Number in order of birth <u>X</u> } | Legitimate? <u>yes</u> | Date of Birth <u>Mar. 2</u> 19 <u>20</u> |
| (To be answered only in event of plural births) | | | | (Month) (Day) (Year) |

| | |
|--------------------------------|--|
| FULL NAME <u>Hermann Weick</u> | FATHER |
| RESIDENCE <u>Notus Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>44</u> (Years) |
| BIRTHPLACE <u>Germany</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|--|--|
| FULL MAIDEN NAME <u>Carolina Weick</u> | MOTHER |
| RESIDENCE <u>Notus Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>38</u> (Years) |
| BIRTHPLACE <u>Verdon Neb.</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. M. Haley
Palmer, L.
(Physician or midwife)

Given names added from a supplemental report.

Address
Filed 4-16-1920 John V. Meyer
Registrar Registrar

MAR 7 1942

MAY 15 1944

814-226-014-366
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CanyonCity of MiddletonRegistration District No. 3File No. 78738

No. _____ St. _____

Hospital HonnePrimary Registration District No. 2005 Registered No. 86

FULL NAME OF CHILD

ZELDA MAYWadsallSex of Child FemaleTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth
(To be answered only in event of plural births)Legiti
mate?YesDate of
BirthMar 26 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Archie Wadsall

RESIDENCE

Middleton Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Frederick Neb.

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Bernice Roomis

RESIDENCE

Middleton Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Red Willow Co. Neb.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Wilder Idaho

Filed

May 7-1920 John L. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 29 1944

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-222-014-363

PLACE OF BIRTH

County of... *Canyon*City of... *Caldwell*

No. St.

Hospital

FULL NAME OF CHILD

*Grace Leon Chamberbrough*STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-27

CERTIFICATE OF BIRTH

Registration District No. *9*File No. *18739*Primary Registration District No. *2005-*Registered No. *85*

| | | | |
|-----------------------|--|------------------------|--|
| Sex of Child <i>4</i> | Twin Triplet or other? <i>and</i> Number in order of birth <i>1</i>
(To be answered only in event of plural births) | Legitimate? <i>yes</i> | Date of Birth <i>Mar 22 1920</i>
(Month) (Day) (Year) |
|-----------------------|--|------------------------|--|

| | |
|--|--|
| FULL NAME <i>FATHER</i>
<i>Henry Harold Chamberbrough</i> | FULL MAIDEN NAME <i>MOTHER</i>
<i>Lena Etta Collins</i> |
| RESIDENCE <i>Caldwell Ida</i> | RESIDENCE <i>Caldwell</i> |
| COLOR <i>white</i> | COLOR <i>white</i> |
| AGE AT LAST BIRTHDAY <i>30</i>
(Years) | AGE AT LAST BIRTHDAY <i>30</i>
(Years) |
| BIRTHPLACE <i>Toronto Canada</i> | BIRTHPLACE <i>Virginia</i> |
| OCCUPATION <i>Farmer</i> | OCCUPATION <i>housewife</i> |

Number of child of this mother, including present birth. *11* Number of children of this mother now living, including present birth. *11*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at *8:45 P.M.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *G. W. Montgomery M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed *4-13-20*

Registrar

John H. Meares
Registrar

DEC 19 1972

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-221-014-493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-4-2-17

CERTIFICATE OF BIRTH

County of... Canyon...

City of... Caldwell...

No. ... RD #1 ... St.

Registration District No. ... 3 ...

File No. ... 78740 ...

Primary Registration District No. ... 2005 ...

Registered No. ... 84 ...

Hospital

FULL NAME OF CHILD ... Celia Mitchell ...

| | | | |
|---------------------------------|--|--|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { Number in order of birth } (To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of Birth ... <u>3</u> / <u>21</u> / <u>1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>J. C. Mitchell</u> | FATHER | FULL MAIDEN NAME <u>Mabel Mitchell</u> | MOTHER |
| RESIDENCE <u>Caldwell R #1</u> | | RESIDENCE <u>Caldwell R #1</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY ... <u>38</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY ... <u>32</u> (Years) |
| BIRTHPLACE <u>Illinois</u> | | BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth ... 6 ... Number of children of this mother now living, including present birth ... 6 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

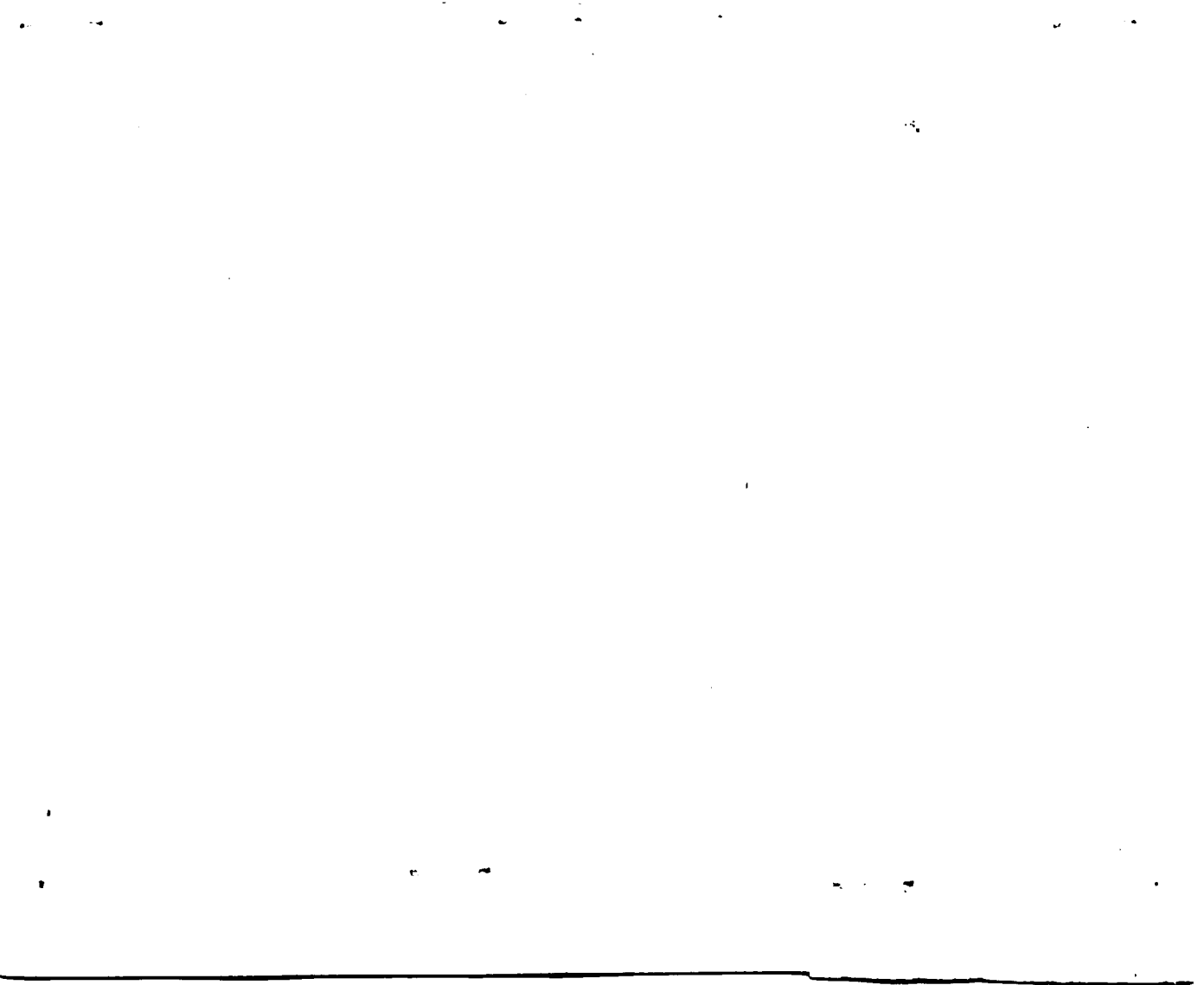
I hereby certify that I attended the birth of this child, who was ... Born alive ... at ... 6:15 P.M. ... on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ... Dr. F. M. Cole, M.D. ...
(Physician or midwife)

Given names added from a supplemental report.

Address ... 19 ...
Filed ... 4-20-1920 ...
Registrar ... John H. Meyer ...
Registrar



4/12/76

IDAHO DEPARTMENT OF HEALTH
RECEIVED
 BUREAU OF VITAL STATISTICS
 BUREAU OF

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of IDAHO Certificate No. 78740
 County of ADA MAY } ss. 10 04 AM '76 Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
 for unnamed who was born on March 21, 1920
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)
 true facts are shown by _____ prepared on _____ are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
 ("Name," "Birth Date," "Cause of Death," Etc.)

FROM
 (As on Original)

TO
 (The Correct Facts)

name _____ unnamed _____ Celia Mitchell _____

Subscribed and sworn to before me this 22 day of

April 19 76

Notary Public, residing at Boise, Idaho
 My commission expires August, 1979
 (Seal)

Signed Celia Mitchell
 (Signature of parent or attendant if correcting a Birth Record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3222 1st St - Boise, IDA.
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
 County of ADA } ss.

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of

May 19 76

Notary Public, residing at Boise, Idaho
 My commission expires _____
 (Seal)

Signed Janette M. Perkins
 (Signature of Any Credible Person)

1027-11th Ave - Lewiston, Idaho
 (Street Address, City, State)

Teaching certificate issued by the State of California dated October 23, 1956 gives name as Celia Mitchell. viewed by V.S.

MAY 7 1976

Report card issued by Wilder High School in 1933 gives name as Celia Mitchell. viewed by V.S.

719 - 112 - 014 - 165

PLACE OF BIRTH

County of CanyonCity of Wilder

No. _____ St. _____

Hospital Idaho

FULL NAME OF CHILD

Registration District No. 3File No. 78741Primary Registration District No. 2005Registered No. 83Ernest Lewis

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of Birth <u>Mar 12</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|--------------------------------|--|
| FULL NAME <u>Perry E Paine</u> | FATHER |
| RESIDENCE <u>Wilder Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u> (Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Lumberman</u> | |

| | |
|-----------------------------------|--|
| FULL MAIDEN NAME <u>Ona Jones</u> | MOTHER |
| RESIDENCE <u>Wilder Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>22</u> (Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 1 / Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1145 Idaho on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bouch
(Physician or midwife)

Given names added from a supplemental report.

19

Address Wilder Ida
Filed May-7- 1920 John L. Meyer
Registrar

Registrar

7-1-4

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

168-105-04-263

PLACE OF BIRTH

County of Canyon

City of Wilder

No. _____ St. _____

Hospital Home

FULL NAME OF CHILD

Registration District No. 3

File No. 78742

Primary Registration District No. 2005 Registered No. 82

Elmer Oliver Johnson

| | | | | | |
|--------------------------|---|-----|---|----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>Yes</u> | Date of
Birth <u>Feb. 5</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|---|

FATHER
FULL NAME Alva Johnson
RESIDENCE Wilder Ida
COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Indiana
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Ruth Bollinger
RESIDENCE Wilder Ida
COLOR White AGE AT LAST BIRTHDAY _____ (Years)
BIRTHPLACE Missouri
OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:00 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Branch
(Physician or midwife)

Given names added from a supplemental report.

19

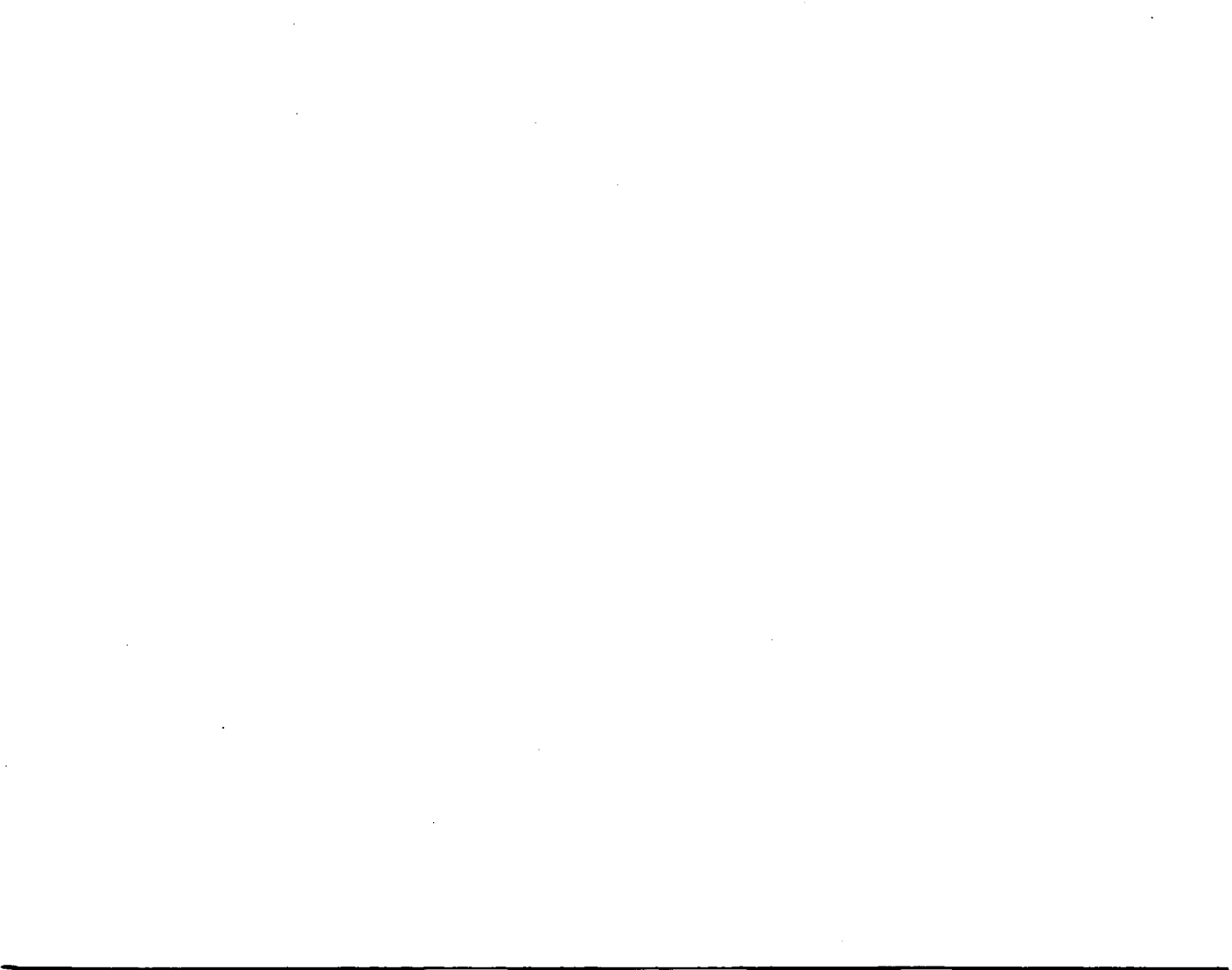
Address Wilder Ida

Filed 5-7-1920

Registrar

Registrar

John C. Meyer



241-121-014-466

PLACE OF BIRTH

County of CanyonCity of Wilder

No. _____ St. _____

Hospital Home

FULL NAME OF CHILD

Registration District No. BFile No. 78743Primary Registration District No. 2007 Registered No. 22Ethmer Eldridge Smallwood

| | | | | | |
|--------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>Yes</u> | Date of
Birth <u>April 21</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|----------------------------|---|

| | |
|---|--|
| FULL
NAME
<u>Paul E Smallwood</u> | FATHER |
| RESIDENCE
<u>Parma R3 Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE
<u>Congress Co. Mo.</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--|--|
| FULL
MAIDEN
NAME
<u>Jina Keom</u> | MOTHER |
| RESIDENCE
<u>Parma R3 Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE
<u>Congress Co. Mo.</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Branch

(Physician or midwife)

Given names added from a supplemental report.

19

Address Wilder IdaFiled May 1 1920 Hubert Aldridge

Registrar

Registrar

DEC 3 1947

799-220-014-622

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-3-3-27

County of.....

City of.....

Registration District No. 3

File No. 78744

No.St.

Primary Registration District No. 2007

Registered No. 21

Hospital.....

FULL NAME OF CHILD

Donna Elizabeth Price

Sex of
Child

7

Twin
Triplet
or other?and { Number
in order
of birthLegiti-
mate?

yes

Date of
BirthApr 20 1920
(Month) (Day) (Year)FULL
NAME

FATHER

Sylvester Price

FULL
MAIDEN
NAME

MOTHER

Dora Estome

RESIDENCE

Parma

RESIDENCE

COLOR

W

AGE AT LAST
BIRTHDAY4 5
(Years)

COLOR

W

AGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

Wyo

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

H V

Number of child of this mother, including present birth, 9

Number of children of this mother now living, including present birth, 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 145 A.M.
on the date above stated. (Born alive or stillborn){ When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth. }

(Signature)

W E Haldrop

(Physician or midwife)

Given names added from a supplemental report.

Address

Parma Idaho

Filed

Apr 24 1920

Registrar

W E Haldrop
Registrar

493-129-014-494
PLACE OF BIRTHCounty of LanyonCity of LamaNo. 1111-38th St.

Hospital

Full Name of Child

Registration District No. 7Primary Registration District No. 1006File No. 78745

Registered No.

| | | | |
|--|--|------------------------|--|
| SEX OF CHILD <u>M</u> | Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>
(To be answered only in event of plural births) | Legitimate? <u>Yes</u> | DATE OF BIRTH <u>April 29 1930</u>
(Month) (Day) (Year) |
| FULL NAME <u>FATHER</u>
<u>Alfred Lewis Michel</u> | FULL MAIDEN NAME <u>MOTHER</u>
<u>mae myrtle Drury</u> | | |
| RESIDENCE <u>1111-3rd St. Lama</u> | RESIDENCE <u>1111-3rd St. Lama</u> | | |
| COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>38</u>
(Years) | COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u>
(Years) | | |
| BIRTHPLACE <u>Switzerland</u> | BIRTHPLACE <u>California</u> | | |
| OCCUPATION <u>Cook</u> | OCCUPATION <u>housewife</u> | | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 P.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. M. Leland
Physician
(Physician or midwife)

Given names added from a supplemental report

Registrar

Address

Filed

Lama Ida
May 10 1930
Pearle Dodd
Registrar

DEC 30 1954
1954

1954

962-110-014-944

PLACE OF BIRTH

County of BenyonCity of IdahoNo. 618-13 Ave 8Registration District No. 7File No. 78746Primary Registration District No. 1306

Registered No. _____

Hospital _____

Full Name of Child

Robert Bruce Roberts

| | | | | |
|-----------------------|---|--------------------------------------|-----------------------------|--|
| SEX OF CHILD <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | {and} Number
in order
of birth | Legiti-
mate? <u>Yes</u> | DATE OF BIRTH <u>April 10 20</u>
(Month) (Day) (Year) |
|-----------------------|---|--------------------------------------|-----------------------------|--|

| | | | |
|---------------------------------------|--------|---|--------|
| FULL NAME <u>Earl Hartley Roberts</u> | FATHER | FULL MAIDEN NAME <u>Winnifred Rudolph</u> | MOTHER |
|---------------------------------------|--------|---|--------|

| | | | |
|---|--------|----------------------------------|--------|
| RESIDENCE <u>618-13th Ave 8, 3rd fl</u> | FATHER | RESIDENCE <u>618-13th Ave 8.</u> | MOTHER |
|---|--------|----------------------------------|--------|

| | | | |
|--------------------|---|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>37</u>
(Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>39</u>
(Years) |
|--------------------|---|--------------------|---|

| | | | |
|-------------------------|--------|----------------------------|--------|
| BIRTHPLACE <u>Idaho</u> | FATHER | BIRTHPLACE <u>Colorado</u> | MOTHER |
|-------------------------|--------|----------------------------|--------|

| | | | |
|--------------------------|--------|------------------------------|--------|
| OCCUPATION <u>Barber</u> | FATHER | OCCUPATION <u>House wife</u> | MOTHER |
|--------------------------|--------|------------------------------|--------|

Number of child of this mother, including present birth... 3 Number of children of this mother now living, including present birth... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician
(Physician or midwife)

Given names added from a supplemental report

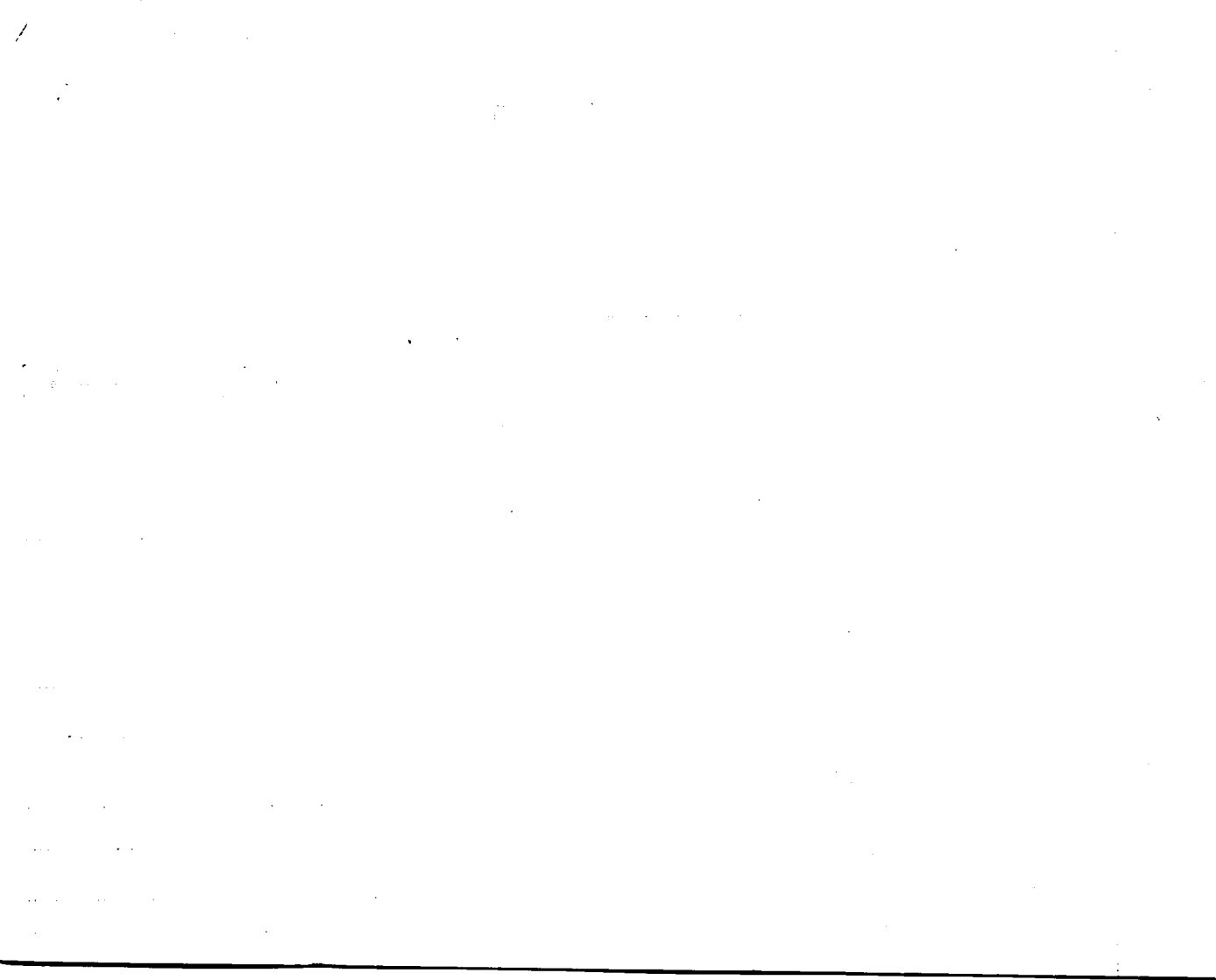
19

Address _____

File May 10 1920 Peckle Dodel

Registrar

Registrar



259-124-014-613

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25a-8-8-17

CERTIFICATE OF BIRTH

County of.....*Canyon*.....City of.....*Nampa*.....Registration District No.....*7*.....File No.....*78747*.....No.....*St.*.....Primary Registration District No.....*1006*.....

Registered No.....

Hospital.....

FULL NAME OF CHILD.....*George Walter Berger*.....

| | | | | |
|-----------------------------|---|--|--------------------------------|--|
| Sex of Child
<i>male</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | + } and {
Number
in order
of birth
+ } | Legiti-
mate?
<i>yes</i> | Date of Birth..... <i>April 24</i> <i>1899</i>
(Month) (Day) (Year) |
|-----------------------------|---|--|--------------------------------|--|

| | |
|-------------------------------------|---|
| FULL NAME
<i>Frank A. Berger</i> | FATHER |
| RESIDENCE
<i>Nampa Idaho</i> | |
| COLOR
<i>White</i> | AGE AT LAST BIRTHDAY <i>21</i>
(Years) |
| BIRTHPLACE
<i>Denver Colo.</i> | |
| OCCUPATION
<i>Butcher</i> | |

| | |
|--|---|
| FULL MAIDEN NAME
<i>Miss Walter</i> | MOTHER |
| RESIDENCE
<i>Nampa Idaho</i> | |
| COLOR
<i>White</i> | AGE AT LAST BIRTHDAY <i>19</i>
(Years) |
| BIRTHPLACE
<i>Iowa</i> | |
| OCCUPATION
<i>Housewife</i> | |

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....*Born alive*..... at.....*9:45am*.....
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature).....*Geo. O. H. Kuss*.....
.....*Physician*.....
.....(Physician or midwife).....

Given names added from a supplemental report.

.....*19*..... Address.....
.....*May 10 20*.....*Pearle Dodds*.....
Registrar Filed.....*1900*..... Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 11 1950

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-126-614-799

PLACE OF BIRTH

County of Canyon

City of Nampa

No. St.

Hospital Mercy

FULL NAME OF CHILD

Registration District No. 7

Primary Registration District No. 2006

File No. 78748

Registered No.

Infant Hays

| | | | | |
|---|---------------------------------|---------------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>X</u> | and Number in order of birth <u>X</u> | Legitimate? <u>yes</u> | Date of Birth <u>Apr. 24, 1920</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | |

FATHER
FULL NAME R. W. Hays
RESIDENCE Nampa
COLOR white
AGE AT LAST BIRTHDAY About 25
(Years)
BIRTHPLACE Nebraska
OCCUPATION Ranchman

MOTHER
FULL MAIDEN NAME Virginia Price
RESIDENCE Nampa, Idaho
COLOR white
AGE AT LAST BIRTHDAY 19
(Years)
BIRTHPLACE Virginia
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

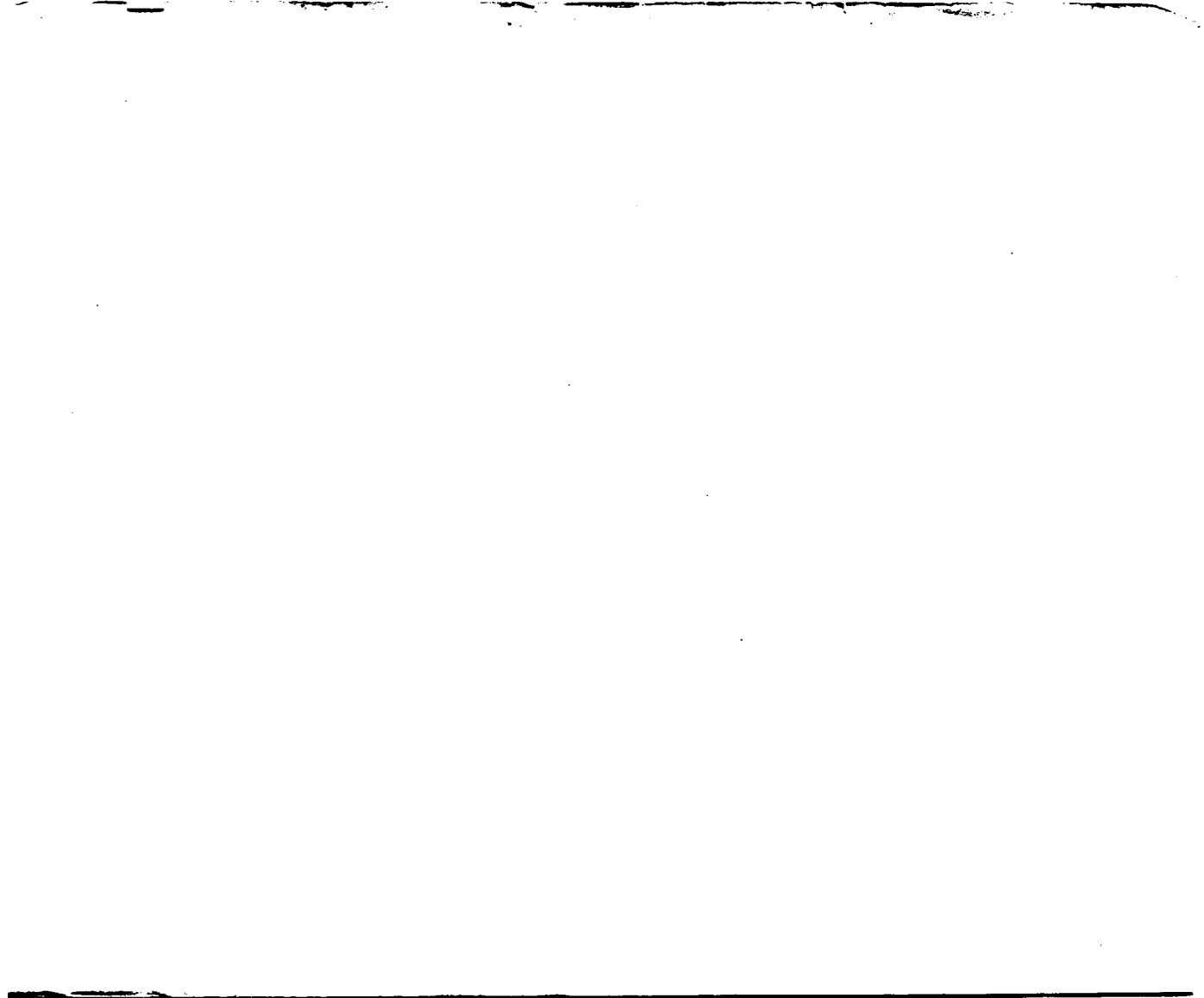
I hereby certify that I attended the birth of this child, who was born alive but died in 5 min. at 2:30 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho
Filed May 10 1920
Pearle Dodds
Registrar



296-230-014-418
PLACE OF BIRTHCounty of CanyonCity of HamptonNo. R 75 # 5 St.Registration District No. 7Primary Registration District No. 2006Hospital Anna LouiseFile No. 78749

Registered No. _____

Full Name of Child Louise Bray

| | | | | | |
|-----------------------------------|---|-----------------------|--------------------------------|---|--|
| SEX OF CHILD
<u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Length
maternal | DATE OF
BIRTH
<u>Apr 30 20</u>
(Month) (Day) (Year) |
| FULL
NAME
<u>H. B. Bray</u> | FATHER | | | FULL
MAIDEN
NAME
<u>John Day</u> | MOTHER |
| RESIDENCE
<u>Hampton</u> | | | | RESIDENCE
<u>Hampton</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY
<u>29</u>
(Years) | COLOR
<u>White</u> | | | AGE AT LAST
BIRTHDAY
<u>24</u>
(Years) |
| BIRTHPLACE
<u>Tenn</u> | BIRTHPLACE
<u>Tenn</u> | | | | |
| OCCUPATION
<u>Farmer</u> | OCCUPATION
<u>Housewife</u> | | | | |

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Fern alin, at 12 M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N. Chittor

Given names added from a supplemental report.

_____. 19____

Registrar

Address Hampton TennFile May 10 1920 Pearle Dodds
Registrar

SEP 3 1942

JAN 16 1945

963-110-214-225
PLACE OF BIRTHCounty of CanyonCity of NampaNo. R.H.D. # 4 St.Hospital

Full Name of Child

Registration District No. Primary Registration District No. 2006Registered No. File No. 78751

| | | | | |
|--------------------------------|---|--------------------------------|---|---|
| SEX OF CHILD
<u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth | Legiti-
mate? | DATE OF
BIRTH <u>May 10 1920</u>
(Month) (Day) (Year) |
| FULL NAME
<u>Me E. Roth</u> | FATHER | | FULL MAIDEN NAME
<u>Ruth Stewart</u> | MOTHER |
| RESIDENCE
<u>Nampa Ida</u> | | | RESIDENCE
<u>Nampa</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>3 2</u>
(Years) | | COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE
<u>Ohio</u> | | | BIRTHPLACE
<u>Oregon</u> | |
| OCCUPATION
<u>Farmer</u> | | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Garn Alvin at 12 on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa IdaFiled May 10 1920 Pearle Dodds

Registrar

Registrar

151

Registered No.

Registration District No.

DATE OF BIRTH

OTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(1-570)

PLACE OF BIRTH

County of CanyonCity of Nampa

No. _____ St. _____

Hospital Mercy

Full Name of Child

Registration District No. _____

Primary Registration District No. 1006STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. _____

Registered No. _____

78752

| | | | | | | |
|--------------------------------|---|-------------|--------------------------------------|---|---------------------------|---|
| SEX OF CHILD
<u>Female</u> | Twins, triplet or other?
(To be answered only in event of plural births) | — { and } — | Number in order of birth | — | Legitimate?
<u>yes</u> | DATE OF BIRTH <u>Apr. 3</u>
(Month) (Day) (Year) <u>1920</u> |
| FATHER | | | MOTHER | | | |
| FULL NAME <u>Nelson Wilber</u> | | | FULL MAIDEN NAME <u>Eulah Wright</u> | | | |
| RESIDENCE <u>Dremsy Ave</u> | | | RESIDENCE <u>Dremsy Ave</u> | | | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>35</u>
(Years) | | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) | | |
| BIRTHPLACE <u>Act.</u> | | | BIRTHPLACE <u>Oregon</u> | | | |
| OCCUPATION <u>Stockman</u> | | | OCCUPATION <u>Housewife</u> | | | |

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.born alive at 3²⁵ P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Leo W. Chilton M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address _____

Nampa, Idaho

Filed _____

April 13 1920

Registrar _____

Registrar _____

to the

10-12-79

9th January 1951

Child

1 { bus }
2
3

7/8 ni zino here (us d OT)

23HTA

TEA, TA
YANTHIA

100-443886-100

168-223-04-141
PLACE OF BIRTH

Form V. S. No. 11-20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7

File No.

78753

No. _____ St.

Primary Registration District No. 2006

Registered No. _____

Hospital _____

FULL NAME OF CHILD Veora Johnson~~Johnson~~Sex of Child Female ☒ Twin ☐ Triplet ☐ or other? ☐ and ☐ (To be answered only in event of plural births)Legitimate? yesDate of Birth April 23 1920
(Month) (Day) (Year)FATHER
FULL NAME Arnold E. JohnsonRESIDENCE NampaCOLOR White AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE UtahOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Anna S. AdamsonRESIDENCE NampaCOLOR White AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

(Signature)

Geo. R. Proctor
Phys.
(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

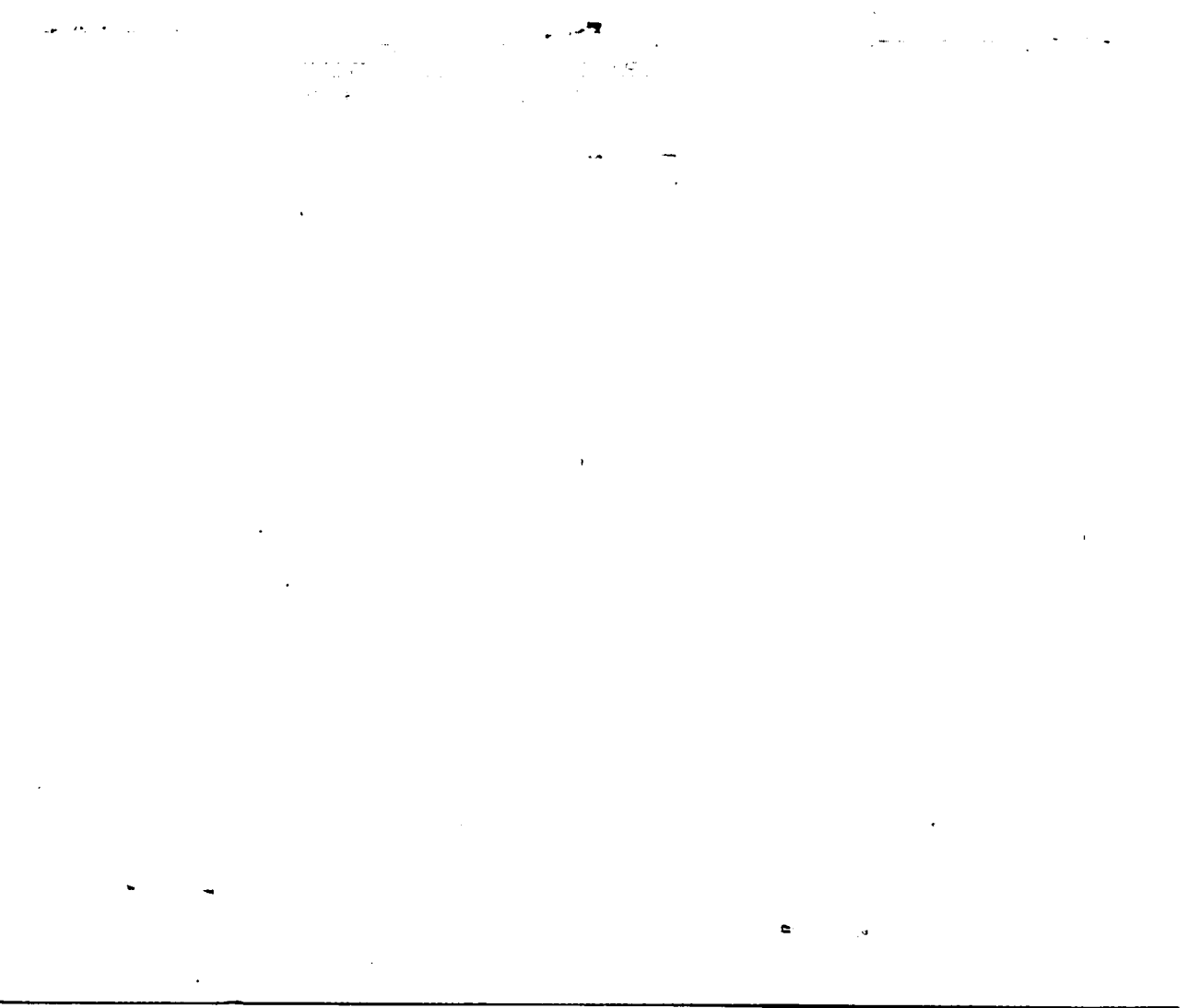
19

Address _____

Filed April 26 1920 Pearle Dodds

Registrar.

Registrar.



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of }
County of } ss. Certificate No. 78753
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Johnson who was born on April 23, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name of Child Unnamed Johnson Veora Johnson

Subscribed and sworn to before me this day of
....., 19.....

Signed Larvina Ann Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of
September, 1962

Signed TERESA Ann Johnson
(Signature of Any Credible Person)

Notary Public, residing at 1618 4th
My commission expires 12/18/61
(Seal)

147 W Bayview, Farmington, Utah
(Street Address, City, State)

L.D.S. Church Missionary Certificate, datd Jan. 14, 1948 at
Salt Lake City, Utah gives full name as Veora Johnson -cert. No.
6711 - viewed by V.S.

SEP 2 1966

Transcript of College Grade Record, date of Matriculation Fall-1950
transcript of grades dated August 1, 1953 - gives full name of
student as Veora Johnson, born April 23, 1920 - viewed by V.S.

319-103-014-662
PLACE OF BIRTHCounty of CanyonCity of Nampa

No. _____ St. _____

Hospital Murphy

Full Name of Child _____

Registration District No. 7Primary Registration District No. 1006STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-30

File No. _____

Registered No. _____

78754

| | | | | | | | | |
|--------------------------------|---|-------------|--------------------------------|---|--|--|------------------|---|
| SEX OF CHILD
<u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | — { and } — | Number
in order
of birth | — | Legiti-
mate? | <u>yes</u> | DATE OF
BIRTH | <u>Apr 3 20</u>
(Month) (Day) (Year) |
| FULL
NAME
<u>Wm Barr</u> | FATHER | | | | FULL
MAIDEN
NAME
<u>Edna Foster</u> | MOTHER | | |
| RESIDENCE
<u>Nampa Ida</u> | | | | | RESIDENCE
<u>Nampa Ida</u> | | | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>30</u>
(Years) | | | | COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>23</u>
(Years) | | |
| BIRTHPLACE
<u>So. Dak.</u> | | | | | BIRTHPLACE
<u>Kansas</u> | | | |
| OCCUPATION
<u>Carpenter</u> | | | | | OCCUPATION
<u>House wife</u> | | | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:20 P. M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Leo W Chittin M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____

Address _____

Filed _____

Registrar _____

Nampa Ida
April 13 1920 Pearle Dadds
Registrar

1/2/41 L. B.

799-213-014-847
PLACE OF BIRTHCounty of CanyonCity of NampaNo. 115-134 on 10 St.

Hospital _____

Registration District No. 7Primary Registration District No. 2006

Form V. S. No. 11-25m-4-14-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 78755

Registered No. _____

Full Name of Child Anna May Pritchard

| | | | | |
|---|---|---|--|--|
| SEX OF CHILD
<u>Female</u> | Twin
Triplet
or other?
<u>—</u>
(To be answered only in event of plural births) | and
Number
in order
of birth
<u>—</u> | Legiti-
mate?
<u>yes</u> | DATE OF
BIRTH
<u>Feb 13 1920</u>
(Month) (Day) (Year) |
| FULL
NAME
<u>Thomas Emanuel Pritchard</u> | FATHER | | FULL
MAIDEN
NAME
<u>Ruby May Hughes</u> | MOTHER |
| RESIDENCE
<u>Nampa Idaho</u> | RESIDENCE | | RESIDENCE
<u>Nampa Idaho</u> | RESIDENCE |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY
<u>24</u>
(Years) | COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY
<u>29</u>
(Years) | COLOR |
| BIRTHPLACE
<u>Nampa Idaho</u> | BIRTHPLACE | BIRTHPLACE
<u>Grant Junction Colo.</u> | BIRTHPLACE | BIRTHPLACE |
| OCCUPATION
<u>Farmer</u> | OCCUPATION | OCCUPATION
<u>Housewife</u> | OCCUPATION | OCCUPATION |

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 2:30 AM
on the date above stated. (Born alive or stillborn)

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."

(Signature) Leo W. Chilton M.D.

(Physician or midwife)

Given names added from a Supplemental report.

19

Address

Registrar

Filed

April 13 1920 Pearle Dadds
Registrar

MAR 5 1945

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-208-014-238
 PLACE OF BIRTH

Form V. S. No. 11—25m-4-18-18

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

County of Canyon

City of Stampa

No. _____ St. _____

Registration District No. 7

File No. 78756

Hospital Mercy

Primary Registration District No. 1006

Registered No. _____

Full Name of Child Evangelin Rose Blinn

| | | | | |
|-------------------------------------|---|---|---|---|
| SEX OF CHILD
<u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | — { and } —
Number
in order
of birth | Legiti-
mate?
<u>yes</u> | DATE OF
BIRTH <u>Apr 8</u>
(Month) (Day) (Year) |
| FULL
NAME
<u>Gordon Blinn</u> | FATHER | | FULL
MAIDEN
NAME
<u>Mayme Schwartz</u> | MOTHER |
| RESIDENCE
<u>Stampa Ida</u> | | | RESIDENCE
<u>Stampa Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>27</u>
(Years) | | COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE
<u>Oregon</u> | | | BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Clerk</u> | | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, 5:45 A.M.
 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M.D.

(Physician or midwife)

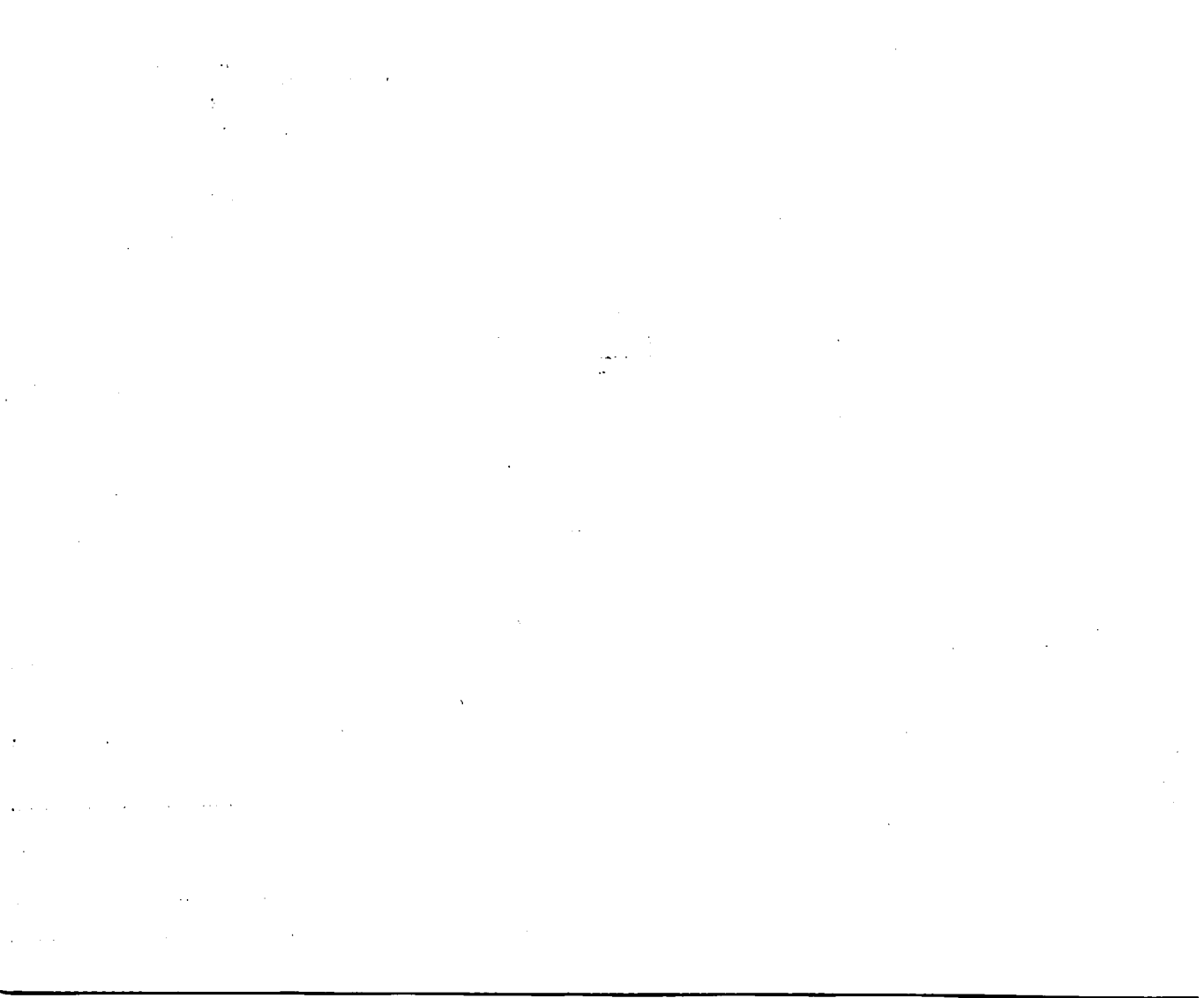
Given names added from a supplemental report.

Address Stampa Ida

Filed April 13 1920 Pearle Dodds

Registrar

Registrar



336-110-014-794
PLACE OF BIRTH

County of Canyon

City of ampa

No. 318-9th & 80 St.

Hospital

Full Name of Child Earl Allen Clopp

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-4-18-18

Registration District No. 7

File No. 78757

Primary Registration District No. 1006

Registered No.

| | | | | |
|---------------------------------------|---|-----------------------------------|---|---|
| SEX OF CHILD
<u>male</u> | Twin <input checked="" type="checkbox"/> Triplet <input type="checkbox"/> or other? <input type="checkbox"/>
(To be answered only in event of plural births) | Number in order of birth <u>2</u> | Legitimate? <u>yes</u> | DATE OF BIRTH <u>Mar 10</u>
(Month) (Day) (Year) |
| FULL NAME
<u>Father Chas Clopp</u> | FATHER | | FULL MAIDEN NAME
<u>Rosanna Brunig</u> | MOTHER |
| RESIDENCE
<u>ampa</u> | | | RESIDENCE
<u>ampa</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>37</u>
(Years) | COLOR
<u>White</u> | | AGE AT LAST BIRTHDAY <u>23</u>
(Years) |
| BIRTHPLACE
<u>Ark</u> | | | BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Eng. O.S.H.</u> | | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 80 at the date above stated. (Born alive or stillborn) M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton

(Physician or midwife)

Given names added from a supplemental report.

Address April 13, 1920 Pearl Dodd
Registrar

Registrar

ce 3/10/41

913

NOV 9 1956

APR 20 1942

PLACE OF BIRTH

336-110-874-774

County of CanyonCity of NampaNo. 318-9th Ave So St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-18-18

Registration District No. 7File No. 78758Primary Registration District No. 1006

Registered No. _____

Full Name of Child Earnest Wallace Clopp

SEX OF CHILD

MaleTwin
Triplet
or other?{and} Number
in order
of birth 1
(To be answered only in event of plural births)Legiti-
mate?yesDATE OF
BIRTHMar 10 20
(Month) (Day) (Year)FULL
NAMEFather Frank Chas Clopp

RESIDENCE

Nampa

COLOR

WhiteAGE AT LAST
BIRTHDAY37
(Years)

BIRTHPLACE

Ark

OCCUPATION

Locomotive Eng.FULL
MAIDEN
NAMEMother Rosema Gruning

RESIDENCE

Nampa

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at SA M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Leo W Chilton

Given names added from a supplemental report.

(Physician or midwife)

19

Address

Filed April 13, 1920Pearle Dadds

Registrar

Registrar

MAY 17 1943

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of CanyonCity of ✓Registration District No. 7File No. 78759No. ✓ St.Primary Registration District No. 2006 Registered No. ✓Hospital ✓

FULL NAME OF CHILD

Ruby Lavern Johnson

Sex of Child Female One and Number in order of birth 1 Legiti Yes Date of Birth April 17 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Oscar Leroy Johnson
FATHER

RESIDENCE Melba, Id. 2 mi. west

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

FULL MAIDEN NAME Ester Lavern Chidester
MOTHER

RESIDENCE Melba, Id. 2 mi. west

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Washington, Utah

OCCUPATION House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Samuel A. Swayne, M.D.
Melba, Id.
(Physician or midwife)

Given names added from supplemental report.

Ruby Lavern Johnson 19 20
W. C. Murphy
Registrar

Address

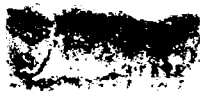
Filed

May 22 19 20 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



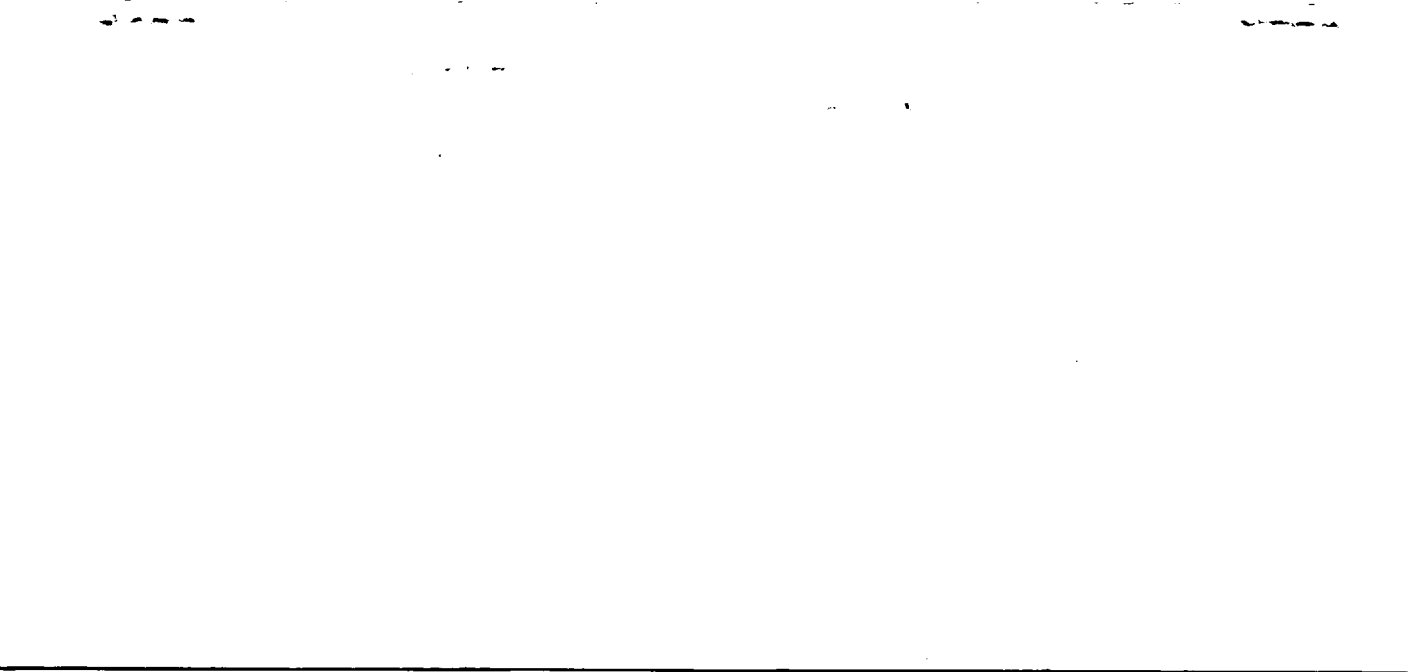
BOARD OF HEALTH-BUREAU OF VITAL STATISTICS
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Melba, Id. Registered No. _____
Street and House No. 1 1/2 mi N. W. _____
County Canyon Registration Dist. No. 7

Sex of Child Female
Date of Birth April 17 1920
MONTH DAY YEAR
Father Oscar Leroy Johnson
FULL NAME
Mother Ester Savern Chidester
FULL MAIDEN NAME

I Hereby Certify that the child described herein
has been named:

Ruby Lavern Johnson
GIVEN NAME IN FULL SURNAME
as reported by S. L. Swaine, M.D.
FATHER OR MOTHER
Pearle Dodds
LOCAL REGISTRAR



493 - 113 - 433
PLACE OF BIRTH

Form 7, 11-1-25m-4-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital Mercy

Full Name of Child

Registration District No. 7

File No. 78760

Primary Registration District No. 2006

Registered No. _____

Hugh Holland Mills

| | | | | |
|---|---|--|---|--|
| SEX OF CHILD <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth
<u>1st</u> | Legiti-
mate? <u>yes</u> | DATE OF BIRTH <u>Nov. 13, 1920</u>
(Month) (Day) (Year) |
| FULL NAME <u>Bernice Mills</u> | FATHER | | FULL MAIDEN NAME <u>Mary J. McCain</u> | MOTHER |
| RESIDENCE <u>Nampa, Idaho R.F.D. #4</u> | | | RESIDENCE <u>Nampa, Idaho R.F.D. #4</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>32</u>
(Years) | | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE <u>Missouri</u> | | | BIRTHPLACE <u>Iowa</u> | |
| OCCUPATION <u>Farmer</u> | | | OCCUPATION <u>Wife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Garet Truizing
(Physician or midwife)

Even names added from a supplemental report

..... 19

K

Registrar

Address April 13 1920 Pearlle Sodde
Registrar

at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

by 20441

819-129-014-195

PLACE OF BIRTH

County of Canyon

City of Manitou

No. _____ St. _____

Hospital no

Full Name of Child

Registration District No. 7

Primary Registration District No. 1006

File No. 78761

Registered No. _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

| | | | | |
|---|---|---|--|---|
| SEX OF CHILD <u>M.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
{and} in order
of birth <u>1</u> | Legiti-
mate? <u>yes</u> | DATE OF
BIRTH <u>Mar 29 20</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Wesley Elza Harris</u> | | | MOTHER
FULL MAIDEN NAME <u>Frank R. Cinsworth</u> | |
| RESIDENCE <u>Merba</u> | | | RESIDENCE <u>Merba</u> | |
| COLOR <u>W.</u> | AGE AT LAST
BIRTHDAY <u>21</u>
(Years) | | COLOR <u>W.</u> | AGE AT LAST
BIRTHDAY <u>19</u>
(Years) |
| BIRTHPLACE <u>Iowa</u> | | | BIRTHPLACE <u>Mo</u> | |
| OCCUPATION <u>Merchant</u> | | | OCCUPATION <u>Wife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jacot Thuring
(Physician or midwife)

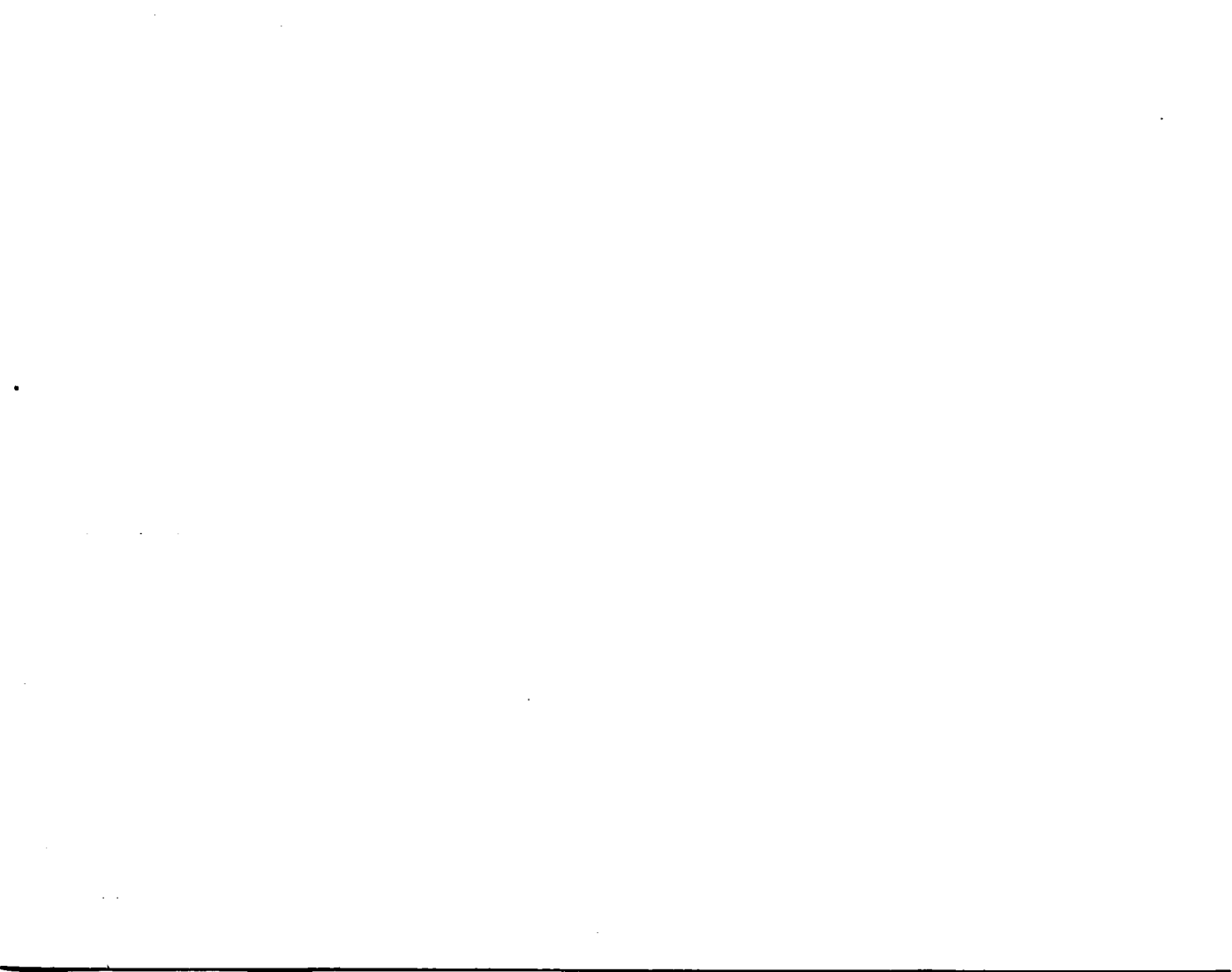
Given names added from a supplemental report

Address _____

Filed April 13 1920 Pearle Dodds
Registrar

Registrar

Registrar



577-224-014-268
PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CanyonCity of Nampa

No. _____ St. _____

Registration District No. 7File No. 78762

Hospital _____

Primary Registration District No. 1006

Registered No. _____

Full Name of Child

Alice Lucile Epps

SEX OF CHILD

FemaleTwin
Triplet
or other?{ and } Number
in order
of birth

Legitimate?

Yes

DATE OF BIRTH

Mar 24 1920
(Month) (Day) (Year)

FULL NAME

William S. Epps

FATHER

FULL MAIDEN NAME

MOTHER

Graceless Kohler

RESIDENCE

Nampa, Ida.

RESIDENCE

Nampa, Ida.

COLOR

White

AGE AT LAST BIRTHDAY

24
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

21
(Years)

BIRTHPLACE

Arkansas

BIRTHPLACE

Kansas

OCCUPATION

Bookkeeper

OCCUPATION

WifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature)

Jacob Ringing

(Physician or midwife)

19 _____

Address

Filed April 13, 1920Pearle Dadds

Registrar

Registrar

JUL 10 1953

296-122-014-691
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CanyonCity of NampaNo. 1110-14 2nd St.Registration District No. 7File No. 78763

Hospital _____

Primary Registration District No. 1006

Registered No. _____

FULL NAME OF CHILD George Wallace Brown

| | | | | |
|--------------------------|---|--|-----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other? <u> </u>
(To be answered only in event of plural births) | and {
Number
in order
of birth
{ <u> </u> | Legiti-
mate? <u>yes</u> | Date of
Birth <u>April 22</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--|-----------------------------|---|

FULL NAME FATHER Clinton M. BrownRESIDENCE NampaCOLOR White AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE NebraskaOCCUPATION SalesmanFULL MAIDEN NAME MOTHER Florence L. FrazierRESIDENCE NampaCOLOR White AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE IowaOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo H. Proctor
Phys
(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

Filed April 23 1920 Pearle Dodds

Registrar.

Registrar.

1. The first part of the document is a list of the names of the persons who were present at the meeting. The names are listed in alphabetical order.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

765 -118-014-764
 PLACE OF BIRTH

Form V. B. 118, (Revised 10-10-19)

County of Campbell

City of Nampa

Registration District No. 7

File No.

78764

No. _____ St.

Hospital _____

Primary Registration District No. 1006

Registered No. _____

FULL NAME OF CHILD

William Harold Pfeiffer

Sex of Child

Male

Twin
Triplet
or other?

and

Number
in order
of birth

Legiti-
mate?

yes

Date of
Birth

April 18 1920
(Month) (Day) (Year)

FULL
NAME

George W. Pfeiffer

FATHER

RESIDENCE

Nampa

COLOR

White

AGE AT LAST
BIRTHDAY

35

(Years)

BIRTHPLACE

Missouri

OCCUPATION

R.R. Engineer

FULL
MAIDEN
NAME

Elizabeth Combs

MOTHER

RESIDENCE

Nampa

COLOR

White

AGE AT LAST
BIRTHDAY

32

(Years)

BIRTHPLACE

West Virginia

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
 on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo W. Proctor
Phys

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

April 23 1920 Pearle Dadds

Registrar

Registrar



240 X 15 X 15 240

243-222-014-125
PLACE OF BIRTHSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Form V. S. No. H—20m-7-26-19

CERTIFICATE OF BIRTH

County of CanyonCity of NampaNo. 919-10th ave S. S.Registration District No. 7

File No.

78765

Hospital

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Leatha NaomiButterfield

| | | | | | |
|----------------------------|---|-----|--------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legitimate? <u>yes</u> | Date of Birth <u>April 22</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|------------------------|--|

| | |
|--|--------|
| FULL NAME
<u>Clarence Butterfield</u> | FATHER |
| RESIDENCE
<u>Nampa</u> | |

| | |
|--|--------|
| FULL MAIDEN NAME
<u>Mrs. Freda Abel</u> | MOTHER |
| RESIDENCE
<u>Nampa</u> | |

| | |
|-----------------------|---|
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
|-----------------------|---|

| | |
|-----------------------|---|
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>18</u>
(Years) |
|-----------------------|---|

| |
|---------------------------|
| BIRTHPLACE
<u>Iowa</u> |
|---------------------------|

| |
|-----------------------------|
| BIRTHPLACE
<u>Oregon</u> |
|-----------------------------|

| |
|------------------------------|
| OCCUPATION
<u>Laborer</u> |
|------------------------------|

| |
|--------------------------------|
| OCCUPATION
<u>Housewife</u> |
|--------------------------------|

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

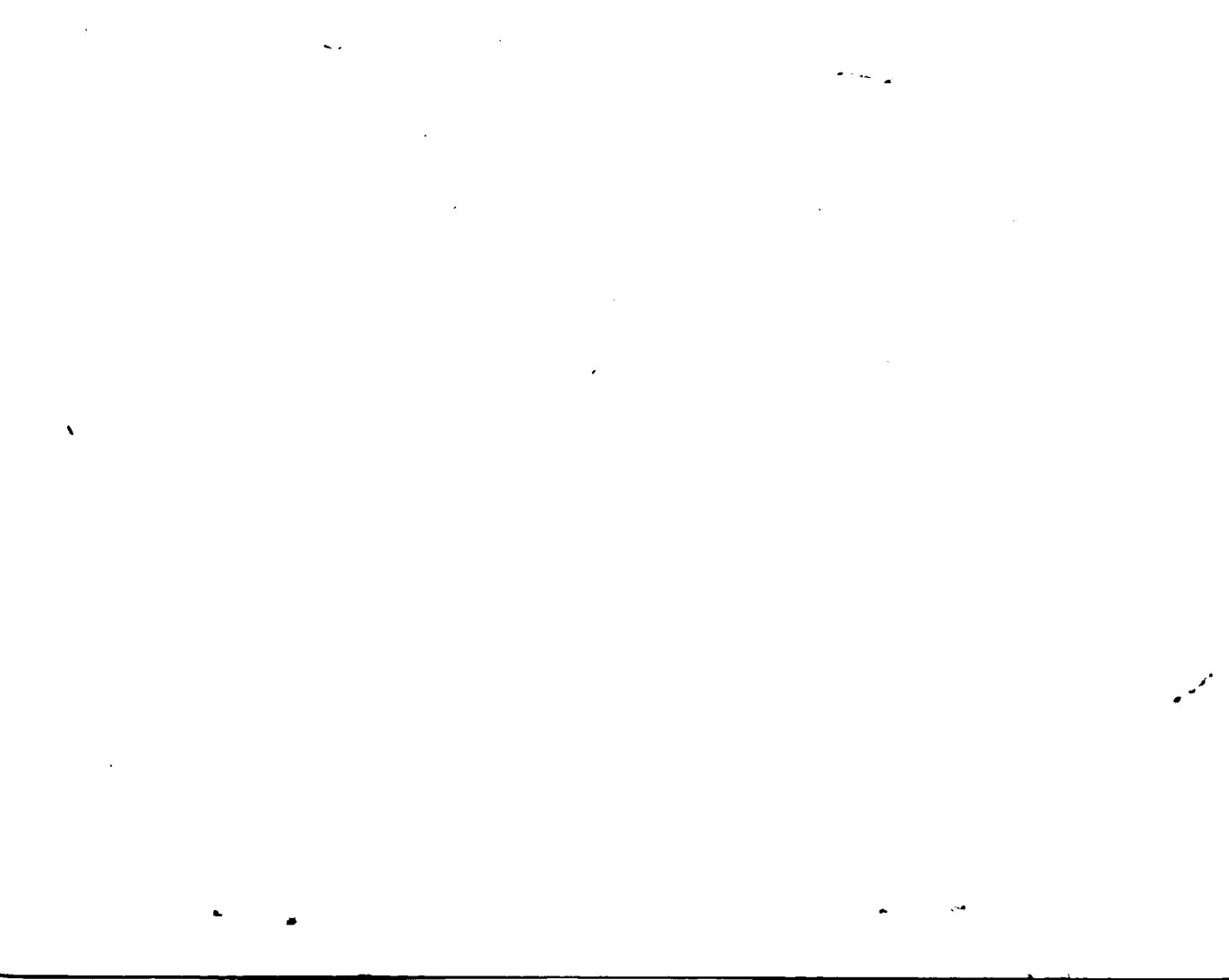
Address

Filed

April 23 1920 Pearle Dadds

Registrar.

Registrar.

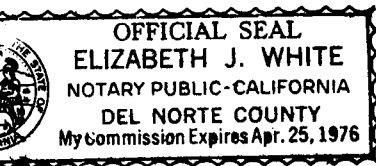


STATE OF CALIFORNIA,

County of Del Norte } ss.
On this 25th day of June in the year one thousand nine
hundred and 73 before me, the undersigned
a Notary Public, State of California, duly commissioned and sworn, personally appeared
Margie Johnson

known to me to be the person whose name is subscribed to the within instrument
and acknowledged to me that She executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal
in the County of Del Norte the day and year in this
certificate first above written.



Klamath, CA. 95548

Elizabeth J. White
Notary Public, State of California.

My Commission Expires April 25, 1976



STATE OF CALIFORNIA,

County of Del Norte } ss.
On this 25th day of June in the year one thousand nine
hundred and 73 before me, the undersigned
a Notary Public, State of California, duly commissioned and sworn, personally appeared
Una F. Butterfield

known to me to be the person whose name is subscribed to the within instrument
and acknowledged to me that he executed the same.

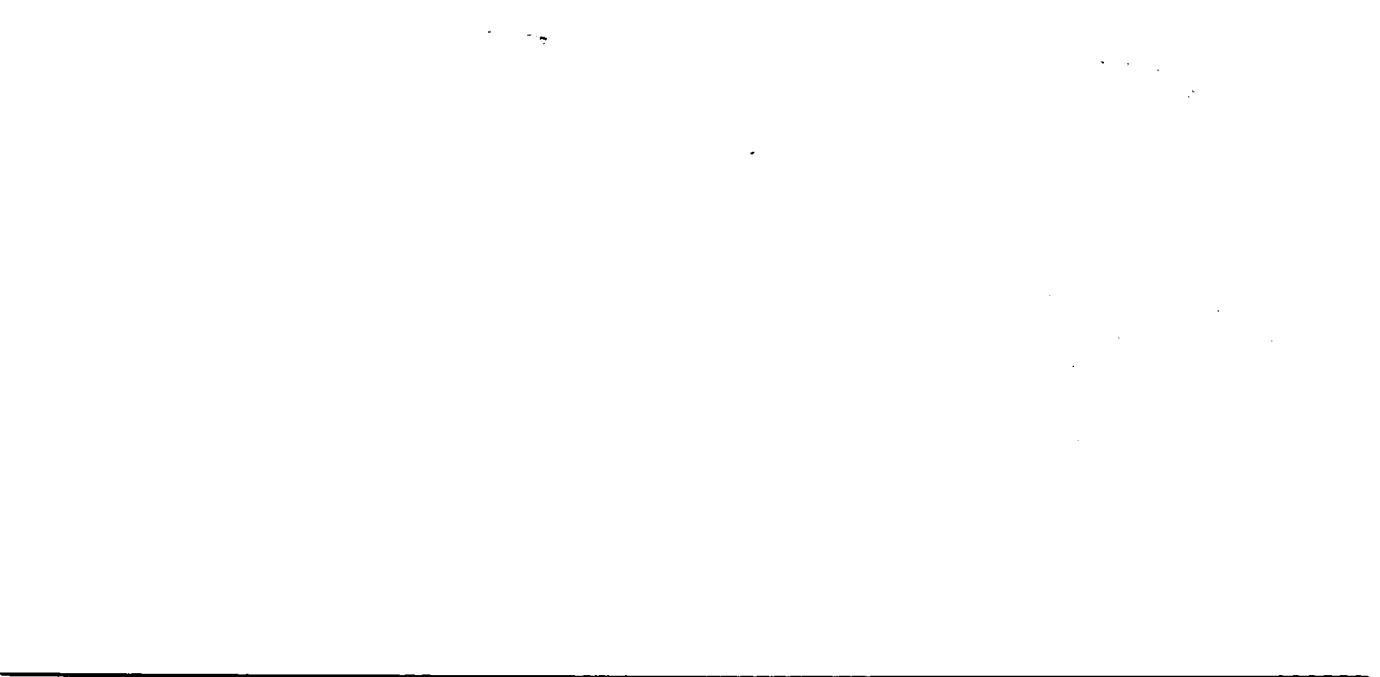
IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal
in the County of Del Norte the day and year in this
certificate first above written.

OFFICIAL SEAL
ELIZABETH J. WHITE
NOTARY PUBLIC-CALIFORNIA
DEL NORTE COUNTY
My Commission Expires Apr. 25, 1976

Klamath, CA. 95548

Elizabeth J. White
Notary Public, State of California.

My Commission Expires April 25, 1976



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 78765
County of Del Norte }

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Butterfield (Female) who was born on April 22, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by in other verification (Signature below) June 25, 1973, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)
Leatha Naomi Butterfield

Child's name

Unnamed

Subscribed and sworn to before me this 25th day of

June, 1973

Elizabeth J. White
Notary Public, residing at Klamath, Calif. 95548

My commission expires April 25, 1978

(Seal)

Signed [Signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3542 Huxley Road, Central Point, Oregon 97501
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Del Norte }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of

June, 1973

Elizabeth J. White
Notary Public, residing at Klamath, Calif. 95548

My commission expires April 25, 1978

(Seal)

Signed [Signature]
(Signature of Any Credible Person)

3542 Huxley Road, Central Point, Oregon 97501
(Street Address, City, State)

OCT 15 1973

Marriage Certificate from Washington gives groom's name as Norman J. Hepp and the bride's name as Leatha Butterfield. Dated May 4, 1942. Viewed by V. S.

Birth Certif. ~~fr~~ from Our Lady of Lourdes Hospital, Pasco, Washington gives name as Sherry Naomi Hepp. born July 26, 1944. gives father's name as Norman J. Hepp and the mother's name as ~~kxx~~ Leatha Naomi Butterfield. Viewed By VS

595-130-014-719
PLACE OF BIRTH

Form V. S. No. 11-20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 78766

No. _____ St. _____

Primary Registration District No. 2006

Registered No. _____

Hospital _____

FULL NAME OF CHILD David Charles Nielsen

| | | | | | |
|--------------------------|---|-----|--------------------------------|---------------------------|--|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legitimate?
<u>yes</u> | Date of Birth <u>April 30</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|--------------------------------|---------------------------|--|

FATHER
FULL NAME Andrew Geo. Nielsen

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 25
(Years)

BIRTHPLACE Denmark

OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Flossie Paris

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 23
(Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

born alive at 8:50 a.m.
(Born alive or stillborn)

(Signature)

Dr. Geo. R. Proctor
Phys.
(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 _____

Address _____

Filed May 1st 1920 Pearle Dodds
Registrar.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 11 1944

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-124-014-897
PLACE OF BIRTH

Form V. S. No. 11—20m-7-22-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Campbell

City of Hampden

Registration District No. 7

File No.

78767

No. 1607 - 1st St. 71

Primary Registration District No. 1006

Registered No.

Hospital

FULL NAME OF CHILD

Oliver Berton Howard

Sex of Child

Male

Twin
Triplet
or other?

and

Number
in order
of birth

Legiti-
mate?

yes

Date of
Birth

April 24 1920
(Month) (Day) (Year)

FULL
NAME

FATHER

Oliver B. Howard

RESIDENCE

Hampden

COLOR

White

AGE AT LAST
BIRTHDAY

29

(Years)

BIRTHPLACE

Missouri

OCCUPATION

Warehouseman

FULL
MAIDEN
NAME

MOTHER

Oda May Higley

RESIDENCE

Hampden

COLOR

White

AGE AT LAST
BIRTHDAY

30

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was
on the date above stated.

born alive 12:30 A. M.
(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Geo. H. Proctor
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed April 26 1920 Pearle Dodds
Registrar.

6/4/41 L. B.

437-213-637-
PLACE OF BIRTH
367

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CroyleCity of WilsonRegistration District No. 7

File No.

78768

No. _____ St. _____

Hospital _____

Primary Registration District No. 2006

Registered No. _____

FULL NAME OF CHILD

Rose Marie McGuire

Sex of Child

FemTwin
Triplet
or other?
(To be answered only in event of plural births)

and

Number
in order
of birth

Legitimate?

yes

Date of Birth

April 13 1920
(Month) (Day) (Year)

FULL NAME

Father
Oren John McGuire

RESIDENCE

Wilson

COLOR

WhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Kansas

OCCUPATION

FarmerFULL
MAIDEN
NAMEMOTHER
Rose Alaska Cox

RESIDENCE

Wilson

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Geo. R. Proctor at 7:15 A. M.
(Born alive or stillborn)
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19. _____

Address _____

Filed

April 23 1920 Pearle Dodds
Registrar.

Registrar.

DECEASED

289-110-07-05
PLACE OF BIRTH

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R. D. #4 St.

Registration District No. 7

File No. 78769

Hospital

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD

Norman Fredrick Skroll

Sex of Child

Male

Twin
Triplet
or other?
(To be answered only in event of plural births)

and
(Number
in order
of birth)

Legitimate?

Yes

Date of Birth

May 10 1920
(Month) (Day) (Year)

FULL NAME

FATHER Ernest W. Skroll

FULL MAIDEN NAME

MOTHER Louise Helton

RESIDENCE

Nampa

RESIDENCE

Nampa

COLOR

White

AGE AT LAST BIRTHDAY

3 3
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

26
(Years)

BIRTHPLACE

South Dakota

BIRTHPLACE

Iowa

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive

(Born alive or stillborn)

11:30 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo R Proctor

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

May 10 1920 Pearle Dodds
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Certified Copy issued Nov. 6, 1970. H.W.

PLACE OF BIRTH

County of *Canyon*City of *Nampa*No. *Rural Box 2*Hospital *✓*Registration District No. *7*Primary Registration District No. *2006*File No. *78770*

Registered No. _____

Full Name of Child *Hilda Helen Day*

SEX OF CHILD

*girl*Twin
Triplet
or other? *x*{and} Number
of birth *x*
(To be answered only in event of plural births)Legiti-
mate? *yes*DATE OF
BIRTH*April 14 1920*
(Month) (Day) (Year)FULL
NAME*Frank Day*

FATHER

FULL
MAIDEN
NAME*Emily Thomas*

MOTHER

RESIDENCE

Nampa Idaho

RESIDENCE

Nampa Idaho

COLOR

*white*AGE AT LAST
BIRTHDAY *4.5*
(Years)

COLOR

*white*AGE AT LAST
BIRTHDAY *31*
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Feb.

OCCUPATION

Farmer

OCCUPATION

*Housewife*Number of child of this mother, including present birth *3*Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive*
on the date above stated.(Born alive or stillborn), at *3:45 P. M.*

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *G. H. May*
M.D.

(Physician or midwife)

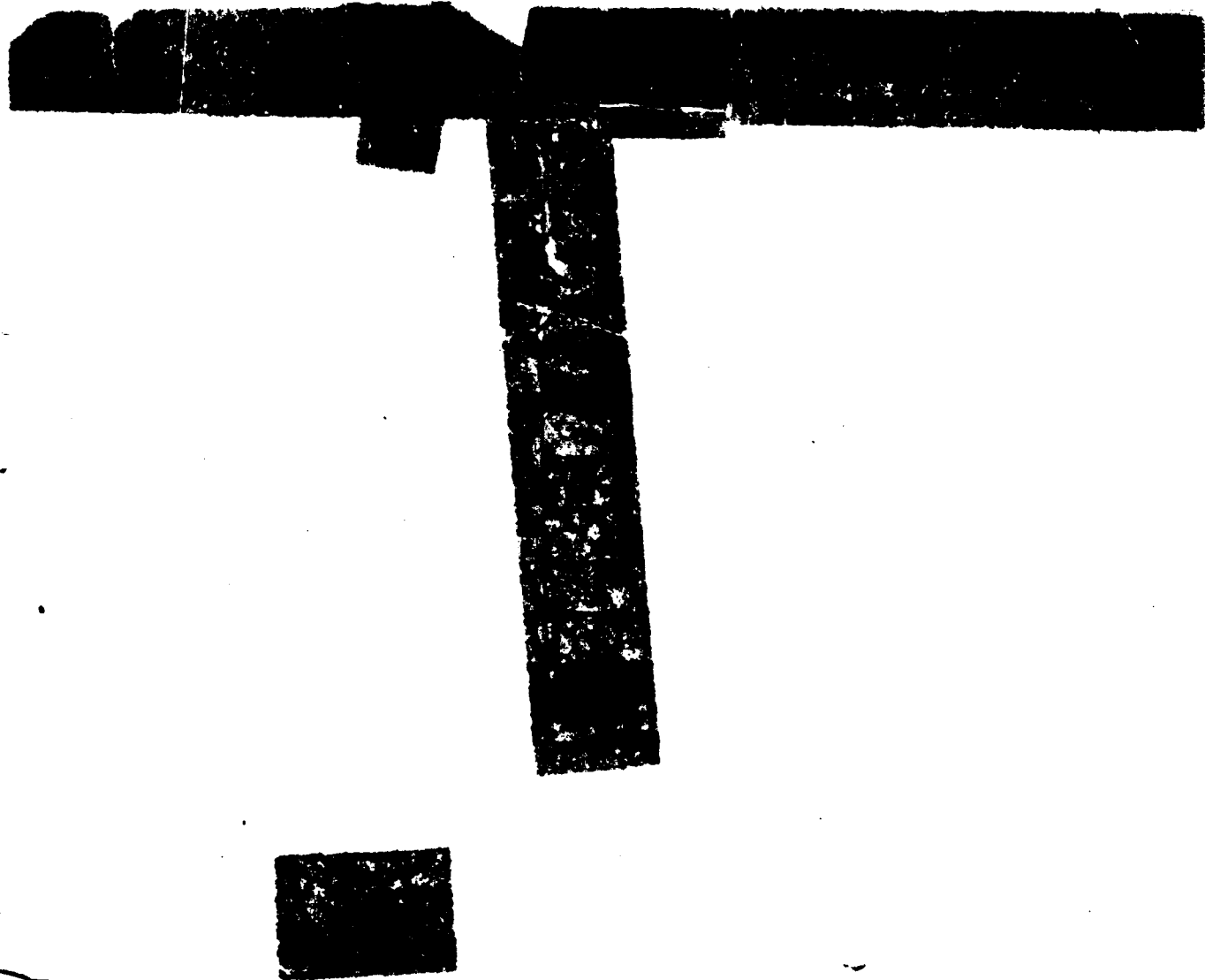
Given names added from a supplemental report.

19

Address *Nampa Idaho*Filed *May 10 1920*

Registrar

Pearle Dodds
Registrar



213-122-014-236

PLACE OF BIRTH

County of CanyonCity of NampaNo. 418-12 ave N St.Hospital xRegistration District No. 7Primary Registration District No. 1006

Form N. S. No. 11-25m-4-14-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 78771

Registered No. _____

Full Name of Child Robert Lane Baldwin

| | | | | |
|------------------------------------|---|---|--|--|
| SEX OF CHILD
<u>Boy</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth
(and in order of birth in event of plural births) | Legitimate?
<u>yes</u> | DATE OF BIRTH
<u>April 22</u>
(Month) (Day) (Year) |
| FULL NAME
<u>Ben Baldwin</u> | FATHER | | FULL MAIDEN NAME
<u>Mary Sloper</u> | MOTHER |
| RESIDENCE
<u>Nampa Idaho</u> | | | RESIDENCE
<u>Nampa Idaho</u> | |
| COLOR
<u>white</u> | AGE AT LAST BIRTHDAY
<u>32</u>
(Years) | COLOR
<u>white</u> | | AGE AT LAST BIRTHDAY
<u>21</u>
(Years) |
| BIRTHPLACE
<u>Idaho</u> | | | BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>R.B. Brakeman</u> | | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 2:50 a (M) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Murray

(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa IdahoFiled May 10 1920

Registrar

Pearle Dodds

Registrar

APR 18 1942

DECEASED

331 125-601-331

PLACE OF BIRTH

County of AdaCity of MeridianNo. R.R. no 3 St.Hospital x

Full Name of Child

VERNON MURRAY

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-18-17

File No.

78772

Registered No.

Registration No. 7Primary Registration District No. 2006

SEX OF CHILD

BoyTwin
Triplet
or other? xNumber
in order
of birth x
(To be answered only in event of plural births)Legitimate? yes

DATE OF BIRTH

April 25 1920
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

42

(Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

33

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 7Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive at 7:30 P. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. Murray
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Wanda Fisher

Filed

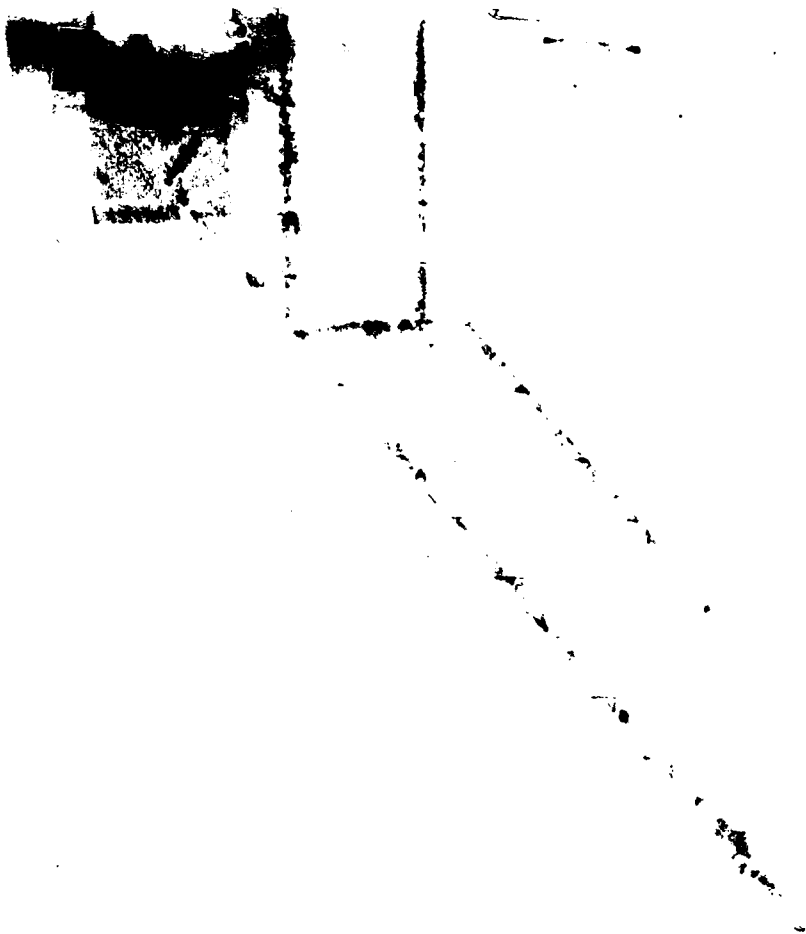
May 10 1920 Pearle Dodds
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-14-44



DEPARTMENT
Affidavit to Correct

STATE OF WASHINGTON
BUREAU OF VITAL STATISTICS
Certificate of Birth or Death

75782
78722

State of Washington

Certificate No. 78722

County of Okanogan

Date Filed

The undersigned does solemnly swear that the certificate of birth

NOV 13 1941

for unnamed Clayton

(Birth or death)

(Name on original certificate)

on April 25, 1920

(Was born or died)

(Date of event)

in Meridian, Idaho

(Place of event)

and that, to the best of his knowledge, the true

facts as shown by

(Bible)

policy, etc.)

prepared on April 25, 1920

(Give date)

FACTS TO BE CORRECTED

FROM

TO

("Name", "birth date", "cause of death")

(As on original)

(The correct facts)

Name

unnamed

Vernon Murray Clayton

Subscribed and sworn to before me this 10th

day of November, 1941

Signed *H. Elia Clayton*, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

residing at Oroville, Washington

Oroville, Washington

(Street Address, City, State)

My commission expires January 27, 1945

Supporting Affidavit of a Second Person

Okanogan

Okanogan

ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th

day of November, 1941

Signed *Florence Doll*
(Signature of any credible person other than the previous affiant)

Notary Public, residing at Oroville, Wash.

Oroville, Washington

(Street Address, City, State)

My commission expires January 27, 1945

(SEAL)

Received for filing on

(Registrar's signature)

4-You

1400
1401
1402
1403
1404

PLACE OF BIRTH
395-214-046-796County of CanyonCity of Nampa

No. _____ St. _____

Hospital ^Primary Registration District No. 1006File No. 78773

Registered No. _____

Full Name of Child Lena Josephine Creech

| | | | | |
|----------------------------------|---|---|---|--|
| SEX OF CHILD
<u>girl</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | <u>twin</u> { and } <u>first</u>
in order of birth | Legitimate?
<u>yes</u> | DATE OF BIRTH
<u>April 14, 1920</u>
(Month) (Day) (Year) |
| FULL NAME
<u>W. J. Creech</u> | FATHER | | FULL MAIDEN NAME
<u>Corine Gross</u> | MOTHER |
| RESIDENCE
<u>Nampa, Idaho</u> | | | RESIDENCE
<u>Nampa Idaho</u> | |
| COLOR
<u>W</u> | AGE AT LAST BIRTHDAY
<u>29</u>
(Years) | | COLOR
<u>white</u> | AGE AT LAST BIRTHDAY
<u>20</u>
(Years) |
| BIRTHPLACE
<u>Tennessee</u> | | | BIRTHPLACE
<u>Tenn.</u> | |
| OCCUPATION
<u>Teamster</u> | | | OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth. one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa IdahoFiled May 10, 1920

Registrar

Pearle Dodds
Registrar

PLACE OF BIRTH

100-0161042

100-0161042

DATE OF
BIRTH

100-0161042

PLACE OF BIRTH
395-114-014-796
County of Campan
City of Nampa
No. _____ St. _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-15-18

CERTIFICATE OF BIRTH

Registration District No. 7

File No.

78774

Primary Registration District No. 1006

Registered No. _____

Hospital _____

Full Name of Child

Leon Joseph Creech

SEX OF CHILD

Boy

Twin
or other?

twin

Number
in order
of birth2ndLegiti-
mate?

yes

DATE OF
BIRTHApril 14 1920
(Month) (Day) (Year)FULL
NAME

W. J. Creech

FATHER

FULL
MAIDEN
NAME

Corinne Gross

MOTHER

RESIDENCE

Nampa Ida.

RESIDENCE

Nampa Ida.

COLOR

white

AGE AT LAST
BIRTHDAY29
(Years)

COLOR

white

AGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Teamster

OCCUPATION

Housewife

Number of child of this mother, including present birth. 2

Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive
(Born alive or stillborn)at 6²⁰ P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature).....

J. H. Murray
M.D.

(Physician or midwife)

Address

Nampa Idaho

Filed

May 10 1920 Pearl D. Dicks

Registrar

Registrar

RECEIVED
JUL 27 1943
U.S. DEPT. OF JUSTICE

JUL 27 1943

719-204-014-819

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

County of CanyonCity of NampaNo. 801, 16th Ave N.Registration District No. 7File No. 78775

Hospital _____

Primary Registration District No. 1006

Registered No. _____

Full Name of Child

Edith Marie Parsons

SEX OF CHILD

FTwin
Triplet
or other?Number
and in order
of birth1Legiti-
mate?YesDATE OF
BIRTH4-4-20

(Month) (Day) (Year)

FULL
NAME

FATHER

Jesse Parsons

RESIDENCE

201, 16th Ave N.

COLOR

W.AGE AT LAST
BIRTHDAY34

(Years)

BIRTHPLACE

Mosurca

OCCUPATION

Brick LayerFULL
MAIDEN
NAME

MOTHER

Laura Harris

RESIDENCE

201, 16th Ave N.

COLOR

W.AGE AT LAST
BIRTHDAY27

(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn)at 11 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. H. C. Robinson

(Physician or midwife)

Given names added from a supplemental report

19

Address

Nampa

Filed

May 11 1920Pearle D. Dade

Registrar

Registrar

K

157 JUL 6 1944

DECEASED

249-212
014-75-3
PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Sugar Ave St.

Registration District No. 7

File No. 78776

Primary Registration District No. 1006

Registered No. _____

Hospital _____

Full Name of Child ROSEMARY FRANCES
Smith

| | | | | |
|---|---|---|--|--|
| SEX OF CHILD
<u>F</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | Number
in order
of birth
{ and } | Legiti-
mate?
<u>Yes</u> | DATE OF
BIRTH
<u>4</u> <u>12</u> <u>1920</u>
(Month) (Day) (Year) |
| FULL
NAME
<u>Nathan S Smith</u> | FATHER | | FULL
MAIDEN
NAME
<u>Ella A Beck</u> | MOTHER |
| RESIDENCE
<u>Sugar Ave</u> | | | RESIDENCE
<u>Sugar Ave</u> | |
| COLOR
<u>W.</u> | AGE AT LAST
BIRTHDAY
<u>45</u>
(Years) | | COLOR
<u>W.</u> | AGE AT LAST
BIRTHDAY
<u>35</u>
(Years) |
| BIRTHPLACE
<u>Nebraska</u> | | | BIRTHPLACE
<u>Idaho</u> | |
| OCCUPATION
<u>Traveling Salesman</u> | | | OCCUPATION
<u>H. Wife</u> | |

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) 3 ~ A.M.

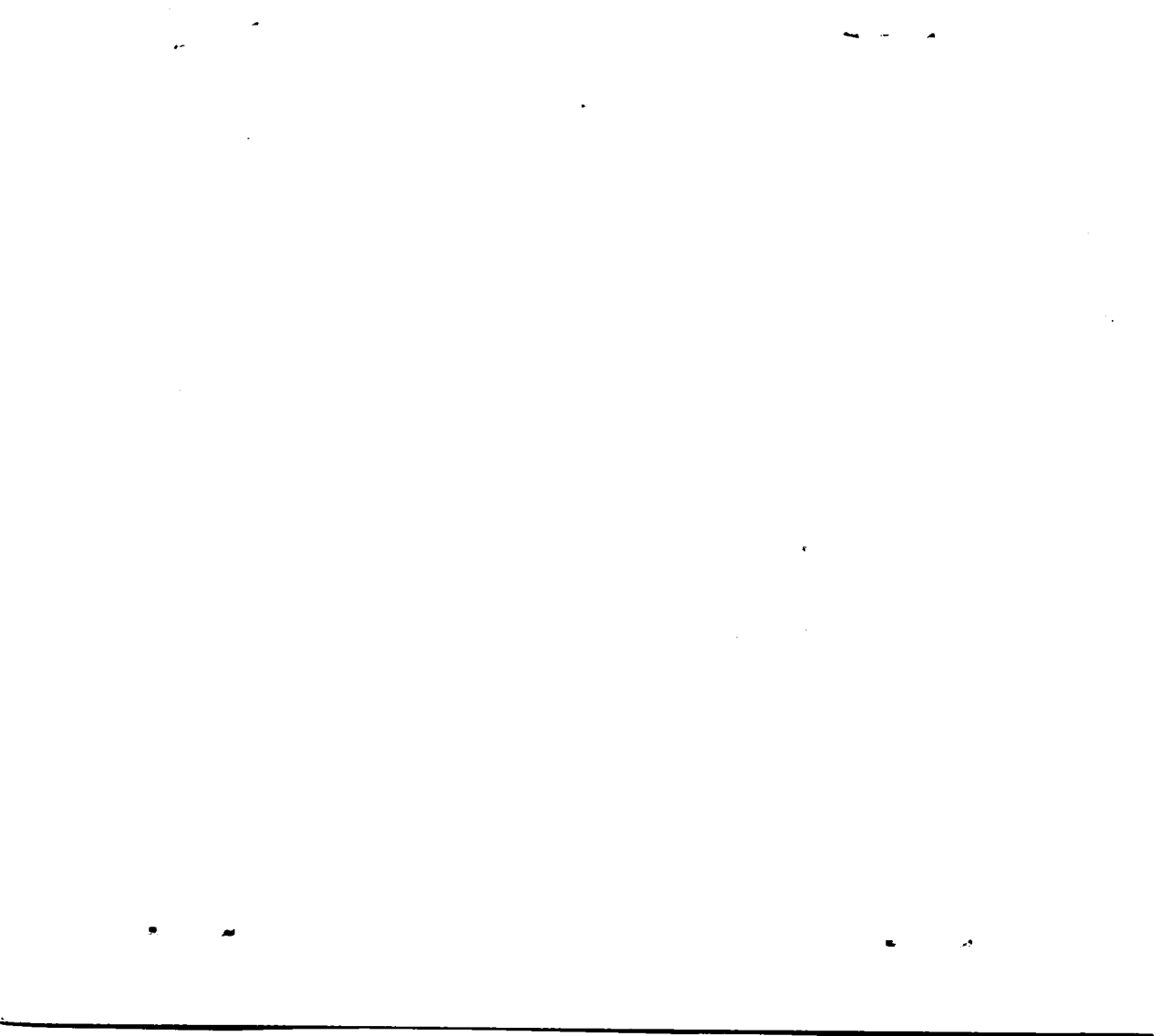
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. B. Robinson

(Physician or midwife)

Given names added from a supplemental report

Address Nampa
Filed May 10 1920 Pearle D. Dicks
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } SS. _____
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Rose M. Smith who was born on April 12, 1920
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record prepared on April 12, 1920, are:
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
(PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
name Rose M. Smith Rosemary Frances Smith

Subscribed and sworn to before me this 7
day of April, 1942.
Edson H. DeLoach
Notary Public, residing at Nampa, Idaho
My commission expires _____
(SEAL) Notary Public, Residing at Nampa, Idaho
My Commission Expires Jan. 10, 1946

Signed R. M. Smith
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rt. 2, Nampa, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } SS. _____

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7
day of April, 1942.
John H. Beardsley
Notary Public, residing at Nampa, Idaho
My commission expires March 13, 1945
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]
Signed Edson H. DeLoach
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
724-11 1/2 Ave. So. Nampa, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

APR 9 1942

JUN 7 - 1954

545-202-014-365

PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78777

County of CanyonCity of NampaNo. St. Hospital Registration District No. 7File No. Primary Registration District No. 1806Registered No.

Full Name of Child

Elizabeth JANE Ednie

SEX OF CHILD

FTwin
Triplet
or other?{ and } Number
in order
of birth3

Legitimate?

yes

DATE OF BIRTH

3-2-20

(Month) (Day) (Year)

FULL NAME

FATHER
Robt. M. Ednie

RESIDENCE

Nampa

COLOR

W

AGE AT LAST BIRTHDAY

34

(Years)

BIRTHPLACE

Michigan

OCCUPATION

Civil Engineer

FULL MAIDEN NAME

MOTHER
Ethel Corley

RESIDENCE

Nampa

COLOR

W

AGE AT LAST BIRTHDAY

31

(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. C. Robinson M.D.

(Physician or midwife)

Given names added from a supplemental report

19

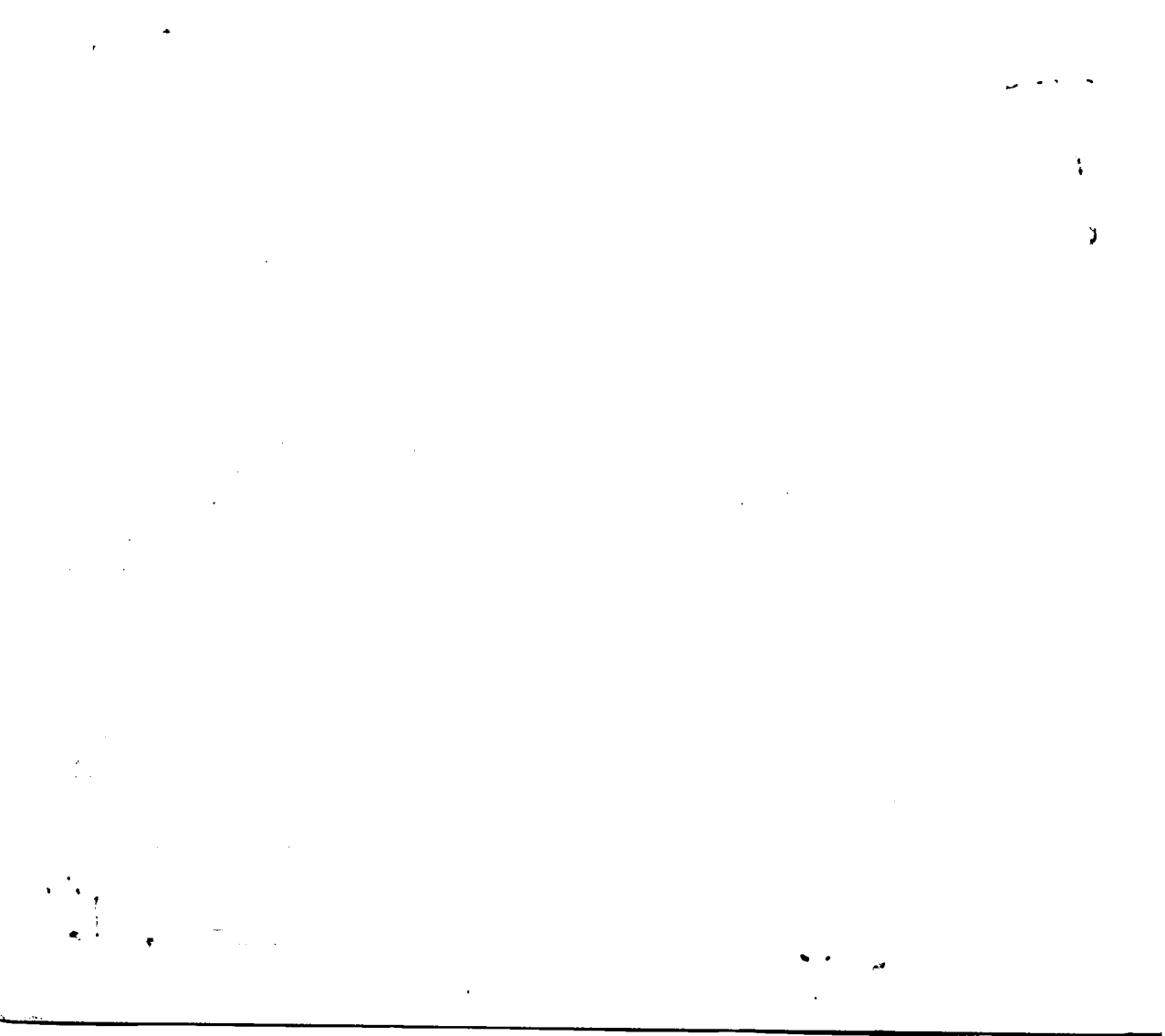
Address

File

May 10 1920Pearle Dodd's

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 78777
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
(Birth or Death)
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

middle name

du

Jane

Subscribed and sworn to before me this 18
day of Jan, 1944

Signed Robert M. Ednie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

JAN 18 1944



28-201-014-893

PLACE OF BIRTH

amend 1-21-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-16

CERTIFICATE OF BIRTH

County of Canyon

City of _____

Registration District No. _____

File No. _____

78778

No. R. F. D. 4 St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Marie

Bryant

Sex of Child

Female

Twin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?

yes

Date of Birth

May - 1

1920

(Month) (Day) (Year)

FULL NAME

R. B.

FATHER

Bryant

FULL
MAIDEN
NAME

MOTHER

Neta Hilton

RESIDENCE

Nampa Ida

RESIDENCE

Nampa Ida

COLOR

White

AGE AT LAST
BIRTHDAY22
(Years)

COLOR

White

AGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Missouri

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive

at 11²⁰ A. M.*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

F. B. Smith M.D.

Ry. OR.

(Physician or midwife)

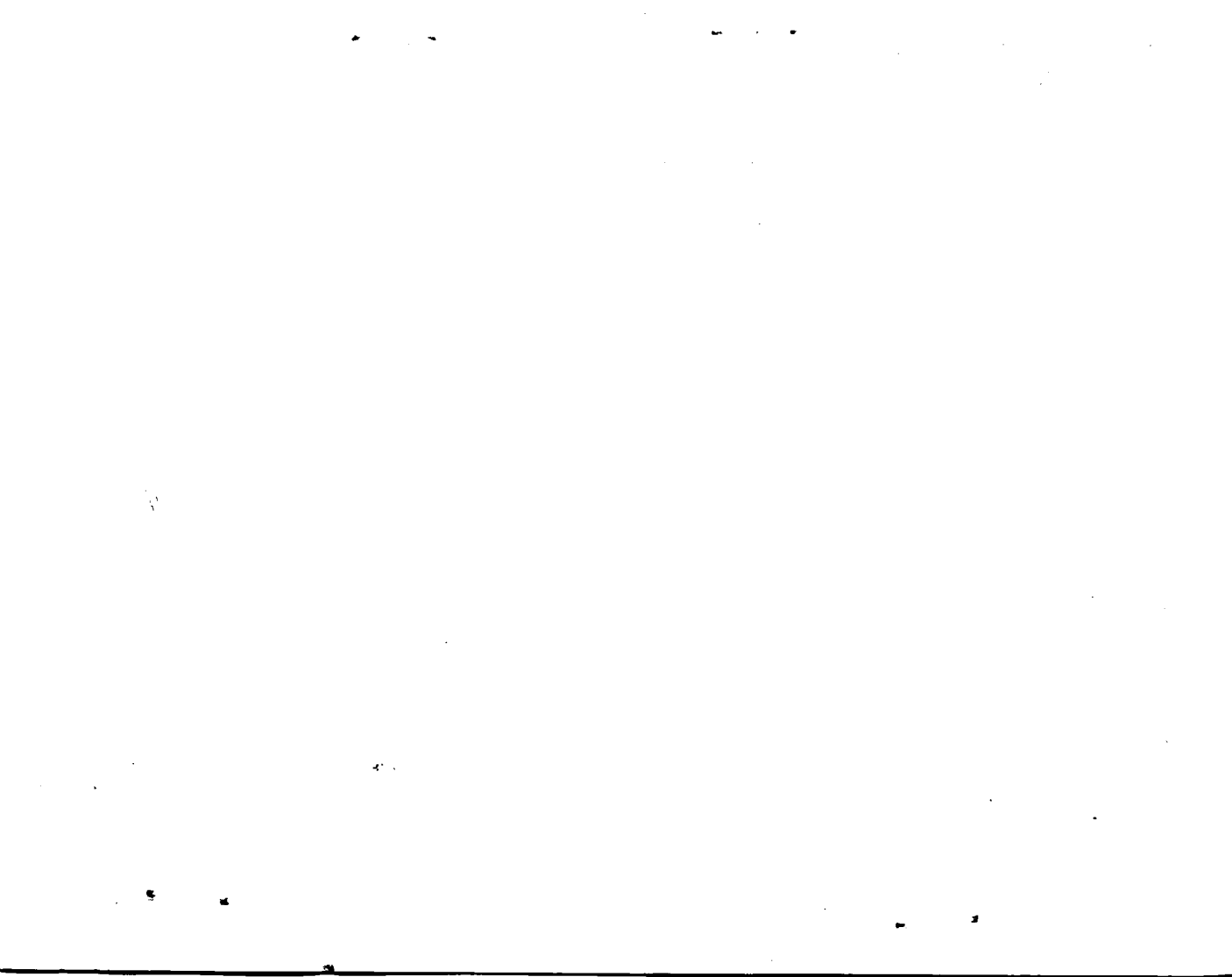
Given names added from a supplemental report.

Address

Filed

May 10 1920 Pearl Dadds

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICSState of _____ } ss.
County of _____

JAN 26 11 24 AM '82

Certificate No. 78778

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ birth

for Unnamed Bryant who was born on 5-1-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Nampa (Canyon) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs name

Unnamed

Marie Bryant

Subscribed and sworn to before me this 18th day ofJanuary, 1982Notary Public, [Signature]Residing at Nampa, Ida.My commission expires 5-20-85

(Seal)

Marie Bryant FKA.
Marie Lantz
Signature of Applicant
1112 Sherman Ave Nampa, Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)

(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day ofJanuary, 1982Notary Public, [Signature]Residing at Nampa, Ida.My commission expires 5-20-85

(Seal)

Bernie Brock.
Supporting Signature
R. 3, Nampa, Idaho
Street Address, City, State

1 cc pd

JAN 21 1982

Release of Idaho Real Estate Mortgage by Assignee document gives names listed as Kenneth Lantz and Marie Lantz husban and wife as executors of document dated 8-17-67. Viewed by V.S.

Birth Certificate of child Janice Kay Lantz born 7-22-42 in Nampa state file # 354371 lists mothers name as Marie Bryant born in Idaho. Viewed by V.S.

85-9-202-014-659
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 78779

No. _____ St.

Primary Registration District No. 2006

Registered No. _____

Hospital Sisters of Mercy

FULL NAME OF CHILD Frances Mae Herwin

| | | | | |
|----------------------------|---|--------------------------------|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { Number in order of birth | Legitimate? <u>Yes</u> | Date of Birth <u>May 9</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------|------------------------|---|

| | |
|---|---|
| FATHER
FULL NAME <u>W. E. Herwin</u> | MOTHER
FULL MAIDEN NAME <u>Maud Ferris</u> |
| RESIDENCE <u>Nampa Idaho</u> | RESIDENCE <u>Nampa Ida</u> |
| COLOR <u>White</u> | COLOR <u>White</u> |
| AGE AT LAST BIRTHDAY <u>39</u> (Years) | AGE AT LAST BIRTHDAY <u>36</u> (Years) |
| BIRTHPLACE <u>Illinois</u> | BIRTHPLACE <u>Minnesota</u> |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>Housewife</u> |

| | |
|---|---|
| FATHER
FULL NAME <u>W. E. Herwin</u> | MOTHER
FULL MAIDEN NAME <u>Maud Ferris</u> |
| RESIDENCE <u>Nampa Idaho</u> | RESIDENCE <u>Nampa Ida</u> |
| COLOR <u>White</u> | COLOR <u>White</u> |
| AGE AT LAST BIRTHDAY <u>39</u> (Years) | AGE AT LAST BIRTHDAY <u>36</u> (Years) |
| BIRTHPLACE <u>Illinois</u> | BIRTHPLACE <u>Minnesota</u> |
| OCCUPATION <u>Farmer</u> | OCCUPATION <u>Housewife</u> |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed May 10 1920 Pearle Dodd
Registrar

DEC 4 1944

NOV 28 1944

249-229-014-452
PLACE OF BIRTH

County of *Cassia*

City of *Burley*

No. St.

Hospital

FULL NAME OF CHILD

Madeline Patricia Smith

Sex of Child

F

Twin
Triplet
or other?

1 } and {

Number
in order
of birth

1
(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

Jan 29 1900
(Month) (Day) (Year)

FULL NAME

FATHER Geo. Peter Smith

FULL MAIDEN NAME

MOTHER Jessie DeSpain

RESIDENCE

Burley Ida

RESIDENCE

same

COLOR

W

AGE AT LAST BIRTHDAY

33
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

27
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Mo.,

OCCUPATION

Physician

OCCUPATION

Wife

Number of child of this mother, including present birth.....4

Number of children of this mother now living, including present birth.....4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.

Born alive at *11 a. m.*
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

G. P. Smith M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address

Burley Idaho


Filed

Nov 1 1900

Dr. J. C. Parkman

Registrar

Registrar



AUG 24 1942

OCT 8 1953

APR 28 1959

163 -106 -016 -366

PLACE OF BIRTH

County of *Cassia*

City of *Albion*

No. *P 7 D.* St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-55m-2-17

CERTIFICATE OF BIRTH

Registration District No. *11.7*

File No. *78781*

Primary Registration District No. *2196*

Registered No. *1540*

Hospital
FULL NAME OF CHILD *Arlo Wilson Jolley*

Sex of Child *M* Twin Triplet or other? *1* and { Number in order of birth *1* Legitimate? *Yes* Date of Birth *April 6 1920*
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER *Wilson W. Jolley*

FULL MAIDEN NAME MOTHER *Inez Coase*

RESIDENCE *Albion*

RESIDENCE *same*

COLOR *W* AGE AT LAST BIRTHDAY *24*
(Years)

COLOR *W* AGE AT LAST BIRTHDAY *19*
(Years)

BIRTHPLACE *Wyoming*

BIRTHPLACE *Idaho*

OCCUPATION *Farmer*

OCCUPATION *Housewife*

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *12 noon* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. P. Smith*

(Physician or midwife)

Given names added from a supplemental report.

Address *Burley Idaho*

Filed *May 1 1920* *Dr. J. C. Patterson*
Registrar Registrar

Certified Copy Issued Feb. 26, 1941. E.W.

715-108-016-366

Form V. B. No. 11-0-22a-3-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117File No. 78782

No. St.

Primary Registration District No. 2196Registered No. 1541

Hospital

FULL NAME OF CHILD

Baby Gano (Orville Gano, Jr.)Sex of
ChildMTwin
Triplet
or other?1

and

Number
in order
of birth1Legiti-
mate?YesDate of
BirthApr. 81920

(Month) (Day) (Year)

FULL
NAMEOrville Gano

FATHER

FULL
MAIDEN
NAMERuby Cook

MOTHER

RESIDENCE

Burley

RESIDENCE

same

COLOR

W.AGE AT LAST
BIRTHDAY28
(Years)

COLOR

W.AGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Illinois

BIRTHPLACE

Idaho

OCCUPATION

Electrician

OCCUPATION

HouseNumber of child of this mother, including present birth... 1..... Number of children of this mother now living, including present birth... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 A.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Ed Smith MD

(Physician or midwife)

Given names added from a supplemental report.

Address

Burley Idaho

Filed

May 1 1920Dr. J. C. Porter
Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

JAN 18 1942

491-109-2016-719

Form V. S. No. 11-0-22-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Cassia
City of Burley
No. R7D v St.

Registration District No. 117
Primary Registration District No. 2196

File No. 78783
Registered No. 1542

Hospital

FULL NAME OF CHILD

Leroy Draney

JACK LEROY DRANEY

Sex of Child M Twin Triplet or other? 1 and (Number in order of birth) 1 Legitimate? yes Date of Birth Apr. 9 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Leroy H. Draney FATHER
RESIDENCE Burley R7D v
COLOR W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Utah
OCCUPATION Farm

FULL MAIDEN NAME Jessie Painter MOTHER
RESIDENCE same
COLOR W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Utah
OCCUPATION Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Hunt M.D.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

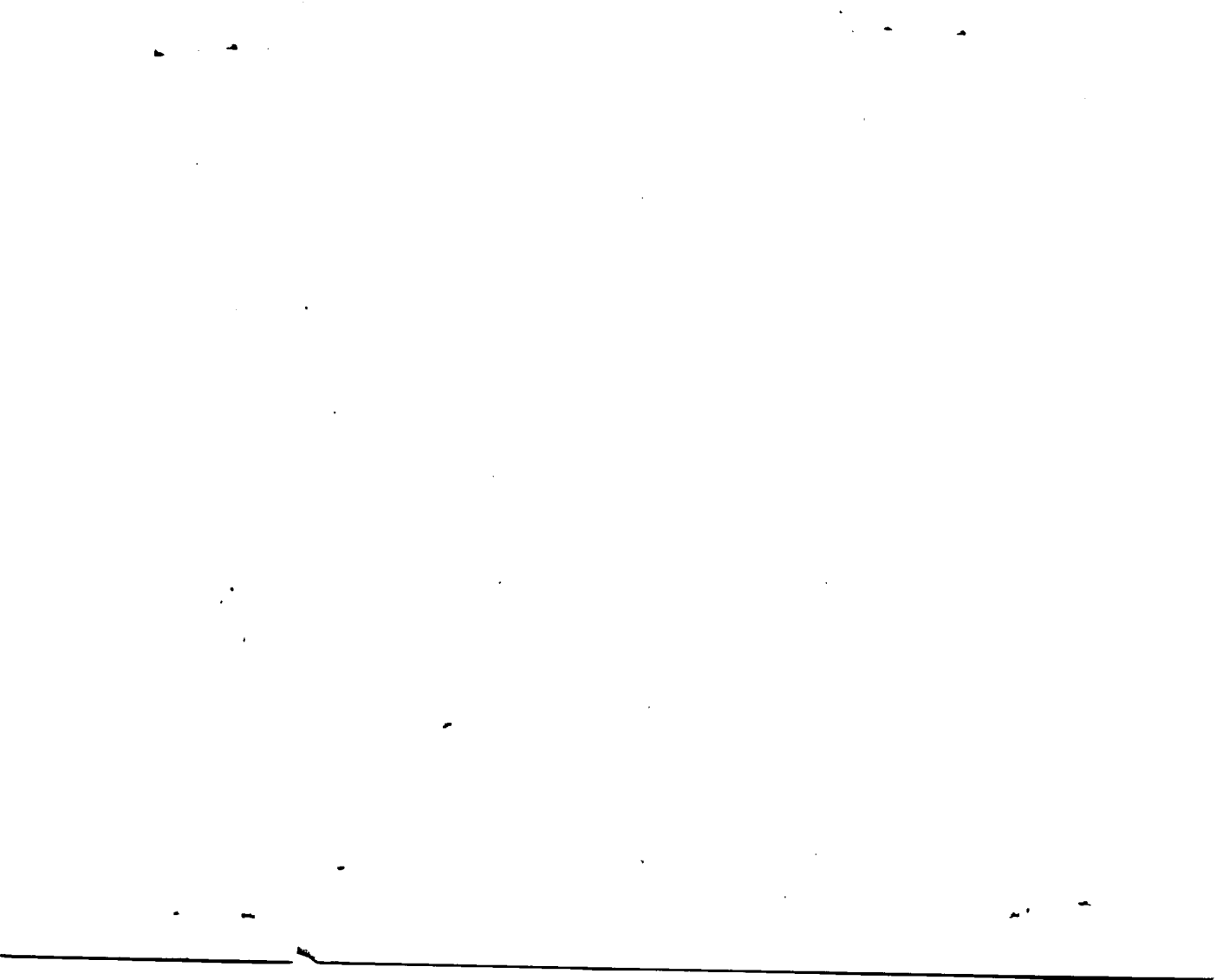
Address Burley Idaho

.....

Filed May 1 1920 H. J. Porter

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia
The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or death)
for Jack Leroy Draney who born on April 9th 1920
(Name on original certificate) (Was born or died) (Date of event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by _____ prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)
FACTS TO BE CORRECTED **FROM** **TO**
(“Name”, “birth date”, “cause of death”, etc.) (As on original) (The correct facts)
Name Unnamed Draney Jack Leroy Draney

Subscribed and sworn to before me this 10
day of December, 1942

Signed Jessie E Painter Draney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

J C Gaskill
Notary Public, residing at Burley, Idaho

My commission expires June 5 1946
[SEAL]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of December, 1942

Signed Frank H Manning
(Signature of any credible person other than the previous affiant.)

J C Gaskill
Notary Public, residing at Burley, Idaho

R. I. Burley, Idaho
(Street Address, City, State)

My commission expires June 5 1946
[SEAL]

Received for filing on DEC 12 1942 By _____
(Registrar's signature)

DEC 14 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-115-016-712

PLACE OF BIRTH Amended 9/28/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 3-3-17

County of Russia

City of Burley

No. St.

Registration District No. 117

File No. 78784

Primary Registration District No. 2196

Registered No. 1543

Hospital

FULL NAME OF CHILD Baby Chance, Jean H.

| | | | |
|--|---|--|--|
| Sex of Child <u>M</u> | Twin
Triplet
or other? <u>1</u> } and { Number
in order
of birth <u>1</u> | Legiti-
mate? <u>yes</u> | Date of Birth <u>April 15 1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Harry J. Chance</u> | | MOTHER
FULL MAIDEN NAME <u>Stella Fiskill</u> | |
| RESIDENCE <u>Burley</u> | | RESIDENCE <u>same</u> | |
| COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>30</u>
(Years) | COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>73</u>
(Years) |
| BIRTHPLACE <u>Kans.</u> | | BIRTHPLACE <u>Mo.</u> | |
| OCCUPATION <u>Abstracter</u> | | OCCUPATION <u>house</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) St. Smith

Given names added from a supplemental report.

(Physician or midwife)

Address Burley Idaho

Filed May 1 1920 Dr. J. C. Patterson

Registrar

Registrar

DEC 24 1943

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Florida }
County of Putnam } ss. **RECEIVED**
VITAL STATISTICS
AUG 31 11 04 AM '78
Certificate No. 78784
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Harry J. Chance, Jr. who was born on April 15, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Burley, Idaho (Cassia) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) Discharge certificate
true facts are shown by Baptismal record prepared on 8-18-78 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name Harry J. Chance, Jr. Jean H. Chance

Subscribed and sworn to before me this 25th day of
August 19 78

Signed Shota M. Chance (His
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shota M. Chance
Notary Public, residing at East Palatka, Fla.
My commission expires Oct. 27, 1981
(Seal)

1803 Diana Dr., Palatka, Fla. 32077
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Florida }
County of Putnam } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of
August 19 78

Signed Sara Jean Chance
(Signature of Any Credible Person)

Sara Jean Chance
Notary Public, residing at East Palatka, Fla.
My commission expires Oct. 27, 1981
(Seal)

1803 Diana Dr.
(Street Address, City, State)

Letter from The Rev. Lee Grahm, Jr. Recotr of Saint John's Episcopal Church,
Tallahassee, Florida 32301 gives child's name as Jean Chance born April 15, 1920
at Berley, Idaho. Baptizex Nov 20, 1940. from church records. viewed by VS

Honorable Discharge from the U. S. Army gives name as Jean H. Chance born
April 15, 1920 at Burley, IDAHO. DATE OF Separation Jan 9, 1946. viewed by VS

SEP 28 1978

851-215-016-515

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-25m-2-17

CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117File No. 78785

No. St.

Primary Registration District No. 2196Registered No. 13-44

Hospital

FULL NAME OF CHILD

Doris YeamanSex of
Child7Twin
Triplet
or other?
(To be answered only in event of plural births)1Number
in order
of birth1Legiti-
mate?ye.Date of
BirthApril 15
(Month) (Day) (Year)FULL
NAMEFATHER
Cyrus M. Yeaman

RESIDENCE

Burley

COLOR

WAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Gardman (Lumber)FULL
MAIDEN
NAMEMOTHER
Gra Van Hoy

RESIDENCE

same

COLOR

WAGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Idaho

OCCUPATION

WifeNumber of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive6:30 a.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

G. H. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

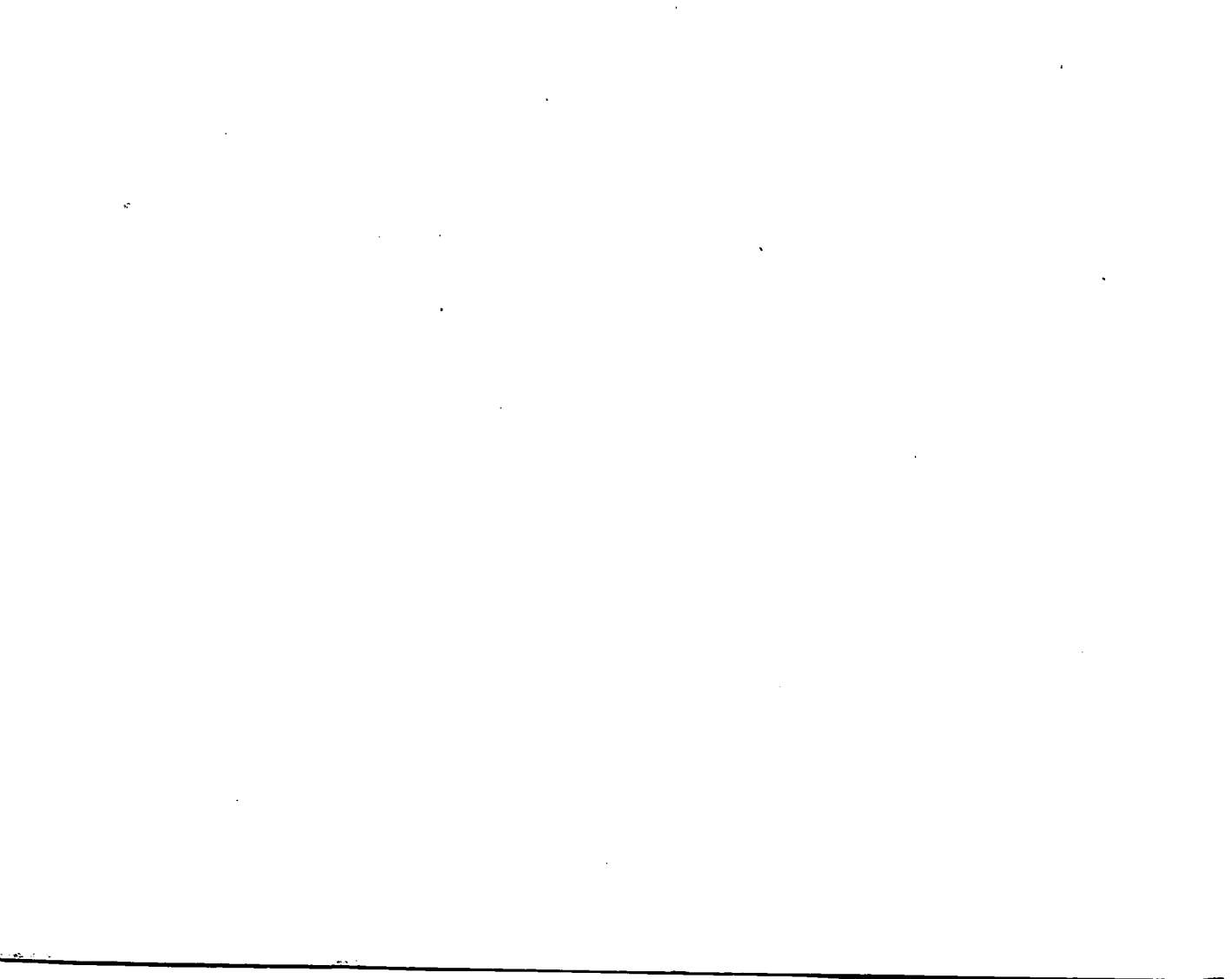
Burley Idaho

Filed

May 1 1920H. J. C. Patterson

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

J31-217-016-281

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 15-C-25m-5-17

CERTIFICATE OF BIRTH

County of CassiaCity of AlbionRegistration District No. 117File No. 78786No. P72 St.Primary Registration District No. 2196Registered No. 1545

Hospital

FULL NAME OF CHILD

Buby Clark

Sex of Child

FTwin
Triplet
or other?1

and

Number
in order
of birth1Legiti-
mate?yesDate of
BirthApril 17 1920
(Month) (Day) (Year)FULL
NAMEJAMES L. CLARK

FATHER

FULL
MAIDEN
NAMELillian Shangles

MOTHER

RESIDENCE

Albion P72

RESIDENCE

same

COLOR

WAGE AT LAST
BIRTHDAY27
(Years)

COLOR

WAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HouseNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

E. P. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Burley Idaho

Filed

May 1 1920H. J. C. Patterson

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth—SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-221-016-693

PLACE OF BIRTH

County of CassiaCity of BurleyNo. 830 N. Conant St.Hospital At Home

FULL NAME OF CHILD

Registration District No. 117Primary Registration District No. 2196Baby Lord

Form V. S. No. 11-0-22-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 78787Registered No. 1546

| | | | | |
|--------------------------|--|---|------------------------|--|
| Sex of Child <u>Girl</u> | Twin <u>1</u> Triplet <u>1</u> or other? <u>1</u>
(To be answered only in event of plural births) | and { Number in order of birth <u>1</u> } | Legitimate? <u>Yes</u> | Date of Birth <u>Apr 21 1920</u>
(Month) (Day) (Year) |
|--------------------------|--|---|------------------------|--|

| | |
|---|---|
| FULL NAME <u>Albert James Lord</u> | FATHER |
| RESIDENCE <u>Burley Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>40</u>
(Years) |
| BIRTHPLACE <u>Avans Colorado</u> | |
| OCCUPATION <u>Construction Contractor</u> | |

| | |
|---|---|
| FULL MAIDEN NAME <u>Hell May Shlcox</u> | MOTHER |
| RESIDENCE <u>Burley Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE <u>Carney Oklahoma</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Smith M.D.

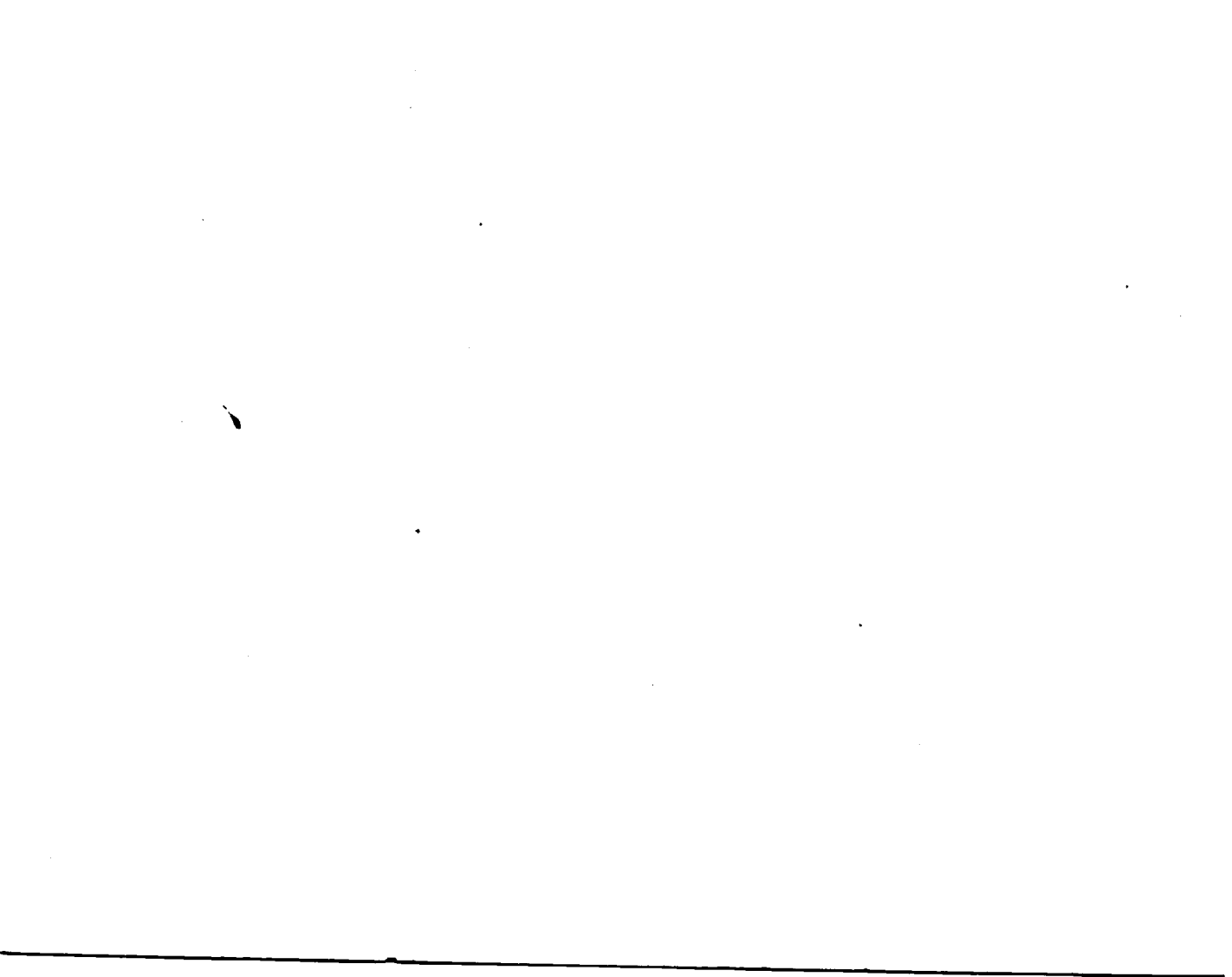
(Physician or midwife)

Given names added from a supplemental report.

Address Burley IdahoFiled May 1 1920 Dr. J. C. Patterson

Registrar

Registrar



MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-222-014-355

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—22a-3-31

County of *Cassia*

CERTIFICATE OF BIRTH

City of *Burley*

Registration District No. *117*

File No. *78788*

No. *R2E Dewey Ranch*
St.

Primary Registration District No. *2196*

Registered No. *1547*

Hospital: *Goodolyn Juanita Kent*
FULL NAME OF CHILD

| | | | | |
|--------------------------|---|--|--------------------------------|---|
| Sex of child
<i>F</i> | Twin
Triplet
or other?
<i>1</i> and
(To be answered only in event of plural births) | (Number
in order
of birth)
<i>1</i> | Legiti-
mate?
<i>Yes</i> | Date of
Birth
<i>Apr. 22 1920</i>
(Month) (Day) (Year) |
|--------------------------|---|--|--------------------------------|---|

| | |
|---|--|
| FULL
NAME
<i>Madison Cecil Kent</i> | FATHER |
| RESIDENCE
<i>Burley Ida R2E</i> | |
| COLOR
<i>W</i> | AGE AT LAST
BIRTHDAY <i>30</i>
(Years) |
| BIRTHPLACE
<i>Nebraska</i> | |
| OCCUPATION
<i>Farmer</i> | |

| | |
|---|--|
| FULL
MAIDEN
NAME
<i>Evelyn Lee</i> | MOTHER |
| RESIDENCE
<i>same</i> | |
| COLOR
<i>W</i> | AGE AT LAST
BIRTHDAY <i>29</i>
(Years) |
| BIRTHPLACE
<i>Wyoming</i> | |
| OCCUPATION
<i>Housewife</i> | |

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *12:50 a.m.*
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. J. Smith M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address *Burley, Idaho.*

Filed *May 1 1920* *R. J. C. Patterson*
Registrar

SEP 3 1965

959

294-225-016-168

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-2-2-17

CERTIFICATE OF BIRTH

County of CassiaCity of BarleyRegistration District No. 117File No. 78789No. R7D2 St.Primary Registration District No. 2196Registered No. 1548Hospital GRACE JULIA

FULL NAME OF CHILD

Baby Simonson

Sex of Child

7Twin
Triplet
or other?

and

Number
in order
of birth1

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthApril 251920

(Month) (Day) (Year)

FULL
NAMEFATHER
Charles A. SimonsonFULL
MAIDEN
NAMEMOTHER
Frida Johnson

RESIDENCE

Barley R7D2

RESIDENCE

same

COLOR

wAGE AT LAST
BIRTHDAY39
(Years)

COLOR

wAGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Sweden

BIRTHPLACE

Sweden

OCCUPATION

Farmer

OCCUPATION

HouseNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

G. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Barley Idaho

Filed

May 1 1920Dr. J. C. Patterson

Registrar

Registrar

SEP 12 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-130-016-649

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 14-0-22a-0-17

CERTIFICATE OF BIRTH

County of CassiaCity of BurleyNo. S. Conrad St.Registration District No. 117File No. 78790Primary Registration District No. 2196Registered No. 1549

Hospital

FULL NAME OF CHILD

Robert Arthur Goodding

Sex of Child

M.Twin
Triplet
or other?1

and

(Number
in order
of birth)1

(To be answered only in event of plural births)

Legiti-
mate?yes

Date of Birth

April 30 20
(Month) (Day) (Year)

FULL NAME

Charles J. Goodding

FATHER

RESIDENCE

Burley

COLOR

W

AGE AT LAST

41

BIRTHDAY (Years)

BIRTHPLACE

Missouri

OCCUPATION

Asst. Manager Building material

FULL MAIDEN NAME

Marian Furber

MOTHER

RESIDENCE

same

COLOR

W

AGE AT LAST

25

BIRTHDAY (Years)

BIRTHPLACE

Missouri

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ed Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Burley Idaho

Filed

May 10 20Dr. J. E. Patterson

Registrar

Registrar

MAR 24 1942

764-129-066-669

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of Burley

No. _____ St. _____

Registration District No. 117File No. 78791

Hospital _____

Primary Registration District No. 2196Registered No. 1550

FULL NAME OF CHILD

Forgeson G. Gould

| | | | | |
|---|--------------------------------|--------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twins or other? <u>Triplet</u> | and } number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>Mar 29</u> 19 <u>20</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | |

FATHER
FULL NAME Glenard A. Gould.
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah
OCCUPATION Druggist

MOTHER
FULL MAIDEN NAME Sarah Forgeson
RESIDENCE Burley Ida.
COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Wyo.
OCCUPATION Housewife

Number of child of this mother including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:20 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Patterson
M. P.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed

Apr 151920Dr. J. C. Patterson

Registrar

Registrar

APR 11 1942

APR 27 1964

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

434-701-016-386

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
County of CassiaCity of Burley

No. _____ St. _____

Registration District No. 117 File No. 78792

Hospital _____

Primary Registration District No. 2196 Registered No. 1551

FULL NAME OF CHILD

Derold McDonald

~~---M.C. Donald---~~Sex of
ChildMaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti
mate?yesDate of
BirthApr 1
(Month)1920
(Day)1920
(Year)FULL
NAMEJames E. McDonald

FATHER

RESIDENCE

Burley Ida

COLOR

BlackAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Kansas

OCCUPATION

JanitorFULL
MAIDEN
NAMEFay Thomas

MOTHER

RESIDENCE

Burley Idaho

COLOR

BlackAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Okla.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. J. C. Patterson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed

May 1st 1920 Dr. J. C. Patterson
Registrar

Registrar

JAN 25 1967

JAN 30 1968

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Arizona } ss. JAN 9 - 1968 Certificate No. 78792
County of Maricopa }
Bureau of Vital

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed McDonald (male child) who was born on April 1, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Full Name of Child

Unnamed

Derold McDonald

Subscribed and sworn to before me this 7th day of April 1968

Signed Jay M. Porter (Mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jay M. Porter 1613 E. Madison
(Street Address, City, State) Phoenix Ariz.

Notary Public, residing at Phoenix Ariz.

My commission expires 7/1/69

(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Mich } ss.
County of Wayne }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of July 1968

Signed Anna Robert

(Signature of Any Credible Person)

1111 W. Canfield - Detroit, Mich
(Street Address, City, State)

Notary Public, residing at 4839 Woodward

My commission expires July 5, 1970

(Seal)

Honorable Discharge from U.S. Army, May 22, 1949, enlisted May 23, 1946 gives full name as Derold McDonald, born April 1, 1920 at Burley, Idaho - viewed by V.S.

Metropolitan Life Insurance Co. Policy, no. 21 367 970, dated July 20, 1954 gives full name of insured as Derold McDonald, born April 1, 1920 at Burley, Idaho - viewed by V.S.

JAN 30 1968

12-201-016-292

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 78793

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1552

Hospital _____

FULL NAME OF CHILD

Yayeko Sakurada

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>Apr 1</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|---|

| | |
|------------------------------------|--|
| FULL NAME
<u>T. N. Sakurada</u> | FATHER |
| RESIDENCE
<u>Burley Ida.</u> | |
| COLOR
<u>Japanese</u> | AGE AT LAST BIRTHDAY <u>35-</u>
(Years) |
| BIRTHPLACE
<u>Japan</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|---|
| FULL MAIDEN NAME
<u>Y. Kishiyama</u> | MOTHER |
| RESIDENCE
<u>Burley Ida.</u> | |
| COLOR
<u>Japanese</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE
<u>Japan</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.

(Physician or midwife)

Given names added from a supplemental report.

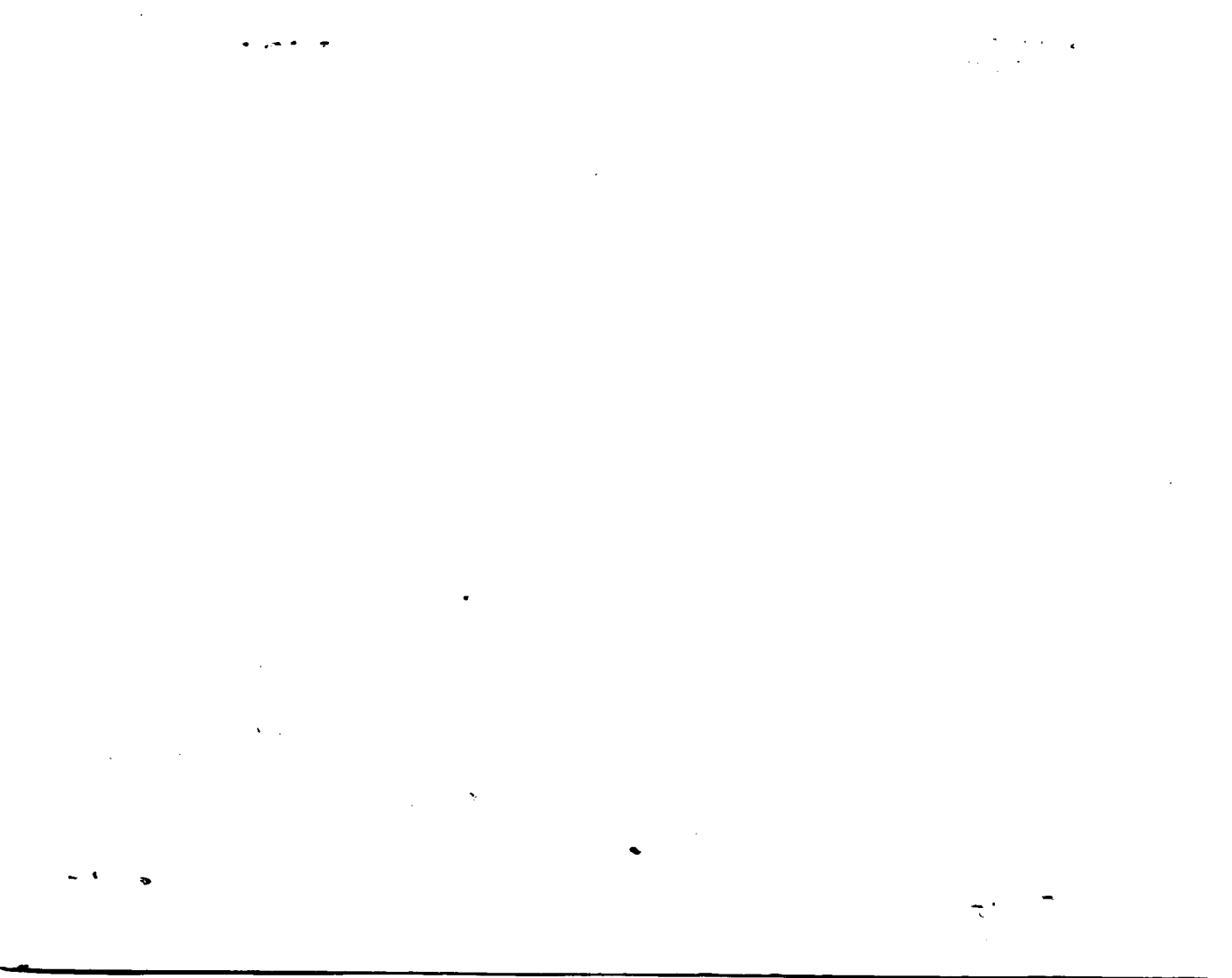
19

Address Burley, Ida.Filed Apr. 15 1920 Dr. J. C. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



78793

FORM 31

Idaho
STATE OF CALIFORNIA

County of

..

STATE OF CALIFORNIA
Department of Public Health
VITAL STATISTICS
AFFIDAVITS FOR CORRECTION OF A RECORD

Local Registered No.

City or
Town of

T. N. Sakurada

of Santa Maria

(Name of Affiant)

(Address)

California, being first duly sworn, deposes and says that she is he father
(If related, specify degree—if friend or otherwise, so state)

of TAYEKO SAKURADA {who was born*} in the City of Burley
{who died-}

County of Cassia, Idaho on the 1st day of April, 1920.

as stated in a certificate of {birth*} filed by Dr. J. C. Patterson, M. D.
{death-} (Give name of Physician or Midwife for Birth—Undertaker for Death*)

with the Local Registrar for the City of Burley County of Cassia, Idaho California

on the 15th day of April, 1920.

That the following facts set forth in said certificate are not correctly stated therein, to wit:

TAKAYO SAKURADA (2)

That affiant upon her own knowledge states the true facts to be, and the changes necessary to make the record correct
are, as follows:

TAYEKO SAKURADA (2)

(Affiant)

(Address)

Subscribed and sworn to before me this 29th day of July, 1932

STATE OF CALIFORNIA

County of Idaho

Notary Public in and for the County of Santa Barbara State of California

Yei Sakurada

of Santa Maria

(Name of Affiant)

(Address)

California, being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the
said facts as stated therein are true.

(Affiant)

(Address)

Subscribed and sworn to before me this 29th day of July, 1932

Notary Public in and for the County of Santa Barbara State of California

*For correction of a marriage certificate, in rare instances where necessary, the words "were married," "marriage," and "minister," "priest," "judge" or
"justice," etc., may be inserted specially by way of substitution throughout this blank.

My Commission Expires Sept. 15, 1933.

MARGIN RESERVED FOR BINDING

READ THE INSTRUCTIONS ON THE BACK OF THIS BLANK

95644 5-31 10M CALIFORNIA STATE PRINTING OFFICE

INSTRUCTIONS

1. **Two different affiants must execute these affidavits.** The person signing the principal affidavit in the upper part of the blank can not also sign the supporting affidavit below. Both signatures must be acknowledged before a Notary Public or other person authorized to administer oaths.
2. After a certificate of birth, death or marriage has been accepted for registration, necessary corrections may be made only by executing and filing these affidavits. This form, issued by the California Department of Public Health, Vital Statistics, is prescribed by law and is the only form acceptable.
3. **Read the printed matter carefully.** Fill out the blank (except signatures) with typewriter if possible. Otherwise write plainly with black ink.
4. No change can be made in a certificate unless it is clearly stated in the affidavit. Be careful to state all changes desired. For example, if on a death certificate the **age** is changed, the date of birth must also be changed to agree. Do not make changes that will leave inconsistencies in the certificate.
5. If the original certificate to be corrected is in the hands of the Local Registrar, these affidavits should be filed with him. If the original certificate has been forwarded to the California Department of Public Health, these affidavits should be mailed to the California Department of Public Health, Sacramento. Original certificates are forwarded to the state office by Local Registrars on the fifth of each month.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

264-202-014-417
PLACE OF BIRTH

Form V-S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St. _____

Registration District No. 117 File No. 78794

Hospital _____

Primary Registration District No. 2196 Registered No. 1553

FULL NAME OF CHILD

LILLIAN Bodinis

Sex of Child Female Twin Triplet or other? and Number in order of birth Legiti mate? yes Date of Birth Apr 2 1920
(Month) (Day) (Year)
(To be answered only in event of plural births)

FATHER
FULL NAME A. L. Bodinis
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Texas
OCCUPATION Auto mechanic

MOTHER
FULL MAIDEN NAME Margaret Maxwell
RESIDENCE Burley Ida
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 A. M.
on the date above stated. (Born alive or stillborn)

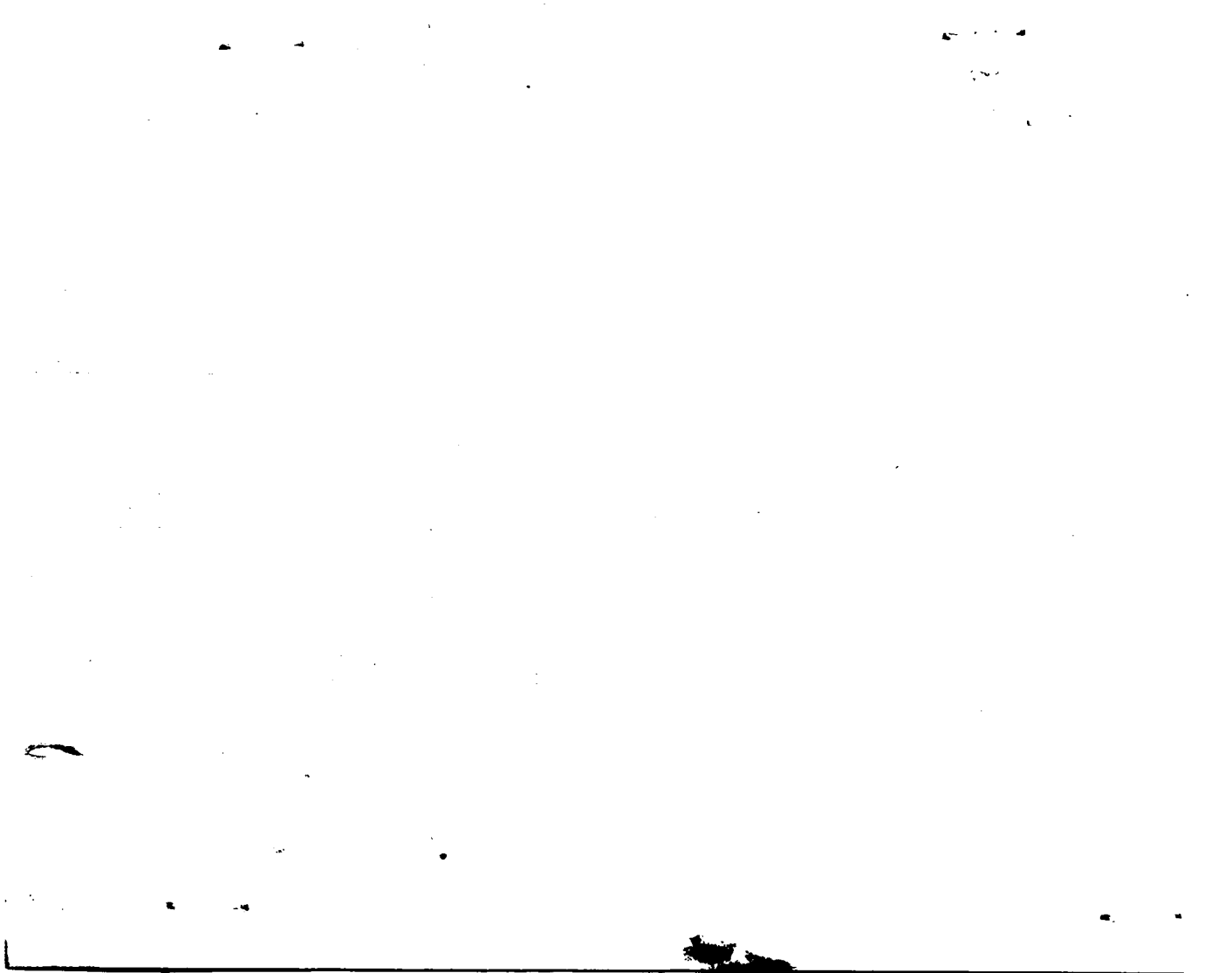
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.
Filed Apr. 15 1920 Dr. J. C. Patterson
Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 78794
 County of Los Angeles }
 The undersigned does solemnly swear that certain facts on the certificate of Birth
 for Unnamed Bodine who Born on April 2nd 1920
 in Burly, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN California) (DATE OF EVENT)
 are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts as shown by Bible Record prepared on April 2nd 1920, are:
 (PLACE OF EVENT) (GIVE DATE)
 (BIBLE RECORD, INSURANCE POLICY, ETC.)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Name

Unnamed Bodine

Lillian Bodine

Subscribed and sworn to before me this 24th
 day of January, 19 42

Signed

Arthur C. Bodine
 (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-
 RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING
 A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Santa Monica, Cal

My commission expires Oct. 19, 1943
 (SEAL)

1833-9th St, Santa Monica,
 (STREET ADDRESS, CITY, STATE) California

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
 County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
 (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and
 that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
 day of January, 19 42

Signed

Woodrow Wilson
 (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Santa Monica, Calif. + Fort Los Angeles County, Calif.

My commission expires Nov. 16, 1945
 (SEAL)

1914 - Larride St. Hollywood, Calif.
 (STREET ADDRESS, CITY, STATE)

Received for filing on Feb 5 By _____

(REGISTRAR'S SIGNATURE)

FEB 14 1942

632-103-016-294

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 78795

No. _____ St.

Primary Registration District No. 3196 Registered No. 1554

Hospital _____

FULL NAME OF CHILD

Rex Bruesch Olson

| | | | | | |
|--------------------------|------------------------------|-----------|--------------------------------|-------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legiti mate? <u>yes</u> | Date of Birth <u>Apr 31</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|------------------------------|-----------|--------------------------------|-------------------------|--|

FATHER
FULL NAME E. C. Olson
RESIDENCE Burley Ida.
COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Georgia Bruesch
RESIDENCE Burley Ida.
COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE N. M.
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Potterman
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.
Filed Apr. 15 1920 Dr. J. C. Potterman
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued October 28, 1940. E.W.

669-106-014-215

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of BurleyRegistration District No. 117File No. 78797

No. _____ St.

Primary Registration District No. 2196 Registered No. 1556

Hospital _____

FULL NAME OF CHILD

WENDELL HARVEY Worthington

| | | | | | |
|---|------------------------------|-----------|--------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Apr 6</u> 19 <u>20</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | | |

| | |
|------------------------------------|---|
| FULL NAME <u>J. P. Worthington</u> | FATHER |
| RESIDENCE <u>Burley, Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>27</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|-------------------------------------|---|
| FULL MAIDEN NAME <u>Emma Sander</u> | MOTHER |
| RESIDENCE <u>Burley Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE <u>Switzerland</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

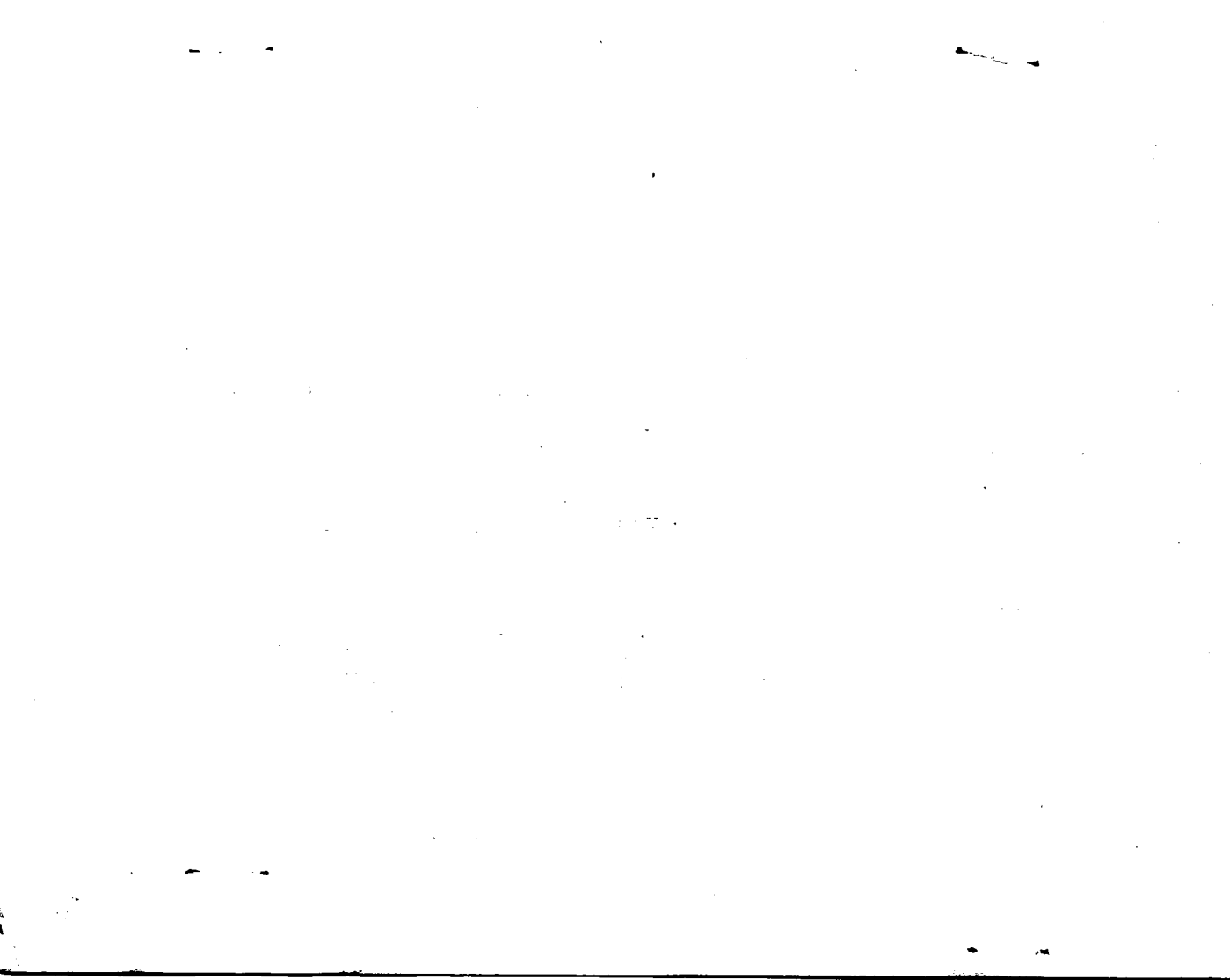
(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley, Ida.
Filed Apr. 15 1920 Dr. J. C. Patterson
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78797
County of Cassia }
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Worthington who was born on Apr. 6, 1921 (Birth or Death)
in Burley, Idaho (Name of Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Place of Event) prepared on at time of birth, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name none given Wendell Harvey
Worthington
Subscribed and sworn to before me this 18th
day of November 1946
Harry H. Fisher
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1946
(Seal)
Signed J. P. Worthington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
L. I. Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit MUST Also be Executed.
County of Cassia } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.
Subscribed and sworn to before me this 19
day of November 1946
Harry H. Fisher
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1946
(Seal)
Signed Thomas E. Bowen
(Signature of Any Credible Person Other Than Previous Year)
R. F. L. #1. Burley Idaho
(Street Address, City, State)

NOV 23 1942

219-108-014-259

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 78798

No. _____ St.

Primary Registration District No. 2196 Registered No. 1557

Hospital _____

FULL NAME OF CHILD Barlow

| | | | | | |
|---|------------------------------|-----------|--------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Apr. 8</u> 19 <u>20</u> |
| (To be answered only in event of plural births) | | | | (Month) | (Day) (Year) |

| | |
|-------------------------------|--|
| FULL NAME <u>K. C. Barlow</u> | FATHER |
| RESIDENCE <u>Burley Ida.</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>28</u> (Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---|--|
| FULL MAIDEN NAME <u>Hellie Knighton</u> | MOTHER |
| RESIDENCE <u>Burley Ida.</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>26</u> (Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

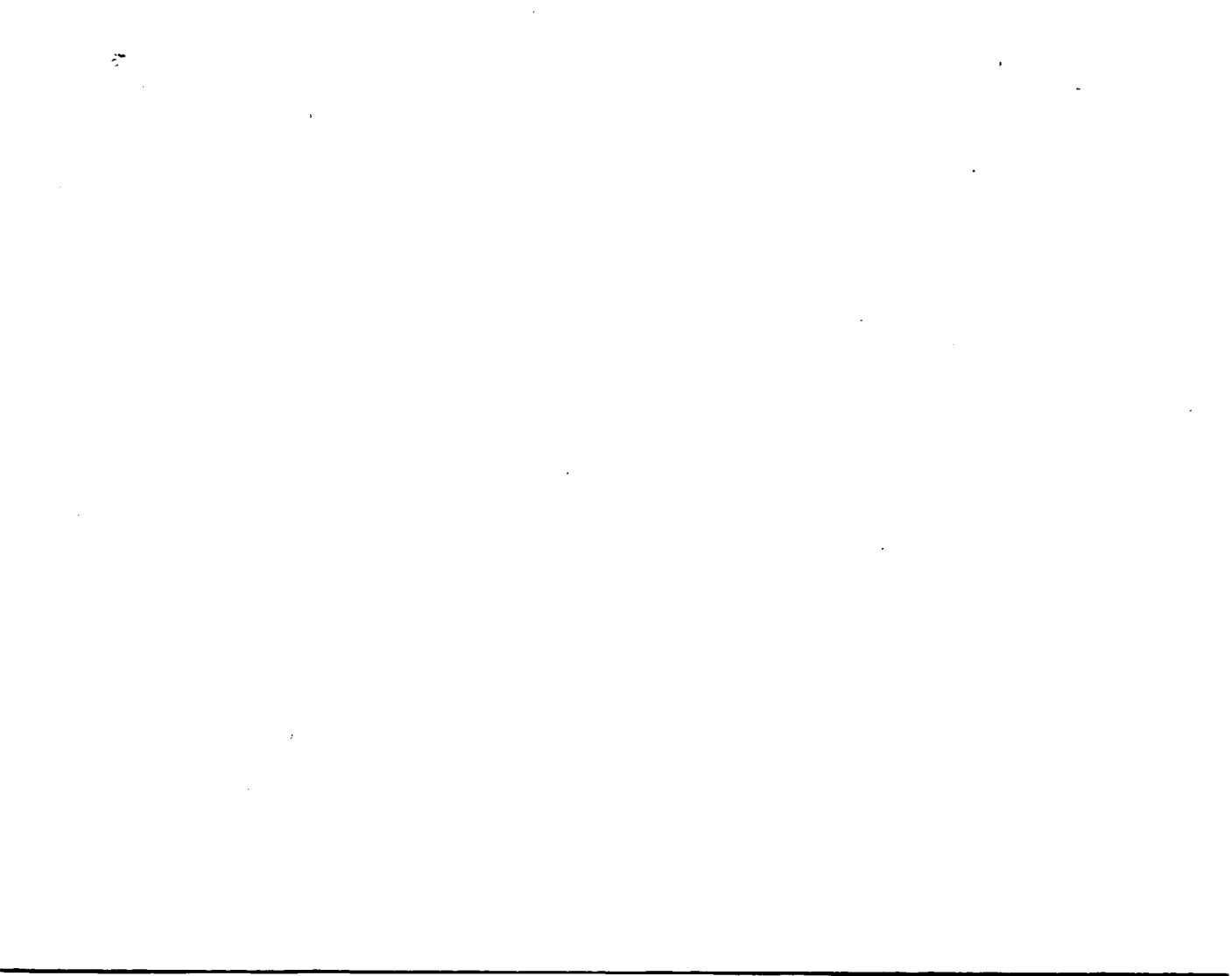
(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.
Filed Apr. 15 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



236-212-016-255

Form V. S. No. 11-C-25a-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BoyleNo. 1 St.Registration District No. 117File No. 78799

Hospital _____

Primary Registration District No. 2196Registered No. 1558

FULL NAME OF CHILD

Erma GraceBloxhamSex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes
(To be answered only in event of plural births)Date of Birth Apr 12 1920
(Month) (Day) (Year)

FULL NAME

H. D. Bloxham

FATHER

RESIDENCE

Boyle

COLOR

White

AGE AT LAST BIRTHDAY

47
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

Grace Henderson

MOTHER

RESIDENCE

Boyle

COLOR

White

AGE AT LAST BIRTHDAY

34
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 17:55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Patterson
M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

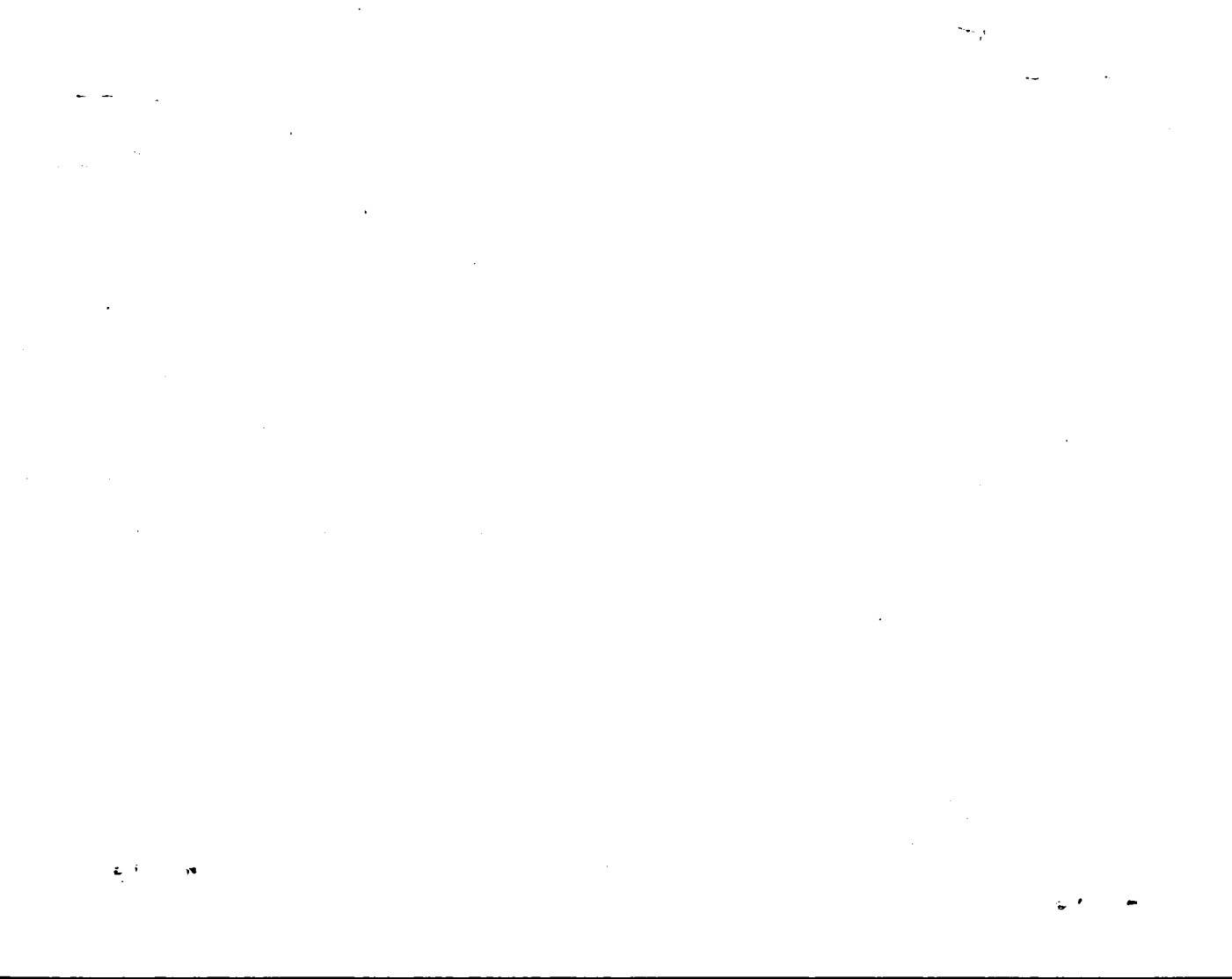
Address

Boyle, Ida.

Filed

Apr. 15 1920Dr. J. C. Patterson
Registrar

Registrar



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Rhode Island }
County of Newport } ss.

Certificate No. 78799

Date Filed MAR 18 1957

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Bloxham who was born April 12, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Deale Delco are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by CHURCH MEMBERSHIP RECORD prepared on 25 APRIL 1950, are:
Cert. of Baptism (Bible Record, Insurance Policy, Etc.) (Give Date)
FACTS TO BE CORRECTED **Cert. FROM** **TO**
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) of Blessing July 4, 1920 (The Correct Facts)

Child's Name Unnamed Viewed by V. S. Erma Grace Bloxham

Subscribed and sworn to before me this 19th day of March, 1957.

Signed [Signature] LTJG, USNR
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
FAIRBANKS BEACON HILL RD, NEWPORT, R.I.
(Street Address, City, State)

Notary Public, residing at Newport, Rhode Island
My commission expires LTJG, USNR
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Rhode Island }
County of Newport } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March, 1957.

Signed [Signature]
(Signature of Any Credible Person)
O.E.S. U.S. Naval Station
Newport, Rhode Island
(Street Address, City, State)

Notary Public, residing at Newport, Rhode Island
My commission expires LTJG, USNR
(Seal)

.. - - -

.. - - -

718-112-216-512

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form No. 11-C-25m-7-21-19

County of CassiaCity of Burley

No. _____ St. _____

Registration District No. 117 File No. 78800

Hospital _____

Primary Registration District No. 2196 Registered No. 1559

FULL NAME OF CHILD

DANIEL

Payson

| | | | | | |
|--------------------------|---|-----|---|----------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate? <u>yes</u> | Date of Birth <u>Apr. 12</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|-----|---|----------------------------|---|

| | |
|-------------------------------|---|
| FULL NAME <u>S. R. Payson</u> | FATHER |
| RESIDENCE <u>Burley Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Shoemaker</u> | |

| | |
|--------------------------------------|---|
| FULL MAIDEN NAME <u>Reta Eastman</u> | MOTHER |
| RESIDENCE <u>Burley Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>22</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Patterson
M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed

Apr. 15 1920Dr. J. C. Patterson

Registrar

Registrar

DEC 2 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss. Certificate No. 78800
Date Filed Daniel Payne

The undersigned does solemnly swear that certain facts on the certificate of Daniel Payne
(Birth or death)
for Payne who April 12, 1920 on April 12, 1920
(Name on original certificate) (Was born or died) (Date of event)
in Burley Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by personal knowledge prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)
Name Unnamed Payne Daniel Payne

Subscribed and sworn to before me this 2nd
day of December 19 41

Notary Public, residing at Los Angeles
My commission expires October 24th, 1943
[SEAL]

Signed Sidney G. Payne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

645 Sydney Dr. Los Angeles, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss. [This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of December 19 41

Notary Public, residing at Los Angeles
My commission expires October 24th, 1943
[SEAL]

Signed Beta M. Warner
(Signature of any credible person other than the previous affiant.)

645 Sydney Dr. Los Angeles, Calif.
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

11-11-11

11-11-11

7

11-11-11

11-11-11

11-11-11

418-119-016-697

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Cassia

City of Burley

No. _____ St. _____

Registration District No. 117

File No. 78801

Hospital _____

Primary Registration District No. 2196

Registered No. 1560

FULL NAME OF CHILD

J. Darrell Dayley

| | | | | | |
|---|------------------------------|-----------|--------------------------------|-------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____ | and _____ | Number in order of birth _____ | Legiti mate? <u>yes</u> | Date of Birth <u>Apr 19</u> 19 <u>20</u>
(Month) (Day) (Year) |
| (To be answered only in event of plural births) | | | | | |

FATHER
FULL NAME J. H. Dayley
RESIDENCE Burley Ida.
COLOR White AGE AT LAST BIRTHDAY 49 (Years)
BIRTHPLACE Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Clara A. Wilson
RESIDENCE Burley Ida.
COLOR White AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.
Filed May 1 1920 Dr. J. C. Patterson
Registrar

14
MAY 16 1975

May 6 1942
NOV 23 1942

343-120-016-653

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 78802

No. _____ St.

Primary Registration District No. 2196 Registered No. 1561

Hospital _____

FULL NAME OF CHILD

Melvin L. TuckerSex of
ChildMaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yesDate of
BirthApr 20

(Month) (Day)

1920
(Year)

(To be answered only in event of plural births)

FULL
NAMEH. W. Tucker.

FATHER

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY39
(Years)

BIRTHPLACE

England.

OCCUPATION

Lawyer.FULL
MAIDEN
NAMEMettie M. Wells

MOTHER

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Idaho.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A. M.
on the date above stated. (Born alive or stillborn){ When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth. }

(Signature)

Dr. J. C. Patterson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed

May 1 19 20Dr. J. C. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

NOV 2⁴/₃ 1942

154-120-014-284

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 78803

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1562

Hospital _____

FULL NAME OF CHILD

Afton AndersonSex of
ChildMaleTwin
Triplet
or other?
(To be answered only in event of plural births){ and { Number
in order
of birthLegiti
mate?yesDate of
BirthApr 20
(Month) (Day) (Year)1920FULL
NAMEAndrew Anderson

FATHER

FULL
MAIDEN
NAMEPearl Shumway

MOTHER

RESIDENCE

Burley Ida.

RESIDENCE

Burley Ida.

COLOR

WhiteAGE AT LAST
BIRTHDAY38
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 P. M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. J. C. Patterson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed

May 1 1920Dr. J. C. Patterson

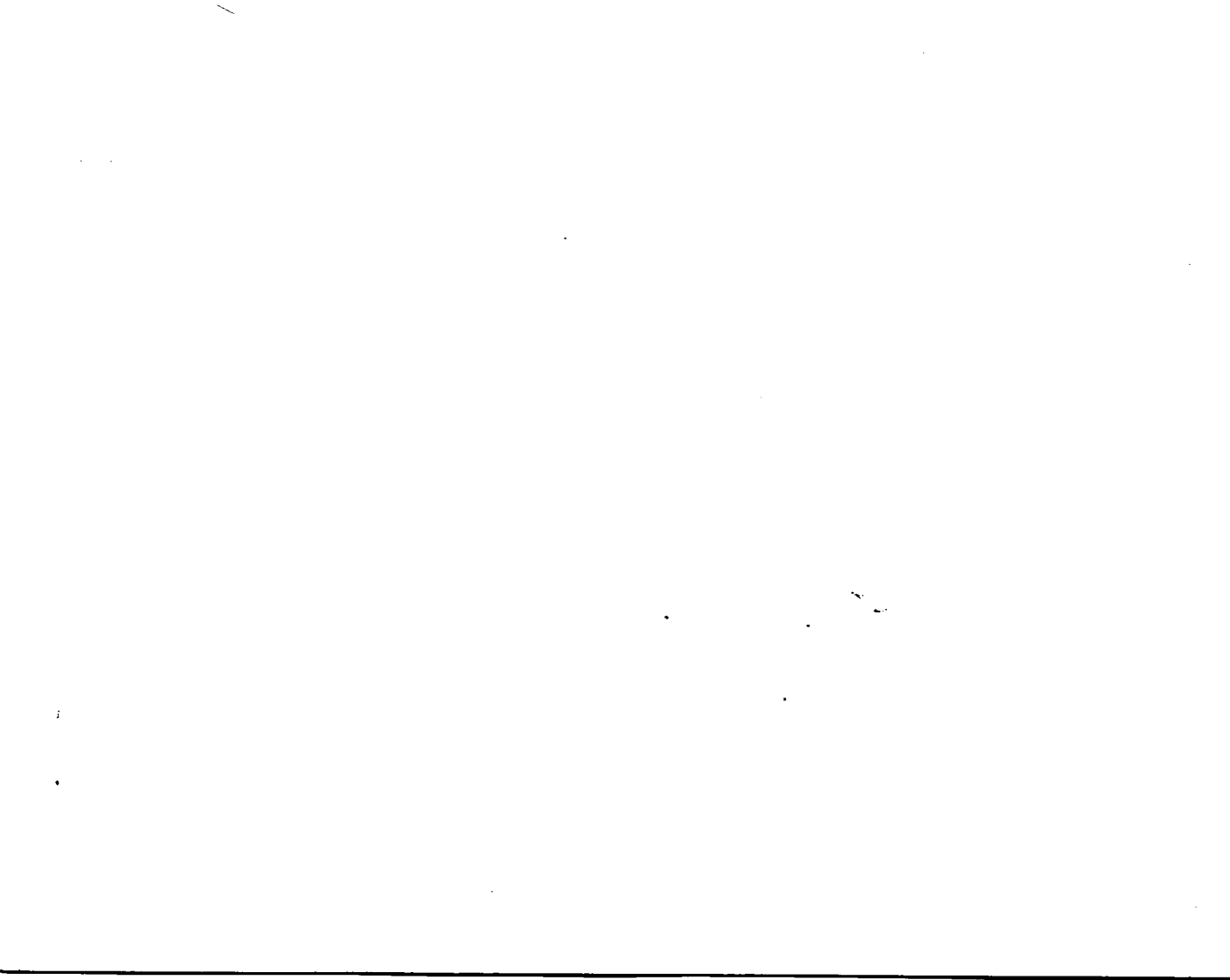
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

K



225-222-016-35-2
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 78804

No. _____ St. _____

Primary Registration District No. 2196 Registered No. 1563

Hospital _____

FULL NAME OF CHILD _____

~~Chiveko~~Skeda

| | | | | | |
|----------------------------|---|-----|--------------------------------|----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate? <u>yes</u> | Date of Birth <u>Apr 22</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|----------------------------|--|

| | |
|--------------------------------|---|
| FULL NAME
<u>K. Skeda</u> | FATHER |
| RESIDENCE
<u>Burley Ida</u> | |
| COLOR
<u>Japanese</u> | AGE AT LAST BIRTHDAY <u>46</u>
(Years) |
| BIRTHPLACE
<u>Japan</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|-----------------------------------|---|
| FULL MAIDEN NAME
<u>I Teke</u> | MOTHER |
| RESIDENCE
<u>Burley Ida</u> | |
| COLOR
<u>Japanese</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE
<u>Japan</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. PattersonBurley, Ida H. I.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed

Aug 119 20Dr. J. C. Patterson
Registrar

Registrar

(over)

First certified copy issued 4-12-57 PBA(4541)

JUN 10 1968

799-226-066-419

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 78805No. 1607 Elba AvePrimary Registration District No. 2196 Registered No. 1564

Hospital

FULL NAME OF CHILD

Marian Elizabeth PringleSex of Child FemaleTwin
Triplet
or other?

{ and }

Number
in order
of birthLegiti
mate?yes.Date of
BirthApr 26 1920
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL
NAMEFATHER
Ralph A. Pringle

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Garden City Mo.

OCCUPATION

Mrs. Grocery StoreFULL
MAIDEN
NAME

MOTHER

Gladys Martin

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Oakley Ida

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:10 P.M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Dr. J. C. Patterson
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley Ida

Filed

May 1 1920Dr. J. C. Patterson
Registrar

Registrar

RECEIVED
JUL 23 1964

449-215-016-168
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St. _____

Registration District No. 117

File No. 78806

Primary Registration District No. 2196

Registered No. 1568

Hospital _____

FULL NAME OF CHILD _____

MAE MURPHY

| | | | | |
|--|--|---|---|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>—</u> | and { Number in order of birth <u>—</u> } | Legitimate? <u>Yes</u> | Date of Birth <u>Feb 15</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME FATHER <u>Richard Murphy</u> | | | FULL MAIDEN NAME MOTHER <u>Lovena Johnson</u> | |
| RESIDENCE <u>Burley, Ida</u> | | | RESIDENCE <u>Burley, Ida</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>30</u> (Years) | | COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>28</u> (Years) |
| BIRTHPLACE <u>Seelida Utah</u> | | | BIRTHPLACE <u>Redmond Utah</u> | |
| OCCUPATION <u>Farmer</u> | | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

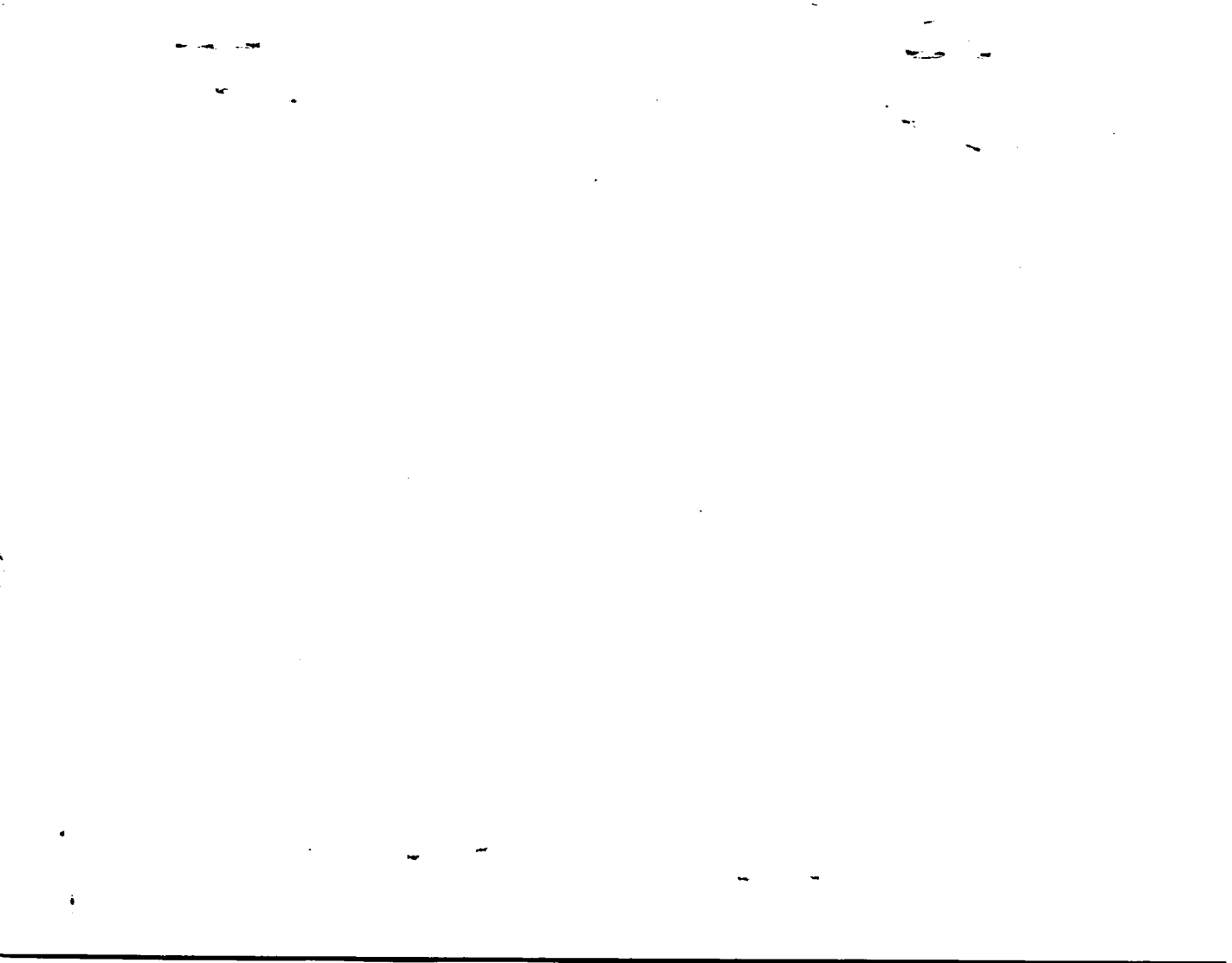
I hereby certify that I attended the birth of this child, who was Born alive at 3:30 PM on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida
Filed May 1 1920 W. J. C. Patterson
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78806
County of Cassie }

The undersigned does solemnly swear that certain facts on the certificate of Birth
for No Name who was born on Feb 15 - 1920
(Name on Original Certificate) (Was Born) (Date of Event)
in are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Louerna C Murphy prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|---------------------------------|----------------------------------|
| FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
| Name | Unnamed | Mae Murphy |

Mae Burley Cassie Co Idaho was girl cause
Born
Subscribed and sworn to before me this 26
day of May 19 42
Henry W. Tucker
Notary Public, residing at Burley
My commission expires June 1, 1942
(Seal)

Signed Louerna C Murphy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.
County of Cassie } (See Chapter 139, 1937 Idaho Session Laws.)]
'The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 26
day of May 19 42
Henry W. Tucker
Notary Public, residing at Burley Ida.
My commission expires June 1, 1942
(Seal)

Signed R H Murphy
(Signature of Any Credible Person Other Than Previous Year)
Burley Ida.
(Street Address, City, State)

K JUL 16 1942

These men were
born. Also at Cooper's bar.
Carlson Aug 11 - 1929
Charles Lee Smith - Seattle.
Howard & H. G. Smith.
Parent name was
Richard at the time of
his death. C. Smith.

JUL 20 1942

363-229-076-365

PLACE OF BIRTH

County of Cassia (name added 3-3-82)City of Albion

No. _____ St. _____

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 117File No. 78807Primary Registration District No. 2196Registered No. 1566

FULL NAME OF CHILD

Enid Tolman

Sex of Child

GirlTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthMarch 29, 1920

(Month) (Day) (Year)

FULL
NAMEFATHER
Geo. O. TolmanFULL
MAIDEN
NAME

MOTHER

Catherine Ireland

RESIDENCE

Albion

RESIDENCE

Albion, Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

Idaho State

BIRTHPLACE

Albion, Ida

OCCUPATION

Electrician

OCCUPATION

Housewife

Number of child of this mother, including present birth

6

Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive or stillborn3:30 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

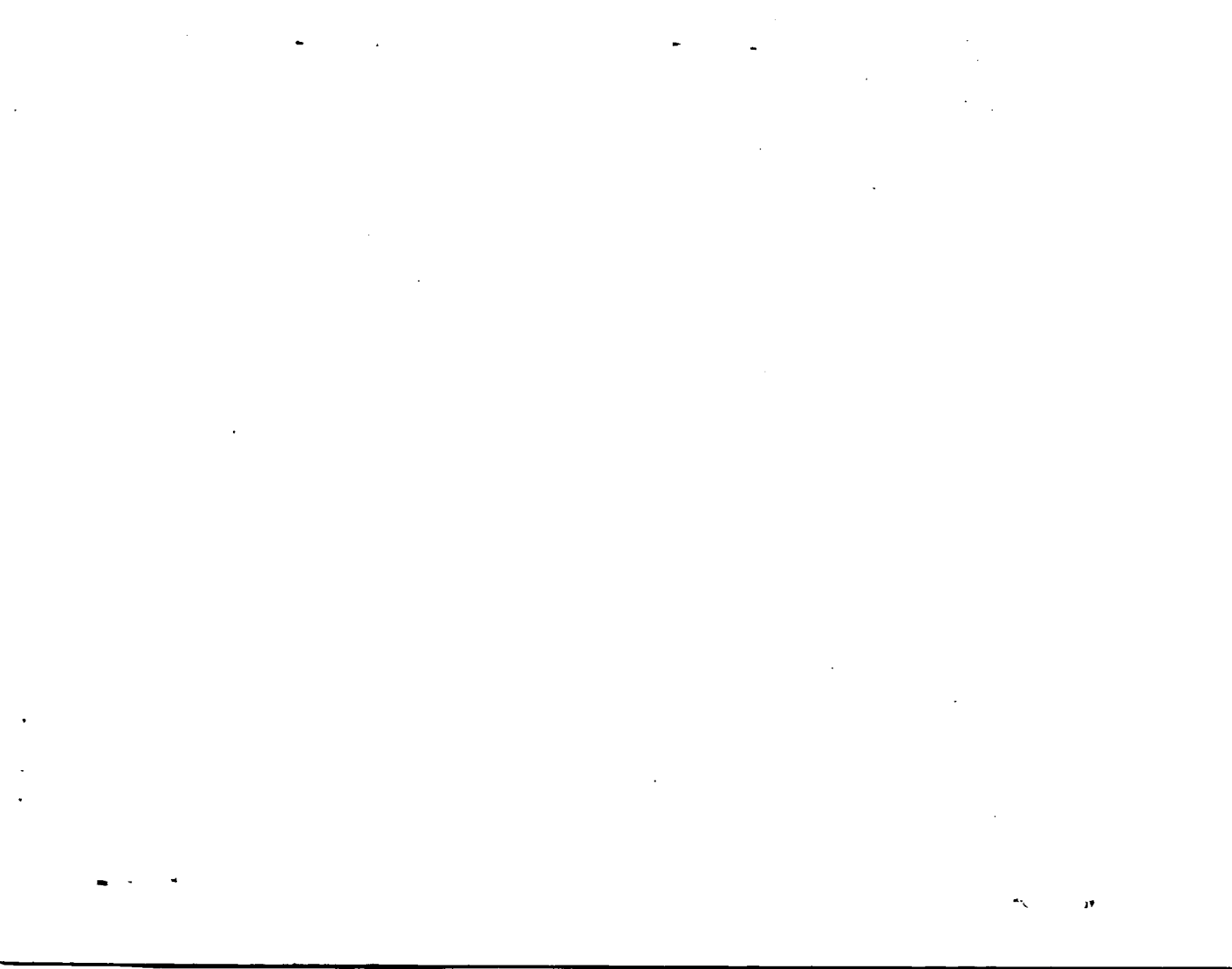
Given names added from a supplemental report.

19 _____

Address _____

Filed

May 1, 1920Dr. J. C. Patterson



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

FEB 22 1982

State of California } ss.
County of Santa ClaraCertificate No. 78807

Date Filed _____

birth

~~Bureau of Vital Statistics~~

The undersigned does solemnly swear that certain facts on the certificate of _____

for Unnamed Tolman who was born on 3-29-20
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)in Albion (Cassia) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedEnid TolmanSubscribed and sworn to before me this 19th day ofFebruary, 1982Notary Public, John Bess BakerResiding at 700 S Bernardo, Sunnyvale, CaMy commission expires Nov 1, 1985

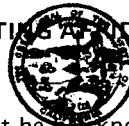
(Seal)

State of California } ss.
County of Santa Clara

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day ofFebruary, 1982Notary Public, John Bess BakerResiding at 700 S Bernardo, Sunnyvale, CaMy commission expires Nov 1, 1985

(Seal)

Signature of Applicant Enid Tolman
Street Address, City, State 325 Sylvan #23, Mountain View, Ca. 94041SUPPORTING AFFIDAVIT OF A SECOND PERSON
OFFICIAL SEAL
INA BESS BAKERNOTARY PUBLIC - CALIFORNIA
COUNTY OF SANTA CLARA
Comm. Exp. Nov. 1, 1985

(Must be completed __)

(Is not necessary __)

Supporting Signature Ralph E. Sealey
Street Address, City, State 325 Sylvan #23, Mountain View, Ca. 94041

Certificate of Matrimony gives Ralph Leroy Sealy and Enid Tolman were married in State of Arizona at Yuma on 4-1-38. Viewed by V.S.

Bankers life Co. Insurance Policy gives insureds name as **MAR 3 1982**
Enid Sealy . Beneficiary listed as husband Ralph L Sealy
Effective date 11-1-71. Viewed by V.S.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-103-016-494

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 14-O-22m-2-2-17

County of *Cassia*

City of *Burley*

Registration District No. *117*

File No. *78811*

No. *St.*

Primary Registration District No. *2196*

Registered No. *1578*

Hospital

FULL NAME OF CHILD *Edward Dejulis*

| | | | |
|--------------------------|---|------------------------|--|
| Sex of Child <i>Male</i> | Twin Triplet or other? <i></i> and { Number in order of birth <i></i> | Legitimate? <i>yes</i> | Date of Birth <i>April 3, 1920</i>
(Month) (Day) (Year) |
|--------------------------|---|------------------------|--|

FATHER
FULL NAME *Mr. Rocco Dejulis*
RESIDENCE *Burley*
COLOR *white* AGE AT LAST BIRTHDAY *41* (Years)
BIRTHPLACE *Italy*
OCCUPATION *Laborer*

MOTHER
FULL MAIDEN NAME *Mrs. Mary Diseno*
RESIDENCE *Burley*
COLOR *white* AGE AT LAST BIRTHDAY *37* (Years)
BIRTHPLACE *Italy*
OCCUPATION *housewife*

Number of child of this mother, including present birth *7* Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *12:30* M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. H. Custer*

(Physician or midwife)

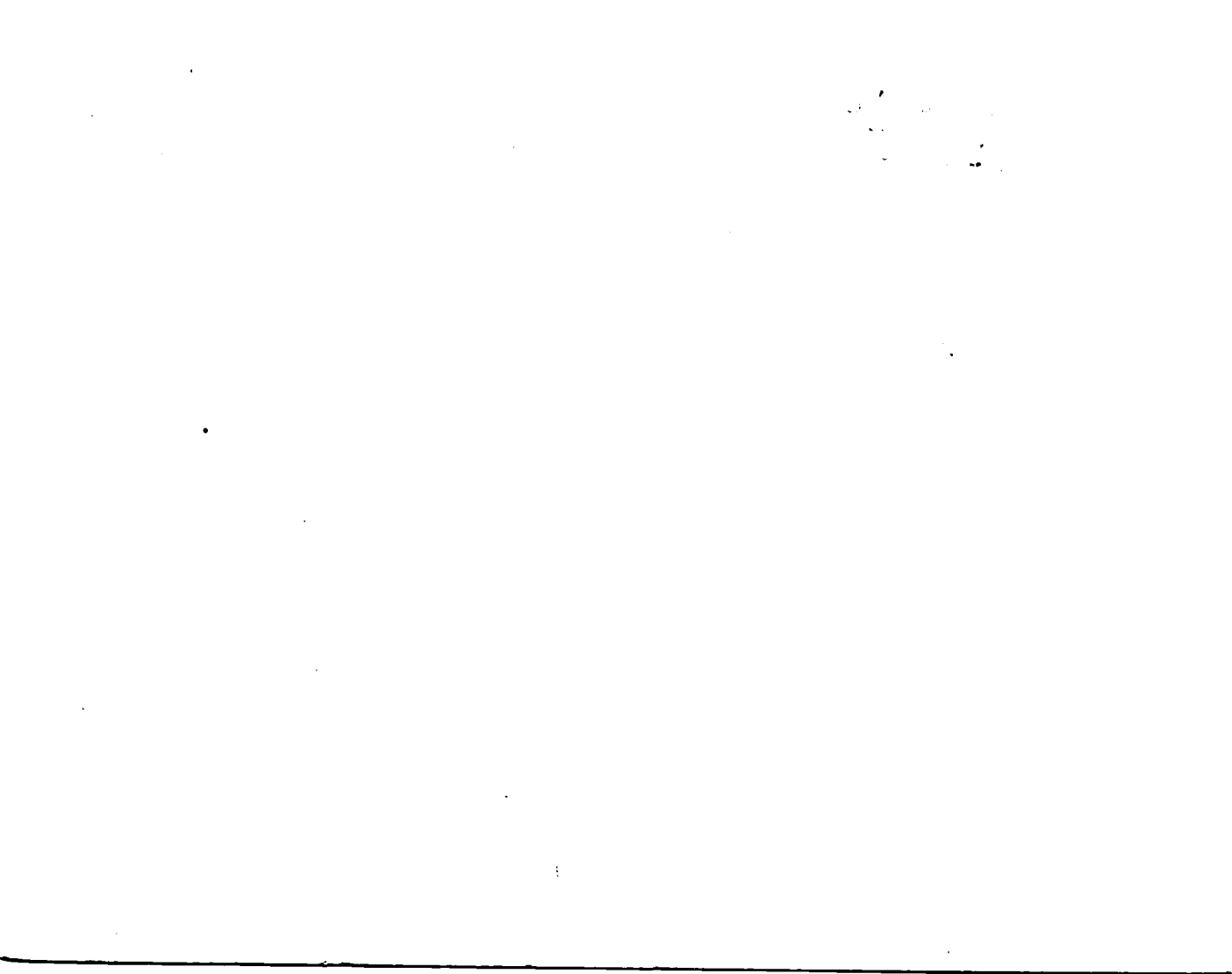
Given names added from a supplemental report.

Address *Burley*

Filed *May 1, 1920* *Dr. J. C. Patterson*

Registrar

Registrar



231-211-616-469

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-5-20-4342

CERTIFICATE OF BIRTH

County of Cassia.....City of Burley.....Registration District No. 117.....File No. 18812.....No.St.....Primary Registration District No. 2196.....Registered No. 1571.....

Hospital

FULL NAME OF CHILD

Stanley

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>Apr 11</u>
(Month) (Day) (Year) <u>1920</u> |
|----------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|------------------------------------|--|
| FULL NAME
<u>George Stanley</u> | FATHER |
| RESIDENCE
<u>Burley</u> | |
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE
<u>Ohio</u> | |
| OCCUPATION
<u>Horse dealer</u> | |

| | |
|--|--|
| FULL MAIDEN NAME
<u>Rosa Morgan</u> | MOTHER |
| RESIDENCE
<u>Burley</u> | |
| COLOR
<u>white</u> | AGE AT LAST
BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE
<u>Ohio</u> | |
| OCCUPATION
<u>housewife</u> | |

Number of child of this mother, including present birth...5..... Number of children of this mother now living, including present birth...4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn) at St. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. HentlerM.D.

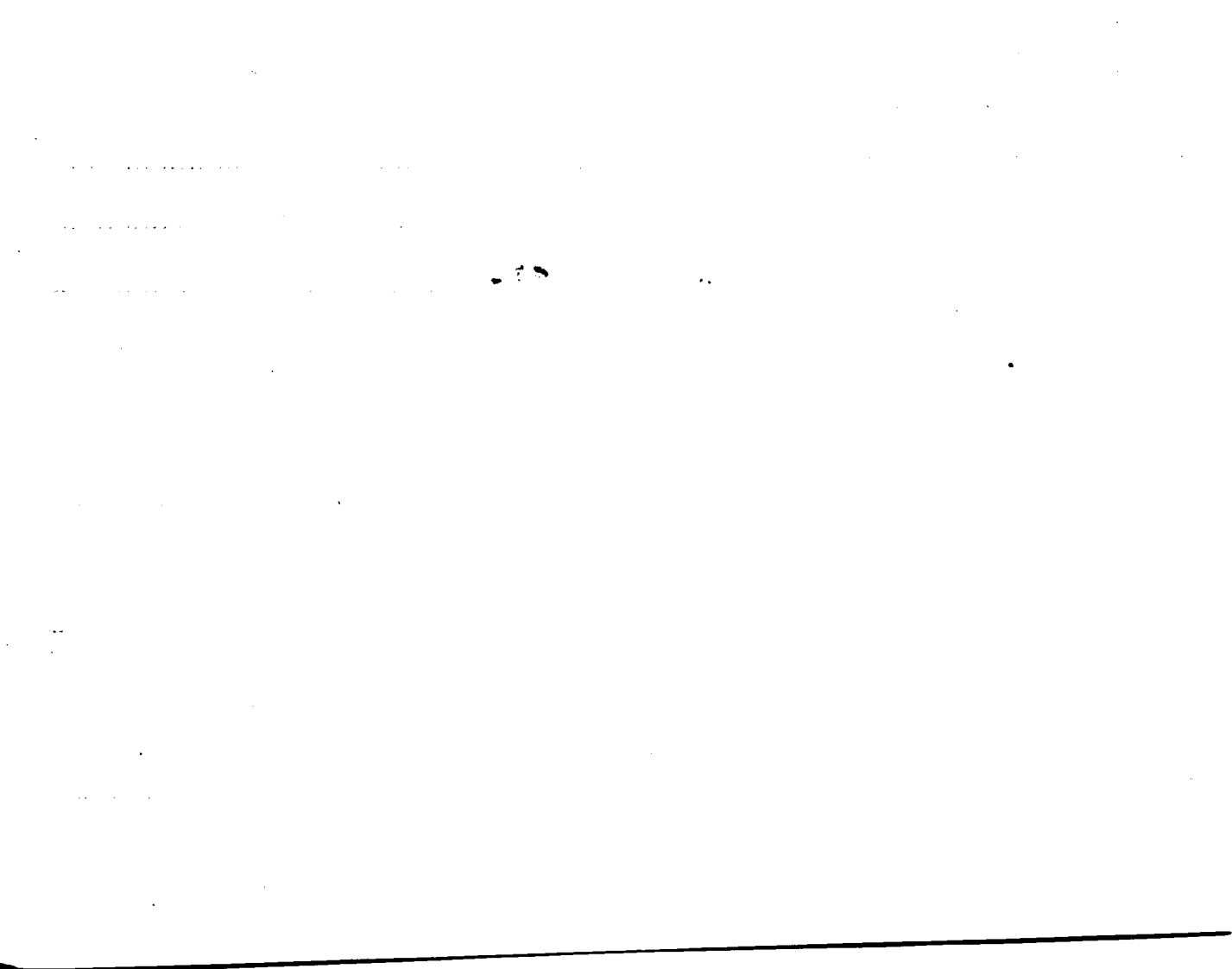
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.Filed May 1, 1920 Dr. J. C. Patterson

Registrar

Registrar



296 - 115 - 016 - 319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

County of... *Cassia*.....City of... *Burley*.....Registration District No. *117*File No. *78813*No. *St.*Primary Registration District No. *2196*Registered No. *1572*

Hospital

FULL NAME OF CHILD *Erwin L. Brower*.....

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <i>Male</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <i>yes</i> | Date of
Birth. <i>April 15</i> |
| | | | | (Month) (Day) (Year) |

FULL NAME FATHER *Elbert Brower*RESIDENCE *Burley*COLOR *white* AGE AT LAST BIRTHDAY *27*BIRTHPLACE *Utah*OCCUPATION *Farming*FULL MAIDEN NAME MOTHER *Genetta Larson*RESIDENCE *Burley*COLOR *white* AGE AT LAST BIRTHDAY *28*BIRTHPLACE *Idaho*OCCUPATION *Housewife*Number of child of this mother, including present birth... *2* ... Number of children of this mother now living, including present birth... *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... *Born alive*, at... *8-15*

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. Hunter*

(Physician or midwife)

Given names added from a supplemental report.

Address... *Burley Ida*Filed... *May 1 1926*

Registrar

Registrar

OCT 3 1947

APR 3 1967

155-214-014-735
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of Cassia

City of Burley

Registration District No. 117

File No. 78814

No. St.

Primary Registration District No. 2196

Registered No. 1573

Hospital

FULL NAME OF CHILD Bettress Jensen

| | | | |
|----------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u> }</u> and { Number in order of birth <u> }</u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>April 16</u> 19 <u>24</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|--|

| | | | |
|--------------------------------|--|--|--|
| FULL NAME <u>Mr Roy Jensen</u> | FATHER | FULL MAIDEN NAME <u>Margaret Glinn</u> | MOTHER |
| RESIDENCE <u>Burley</u> | | RESIDENCE <u>Burley</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>31</u> (Years) | COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>25</u> (Years) |
| BIRTHPLACE <u>Utah</u> | | BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farming</u> | | OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Idaho

Filed May 1 1924 P. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1969

168-218-016-659

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-28a-9-3-37

CERTIFICATE OF BIRTH

78815

County of... *Cassia*City of... *Burley*Registration District No. *117*

File No.

No. *St.*Primary Registration District No. *2196*Registered No. *1577*

Hospital

FULL NAME OF CHILD

Johnson

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <i>Female</i> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <i>yes</i> | Date of
Birth <i>April 18</i>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|--|

| | | | |
|---------------------------------|---|--|---|
| FULL NAME <i>Mr W A Johnson</i> | FATHER | FULL MAIDEN NAME <i>Ellen Ferguson</i> | MOTHER |
| RESIDENCE <i>Burley</i> | | RESIDENCE <i>Burley</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>40</i>
(Years) | COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>30</i>
(Years) |
| BIRTHPLACE <i>Utah</i> | | BIRTHPLACE <i>Nebraska</i> | |
| OCCUPATION <i>Barber</i> | | OCCUPATION <i>housewife</i> | |

Number of child of this mother, including present birth *7* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* (Born alive or stillborn) at *120* M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F H Cutler**M. D.*
(Physician or midwife)

Given names added from a supplemental report.

Address *Burley Ida*Filed *May 1 1920* *Dr J C Patterson*

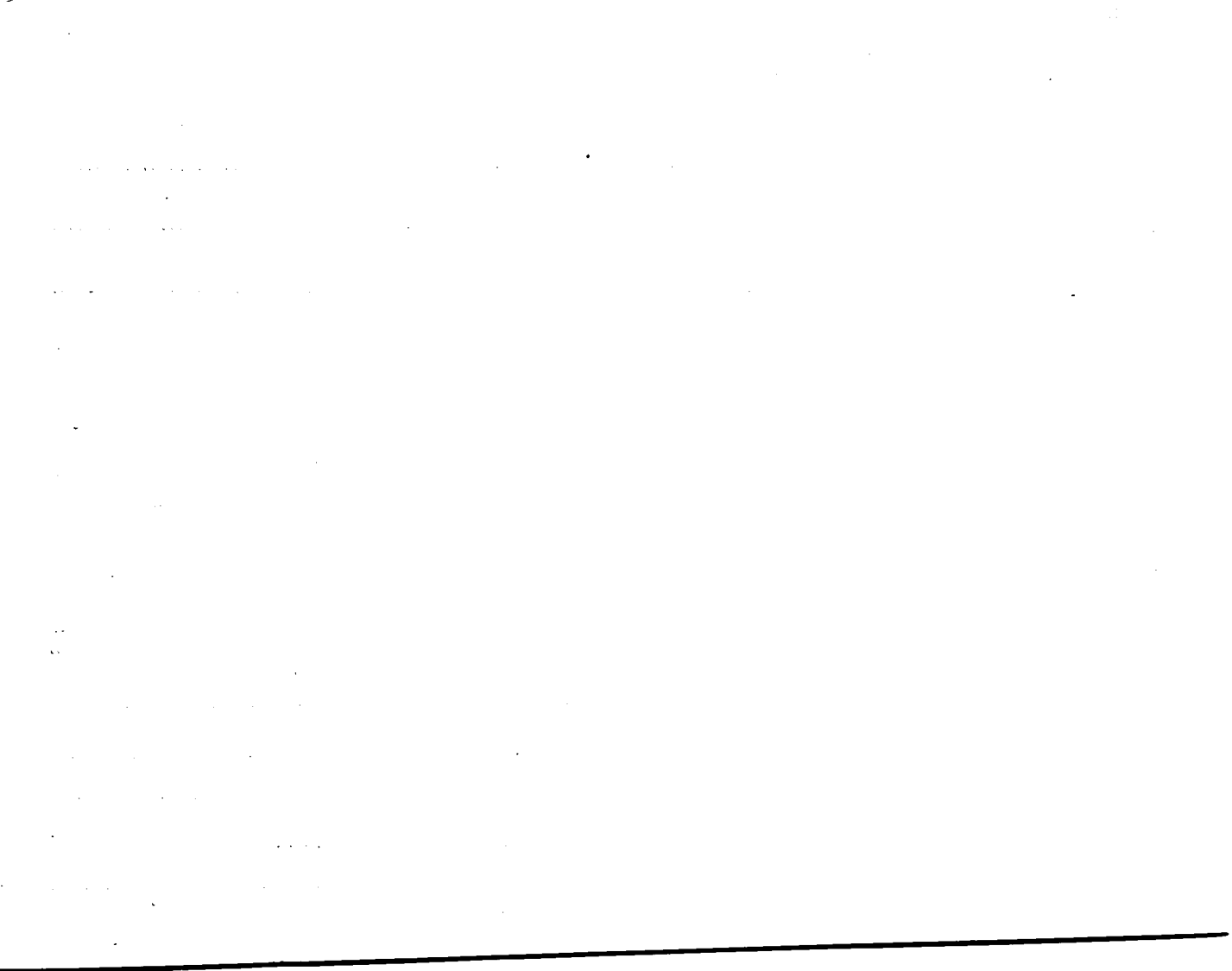
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING



795-222-016-239
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-0-0-0-0

County of... Cassia

City of... Burley

Registration District No. 117

File No. 7.8.8.16

No. St.

Primary Registration District No. 2196

Registered No. 1575

Hospital

FULL NAME OF CHILD Edith Powell

| | | | |
|----------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimate? <u>Yes</u> | Date of Birth <u>April 22</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|--|

| | |
|----------------------------------|--|
| FULL NAME <u>Mr R. K. Powell</u> | FATHER |
| RESIDENCE <u>Burley</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>30</u> (Years) |
| BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farming</u> | |

| | |
|--|--|
| FULL MAIDEN NAME <u>Miss Ruth M. Steep</u> | MOTHER |
| RESIDENCE <u>Burley</u> | |
| COLOR <u>white</u> | AGE AT LAST BIRTHDAY <u>19</u> (Years) |
| BIRTHPLACE <u>Kansas</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Curtis
M.D.
(Physician or midwife)

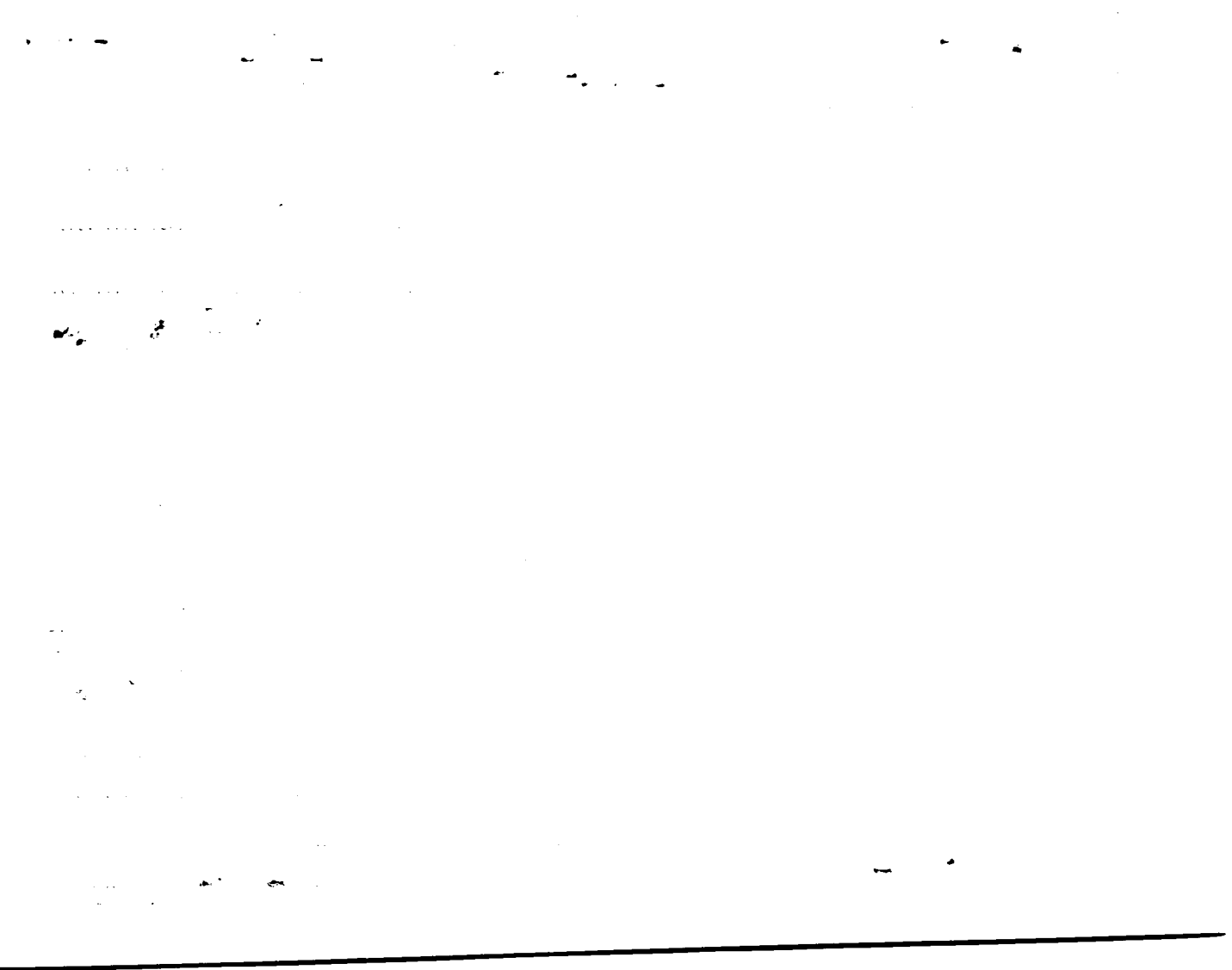
Given names added from a supplemental report.

Address Burley Idaho

Filed May 1 1920

Registrar

Registrar



Lola Marie Moultrie's IDAHO DEPARTMENT OF HEALTH birth certificate
gives mothers name as Edith E. Preece. On file in Idaho #272725.
Dated August 25, 1938. BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of..... } ss. Certificate No. 78816
County of..... } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
for not named Preece who was born on April 22, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by..... prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

name of child not named Preece Edith Preece
.....
.....

Subscribed and sworn to before me this 27 day of

February 1961
Hazel L. Hurlbert
Notary Public, residing at Eagle, Idaho
My commission expires Sept 28, 1964
(Seal)

Signed Andrew R. Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1606 N. 7th Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... } ss.
County of..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of
....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

copy paid

Statement regarding church record gives name as Edith Elizabeth Moultrie
daughter of Richard Keller Preece and Ruth May Street. Dated February 27, 1938.
Viewed by VS.

APR 27 1961

534-225-016-532
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-28m-9-3-37

County of... *Cassia*...

City of... *Burley*...

Registration District No. *117*

File No. **78817**

No. *St.*

Primary Registration District No. *2196*

Registered No. *1576*

Hospital

FULL NAME OF CHILD ... *Baby Eldridge*

| | | | | |
|----------------------------|-----------------------------------|-----------------------------------|------------------------|---|
| Sex of Child <i>Female</i> | Twin Triplet or other? <i>and</i> | Number in order of birth <i>1</i> | Legitimate? <i>yes</i> | Date of Birth: <i>April 25 - 1920</i>
(Month) (Day) (Year) |
|----------------------------|-----------------------------------|-----------------------------------|------------------------|---|

| | |
|----------------------------------|---|
| FULL NAME <i>George Eldridge</i> | FATHER |
| RESIDENCE <i>Burley</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>22</i>
(Years) |
| BIRTHPLACE <i>Utah</i> | |
| OCCUPATION <i>Storing</i> | |

| | |
|---|---|
| FULL MAIDEN NAME <i>Marie, Elbert</i> | MOTHER |
| RESIDENCE <i>Burley</i> | |
| COLOR <i>white</i> | AGE AT LAST BIRTHDAY <i>18</i>
(Years) |
| BIRTHPLACE <i>Argentina South America</i> | |
| OCCUPATION <i>housewife</i> | |

Number of child of this mother, including present birth... *1* Number of children of this mother now living, including present birth... *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *1:55 P.M.* on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. H. Carter*
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... *19*

Address *Burley, Ida*

..... *1920*

Filed *May 1* *1920* *W. E. Patterson*
Registrar

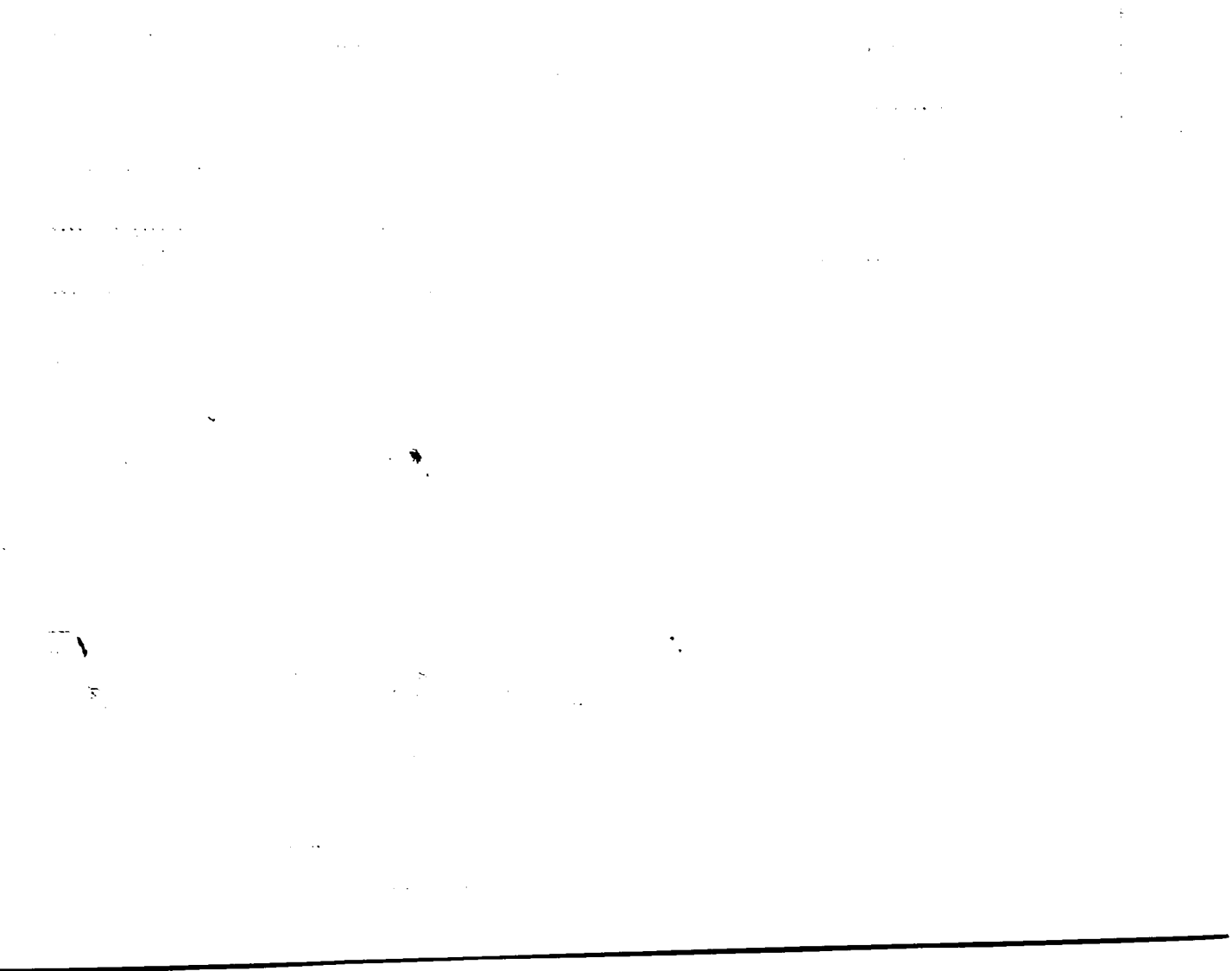
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



623 - 203-016-568

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of CassiaCity of BridgeRegistration District No. 119File No. 78818

No. _____ St. _____

Hospital At home

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD EMMA LEONE OSTBERG

| | | | | | |
|----------------------------|---|-----|---|-------------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate?
<u>yes</u> | Date of Birth
(Month) <u>Apr</u> (Day) <u>3</u> (Year) <u>20</u> |
|----------------------------|---|-----|---|-------------------------------|---|

| | |
|--|---|
| FULL NAME
<u>Frank Ostberg</u> | FATHER |
| RESIDENCE
<u>Bridge Idaho.</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>41</u>
(Years) |
| BIRTHPLACE
<u>San Pete Co. Utah</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|--------------------------------------|---|
| FULL MAIDEN NAME
<u>Ada Hayes</u> | MOTHER |
| RESIDENCE
<u>Bridge Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>41</u>
(Years) |
| BIRTHPLACE
<u>Washington Utah</u> | |
| OCCUPATION
<u>House wife</u> | |

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 3:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Sater

(Physician or midwife)

Given names added from a supplemental report.

19

Address Matta IdahoFiled May 5 1920

Registrar

Registrar

—

—

RECEIVED

APR 5 1955

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 78818
County of Canyon } Date Filed May 5, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Ostburg who was born on April 3, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Bridges, Idaho are erroneous or were omitted; and that, to the best of her knowledge, the
(Place of Event)
true facts are shown by Certificate of Blessing prepared on August 8, 1920, are:
(Birth or Death) (Date of Event)
(Name, "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)
Full name of child unnamed Emma Leone Ostberg
FROM (The Correct Facts)

Subscribed and sworn to before me this 30th day of
March 1925.
Notary Public, residing at Nampa, Idaho.
My commission expires April 10, 1959.
(Seal)

Signed Coda L Ostberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Natural Mother
614 Filmore St. Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida } ss.
County of Canyon }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of
March 1955

Signed Myrtle O. Smith
(Signature of Any Credible Person)

Notary Public, residing at Caldwell, Ida
My commission expires 7-6-57
(Seal)

R 2, Nyssa, Ore
(Street Address, City, State)

MAY 23 1972

APR 21 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-204-016-893

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH Child's name added STATE OF IDAHO
BUREAU OF VITAL STATISTICS
9/7/88 tlc
COUNTY OF Cassia CERTIFICATE OF BIRTH

City of Malta Registration District No. 119 File No. 78819
No. _____ St. _____
Hospital At Home Primary Registration District No. _____ Registered No. _____
FULL NAME OF CHILD Winnie Hitt Peterson

Sex of Child Female Twin Triplet or other? — and — Number in order of birth — Legiti mate? yes Date of Birth Apr 4 1924
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Albert J. Peterson
RESIDENCE Malta Idaho
COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Bea River Cy Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Laura Lavina Hitt
RESIDENCE Malta Idaho
COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Malta Ida
OCCUPATION House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) C. I. Sater M D

(Physician or midwife)

Address Malta Idaho

Filed May 5 1924 C. I. Sater Registrar

Registrar

APR 16 1975

STATE OF CALIFORNIA
COUNTY OF SAN LUIS OBISPO



OBDULIA AREVALO
NOTARY PUBLIC
SAN LUIS OBISPO COUNTY
CALIFORNIA

My Commission Expires on Sept. 5 1989

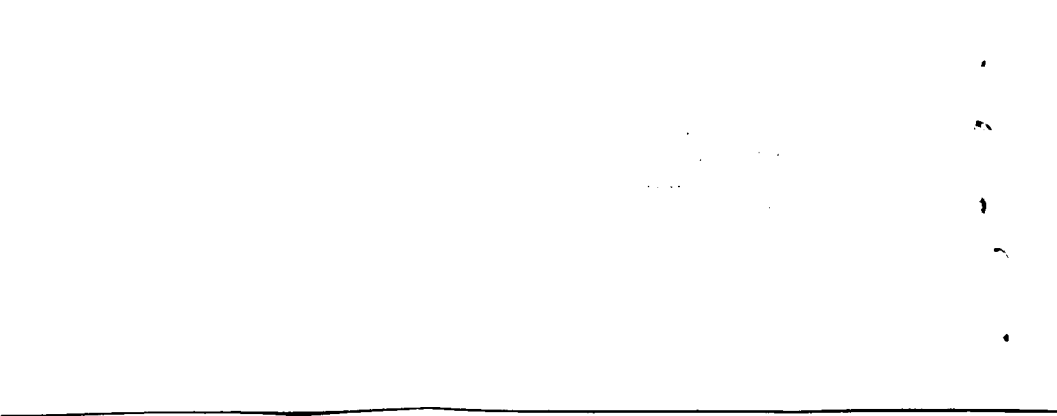
Attached to: FDANO Affidavit
to Correct OR Amend an
ORIGINAL Certificate
9/4/20 - MALTA (CASSIA) ID

On this 15th day of Sept 1988, before
me, OBDULIA AREVALO, the undersigned Notary
Public personally appeared Winnie Hitt
Peterson Arrambide
~~personally known to me~~ OR proved to me
on the basis of satisfactory evidence X, to be
the person ~~(s)~~ whose name ~~(s)~~ is subscribed to
the within instrument, and acknowledged that She
executed it.

WITNESS my hand and official seal.

Obdulia Arevalo

Commission expires 9/5/89



8/30/88

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____ } ss.
County of _____ }

SEP 6 3 35 PM '88

Certificate No. 78819
Date Filed _____The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed (female) Peterson who was born on April 4, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Malta (Cassia), Idaho are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

| | | |
|---------------------|----------------|-----------------------------|
| <u>child's name</u> | <u>unnamed</u> | <u>Winnie Hitt Peterson</u> |
| | | |
| | | |
| | | |

Subscribed and sworn to before me this _____ day of

_____, 19 _____

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Winnie Hitt Peterson
Signature of Applicant
2410 Beach St. OCEANO, CA 93495
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed _____)

(Is not necessary _____)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of

_____, 19 _____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Marriage certificate from Nevada, White Pine County, Idaho. Groom's name as Francis Lloyd Arrambide. Bride's name as Winnie Hitt Coppenger. dated Mar. 31, 1976. viewed by VS

SEP 7. 1988

Application for Retirement Benefits Division, Public Employees' Retirement System, Sacramento, California. gives name as Winnie H. Coppenger. born April 20, 1914 , dated January 1, 1976. viewed by VS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

553-227-016-142

PLACE OF BIRTH

 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of JuniperRegistration District No. 119File No. 78820

No. _____ St. _____

Hospital AT Home

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD

| | | | | | |
|----------------------------|---|-----|---|-------------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth
(To be answered only in event of plural births) | Legiti
mate?
<u>yes</u> | Date of
Birth
(Month) (Day) (Year)
<u>Apr 27</u> <u>19</u> <u>20</u> |
|----------------------------|---|-----|---|-------------------------------|---|

| | |
|--|--|
| FULL
NAME
<u>George Nelson</u> | FATHER |
| RESIDENCE
<u>Juniper Idaho</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>21</u>
(Years) |
| BIRTHPLACE
<u>College Ward Utah</u> | |
| OCCUPATION
<u>Farmer</u> | |

| | |
|---|--|
| FULL
MAIDEN
NAME
<u>Helen Ann Austin</u> | MOTHER |
| RESIDENCE
<u>Juniper Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST
BIRTHDAY <u>25</u>
(Years) |
| BIRTHPLACE
<u>Dayton Ida</u> | |
| OCCUPATION
<u>House wife</u> | |

 Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was Born alive, at 9 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

C. I. Sater

(Physician or midwife)

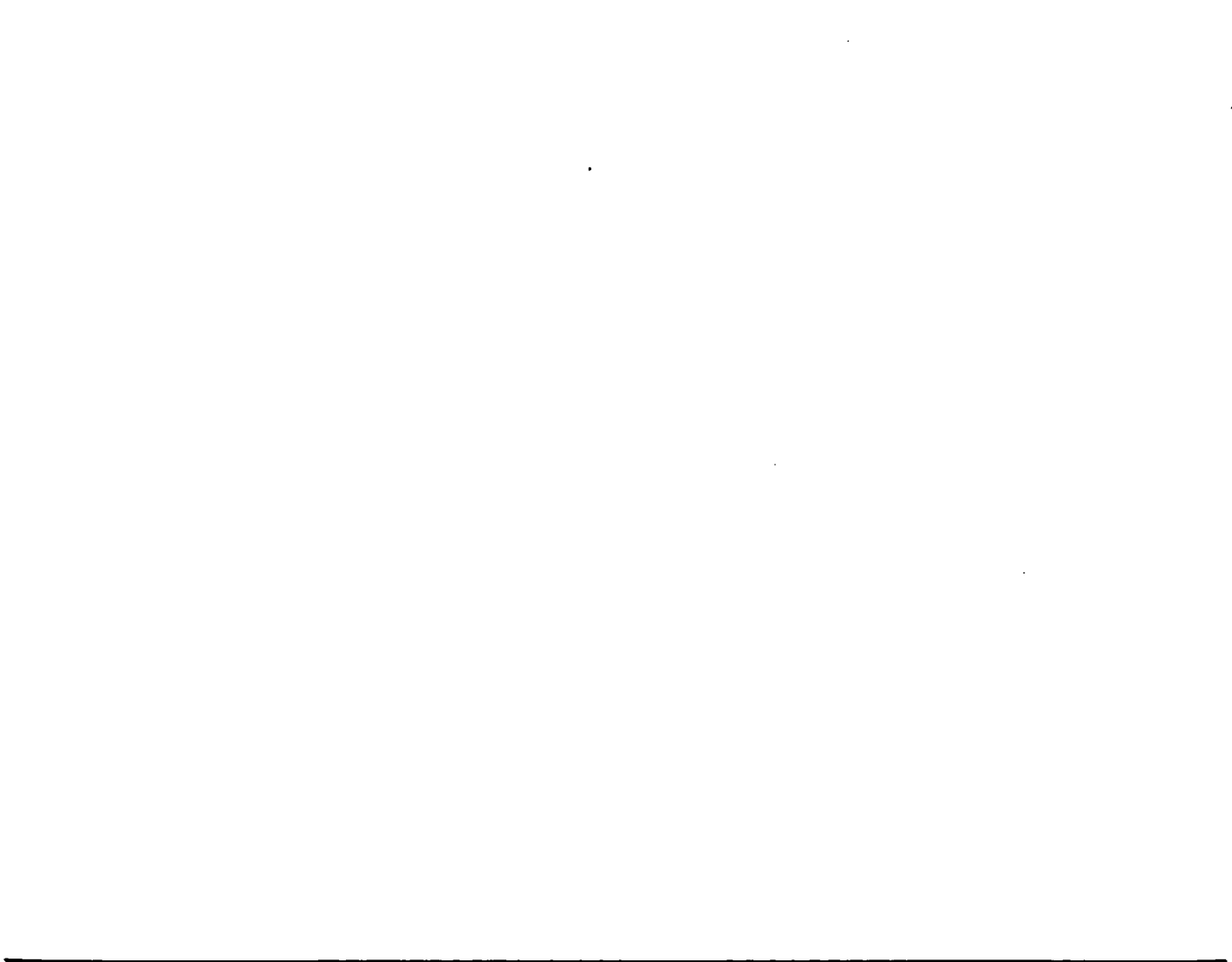
Given names added from a supplemental report.

19. _____

Address Malta IdahoFiled May 5 1920

Registar

Registar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-129-016-994
County of Cassia
City of Oakley
No.
St.
Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78821

Registration District No. 120

File No. XX/111

Primary Registration District No. 2199

Registered No. 22

FULL NAME OF CHILD

| | | | |
|--------------------------|---|--------------------------|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> | Legiti- mate? <u>Yes</u> | Date of Birth <u>Apr 29</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------|--|

FULL NAME William M. Garvin FATHER

FULL MAIDEN NAME Louise Huntington MOTHER

RESIDENCE Oakley, Idaho

RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 52 (Years)

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Scotland

BIRTHPLACE Utah

OCCUPATION Mine

OCCUPATION Housewife

Number of child of this mother, including present birth 7..... Number of children of this mother now living, including present birth 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 950 P. M.

When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Carson

Given names added from a supplemental report.

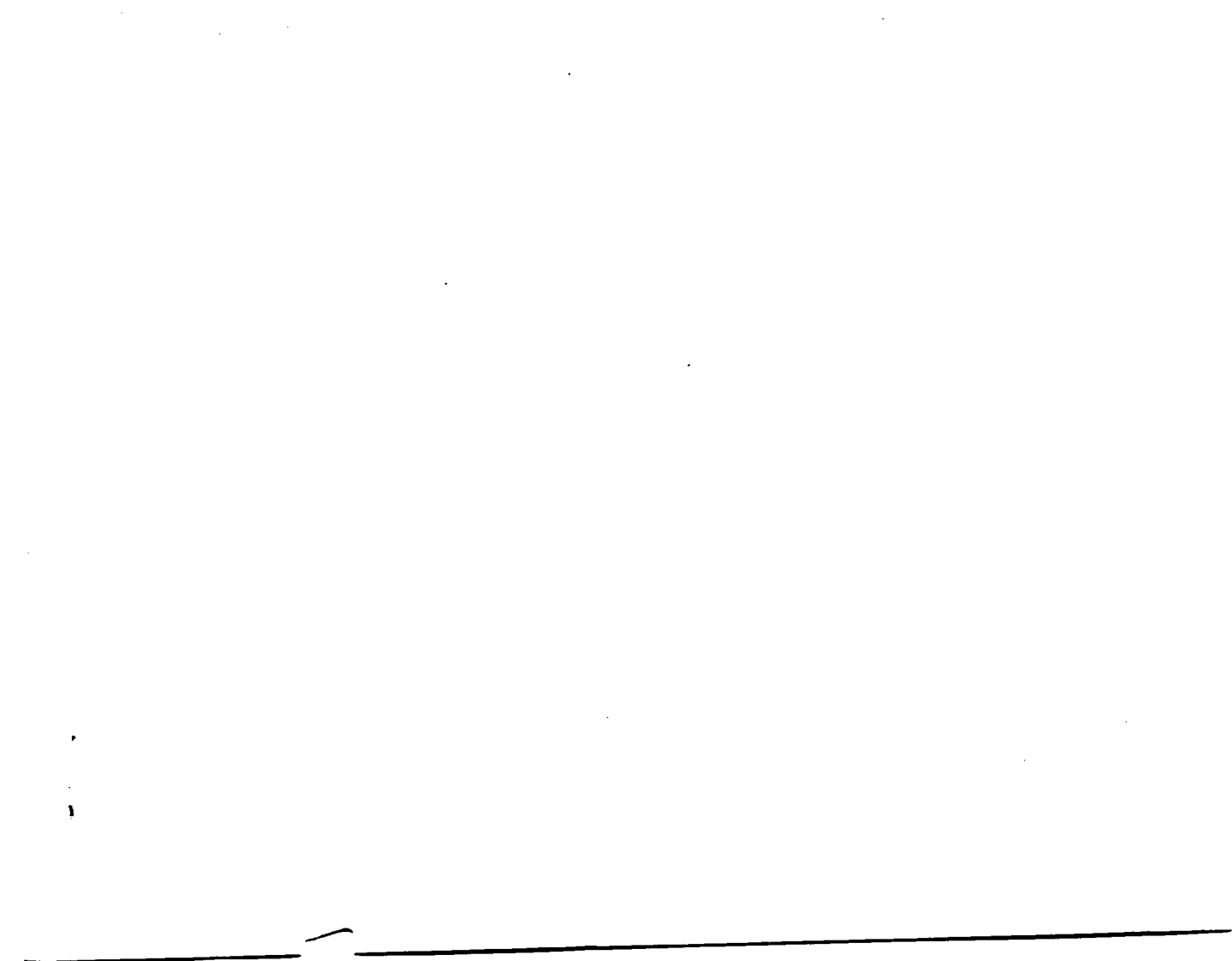
(Physician or midwife)

Address Oakley, Idaho

Filed 5/5 1920

Registrar

Registrar



CK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address OF VITAL STATISTICS, BOISE, IDAHO.

356-228-014-693 Be sure the information is complete and accurate)

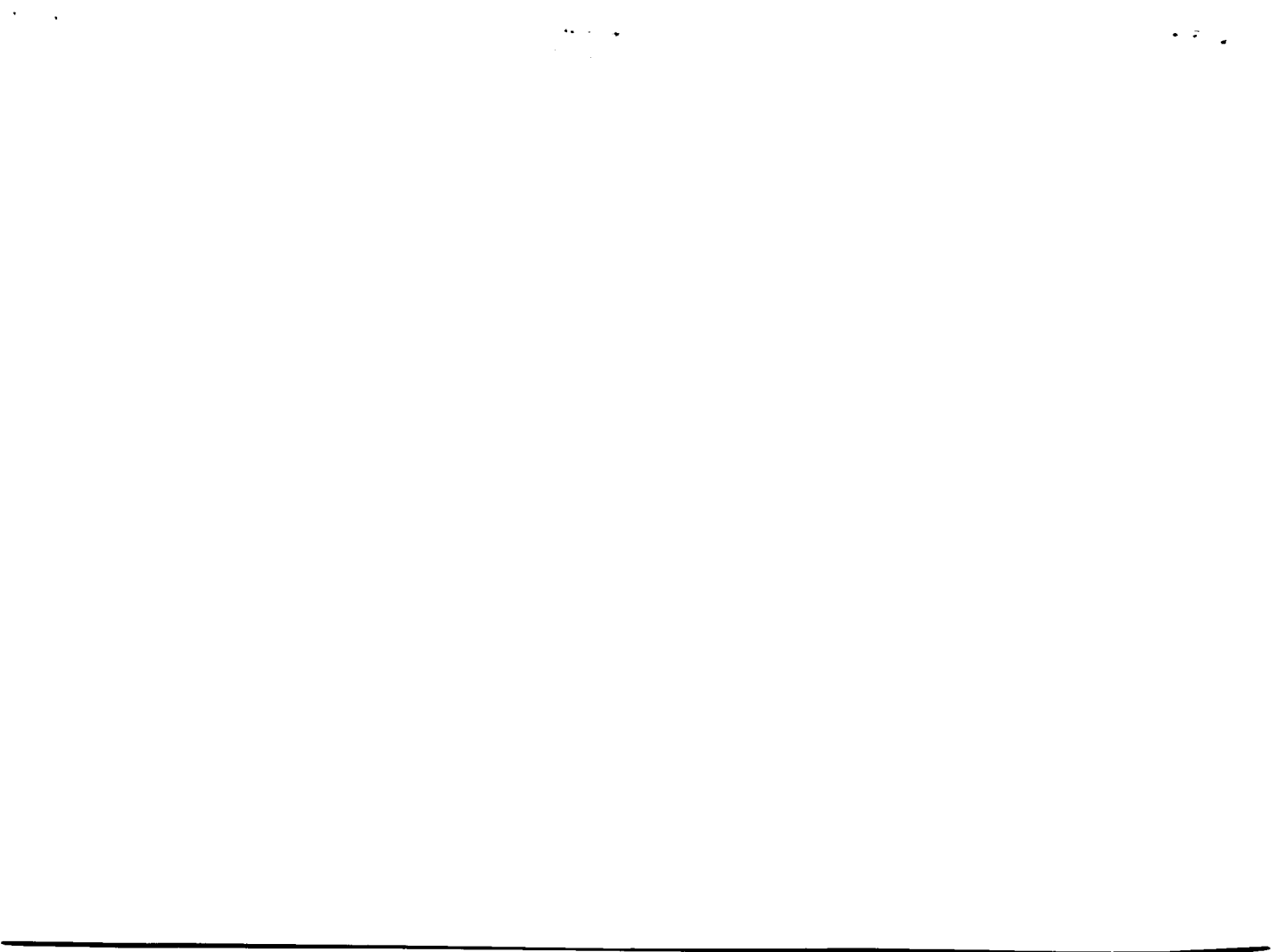
State File No. 78822
Local Reg. No. 21
Reg. Dist. No. 120

Amended 2-10-69

CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | | | |
|--|---|---|--|---|----------------------------------|
| 1. PLACE OF BIRTH
a. COUNTY
Cassia | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE
Idaho | | b. COUNTY
Cassia | |
| b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Oakley | | c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Oakley | | | |
| c. FULL NAME OF (If NOT in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION | | d. STREET ADDRESS
(If rural, give location) | | | |
| 3. CHILD'S NAME
(Type or print) | | a. (First)
Nina | | b. (Middle)
Viola | |
| | | | | c. (Last)
Lewis | |
| 4. SEX
Female | 5a. THIS BIRTH
SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____ | 5b. IF TWIN OR TRIPLET (This child born)
1st _____ 2nd _____ 3rd _____ | | 6. DATE OF BIRTH
(Month) (Day) (Year)
April 28, 1920 | |
| FATHER OF CHILD | | | | | |
| 7. FULL NAME | | a. (First)
Roy | | b. (Middle)
Lewis | |
| | | | | c. (Last) | |
| 8. AGE (At time of this birth)
24 YEARS | 9. BIRTHPLACE (State or foreign country)
(City or Town) Nebraska | | 10. USUAL OCCUPATION
Farmer | | 11. KIND OF BUSINESS OR INDUSTRY |
| MOTHER OF CHILD | | | | | |
| 12. FULL MAIDEN NAME | | a. (First)
Mary | | b. (Middle)
Viola | |
| | | | | c. (Last)
Wilson | |
| 13. AGE (At time of this birth)
20 YEARS | 14. BIRTHPLACE (State or foreign country)
(City or Town) Idaho | | 15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0 | | |
| 16. INFORMANT'S SIGNATURE OR NAME (Relationship) | | | | | |
| <i>I hereby certify that this child was born alive on the date stated above.</i> | | | 17. SIGNATURE
A. F. O. Nielson | | |
| | | | 18. ATTENDANT AT BIRTH
M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____ | | |
| 19. ADDRESS
Oakley, Idaho | | | 20. DATE SIGNED | | |
| 21. DATE REC'D BY LOCAL REG.
May 5, 1920 | | | 22. REGISTRAR'S SIGNATURE
A. F. O. Nielson | | |
| | | | 23. DATE ON WHICH GIVEN NAME ADDED
BY _____ REGISTRAR | | |

FOR MEDICAL AND HEALTH USE ONLY



IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. **RECEIVED** Certificate No. 78822
County of Bannock } **OCT 1 1968** Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Lewis (Male Child) (Female of Vital Statistics) who was born on April 28, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by LDS Church Record prepared on Aug 31, 1968, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
|--|---------------------------------|----------------------------------|
| Full Name of Child | Unnamed | Nina Viola Lewis |
| Sex of Child | Male | Female |
| Mother's Maiden Name | Vida Wilson | Mary Viola Wilson |

Subscribed and sworn to before me this 31 day of

Signed * Leroy Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
11655-50-5th Ave-Pocatello
(Street Address, City, State) Idaho

August 31, 1968
Park & Princeton
Notary Public, residing at Pocatello, Idaho
My commission expires May 29, 1971
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of

Signed * Wendell Hurd
(Signature of Any Credible Person)

August 31, 1968
Park & Princeton
Notary Public, residing at Pocatello, Idaho
My commission expires May 29, 1971
(Seal)

3536-Porter Ave- Ogden,
(Street Address, City, State) Utah.

LDS Church Certificate of Membership, blessed June 6, 1920, gives name as Nina
Viola Hurd, born April 28, 1920 at Oakley, Idaho to LeRoy Lewis and (Mary) Viola ~~Wilson~~
Wilson - viewed by VS. *actual*

Child's Birth Certificate on file, #290526, gives mother's maiden name as Nina Viola
Lewis - viewed by VS.

L.D.S. Certificate of Membership record gives the mother's maiden name as Mary
Viola Wilson; also gives daughter's name as Nina Viola Hurd - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-127-016-599

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78823

County of Cassia

City of Coley

Registration District No. 122

File No. X 8111

No. _____ St. _____

Primary Registration District No. 299

Registered No. 20

Hospital _____

FULL NAME OF CHILD BOB GRANT

Cummins

| | | | | | |
|--------------------------|---|-----|--------------------------------|------------------------------|---|
| Sex of Child <u>Male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and | Number
in order
of birth | Legiti
mate?
<u>ye</u> | Date of
Birth
<u>April 27</u>
(Month) (Day) 19 <u>20</u>
(Year) |
|--------------------------|---|-----|--------------------------------|------------------------------|---|

FULL NAME FATHER
Clifford Cummins

FULL MAIDEN NAME Violet Von Moller Erickson

RESIDENCE Coley, Id.

RESIDENCE Coley, Id.

COLOR White AGE AT LAST BIRTHDAY 32
(Years)

COLOR White AGE AT LAST BIRTHDAY 23
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Idaho

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 11.10 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

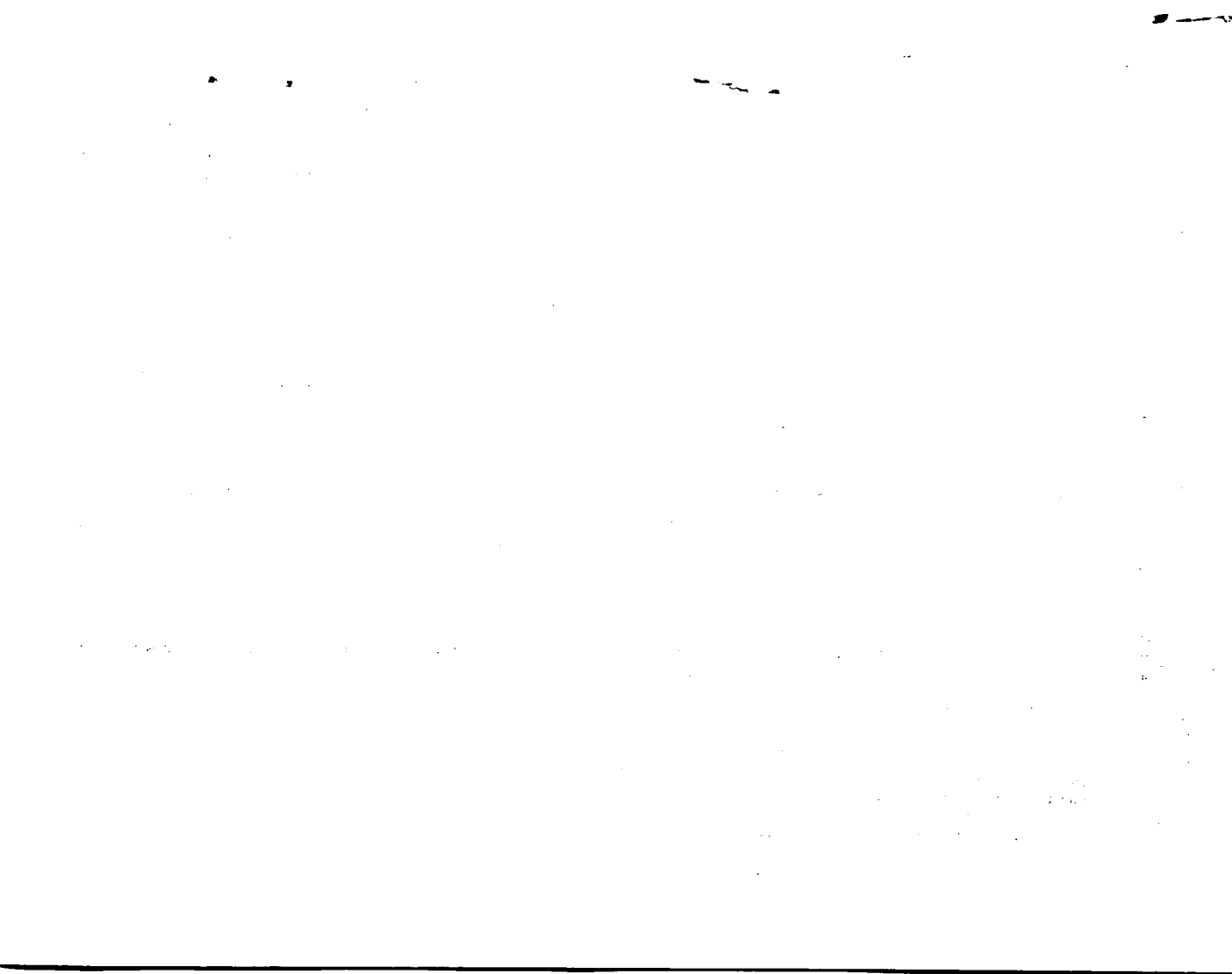
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78823
County of Twin Falls }

The undersigned does solemnly swear that certain facts on the certificate of birth
for Cummins who was born on April 29, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|---------------------------------|----------------------------------|
| FACTS TO BE CORRECTED
("Name", "Birth Date", "Cause of Death", Etc.) | FROM
(As on Original) | TO
(The Correct Facts) |
| <u>name</u> | <u>Cummins</u> | <u>Bob Grant Cummins</u> |
| <u>name of mother</u> | <u>Violet Ericson</u> | <u>Violet Von Erickson</u> |

Subscribed and sworn to before me this 24th
day of Feb. 1942
R. B. Smith
Notary Public, residing at Twin Falls, Idaho
My commission expires July 8, 1942
(Seal)

Signed *Robert Grant Cummins*
(Signature of parent or attendant correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Kimberly, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.
County of Twin Falls } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of Feb. 1942
R. B. Smith
Notary Public, residing at Twin Falls, Idaho
My commission expires July 8, 1942
(Seal)

Signed *Violet Von Erickson Cummins*
(Signature of Any Credible Person Other Than Previous Year)
Kimberly, Idaho.
(Street Address, City, State)

1988

1942

1942

168-220-016-614

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

78825

County of CassiaCity of AlmoRegistration District No. 120File No. XVIINo. St.Primary Registration District No. 2197Registered No. 18

Hospital

FULL NAME OF CHILD Florence Johns

| | | | |
|----------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { } Number in order of birth | Legitimate? <u>yes</u> | Date of Birth <u>April 20 1920</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|--|

FATHER
FULL NAME Walter M Johns
RESIDENCE Almo, Idaho
COLOR AGE AT LAST BIRTHDAY 45
(Years)
BIRTHPLACE North Ogden Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Florence A Wade
RESIDENCE Almo, Idaho
COLOR AGE AT LAST BIRTHDAY 46
(Years)
BIRTHPLACE North Ogden Utah
OCCUPATION Housewife

Number of child of this mother, including present birth 12..... Number of children of this mother now living, including present birth 7.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 12 30 A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amie Green

(Physician or midwife)

Given names added from a supplemental report.

Address Almo IdahoFiled May 21

Registrar

Registrar

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HT

JAN 23 1953

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH

name added 1/10/80

Form V. S. No. 11-C-28m-7-21-19

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78826

County of Union

City of Cahley

No. _____ St. _____

Registration District No. 120

File No. KX111

Hospital _____

Primary Registration District No. 2194

Registered No. 17

FULL NAME OF CHILD Hector H.

Sex of Child

male

Twin
Triplet
or other?

and
Number
in order
of birth

Legiti
mate?

yes

Date of
Birth

April 14
(Month) (Day) (Year)

FULL
NAME

Seth Perrygo

FATHER

RESIDENCE

Cahley

COLOR

white

AGE AT LAST
BIRTHDAY

24
(Years)

BIRTHPLACE

Tenn.

OCCUPATION

Salvage

FULL
MAIDEN
NAME

Margie Mae Suter

MOTHER

RESIDENCE

Cahley

COLOR

white

AGE AT LAST
BIRTHDAY

17
(Years)

BIRTHPLACE

Tenn.

OCCUPATION

Housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

Given names added from a supplemental report.

(Signature)

M. H. Anderson
(Physician or midwife)

Address

Cahley, Tenn.

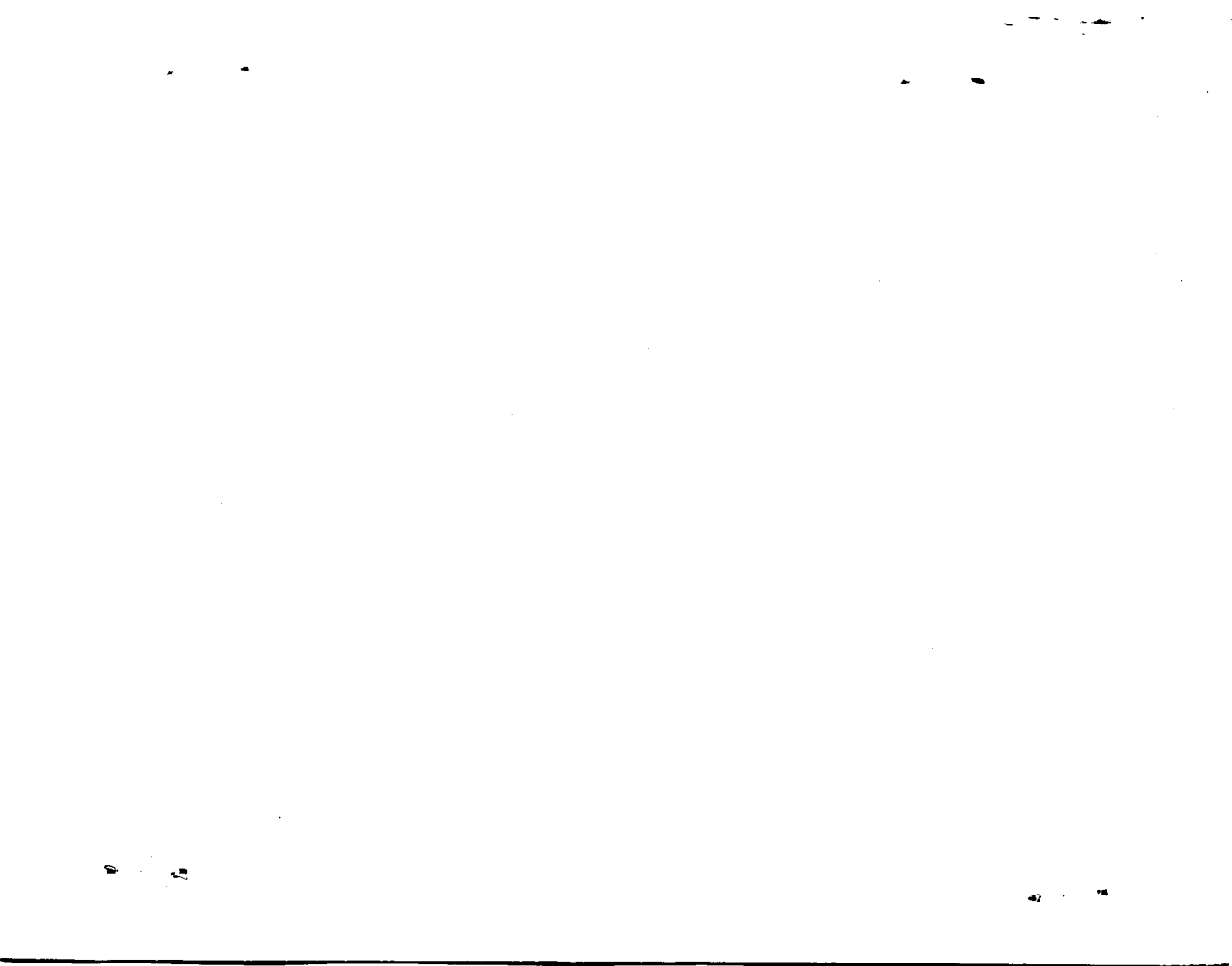
Filed

May 5

19

Registrar

Registrar



12-13-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS

State of Tennessee } ss. DEC 26 1 18 PM '79 Certificate No. 78826
 County of Unicoi } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Briggs who was born on April 19, 1920
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in Oakley (Cassia) are erroneous or were omitted:
 (Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameomittedHector HBriggs

Subscribed and sworn to before me this 18th day of

Dec., 1979.

Notary Public, Charles H. Garner

Residing at Bristowville Rd #2 Box 175

My commission expires 4-22-81

(Seal)

Seth B Briggs
 Signature of Applicant

Rt. 1 Flagpond, In.
 Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
 County of _____ } ss.

(Must be completed _____)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

School records on file in the Superintendent of Unicoi School Sysytem gives
anemas Hector Briggs born April 19, 1920. son of Seth Briggs. record taken
Sept 5, 1927. name of school: Rice Creek. viewed by V. S.

JAN 18 1980

Honorable Discharge from the US Army gives name as Hector H. Briggs botn
April 19, 1920 at Oakley, Idaho. date of separation Jan 27, 1946. viewed b y VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

945-119-014-433 amended 6-17-58

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78827

County of Cassia
City of Churchill

Registration District No. 120 File No. AX 111

No. 2 St.

Primary Registration District No. 2199 Registered No. 11

Hospital

FULL NAME OF CHILD Carlos Rivers

| | | | |
|--------------------------|--|------------------------|--|
| Sex of Child <u>Male</u> | Twin <u>-</u> or other? <u>-</u> and { Number <u>-</u> in order of birth } | Legitimate? <u>Yes</u> | Date of Birth <u>Apr 19</u> 19 <u>32</u>
(Month) (Day) (Year) |
|--------------------------|--|------------------------|--|

FULL NAME William Rivers FATHER

RESIDENCE Churchill

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

FULL MAIDEN NAME Mary Ann McLaw MOTHER

RESIDENCE Churchill

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 6:35 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

Given names added from a supplemental report.

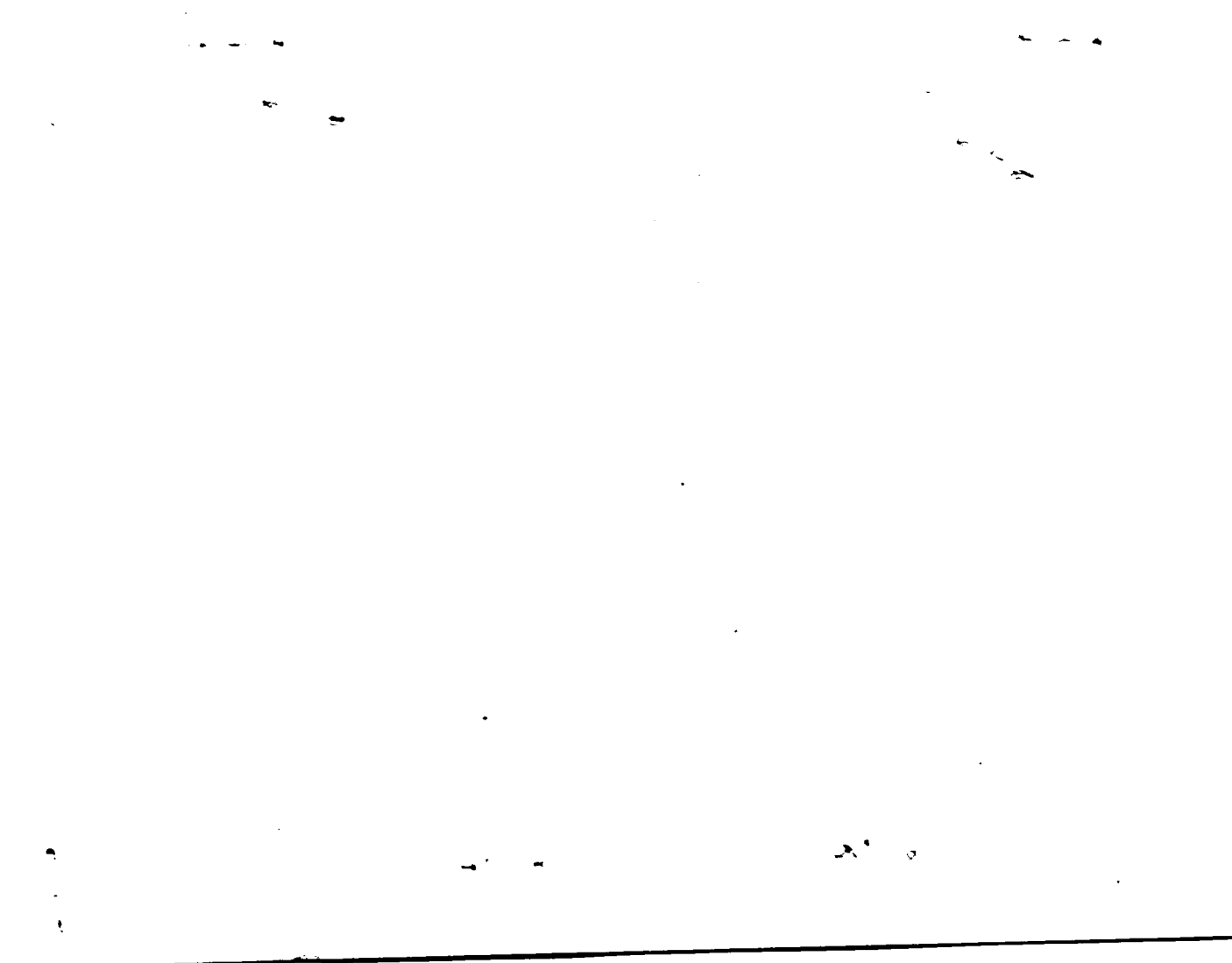
(Physician's signature) Bakley, Idaho

Address Payson, Idaho

File No. 13 Registrar W. H. Brown

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 78827
County of Germ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" who was born on Apr. 19, 1920 (Was Born or Died) (Date of Event)
in Churchill, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)
true facts are shown by own child's birth certificate prepared on born Mar. 15, 1956 (Bible Record, Insurance Policy, Etc.) (Give Date)
are:

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Child's Name _____

"Unnamed" _____

Carlos Rivers _____

Subscribed and sworn to before me this 17th day of June, 1958
Nora L Davis
Notary Public, residing at Emmett, Idaho
My commission expires July 9, 1958
(Seal)

Signed Mary Ann Rivers, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
715 S. Hayes Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Germ }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 1958
Nora L Davis
Notary Public, residing at Emmett, Idaho
My commission expires July 9, 1958
(Seal)

Signed Elta Harrison Aust
(Signature of Any Credible Person)
816 S. Hayes Emmett, Idaho
(Street Address, City, State)

JUN 18 1968

349-116-016-667

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78828

County of CassiaCity of CableyRegistration District No. 122File No. XX/11

No. _____ St. _____

Primary Registration District No. 2199Registered No. 15

Hospital _____

FULL NAME OF CHILD

ELWIN JAY Curtis

Sex of Child

MaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti
mate?Date of
BirthApril 16 1922FULL
NAME

FATHER

Elwin J. CurtisFULL
MAIDEN
NAME

MOTHER

Lola Office

RESIDENCE

Cabley, Id.

RESIDENCE

Cabley, Id.

COLOR

WhiteAGE AT LAST
BIRTHDAY28
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Montana

OCCUPATION

Carpenter

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

File

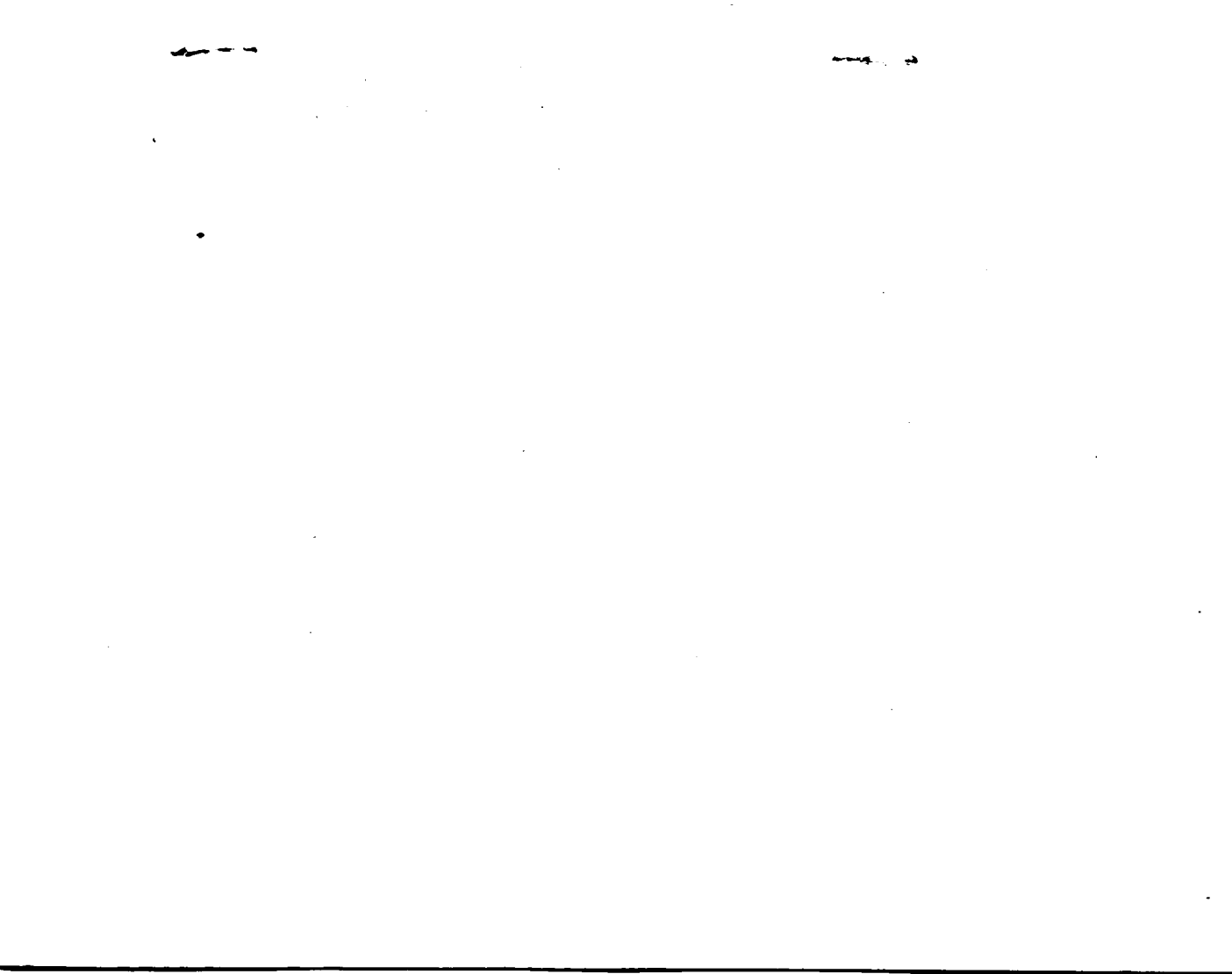
May 5 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } Certificate No. 78828
County of Salt Lake } ss. Jan 5 1942
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Elwin Jay Curtis who was born on April 16, 1920
in Rahby, Idaho (NAME ON ORIGINAL CERTIFICATE) (BIRTH OR DEATH)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by LDS Church Record (WAS BORN OR DIED) (DATE OF EVENT)
prepared on June - 6, 1920 are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name

Unnamed Curtis

Elwin Jay Curtis

Subscribed and sworn to before me this 13th
day of January, 1942

Signed

Elwin John Curtis

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON)

Notary Public, residing at Salt Lake City, Utah

My commission expires January 30, 1943
(SEAL)

2824 Chadwick St. Salt Lake City, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of January, 1942

Signed

Eliza M. Curtis

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Salt Lake City, Utah

My commission expires January 30, 1943
(SEAL)

2824 Chadwick St. Salt Lake City, Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 15 1942 By _____

(REGISTRAR'S SIGNATURE)

NOV 18 1942

NOV 19 1942

MAR 7 1973

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-214-676-534

Cassia

County of

City of Churchill

No. St.

Hospital

FULL NAME OF CHILD Mary Marilla Larson

| | | | |
|----------------------------|---|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> } | Legitimate? <u>Yes</u> | Date of Birth <u>Apr 14</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------|--|

FATHER

FULL NAME Dean Larson

RESIDENCE Churchill

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah Jane Eldredge

RESIDENCE Churchill

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 155 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jose L. Ramsurs

Given names added from a supplemental report.

(Physician ~~signature~~)

Address Oakley, Idaho

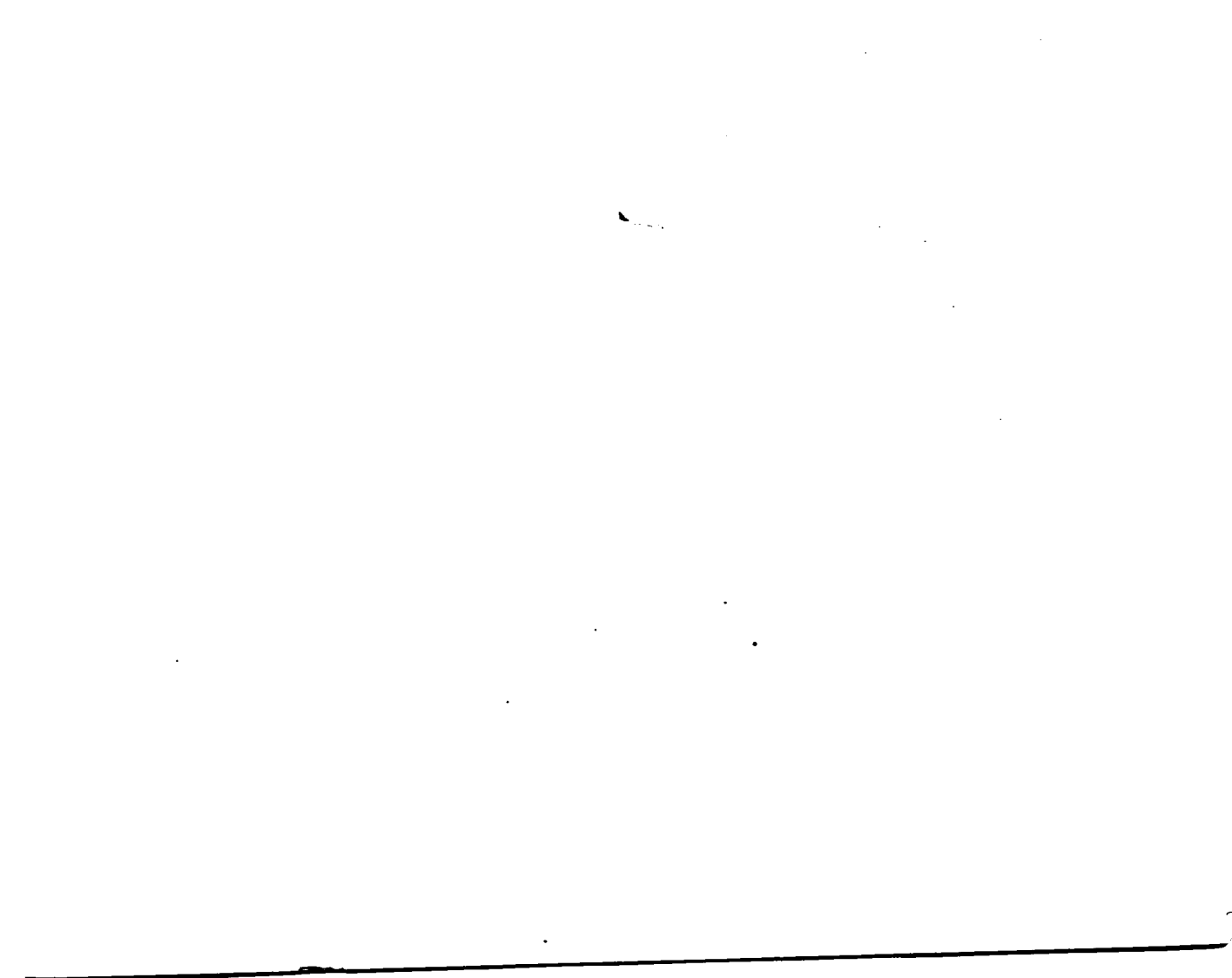
Registrar

Filed May 5 24 1924 Registrar W. H. Kline

STATE OF IDAHO BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

Registration District No. 120 File No. 78829

Primary Registration District No. 2199 Registered No. 14



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

| | | | |
|---|---|---|--|
| County of... <u>Cassia</u> | | STATE OF IDAHO
BUREAU OF VITAL STATISTICS | |
| City of <u>Kear Oakley</u> | | CERTIFICATE OF BIRTH | |
| No. <u>231-214-016-419</u> | | Registration District No. <u>120</u> | File No. <u>78830</u>
<u>XX 111</u> |
| No.St. | | Primary Registration District No. <u>249</u> | Registered No. <u>14</u> |
| Hospital | | | |
| FULL NAME OF CHILD | | Dorothy J. Stanger | |
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>1</u> and { Number in order of birth <u>1</u> (To be answered only in event of plural births) | Legitimate? <u>Yes</u> | Date of Birth <u>Apr 14</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FULL NAME <u>John Albert Stanger</u> FATHER | | FULL MAIDEN NAME <u>Polly Janis Martindal</u> MOTHER | |
| RESIDENCE <u>Oakley, Idaho</u> | | RESIDENCE <u>Oakley, Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>29</u> (Years) | COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>21</u> (Years) |
| BIRTHPLACE <u>Utah</u> | | BIRTHPLACE <u>Idaho</u> | |
| OCCUPATION <u>Farmer</u> | | OCCUPATION <u>Housewife</u> | |
| Number of child of this mother, including present birth..... <u>1</u> | | Number of children of this mother now living, including present birth..... <u>1</u> | |
| <p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</p> <p>I hereby certify that I attended the birth of this child, who was <u>Born alive</u> on the date above stated. (Born alive or stillborn) at <u>12:30 a</u> M.</p> <p>{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }</p> <p>(Signature) <u>Jesse L. Raines, M.D.</u>
.....
(Physician or midwife)</p> <p>Given names added from a supplemental report.</p> <p>.....19..... Address <u>Oakley, Idaho</u></p> <p>..... Filed <u>May 5 20</u> 19.....
Registrar <u>W. H. Nelson</u> Registrar</p> | | | |

OCT 7 1953

386 - 43 PLACE OF BIRTH

016 - 419

County of Cassia

City of Almo

No. St.

Hospital

FULL NAME OF CHILD

Re Melvin Harp

Sex of Child Male

Twin
Triplet
or other?

and (Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Date of Birth Apr. 13 1920
(Month) (Day) (Year)

FULL
NAME

FATHER

Melvin W. Harp

RESIDENCE

Almo Ida

COLOR

White

AGE AT LAST
BIRTHDAY

3.5
(Years)

BIRTHPLACE

Willard Utah

OCCUPATION

farmer

FULL
MAIDEN
NAME

MOTHER

Emily Pearl Mortenson

RESIDENCE

Almo Ida

COLOR

White

AGE AT LAST
BIRTHDAY

2.8
(Years)

BIRTHPLACE

OCCUPATION

Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

alive at 7 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Annie Green

midwife

(Physician or midwife)

Given names added from a supplemental report.

Address

Almo Idaho

Filed

May 5 1920

Registrar

W. C. Gibson

Registrar

Dup of 1920-78832

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-109-014-665

PLACE OF BIRTH

County of Cass

City of Oakley

No. _____ St.

Hospital _____

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

78833

Registration District No. 120 File No. XX14

Primary Registration District No. 2149 Registered No. 12

Sex of Child male Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimate? yes Date of Birth April 9 1922
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME S. B. Crane
RESIDENCE Oakley, Id.
COLOR white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Wah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Thelma Owen
RESIDENCE Oakley, Id.
COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Wah
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

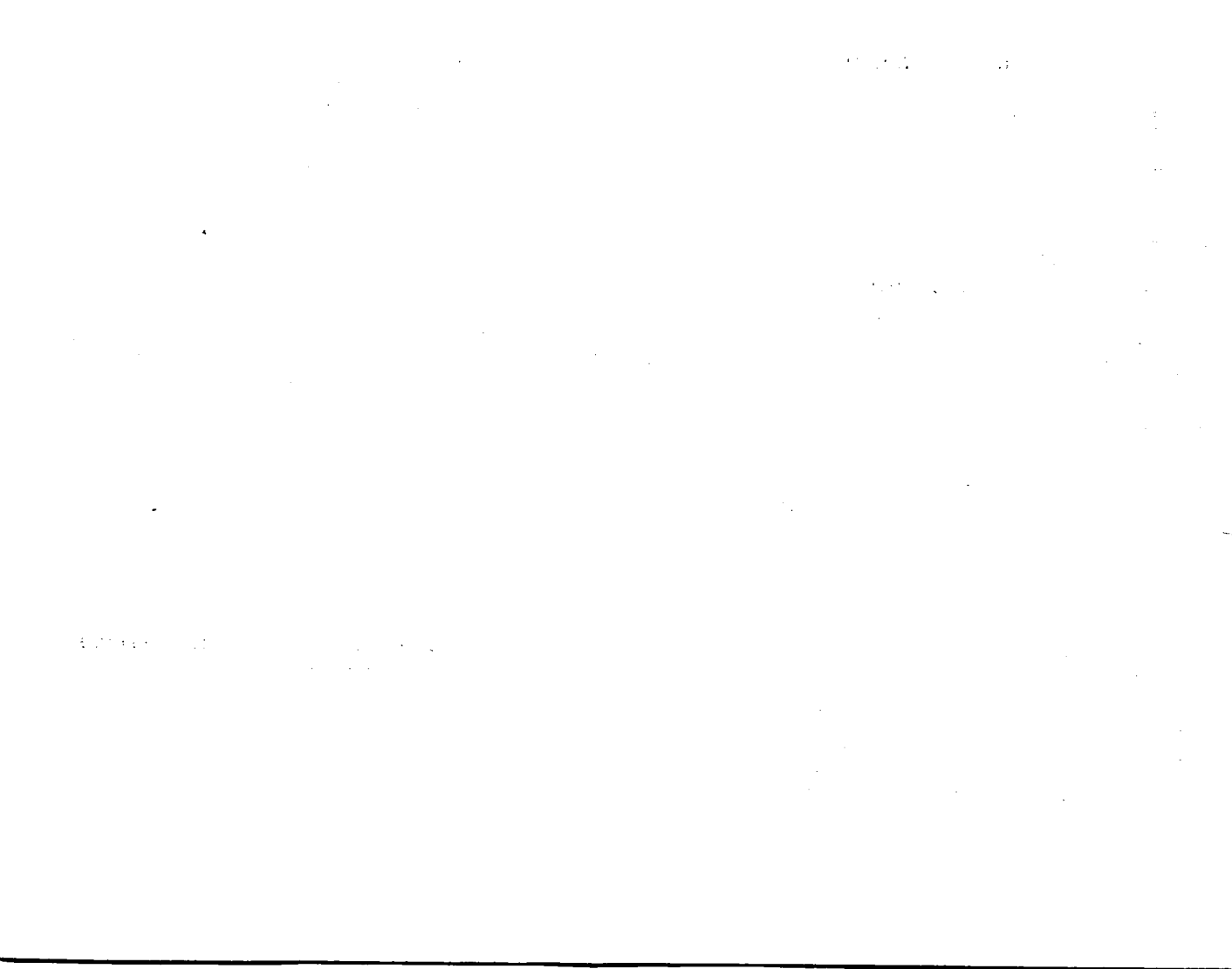
I hereby certify that I attended the birth of this child, who was _____ at 139 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) M. J. Nelson
(Physician or midwife)

Address Oakley, Id.
Filed May 5 1922 M. J. Nelson Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

719-206-046-153
PLACE OF BIRTH

name added 3-19-82

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Cassia

CERTIFICATE OF BIRTH

City of Cabley

Registration District No. 120

File No. 78834

No. _____ St. _____

Primary Registration District No. 2194

Registered No. 11

Hospital _____

FULL NAME OF CHILD Dorothy

Larson

| | | | | | |
|----------------------------|---|-----------|--------------------------------|------------------------|---|
| Sex of Child <u>female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>April 6</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|-----------|--------------------------------|------------------------|---|

| | |
|---------------------------------|--|
| FULL NAME <u>Richard Larson</u> | FATHER |
| RESIDENCE <u>Cabley</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>34</u> (Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|------------------------------------|--|
| FULL MAIDEN NAME <u>Chloe Hill</u> | MOTHER |
| RESIDENCE <u>Cabley</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>30</u> (Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:45 P M.
on the date above stated. (Born alive or stillborn)

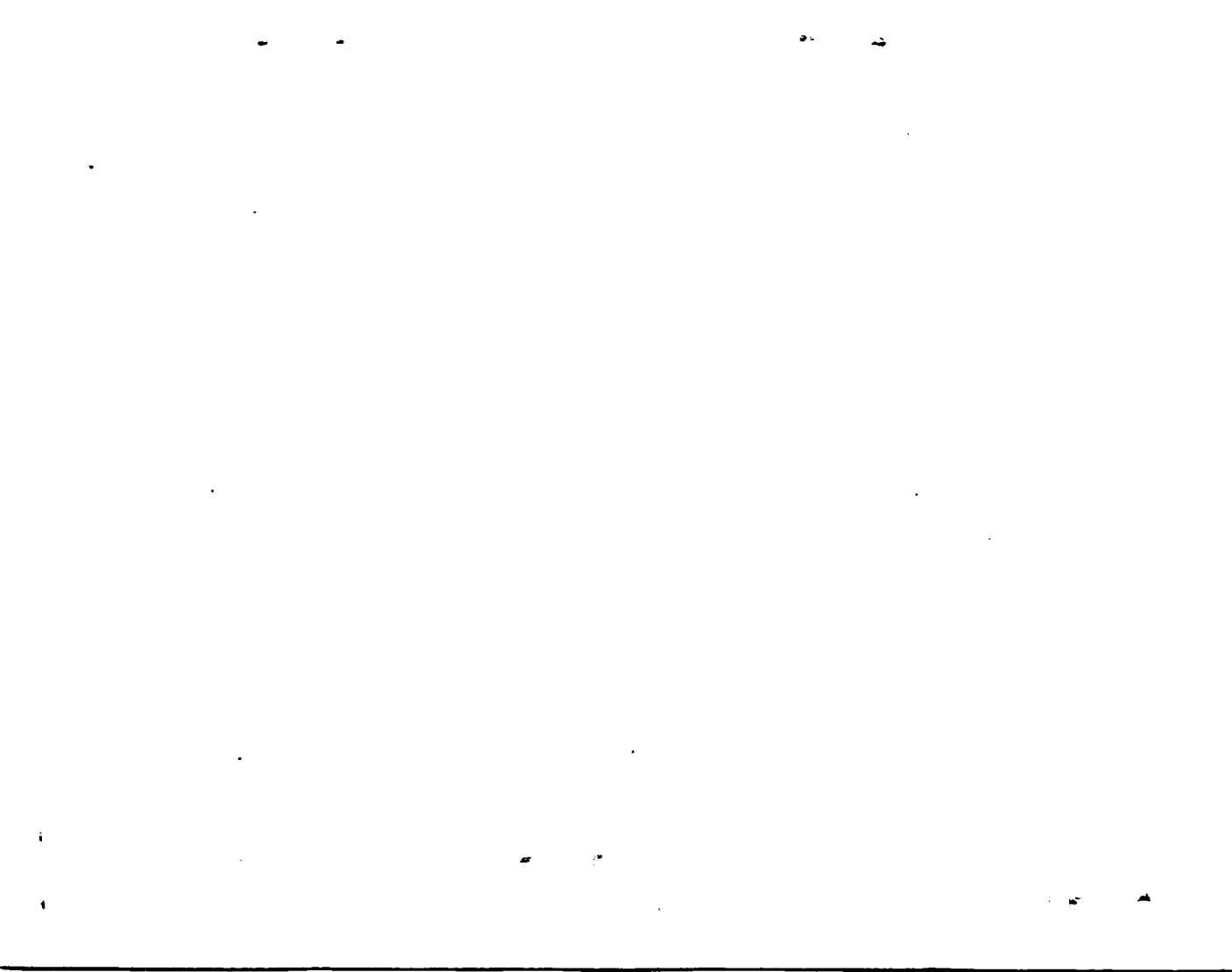
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. B. Nelson
(Physician or midwife)

Given names added from a supplemental report.

Address Cabley, Idaho
Filed May 5 1920 Registrar M. B. Nelson

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO } ss.
County of Gooding

MAR 17 9 17 AM '82

Certificate No. 78834

Date Filed 2/25/82

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed female Garrard who was born on April 6, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Oakley, ID (Cassia) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED
child's name

FROM
omitted

TO
Dorothy Garrard

Subscribed and sworn to before me this 25th day of
February, 19 82

Notary Public, Wendell, Idaho
Residing at Life Term
My commission expires
(Seal)

Kerthy G. Matthews
Signature of Applicant
320 E 8th St Jerome, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Gooding

(Must be completed __)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of
February, 19 82

Notary Public, Wendell, Idaho
Residing at Life Term
My commission expires
(Seal)

Willard St. Garrard
Supporting Signature
Box 5, Twin Falls, Idaho
Street Address, City, State

10/24/79

(over)

MAR 19 1982

Own child's birth certificate lists mother as Dorothy Garrard.
Child born July 30, 1953, in Jerome, Idaho. S.F.#53-8659 for
Debra Lynn Matthews.
viewed by bvs October 24, 1979

Cert of Baptism from LDS Church gives Dorothy Garrard born 4-6-20
in Cassia County to Richard and Mary(Hill(mmn) was baptised
7-12-31. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78835

County of... Cassia

City of... Oakley

No. 445-104-016-251

Hospital

Registration District No. 120

File No. XXIII

Primary Registration District No. 2199

Registered No. 10

FULL NAME OF CHILD... LELAND MILNER DUNN

| | | | |
|-------------------|---|-----------------|--|
| Sex of Child Male | Twin Triplet or other? / and { Number in order of birth | Legitimate? Yes | Date of Birth April 4 1920
(Month) (Day) (Year) |
|-------------------|---|-----------------|--|

FULL NAME FATHER William Lott Dunn

RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Utah

OCCUPATION Lawyer

FULL MAIDEN NAME MOTHER Elizabeth Dean

RESIDENCE Oakley, Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth... 5 Number of children of this mother now living, including present birth... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 11:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Laine

(Physician or midwife)

Given names added from a supplemental report.

Address Oakley, Idaho

Filed May 5 1922

Registrar

Registrar

JUL 26 1944

JUN 1 1949

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-25a-7-21-19

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Clearwater
City of Abasaka
No. 466-103-018-275 St. 3
Registration District No. 90 File No. 78836

Hospital _____ Primary Registration District No. 2168 Registered No. 29

FULL NAME OF CHILD

Bert V. Moffett
Spears

Sex of Child Male Twin Triplet or other? _____ and _____ Number in order of birth _____ Legiti mate? Yes Date of Birth April 2, 20
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Carl D. Moffett

FULL MAIDEN NAME MOTHER Winifred Spears

RESIDENCE Abasaka, Ida

RESIDENCE Abasaka, Ida

COLOR White AGE AT LAST BIRTHDAY 43
(Years)

COLOR White AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE Wis

BIRTHPLACE Wis.

OCCUPATION Laborer

OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

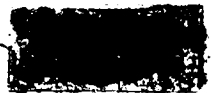
I hereby certify that I attended the birth of this child, who was Born alive, at 10:40 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Daily
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Abasaka, Ida
Filed Apr 2 1920 J. M. Daily
Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78836
 County of Clewerwater } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Bert Moffett
 for him (Name on original certificate) who was born on April 3 - 1920 (Birth or death)
 in Absahka (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
 true facts as shown by older Brother prepared on Sept 26 - 1941 (Give date), are:

FACTS TO BE CORRECTED
 ("Name", "birth date", "cause of death", etc.)

FROM
 (As on original)

TO
 (The correct facts)

Name

Bert Moffett

Bert Spears Moffett

Date of birth

April 2, 1920

April 3, 1920

Subscribed and sworn to before me this 26th
 day of September, 1941
L. Oseinton

Notary Public, residing at Presco Idaho

My commission expires Dec 31 - 1941
 [SEAL]

Signed William E. Moffett
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
 County of Clewerwater }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
 day of September, 1941
L. Oseinton

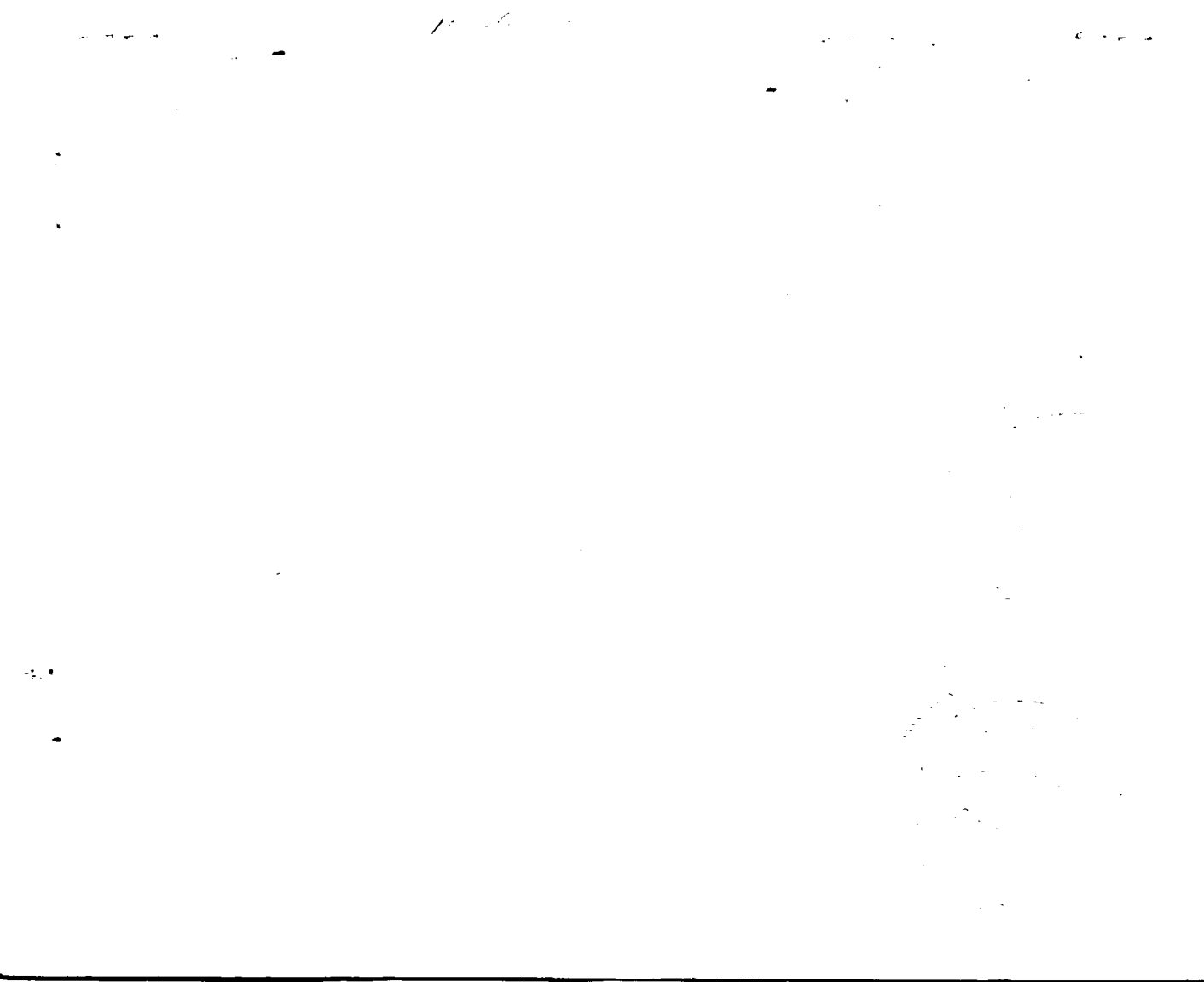
Notary Public, residing at Presco Idaho

My commission expires Dec 31 - 1941
 [SEAL]

Signed Jesse D. Moffett
 (Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on _____ By _____
 (Registrar's signature)



255-212-018-212

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

78888

County of ClearwaterCity of ProsserRegistration District No. 90

File No. _____

No. _____ St. _____

Primary Registration District No. 2.68Registered No. 31

Hospital _____

FULL NAME OF CHILD

Rosie Lavon Kennedy

| | | | | | |
|----------------------------|---|-----|--------------------------------|-----------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and | Number in order of birth _____ | Legitimacy <u>yes</u> | Date of Birth <u>April 12 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|-----|--------------------------------|-----------------------|--|

FATHER
FULL NAME Donald R. KennedyRESIDENCE Prosser IdaCOLOR White AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE MontOCCUPATION FarmerMOTHER
FULL MAIDEN NAME Mrs. S. BobbittRESIDENCE Prosser IdaCOLOR White AGE AT LAST BIRTHDAY 20 (Years)BIRTHPLACE NebrOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2:15 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Dancy
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

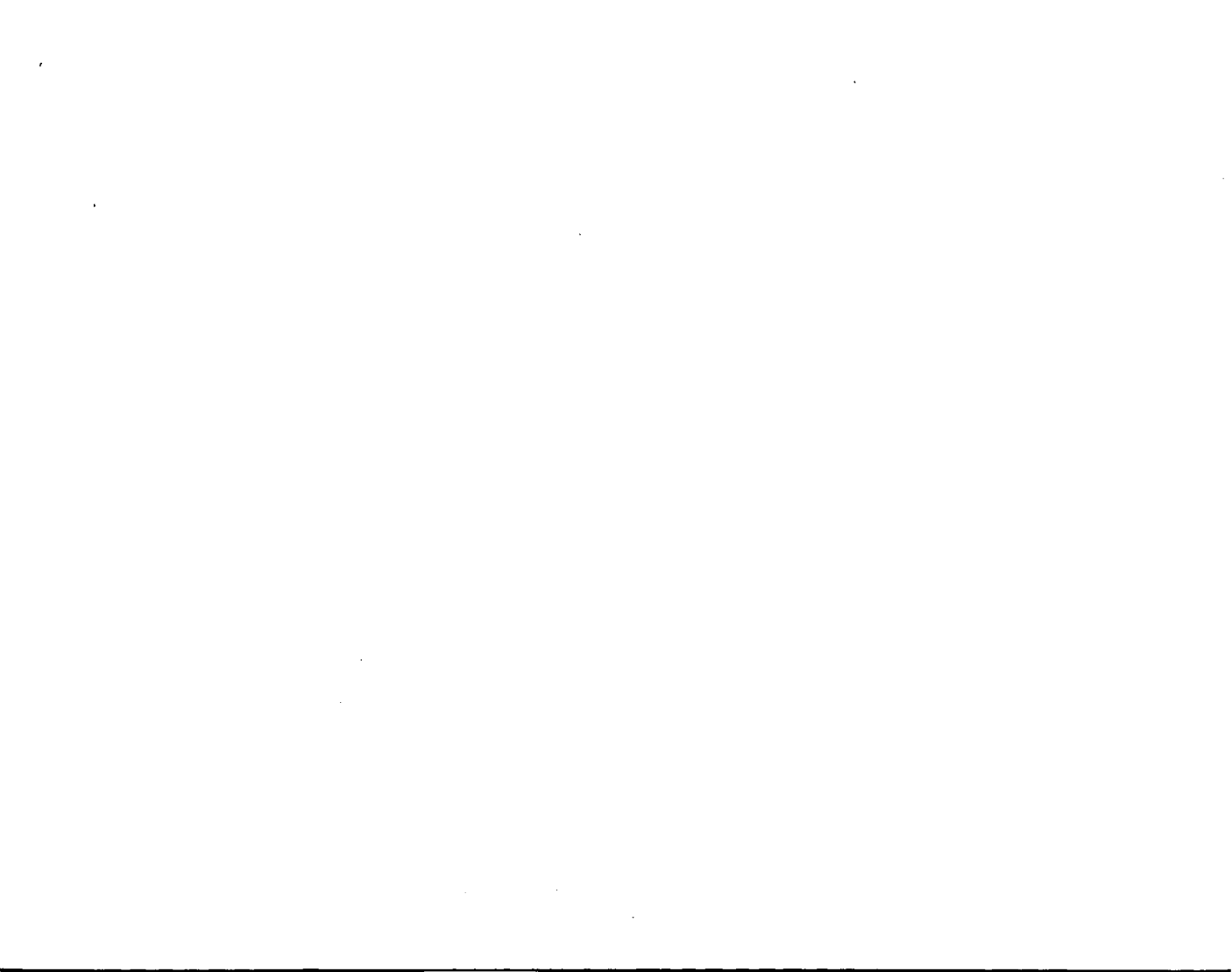
April 13 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-226

026-346

PLACE OF BIRTH

County of JeffersonCity of Camas

No.St.

Registration District No.125

File No.78840

Primary Registration District No.2203

Registered No.

Hospital

FULL NAME OF CHILD

Lillian Fay Young

| | | | |
|----------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>and</u> { Number in order of birth | Legitimate? <u>Yes</u> | Date of Birth <u>4 26 1923</u>
(Month) (Day) (Year) |
|----------------------------|--|------------------------|--|

| | |
|---------------------------------|--|
| FULL NAME <u>Arthur R Young</u> | FATHER |
| RESIDENCE <u>Camas</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>4/2</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Farmer</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME <u>Born H Lupton</u> | MOTHER |
| RESIDENCE <u>Camas</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>29</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 11:45 P.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) BE Jones MD

(Physician or midwife)

Given names added from a supplemental report.

Address Subvis IdahoFiled 11-26 1923

Registrar

Registrar



243-106-017-695
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Clark

City of Winsper P.O.

No. _____ St. _____

Registration District No. 125

File No. 78841

Primary Registration District No. 2203

Registered No. _____

Hospital Home

FULL NAME OF CHILD Franklin Winsper Sullivan

| | | | | |
|--------------------------|---|--------------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and } Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>4</u> <u>6</u> <u>1920</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|------------------------|---|

FATHER
FULL NAME Michael F. Sullivan
RESIDENCE Winsper P.O.
COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah
OCCUPATION Stockman & Rancher

MOTHER
FULL MAIDEN NAME Marian Armer Winsper
RESIDENCE Winsper P.O.
COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Pa.
OCCUPATION Housewife

Number of child of this mother, including present birth first Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

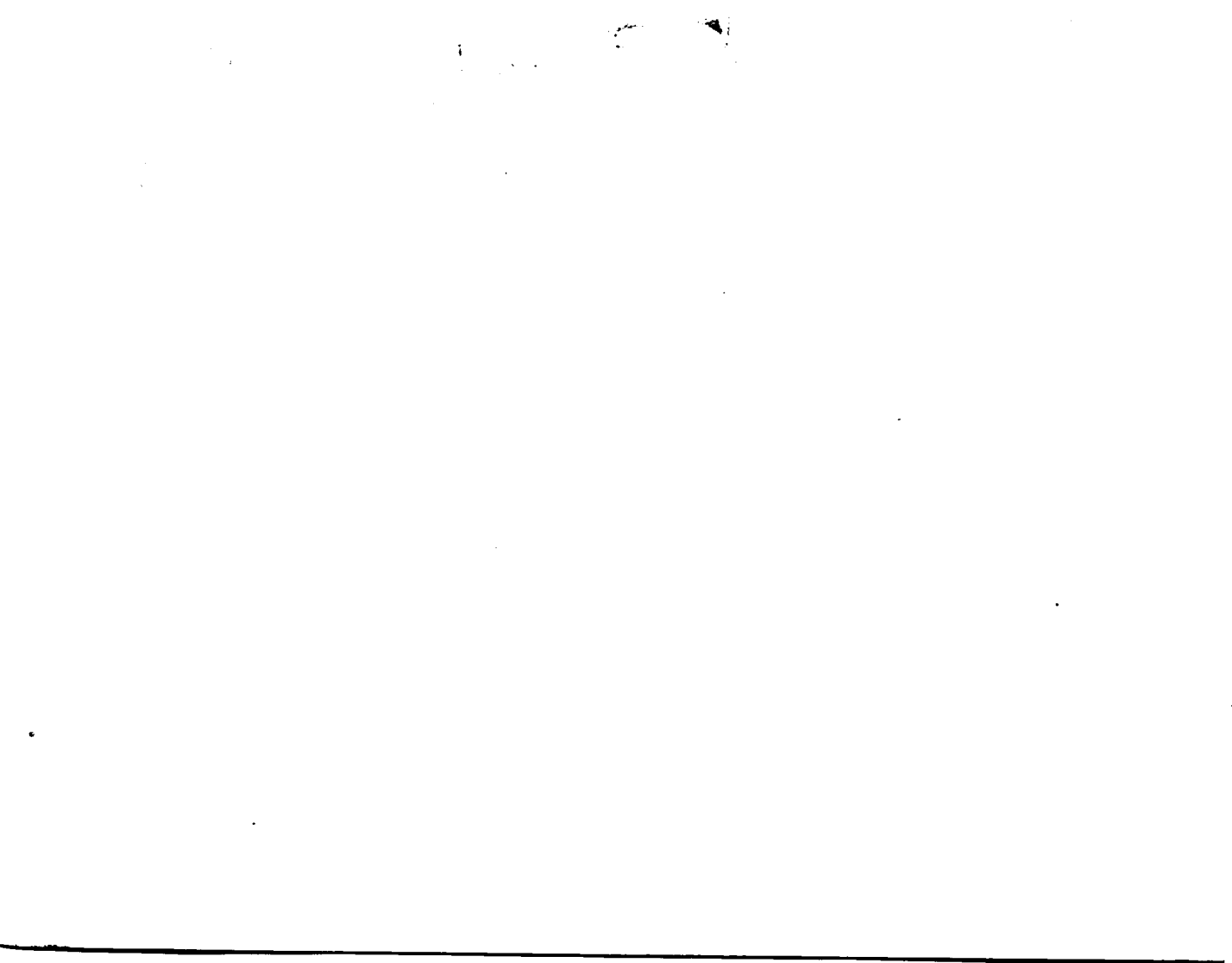
I hereby certify that I attended the birth of this child, who was born alive at 4:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Howard Young
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Subais, Idaho
Filed Apr 14 1920 W E Young MD
Registrar



349-230-026-362

PLACE OF BIRTH

County of JeffersonCity of Homer

No. St.

Hospital HomerFULL NAME OF CHILD Grace Furman, Dorothy Irene

| | | | | |
|----------------------------|------------------------------|--|------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other? | } and { Number
in order
of birth | Legitimate? <u>Yes</u> | Date of Birth <u>3</u> <u>30</u> <u>1920</u>
(Month) (Day) (Year) |
|----------------------------|------------------------------|--|------------------------|--|

| | |
|----------------------------------|--------|
| FULL NAME <u>Chas. H. Furman</u> | FATHER |
|----------------------------------|--------|

| |
|------------------------|
| RESIDENCE <u>Homer</u> |
|------------------------|

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>33</u>
(Years) |
|--------------------|---|

| |
|-----------------------|
| BIRTHPLACE <u>Ky.</u> |
|-----------------------|

| |
|-------------------------------|
| OCCUPATION <u>Electrician</u> |
|-------------------------------|

| | |
|-------------------------------------|--------|
| FULL MAIDEN NAME <u>Lyla Lesley</u> | MOTHER |
|-------------------------------------|--------|

| |
|------------------------|
| RESIDENCE <u>Homer</u> |
|------------------------|

| | |
|--------------------|---|
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
|--------------------|---|

| |
|--------------------------|
| BIRTHPLACE <u>Oregon</u> |
|--------------------------|

| |
|-----------------------------|
| OCCUPATION <u>Housewife</u> |
|-----------------------------|

| | |
|--|--|
| Number of child of this mother, including present birth <u>3</u> | Number of children of this mother now living, including present birth <u>3</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Howard Young
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dubuois, Ill.

..... 19.....

Filed Apr 14 1920

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss. Certificate 88842
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or death)
for Dorothy Irene Turman who was born on March, 30th 1920
(Name on original certificate) (Was born or died) (Date of event)
in Hamer Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Bible record prepared on March 30th 1920, are:
(Bible record, insurance policy, etc.) (Give date)

| FACTS TO BE CORRECTED
("Name", "birth date", "cause of death", etc.) | FROM
(As on original) | TO
(The correct facts) |
|---|--------------------------|--|
| Name..... | <u>Unnamed Turman</u> | <u>Dorothy Irene Turman</u> |
| Date of birth..... | <u>March 30, 1920</u> | <u>March 31, 1920</u>
<u>March, 30th 1920</u> |

Subscribed and sworn to before me this 9th
day of September, 1942

Signed Charles H. Turman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Portland, Ore
My commission expires April 23rd 1945
[SEAL]

2304 S.E. 43rd Ave. Portland Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregho }
County of Jefferson } ss. [This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of September, 1942

Signed Sadie E. Turman
(Signature of any credible person other than the previous affiant.)

Marford Turman
Notary Public, residing at Hamer Idaho
My commission expires Oct 23-1945
[SEAL]

Hamer Idaho
(Street Address, City, State)

Received for filing on..... By.....
(Registrar's signature)

SEP 18 1942



993-209-013-243

PLACE OF BIRTH

S. I. HO
BUREAU OF STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Caracas

CERTIFICATE OF BIRTH

City of ManardRegistration District No. 58^dFile No. 78843

No. _____ St. _____

Primary Registration District No. 2138

Registered No. _____

Hospital _____

FULL NAME OF CHILD Naomi Richards

| | | | | |
|--|---|--------------------------------------|--|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>April 9th 1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>William Adams Richards</u> | | | MOTHER
FULL MAIDEN NAME <u>Ann Butler</u> | |
| RESIDENCE <u>Manard, Idaho</u> | | | RESIDENCE <u>Manard, Idaho</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>39</u>
(Years) | | COLOR <u>W</u> | AGE AT LAST BIRTHDAY <u>28</u>
(Years) |
| BIRTHPLACE <u>Utah</u> | | | BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Rancher</u> | | | OCCUPATION <u>Housewife</u> | |
| Number of child of this mother, including present birth <u>3^d</u> | | | Number of children of this mother now living, including present birth <u>2</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at 12²² P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. Wilencheck

Phys.

(Physician or midwife)

Given names added from a supplemental report.

Address

Fairfield, Idaho

Filed

April 30, 1920L. Wilencheck

Registrar



693-119-013-283
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-2-15

CERTIFICATE OF BIRTH

County of CamasCity of FairfieldRegistration District No. 588File No. 78844

No. _____ St. _____

Primary Registration District No. 2138

Registered No. _____

Hospital _____

FULL NAME OF CHILD

LONZO EVERETT Williams

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|--|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and } Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>April 19th 19²⁰</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|--|

| | |
|--------------------------------------|---|
| FULL NAME
<u>Lou T. Williams</u> | FATHER |
| RESIDENCE
<u>Hill City, Idaho</u> | |
| COLOR
<u>W.</u> | AGE AT LAST BIRTHDAY <u>25</u>
(Years) |
| BIRTHPLACE
<u>Missouri</u> | |
| OCCUPATION
<u>Rancher</u> | |

| | |
|---------------------------------------|---|
| FULL MAIDEN NAME
<u>Emma Keleo</u> | MOTHER |
| RESIDENCE
<u>Hill City, Idaho</u> | |
| COLOR
<u>W.</u> | AGE AT LAST BIRTHDAY <u>24</u>
(Years) |
| BIRTHPLACE
<u>Missouri</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth. 1stNumber of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Born alive, at 3:00 A. M.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

L. Wilencheck
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Fairfield, IdahoFiled April 30 1920L. Wilencheck

Registrar



EEB 1 1960

MAR 9 1945

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-120-013-693
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 58^d

File No. 78845

No. _____ St. _____

Primary Registration District No. 2138

Registered No. _____

Hospital _____

FULL NAME OF CHILD Leslie George Peck

| | | | | |
|--------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>male</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of Birth <u>April 20, 1910</u>
(Month) (Day) (Year) |
|--------------------------|---|--------------------------------------|-----------------------------|---|

FATHER
FULL NAME Edwin Douglas Peck
RESIDENCE Fairfield, Idaho
COLOR w. AGE AT LAST BIRTHDAY 37
(Years)
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Nellie Williams
RESIDENCE Fairfield, Idaho
COLOR w. AGE AT LAST BIRTHDAY 22
(Years)
BIRTHPLACE Montana
OCCUPATION Housewife

Number of child of this mother, including present birth 3^d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 A. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wallencheck
Phys.
(Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho
Filed 4-30 19 10 L. Wallencheck
Registrar

SEP 18 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of SANTA CLARA

Certificate No. 78845

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

birth

for Unnamed Peck, Male

who was born

on April 20, 19

(Name on Original Certificate)

(Was Born or Died)

(Date of Event)

in Fairfield, Idaho

(Place of Event)

are erroneous or were omitted; and that, to the best of his knowledge,

true facts are shown by INS. PAPERS - SOCIAL SEC. prepared on 30 YRS. AGO - 55 in 1967

(Bible Record, Insurance Policy, Etc.)

(Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

child's name Unnamed

Leslie George Peck

Subscribed and sworn to before me this 24th day of

September, 1974

Notary Public, residing at Virginia Harris

My commission expires 2-8-76

(Seal)

Signed X Leslie George Peck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4877 Mc Coy Ave San Jose Ca
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA

County of SANTA CLARA

SS.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of

September, 1974

Notary Public, residing at Virginia Harris

My commission expires 2-8-76

(Seal)

Signed X Lyda M. Peck
(Signature of Any Credible Person)

4877 Mc Coy Ave San Jose Ca



VIRGINIA HARRIS

NOTARY PUBLIC

Santa Clara County, California
My commission expires Feb. 8, 1976

Honorable Discharge from U.S. Army gives name as Leslie G. Peck. dated Aug. 23, 1945
viewed by V. S.

OCT 4 1974

Marriage certificate from California gives name as Leslie George Peck and the
birde's name as Hylde Mary Spies. dated April 10, 1953. viewed by V. S.

212-222-013-854
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of CamasCity of BonalRegistration District No. 58th

File No.

78846

No. _____ St.

Primary Registration District No. 2138

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Ethel Babington

| | | | | |
|---|---|--------------------------------------|--|--|
| Sex of Child <u>F.</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and { Number
in order
of birth | Legitimate? <u>yes.</u> | Date of Birth <u>April 22</u> 19 <u>20</u>
(Month) (Day) (Year) |
| FATHER | | | MOTHER | |
| FULL NAME <u>Joseph Babington</u> | | | FULL MAIDEN NAME <u>Lois Olive Hedden</u> | |
| RESIDENCE <u>Bonal, Idaho</u> | | | RESIDENCE <u>Bonal, Idaho</u> | |
| COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>42</u>
(Years) | | COLOR <u>W.</u> | AGE AT LAST BIRTHDAY <u>39</u>
(Years) |
| BIRTHPLACE <u>Oregon</u> | | | BIRTHPLACE <u>Utah</u> | |
| OCCUPATION <u>Rancher</u> | | | OCCUPATION <u>Housewife</u> | |
| Number of child of this mother, including present birth <u>8th</u> | | | Number of children of this mother now living, including present birth <u>8</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 11 A. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. WilencheckPhys.

(Physician or midwife)

Given names added from a supplemental report.

Address

Fairfield, Idaho

Filed

5-1 1920L. Wilencheck

NOV 29 1941

396-224-013-565
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of CamasCity of SoldierNo. 1/2 Mile West St.Registration District No. 58^dFile No. 78847Primary Registration District No. 2138

Registered No. _____

Hospital _____
FULL NAME OF CHILD Madge Love Jacobbridge

| | | | | |
|----------------------------|---|--------------------------------------|-----------------------------|---|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and } Number
in order
of birth | Legiti-
mate? <u>yes</u> | Date of
Birth <u>April 24</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|--------------------------------------|-----------------------------|---|

| | |
|--|---|
| FULL NAME
<u>Leroy Elbert Jacobbridge</u> | FATHER |
| RESIDENCE
<u>Soldier, Idaho</u> | |
| COLOR
<u>W</u> | AGE AT LAST BIRTHDAY <u>45</u>
(Years) |
| BIRTHPLACE
<u>Missouri</u> | |
| OCCUPATION
<u>Rancher</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Effie Ewell</u> | MOTHER |
| RESIDENCE
<u>Soldier, Idaho</u> | |
| COLOR
<u>W</u> | AGE AT LAST BIRTHDAY <u>38</u>
(Years) |
| BIRTHPLACE
<u>Missouri</u> | |
| OCCUPATION
<u>Housewife</u> | |

| | |
|--|--|
| Number of child of this mother, including present birth <u>6^d</u> | Number of children of this mother now living, including present birth <u>5</u> |
|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive at 11⁵⁵ P.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. W. EllencheckPhys.

(Physician or midwife)

Given names added from a supplemental report.

Address

Fairfield, Idaho

Filed

4-30 1920L. W. Ellencheck

Registrar

JAN 24 1942

962-208-019-169

S. No. 11-25m-1-1-13

PLACE OF BIRTH

County of

City of

Registration District No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin
Triplet
or other?{ and
Number
in order
of birthLegiti-
mate?Date of
Birth

(Month) (Day) (Year)

FULL
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

- MOTHER

AGE AT LAST
BIRTHDAY

(Years)

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Address

Filed

Registrar

78848

4

2153

Welfpha Ann Robinson

John Robison

Mackay

white

AGE AT LAST
BIRTHDAY 45
(Years)

Utah

Farmer

Elizabeth Jordan

Mackay Ida

white

AGE AT LAST
BIRTHDAY 31
(Years)

Ohio

H. wife

B. P. M.

(Born alive or stillborn)

M. J. ...

(Physician or midwife)

M. J. ...

Rene Nowacki

Registrar

JAN 29 1969

259-205-019-962
PLACE OF BIRTH

County of Custer

City of Macray

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. 5, No. 41-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 76

File No. 63

78849

Primary Registration District No. 2153

Registered No. _____

Baby Bernard

| | | | | |
|-----------------------|---|---------------------------------------|--------------------------------|---|
| Sex of Child <u>M</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
Number
in order
of birth | Legiti-
mate?
<u>yes</u> | Date of Birth <u>3 5 1920</u>
(Month) (Day) (Year) |
|-----------------------|---|---------------------------------------|--------------------------------|---|

FATHER
FULL NAME John P. Bernard
RESIDENCE Macray, Idaho
COLOR wh AGE AT LAST BIRTHDAY 34
(Years)
BIRTHPLACE France
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Klara Rosenkrans
RESIDENCE Macray
COLOR wh AGE AT LAST BIRTHDAY 19
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive, at 1 A M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards

M. H.
(Physician or midwife)

Given names added from a supplemental report.

Address Macray Idaho
Filed 5/24 1920 Rose Nowacki

AUG 1 1966

431-103-019-632

PLACE OF BIRTH

County of CusterCity of Mackay

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Registration District No. 76Primary Registration District No. 2153

File No.

Registered No.

78850
62Sex of Child MaleTwin
Triplet
or other?and Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate? YesDate of Birth Mar 3 1920
(Month) (Day) (Year)FULL
NAMEM.S. McAfee

RESIDENCE

Mackay

COLOR

WhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAMEMatilda Olsen

RESIDENCE

Mackay

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Utah

OCCUPATION

Home wife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

M. H. Yank M.D.

(Physician or midwife)

Mackay

Address

Filed

5/241920Rene Nowacki

Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-230-020-713

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C-25m-9-8-15

County of Elmore

City of Mtn Home

No. St.

Registration District No. 34

File No. 78852

Primary Registration District No. 2020

Registered No. 25

Hospital

FULL NAME OF CHILD

Mellie Marie Brooks

| | | | | |
|----------------------------|---|---------------------------------------|-----------------------------|--|
| Sex of Child <u>Female</u> | Twin
Triplet
or other?
(To be answered only in event of plural births) | and
Number
in order
of birth | Legiti-
mate? <u>Yes</u> | Date of Birth <u>4 30 1920</u>
(Month) (Day) (Year) |
|----------------------------|---|---------------------------------------|-----------------------------|--|

| | |
|------------------------------------|---|
| FULL NAME
<u>Guy L. Brooks</u> | FATHER |
| RESIDENCE
<u>Mtn Home Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>26</u>
(Years) |
| BIRTHPLACE
<u>Ida</u> | |
| OCCUPATION
<u>Sheep Raising</u> | |

| | |
|--|---|
| FULL MAIDEN NAME
<u>Gracia Palorski</u> | MOTHER |
| RESIDENCE
<u>Mtn Home Ida</u> | |
| COLOR
<u>White</u> | AGE AT LAST BIRTHDAY <u>16</u>
(Years) |
| BIRTHPLACE
<u>Russia</u> | |
| OCCUPATION
<u>Housewife</u> | |

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 6:5 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans


(Physician or midwife)

Given names added from a supplemental report.

Address Mtn Home Ida

Filed 5/1 19 20 B. W. Mather

Registrar



AUG 15 1967

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-214-020-313

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-9-8-15

County of Elmore

City of Mt. Home

CERTIFICATE OF BIRTH

Registration District No. 34

File No. 78853

No. _____ St. _____

Primary Registration District No. 2020

Registered No. 24

Hospital _____

FULL NAME OF CHILD Cordell

| | | | | |
|----------------------------|---|------------------------------------|------------------------|--|
| Sex of Child <u>Female</u> | Twin Triplet or other? _____
(To be answered only in event of plural births) | and Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>4 16</u> 19 <u>20</u>
(Month) (Day) (Year) |
|----------------------------|---|------------------------------------|------------------------|--|

FATHER
FULL NAME W. E. Cordell
RESIDENCE Mt. Home Ida.
COLOR White AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Ida.
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Bess B. Callaway
RESIDENCE Mt. Home Ida.
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Tenn.
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 4:05 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

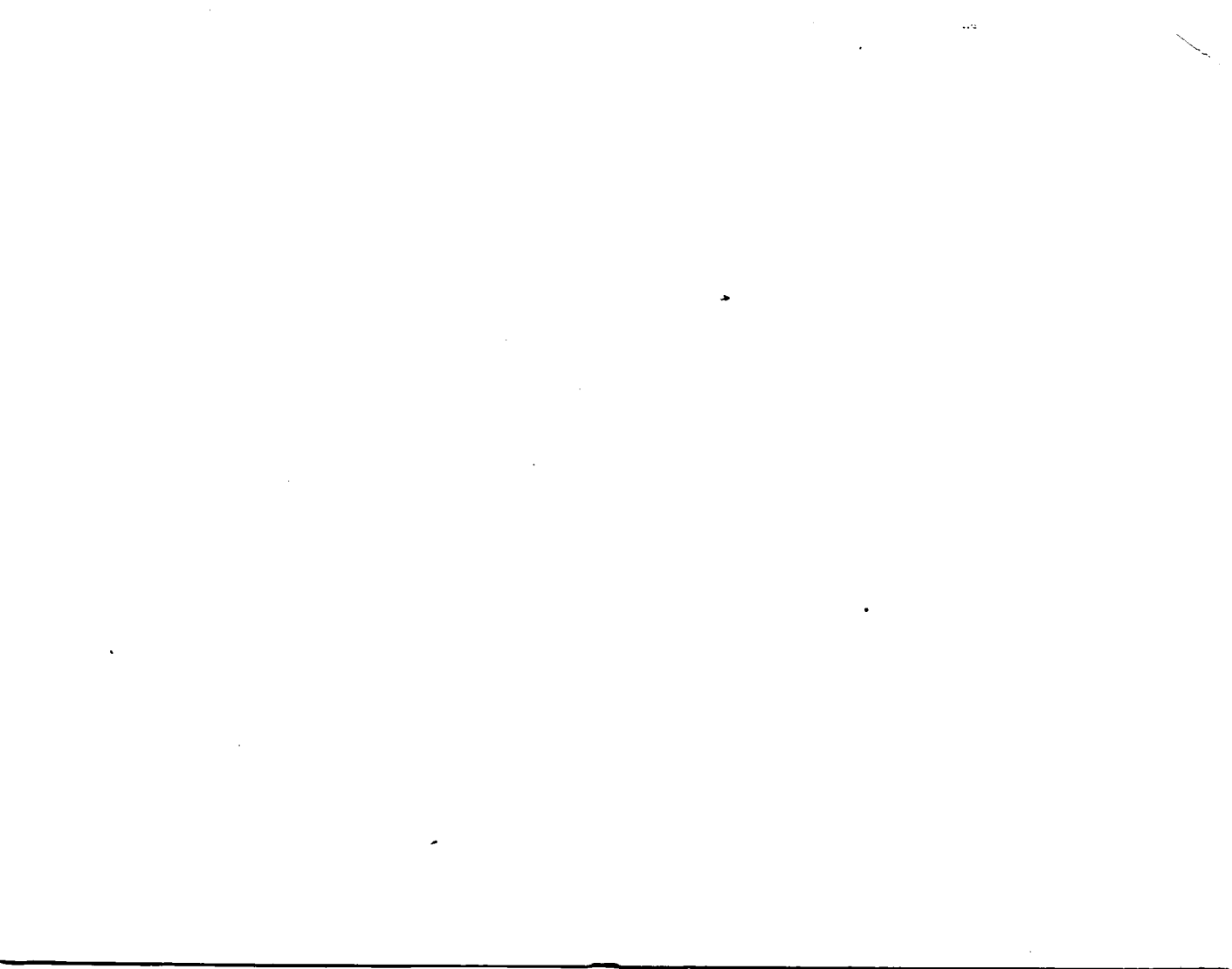
(Signature) J. E. Evans

Dr. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Mt. Home Ida.

Filed 5/1 19 20 B. W. Malcher
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-197-020-312

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form S. No. 11-C-25m-7-21-19

County of Elmore

City of Mtn Home

Registration District No. 34

File No. 78854

No. — St. —

Primary Registration District No. 2020

Registered No. 30

Hospital —

FULL NAME OF CHILD Max Bernard Green

| | | | | | |
|-----------------------|--|-----|--|------------------------|---|
| Sex of Child <u>M</u> | Twin <u>—</u> Triplet <u>—</u> or other? <u>—</u>
(To be answered only in event of plural births) | and | Number in order of birth <u>—</u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>April 7th</u>
(Month) (Day) (Year) <u>1920</u> |
|-----------------------|--|-----|--|------------------------|---|

FATHER
FULL NAME John S. Green
RESIDENCE Mtn Home
COLOR W AGE AT LAST BIRTHDAY 43
(Years)
BIRTHPLACE Idaho
OCCUPATION Miner

MOTHER
FULL MAIDEN NAME Josie Lashbrook
RESIDENCE Mtn Home
COLOR W AGE AT LAST BIRTHDAY 42
(Years)
BIRTHPLACE Idaho
OCCUPATION Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 1 P. M.
on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

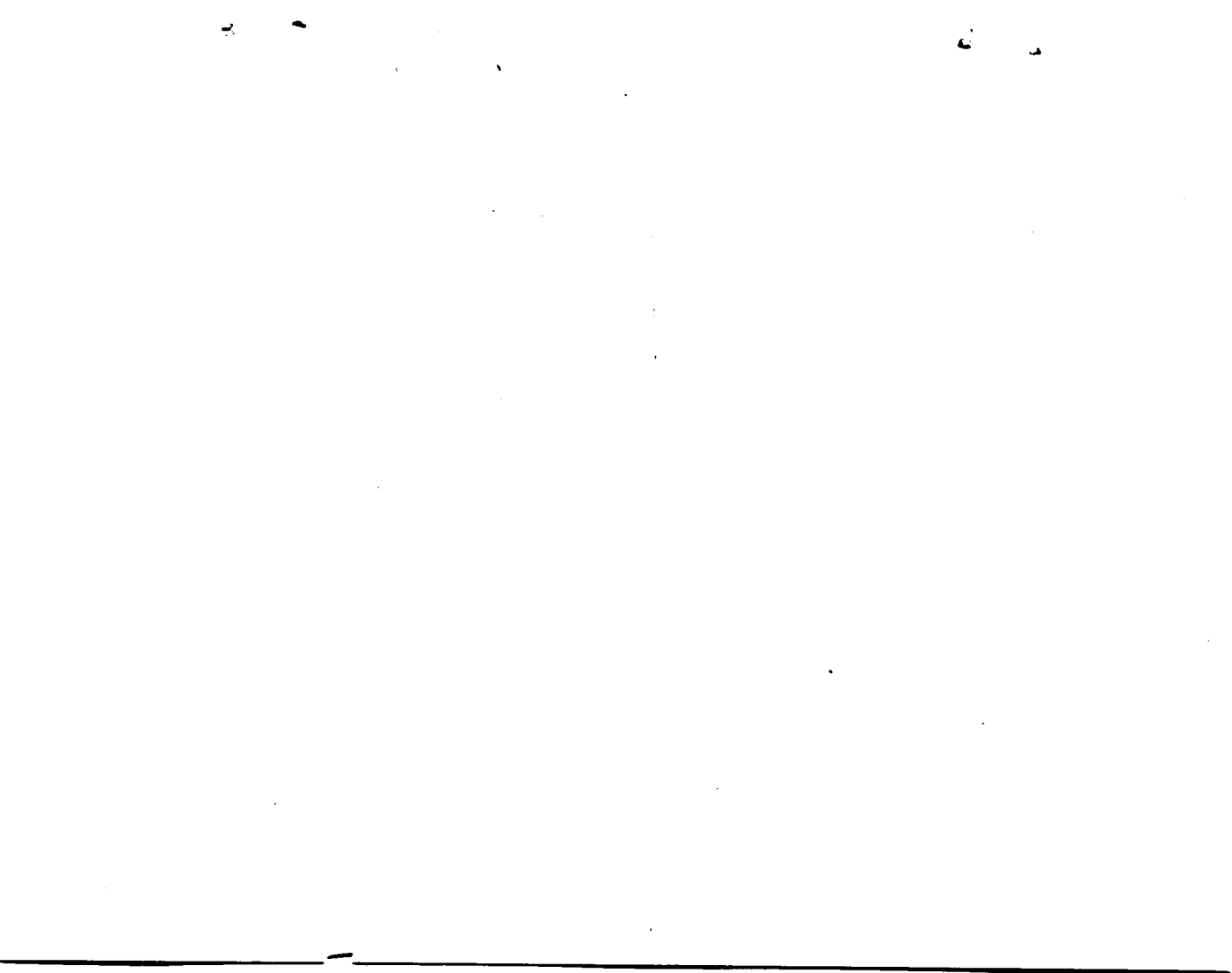
(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Mtn Home

Filed 4/20 1920 [Signature]
Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 78854

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Green who born on April 7, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Mountain Home Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record prepared on _____, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)
Name Unnamed Green

TO
(The Correct Facts)
Max Bernard Green

Subscribed and sworn to before me this 23rd day of March, 1942
W. B. Broadhead
Notary Public, residing at Basie, Id.
My commission expires Dec 23 - 1942
(Seal)

Signed Max Bernard Green
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. I am a sister of Max Bernard Green

Subscribed and sworn to before me this 23 day of March, 1942
W. B. Broadhead
Notary Public, residing at Basie, Id.
My commission expires Dec 23, 1942
(Seal)

Signed Dorothy Dewlin (Mrs.)
(Signature of Any Credible Person Other Than Previous Year)
Bellevue Apts - Basie, Idaho
(Street Address, City, State)

1942

JAN 18 1972

867-125-020-493
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of ElmoreCity of Mountain Home

No. _____ St. _____

Registration District No. 34File No. 78855Primary Registration District No. 2020Registered No. 24

Hospital _____

FULL NAME OF CHILD

Hogan LEONARD LEROY HOGAN

Sex of Child

MaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?yesDate of
Birth4-25-1920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL
NAMEBurbon Hogan

FATHER

FULL
MAIDEN
NAMEFrances E. Miller

MOTHER

RESIDENCE

Bayview Ida

RESIDENCE

Bayview Ida

COLOR

WhiteAGE AT LAST
BIRTHDAY31
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Mo

BIRTHPLACE

Marquette Michigan

OCCUPATION

Section Foreman

OCCUPATION

Firewife

Number of child of this mother, including present birth

One

Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Born alive

(Born alive or stillborn)

at 1:20 P. M.*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. E. Evans

Given names added from a supplemental report.

M. D.
(Physician or midwife)

Address

Mountain Home Ida

Filed

5/1 1920

Registrar

Registrar

Certified copy issued 12-20-1940 D.P.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-113-020-499

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Elmore

City of Mt. Home

Registration District No. 34

File No. 78857

No. 7 St.

Primary Registration District No. 2020

Registered No. 27

Hospital ROBERT Mendiola
FULL NAME OF CHILD

| | | | | |
|---|---|--------------------------------|--|--|
| Sex of Child <u>Male</u> | Twin Triplet or other? <u>(To be answered only in event of plural births)</u> | and { Number in order of birth | Legitimate? <u>Yes</u> | Date of Birth <u>4/13/1920</u>
(Month) (Day) (Year) |
| FATHER
FULL NAME <u>Domingo Mendiola</u>
RESIDENCE <u>Mt. Home Ida</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Spain</u>
OCCUPATION <u>Shipman</u> | | | MOTHER
FULL MAIDEN NAME <u>Thomasa Meriona</u>
RESIDENCE <u>Mt. Home Ida</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Spain</u>
OCCUPATION <u>Wife</u> | |
| Number of child of this mother, including present birth <u>One</u> | | | Number of children of this mother now living, including present birth <u>One</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

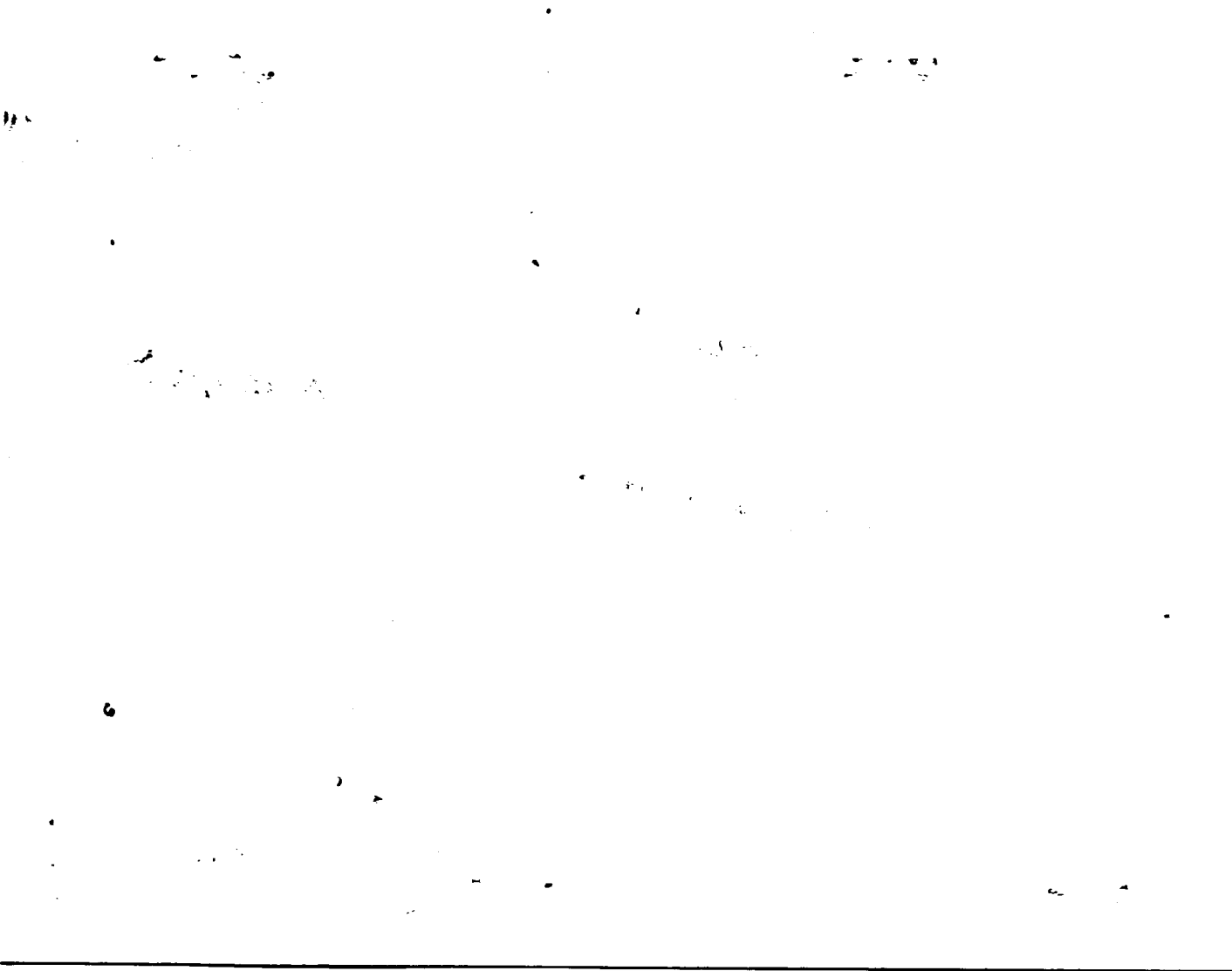
I hereby certify that I attended the birth of this child, who was born alive at 8:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Mt. Home Ida
Filed 5/1/20 Beulah
Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Elmore } ss. JAN 20 1920 Certificate No. 78857
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed who was born on April 13, 1920
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by cert. of birth prepared on April 13, 1920, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

Name Unnamed Mendiola Robert Mendiola

Subscribed and sworn to before me this _____
day of January 19, 19 42

Signed Domingo Mendiola

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Mountain Home, Idaho

My commission expires 7/1/43
(SEAL)

Mountain Home, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Elmore } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 126, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of January 19, 19 42

Signed John Cristofani
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Mountain Home, Idaho

Mountain Home, Idaho

(STREET ADDRESS, CITY, STATE)

My commission expires _____
(SEAL)

Received for filing on JAN 20 1920 By _____

(REGISTRAR'S SIGNATURE)

JAN 23 1942

OCT 25 1941

966-118-020-453
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34

File No. 78858

No. — St. —

Primary Registration District No. 2020 Registered No. 28

Hospital —

FULL NAME OF CHILD Charles Williams Rowett

Sex of Child M Twins Triplet — and — Number in order of birth — Legiti mate? yes Date of Birth April 18th 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Victor Charles Rowett

FULL MAIDEN NAME MOTHER Lottie Mellen

RESIDENCE Mtn Home

RESIDENCE Mtn Home

COLOR W AGE AT LAST BIRTHDAY 29
(Years)

COLOR W AGE AT LAST BIRTHDAY 25
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Idaho

OCCUPATION Jeweler

OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was — at 9 30 P. M.
on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Weather

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Mtn Home

Filed 4/20 1920 B. W. Weather
Registrar

Registrar

* MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1971

13-041

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

439-1307020-466
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 78859

No. — St. —

Primary Registration District No. 2020 Registered No. 29

Hospital —

FULL NAME OF CHILD Edwin Eugene Ulrich

| | | | | | |
|-----------------------|--|-------|--|------------------------|---|
| Sex of Child <u>m</u> | Twin
Triplet
or other? <u>—</u>
(To be answered only in event of plural births) | and { | Number
in order
of birth <u>—</u>
(To be answered only in event of plural births) | Legitimate? <u>yes</u> | Date of Birth <u>April 30</u>
(Month) (Day) (Year) <u>1920</u> |
|-----------------------|--|-------|--|------------------------|---|

FULL NAME FATHER Leonard E. Ulrich

RESIDENCE Greene, Idaho

COLOR W AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE N. Y.

OCCUPATION Witch-rider

FULL MAIDEN NAME MOTHER Charlotte W. Moore

RESIDENCE Greene, Idaho

COLOR W AGE AT LAST BIRTHDAY 32
(Years)

BIRTHPLACE Minn.

OCCUPATION School Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 7-15 A.M. at — on the date above stated. (Born alive or —)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

(Physician or midwife)

Given names added from a supplemental report.

Address Mountain Home

Filed 4/30 19 20 B. W. Mather
Registrar

Registrar

APR 11 1972

OCT 10 1944

463-102-250-467

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of ElmoreCity of Elmer's FerryRegistration District No. 35File No. 78860

No. _____ St. _____

Primary Registration District No. 2421

Registered No. _____

Hospital _____

FULL NAME OF CHILD Rayel Fred Moldenhauer

| | | | | |
|--------------------------|---|---------------------------------------|------------------------|---|
| Sex of Child <u>Male</u> | Twin, Triplet, or other? <u>Single</u>
(To be answered only in event of plural births) | and Number in order of birth <u>2</u> | Legitimate? <u>yes</u> | Date of birth <u>April 2nd</u> 19 <u>20</u>
(Month) (Day) (Year) |
|--------------------------|---|---------------------------------------|------------------------|---|

| | |
|--|--|
| FULL NAME <u>Lewis E. Moldenhauer</u> | FATHER |
| RESIDENCE <u>Elmer's Ferry Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>25</u> (Years) |
| BIRTHPLACE <u>America</u> | |
| OCCUPATION <u>Bookkeeper O.S.I. R.R.C.</u> | |

| | |
|---------------------------------------|--|
| FULL MAIDEN NAME <u>Mona Morrison</u> | MOTHER |
| RESIDENCE <u>Elmer's Ferry Idaho</u> | |
| COLOR <u>White</u> | AGE AT LAST BIRTHDAY <u>23</u> (Years) |
| BIRTHPLACE <u>America</u> | |
| OCCUPATION <u>Housewife</u> | |

Number of child of this mother, including present birth... 2.....Number of children, of this mother, now living, including present birth... 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

(Born alive single born)April 2nd 1920 at 11:45 A.M.

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."

(Signature) _____

J. W. Davis M.D.
Physician
(Physician or Midwife)

Given name added from a supplemental report

Address: Elmer's Ferry IdahoFiled April 5 1920 J. W. Davis

